

Report of the Director of Environment and Sport to the meeting of Bradford South Area Committee to be held on Thursday 28 March 2013.

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Subject:

Bradford Districts City Clinical Commissioning Group

Summary statement:

This report informs Bradford South Area Committee about the Bradford Districts Clinical Commissioning Group and requests views and comments.

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Portfolio: Adult Social Care and Health

Overview & Scrutiny Area: Health



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Suzan Hemingway, City Solicitor

1. SUMMARY

This report informs Bradford South Area Committee about the Bradford Districts Clinical Commissioning Group and requests views and comments.

2. BACKGROUND

2.1 In line with the Health and Social Care Act 2012, groups of GP practices based in Bradford Districts, Bradford City and Airedale, Wharfedale and Craven have formed clinical commissioning groups (CCGs) and will be responsible, from April 2013, for planning, designing and buying health services for local people. They are statutory organisations and will take over many of the responsibilities of the Primary Care Trust (PCT) which will be abolished. Appendix 1 of the report provides more detail.

3. OTHER CONSIDERATIONS

3.1. There are no "other Considerations".

4. OPTIONS

- 4.1 That Bradford South Area Committee adopts the recommendations outlined in this report.
- 4.2 That Bradford South Area Committee adopts the recommendations outlined in this report, with amendments.
- 4.3 That Bradford South Area Committee decides not to accept the recommendations outlined in this report.

5. FINANCIAL & RESOURCE APPRAISAL

5.1 Financial

There are no significant financial implications for Bradford Council arising from this report.

5.2 Staffing

There are no significant staffing implications for Bradford Council arising from this report.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the proposed recommendations in this report.

7. LEGAL APPRAISAL

This work relates directly to the Local Government Act 2000 and to the Duty of Well-being placed upon the Council to promote and improve the well-being of the District.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, the CCGs will have regard to our Equality and Diversity Policy.

We will consider our duties under the Act when designing, delivering and reviewing our business priorities – in business planning, commissioning and decommissioning services.

We will communicate and engage in ways that are accessible to people in our community, ensuring that people who do not have a voice, or may not have equal access to information or opportunities to engage, are not disadvantaged.

8.2 SUSTAINABILITY IMPLICATIONS

The development of Clinical Commissioning Groups will assist in enabling community health issues and solutions to inform the Service planning process.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

Greenhouse gas emissions and wider environmental impacts are a consideration.

8.4 COMMUNITY SAFETY IMPLICATIONS

8.4.1 Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a positive impact on community safety issues across Bradford South.

8.5 HUMAN RIGHTS ACT

8.5.1 No direct implications arising from the Human Rights Act.

8.6 TRADE UNION

8.6.1 No direct Trade Union implications arise from this report.

8.7 WARD IMPLICATIONS

8.7.1 The development of Clinical Commissioning Groups will support a more tailored approach to Service delivery in Wards across Bradford South.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

8.8.1 The development of Clinical Commissioning Groups will help strengthen the Health contribution to the development of priorities for the Bradford South Area Committee Action Plan 2011-14.

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. RECOMMENDATIONS

10.1 The views and comments of the Bradford South Area Committee are requested.

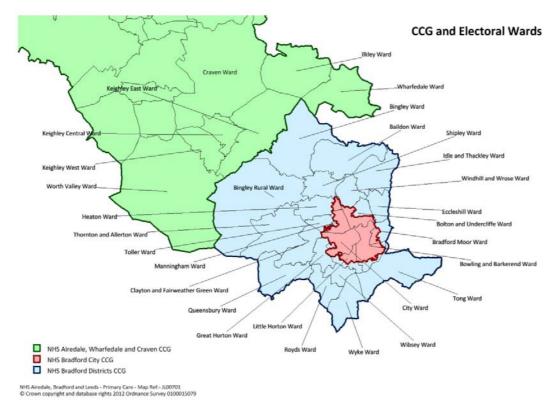
11. APPENDICES

Appendix 1 - Clinical Commissioning Groups Report

Appendix 1

This report gives an update to Bradford South Area Committee from Bradford Districts Clinical Commissioning Group on progress towards taking on full responsibilities as fully authorised statutory organisations from 1 April 2013.

In line with the Health and Social Care Act 2012, groups of GP practices based in Bradford Districts, Bradford City and Airedale, Wharfedale and Craven have formed clinical commissioning groups (CCGs) and will be responsible, from April 2013, for planning, designing and buying health services for local people. They are statutory organisations and will take over many of the responsibilities of the Primary Care Trust (PCT) which will be abolished.



