



Nottingham North and East Clinical Commissioning Group

Presentation to Nottinghamshire Health and Wellbeing Board



Tony Marsh, Clinical Lead

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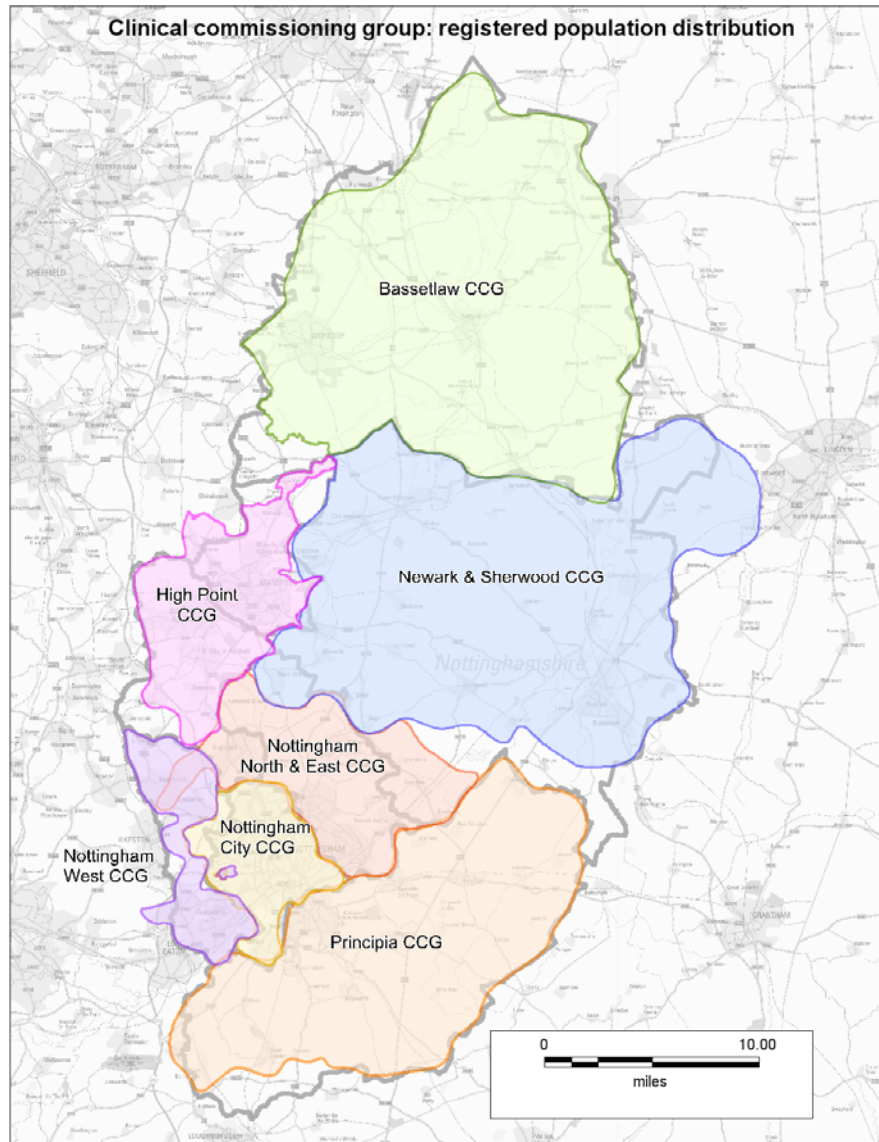
What are we going to discuss?

- Who are Nottingham North & East Clinical Commissioning Group?
- What is our local health like?
- Process and Priorities based on the Joint Strategic Needs Assessment
- What do our patients think?
- Where does our money go?

Who are Nottingham North and East?

Collaboration of 21 practices serving a population of 144,700 in:

- Arnold
- Burton Joyce
- Calverton
- Carlton
- Colwick
- Daybrook
- Gedling
- Giltbrook
- Hucknall
- Lowdham
- Mapperley
- Newthorpe
- Netherfield



Population: CCGs in Nottinghamshire

This map details the CCG boundaries, relevant to registered population and GP Practices.

