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Eastern Cheshire Clinical Commissioning Group

South Cheshire Clinical Commissioning Group

Health and Wellbeing Board

Agenda

Date:	**Tuesday, 24th September, 2013**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 6)

   To approve the minutes of the meeting held on 25 June 2013.

3. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

For requests for further information
Contact: Julie North
Tel: 01270 686460
E-Mail: julie.north@cheshireeast.gov.uk with any apologies

4. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the meeting. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **North West Ambulance Service**

Presentation.

6. **Best Practice Dementia Care - Update** (Pages 7 - 14)

To receive the report and comment on the proposed next steps.

7. **NHS South Cheshire CCG Annual Plan and Prospectus** (Pages 15 - 30)

To note the CCG Annual Plan and Prospectus for 2013-14.

8. **Partnership Boards Feedback**

Verbal update.

9. **Pioneer Bid Presentation**

Video and presentation.

Agenda Item 2

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 25th June, 2013 in Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes (Chairman)
Councillor Dr P Bowen (Vice-Chairman)

Councillor Rachel Bailey, H Grimbaldeston, J Hawker, S Whitehouse, Dr A Wilson, T Crane, B Smith, A Tonge and M O'Regan.

Non Voting Committee Member
Councillor S Gardiner.

Councillors in attendance:
Councillors L Jeuda and D Topping.

Officers in attendance:
Bernadette Bailey – Aging Well Programme Lead
L Butcher – Executive Director Strategic Commissioning
G Kilminster – Corporate Manager Health Improvement
Kate Rose – Head of the Integrated Safeguarding Unit
C Samuel – Emergency Planning Team Manager

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor A Harewood and from the Interim Chief Executive.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 30 April 2013 were approved as a correct record.

4 **PUBLIC SPEAKING TIME/OPEN SESSION**

No members of the public wished to speak.

5 **NHS EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP 2013-14 PROSPECTUS**

In accordance with the requirements of E*veryone Counts: Planning for Patients 2013/14* the clinical commissioning group had produced an

Annual Plan Prospectus for 2013/14; whilst its content was at the discretion of the Group it was expected to include plans for delivering the priorities in its annual plan on a page, its links to the Health and Wellbeing Strategy and the role of the clinical commissioning group.

It was noted that in addition to the printed version of the prospectus it was intended for there to be a digital version which would encompass interactive technologies.

Clarification was given on engagement with patients groups, and the range of publicity measures to be employed. It was noted that both the Clinical Commissioning Groups were publishing prospectus' demonstrating how they would address priorities within the Health and Wellbeing Strategic Plan. Points were raised regarding whether the local Public Health Team and the Council would be publishing similar documents reflecting how they would be addressing the Health and Wellbeing Strategy. It was agreed that these matters be looked at further by a subset of the Committee with a view to what could be produced taking into account the current council's three year plan and identifying where collective action could be advantageous.

In addition it was noted that there had been particular difficulties associated with producing this prospectus as the NHS Commissioning board plans were still being established at the time work on the local prospectus needed to begin. It was agreed that a timetable for the production of the next prospectus should be produced to ensure that it fitted in with the timetables of other associated plans.

RESOLVED

1. That the contents of the prospectus be noted.

2. That a subset of the Board investigate and report back to the next meeting on those areas of work that would benefit from a collective approach.

3. That a timetable be produced to assist in the production of future prospectuses to enable it to benefit from, and to be included in, the production of other such annual plans.

6 **RESPONDING TO MAJOR EMERGENCIES IN CHESHIRE EAST FOLLOWING THE TRANSFER OF PUBLIC HEALTH DUTIES ON THE 1ST APRIL 2013 - AN UPDATE**

The Board was asked to note the revised major emergency response structures, roles, and responsibilities introduced on 1 April 2013 following the transfer of public health duties to the local authority; a copy of the structure was circulated at the meeting and it was reported that since its

revision two practice exercises had taken place to ensure there was a shared understanding amongst all those concerned of the new system.

The Manager of the Joint Cheshire Emergency Planning Team attended the meeting and he explained in greater detail where the main changes in the structure had occurred. It was noted that it had been requested that a representative from adult social care should be included in the structure and it was questioned why a children's social care representative had not also been included; it was agreed that this be investigated further.

Clearer guidance was requested on whose responsibility it was to call in specific groups of people, and Doctors in particular; it was agreed that further information in respect of the clinical commissioning groups would be included in the Responsibility Manual.

In response to a question concerning whose responsibility it was to review and scrutinise emergency planning, and to whether it needed to be reviewed on an annual basis, it was agreed that the matter be considered further by the Head of Public Protection and Enforcement and the Portfolio Holder for Communities and Regulatory Services.

RESOLVED

1. That further consideration be given to the inclusion in the Major Emergency Response Structure of a children's social care representative.

2. That the Responsibility Manual be expanded to include further guidance for the clinical commissioning groups, and for Doctors in particular.

3. That the Head of Public Protection and Enforcement, and the Portfolio Holder for Communities and Regulatory Services, give further consideration to responsibility for the review and scrutiny of emergency planning.

7 **CHILD HEALTH PROFILE DATA**

The Head of the Integrated Safeguarding Unit reported that in May this year the Child and Maternity Health Observatory (CHiMat) had produced its annual profile against some key child health indicators for 2012/13. As a result some recurring issues had been highlighted in Cheshire East and the Local Children's Safeguarding Board had, therefore, sought assurances from the Health and Wellbeing Board that services to children and young people were being appropriately commissioned in order to reduce the concerns the statistics had raised.

Their areas of concern centred on the number of admissions to hospital for injuries to children, children killed or seriously injured on the road,

admission to hospital due to alcohol and substance abuse, and the higher than average number suffering problems of mental health/self harm.

It was agreed that the findings of CHiMat should be referred to the Children's Trust for more detailed consideration and that their recommendations, along with a project plan for any work arising, be considered by the Board at a future meeting.

RESOLVED

That the findings of CHiMat be referred to the Children's Trust for more detailed consideration and that their recommendations, along with a project plan for any work arising, be considered by the Board at a future.

8 **PUBLIC HEALTH ENGLAND 'LONGER LIVES'**

Consideration was given to this initiative, published by Public Health England, presenting data for the four biggest causes of premature mortality in England – cancer, heart disease and stroke, lung disease and liver disease; the document highlighted variations across all local authorities in England and offered guidance on how to help make improvements.

The Director of Public Health informed the Board that the data on the associated website would be analysed and the findings presented to a future meeting of the Board.

RESOLVED

That the report be noted and that following analysis of the data a further report be presented to a future meeting of the Board.

9 **HEALTH AND SOCIAL CARE INTEGRATED 'PIONEERS' BID**

The Strategic Director of Commissioning gave an oral report on the progress of the Integrated Pioneers Bid. She informed the Board that one bid involving Cheshire East, Cheshire West and Chester, and the four Clinical Commissioning Groups, was due to be submitted. The preparation of the bid had been very challenging due to its financial scale and also the short track record of the Partnership. The work on the bid had, however, provided invaluable experience on working together whatever the outcome. Approximately one hundred bids were expected to be made of which ten would be successful with notification being sent out during September.

RESOLVED

That approval be given for the Chairman of the Board to endorse the final bid for submission.

10 **AGEING WELL PROGRAMME ANNUAL REPORT**

The Programme Lead for the Ageing Well Programme Board presented the first annual report on the five year programme aimed at making Cheshire East a good place to grow old; the report summarised the work to date, the achievements in 2012/13 and detailed the plans for the year ahead.

