<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>For information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Website Link</td>
<td><a href="http://www.easterncheshireccg.nhs.uk">www.easterncheshireccg.nhs.uk</a></td>
</tr>
<tr>
<td>Title</td>
<td>2013/14 NHS Eastern Cheshire Clinical Commissioning Group Prospectus</td>
</tr>
<tr>
<td>Author</td>
<td>NHS Eastern Cheshire Clinical Commissioning Group</td>
</tr>
<tr>
<td>Publication date</td>
<td>May 2013</td>
</tr>
<tr>
<td>Target Audience</td>
<td>Members of the public, General Practice's, NHS Clinical Commissioning Group Executives &amp; Governing Body, NHS Trust Executives &amp; Board Members, Local Authority Executives, Councillors, Local Area Partnership Chairs, Patient and Public Representative Groups, Voluntary, Community and Faith Sector Representatives, NHS England, Cheshire and Merseyside Commissioning Support Unit</td>
</tr>
<tr>
<td>Description</td>
<td>The NHS Eastern Cheshire Clinical Commissioning Group 2013/14 Annual Plan Prospectus provides an outline of the programmes of work that the Clinical Commissioning Group will be undertaking to make a difference to the health and wellbeing of the local population</td>
</tr>
</tbody>
</table>
| Contact details  | NHS Eastern Cheshire Clinical Commissioning Group  
1st Floor West Wing, New Alderley Building  
Macclesfield General Hospital, Victoria Road,  
Macclesfield, Cheshire SK10 3BL  
T: 01625 663477  
F: 01625 663285  
Email: ecccg.generallenquiries@nhs.net |

For recipients use
As a resident, patient, GP and Chair of this new organisation I am aware that the living standards, health and wellbeing of the residents of Eastern Cheshire are comparable in many aspects to the best in England and we are blessed with a mix of thriving market towns and beautiful countryside.

In healthcare our General Practices, hospital, community and mental health services are generally well regarded and life expectancy across the local population is amongst the best in the country. However, I am also acutely aware of areas where local services could improve by either providing a better patient experience, achieving better outcomes and by doing so in a more efficient way. Here we present our commitment and plans to address these issues.

Over the last 18 months, whilst building our new organisation, we have been working together with the public and our partners across health and social care in developing a shared commitment to integrating care and improving the health, wellbeing and experiences of our shared population.

**Going Forward**

We are pleased and proud to present the first prospectus for NHS Eastern Cheshire Clinical Commissioning Group. The prospectus provides an update on the development of the Clinical Commissioning Group, sets out our plans for the period 2013/14, how we will demonstrate progress and how you can get involved in everything we do as a new NHS organisation.

This document builds on our commitment and support of the Cheshire East Health and Wellbeing Strategy, our statutory duties to NHS England and the delivery of Everyone Counts: Planning for Patients 2013/14, the planning guidance for commissioners.

Our vision as an organisation is to “inspire better health and wellbeing” and for 2013/14 we have developed an annual plan which outlines our commitment to take this forward through a focus on six priority areas:

- to protect our citizens from avoidable harm
- to prevent alcohol related harm
- to prevent people from dying prematurely
- to make care more integrated and coordinated
- to ensure high quality mental health services are available to all
- to address inequalities across our towns and villages

**Our Duty**

The prospectus outlines how we will fulfill our duty to improve outcomes for people and underlines our commitment to do this through involving, listening to and learning from our population, publishing and sharing information, and enabling staff to operate in an environment of collaboration, trust and transparency.

As Chair I am committed to ensuring that as an organisation we continually improve the level of involvement and engagement with the public. More importantly, together with the Governing Body, I will ensure that this commitment is used to influence and guide everything that we do.
**I am committed to ensuring that as an organisation we continually improve the level of involvement and engagement with the public**

We are encouraged by the progress of Eastern Cheshire Community HealthVoice, our public engagement body, in influencing the way we work as an organisation, focusing on putting the patient at the centre of all that we do throughout the whole of the commissioning cycle. Throughout 2013 we are committed to seeking ways to expand our level and range of public and patient engagement through HealthVoice, our practice patient groups, and our digital engagement tools.

We have been encouraged with the level of attendance at our Governing Body meetings and public engagement evening events. I must thank the many members of the public and interest groups for attending and helping to provide an environment for energetic debate. A reflection from these events is that we all share the same passion for the NHS!

**At the heart of this prospectus is our commitment to working with Cheshire East Council and all our partners in health and social care to make a real difference to people’s lives through the newly launched “Caring Together” programme.**

At the heart of this prospectus is our commitment to working with Cheshire East Council and all our partners in health and social care to make a real difference to people’s lives through the newly launched “Caring Together” programme. This is a far reaching and ambitious programme to redesign all health and social care services, improving standards and experience of care through better patient focused coordination and a reduction in costly and unnecessary duplication. Importantly Caring Together will shape a culture of care that we can all be proud of.

Finally, I would like to take this opportunity to thank the Governing Body, our member practices and every member of staff whom collectively have worked so hard to help establish the Clinical Commissioning Group, and for their commitment towards improving care for the people of Eastern Cheshire.
2012 was a year of unprecedented challenge to the NHS as a whole and for us here locally in Eastern Cheshire. The year brought significant change to the way the NHS commission’s services and it is understandable that the public have struggled to understand many of the organisational changes, or make sense of the new commissioning landscape. We hope that our evening events have at least provided some clarity!

The publication of the Francis report on Mid Staffordshire NHS Trust and the Winterbourne report reminded us all of the importance of placing high quality care and patients at the heart of everything we do.