Mainly Gedling, with significant populations in Hucknall, Broxtowe, Newark & Sherwood

Leadership Flavour

- Diversity of skill mix across Board membership
- Clinical Board Champions
- Lay Board Members
- Practice Forum
- Patient & Public Reference Group
- Partnership Sub-committee and reciprocal arrangements
- Locality Groups

What is our local health like?

When compared to England:-

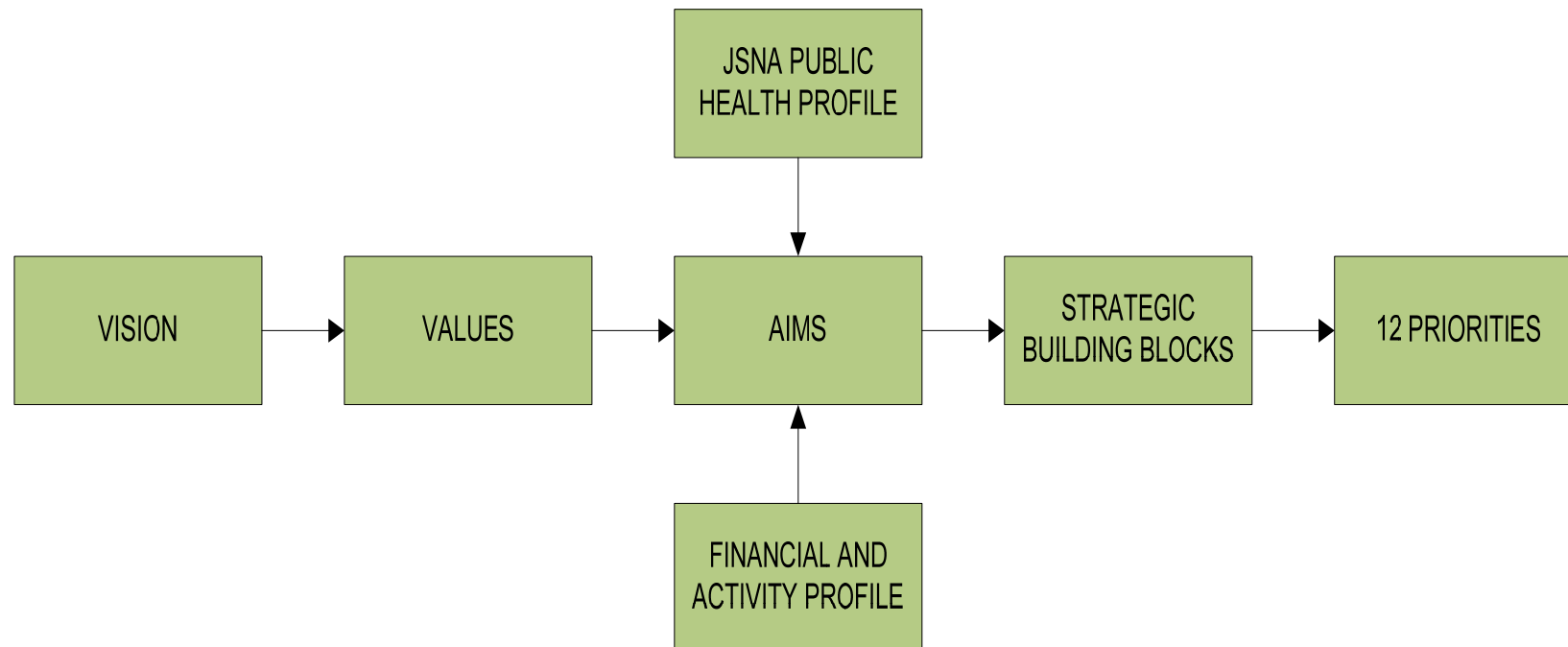
- Higher proportion of people aged 45 and older
- Lower proportion of children and young adults
- Deprivation less extreme but with large deprivation variance

Main cause of death (all ages):-

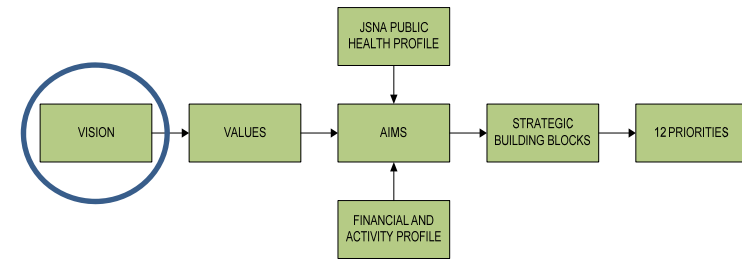
- Cardiovascular Disease
- Cancer
- Respiratory illness