In response to a question concerning whether there had been any influence on the type of housing to be provided in the future it was confirmed that this was a priority for the Council and would be supported by the Housing Strategy which was due to be completed in September. In addition attention was drawn to the importance of work to be carried out with other partners to address social isolation.

RESOLVED

That the report be noted and a further report be submitted to the Board on the measurable outcomes of the programme.

11 **CHILDREN AND FAMILIES BILL**

Consideration was given to a report setting out the main provisions of the Children and Families Bill. The Bill underpinned wider reforms to ensure that all young people can succeed, no matter what their background, and would reform the systems for adoption, looked after children, family justice and special educational needs (SEN); it was particularly concerned with this last aspect which would extend SEN from birth to 25 years of age.

It was agreed that the Joint Commissioning Leadership Team would be well placed to look at the implications of the Bill and the Strategic Director of Commissioning agreed to investigate further and to report back to the Chairman.

RESOLVED

1. That the report be noted.

2. That appropriate colleagues from health, from both the NHS England and Clinical Commissioning Groups, be nominated to join the SEN Strategy Group.

3. That a progress report on the local offer and single plan be submitted to the September meeting of the Health and Wellbeing Board.

4. That the SEN Strategy Group report to the Health and Wellbeing Board on a regular basis, on progress towards implementation of the new SEN Code of Practice.

The meeting commenced at 2.00 pm and concluded at 4.25 pm

Councillor J Clowes (Chairman)

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th September 2013
Report of: Jacki Wilkes / Rob Walker
Subject/Title: Best Practice Dementia Care

1.0 Report Summary

1.1 The Joint Commissioning leadership team have identified best practice dementia care as a key priority. There is an established strategy which now requires updating and individual organisational groups developing and delivering aspects of care which need to be aligned to optimise outcomes for patients and their carers.

2.0 Recommendation

2.1 That the Health and Wellbeing Board receive the report and comment on the proposed next steps.

3.0 Reasons for Recommendations

3.1 To ensure that the Health and Wellbeing Board focuses upon the priorities contained within the Health and Wellbeing Strategy and has in place a mechanism for delivering outcomes on the ground.

4.0 Financial Implications

4.1 There are no direct financial implications in relation to this report.

5.0 Dementia Best Practice

5.1 The Joint Commissioning leadership team have identified best practice dementia care as a key priority.

<u>High level Outcomes:</u>

- Improved awareness and timely diagnosis
- Increased support for patients and carers including the right care package and treatment
- Appropriate support when care needs change
- Preparing for and support in end of life care

<u>Strategy development:</u>

Initial thoughts have been gathered based on previous strategy, national guidance and local evidence

A wider stakeholder event is planned for 3 October to agree high level outcomes, priorities and action plans

Plan on a page:

See appendix 1 for an initial draft of a Best Practice Dementia plan on a page with grouped Initiatives aiming to capture and address a life course approach to best practice care:

- Focus is on Early diagnosis
- Living with dementia
- End of life care

5.2 Progress to date - The following progress has been achieved to date this year:

- Cheshire East have signed up to the dementia alliance
- Pilot programme with RVS commenced in Eastern Cheshire
- Hospice supported Dementia end of life initiative funding secured to support quality services in the community
- Business case in development for commissioning additional diagnostic and support services
- Education event, led by clinical leads in Eastern Cheshire held for medical and nursing staff and third sector colleagues on early recognition and care of Dementia patients. Approximately 60 people attended

6. Risks and mitigation

6.1 There was a plan in place to create additional consultant capacity for memory services and diagnostic, by shifting the prescribing responsibility to primary care. Whilst primary care have taken on this role there has been no increase in capacity for memory clinics.
Clinical leads are to meet and discuss the way forward.

6.2 Only 44% of people who are have dementia have been formally diagnosed – Education programmes and supporting GP DES aims to increase the number of patients formally diagnosed and registered with Dementia.

6.3 Following diagnosis not all patients are provided with sufficient support – proposals to ensure all patients seen by CWP to be offered a referral to the AS.

6.4 The true cost of the existing model of care is unknown- further work required to model best practice and demonstrate the improved outcomes this will deliver

7. Communications and Engagement

7.1 Strong links established with Alzheimer's society and other 3rd sector organisations who are supporting the strategic development and offer opportunities for wider consultation and engagement to further support their significant contribution to the commissioning process.

8. Next Steps

- Establish a heath economy project group to lead the delivery of a new integrated strategy for best practice dementia care;
- Agree terms of reference and membership of the group who will meet 2.30 – 4pm on the last Thursday in every month starting from 26 Sept;
- Agree projects and timescales and measures of success at the stakeholder event scheduled for 3 October;
- Oversee and support the delivery of the RVS pilot to inform future commissioning plans;
- Establish timescales for delivery of end of life service pilot.

9.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Guy Kilminster
Designation: Head of Health Improvement
Tel No: 01270 686560
Email: guy.kilminster@cheshireeast.gov.uk

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Prime Ministers Challenge on Dementia Cheshire East Joint Commissioning Plan on a Page 2013 /2015

Joint Context

- Increasing demand and complexity across an ageing population
- Resources are targeted due to diminishing financial allocations within Health and Social care
- Improvements are required in the timeliness of assessment and diagnostic processes
- Personalisation and Choice is increased for those affected by Dementia, their carers and families
- Improved Governance and accountability across all partners and clear lines of responsibility

Joint Vision

Our shared ambition is to make a real and positive difference to the lives of people affected by dementia. We want to ensure that people with dementia and their carers receive high quality, compassionate care whether they are at home, in hospital or in a care home (Prime Ministers Challenge on Dementia)

Joint Objectives

Early Diagnosis

- Individuals are diagnosed in a timely way
- Individuals, their carers/families have information and support to enable them to access appropriate services to help themselves to make choices appropriate to their needs
- Individuals, their carers/families will always interact with appropriately trained health and social care staff

Living with Dementia

- Individuals have access to treatment and support to enable them to have a sustained and improved quality of life
- Individuals, their carers/families have appropriate, timely support to enable them to make informed choices about financial planning/advanced decisions/end of life planning
- Individuals, their carers/families will always interact with appropriately trained health and social care staff
- Individuals are safeguarded and treated with dignity and respect
- Individual's experiences and those of their carers/ families are captured and inform future research at local and national levels

End of Life (EoL)

- Individuals, their carers/families have appropriate, timely support to enable them to make informed choices about end of life care
- Individuals have the right level of support to manage pain and receive appropriate medication for their needs
- Individuals are treated with dignity and respect and afforded a dignified death in their chosen place of care
- Individuals, their carers/families will always interact with appropriately trained health and social care staff
- Individual's experiences and those of their carers/ families are captured and inform future research at local and national levels

Joint Outcome measures

1. Improve the experience people with dementia, their carers/family have when interacting with services
2. Increase the percentage of people who are dianosed with dementia
3. Increase in the number of people with dementia feeling supported to manage their condition
4. Increase in the number of carers/family members of people with dementia feeling supported to manage their loved one's condition
5. Reduce the number of unplanned hospital admissions
6. Increase in the number of staff within health and social care who have undergone Dementia training
7. Increase in the number of people (not employed by the public sector) who have undergone Dementia training
8. Reduce the in hospital length of stay for people with dementia
9. Increase in the number of people with dementia being treated with dignity and respect
10. Increase the number of people in Cheshire East participating in Dementia research
11. Increase the use of EoL documentation in dementia ACP, PPC, DNACPR, ADRT
12. Increase in the number of people being treated in and dying In their preferred place of care