While many lessons must be learnt from Francis and Winterbourne, we should also be proud of some of the real progress we continue to make here locally in Eastern Cheshire.

On the 1st April 2013, the Clinical Commissioning Group was established as a new statutory NHS body responsible for commissioning over £222 million of healthcare services in Eastern Cheshire.

This followed a period of significant organisational development and a rigorous assessment from NHS England to ensure that we were fit and able to meet our duties set out in the Health and Social Care Act and the NHS Constitution.

### Challenge

While the level of investment in health services is substantial, we are faced with an extremely challenging financial position with a projected deficit of over £15 million which we have the difficult task of addressing. More details on our financial position and the plans to meet this challenge are available further on within this prospectus.

Addressing this deficit is against a backdrop of Eastern Cheshire having one of the fastest growing over 65 years of age and over 85 years of age populations in England and the need to continue to drive up care standards together with improving people’s experience of care. This is no easy task and difficult choices will need to be taken. When we are in the process of making these decisions we are committed to doing so openly and in partnership with our local communities.

While 2012 was a year of much change in our organisation, we have continued to focus on delivering our commitments to continuously improve care in Eastern Cheshire. The introduction of a new GP led Nursing Home scheme to improve care in our many care homes has been a great success with positive feedback from both residents and care home staff.

Working closely with East Cheshire NHS Trust and the Christie NHS Foundation Trust, we have also introduced a new acute oncology service improving access to emergency cancer care.
Listen, Consider, Act

Listening to and responding to the views of patients, carers and voluntary groups have played a major part in changing some of our local services.

In the last 12 months we have commissioned new adult hearing services, phlebotomy services (blood tests), glaucoma and nursing home medical care. All of these services have been commissioned based on information that we have received from our public, and all of which have ensured better access to services in our local towns.

You also told us that you were unhappy with our prescription policies and we have worked closely with Eastern Cheshire Community HealthVoice to make changes that provide better access to repeat prescriptions whilst also looking to reduce unnecessary waste.

We are proud to have received national recognition for the work with our partners around our local integrated respiratory care service and for the innovative work we are coordinating across partners to improve end of life care. We were successful in our bid to be a pilot for “3 million lives” which involves increasing access to assistive technologies in the home and have invested in the use of “Breaking Free” an on-line alcohol self-help resource.

These improvements are reflective of our commitment to preventative care and supporting individuals to self-manage.

Improvement

2013 will be an extremely challenging year but I am confident that despite the financial pressures our three main programmes of work, outlined further on within the prospectus, will provide demonstrable improvements in the services commissioned for our communities, and in delivering better health outcomes for all.
A Membership Organisation

The Clinical Commissioning Group (CCG) is a membership organisation that is comprised of the 23 GP practices located in Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow (Figure One). Our 23 GP practices are aligned to five GP locality areas within Eastern Cheshire:

- Alderley Edge, Chelford, Handforth and Wilmslow
- Bollington, Disley and Poynton
- Congleton and Holmes Chapel
- Knutsford
- Macclesfield

A representative from each of the five locality groups has been elected to represent the interests of each group and be a member of the Governing Body of the CCG.

One Team, Working Together

The CCG employs 29 staff who work alongside the clinicians of the 23 GP practices to commission (buy), plan and monitor health services on behalf of the 201,000 people of Eastern Cheshire.

Staff are aligned to deliver on the Business, Clinical and Corporate functions and requirements of the CCG. Where necessary additional expertise and resources are commissioned from the Cheshire and Merseyside Commissioning Support Unit for services such as HR, business intelligence and communications support.

What We Do

The CCG is responsible for three main things:

- planning of services based on the identified needs of our local population
- the commissioning (buying) of healthcare services to meet these needs
- monitoring the quality of care of services by the providers who have been contracted to deliver the commissioned healthcare services

CCGs are responsible for commissioning the following services:

- urgent and emergency care (including NHS 111, A&E and ambulance services)
- elective (or planned) hospital care, such as routine operations, clinics and consultations.
- community health services (such as district nursing, speech and language therapy, continence services, wheelchair services, and home oxygen services, but not public health services such as health visiting and family nursing)
- maternity and newborn services (excluding neonatal intensive care)
- children’s healthcare services (mental and physical health)
- services for people with learning disabilities
- mental health services (including psychological therapies)
- NHS continuing healthcare and NHS funded nursing care
Our Values and Principles

The vision of the CCG “inspiring better health and wellbeing” is written into its Constitution. This vision is embedded in all that we do and underpins all of our commissioning and business decisions that we undertake on behalf of our population. Our way of working is also guided by and measured against the values and principles of the CCG:

Values
- valuing people
- working together
- innovative
- quality
- investing responsibly

Principles
- clinical leadership
- local experts in health needs and improving health outcomes
- local leadership and community engagement
- expertise in local provider relations and quality improvement
- local assurance in finance, performance and governance

Our Governance

The CCG is accountable to NHS England but as a membership organisation it is also accountable to its member GP practices and to its public. This accountability is discharged through its Governing Body and its three formal sub-committees.