- Smoking
- Increase of obesity in adults and children

The Process

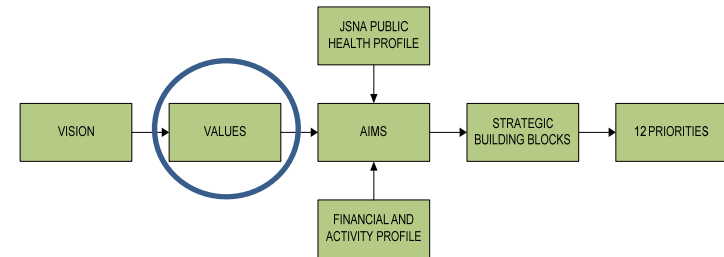


Our Vision



Putting good **HEALTH** into practice

Our Values



Honesty, openness and integrity are central to everything we do

Empowering and communicating with our patient community

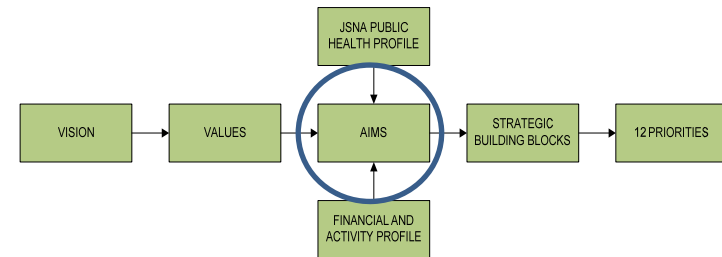
Appropriate use of our resources to deliver best value

Leadership that is strong and visible

Together with our partners we will strive to improve the health of our community

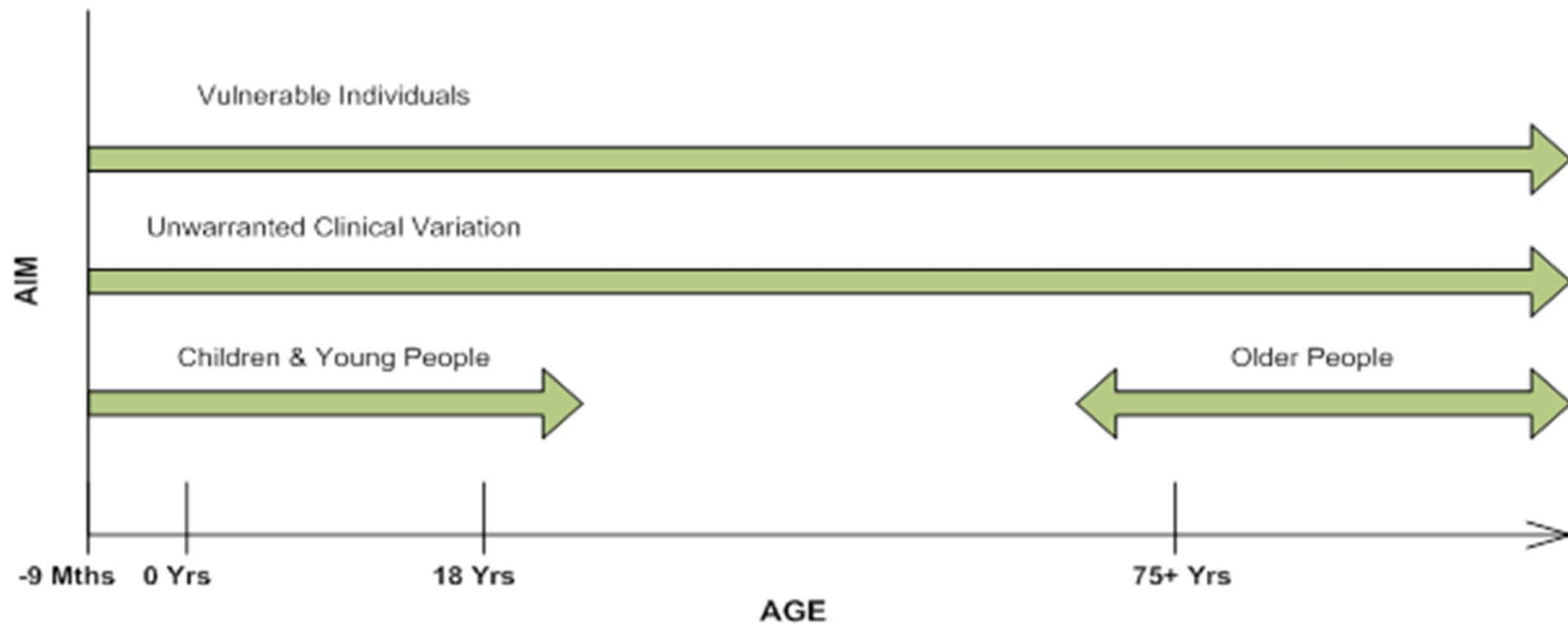
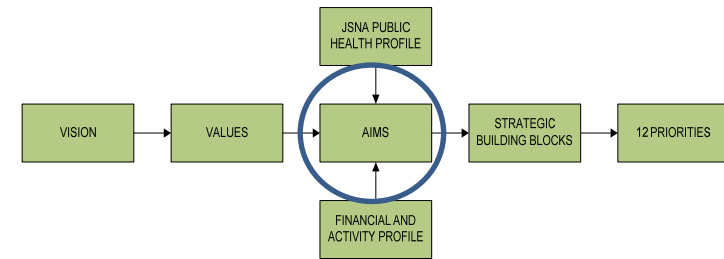
High quality is our standard