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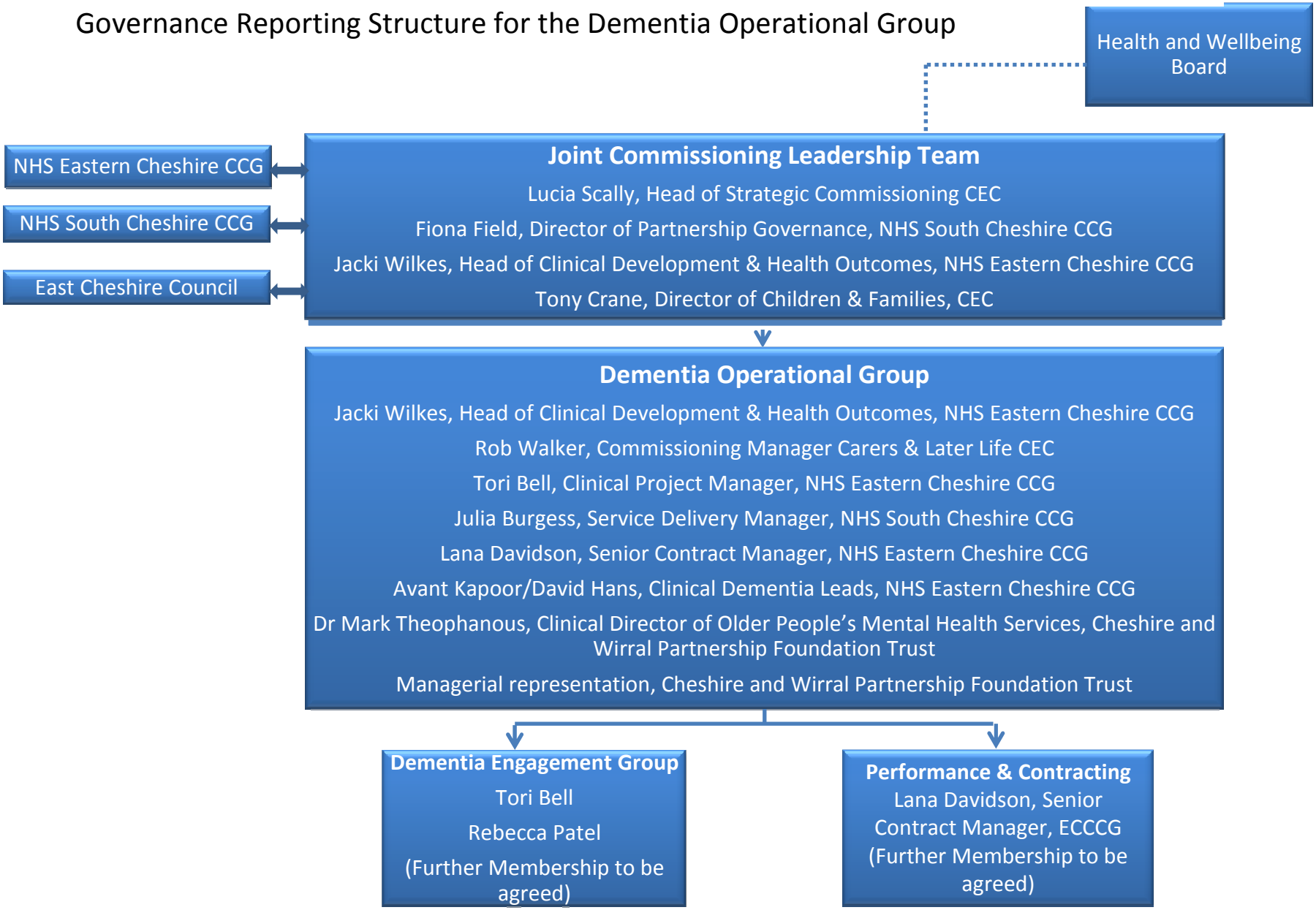
NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

NHS South Cheshire Clinical Commissioning Group

Governance Reporting Structure for the Dementia Operational Group



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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th September 2013
Report of: GP Chair, NHS South Cheshire CCG
Subject/Title: NHS South Cheshire CCG Annual Plan & Prospectus 2013-14

1.0 Report Summary

1.1 NHS South Cheshire CCG presents its Annual Plan & Prospectus for 2013/14. This provides an overview of who we are and our plans for this financial year.

1.2 The Plan describes the standards that local people can expect from the services we are commissioning on their behalf and a high level description of how the budget for these services will be spent, how we will work with key partners to address health inequalities and importantly how our population's views have been and will continue to be heard and reflected in our plans.

1.3 In determining our programmes of work and projects for 2013-14 we have listened to local people about what is important to them in terms of health services, looked at the Joint Strategic Needs Assessment (JSNA), and reviewed the health inequalities of our local population and other health evidence sources.

1.4 We have also worked with our partners on the Health and Wellbeing Board, our provider organisations and the voluntary sector to consider the key challenges that together we need to address to make a real difference to the health and wellbeing of our communities over the coming year.

1.5 We have aligned our priorities under three Strategic Programmes, this will bring clarity to our work and projects and also aligns with the Joint Health and Wellbeing Strategy:

- Starting Well Programme
- Living Well Programme
- Ageing Well Programme

1.6 Underpinning the large amount of work represented in this plan is the CCGs commitment to ensure that our population receives high quality healthcare. We take our responsibility to commission high quality and safe care and in order to improve the quality of service and care we focus on 4 areas of quality (CASE):

Care – the patient experience must be positive. Patient should be treated as individuals with dignity and respect.

Accessibility – patients must be able to easily access services. Services must be designed to meet the different needs of communities and individuals.
Safety – it is vital that we protect our patient and staff by managing all risks effectively.
Effectiveness – services must be more joined up to take out duplication and ensure they are centred on patient needs.

2.0 Recommendation

2.1 That the Health and Wellbeing Board note the CCG Annual Plan and Prospectus for 2013-14.

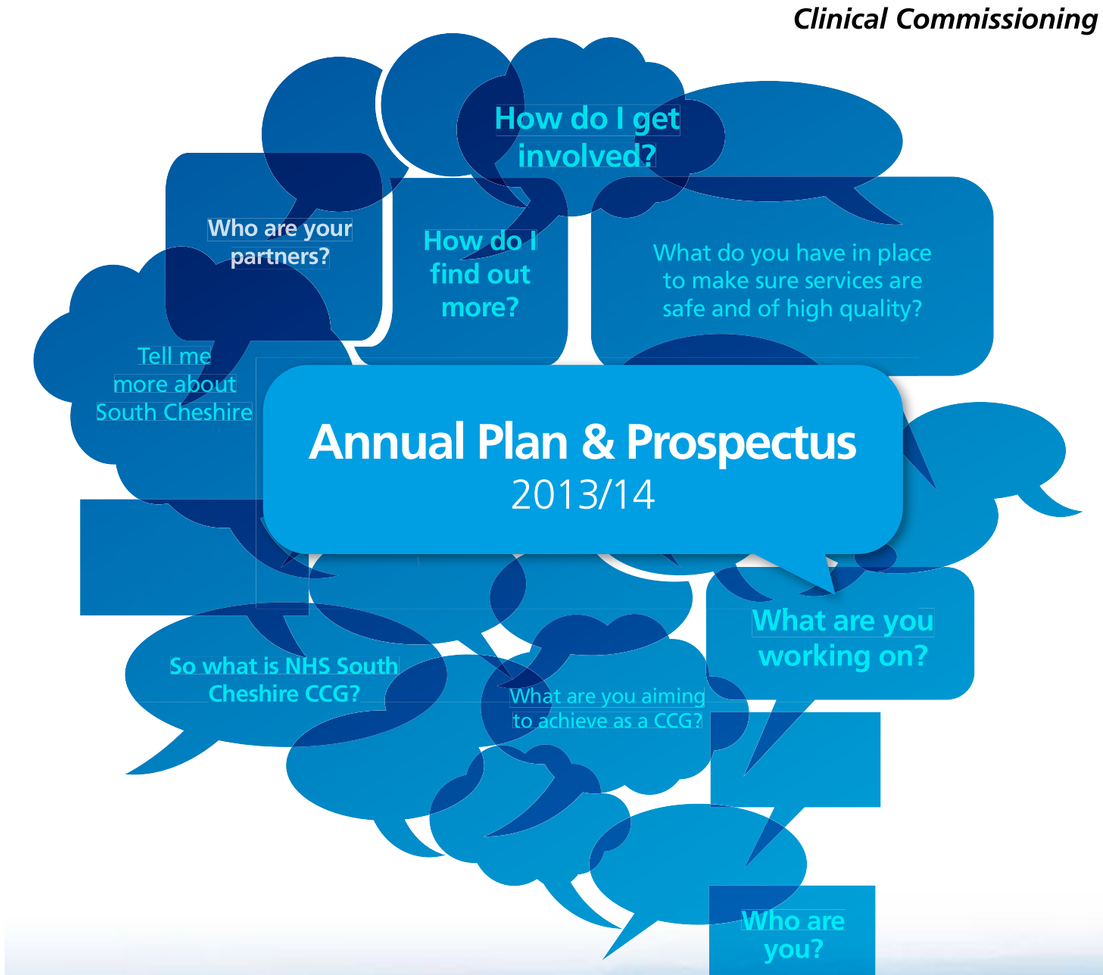
3.0 Reasons for Recommendations

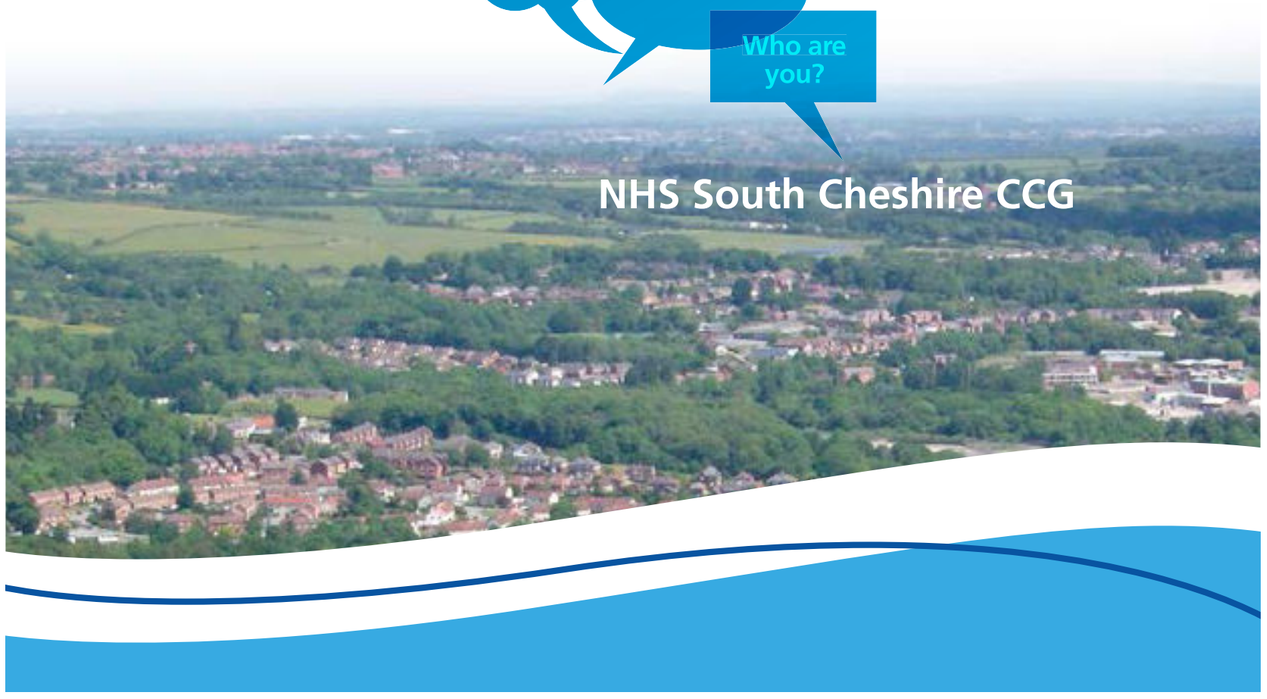
3.1 To ensure that the CCG Annual Plan and Prospectus reflects the local health and wellbeing strategy.

4.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:
Name: Jo Vitta
Designation: Business Manager, NHS South Cheshire CCG
Tel No: 01270 275391
Email: joanne.vitta@nhs.net

NHS
South Cheshire
Clinical Commissioning Group





"What is this document all about?"

Contents

"This is a summary of the Annual Plan for NHS South Cheshire Clinical Commissioning Group (NHS South Cheshire CCG). Please look inside to find out what we're about and what we're aiming to do for you."

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Foreword from the Chair

This is our South Cheshire Annual Plan and Prospectus that summarises the work we will be doing this year and into the future.

In recent months, the CCG has become responsible for much of the health commissioning for our local population. We do so in difficult times. Health budgets have been protected relative to many government budgets, but increases have been smaller than healthcare inflation. This means that continually finding ways to provide more and better care, with the same money, are needed if we are to avoid the need to reduce services.

It has become clear that the changes needed will be more than 'tinkering around the edges' and that they will not be delivered by one organisation working alone. The work of the Health and Wellbeing Board and of our new local Partnership Board, that brings together health and local authority commissioners' alongside all major providers, will be vital to success.

In looking again at our health services, we will bear in mind these principles:

- Championing quality in all its forms across all that we do.
- To provide care 'upstream'. This means seeking prevention and avoiding crisis. Recognising that low intensity care settings and low intensity interventions often provide better value for money. Promoting self-care, shared care, and shared decision-making, thereby caring for carers and avoiding over-medicalisation. Co-ordinating care and seeking continuity of care that treats people not diseases. All of which not only provides good quality care, but does so with good value for money
- Recognising patient defined goals and, where appropriate, carer and family goals. Working within the wider social and psychological framework this will bring.
- Design services around patient need. Not around organisations, services, professional preferences or historical structures. Services should match patients needs and deal with mental health, alongside physical health and social care.

Over the coming months and years patients will increasingly see: more coordinated teams working around patients; a shift towards improving patient ability to control their own conditions; a smaller hospital working more with neighbouring hospitals and; integrated information systems and care records.

None of this can be delivered without a real partnership with local patients. We have made good steps towards engaging patients in redesign, but a real partnership will involve much more. We will start by asking our local population how to proceed and take the steps together towards where we need to go.

These changes also need the enthusiasm of local health and social care professionals. Some will be asked to work differently. All the evidence so far is that professions locally are prepared to change where they can see that this works better for local patients.

There is real opportunity to improve services - and by listening and working with patients and clinicians this can be achieved.

Dr. Andrew Wilson
GP Chair

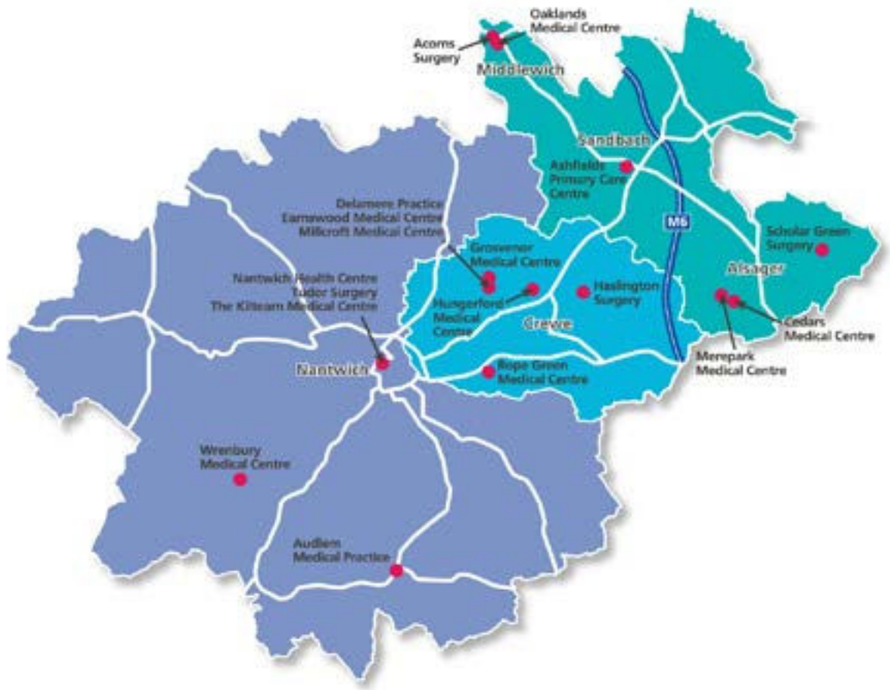
"So what is NHS South Cheshire CCG?"

CCG Overview

NHS South Cheshire Clinical Commissioning Group (NHS South Cheshire CCG) is responsible for commissioning health services in South Cheshire. That means we hold the budget for healthcare and manage it. To manage it we work with you, staff, our partner organisations, local and national data sources. From working together we agree the best way to ensure everyone can get access to high quality services.

"Did you know...we have a yearly budget of £197 million for a population of 173,000 people? That means the budget per person is around £1,139. To give you an idea of what that could mean to you: being seen at your A&E costs about £120 without any treatment and giving birth costs around £1,800."

All Clinical Commissioning Groups are made up of GP practices across the area that they serve. So NHS South Cheshire CCG is made up of 18 GP practices stretching from Nantwich up to Middlewich. Our major acute hospital services are provided by Mid Cheshire Hospital NHS Foundation Trust based at Leighton and we work closely with our neighbouring CCGs. As we share the same major acute hospital, community services and mental health services as NHS Vale Royal CCG, we work together as one management team to share resources.



"What are you aiming to achieve as a CCG?"

Vision

Our vision is: "To maximise health and wellbeing and minimise health inequalities, informed by local voices and delivered in partnership."

This means we will work with you, staff and our partners to ensure that no matter where you live and who you are - you have the same opportunities to be healthy and live well.

"Did you know… around a third of adults in Crewe are smokers? Also 25% of pregnant women in Crewe still smoke. Studies show that most childhood respiratory diseases are caused by being exposed to cigarette smoke. Throughout our area we have over 1,120 children with chronic respiratory disease. It is therefore one of our priorities to work with people to try and prevent children having this condition."

We also want to ensure that your care is as joined up as possible by working in partnership. By that we mean you shouldn't have to keep repeating your story to lots of different professionals. To achieve this we are working with partner organisations and people like you, including patients, carers, staff and volunteers to provide safe and sustainable care.

"We are working together through our Ageing Well programme. The initial focus is to help older people with long term conditions and people who are elderly and frail. We're aiming to remove as much confusion as possible by creating community teams that share information. As a result, our older people shouldn't have to keep repeating their history."

Everything we do is in line with the values and the 7 principles set out in the NHS Constitution, reinforcing that the NHS 'belongs to us all'.

THE NHS CONSTITUTION
the NHS belongs to us all

"Who are you and how do you spend our budget?"

Our Governing Body

NHS South Cheshire CCG has representation from all the GP practices in our area. We have a Governing Body made up of GPs, lay members and NHS staff. The role of the Governing Body is to ensure that the CCG carries out its functions effectively and in accordance with principles of good governance, the NHS Constitution and our own local constitution, which is on our website.

The membership of our Governing Body is:

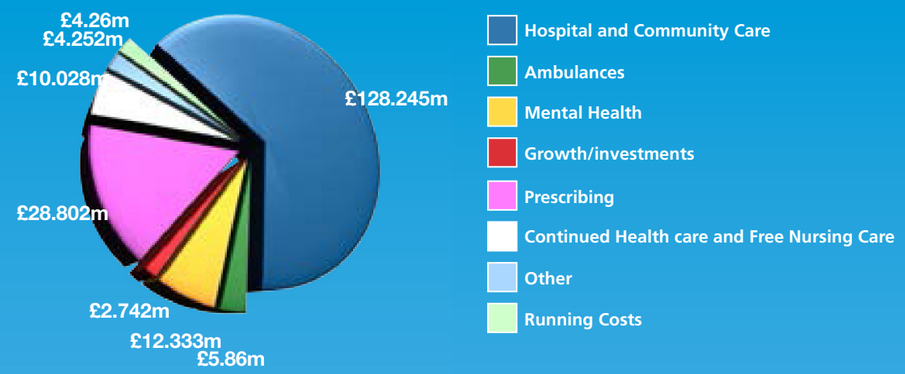
- Dr Andrew Wilson – ***Chair***
- Dr Annabel London – ***Locality Lead, Nantwich & Rural***
- Dr Mike Tate – ***Locality Lead, SMASH***
- Dr Michael Freeman – ***Locality Lead, Crewe***
- Dr Andrew Spooner – ***Clinical Commissioning Lead***
- Judith Thorley – ***Executive Nurse/Nurse Representative***
- Dr Robert Pugh – ***Secondary Care Representative***
- Graham Bruce – ***Deputy Chair, Lay Representative – Governance & Audit***
- John Clough – ***Lay Representative – Governance & Audit***
- Diane Noble – ***Lay Representative – PPI***
- Heather Grimbaldeston – ***Public Health Representative (Director of Public Health CEC)***
- Simon Whitehouse – ***Chief Officer***
- Lynda Risk – ***Chief Finance Officer***
- Fiona Field – ***Director of Partnerships & Governance***

Our Budget

NHS South Cheshire CCG is allocated funding from NHS England. This funding includes separate amounts for the commissioning of services and the running costs of the CCG. In 2013/14 the total level of planned funding is £197m.

The CCG has to save 0.5% of that funding - £1.0m. This is good practice, just in case there are major unexpected costs. We can carry this forward to the next financial year and can then use the money to help implement our plans to transform local services.

In 2013/14 we are planning to spend our budget as follows:



"Who are your partners?"

Our Partners

We work with a range of partners to plan, commission and deliver local health services.

NHS Vale Royal Clinical Commissioning Group

We have a very close working relationship with NHS Vale Royal CCG. Support comes from a shared management team which works with both CCGs. This approach allows management resources to be used efficiently.

East Cheshire NHS Trust

Provides our community services (such as district nurses and health visitors).

Mid Cheshire Hospitals NHS Foundation Trust

Is our main acute hospital provider based at Leighton hospital.

Cheshire and Wirral Partnership NHS Foundation Trust

Provides mental health services for children, adults and older people as well as learning disability and drug and alcohol services.

AND YOU!