Working in Partnership

The CCG is a statutory member of the Cheshire East Health and Wellbeing Board. Through its membership it is responsible for the production and use of the Cheshire East Joint Strategic Needs Assessment\(^\text{10}\) and the production of the Cheshire East Health and Wellbeing Strategy. The CCG also Chairs the Eastern Cheshire Partnership Board which brings together all local NHS providers and commissioners of health and social care services. The CCG has encouraged and supported the development of Eastern Cheshire Community HealthVoice, the public/patient reference group for the CCG and which is a formal advisory committee of the CCG.
Figure Two shows key facts about the Eastern Cheshire population and the operation of the CCG. The health figures indicate the number of people who have been diagnosed with a specific condition except that for alcohol as this number is a projected figure based on national information. All the figures shown are calculated as a snapshot and is accurate for a single point in time.
We receive our funding from NHS England. For the financial year period 2013/14 our allocation is £222million. We spend this money in a number of ways to provide health care for our local population. Table One indicates how we spend your money.

Our 2013/14 Financial Plan\(^1\) outlines in further detail how we intend to spend our funding across a range of services that are used by our population.

What we know is that there is a significant gap between our income (money in) and spend (money out) as outlined below in Table Two.

Overall our ambition and requirements for the financial year period 2013/14 are to:
- deliver a surplus of £0.2million
- pay 95% of all invoices within 30 days

In the longer term our ambition and requirements are to:
- turn an underlying deficit of £10.5million into a surplus
- create a financially sustainable health and social care system in Eastern Cheshire

### Table One: How we spend your money - by service and equivalent cost per head of population

<table>
<thead>
<tr>
<th>Services</th>
<th>£'000</th>
<th>%</th>
<th>Cost per head of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital / Community care</td>
<td>138,495</td>
<td>62%</td>
<td>£694</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12,782</td>
<td>6%</td>
<td>£64</td>
</tr>
<tr>
<td>Ambulance</td>
<td>6,163</td>
<td>3%</td>
<td>£31</td>
</tr>
<tr>
<td>Growth / Investments</td>
<td>9,133</td>
<td>4%</td>
<td>£46</td>
</tr>
<tr>
<td>Prescribing (Medications)</td>
<td>31,015</td>
<td>14%</td>
<td>£155</td>
</tr>
<tr>
<td>Continuing Healthcare / Free Nursing care</td>
<td>15,508</td>
<td>7%</td>
<td>£78</td>
</tr>
<tr>
<td>Other</td>
<td>10,026</td>
<td>5%</td>
<td>£50</td>
</tr>
<tr>
<td>Running Costs</td>
<td>4,688</td>
<td>2%</td>
<td>£23</td>
</tr>
<tr>
<td>QIPP</td>
<td>(5,900 )</td>
<td>(3%)</td>
<td>£30</td>
</tr>
<tr>
<td>Annual Spend</td>
<td>221,910</td>
<td>100%</td>
<td>£1,112</td>
</tr>
</tbody>
</table>

### Table Two: Financial overview of NHS Eastern Cheshire Clinical Commissioning Group

<table>
<thead>
<tr>
<th></th>
<th>2014/15 Projection</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Income</td>
<td>219,932</td>
<td>222,110</td>
</tr>
<tr>
<td>Spend</td>
<td>235,729</td>
<td>227,810</td>
</tr>
<tr>
<td>Surplus / Deficit</td>
<td>(15,797)</td>
<td>(5,700)</td>
</tr>
<tr>
<td>Less - QIPP</td>
<td>5,300</td>
<td>5,900</td>
</tr>
<tr>
<td>Surplus / Deficit</td>
<td>(10,497)</td>
<td>200</td>
</tr>
</tbody>
</table>

Alex Mitchell
Chief Finance Officer
Quality, Innovation, Productivity and Prevention (QIPP)

This is a framework adopted by the NHS to help deliver financial savings whilst at the same time improving the quality of care. For 2013 plans have been identified locally to reduce spend in-year by £5.9 million. These savings will come from a wide range of initiatives highlighted in Figure Three.

50% of these savings have already been identified and will be delivered through changes to our contracts with our providers and through initiatives to improve efficiency e.g. for prescribing in the use of new technologies to monitor and introduce more cost-effective drugs.

Figure Three: Savings Target (£,000)

- Prescribing: 1,000
- Local Delivery Plan: 1,300
- Learning Disabilities: 243
- Running Cost Savings: 237
- Caring Together: 1,520
- Primary Care: 1,000
- Demand Management: 600
The process for identifying the CCG’s priorities for 2013/14 (commissioning intentions) and the development of the “plan on a page” took place at the same time. The CCG undertook a series of engagement exercises to ascertain the health needs of the population by talking and listening to the experiences of the GPs and Practice Managers of the CCG member practices as well as with our patients and carers through our public/patient reference group Eastern Cheshire Community Health Voice.

Collect Information

Quality and performance information was gathered including information from the updated Cheshire East Joint Strategic Needs Assessment, the information from the Eastern Cheshire CCG 2012/13 plan and the CCG outcomes benchmarking support pack. All the information from these resources was cross referenced to identify the common themes and issues, and the CCG then measured itself against other similar populations.

Prioritise

The list of local priorities then had to be balanced against National priorities described in the document “Everybody Counts, planning for patients in 2013/14” produced by NHS England.

This planning document provided mandatory guidance about what the CCG should be focusing on for the 2013/14 year. It also set out information about the new Quality Premium measures for CCGs.

The finalised list of health needs/priority issues was then prioritised using a decision matrix tool. This tool was developed by the Public Health Team at Cheshire East Council and takes into consideration the political, patient and financial impact of taking a project forward, weighting them so as to help identify projects that would more likely deliver improved health outcomes for the best value for money.