Our Aims

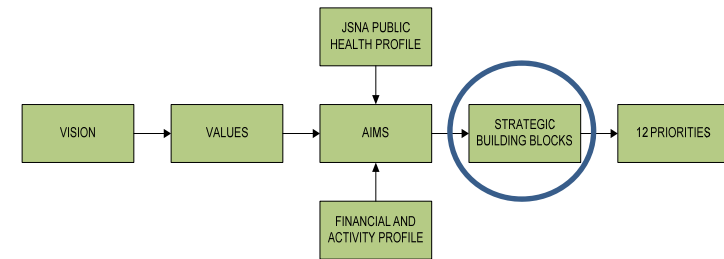


- Drive up the quality of care in order to improve health outcomes and reduce unwarranted variation
- Commission appropriate models of care for older and vulnerable people with complex needs, ensuring all patients are treated with dignity and respect
- Secure improved chances of a healthy life by targeting our prevention approach for children and young people

Our Aims

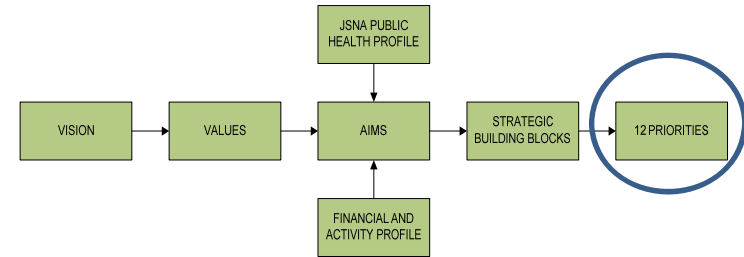


Strategic Building Blocks



- Long Term Conditions, Cancer and End of Life
- Unplanned, Urgent and Emergency Care
- Planned Care
- Mental Health and Learning Disabilities
- Health and Wellbeing for All
- Children, Young People and Maternity
- Effective Medicines Management
- Primary Care/Practices
- Older People, Community Care and Re-ablement

Our Priorities



- Smoking
- Obesity
- Diabetes
- Avoiding inappropriate admissions
- Chronic Obstructive Pulmonary Disease
- Trauma & Orthopaedics
- Depression
- Dementia
- Care home admissions
- End of life
- Targeting early years
- Children and adolescent medical health services

How do we meet these needs?

