City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Strategic Partnerships, NHS Bradford Districts Clinical Commissioning Group, to the meeting of Bradford South Area Committee to be held on 15th March 2018

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Subject:

Update from NHS Bradford Districts Clinical Commissioning Group.

Summary statement:

This report provides an update on the priorities, recent initiatives and public engagement activities by NHS Bradford Districts Clinical Commissioning Group.

Ali Jan Haider
Director of Strategy
Bradford Districts CCG

Report Contact: Vicki Wallace
Phone: (01274) 237524
E-mail: Victoria.wallace@bradford.nhs.uk

Portfolio:

n/a

Overview & Scrutiny Area:

Health

1. SUMMARY

This report provides an update on the priorities, recent initiatives and public engagement activities by Bradford Districts Clinical Commissioning Group.

2. BACKGROUND

Bradford Districts Clinical Commissioning Group was established in April 2012 in shadow form and were fully authorised in April 2013. This report provides an overview of the CCG's recent activities in priority areas.

3. OTHER CONSIDERATIONS

See report attached at appendix 1.

4. FINANCIAL & RESOURCE APPRAISAL

Not applicable.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

6. LEGAL APPRAISAL

Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None.

7.2 SUSTAINABILITY IMPLICATIONS

Increased local decision-making has the potential to create more sustainable solutions to local issues.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No specific issues.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

There are no human rights issues arising from this report.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

None identified.

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

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

Bradford South Area Committee is asked to note the contents of this report.

11. APPENDICES

Appendix 1: Report of the Director of Strategic Partnerships

12. BACKGROUND DOCUMENTS

None

APPENDIX 1

NHS
Bradford Districts
Clinical Commissioning Group

Report of the Director of Strategic Partnerships to Bradford South Area Committee

Clinical commissioning groups (CCGs) are NHS organisations that commission (plan, buy and monitor) most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health and learning disability services
- family doctor (GP) services

Prior to this meeting, the Area Committee requested information about cancer incidence and how the CCG is working towards reducing cancer rates in Bradford South. The first part of this report focuses on cancer, whilst the second gives a broader overview of some of the other work of the CCG.

Part 1: Cancer rates in Bradford South

What is the picture regarding cancer rates and survival rates in Bradford South?

1 Is there a high rate of cancer?

The table below shows that whilst Bradford Districts CCG's incidence of cancer is slightly higher than the England average, the incidence is lower when compared with areas whose population share similar demographics. (Figures not available at Bradford South level)

Standardised incidence (per 100,000 population) of all cancers 2015
Source: https://nww.cancerstats.nhs.uk/incidence/age_standardised_rates

England average	Bradford Districts CCG	Bradford City CCG	Comparator CCGs average
605	612	584	635

2 Which cancer sites have the highest incidence?

The table below shows that when compared to the England average, Bradford Districts has lower rates of prostate cancer, similar rates of breast and colorectal cancers and higher rates of lung cancer.

Standardised incidence (per 100,000 population) of most common tumour sites 2014

Cancer site	England average	Bradford Districts CCG	Comparison to England average
All sites	608.30	605.66	**Similar**
Breast	173.38	182.11	**Similar**
Lung	78.34	93.84	**Worse**
Colorectal	70.43	66.05	**Similar**
Prostate	177.6	125.49	**Better**

Source: https://www.cancerdata.nhs.uk/dashboard#?tab=Overview&ccg=02R

3 What are survival rates like in Bradford?

One-year survival rates (following diagnosis) are either similar or better than the national average.

One-year survival (2013 diagnoses), net survival index for adults (%)

Cancer site	England average	Bradford Districts CCG	Comparison to England average
All sites	69.6	69.8	**Similar**
Breast	96.3	97.4	**Better**
Lung	35.5	39.3	**Better**
Colorectal	76.7	80.0	**Better**
Prostate	Data not available	Data not available	Data not available

Source: https://www.cancerdata.nhs.uk/dashboard#?tab=Overview&ccg=02R

4 What are screening rates like for Bradford South?

When looking at Bradford South GP Practice patients, the average rates for completed bowel screening kits is significantly lower than both the national and Bradford Districts CCG's rate.

Screening for breast and cervical cancer are similar or slightly less than national average.

Bowel cancer screening uptake percentage (2016/17)

England average	Bradford Districts CCG average	Bradford South GPs average	Comparison to England average
57.4	55.1	50.5	**Worse**

There is large variation from 44.1% to 59.1% across the practices.