Local councils will take over the public health responsibilities from the PCT and have a bigger role in planning health services by leading the Health and Wellbeing Strategy. The NHS Commissioning Board will take over specialised services, many primary care services, services for people in prison and military personnel. Services the CCGs will buy include:

• Emergency/urgent care including A&E, ambulance and out-of-hours services

- Community health services
- Maternity services
- Elective hospital care
- Rehabilitation services
- Healthcare services for people with mental health conditions and learning disabilities

- Continuing healthcare
- Termination of pregnancy services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases

Services the NHS Commissioning Board will buy include:

- Primary medical care
- Community pharmacy and appliance contractors
- Dental services primary, secondary and community
- NHS sight tests and domiciliary services
- Specialised services and high security psychiatric services
- Prison health services
- Services for military personnel
- Some services on behalf of Public Health England

Public health will move to Bradford Council which will have responsibility for health improvement services including:

- Healthy Child Programme (school nursing)
- Sexual health services
- Public mental health services
- Local programmes to promote activity and prevent obesity
- Drug and alcohol misuse services
- Tobacco control
- NHS health checks
- Local initiatives to prevent injury and to reduce seasonal mortality

The three CCGs have now been authorised by the NHS Commissioning Board and will take on their full duties from 1 April.

This followed an intensive assessment period which included site visits, interviewing leaders, assessing work with stakeholders, patients and the public and reviewing policies. The assessment panels were very positive about the work of the CCGs and how they have risen to the challenges before them, especially around engagement with patients and clinicians and the quality of their relationships with important partners such as the local authorities.

Statutory NHS bodies, CCGs are clinically-led membership organisations made up of their individual GP practices – 41 in Bradford District – with local clinicians driving decision making, pathway and service re-design

To do this, members in each CCG have elected GPs to a clinical board which is responsible for leading the vision and strategy, developing commissioning plans and overseeing the commissioning process. The clinical chair is Dr Andy Withers for Bradford District. The Bradford District and Bradford City CCGs share a chief officer, Helen Hirst, a finance officer and other senior managers.

The CCG has a governing body which ensures duties are discharged in the right way. Membership includes the clinical chair, chief officer, elected GPs, a hospital doctor, a nurse, members of the public and the finance officer. The full membership for Bradford District CCG can be found on the internet site <u>www.bradforddistrictsccg.nhs.uk</u>. A priority for the CCG is genuine engagement with local people. The main ways people can be involved are:

- By joining their local practice patient participation group or other locality based patient engagement group
- Through Local Healthwatch which will replace the Local Involvement Networks (LINks)

Local people are also at the heart of governing body meetings and share their insights, views and experiences in order to inform clinical decision making.

Bradford Districts and Bradford City CCG have a shared management structure and there are collaborative arrangements in place across all three CCGs with a Director of Collaboration, Nancy O'Neill.

Some functions and responsibilities operate jointly across Bradford Districts and Bradford City CCGs such as the Joint Quality Advisory Committee (JQAC), events such as the health and wellbeing hubs and contract management with West Yorkshire Commissioning Support Unit (WYCSU).

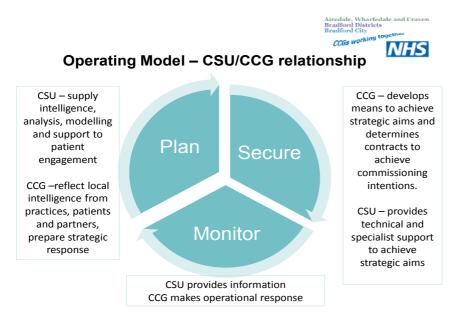
Others - such as lead contracting, intelligence, safeguarding, continuing health care, risk, Quality Innovation Productivity and Prevention (QIPP), transformation and finance – are on a three CCG footprint and the three CCGs with the local authority work together on joint commissioning, planning and prevention.

There are some areas which the three CCGs in Bradford and Airedale work with other organisations and these are Yorkshire Ambulance Service and out of hours, tertiary care (specialised care such as cardiac, cancer, treatment for severe burns and plastic surgery) and the NHS Commissioning Board.

Most of the underpinning activities which enable the CCGs to carry out their functions are being provided by WYCSU and a service level agreement has been developed setting out the eight areas where support will be bought.

These commissioning support services are:

- Provider management
- Business Intelligence
- Transformation
- Information Technology
- Governance
- Communications, engagement and equality and diversity
- Workforce and organisational development



Nationally there is a shift from targets to outcomes in the following areas:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health and following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Understandably, the CCGs' strategic plans align well with these domains. The key priorities for the Bradford District CCG are:

- Tackling health inequalities through prevention, integration and partnerships
- Improving patient safety and the patient experience
- Transforming urgent care
- Improving outcomes for people with long-term conditions
- Transforming mental health and community services
- Improving primary care quality and ensuring genuine engagement

CCGs will be performance managed by the NHS Commissioning Board which will look at how they are performing against commissioning outcomes, the NHS Constitution, our local priorities and how well we are balancing our books.

And, most importantly, the CCGs are held to account by local people. Feedback is vitally important and the CCGs welcome comments, views and questions in a variety of ways including:

- Email communications@bradford.nhs.uk
- Twitter @NHSBDCCG or @NHSBfdCityCCG
- Facebook www.facebook.com/NHSBradfordDistrictsCCG
- Attending governing body meetings held in public (written feedback forms will be available as well as opportunities to raise issues verbally)
- Write to the CCGs: Level 2, Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR