

Report of the Strategic Director – Environment and Sport to the meeting of Keighley Area Committee to be held on 22 January 2015.

AI

Subject:

Airedale, Wharfedale and Craven Clinical Commissioning Group

Summary statement:

This report informs Keighley Area Committee about the Airedale, Wharfedale and Craven Clinical Commissioning Group and requests views and comments.

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Portfolio:

Adult Services and Health

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

- 1.1 This report informs Keighley Area Committee about the Airedale, Wharfedale and Craven 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, from April 2013, they became responsible for planning, designing and buying health services for local people. They are statutory organisations and took over many of the responsibilities of the Primary Care Trusts (PCT) which have been abolished.
- 2.2 Appendix 1 outlines the Airedale, Wharfedale and Craven Clinical Commissioning Group's annual update to Keighley Area Committee.

3. OTHER CONSIDERATIONS

- 3.1 No other considerations.

4. FINANCIAL & RESOURCE APPRAISAL

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

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

6. LEGAL APPRAISAL

- 6.1 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.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.1.1 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 CCG will have regard to our Equality and Diversity Policy.



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

7.1.3 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.

7.2 SUSTAINABILITY IMPLICATIONS

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

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Greenhouse gas emissions and wider environmental impacts are a consideration.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 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 the Keighley Area.

7.5 HUMAN RIGHTS ACT

No direct implications arising from the Human Rights Act.

7.6 TRADE UNION

No direct Trade Union implications arise from this report.

7.7 WARD IMPLICATIONS

7.7.1 The development of Clinical Commissioning Groups will support a more tailored approach to Service delivery in Wards across the Keighley Area.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 That Keighley Area Committee adopts the recommendations outlined in this report.

9.2 That Keighley Area Committee adopts the recommendations outlined in this report, with amendments.



9.3 That Keighley Area Committee decides not to accept the recommendations outlined in this report.

10. RECOMMENDATIONS

10.1 Keighley Area Committee notes and comments on the update on the activities of the Airedale, Wharfedale and Craven Clinical Commissioning Group as outlined in Appendix 1 of this report.

11. APPENDICES

11.1 Appendix 1 – Update Report on the activities of the Airedale, Wharfedale and Craven Clinical Commissioning Group

12. BACKGROUND DOCUMENTS

None.



Appendix 1

Update Report on the activities of the Airedale, Wharfedale and Craven Clinical Commissioning Group