We have a Federation of Patient Participation Groups (PPGs). These are made up of all patient groups across our area plus community members. They meet every two months with staff and clinicians to share ideas and experiences.

healthwatch Cheshire East

They work with us to make sure we hear what patients say and take that into account in what we do.

Cheshire East Council

Is now in charge of public health services. This includes sexual health, stopping smoking, screening etc. They also provide social care. We're working with them to make care more joined up between health and social care professionals.

NHS England

Commission GP services and other primary care. This means they manage what GPs provide to patients and they also deal with GP complaints.

Health and Wellbeing Board

The role is to bring leaders of health and social care together to agree joint priorities for the local area. Members include a Councillor, CCG representative, Healthwatch member and Council directors.

"Tell me more about South Cheshire."

Facts and Figures about South Cheshire

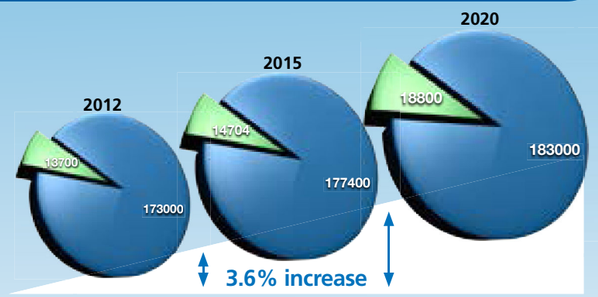
Ok here are some key facts and figures you may like to know about South Cheshire…

"Our main towns have some very deprived communities. Some areas of Crewe are in the 20% most deprived areas in England. If you live in one of these areas, your life could be up to nine years shorter than someone who lives elsewhere."

"The main causes of premature death are cancer, heart disease, stroke, respiratory and liver disease. These are caused in the main by unhealthy lifestyles such as smoking, drinking too much and eating the wrong types of food."

"GP practices in our area provide care for over 40,000 people with chronic health conditions, including 1,500 children."

"Mental health is an important, but often hidden need. There are over 20,000 patients in our area with a history of depression. This is about 40% higher than expected."



Whole population

Number of people over 75 years old

The increase in the number of people aged over 75 shows an annual increase of 3.6% year on year. This is 50% higher than the national average. Living longer in South Cheshire is great for us all, but it does mean there is a greater need for health and social care support.

"How can I get involved?"

Involving Patients

There are many ways you get involved and have your say. We are absolutely committed to working with local people, patients, carers and community groups on shaping healthcare services.

"We have a South Cheshire Federation of Patient Participation Groups (PPGs). It is made up of people from all the patient groups across South Cheshire and some local community members. It meets every two months with staff and clinicians to work on how we communicate and to share ideas, experiences and good practice."

We have also held a number of public events and there are further workshops and road-shows planned for this year. In addition, we are working closely with community and voluntary groups through an improvement programme. The aim of the programme is to strengthen our partnership working to join up the way we work.

"Would you like to get involved? **Call 01270 275213. Email SCCCG.Engagement@nhs.net or visit www.southcheshireccg.nhs.uk** for further information. We'd love to hear from you."

Recognising complaints is also a key part of understanding what works for patients and what doesn't. We receive regular reports on complaints and complaint handling from our main providers of hospital, mental health and community services. This is discussed with them directly at our monthly Quality and Performance Review meetings.

"What do you have in place to make sure services are safe and of high quality?"

Safe and High Quality Services

We take our responsibility to commission high quality and safe care seriously. As part of this we identify where services are of a high quality and we can learn from them. We also pinpoint where performance is poor or is failing to meet our standards.

"We monitor healthcare service issues from a wide range of sources. These are picked up and addressed through formal monitoring arrangements. We regularly visit our service providers to assess quality. Sometimes these visits are reactive as a response to complaints or concerns. Other times they are proactive to review quality, safety and how effective they are at providing services to patients."

To improve the quality of service and care we focus on 4 areas of quality (CASE):

C ***Care*** - the patient experience must be positive. Patients should be treated as individuals with dignity and respect. ***For example, ensuring 100% roll-out of the Friends and Family test and improving patient experience of hospital services.***

A ***Accessibility*** - Patients must be able to easily access services. Services must be designed to meet the different needs of communities and individuals. ***For example, we have been talking with the local minority groups, such as the transgender group, to understand their needs better and ensure that services are delivered to meet those needs.***

S ***Safety*** - it is vital that we protect our patients and staff by managing all risks effectively. ***For example, we undertake a MRSA post infection review in order to reduce healthcare associated infection rates.***

E ***Effectiveness*** - it is important that the way we manage services results in a more positive experience for patients. We also need to make sure that services are cost-effective. This means we are working on services being more joined up to take out duplication and ensure they are centred on patient needs. ***For example, we are introducing a new way of ensuring that patients can use their inhalers optimally so they breath more easily and avoid hospital admissions.***

"We regularly report to our governing body at each public meeting. In addition, we have a separate Quality and Performance Committee and a Safeguarding meeting. Just like our providers we operate to national standards, including the National Outcomes Framework."

For further information or any of the technical detail on our safety and quality standards, please email **nhssouthcheshire.ccg@nhs.net or call 01270 275213.**

"So what are you working on this year and moving forward?"

Our Programmes of Work

Before we explain our projects, it is important to know how we have agreed what we're working on. We have listened to local people about what is important to them. We have also reviewed the Joint Strategic Needs Assessment (JSNA), taken into account where there are health inequalities and looked at other health evidence sources. This basically means we have listened and used information to find out where we may need to give more help to people to make sure they can stay healthy.

"To make sure we take into account the needs of all our communities we have worked in partnership to set our priorities for the year. This means we have worked with our partners on the Health and Wellbeing Board, the providers of our services plus voluntary and community groups."

As a result, we now have three programmes of work:

Starting Well Programme | **Living Well Programme** | **Ageing Well Programme**

The following pages give you:

- A timeline of what we are aiming to achieve for these programmes from April 2013 until March 2014
- A summary of each programme of work that will cover the next three years.

As part of your 3 year plan, what are you working on THIS YEAR?

Starting Well Programme

This programme of work outlines our priorities, projects and what we are aiming to accomplish for babies, children and young people.

Living Well Programme

This programme of work covers the key health priorities for adults across our area. We have outlined what we are working on and what that could mean for the people it affects.

Ageing Well Programme

We're all living longer and as we age, we have different needs. This programme of work outlines what we are aiming to achieve for older people and what we will do to meet these aims.

Keeping all our children and young people safe from harm, abuse and neglect

Preventing unnecessary and avoidable attendances at Accident & Emergency and admissions to hospital for children and young people

Making sure that Children and Young People with conditions such as Autism and/or Attention Deficit - Hyperactivity Disorder are quickly assessed and that their families/carers get the right help

Making sure that the victims of domestic abuse and/or violence have access to high quality support services that protect them and their families

Use patient experience and views to develop options for the stroke pathway so that the views of stroke survivors and their carers are taken into consideration

Acute Oncology team started in A&E to manage people with cancer related emergencies

Patient engagement session on Palliative and End of Life Care

Partnership and support from Macmillan to provide specialist education to Practice Nurses on cancer

Extended age range for bowel cancer screening from 60 – 69 to 70 to 75 years

Based on what stroke survivors and carers have said, work with service partners (Health, Local Authority and the Stroke Association) to agree an implementation plan

Carry out staff user group to consult with staff on the new pathway

Health and Social Care engagement event with Learning Disability Service Users and carers

Development of a Commissioning Framework with the Third Sector

GP training session on Palliative and End of Life Care

Chemotherapy for breast cancer moved from The Christie Hospital to Leighton Hospital

