Nottinghamshire County Council

Report to Health and Wellbeing Board

11th January 2012

Agenda Item: 4(b)

REPORT OF THE CLINICAL LEAD, MANSFIELD AND ASHFIELD NHS CLINICAL COMMISSIONING GROUP

STRATEGY AND COMMISSIONING INTENTIONS

Purpose of the Report

1. To seek comments from the Health and Wellbeing Board members so that any feedback can be incorporated into the final version of the Strategic Plan (**Appendix 1**) and alignment with the emerging Health and Wellbeing Strategy can be ensured.

2. The consultation process will be complete in March 2012, when it is anticipated this will be required as part of the CCG authorisation process.

Information and Advice

3. As discussed at the previous meeting of this Board on the 11th November 2011, the Nottinghamshire CCGs wish to be in the first wave of those CCGs that are authorised by the NHS Commissioning Board to take on the full range of statutory commissioning functions. As part of the authorisation process, CCGs are required to submit a 'clear and credible plan' demonstrating alignment with the identified health needs of our population. At the meeting of the Health and Wellbeing Board on 11th November 2011, it was resolved that the Nottinghamshire Clinical Commissioning Groups be asked to present their emerging plans.

4. This 'Consultation Draft' of our Strategic Plan sets out 10 key priority areas (commissioning priorities) to meet the identified health needs of our resident and registered populations. In advance of the publication of the refreshed Joint Strategic Needs Assessment (JSNA) the plan has been developed using the current JSNA as well as public health data, which provides profiles to a practice level.

5. Through implementation of our plans, the CCG will seek to:

    - Promote better health through addressing our key areas of health need (smoking, alcohol, obesity)
    - Prevent unnecessary hospital visits and/or admissions
    - Demonstrate utilisation of high quality and cost effective prescribing
    - Tackle preventable ill health and disability and help people live independently
    - Support more people to die at home if that is their choice.

6. Workstreams have been established to progress each of the 10 priority areas. These are clinically led and managerially supported. The 10 priority areas are:

- Care of the elderly in the Community
- Planned care
- Mental health and substance misuse
- Prescribing
- End of Life
- Cardiovascular disease and prevention
- Access and urgent care
- Chronic obstructive pulmonary disease (COPD)
- Children's health
- Cancer.

7. The Nottinghamshire Primary Care Trust strategic commissioning intentions, prioritised as part of the World Class Commissioning process, identified smoking, alcohol and obesity as key health issues in Mansfield and Ashfield. Despite financial investment into these areas over a number of years, challenges remain for the CCG to address as Mansfield and Ashfield residents continue to experience life expectancy that is significantly worse that the England (and Nottinghamshire) averages.

8. As we know, health status is shaped by many factors outside the control of the NHS, and these are often described as the 'wider determinants' of health. The level of multiple deprivations in the community is a good proxy for describing this, so it is perhaps unsurprising that both Districts have scores higher than the national average. At District level these figures mask more inequalities, for instance in Mansfield 40% of residents live in the worst 20% of deprivation nationally.

9. This helps to define the health needs of our population and, in turn, impacts on the delivery of primary care services and the commissioning of health services in the area. For instance, we know that in our populations we have higher than average levels of unhealthy behaviours e.g. smoking and obesity. These, in turn, mean that we have higher than average levels of chronic and life-threatening diseases such as Cancer, Diabetes and Chronic Respiratory Diseases. We therefore recognise the importance of working with the Health and Wellbeing Board to ensure that we take a joined-up approach to developing the Health and Wellbeing Strategy and tackling the causes of ill health. We passionately believe that it is only through working with a wide range of partners that will impact on these health and wellbeing issues.

10. Our governance arrangements incorporate an innovative Citizen's Reference Panel, (CRP) comprising representatives from local health interest groups, district councillors and representatives from our Practice Reference Groups. The CRP will elect two of its members to represent it on the governing body of the CCG. The CRP will be one mechanism of ensuring that we remain accountable to the local people we serve.

11. Our plan has been shaped through ongoing consultation with patients, the public and service users. Tangible examples of where the plan has been changed in light of consultation as included separating out 'cancer' and 'children's services' from other workstreams to give an explicit focus and attention to these areas. In addition, at a public consultation event, the importance of self care and prevention was thought to not be prominent enough. Workstream leads have been asked to ensure that this is incorporated into the detailed workstream plans.

12. As a CCG we need to establish our organisation and deliver better health, whilst at the same time making productivity and efficiency gains of over 5%. This is necessary to address rising demand for healthcare at a time when financial resources that we will receive from the Department of Health will not increase in line with that increase in demand. This will be delivered through ensuring that the services we commission deliver high **Quality,** exploit **Innovation,** maximise **Productivity,** and take a strong approach **to Prevention** of ill health. This is known as the **QIPP** challenge. This is a significant challenge indeed, and to succeed we intend to work in partnership with patients, members of the public, clinicians, managers, local authorities and voluntary organisations across our area.

13. Previous presentations to the Health and Wellbeing Board (including those for substance misuse and dementia) are well aligned with the Strategic Plan 2011-2013 for the Mansfield and Ashfield NHS Clinical Commissioning Group.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

It is recommended that:

1) the Health and Wellbeing Board comment on the Mansfield and Ashfield NHS Clinical Commissioning Group Strategic Plan for 2011-2013.

MS DEBORAH JAINES
Chief Operating Officer
Mansfield and Ashfield NHS Clinical Commissioning Group

DR RAIAN SHEIKH
Clinical Lead
Mansfield and Ashfield NHS Clinical Commissioning Group

For any enquiries about this report please contact:
Ms Deborah Jaines

Constitutional Comments (SG 07/12/2011)

15. The Health and Wellbeing Board is the appropriate body to consider the matters set out in this report.

Financial Comments (RWK 09/12/2011)

16. The report sets out the Strategic Plan for the Mansfield and Ashfield CCG. The plan will need to be delivered within the financial resources available.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

Kirkby in Ashfield North – Councillor Jon Knight
Kirkby in Ashfield South – Councillor Rachel Madden
Selston – Councillor Gail Turner
Sutton in Ashfield Central – Councillor Michelle Gent
Sutton in Ashfield East – Councillor Steven Carroll
Sutton in Ashfield North – Councillor Jason Zadrozny
Sutton in Ashfield West – Councillor Fiona Asbury
East Mansfield – Councillors Bob Cross and Martin Wright
North Mansfield – Councillors Joyce Bosnjak and Parry Tsimibiridis
South Mansfield – Councillors Chris Winterton and Stephen Garner
West Mansfield – Councillors Victor Bobo and June Stendall
Warsop – Councillor John Allin.

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