*Airedale, Wharfedale and Craven
Clinical Commissioning Group*

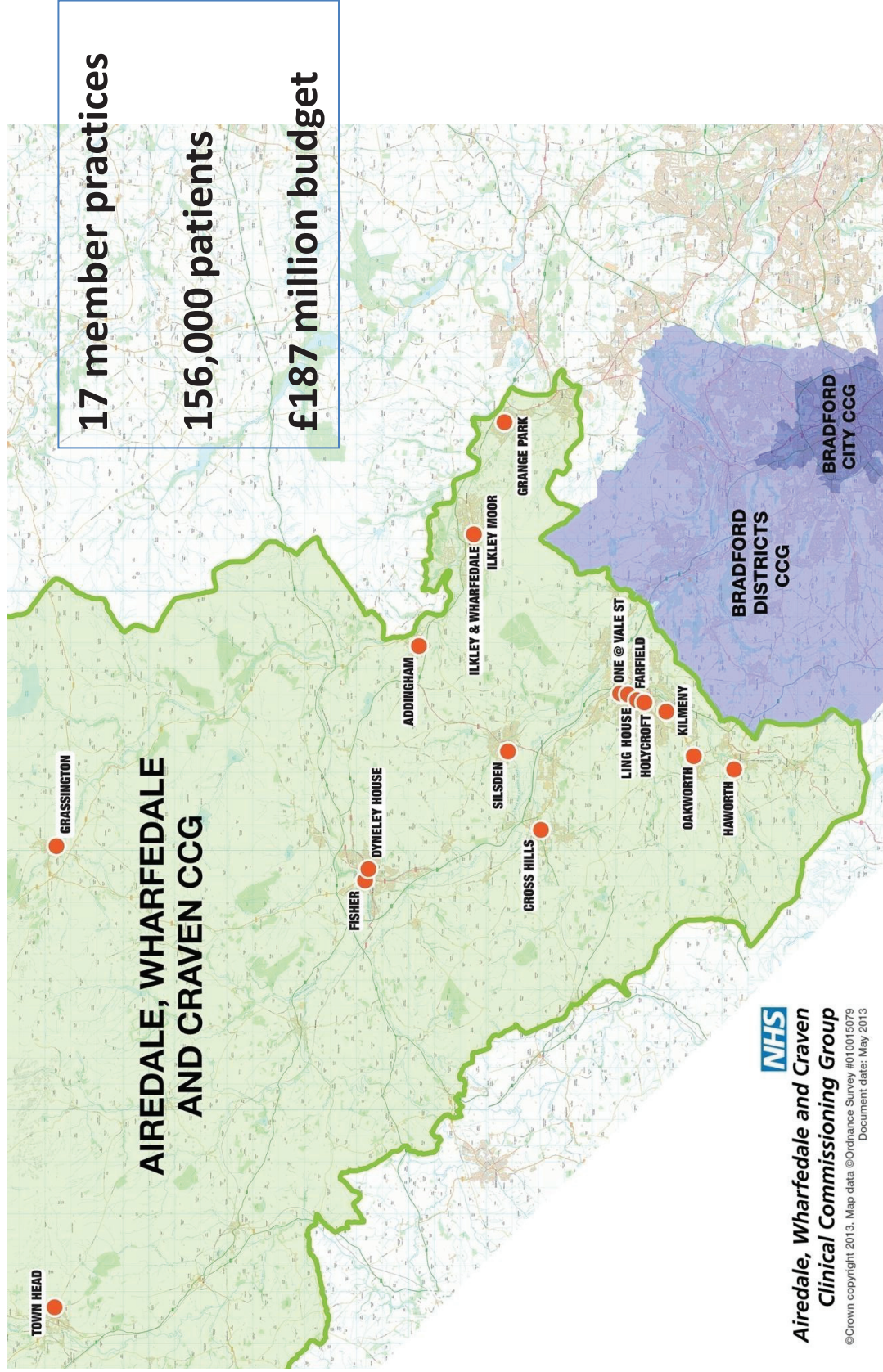
NHS Airedale Wharfedale and Craven Clinical Commissioning Group