Lung cancer campaign to raise awareness to the signs and symptoms of lung cancer

3 Care Homes to be recruited and supported through a Gold Standards accreditation on End of Life Care

Invite funding bids from organisations supporting carers

Review of specifications for mental health services to provide quality assurance

Length of stay for lung cancer surgery to be reduced from 7 – 10 days to 5 – 7 days with additional care support at home

Communication skills training at all levels to be available bi-monthly to all staff

Implement the new stroke pathway

Evaluate current services for Military Veterans

Quality assessments (external and internal) on cancer treatments

Agree funding awards for project to support carers

Cancer campaign to raise awareness to the most common signs and symptoms of cancer

Work with Greater Manchester and Eastern Cheshire to improve treatments for Gynaelogical and Urological cancers

Validation of our Learning Disabilities Self Assessment

Agree future services to commission for Military Veterans

Patient engagement session on Palliative and End of Life Care

Education sessions on Dementia at End of Life

Electronic shared care End of Life Care records to be started and phased in over next 6 months

Agree our priorities for Learning Disabilities with the Health and Wellbeing Board

Dementia End of Life Pilot Project begins

Specialist End of Life team for people with Dementia to be started as a 2 year pilot

Carer stories to be recorded on End of Life Care experiences of a loved one. These to be used to influence future commissioning decisions

Public website on End of Life Care to be developed. This will provide information on what to expect, who is available to help and support groups

Bereavement booklet to be available in all care settings providing all information on what to do on the loss of a loved one and support available

Primary Care discharge reviews for over 75s with medical admission developed by Practices

Transitional Care Service continued (based on positive results of Winter Pilot)

Rope Green "shadow MDT" Extended Practice Team commenced

Urgent Care Network set up to develop business case to support potential new urgent care provision

Risk Profiling tool available for practices to identify patients to case manage to prevent hospital admission

Quality review of patient experience through the transitional care service

Workshops for patients and practitioners to identify current baseline and options for change

Staff training so they can teach people the best way to use an inhaler

Promote Choose Well Campaign at various events,such as the Cheshire Show and in various locations

Review of workshop outputs by Urgent care network to identify next steps

Intermediate Care Stakeholder Workshops to develop a service based on the needs of patients

'Snow Angel' Planning to commence

GP Care Homes Service Patient Workshops to help develop a service based on needs of patients

All people that use an inhaler will be trained on the best way to use it

Development of Urgent Care full business case if appropriate

Community based Parkinson nurse in place

A Community Geriatrician Clinic to support patients being managed in the community

Geriatrician advice line to help support GPs manage patients in the community

Falls Service Review Workshops to help develop services based on needs of patients

A second Community Geriatrician Clinic to support patients in the community

Quality visit on the Parkinson nurse service

April May June July August September October November December January February March

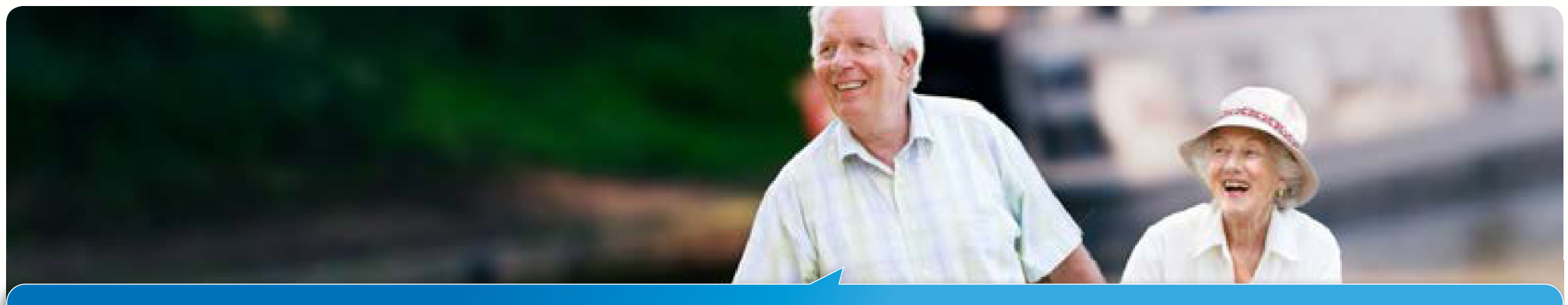
2013-2014 Timeline

Starting Well Programme

	"What are you working on?"	"How are you doing that?"	"What does that mean for me?"
Designated Doctors	Keeping all our children and young people safe from harm, abuse and neglect.	Making sure we have children's doctors with the right skills and experience to support families/carers when there are concerns about possible abuse or neglect.	If there were concerns that a child or young person had been a victim of neglect, physical or emotional abuse - then there is an appropriately trained and experienced children's doctor to undertake examinations and offer support.
	Supporting families and carers when there is a death of a child or young person.	Making sure we have children's doctors with the right skills and experience to support families/carers when a child or young person dies and to work alongside the Police and Children's Services in any investigations that take place.	If you or your family experienced the death of a child, then a children and young person's doctor will work with you. They will help you understand what has happened, offer you support and explain the processes that may involve the police and social care.
Integrated Early Years/Early Help/Support Pathways	Ensuring all children and young people have the best start in life, are healthy and happy.	Ensuring services that support children and their families/carers in the early years (0-5 years) are working together to give you the help you need.	You will be able to get co-ordinated healthcare and family support in your community.
Acute Paediatric Pathway Review	Preventing unnecessary and avoidable attendances at Accident & Emergency and admissions to hospital for children and young people.	Working with Hospitals, GPs and Community Nurses to better understand how the public use existing services to help us plan for the future.	Support for sick children, young people and their parents/ carers will be easily accessible in the community and support 'care closer to home' wherever safe and appropriate.
Neuro - Developmental Pathways	Making sure that Children and Young People with conditions such as Autism and/or Attention Deficit - Hyperactivity Disorder are quickly assessed and that their families/carers get the right help.	Working with Children's Doctors, Mental Health Services and Local Authority Education Support Teams to develop a 'Single Point of Access' to co-ordinated assessment and ongoing support.	Access to assessment and co-ordinated support across education, health and social care for children, young people and their families/carers.
Domestic Abuse & Violence Initiatives	Making sure that the victims of domestic abuse and/or violence have access to high quality support services that protect them and their families. Supporting the people who commit acts of domestic abuse & violence (the perpetrators) to access a voluntary programme to change their behaviours.	Work with Health, Police & Local Authority Partners to: - Put an Independent Domestic Violence Advocate into Mid Cheshire Hospital to provide training to staff and support victims. - Set up a Voluntary Perpetrator Programme - Provide training and support to GPs to be able to identify and support victims and perpetrators.	If you or someone you know is a victim of domestic abuse and/or violence and they go to their GP or local hospital, then they should be able to share their issues safely, be protected and supported to get the help they need. If you are involved in domestic abuse and/or violence then you will be able to access a local individual and group based programme to help change.