Establishing Our Priorities for 2013/14

Our Top Six

This robust process has enabled the CCG to identify six top health needs priorities for 2013/14 which are shown in our annual “plan on a page”. These are:

- to protect our citizens from avoidable harm
- to prevent alcohol related harm
- to prevent people from dying prematurely
- to make care more integrated and coordinated
- to ensure high quality and effective mental health services are available to all
- to address inequalities across our towns and villages
Delivering on our ambition to address these six health needs priorities will be coordinated through three main programmes of work. Each programme has a set of tangible and measurable changes that will enable our public to be able to assess our progress. For example, in our Caring Together programme we are committed to developing and introducing new Caring Together health and social care neighbourhood teams working across each of our five main locality areas. Patients with long term conditions would benefit by feeling more supported by these teams to manage their condition.

Quality of Care

In addition to the proposed changes in the way services are provided, the CCG has agreed a set of measures to demonstrate our commitment to improving the quality of care for our local population. Four national priority measures have been agreed with NHS England, and three local priority measures agreed with the Cheshire East Heath and Wellbeing Board.

The final plan on a page with its identified programmes of work, local and national measures and examples of how we will make a difference was reviewed by Eastern Cheshire Community HealthVoice and our GP locality groups, before final sign off by the CCG Governing Body and the Cheshire East Health and Wellbeing Board.

Our Priority Measures

National

- reduce by 5% the number of patients readmitted to hospital as an emergency within 30 days
- increase the proportion of people entering primary mental health services by 15%
- increase to 55% the proportion of people with long term health conditions feeling supported to manage their condition
- reducing potential years of lives lost through amenable mortality by 3.2%

Local

- reducing avoidable emergency admissions by 5% (25% of our quality premium)
- ensuring 100% roll-out of the Friends and Family Test and improving patient experience of hospital services
- preventing healthcare associated infections - a 27% reduction in Clostridium Difficile levels against the Department of Health baseline
Figure Three shows our Annual Plan on a Page which summarises our major programmes of work and how we intend to make a difference in 2013/14.

**Vision:** “Inspiring Better Health and Wellbeing”

**Values:** Valuing People : Working Together : Innovation : Quality : Investing Responsibly

### Context
- Current health & social care system is not sustainable
- Growing demographic demand with the Northwest’s fastest growing ageing population
- Continued drive to achieve best standards of care
- Maintaining best quartile mortality rates
- Need to improve peoples experience of care
- Lack of integration of care system
- Need to maximise social assets and create social accountability
- Better use of staff skills, experience and time
- Financial deficit

### Health Need Priorities
- To protect our citizens from avoidable harm
- To prevent alcohol related harm
- To prevent people from dying prematurely
- To make care more integrated & coordinated
- To ensure high quality and effective mental health services are available to all
- To address inequalities across our towns and villages

### National Measures
- 27% reduction in Clostridium difficile levels against DoH baseline
- Reduce potential years of lost life by 3.2%
- Reduce Emergency Admissions by 5% by 2016, with no increase in 2013/14
- 100% Introduction of Friends & Family test
- 27% reduction in Clostridium difficile levels against DoH baseline
- Reduce potential years of lost life by 3.2%
- Reduce Emergency Admissions by 5% by 2016, with no increase in 2013/14
- 100% Introduction of Friends & Family test

### Local Priority Measures
- Achieve a 7.5% reduction in falls and falls related injuries in hospital
- Achieve >80% of appropriate staff to undergo identification and brief advice (IBA) training so as to deliver alcohol brief advice to patients
- Achieve a 30% reduction in the incidence of new pressure ulcers (>grade 2)
- Reduce the proportion of cancers diagnosed through an emergency presentation by 30% by 2015
- Reduce by 15% the number of people waiting longer than 28 days to access mental health services
- Achieve recurrent financial balance by 2016

### Other Local Measures
- Achieve a 7.5% reduction in falls and falls related injuries in hospital
- Achieve >80% of appropriate staff to undergo identification and brief advice (IBA) training so as to deliver alcohol brief advice to patients
- Achieve a 30% reduction in the incidence of new pressure ulcers (>grade 2)
- Reduce the proportion of cancers diagnosed through an emergency presentation by 30% by 2015
- Reduce by 15% the number of people waiting longer than 28 days to access mental health services
- Achieve recurrent financial balance by 2016

### Demonstrating our commitment to improving the quality of care for our local population

- Achieve recurrent financial balance by 2016

### Programmes
- Caring Together Programme
- Mental Health and Alcohol Programme
- Quality Improvement Programme

### How we will make a difference
- Introduce five Caring Together Community Teams
- Develop a new care coordination hub, supporting care management
- Introduce supported self-management techniques
- A commitment to delivering the ‘3 Million Lives Project’ (Assistive Technologies)
- Pilot specialist community in-reach services
- Embed and promote the Caring Together principles and brand so as to enable a caring and compassionate culture
- Expand the scope and capacity of Primary Mental Health services
- Invest in new neuro-developmental services for children
- Introduce best practice Dementia Care
- Train health care staff to deliver alcohol screening and brief interventions
- Expand the support available to those experiencing alcohol related harm
- Implement Rapid Assessment Intervention and Discharge
- Ensure our population can access best practice cancer care
- Management of stable coeliac and respiratory patients within primary care
- Implement a system to improve our ability to monitor and address concerns
- Using the National Safety Thermometer, develop and implement improvement plans to reduce falls and pressure ulcers.
- Introduce new primary care technologies to improve safety in prescribing medicines
- Joint plan with Cheshire East Council and NHS South Cheshire CCG to improve Learning disability services
- Improved information sharing across health and social care professionals
- Value & Productivity Review

### Values:
- Valuing People
- Working Together
- Innovation
- Quality
- Investing Responsibly

### Vision:
- “Inspiring Better Health and Wellbeing”
The CCG recognises that radical change must be made soon to the model of health and social care in Eastern Cheshire given the growing demand for care services against an increasingly challenging budget.