**Dr Phil Pue
Chief Clinical Officer**

Topics

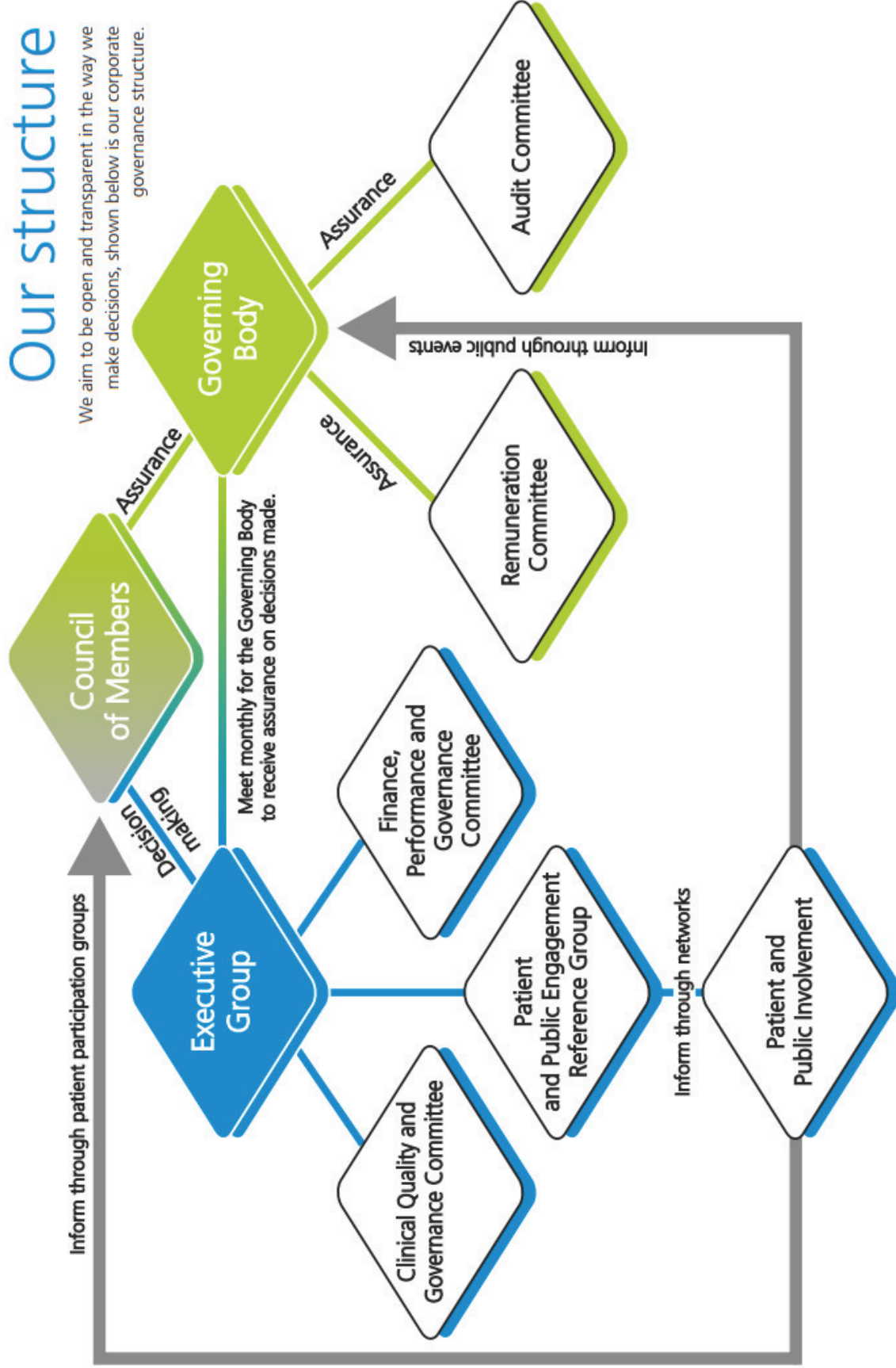
- The role of the clinical commissioning group (CCG)
- How we involve stakeholders and the public
- What progress have we made over the past year
- Our vision and strategic objectives
- Our plans for the future

Our role - the area



Our structure

We aim to be open and transparent in the way we make decisions, shown below is our corporate governance structure.

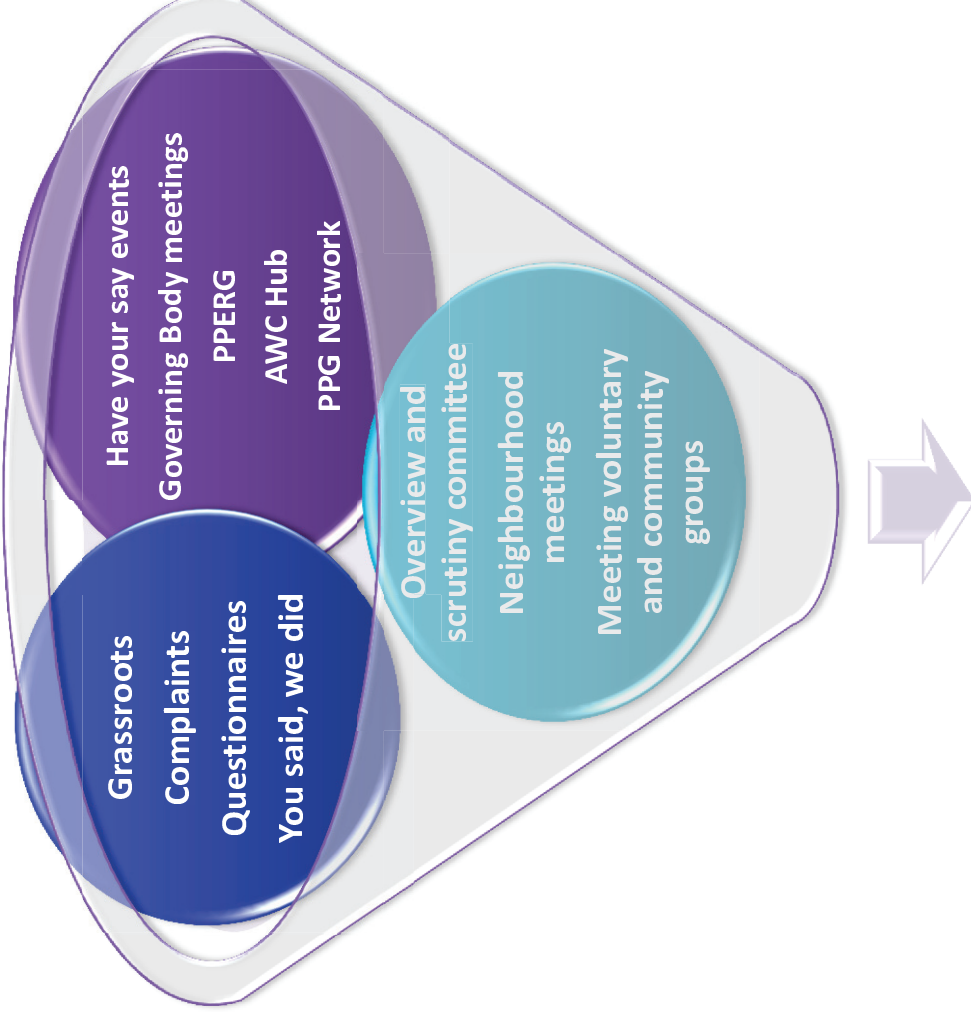


Our role – What we buy



This includes: hospital services, mental health services, ambulance and patient transport services, out of hours GPs, community health services and medicines.

How we engage with stakeholders and the public



Progress against our previous objectives last year

Transform urgent care

- Our GP practices are piloting **enhanced services** to better support people and so reduce emergency admissions to hospital.
- With the Bradford CCGs, we asked the public for their views on our **urgent care strategy**.
- We invested over £1 million to make health services more **resilient**.



Transform planned care



- With our partners, we launched the **intermediate care hub**, which provides a single point of access for health and social care staff to refer to intermediate care.
- We are delivering the new code of practice for services for **children with special educational needs**.
- We have reviewed **pulmonary rehabilitation** services.
- We reviewed **tissue viability** services and are introducing a new service in Craven so that provision is the same across the patch.

Transform mental health services



- We have increased the hours that the **A&E mental health liaison** service operates.
- We extended the funding of **voluntary sector mental health projects**, including Relate relationship support, Roshni Ghar services for women from ethnic minorities and bereavement support services.
- We have funded a **dementia crisis response service**

Reduce health inequalities & increase health promotion

- We worked with the local authority to procure a new service for **carers**, run by Carers Resource.
- Along with partners, we promoted **self care week** with stalls at local shopping centres, bus stations and libraries.
- **Community health navigators** from the voluntary and community sector now work in GP practices to signpost patients to relevant services and groups.



Achieving excellence in prescribing

- The new **Pharmacy First** scheme makes it easier for people to see their pharmacy for common problems rather than make a GP appointment.



Maintain safe, high quality and effective care









- We talked to new mums to find out about their experience of **community midwifery** services and a number of changes have been made by Airedale Hospital.
- We held our **clinical quality summit** in October to discuss with partners, providers and patients how to improve services. Speakers included Jane Cummings, England's chief nursing officer.

Develop a sustainable CCG





- Our local commissioning forums for our GPs to discuss **best practice** and key issues covered topics such as IT and data sharing and medicines management this year.
- We worked with health providers, local authority, police and NHS England to ensure health services were ready for the **Tour de France**.

Our performance last year against national measures

Targets met

-  A&E four hour waits
-  MRSA and C. Difficile
-  18 week wait for treatment
-  Mixed sex accommodation
-  Cancer waiting times
-  People improving after talking therapy

Underperformance

-  Ambulance response times
-  Ambulance handovers
-  Aspects of stroke care
-  Hospital admissions due to alcohol

Our vision

“Proactive, co-ordinated person centred care”



Our new strategic objectives

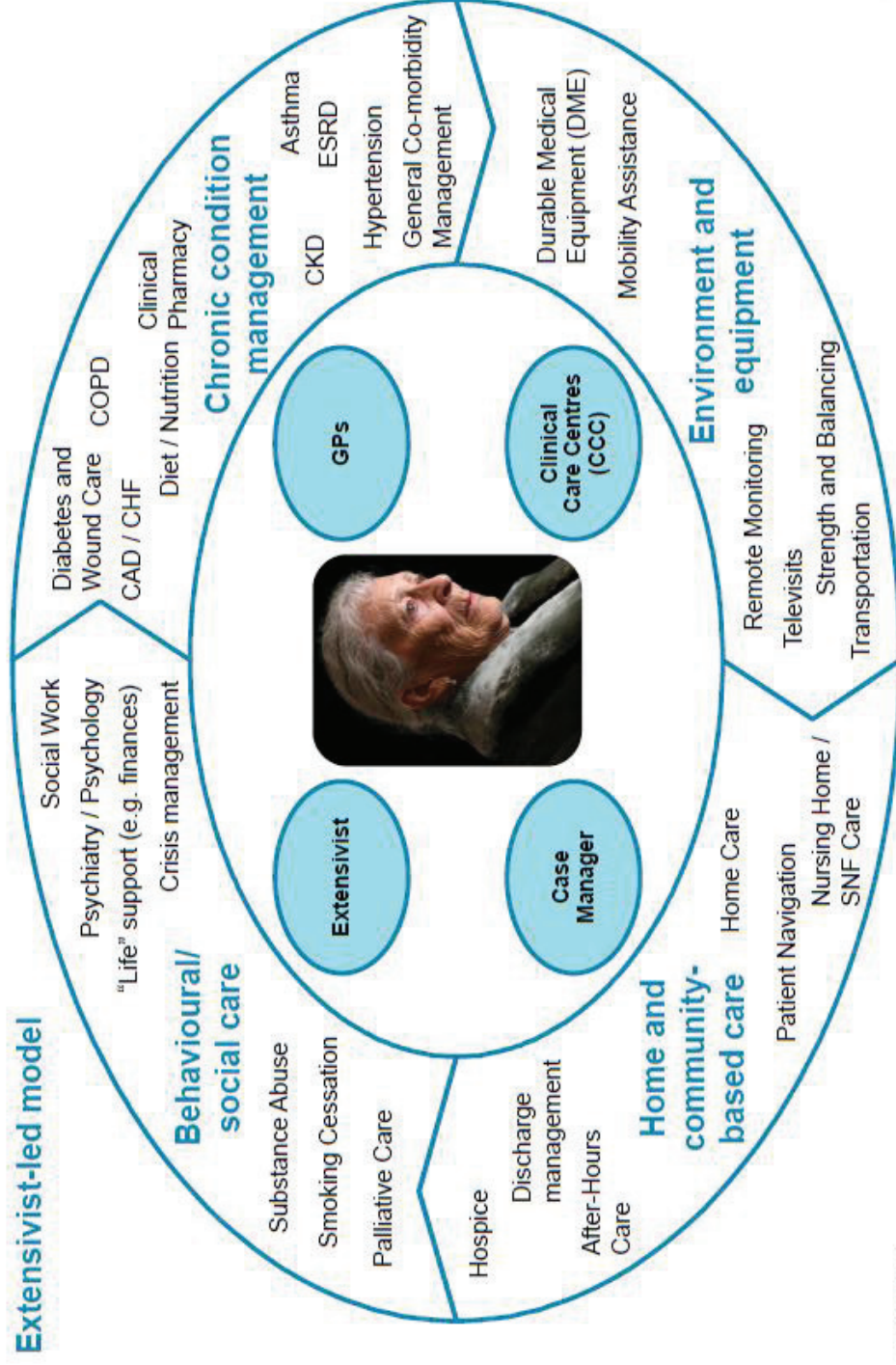
We will commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on reactive emergency and urgent care through more planned and proactive model of services
- Change the mind-set of professionals to promote active participation in health and wellbeing of the individual
- Change the mind-set of the public so they become an active participant in their health and care
- Deliver the pledges as set out in the NHS constitution

