Health and Wellbeing Board

Date of Meeting: 25 June 2013

Report of: Chief Officer for NHS Eastern Cheshire Clinical

Commissioning Group

Subject/Title: 2013/14 Clinical Commissioning Group Prospectus

1.0 Report Summary

1.1 Everyone Counts: Planning for Patients 2013/14¹ outlined the requirement for clinical commissioning groups to produce a prospectus for its population. The content of the prospectus was at the discretion of clinical commissioning groups but was expected to outline in more detail the group's plans for delivering on its priorities outlined in its annual plan on a page, its links to the Health and Wellbeing Strategy and the role of the clinical commissioning group.

2.0 Decision Requested

2.1 That the Health and Wellbeing Board note the content of the prospectus

3.0 Reasons for Recommendations

3.1 To ensure that the membership of the Health and Wellbeing is aware of the 2013/14 plans of NHS Eastern Cheshire Clinical Commissioning Group and the publication that it is making available to members of the public.

4.0 Policy Implications including - Health

4.1 There are no direct policy implications

5.0 Financial Implications

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

6.0 Legal Implications

6.1 N/a

7.0 Background

7.1 Clinical Commissioning Groups were required to produce an annual 'Plan on a Page' (Appendix One) which was intended to outline the health need priorities of its local area, the major programmes of work to be undertaken to address these needs and the how it will demonstrate that a difference has

¹ Everyone Counts: Planning for Patients 2013/14, NHS England, http://www.england.nhs.uk/everyonecounts/

been made. It was also required to identify the national and local measures that it will working towards achieving

- 7.2 Everyone Counts: Planning for Patients 2013/14¹ outlined the requirement for clinical commissioning groups to produce a prospectus for its population. The content of the prospectus was at the discretion of clinical commissioning groups but was expected to outline in more detail the group's plans for delivering on its priorities outlined in its annual plan on a page, its links to the Health and Wellbeing Strategy and the role of the clinical commissioning group.
- 7.3 The 2013/14 Prospectus for NHS Eastern Cheshire Clinical Commissioning Group contains the following sections:
 - foreword
 - reflection on 2012
 - who we are
 - snapshot of Eastern Cheshire
 - how we spend your money
 - establishing our priorities for 2013/14
 - annual Plan on a Page 2013/14
 - Caring Together programme
 - · mental health and alcohol programme
 - quality improvement programme
 - listening to, learning from and delivering for our population
 - the Governing Body of the Clinical Commissioning Group
- 7.4 The Clinical Commissioning Group intends to produce two versions of this report:
 - **Version One** the one that is presented today and which will be available electronically as a pdf and as a hard copy for distribution
 - **Version Two** an digital version which will encompass interactive technologies

8.0 Access to Information

Any further information related to the development of this prospectus can be obtained from the report writer:

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Appendix One: NHS Eastern Cheshire Clinical Commissioning Group 2013/14 Annual Plan on a Page

Context **National Measures** by 2016, with no increase in 2013/14 Reduce Emergency Admissions by 5% Reduce potential years of lost life by 27% reduction in Clostridium difficile 100% Introduction of Friends & Family levels against DoH baseline Better use of staff skills Financial deficit experience and time assets and create social Need to maximise socia Lack of integration of care Need to improve peoples mortality rates Maintaining best quartile Continued drive to achieve demand with the Growing demographic system is not sustainable Current health & social care accountability system experience of care best standards of care growing ageing population Northwest's fastest Demonstrating our commitment to improving the quality of care for our local population **Health Need Priorities** inequalities across related harm citizens from our towns and quality and effective coordinated more integrated & To make care To prevent people To prevent alcohol avoidable harm To protect our To address services are available mental health lo ensure high prematurely from dying Local Priority Measures Increase the proportion of people Reduce by 5% the number of Increase to 55% the proportion of entering Primary Mental Health services Emergency Readmissions within 30 by 15% their condition people feeling supported to manage **Programmes** Other Caring Programme Improvement Quality Initiatives Programme and Alcohol Mental Health Programme Together Other Local Measures How we will make a difference Achieve >80% of appropriate staff to undergo identification and brief advice (IBA) training so as Achieve recurrent financial balance by 2016 Reduce by 15% the number of people waiting longer than 28 days to access mental health Reduce the proportion of cancers diagnosed through an emergency presentation by 30% by Achieve a 30% reduction in the incidence of new pressure ulcers (>grade 2) to deliver alcohol brief advice to patients Achieve a 7.5% reduction in falls and falls related injuries in hospita Expand the scope and capacity of Primary Mental Health services A commitment to delivering the '3 Million Lives Project' (Assistive Technologies) Improved information sharing across health and social care professionals Embed and promote the Caring Together principles and brand so as to enable a Pilot specialist community in-reach services Introduce supported self-management techniques Develop a new care coordination hub, supporting case management Value & Productivity Review Learning disability services Joint plan with Cheshire East Council and NHS South Cheshire CCG to improve Introduce new primary care technologies to improve safety in prescribing medicines Using the National Safety Thermometer, develop and implement improvement Implement a system to improve our ability to monitor and address concerns Management of stable coeliac and respiratory patients within primary care Ensure our population can access best practice cancer care Implement Rapid Assessment Intervention and Discharge Expand the support available to those experiencing alcohol related harm Introduce best practice Dementia Care Invest in new neuro-developmental services for children caring and compassionate culture Introduce five Caring Together Community Teams plans to reduce falls and pressure ulcers. Irain health care staff to deliver alcohol screening and brief interventions

Values: Valuing People: Working Together: Innovation: Quality: Investing Responsibly

Vision: "Inspiring Better Health and Wellbeing'