Locally we are faced with an increasing ageing population, an increase in health and social care need and on-going financial constraints faced by all health and social care organisations.

Over the last twelve months with our partners we have developed an agreed vision for Caring Together, the Eastern Cheshire integrated care programme - “Joining up local care for all our wellbeing”. We have adopted a set of principles that reflect those advocated by National Voices.14

Caring Together is about:

• supporting people to be able to take responsibility for their own health and wellbeing
• eradicating the gaps between care settings
• creating services that are of the highest quality and meeting best practice standards
• ensuring care services that are safe, sustainable and best value
• collaborative relationships between organisations, teams and professionals and the public
• sharing of information

The design and subsequent implementation of a new model of care services is intended to bring about a shift in care from that of a reactive hospital based setting to that of a proactive community based one, with increased activity in health screening, health promotion and care at home.
Caring Together will be built around the needs of patients and carers and will use primary care as the foundation of the new model of care.

It will create a shared view of the population’s health and social care needs and will drive improvements by identifying those most at risk and vulnerable. This will be supported by a care co-ordination service providing a central point of information and access, the sharing of information and the use of new technologies to monitor some health conditions remotely.

This new model will enable traditionally hospital based specialists to work more closely with GPs and community services, enabling the streamlining of care and supporting GPs in planning and managing the care of their patients.

This model is based on a neighbourhood team approach, with teams of community nursing professionals, allied health professionals, social workers and mental health professionals supporting general practice to meet the care demands of our population.

The total integration of health and social care services will take some time. During 2013/14 we are focusing on the following developments to establish the firm foundations of integrated care:

- introducing five Caring Together Community Teams, covering the geography of the five GP locality areas
- developing a new care co-ordination hub, supporting case management
- introduction of supported self-management techniques
- a commitment to delivering the 3 Million Lives Project (assistive technologies)
- piloting specialist community in-reach services
- embedding and promoting the Caring together principles and brand to enable a caring and compassionate culture

Delivering the Caring Together Campaign

We are adopting a campaign approach to developing and embedding the Caring Together Programme.

Please Join the Caring Together Campaign

Do you have a health condition? Or care for someone with a health condition? If so please join our Caring Together Group. You will work with Doctors, Nurses, Social Care Workers and Mental Health professionals to help integrate care using these simple steps:

Step One: We need your help in telling us about your experiences of care
Step Two: You will help us to use a language that everyone can understand and tell us how to make it interesting to the local population
Step Three: You will help us with detailed work in designing the way that care is provided.

If you want to get involved, you will be asked to come to meetings (expenses paid), respond to emails or posted documents, meet for a chat and give your views over the telephone.
Ensuring high quality and effective mental health services are available for all and preventing alcohol related harm were identified as two of our six health needs priorities for 2013/14.

The areas for improvement identified for mental health and alcohol were recently reviewed at a stakeholder event with partners from our acute and community providers of health and care services, the Community, voluntary and faith sector and patients/carers.

A commitment to improve by 15% the scope and capacity of Primary Mental services as we recognise that access to these services are unacceptable.

The purpose of the event was to confirm the aims and objectives of this programme of work and identify the actions required to deliver improvements in the following five key priority areas:

- a commitment to improve by 15% the scope and capacity of Primary Mental services as we recognise that access to these services are unacceptable. In some cases people may be waiting twice as long as they should be
- a need to address the increase in demand for all unplanned hospital admissions and high levels of readmissions across Eastern Cheshire, some of which are as a result of mental health
- the need to introduce a clear commissioning plan to reflect year on year growth in demand and public concerns regarding the growing waiting list for autistic spectrum disorders and attention deficit hyperactivity disorder assessment
- the number of emergency admissions for alcohol related liver disease is significantly higher than expected for our type of population when measured against similar CCGs in England
- an increasingly ageing population; as a result of this the number of people with dementia is expected to rise

For 2013/14 we intend to make a difference by doing the following:

- create a new pathway for the diagnosis of neuro-developmental condition
- commission a dementia befriending service with the Royal Voluntary Service, including evaluation to inform future commissioning
- increase resources for alcohol screening and support, such as the Breaking Free Online resource
- increase resources for autistic spectrum disorders assessment
- increase resources for attention deficit hyperactivity disorder assessment and support whilst on the waiting list
- develop a comprehensive communications plan for the alcohol and mental health programme
Quality and Improvement

Improving the quality of services is an underpinning principle for the CCG and during 2013/14 we intend to develop and improve our quality monitoring processes to provide our communities with confidence that we can meet national and local quality and performance requirements.

These include a commitment to the delivery of National patient safety standards, the NHS Constitution, National Outcomes Framework and the quality premium standards.

We will also ensure that all local organisations introduce higher standards, and safer care; learning from the Winterbourne and Francis reports and through the introduction of “Compassion in Practice” a new approach to improving the culture of compassionate care.

Within the planning process for 2013/14 the CCG has identified a set of priorities, outlined below, using both national and local drivers.

1. Review and enhance assurance processes to measure, monitor and improve the quality of commissioned services.

This includes implementing a system to improve our ability to monitor and effectively address concerns about healthcare services.