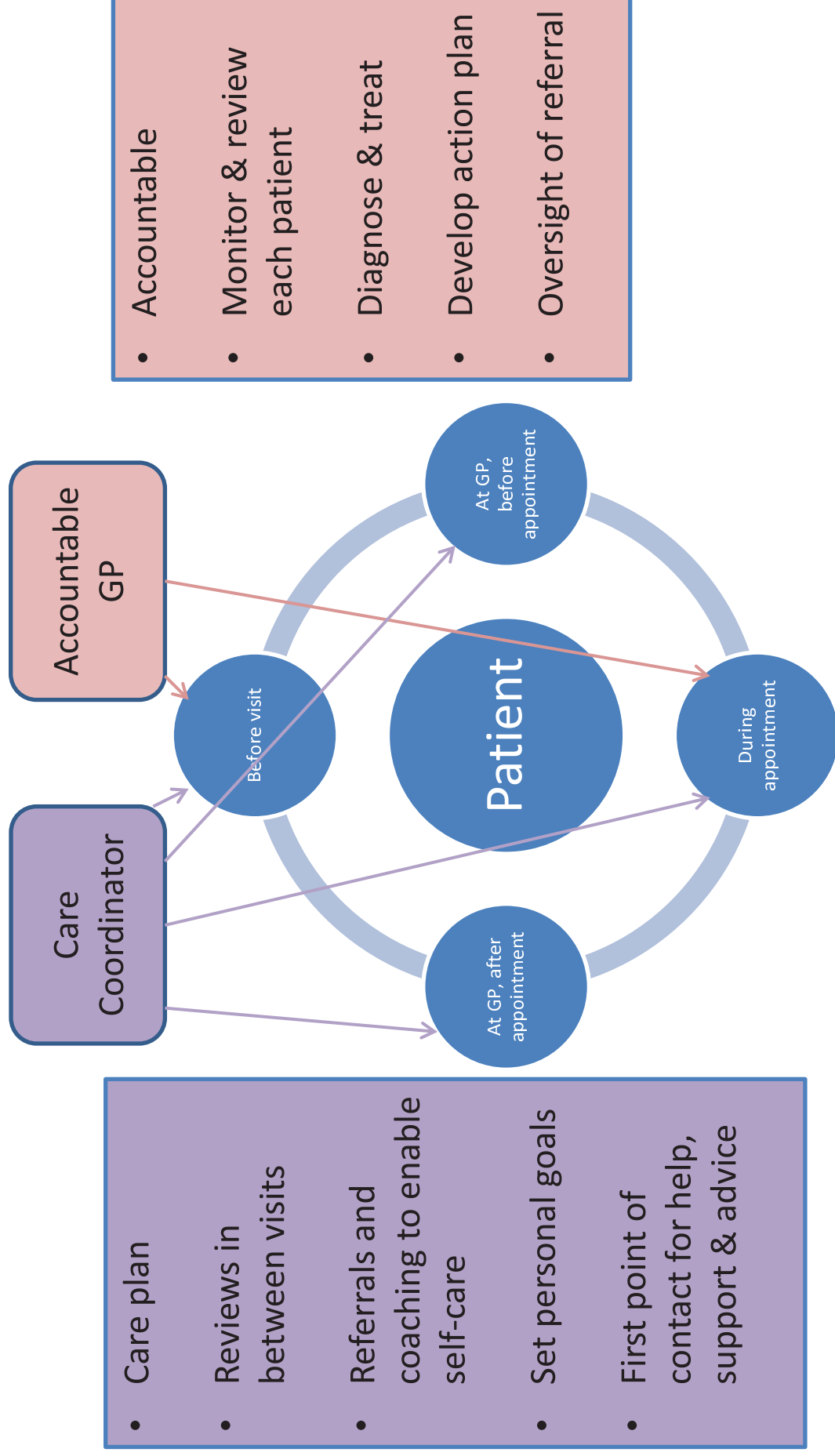
New models of care – what do we mean

- Agreed system vision of **person-centred coordinated care** across health and care partners in our 5 year forward view
- Intend to deliver this vision through:
 - Focusing on the most **intense users** of health and care services; provide bespoke care for their needs ensuring where appropriate, admissions to hospital are limited or not necessary
 - Working with patients to develop care plans ensuring **active participation** in their health and wellbeing

We hope to achieve our vision with the following new models of care:



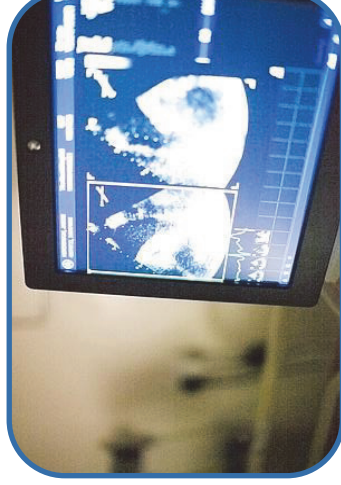
Enhanced Primary Care



What will help us achieve this?



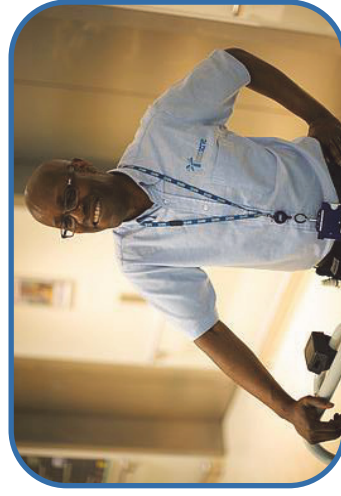
Coordinated approach to staffing, estates and support functions.



Electronic assistive technology



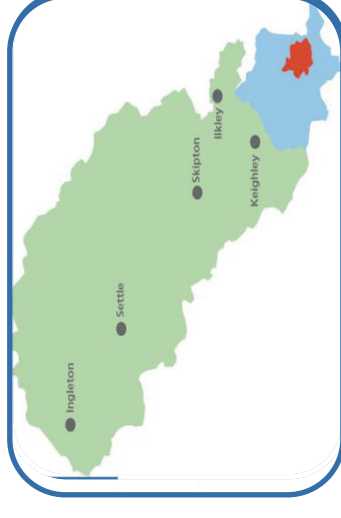
Engaging and involving service users and staff



The right workforce



More effective use of medications.



Commissioning across a broader footprint and new payment models

New models of care – what next

- Clinical team will **design the models** based on evidence, experience and best practice
- Patients will be asked to help in this design and we will keep coming and asking for **patient feedback** to ensure we are getting it right.
- We are working with our providers to make sure we can remove any **barriers** before implementation
- We are receiving **national support** through new models of care network with five other CCGs across the country

Questions

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