

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

How do I get involved?

Who are your partners?

How do I find out more?

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

Tell me more about South Cheshire

Annual Plan & Prospectus 2013/14

So what is NHS South Cheshire CCG?

What are you aiming to achieve as a CCG?

What are you working on?

Who are you?

NHS South Cheshire CCG



"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."

Foreword from the Chair	2
CCG Overview	3
Vision	4
Our Governing Body	5
Our Budget	5
Our Partners	6
Facts and Figures about South Cheshire	7
Involving Patients	8
Safe and High Quality Services	9
Our Programmes of Work	10
2013/2014 Timeline	11
Starting Well Programme	14
Living Well Programme	16
Ageing Well Programme	18
Glossary	20
Further Information	21



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



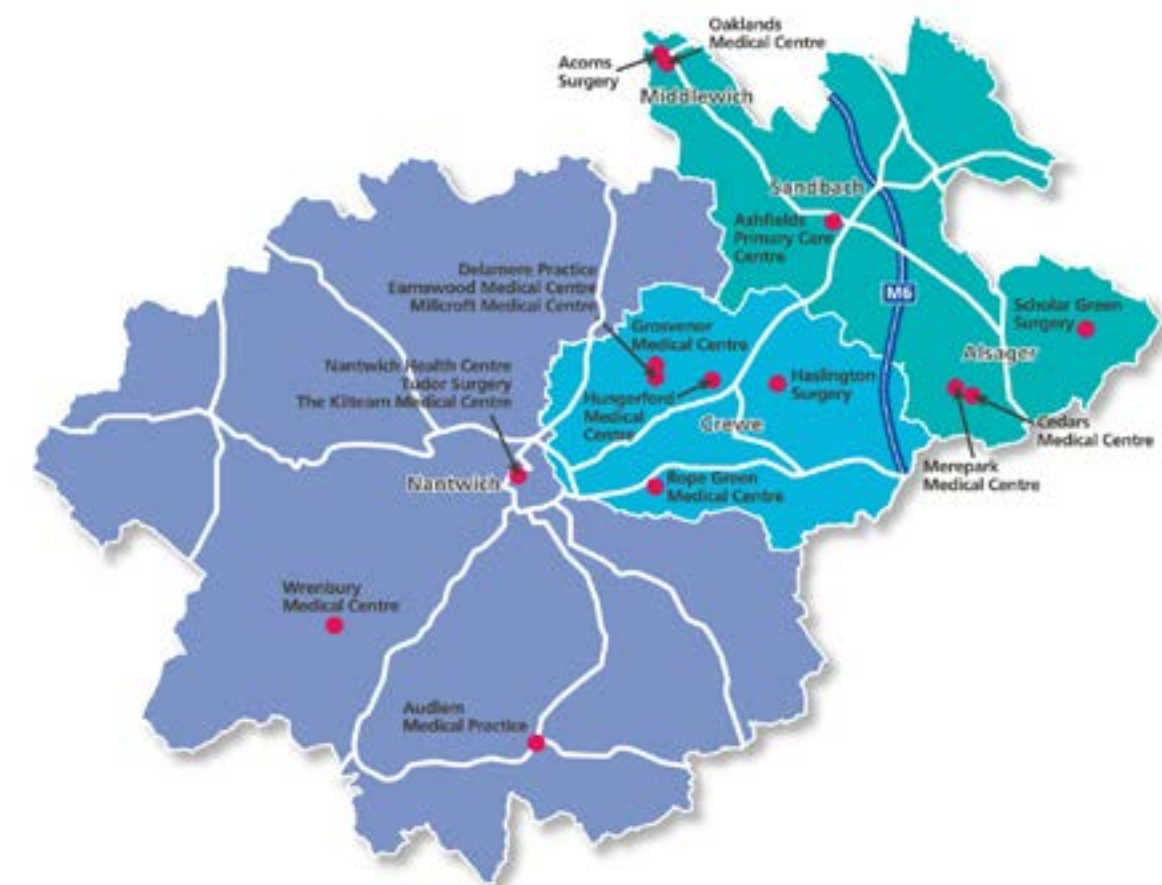
"So what is NHS South Cheshire CCG?"