2. Ensure our population can access best practice cancer care

- diagnose cancer earlier to reduce premature mortality and morbidity
- ensure that diagnostic and treatment cancer pathways are of high quality and are National Institute for Health and Care Excellence (NICE) compliant
- implementation of the Greater Manchester and Cheshire Network Chemotherapy Reform Programme
- implement enhanced management of skin cancers in the community
- development of acute oncology services
- 62 day Cancer Waiting Times Standard to be achieved and sustained

3. Management of stable coeliac patients within primary care

Monitoring and care management of stable coeliac patients will move patients from secondary care to primary care.

4. Develop and implement improvement plans to reduce falls and pressure sores, using the national NHS Safety Thermometer.

- reduction in level three and four pressure sores
- reduce falls across our community, with an initial focus on “in hospital” fall prevention

5. Reduce health care associated infection rates

This measure is part of the “reducing infections” indicator that contributes to 2.5% of the CCGs quality premium measurement:

- implement programme to reduce avoidable infection rates for Clostridium Difficile by 27%
- implement MRSA post infection review process in order to comply with national requirements
6. Ensure the Friends and Family Test\textsuperscript{17} is effectively implemented by our providers

This measure contributes to 12.5% of the CCGs quality premium measurement.

7. Safe prescribing of medicines in Primary Care

- ensuring our practices remain compliant with the agreed local formulary
- implement inhaler technique best practice measures across Primary and Secondary Care (through agreed CQUIN)
- roll out of Eclipse Live process across practices to manage alerts which identify and address high risk prescribing issues

Managing Quality

The CCG commissions healthcare services to meet the needs of our population and this process includes setting and monitoring contracts which ensure these services are of a high quality.

Improving the quality of services in an underpinning principle for the CCG

Within our contract monitoring we address:

- national and local quality measures
- complaints, compliments, professional concerns and patient experience information
- clinical incidents which could have caused harm to a patient
- benchmarking our providers outcomes against peers e.g. mortality rates, staff and patient satisfaction
- compliance with best practice care e.g. implementation of NICE standards and guidance
- implementation of safeguarding policies for vulnerable children and adults

The CCG uses a scheme called CQUIN (Commissioning for Quality & Innovation) each year to agree areas for investment in innovation projects and quality improvement with all our providers. These schemes are linked to our priorities to improve healthcare and reward our healthcare providers for improving the quality of services they offer.

The CCG work ethos of ‘One team, working together’ is exemplified through the collaborative working between GPs, practice managers and CCG management professionals who review all quality data and agree action plans required to address performance concerns and build on good practice.

The CCG has developed strong clinical relationships with our healthcare providers in order to identify quality improvement opportunities through both formal and informal channels. These include Contract meetings and the development of a Health Economy Clinical Forum. Similarly we are developing ways of capturing information from both our public and healthcare professionals through the implementation of a new public facing “concerns” system, known as DATIX.
Throughout this prospectus we have demonstrated our commitment to and belief in engaging with, listening to and learning from the experiences and knowledge of our public, partners, CCG staff and staff within the member practices of the CCG.

Only through robust and ongoing engagement and two-way dialogue—using both new and traditional methods—will we continue to be a patient centered CCG that lives its vision of “inspiring better health and wellbeing.”

Over the previous 12 months the CCG has actively engaged with and developed relationships with our local communities, member practices, partners in health and social care and the local media.

The strengthening of existing relationships, the building of new ones and the breaking down of deep-seated negative perceptions around the influence of patient/public involvement in healthcare decisions by some sections of our communities have been priorities in our strategy for communications and engagement. We have achieved considerable success in meeting these challenges.

Over the previous 12 months the CCG has actively engaged with and developed relationships with our local communities, member practices, partners in health and social care and the local media. The strengthening of existing relationships, the building of new ones and the breaking down of deep-seated negative perceptions around the influence of patient/public involvement in healthcare decisions by some sections of our communities have been priorities in our strategy for communications and engagement. We have achieved considerable success in meeting these challenges.

Eastern Cheshire Community HealthVoice

This is the patient and carer reference group for the CCG and is an advisory committee to our Governing Body. Chaired by a member of the public who is a carer, it acts as a champion for patients, carers, charities, communities and members of the public in Eastern Cheshire to influence and support the development of and decisions on commissioning by the CCG.

As a patient or carer in Eastern Cheshire you may have a great idea on how a service can improve or would like to help our doctors and nurses, or other health and care staff, on developing new ways of working which will be of benefit to the population. HealthVoice gives that person or interest group the opportunity to speak directly to the CCG, its GP Chair and senior members of the management team and Governing Body. Most importantly the ‘voice’ of HealthVoice has made a real difference to how the CCG approaches its commissioning duties. You can find out more about HealthVoice by going onto our website - www.easterncheshireccg.nhs.uk or by contacting Rebecca Patel, Public Engagement Manager on 01625 663864 or via email rebeccapatel@nhs.net.
We Asked, You Said, We Did

A recently raised concern from one of our Patient Participation Groups led to an opportunity to discuss the prescribing policy which was to be used by the member practices of the CCG and its ramifications for patients and carers across Eastern Cheshire. Members of HealthVoice were directly involved in discussing the implications of the policy and provided evidence as to why recommendations for amendments should be adopted.

The policy was amended to reflect these amendments and became a guidance document and it has now been implemented across all of our GP practices.

This is one example of many where we have been informed by our main partners in health and care - you the public - and have acted upon it. Through feedback from those who have attended our Governing Body meetings we have amended how they are run, how attendees can be involved and have continued to run informal Q&A sessions after the meeting has closed.