Source:
https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/gid/1938132830/pat/152/par/E38000019/ati/7/are/B83062/iid/91343/age/266/sex/4

5 What are we doing to improve the cancer situation Bradford?

Although in Bradford South - which forms part of NHS Bradford Districts CCG - there does not appear to be a higher rate of cancer incidence than the England average, it is clear that the people who do develop cancer are dying at an earlier age than in other areas. This is in part due to the relatively poor health of the population with high levels of obesity and increased incidence of smoking. It also appears to be related to a lack of knowledge regarding the signs and symptoms of cancer and a lower uptake of the three national cancer screening programmes. Almost a quarter of all cancer diagnoses in the area are made following an emergency presentation to health services, which indicates that there is work needed to help increase earlier diagnosis of these cancers.

NHS Bradford Districts CCG and Bradford City CCG have formed the Bradford Improving Cancer Survival (BICS) programme to improve the general awareness of cancer, increase early diagnosis and thus achieve better outcomes for our population. This programme links into the ongoing work of the NHS England-led Bradford and AWC screening group who are working with the voluntary sector and the wider public to increase knowledge of cancer signs and symptoms in our city. It is hoped that increasing understanding of the symptoms and risks will help to improve the uptake of the three national screening programmes.

The CCGs have commissioned Bradford and District Community Empowerment Network (CNet) to deliver engagement work with hard-to-reach women's groups in the city to share cancer-related health messages, educate people on signs and symptoms of cancer and gain an understanding of barriers to the uptake of cancer screening within our population.

Yorkshire Cancer Research is funding a pilot study led by the three CCGs working closely with Enable2 interpreting service. The scheme intends to contact non-responders to the national bowel screening programme on behalf of their GP practice and encourage participation using the individual's own first language with appropriate culturally sensitive messages. It is hoped that this will increase the uptake of the screening programme and provide a proof of concept for further engagement work on a range of health topics.

After securing funding from the West Yorkshire Cancer Alliance, Bradford Teaching Hospitals Foundation Trust (BTHFT) is planning the introduction of faecal immunochemical testing (FIT), straight-to-test colonoscopy, vague symptoms clinics and a one-stop haematuria clinic. These innovative diagnostic and pathway changes will allow patients to be seen more quickly and in the most appropriate setting.

Work is also ongoing between the CCGs and secondary care providers to introduce Assist, a new referral tool within SystmOne, the GP patient records system. This will improve the quality of two-week wait referrals from primary care and ensure patient pathways are always up-to-date and adhered to. BTHFT is also working on streamlining the multi-disciplinary team process and is rolling out the recovery package to patients across more cancer sites. This will help ensure that the level of care provided to patients is high and specifically tailored to the individual.

Part 2: Other CCG plans and initiatives

1 Local health and wellbeing plan

Our vision for Bradford district and Craven is for everyone to have the best possible outcomes for their health and wellbeing and for people to remain happy, healthy and home.

To achieve this, people working in the NHS, local authorities and the voluntary and community sector have worked together to develop local priorities to ensure that health and care services are built around the needs of local populations.

These organisations have also been collaborating with colleagues across Calderdale, Kirklees, Leeds, Wakefield and Harrogate on shared priorities as part of the West Yorkshire and Harrogate health and wellbeing partnership.

The priorities make up the West Yorkshire and Harrogate health and wellbeing plan which shows how local services will evolve over the next five years to deliver on the national Five Year Forward View.

The West Yorkshire and Harrogate health and wellbeing partnership is one of a number of national partnerships created to help drive a genuine and sustainable transformation in health and care between 2016 and 2021.

West Yorkshire and Harrogate Health and Care Partnership Priorities

Working with the West Yorkshire and Harrogate Health & Care Partnership, we aim to deliver improvements in the quality and value for money of care we provide, working through nine programmes reflecting national and local priorities.

National priorities:

- cancer services
- urgent and emergency care services
- mental health services
- Maternity
- primary and community care

Local priorities:

- stroke care
- Preventing ill-health
- Improving planned care and reducing variation
- hospitals work together

To find out more about this work, you can visit the West Yorkshire and Harrogate Health and Care Partnership website.

2 GP Access

Following a financial review of all primary medical service contracts, the CCG implemented funding changes from April 2016. For some practices this has meant a reduction in funding and is being phased in over a period of five years (currently in year four).

Recognising that the traditional model of general practice is unlikely to be sufficient to deliver its objectives, NHS England is supporting the development of new ways of providing and commissioning services. To set out our delivery of this the CCG has a five-year primary medical care commissioning strategy, which was widely consulted on with partners and stakeholders. The two Bradford CCGs published their strategy at the end of 2016.