- JSNA foundation stone
- CCG collaboration

In partnership with:-

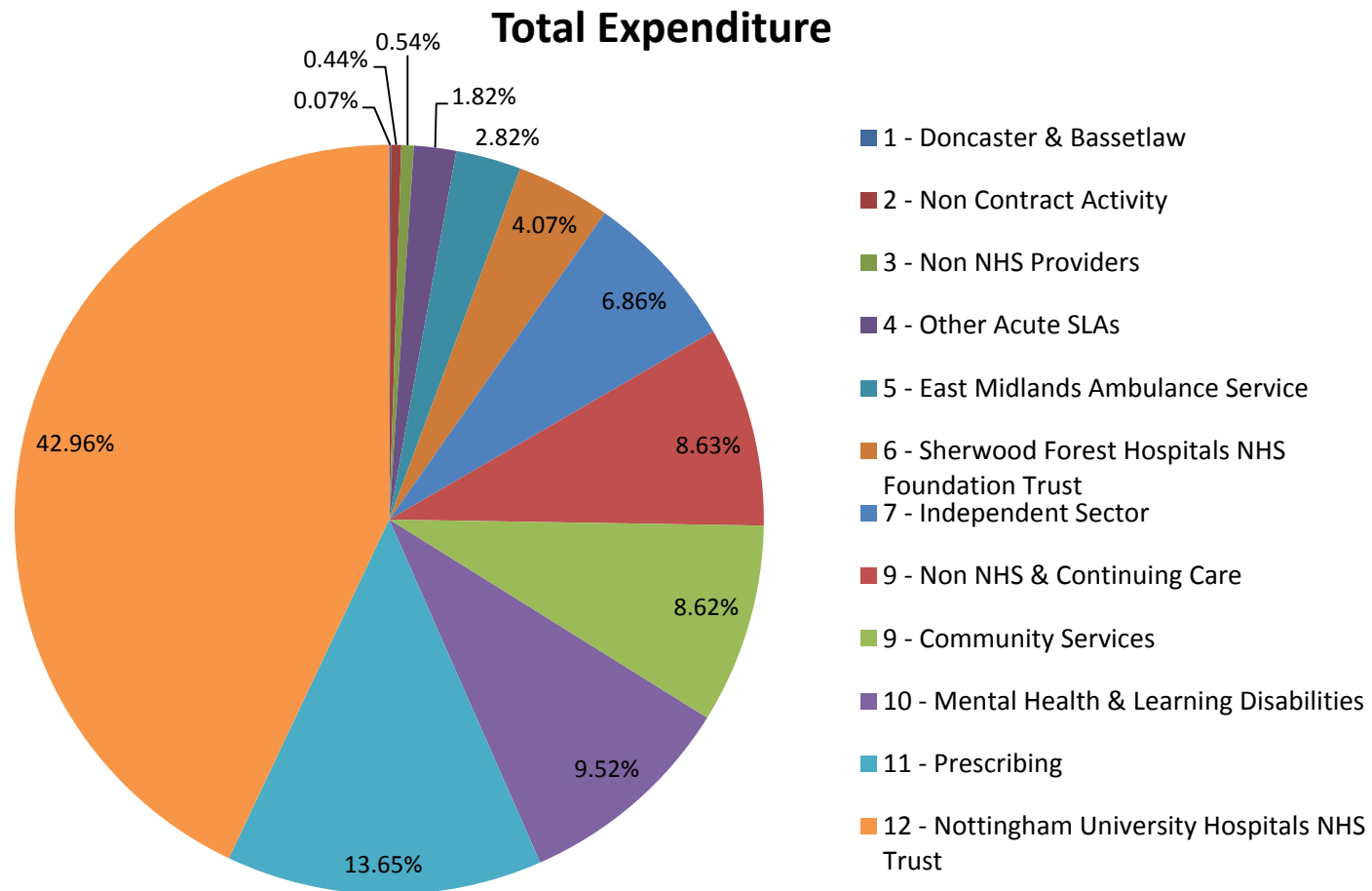
- County/ Borough/ District Councils
- Police
- Schools
- Associated organisations and groups
- Local community

Emerging Patient Priorities

- Four public events
- Top priorities were:-
 - **Clinical**
 - Health education, promotion and early intervention
 - Care of the elderly
 - Mental health
 - Long term conditions
 - **Non Clinical**
 - Partnership working
 - Patient led
 - Signposting
- Patient feedback will inform our plan and priorities

NNE Budget & Breakdown of 2011/12 Expenditure

NNE Annual Budget 2011/12 = £167,885,791



Inclusivity...

- Patients and public
- Partnership working
- Equality and diversity



WE CAN'T DO THIS ON OUR OWN