REPORT TO:	**North Yorkshire Health Overview and Scrutiny Committee**
REPORT FROM:	**Amanda Bloor, Chief Officer (Designate)** **Dr. Alistair Ingram, Clinical Chair**
REPORT DATE:	**7 September 2012**
REPORT SUBJECT:	**NHS Harrogate and Rural District Clinical Commissioning Group**

1. Introduction

The Health and Social Care Act sets out a number of changes to healthcare commissioning from April 2013.

By April 2013, the primary care trust, NHS North Yorkshire and York, will cease to exist and local Clinical Commissioning Group (CCG's) across North Yorkshire will become accountable for the decisions they make.

A CCG is a membership organisation of local GP practices, governed by a constitution developed by the CCG. The CCG will commission urgent and elective care services provided by hospital trusts, including community and mental health and services from the voluntary sector. They will be held to account by the National Commissioning Board. (Appendix.1)

CCGs have been in development for the last 12 months and currently 'shadow' the existing PCT until April 2013, after which time they will take full responsibility for commissioning the vast majority of health services. They will become statutory bodies following the NHS Commissioning Board authorisation process.

2. Harrogate and Rural District CCG Profile

NHS Harrogate and Rural District Clinical Commissioning Group (NHS HaRD CCG) has been established and is comprised of all 19 local GP practices (fig 1). The CCG provides clinical commissioning for the population of Harrogate and the surrounding rural district, including the districts of Boroughbridge, Knaresborough, Masham, Pateley Bridge and Ripon.

NHS HaRD CCG aligns with the local authority boundary of the Harrogate Borough Council and serves a resident population of around 160,000. Our main providers are Harrogate and Rural District Foundation Trust (for hospital and community services) and Tees, Esk and Wear Valleys NHS Foundation Trust (for mental health).

NHS HaRD CCG is currently a committee of NHS North Yorkshire and York's Board and has delegated responsibility for commissioning services on behalf of the local population.

HaRD CCG will go forward for authorisation as part of Wave 3 along with the other North Yorkshire and York CCG's. The CCG will submit their application to the NHS Commissioning Board by 1 October 2012. A decision on authorisation will then be returned to the CCG by 31 December 2012.

Fig. 1
NHS HaRD CCG member practices:

Practice name	Address
Dr Akester & Partners	Kirkby Malzeard, Ripon / Masham
Dr Asaad & Partners	Killinghall Medical Centre / Jennyfield Health Centre, Harrogate
Dr. Bannatyne & Partners	The Surgery, 54 Church Avenue, Harrogate
Beech House Surgery	1 Ash Tree Road, Knaresborough
Church Lane Surgery	Church Lane, Boroughbridge
East Parade Surgery	Mowbray Square, Harrogate
Eastgate Medical Practice	31b York Place, Knaresborough
Dr. Fletcher & Partners	7/8 Park Street, Ripon
Kingswood Surgery	14 Wetherby Road, Harrogate
Leeds Road Practice	49/51 Leeds Road, Harrogate
St. Lukes Medical Practice	Mowbray Square, Harrogate
Dr. Moss & Partners	28/30 Kings Road, Harrogate
Nidderdale Group Practice	Feastfield Medical Centre, Pateley Bridge
North House Surgery	North Street, Ripon
Park Parade Surgery	Mowbray Square, Harrogate
Ripon Spa Surgery	The Surgery, Park Street, Ripon
The Spa Surgery	Mowbray Square, Harrogate
Springbank Surgery	York Road, Green Hammerton
Stockwell Road Surgery	21 Stockwell Road, Knaresborough

All 19 practices are engaged and involved in clinical commissioning. Each practice has a lead GP for commissioning. This group of lead GP's form the CCG Council of Members.

3. Development of Commissioning Strategy

3.1 Vision

Our vision is to secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population

3.2 Values

The values of the HaRD CCG align to the The NHS Constitution (2009).

These are:

- **Respect and dignity**
- **Commitment to quality of care**
- **Compassion**
- **Improving lives**
- **Working together for patients**
- **Everyone counts**

3.3 Strategic Priority Areas

We have five overarching strategic priorities to secure delivery of the local aims, service priorities and to ensure delivery of statutory duties delegated to us, including financial balance and a range of performance outcomes. These are based on data from the Joint Strategic Needs Assessment (JSNA), Quality Outcomes Framework (QOF) registers, local population and Office for National Statistics data. These are:

3.3.1 Urgent Care

There will be a health economy-wide shared Urgent Care Strategy. The main driver for urgent care locally is the regional procurement of NHS 111 services. Much of the work we will do will prepare pathways and services to respond to this new access route for urgent care.