A key priority within the strategy is to improve access to primary medical services, including commissioning extended hours provision. It also includes a requirement to improve the offer of digital access and improve access to technologies that promote self-care and prevention. The strategy also encourages delivery of primary care at scale and the delivery of high quality primary medical services.

The views of Patient Participation Groups and other service users have been, and continue to be, instrumental in helping to develop extended access initiatives.

Two examples of initiatives locally to improve access, include:

Extended access: With Bradford City CCG, we commissioned an extended access service in 2017 from Bradford Care Alliance CIC. Being part of the West Yorkshire Urgent Care Acceleration Zone we were able to do this work a year earlier than most other CCGs nationally.

Within Bradford there is currently one hub operational which serves 25% of the population. It operates from Westbourne Green Health Centre and is open 6.30pm – 9.30pm Monday to Friday and 10am -1pm Saturday and Sunday. There are appointments with GPs, physios, welfare benefit and debt advice and mental wellbeing support. Plans are in place to deliver the service to 100% of the Bradford population by October 2018. Once fully operational, any patient in Bradford will be able to access any of the hub locations, if the appointment is convenient to them.

Working at scale: Our primary medical care commissioning strategies support practices working at scale and, as a result, we are therefore beginning to see practices working more closely, in order to share resources. In 2017 we have seen an increase in the number of practices working in networks, federated working and undertaking practice mergers. Some additional funding from NHS England has helped to support this work.

3 Bradford's Healthy Hearts

Bradford's Healthy Hearts (BHH) has now been operational for some time. We have seen some extremely positive results, recently published nationally in an NHS Right Care case study. The BHH work has resulted in the optimised treatment of 21,000 people and over 200 fewer people suffering heart attacks or strokes.

The wider BHH project has been recognised regionally, and Dr Youssef Beaini, Clinical Lead for Cardiovascular Disease for the CCG is leading this work to support roll out across West Yorkshire and Harrogate.

BHH is also running a project funded by the British Heart Foundation to identify, through community testing, individuals who may have hypertension and encourage them to attend their GP for further diagnostics and treatment as appropriate. Funding is for two years and we have commissioned HALE, one of our community providers to undertake the testing in local areas. Following testing, the results are recorded on the patient's medical record.

To date we have tested some 300 people and currently (as per NICE guidelines) identified almost 50% as being at risk of having high blood pressure (and previously undiagnosed). Feedback from people tested has been very positive and this kind of "softer" intelligence will be shared as part of the project evaluation.

4 Bradford Breathing Better

Respiratory conditions are some of the most frequent reasons for hospital admission, and many of them are preventable. *Bradford Breathing Better* (BBB) – a programme being rolled out in the coming year - aims to raise awareness of earlier diagnosis, improve clinical management and support self-management of respiratory disease.

With the support of this programme, we will make sure individuals are on the correct therapy and understand what their medication is and how it works. We will provide people with respiratory disease the tools and techniques to feel confident to manage their condition and will provide rescue packs of medication to avoid - where clinically safe - admission to hospital when their condition worsens.
The work will involve strong partnership working across primary care, secondary care and the voluntary and community sector, as well as organisations such as The British Lung Foundation and Asthma UK.

Our key work streams include improved management (including self-care) of chronic obstructive pulmonary disease (COPD) and asthma. We will also focus on the "clinical" element of smoking cessation and working with colleagues in public health to increase the number of quitters. Our work will take in opportunities identified in the NHS Right Care Pathways for COPD.