These sessions have been invaluable in learning what concerns there are in our communities around the changes to the health and social care system and an understanding of what a rich resource we have in Eastern Cheshire in terms of its people wanting to be involved in ensuring we have a local health and care system that is sustainable, patient centred and responsive to the needs of its communities.

Get Involved

There are a number of ways in which you can get involved with or in touch with the CCG:

Call us: 01625 663477

Write to us:
1st Floor West Wing, New Alderley Building, Macclesfield District General Hospital, Victoria Road, Macclesfield  SK10 3BL

Email us:
ecccg.generalenquiries@nhs.net
ecccg.easterncommunications@nhs.net

Visit our website:
www.easterncheshireccg.nhs.uk

Follow us:
@NHSECCCG
Eastern Cheshire
Eastern Cheshire CCG
Our Governing Body

Dr Paul Bowen  
GP Chair

Jerry Hawker  
Chief Officer

Gerry Gray  
Lay Member for Governance and Deputy Chair

Alex Mitchell  
Chief Finance Officer

Dr James Milligan  
GP Locality Lead Alderley Edge, Chelford, Handforth and Wilmslow

Angela Wales  
GP Locality Lead Bollington, Disley and Poynton

Melanie Lyman  
GP Locality Lead Congleton and Holmes Chapel

Dr Jennifer Lawn  
GP Locality Lead Knutsford

Dr Mike Clarke  
GP Locality Lead Macclesfield

Gill Boston  
Lay Member for Public and Patient Involvement

Bill Swann  
Lay Member for Public and Patient Involvement

Sally Rogers  
Chief Nurse

Mr Duncan Matheson  
Secondary Care Doctor

Dr Julie Sin  
Consultant in Public Health and Medicine

You can find more information on the Governing Body at:  
www.easterncheshireccg.nhs.uk/Governing-Body
<p>| <strong>Acute</strong> | Acute services is when a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery |
| <strong>Allied Health professionals</strong> | Healthcare professionals distinct from dentists, optometrists, nurses, doctors and pharmacists |
| <strong>Assistive technology</strong> | Any product or service designed to enable independence for disabled and older people |
| <strong>Cheshire and Merseyside Commissioning Support Unit</strong> | Is the commissioning support service for the Cheshire, Warrington and Wirral area and has been set up and designed to offer an efficient and customer focused service to CCGs |
| <strong>Christie NHS Foundation Trust</strong> | The Christie is one of Europe’s leading cancer centres |
| <strong>CQUIN</strong> | The CQUIN is a payment framework that enables commissioners to reward excellence by linking a proportion of English healthcare providers’ income to the achievement of local quality improvement goals |
| <strong>Clinical Commissioning Group</strong> | Are groups of GPs that from April 2013 have been responsible for designing local health services in England. They are public bodies holding their meetings in public. |
| <strong>Clinicians</strong> | Clinicians are qualified healthcare professionals - doctors, nurses and members of the allied health professions, e.g. dieticians, occupational therapists, physiotherapists, podiatrists and speech and language therapists |
| <strong>Clostridium Difficile</strong> | A clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital |
| <strong>Coeliac</strong> | Coeliac disease is a common digestive condition where a person has an adverse reaction to gluten |
| <strong>Commissioning</strong> | Commissioning is the process of deciding which health services are needed for a given population, acquiring them and ensuring that the services meet the defined needs. The process ranges from assessing population needs, agreeing priorities, setting targets and outcomes, to procuring services and monitoring the service providers |
| <strong>Commissioning Cycle</strong> | The commissioning cycle shows how we decide on the planning and buying of services and include the following stages, assessing needs, reviewing service provision and gap analysis, risk management, deciding priorities, strategic options, contract implementation which puts plans into actions, provider development, managing provider performance |
| <strong>DATIX</strong> | Patient safety software for healthcare risk management, incident reporting software and adverse event reporting |
| <strong>Dementia</strong> | Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement |
| <strong>Department of Health</strong> | A department of the United Kingdom government with responsibility for government policy for health and social care matters and for the National Health Service in England along with a few elements of the same matters which are not otherwise devolved to the Scottish, Welsh or Northern Irish governments. It is led by the Secretary of State for Health with two Ministers of State and two Parliamentary Under-Secretaries of State |
| <strong>East Cheshire NHS Trust</strong> | East Cheshire NHS Trust was established in 2002. It consists of three hospitals at Macclesfield, Knutsford and Congleton. Since 1 April 2011 East Cheshire NHS Trust has been an integrated community and acute trust providing healthcare across central and eastern Cheshire and surrounding areas, in hospital, at home and in community settings |
| <strong>Eclipse Live</strong> | Education &amp; Cost-analysis Leading to Improved Prescribing Safety &amp; Efficiency. A service from prescribing services ltd designed to optimise prescribing utilising powerful computerised technology interfacing with primary care computer systems, EPACT, NICE, QOF, SUS data and drugtariff.co.uk |
| <strong>End of Life (EOL) Care</strong> | End of Life Care is care that helps those with advanced, progressive, incurable illness to live as well as possible until they pass away |
| <strong>Epidemiology</strong> | The study of disease in populations |
| <strong>Friends and Family Test</strong> | From April 2013, all patients will be asked a simple question to identify if they would recommend a particular A&amp;E department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback. It will highlight priority areas for action |
| <strong>General Practitioner</strong> | A doctor providing primary care services, usually the first point of contact for NHS patients |
| <strong>Health inequalities</strong> | A term that describes the gap between the health experience of different population groups such as the well-off compared to poorer communities or people from different ethnic backgrounds |