We will :

- Review A&E utilisation
- Review medical, surgical and paediatric clinical assessment services to ensure they are operating efficiently and evaluate any further commissioning needs around these areas.
- Review and work with ambulance services: urgent and patient transport. This includes working with ambulance colleagues and primary/community care to embed the pathways around falls, diabetes and out of hours referrals
- Review Out of hours services across North Yorkshire and York, in partnership with all CCGs to ensure a robust and cost effective service that meets the requirements to link with NHS 111 is commissioned for the population

Review primary care minor injuries enhanced service to ensure this is delivering a value for money service

- Ensure that we have a complete understanding of the most appropriate and cost effective pathways to be uploaded to the Directory of services for NHS 111.

3.3.2 Integrated care

The CCG is participating in the Department of Health national development programme for Long Term Conditions (LTC's). This programme identifies three key areas to sustainably support and mange patients with long term conditions; risk profiling**,** integrated team working and self care /shared decision making.
Demand from patients living longer with LTCs is the greatest pressure on the NHS in the forthcoming years. The CCG needs to work with the wider health and social care system to urgently redesign the current services to ensure high quality, responsive local service that both meet the needs of our population and are sustainable in the longer term.

We will:

- Work with primary care clinicians to use risk profiling on our population to identify patients most at risk of developing a long term condition, aim to prevent it where possible, and work with individuals to determine a supported self-management plan that enables them to 'live well' with their condition(s).

- Always empower and support patients to self care where appropriate

- Utilise technology in line with evidence to support patients in managing their conditions.

- Commission local integrated care teams to focus on supporting patients at home.

We aim to work with our health and social care partners to commission an integrated pathway of care that takes a holistic approach to the management of patients with any number of long term conditions.

3.3.3 Planned & effective care

The CCG has worked hard on reducing unexplained variation across the Harrogate and Rural District. The two areas which we have focussed on have been to reduce variation in primary care referral rates and to bring elective hip and knee arthroplasty rates in line with regional benchmarks.

The other areas of focus in planned care include;

- Ensuring best practice pathways are utilised including enhanced recovery programme
- Focus on Deep Vein Thrombosis (DVT) prevention and treatment
- Using Commissioning for Quality and Innovation (CQUIN) to drive quality improvements
- Reduce length of stay in hospital
- Redesigning pathways in ophthalmology, urology and Ear, Nose and Throat (ENT), musculoskeletal and dermatology
- Promoting shared decision making

3.3.4 Vulnerable people

Harrogate and Rural District has a high number of nursing and residential home beds (around 2000). This means we have a significant number of vulnerable people who are often high users of health care services.

We will:

- Focus on working to reduce the number of patients with dementia who are admitted inappropriately, building on the work of the dementia collaborative established across the Harrogate and Rural District Health economy with Tees, Esk and Wear Valleys NHS Foundation Trust.

- Work with colleagues in the Ambulance Service to identify particular nursing homes/care homes in the locality with a higher rate of admissions than expected to review pathways and processes and provide support to enable patients to be cared for out of hospital.

- Work with staff in the local care homes particularly, to focus initially on very short stay admissions and reduce these where possible

3.3.5 Health and Well Being Strategy

This strategic area will respond and build on both the Joint Strategic Needs Assessment (JSNA) and the North Yorkshire Health and Well Being Strategy currently being developed.
It will target areas that impact on wider public health and longer term outcomes:

- Smoking Brief intervention
- Alcohol – responsible drinking
- Children's services – healthy start
- Healthy eating

- Exercise/physical activity

3.3.6 Clinical Leadership

We have clinicians leading and influencing the work in each of these areas. Please see Appendices 2 and 3 which provide a summary of our priorities and examples of the CCG's work to date.

3.3.7 Engagement

In developing the vision, values and strategic areas of focus for the CCG we have engaged with the member practices, local voluntary and community sector and patients through a number of engagement events. We are holding further sessions facilitated through the North Yorkshire LINk in October and with the voluntary and community sector in November.

4. CCG Structure

The Shadow Governing Body of the CCG consists of:

Amanda Bloor	Chief Officer (Designate)
Dr. Alistair Ingram	Clinical Chair
Vacant	Chief Finance Officer
Dr. Rob Penman	GP Member
Dr. Rick Sweeney	GP Member
Dr. Chris Preece	GP Member
Dr. Sarah Hay	GP Member
Dr. Gareth Roberts	GP Member
John Pattinson	Lay Nurse / Head of Quality
Rachel Mann	Vice Chair with lead role in overseeing key elements of governance
David Hall	Lay Member with lead role in championing patient and public engagement
Vacant	Clinical member - doctor who is secondary care specialist

The CCG has a management structure under the Governing Body that will ensure the CCG fulfils its statutory functions. Recruitment to the management structure and to complete the Governing Body is currently underway through an HR framework.