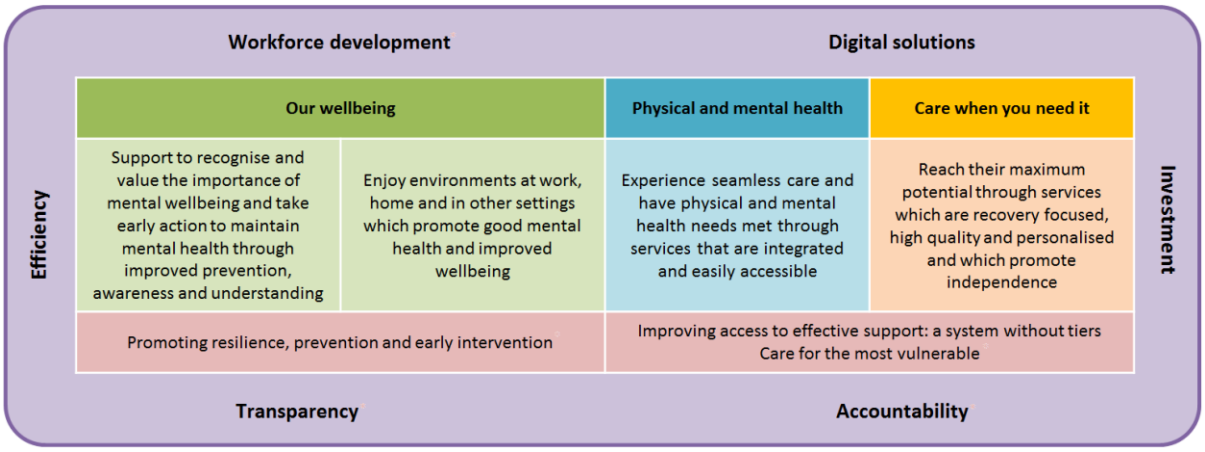
All of our local practices are engaged in delivering BBB and, working collaboratively with IT colleagues, we will be producing practice and CCG level reports that will support best practice for chronic disease management.

There are many elements to the work including the development of a single clinical template, an agreed formulary across primary and secondary care, pathway development and clinical education that are either underway of will be developed over a period of time.

5 Implementation of the Mental Wellbeing Strategy

We launched the mental wellbeing strategy in January 2017. The strategy is focussed around the three areas of work:

- ***Our Wellbeing:*** We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of life and mental health outcomes.
- ***Our mental and physical health:*** Mental health and wellbeing is of equal importance to physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.
- ***Care when we need it:*** When people experience mental ill health we will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.



These three areas, or pillars, structure the implementation of the strategy. In 2016 we launched our Future in Mind strategy that aimed to transform how we deliver mental health services for children and young people. The outcomes have been incorporated into our strategy and work in 2017 has taken place to ensure the strategy aligns with other key areas of work in the council (eg B Positive, SEND, Healthy Bradford and the health and wellbeing strategy).

Our aim is that by 2020, we will work together with partners to ensure that children and young people:

- will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding
- can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing
- will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible
- can reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence
- can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

Key areas of progress:

Wellbeing	**Physical and Mental health**	**Care when we need it**
• Primary mental health workers aligned with points of access to children's social care • Publication of Bradford	• Primary care wellbeing service expanded to cover four hubs in Keighley, Tong, City and Eccleshill.	• First Response service responds to crisis needs for all ages • Online and telephone self-referral available for

suicide audit with evidence of groups at risk which has informed a new action plan. • Initiatives to support mental wellbeing in Schools operations in Bradford district and Craven (120 schools) • Young people's champions and self-care campaigns • Map of wellbeing services complete • Dementia action plan and presentations to Overview and Scrutiny. • Healthy Bradford initiatives launched	• Steering group for Mental and physical health leading on developments to pathways and new services. • Map of integrated services complete • Chronic fatigue pathway • Further developing First Response service and winter resilience opportunities	IAPT • Baselines established for Personal Health Budgets and self-referral to IAPT • Safer Space operational for children and young people • 136 young people access Buddy system during CAMHS wait • Reduction in CAMHS waiting times (presented to HOSC) • Full recruitment to CYP Eating disorders team – all referrals seen within waiting time standard • Developments in our Early Intervention in Psychosis team

We have reviewed the governance arrangements and established a risk register. Key priorities for this year include:

- integration of the transformation programme sustainably across other programmes,
- expansion of digital engagement and wellbeing tools
- key focus of work in schools, both with young people and with staff
- development of peer community led initiatives
- roll out of the Youth in Mind model to wider services, and
- a focus on housing, employment, education and public health
- services for older people in crisis and sustainability of current services
- expansion of psychological therapies for people with long term conditions

6 Winter pressures: urgent & emergency care

Pressure on our local hospitals has increased over the winter months, often as a result of respiratory and Norovirus illnesses, but also because of the acuity of the patients being admitted.

Local NHS organisations and the local authority work closely together on a year-round basis so that services can cope with additional pressures on the system, and winter has been no exception to this. A range of initiatives has been rolled out over the winter months, as well as a public information campaign to reduce unnecessary visits to hospital and to encourage and prepare people for self-care, where appropriate.