| <strong>HealthVoice</strong> | Eastern Cheshire Community HealthVoice is the patient and carer reference group for the Clinical Commissioning Group. Its membership includes Patient Participation Groups as well as community and voluntary sector organisations |
| <strong>Health and Social care Act 2012</strong> | Is an Act of the Parliament of the United Kingdom. It is the most extensive reorganisation of the structure of the National Health Service in England to date |
| <strong>Health and Wellbeing Board</strong> | A forum for key leaders from the local health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. Each top tier and unitary authority is required to have its own health and wellbeing board |
| <strong>JSNA</strong> | Joint Strategic Needs Assessment. A process that identifies the current and future health and wellbeing needs of a local population |
| <strong>Life Expectancy</strong> | The number of years a person could expect to live if they experienced the age-specific mortality rates of the given area and time period for the rest of their life. Life expectancy is calculated separately for males and females |
| <strong>MRSA</strong> | Methicillin-resistant Staphylococcus aureus is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. The full name of MRSA is methicillin-resistant staphylococcus aureus. You may have heard it called a superbug |
| <strong>National Safety Thermometer</strong> | The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and ‘harm free’ care |
| <strong>Neuro-developmental</strong> | Refers to the growth and development of the brain and central nervous system |
| <strong>NHS England</strong> | NHS England plays a key role in the Government’s vision to modernise the health service with the key aim of securing the best possible health outcomes for patients by prioritising them in every decision it makes. Formally established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body at arm’s length to the Government |
| <strong>NICE</strong> | National Institute for Health and Care Excellence is responsible for providing independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation |
| <strong>Oncology services</strong> | Cancer services |
| <strong>Office for National Statistics</strong> | The Executive Office of the UK Statistics Authority, a non-ministerial department, which reports directly to parliament. ONS is the UK government’s single largest statistics producer and collects and disseminates data on all aspects of economy and society |
| <strong>Outcome Framework</strong> | National framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There is currently an NHS outcomes framework, an outcomes framework for adult social care and one for public health |
| <strong>Pathway</strong> | A term used to describe a patient journey through a service |
| <strong>Practice Patient Group</strong> | A group within general practice that acts as a method for patients and GP surgeries to work together in order to improve services and to promote health |
| <strong>Primary Care</strong> | Various health services that are provided within the local community as opposed to a hospital setting. This is usually the first point of contact with the NHS for the patient |
| <strong>Providers</strong> | Organisations commissioned by the Clinical Commissioning Group to provide a service |
| <strong>Psychological therapies</strong> | Psychological therapy refers to a broad range of treatments, which aim to reduce distress, symptoms, risk of harm to self and others, improve quality of life and social or occupational functioning by assisting the patient to develop a psychological understanding and learn new skills to manage their mental health |
| <strong>Public Health</strong> | Public Health is generally thought of as being concerned with the health of the entire population, rather than the health of individuals and therefore requiring a collective effort, and being about prevention rather than cure. The three domains of public health are Health improvement, Health protection and Health services |
| <strong>QIPP</strong> | Quality, Innovation, Productivity and Prevention - a framework for the NHS intended to deliver efficiency savings while maintaining quality |
| <strong>Quality Premium</strong> | The ‘quality premium’ is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The quality premium paid to CCGs in 2014/15 - to reflect the quality of the health services commissioned by them in 2013/14 - will be based on four national measures and three local measures |
| <strong>Respiratory</strong> | Refers to the lungs and breathing. Respiratory disorders cause symptoms such as cough, excess phlegm and breathlessness |
| <strong>Secondary Care</strong> | Secondary care is the care that you receive in hospital or from community services within your own home |
| <strong>Statutory Duty</strong> | This is an obligation that is set out by an Act in parliament |
| <strong>Wellbeing</strong> | Used by the World Health Organisation (1946) in its definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” |</p>
<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Title</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Final Report Of The Independent Inquiry Into Care Provided By Mid Staffordshire NHS Foundation Trust Published,</td>
<td><a href="www.midstaffsinqury.com/pressrelease.html">www.midstaffsinqury.com/pressrelease.html</a></td>
</tr>
<tr>
<td>4</td>
<td>Winterbourne View Serious Incident Review Report, South Gloucestershire Council,</td>
<td><a href="www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx">www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx</a></td>
</tr>
<tr>
<td>7</td>
<td>3 Million Lives,</td>
<td><a href="www.3millionlives.co.uk">www.3millionlives.co.uk</a></td>
</tr>
<tr>
<td>8</td>
<td>Breaking Free Online,</td>
<td><a href="www.breakingfreeonline.com">www.breakingfreeonline.com</a></td>
</tr>
<tr>
<td>10</td>
<td>Cheshire East Joint Strategic Needs Assessment,</td>
<td><a href="www.cheshireeast.gov.uk/jsna">www.cheshireeast.gov.uk/jsna</a></td>
</tr>
<tr>
<td>14</td>
<td>Principles for Integrated Care, National Voices,</td>
<td><a href="www.nationalvoices.org.uk/principles-integrated-care">www.nationalvoices.org.uk/principles-integrated-care</a></td>
</tr>
<tr>
<td>18</td>
<td>NHS Eastern Cheshire Clinical Commissioning Group Communications and Engagement Strategy,</td>
<td><a href="www.easterncheshireccg.nhs.uk/Publications/other-publications.htm">www.easterncheshireccg.nhs.uk/Publications/other-publications.htm</a></td>
</tr>
</tbody>
</table>