Additional commissioning support is needed to help the CCG to achieve its objectives and provide the CCG with the support, information and services needed to make effective commissioning decisions. We have commissioned the North Yorkshire and Humber Commissioning Support Unit (NYH CSU) to provide a range of commissioning and business support functions to the CCG. They are providing commissioning support to all eight CCG's in the North Yorkshire and Humber region.

5. Communication and Engagement Strategy

NHS HaRD CCG is committed to involving and working with a wide range of stakeholders including: local authority partners, carers, service users, local communities, patient groups, Local Involvement Network (LINk soon to be Healthwatch), voluntary sector partners, Overview and Scrutiny Committees, MPs, other providers and the media.

The CCG has established (and in some instances joined) a number of forums through which it facilitates meaningful engagement with its stakeholders. The CCG is also a committed partner on the North Yorkshire Health and Wellbeing Board. Our representation at this Board will be a key forum to work together with the NHS, public health and social care to improve the health and wellbeing outcomes of our local communities and to reduce health inequalities.

The CCG has established and are continuing to develop a Patient and Public Involvement group. The group has held two meetings so far on 24 April and 24 July both of which have received positive feedback. Future meetings will be held quarterly. The meetings are open to two representatives from each of our GP practices patient groups. This forum allows the CCG to engage in open discussions on commissioning strategy, service modernisation plans and redesigning of care pathways. The meetings enable a two-way dialogue directly between the CCG and patients.

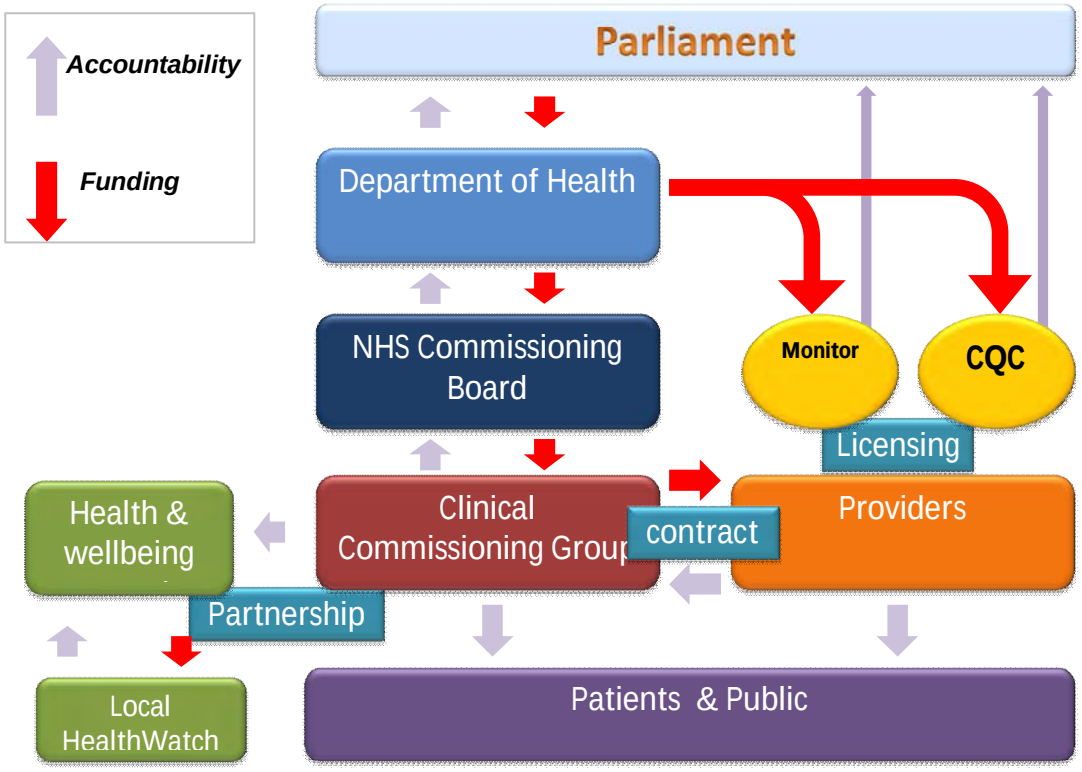
Throughout 2012/13 and into 13/14 we will continue to develop our organisation and commissioning strategy through joint local working with our patients and partners.

The CCG will be operating within the context of increasing health care need, a challenging economic climate and tight financial resources. To ensure delivery of all statutory requirements we will be working with primary and secondary care, community, mental health and social care colleagues, the public and the patients to identify priorities and develop new ways of working that are high quality and sustainable for the future.