	"What are you working on?"	"How are you doing that?"	"What does that mean for me?"
Mental Health	When people are showing signs that they may have dementia, they are seen quickly by experts and given information which will help them and their families.	Working with partners on how we improve the current service for patients, i.e reviewing memory clinics.	If you or a member of your family have signs of dementia - you will be seen quickly, where you live and your own GP practice will be more involved in your care. You and your family will feel better supported to manage the dementia and have the best possible quality of life.
	People who have been in military service, or reservists, have the right care for physical or mental ill health.	Joining with other areas in the North West to buy a specialist mental health service.	If you have served in the forces at any time, you can access this service. You will be seen quickly by personnel who understand the particular pressures that face you.
	All people with physical and mental health problems are seen quickly and receive the help they need.	Looking at the existing services available in the hospital, i.e. liaison psychiatry service in acute hospital.	If you have mental health problems as well as physical health problems, you will be offered help and support by people who understand your conditions.
Learning Difficulties	People with learning disabilities can use health services when they need them so that it's easy for them to have their health problems treated.	• Identifying the needs of people with learning disabilities. • Making sure that people with a learning disability have an annual health check with their family doctor. • Making sure that people with learning disabilities, their families and carers are involved in planning and deciding their services.	You will be able to use services more easily, with clear information. A health check will pick up any health problems early and make sure that you are treated quickly.
Cancer	That cancers are found as soon as possible, treated quickly and where possible your care is local.	• Extending the age range of cancer screening programmes. • Offering local access to treatment and trials where appropriate. • Making sure that anyone who has a suspected cancer is seen by a specialist team within 14 days and starts treatment for their cancer within 62 days.	Early treatment of cancer means you are more likely to live longer and survive cancer. You can have confidence that you will have first class, local treatment (where possible) in order to give you the best quality of life possible.
End of Life	That the wishes and choices of care for people who are dying are met by highly qualified staff, including bereavement support for family and carers.	• Developing systems making sure patient and carer wishes are shared across the health service. • Using 'care of the dying' best practice pathways so that all care needs for the 'rest of life plans' are met. • Encouraging families and carers to share their experiences so that we can learn from you and make changes if necessary.	Everyone who knows that they are approaching the end of their life makes the choice on where they are cared for and die with dignity and respect. You can influence future care by sharing your stories
Urgent and Emergency Care	The system of A&E, out of hours, urgent care centres and ambulances – our local urgent care system.	Redesigning the way the system is delivered locally and working better together, i.e. geographic base, skills of staff, 24 hours a day, 7 days a week.	In an emergency or an urgent situation you will be treated in the most appropriate place quickly by staff who meet your needs.
Planned Care	Improving the system for appointments, tests and treatments of a range of services, i.e. respiratory and breathing problems, under 5s sick child pathway.	• Making sure treatments are delivered quickly. • Providing education and specialised staff to help some patients manage their health condition i.e. Asthma, Parkinson's disease and sick children. • Involving patients who use services to redesign better quality services.	You will be seen within agreed timescales. You will be able to manage your health condition better for yourself. Your comments and experiences will help reshape the services to improve them.

Ageing Well Programme



"What are you working on?"

1. Developing plans for integrated care (joined up care)for people with a long term condition – Integrated Neighbourhood Teams.

2. Developing plans for integrated care for people who are frail and elderly

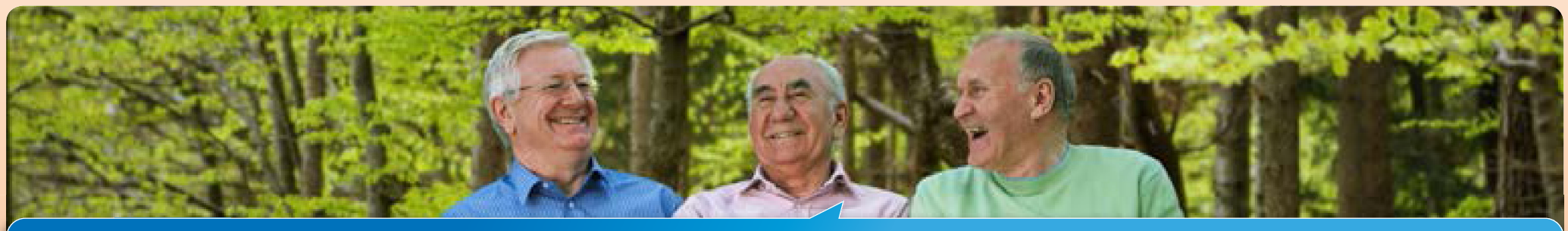
"How are you doing that?"

1. Developing plans for moving our staff into teams based in the community around your GP Practice. These teams will have the right skills to work with you to help you:
   i. Manage and understand your condition better
   ii. Help prevent you getting worse

2. Developing plans to create a place where you can be cared for in the right environment, with the right staff to help you rest and recuperate, if you become unwell or are being discharged from hospital.

3. If your home is a care home, we are working to ensure local doctors, nurses and therapists work closely with you, your family and the care home staff to jointly develop a plan to keep you well, based on your needs and choices.

4. We will review our funding of voluntary and community services to ensure your local community can help to support your care where best placed to do so.



"What does this mean for me?"

1. You will have a good relationship with all the staff to help you manage your condition and you will have one person who coordinates your care.

2. You will be cared for in your own home or local community so you are less likely to need to go into hospital or reach a crisis point.

3. You and your family will be involved in planning your care.

4. If you do need to go to hospital. When you are ready to leave we will ensure you have the right services around you to support you when you are discharged home.

5. Your local community, through voluntary organisations, will be more involved in your care.

Glossary

A&E – Accident and emergency departments assess and treat people with serious injuries and those in need of emergency treatment.

Acute Hospital – where people receive specialised support in an emergency or following referral for surgery, complex tests or other treatments that cannot be done in the community. Usually provides treatment for a short period, until the person is well enough to be supported in the community again.

Clinical Commissioning Group – is a group of GP practices that are responsible for commissioning most health and care services for patients

Commissioning Intentions – our plans and priorities for the coming year.

CSU Commissioning Support Unit, an organisation that provides services to CCGs

Health inequalities – differences in life expectancy and access to health care.

HWB – Health and Wellbeing Board. Local Authorities have established a HWB that will lead on improving the strategic co-ordination of commissioning across the NSH, social care and related children's and public health services.

JSNA – Joint Strategic Needs Assessment, an analysis of the health needs of the population to inform and guide commissioning of health, well-being and social care services within local authority areas.

NHS England –oversees the planning, delivery and day-to-day operation of the NHS in England

NHS National Outcomes Framework – is a document issued by the Department of Health annually in December giving the planning and priorities for the year ahead.

NICE – National Institute for Health and Clinical Excellence provides national guidance and advice to improve health and social care.

MDT – Multi-Disciplinary Team, a group of clinical professionals who come together to discuss patient care, to ensure a wider clinical perspective is given.

PCT – Primary Care Trusts were responsible for the planning and paying for health care services. They have been replaced by Clinical Commissioning Groups.

PPI – Patient and Public Involvement, one of the roles on the Governing Body, carried out by a lay representative.

PRG or PPG – Patient Reference Group or Patient Participation Groups bring together a group of registered patients of a GP practice with the aim of involving them in decisions about the range and quality of services provided.

Primary Care – services provided by GP practices, dental practices, community pharmacies and high street optometrists.

Secondary Care – a service provided by medical specialists who general to not have first contact with patients. Secondary care is usually delivered in hospitals or clinics.

"We'd like to know more…"

Further Information

If you would like more information about our CCG, what we do or how you can get involved please use any of the following:

Tel: **01270 275213**

Email: **nhssouthcheshire.ccg@nhs.net**

Web: **www.southcheshireccg.nhs.uk**

Twitter: **@NHSSCheshireCCG**

There is also a full technical section that gives more detail and supporting evidence for our programmes of work and governance arrangements. Please call or email us if you would like to request a copy.


Thank you for finding out about
NHS South Cheshire
Clinical Commissioning Group

NHS
South Cheshire
Clinical Commissioning Group

Bevan House
Barony Court
Nantwich
Cheshire
CW5 5QU

Telephone: **01270 275213**
Email: **nhssouthcheshire.ccg@nhs.net**
Website: **www.southcheshireccg.nhs.uk**

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