As a system we continue to work together to transform services and ensure the right capacity is available in the right location. This has included:

- managing unwell children and young people in the community;
- arranging extra GP cover over Christmas and new year;
- implementing GP streaming in the accident and emergency departments of Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust;

- commissioning and implementing an extended GP hours scheme to provide additional GP consulting time;
- direct booking of bank holiday primary care additional services via NHS 111
- Carers' Resource Home from Hospital supporting frail elderly patients after treatment in A&E;
- piloting the 'Community Connecters' social prescribing scheme in primary care – this involves Hale and other VCS partners working with people who have social issues to reconnect them with NHS and community services to help with their individual needs.
- using the Better Care Fund to stabilise the care home and home care market
- spot purchasing of care/residential beds within the independent sector to support patient flow
- rolling out the multi-agency integrated discharge teams (MAIDT) to identify and manage complex discharges from hospital
- reviewing the medicines of 3,803 patients by the Medicines at Home Service (MESH)
- boosting First Response and Safer Spaces capacity to better support patients in mental health crisis
- agreeing and prioritising funding for a flu voucher scheme for frontline social care staff, coupled with an awareness raising scheme specifically aimed at the care sector.

7 Accountable care Bradford

This last year has seen a change to how we work across the health care and support system as we create a new way of working across providers and commissioners. We are developing a population health management approach to the provision and commissioning of car, similar to that seen in accountable care systems in other parts of the world. We expect this new approach to improve health inequalities as well as help us manage rising demand. We have seen a change in relationship with primary medical care and the voluntary and community sector as we have supported them to operate 'at scale' and form strategic and delivery partnerships with other larger health and care providers as an integral part of the accountable care system.

Accountable care is seen as a major part of the West Yorkshire and Harrogate Health and Care Partnership as each of the six place based plans (Bradford District and Craven being one of the six along with Kirklees, Wakefield, Leeds, Calderdale and Harrogate) talk of this being one of the main ways towards a sustainable care system. The CCGs across West Yorkshire, Craven and Harrogate have formed a joint committee to take collective decisions where this will benefit our local people. Those areas include aspects of mental health, urgent and emergency care, stroke and cancer. We know we can work better together across West Yorkshire, Craven and Harrogate to learn and share good practice and to reduce the variation in care and outcomes for our respective populations.

8 Patient and public engagement

We have continued to strengthen the ways in which we involve patients and the public in our commissioning decisions, and to develop new connections with partners to help us reach further into our communities.

Engaging People: a CCG grant, which was awarded in 2017 to a partnership of VCS organisations known as Engaging People. The partnership includes local organisations CNet, HALE, BTM and Healthwatch Bradford and District. Engaging People carry out engagement work that links to CCG priorities and work streams, helping us reach out to hear the voices and views of particular groups or communities. So far they have completed engagement projects on Out of Hospital care, and smoking during pregnancy. Some of their work is also about supporting other routes for engagement and feedback. This includes providing support to the patient participation group (PPG) network, facilitating the Women's Health Network and submitting information to our Grass Roots reporting system.

Grass Roots insight: a way of reporting patient feedback on health topics from a variety of sources, including the Care Opinion website, Healthwatch, patient complaints and concerns, feedback from our websites and information that is collected during general engagement with local people. This year we are developing a new system to enable us to more easily identify themes and trends in feedback.

Patient network: NHS Bradford City and Bradford Districts CCGs have a joint Patient Network. The Patient Network meetings are held every 8-12 weeks, it brings together patients, carers, service user groups, GP practices and engagement leads in the City and Districts CCGs area. The network aims to explore ways of working together, strengthen patient groups and engagement, build stronger links between communities and health services and help improve the health and well-being of people living in the Bradford area.

The celebration event organised by the network in November was attended by about 100 people.

Young people's events: we held a successful event this summer in partnership with NHS England. Self-Care Everywhere was co-designed with young people who set the agenda and led the development of the day, with workshops around topics including mental health, exercise, participation, and healthy eating.
In October, we held another multi-agency event, 'Your Health Your Future' supporting young people to seek employment opportunities in health and social care and work with patient groups.

The Big Conversation: Throughout July and August 2017, Healthwatch Bradford and District worked with the CCG to create a 'big conversation' with local people about the future of health and social care. We wanted to find out what mattered most to people, where there might be willingness to compromise, and what people think could be done differently in the future. Outreach sessions, focus groups and public events were held across the district and in total we had over 900 responses and contributions.

The full report on this work is being used to shape the new 'place based plan' for the future of health and care.

Ali Jan Haider
Director of Strategic Partnerships
NHS Bradford Districts CCG

1 March 2018