Amanda Bloor
Chief Officer (Designate)

Dr. Alistair Ingram
Clinical Chair

Appendix.1


Accountability
Funding
Parliament
Department of Health
NHS Commissioning Board
Monitor
CQC
Licensing
Health & wellbeing
Clinical Commissioning Group
contract
Providers
Partnership
Local HealthWatch
Patients & Public

Appendix 2

NHS

Harrogate and Rural District
Clinical Commissioning Group

A summary of our priorities

Our guiding vision: To secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.

Strategic area	Planned, safe, effective care	Long term conditions (LTC) integrated care	Urgent care	Vulnerable people	Health and wellbeing
Focussed areas	■ Reduce unwarranted variation ■ Care outside hospital	■ LTC development programme ■ Local integrated teams ■ Provision of streamlined services	■ Care closer to home ■ Clear signposting	■ Closer working with care homes ■ Improved care for those with dementia ■ Children's health	■ Integrated approach to wider determinants of health ■ Empowered population making healthier choices
Initiatives	■ Clinical thresholds ■ Shared decisions making ■ Commissioning for Quality and Innovation (CQUIN)	■ Roll-out Risk stratification ■ Develop integrated teams ■ Introduce self care ■ Embrace technology ■ Reform services at Ripon Community Hospital	■ Directory of Services linked to NHS 111 rollout ■ Ambulatory care work ■ Work with YAS ■ A&E improvement plan	■ Review and reform pathways and support to care homes ■ End of life care pathway work ■ Focused work with YAS and community services	■ Intervention through CQUIN - lifestyle screening ■ Partnership working with Harrogate Borough Council
Indicators	■ Decrease referrals (4.4%) ■ Decrease elective activity (1%IP 8%OP) ■ Decrease Follow ups (10%)	■ Decrease non-electives (2%) ■ Decrease length of stay	■ Decrease A&E attendances (2%)	■ Decrease 0-3 length of stay admissions ■ Earlier access to dementia diagnosis ■ Decrease length of stay for dementia patients	■ Decrease in alcohol related admissions

Appendix 3.

Examples of the NHS Harrogate and Rural District CCG work to date.

Ripon 2020

CCG Clinical Lead: Dr. Chris Preece

The Independent Review of Health Services in North Yorkshire and York, published in August 2011 laid out a specific requirement to "review and redesign community hospitals as part of a wider strategy for improved community services", as well as a need to reduce total inpatient beds across the region. The CCG has been working in partnership with a wide spectrum of stakeholders, reflecting the entire community to take forward the recommendations of the review. These included representatives from the Foundation Trust, social care, GPs, staff from the hospital itself, councilors, leisure services, the hospital's League of Friends, community groups, third sector organisations, local schools (staff and children) and patients.

A "World Café" event was held identifying what issues most concerned local people with respect to the hospital's future. Attendees were split into groups and asked to discuss and record what was most important to them. The insights, evidence, and concerns from this were then taken forwards to a two day event. Here a clear vision for the future of Ripon hospital was formed, actions identified, and important relationships established. The work from these sessions was brought together into a single document, "Ripon 2020" which was widely circulated within the community, and presented to relevant parties.

The project has already had significant impact. As a direct result of those early sessions we have managed to integrate fast response and community rehabilitation services, and Ripon has become the early adopter site for the CCG's Integrated Care Team, pulling together community health and social services teams for the first time. There is clear potential identified for combining resources between leisure services and physiotherapy, for involving schools in voluntary work, and utilising facilities from the third sector. It is anticipated that combining resources, rationalising bed use and promoting wellbeing will result in financial savings in the long term.

The Harrogate Dementia Collaborative

CCG Clinical Lead: Dr. Rick Sweeney

The Harrogate Dementia Collaborative was established in February 2012 as a joint venture between Harrogate and Rural District CCG (commissioners), Tees Esk and Wear Valley Foundation Trust (psychiatry services provider), Harrogate and District Foundation Trust (secondary care and community health services provider) and North Yorkshire County Council (Social Services), facilitated by Reablement funding. The aim of the Collaborative is to use Quality Improvement System methodology to improve services for the

increasing numbers in the local population with dementia within the current funding envelope and is based on similar successful initiative in Darlington. A multidisciplinary high level mapping event in April brought together forty people from all levels of the four participating organisations plus representatives of Carers Resource and Dementia Forward to map current services and interfaces between these services, and identified system blockages and opportunities to make improvements. Having identified these opportunities for improvement the Project Board agreed prioritisation of the work streams.
The Collaborative is ensuring engagement across all four participating organisations through feedback by each of the Board members to their own organisations and production of a regular Newsletter widely distributed throughout both organisations, the voluntary sector and the community.

In 2011/12 over £16.m was spent on the unplanned admission with medical and surgical diagnoses of 568 HaRD residents with previously diagnosed dementia. Earlier diagnosis, better support in the community, redesigned inpatient services and improved discharge arrangements will enable us to reduce the number and length of stay of these admissions, saving a projected 5% of current cost.