

Item 6 – report 2

West Essex Clinical Commissioning Group

About your Clinical Commissioning Group

Who are we?

West Essex Clinical Commissioning Group (CCG) is now authorised, without conditions, by the NHS Commissioning Board as the key statutory body responsible for the planning and buying of health services in West Essex. We took over from West Essex Primary Care Trust (PCT) on 1st April 2013. We have been operating in shadow form under the umbrella of North Essex PCT, a cluster of three primary care trusts in north Essex since April 2012. During this period we have undergone a rigorous national assurance process for authorisation to ensure we as an organisation are fit to undertake our new statutory role in the NHS.

The CCG is made up of 39 general practices made up from the three localities of Epping Forest, Harlow and Uttlesford. We manage an annual budget, of £300 million to commission, that is to plan and buy, the majority of healthcare in our area of approximately 288,000 people.

We commission services by agreements and contracts with hospitals, community, mental health and other services from a range of service providers. Our main hospital services are provided by The Princess Alexandra Hospital in Harlow, Addenbrooke's in Cambridge, Mid Essex Hospital Trust in Broomfield and Whipp's Cross Hospital in north east London. Our community provider is South Essex Partnership Trust (SEPT) and our mental health services provider is North Essex Partnership Trust (NEPT).

The CCG is not responsible for the commissioning of primary care, contracting with GP Practices, Pharmacy and Dentists is the responsibility of the Local Area Team (LAT) of the National Commissioning Board, now known as NHS England.

What does clinical commissioning mean?

- **Planning and buying high quality healthcare**

On your behalf, we plan the best way to use around £300 million of NHS funding every year. We look at what will be needed in health services each year and we plan ahead to meet future needs. To make things happen, we work in partnership with service providers and partners and we monitor closely the performance and quality of health services on a daily, weekly, monthly and quarterly basis.

- **Planning for the future**

Demands on health services are rising all the time. We have a growing population and an increasing number of older people with many associated health and social care needs. If we were to continue in the same way every year, there would be an ever-widening gap between the costs of the services and the funds available. However, there is huge scope for improvements with new technology and advances in clinical practice.

Our planning processes are informed by a number of contributors including the Joint Strategic Needs Assessment (JSNA) identifying the demographic and health needs of our population; national guidance including NHS Outcomes Framework; developments in clinical practice; best practice examples; through the engagement and contributions from our member practices and patients and public and much more.

Our Integrated Plan 2013/14-2015/16 is the outcome of our planning processes outlining how we will deliver our vision and strategic objectives for local health services over the next few years and provides the foundations for building our longer term strategy.

- **Clinicians and patients in the driving seat**

Because the CCG is made up of general practices and has clinicians leading decision-making, this in itself brings decisions closer to patients. GPs and other clinicians are able to use their clinical expertise and their day-to-day contact with patients to inform and influence commissioning decisions. Our patient and public engagement (PPE) strategy builds on this to make sure that people in Epping, Harlow and Uttlesford are connected and can contribute to developments in their local NHS.

The CCG Leadership Team

The CCG leadership team consists of nine elected GP members, three from each of the localities making up west Essex. As well as having corporate responsibilities within the CCG, each GP member takes on a specific clinical leadership role for leading the development of specific clinical pathways for example Dr David Tideswell is the clinical lead for Frail Elderly, Dr Sue Humphrey is the clinical lead for Children and Maternity. GP members are elected by their GP colleagues from each locality.

The Board of the CCG comprises of; the Chair, Dr Rob Gerlis (Harlow GP), Vice Chairs Dr Alice Hodgkinson (Uttlesford GP) and Dr Kamal Bishai (Epping Forest GP); the CCGs Chief Officer, Clare Morris and the Executive Team; three Lay members, Audit & Governance, Quality and Public & Patient Engagement; a Secondary Care Consultant; Social Care Representative and Public Health.

Our vision- Our promise to the people of West Essex

Within the CCGs Commissioning Strategy we made a commitment to the people of West Essex:

We will support you to maintain and improve your health; when you are not well we will help you to access the right care at the right place and time.

We will do this by:

1. Planning and buying services on your behalf that result in improved quality of care, including:
 - Improved quality of care at acute hospitals, in community and in mental health services
 - Achievement of more consistent standards and continuous improvement in quality across primary care
 - Improving levels of patient satisfaction with services

2. To improve and protect the population's health and well-being and to improve the health of the poorest fastest:
 - Actively working to prevent disease
 - Early identification of disease
 - Active management of long term conditions
 - Supporting people to make healthy lifestyle choices

3. Ensuring the right care in the right place by:
 - Re-designing care pathways to ensure simplified access to services, reduced duplication and a smooth transition between care settings
 - Transferring activity that currently takes place in hospital into a community and primary care setting where clinically appropriate
 - Making sure that the most acute care is provided by hospitals that have the necessary specialist staff and facilities

4. Making efficient and best use of limited resources

Engaging people in making change happen

Our job as commissioners is to make the most of our resources and innovation and to lead the local NHS in making changes to deliver the best of healthcare to local people. Patients and people are vital to this process:

- People who are well-informed and supported can better manage their own good health and health care
- Patients and their carers bring the benefits of their experience and perspective to improving services, identifying how services can be more responsive to their needs, identifying what a good experience of health services should be and how health outcomes can be improved
- Patients and members of the public can act as our “key communicators” and advocates for service changes
- Communities and services can achieve more by working and planning together.

Our plans for involving patients and public in health planning in west Essex

We have developed a Public and Patient Engagement Strategy: Open Doors outlining how we would like to develop public and patient involvement in the planning of health services here in West Essex and how we can build on patients and carers experiences to improve the quality of services that we commission.

Our plan is to engage people on several levels:

- **Listening-** to people's views and experiences and feeding these into our routine business.
- **Informing** – about services, performance and plans, feeding back the views

and experiences shared and how we have acted on them.

- **Consulting** – about a particular service area or commissioning decision.
- **Involving** – in service developments and commissioning plans. We will seek views at an early stage to inform our proposals with a range of perspectives and expertise.
- **Collaborating** – on service redesign and annual commissioning plans. We will create partnerships to achieve breakthrough changes.
- **Asset-building** – by giving budgets and decision-making power to people and families to manage their own care and to representatives working within our planning and governance structures.

We will do this through a range of methods:

- **Information exchange** - receiving, analysing and responding to feedback as well as publishing information about services and patient issues on a continuing and systematic basis
- **Innovative and effective ways to research and consult** with patients, public and hard to reach groups, using surveys, social marketing and consultation techniques
- **A new systematic engagement network** of partners, groups and forums involved in the work of projects, planning groups and board level decisions. Each of our localities now has a Patient Forum.
- **Leadership and champions** for patient and public engagement on the CCG Board and through a Patient Reference Group
- **Patient participation groups at GP practice level** having a new role in clinical commissioning
- **Close working relationships with statutory representative bodies**, such HealthWatch, Essex County Council Health and Wellbeing Board and Essex Health Overview and Scrutiny Committee.
- **Annual engagement cycle** as part of the annual commissioning cycle
- **Asset-building research, development and piloting** with local authority and voluntary sector partners, to determine how people and groups could manage their own budgets and wider healthcare decisions.

Involving people locally- Uttlesford Residents Health Forum

The URHF is part of the “systematic partnership engagement network” that creates the opportunity for locality residents to be involved in the CCG’s commissioning activities as outlined above specifically focused on what is important to the locality of Uttlesford as part of the WECCG.

The URHF is one of the three locality forums in West Essex that make up one of many opportunities where patients and public can get involved as outlined below.

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April 2013