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'.



"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:

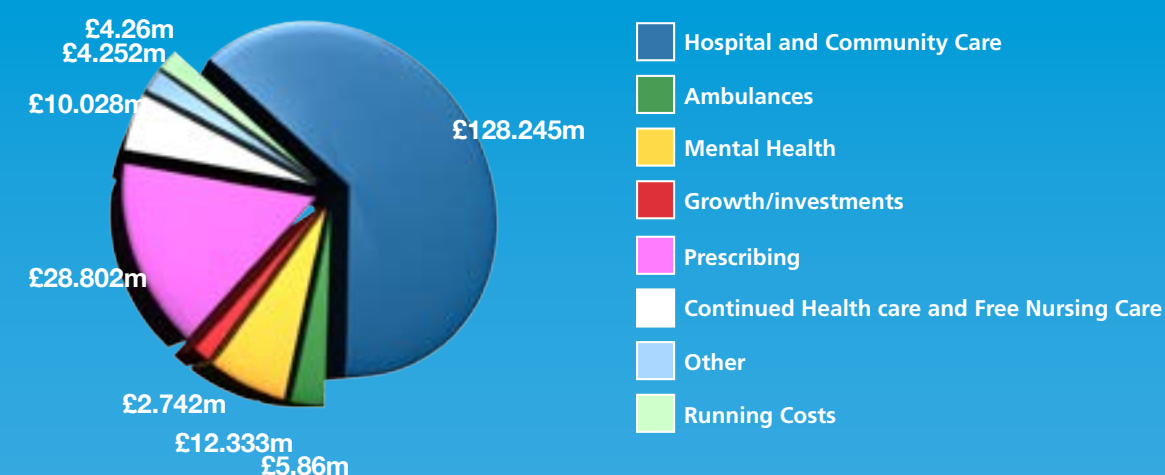
- Dr Andrew Wilson – *Chair*
- Dr Annabel London – *Locality Lead, Nantwich & Rural*
- Dr Mike Tate – *Locality Lead, SMASH*
- Dr Michael Freeman – *Locality Lead, Crewe*
- Dr Andrew Spooner – *Clinical Commissioning Lead*
- Judith Thorley – *Executive Nurse/Nurse Representative*
- Dr Robert Pugh – *Secondary Care Representative*
- Graham Bruce – *Deputy Chair, Lay Representative – Governance & Audit*
- John Clough – *Lay Representative – Governance & Audit*
- Diane Noble – *Lay Representative – PPI*
- Heather Grimbaldston – *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

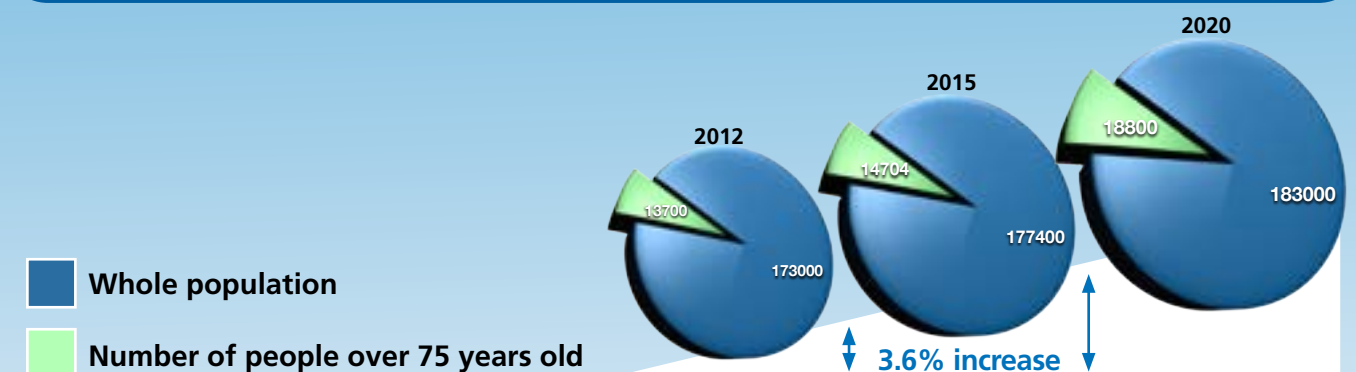
Ok here are some key facts and figures you may like to know about South Cheshire...

"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."



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 nhsouthcheshire.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

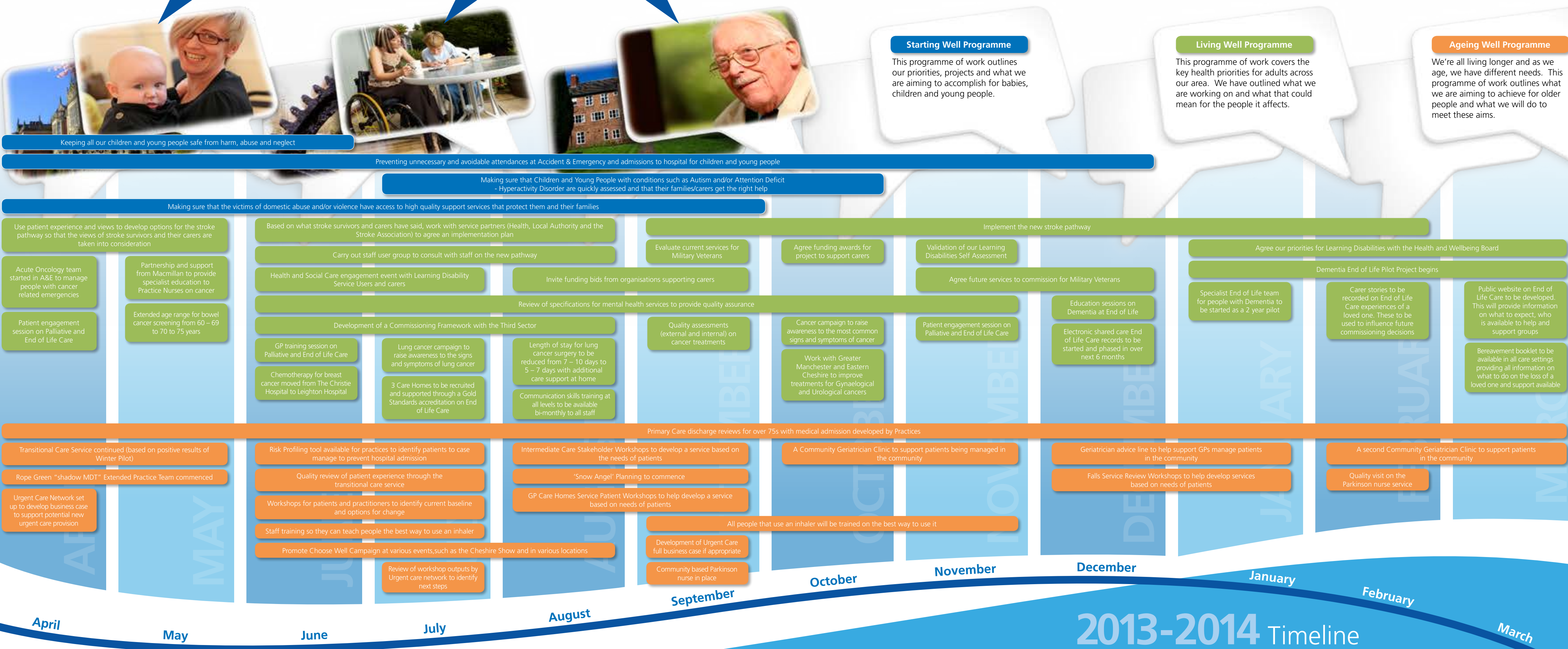
Ageing Well Programme

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?





“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.



“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](https://twitter.com/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



***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**