

July 2012

NEWS FROM THE BRADFORD, AIREDALE, WHARFEDALE AND CRAVEN CCGs

Keeping you up to date

Welcome to InTouch: the local newsletter from the three local clinical commissioning groups (CCGs) - Airedale, Wharfedale and Craven; Bradford City and Bradford Districts.

For this first edition we'd like to tell you about who we are; our journey to clinical commissioning and explain our vision for healthcare in Bradford, Airedale, Wharfedale and Craven and our priorities. There's also an overview of wider changes taking place in the local health economy as part of the NHS reforms.

Over the coming months we will focus more on each CCG to help you understand our individual priorities and what we are doing to improve people's health and wellbeing - making sure they get the right care at the right time and in the right place.

If you have any comments or questions about this newsletter please contact [communications@bradford.nhs.uk](mailto:communications@bradford.nhs.uk) or: 01274 237719.

# The journey to clinical commissioning

The Health and Social Care Act 2012 is designed to put patients at the heart of the NHS, devolve more power to clinicians and reduce bureaucracy. Clinical commissioning groups place family doctors in the driving seat of delivering these new reforms and, working with their patients, this provides a great opportunity for clinical leaders, working with partners and others, to improve quality and achieve better outcomes for patients.

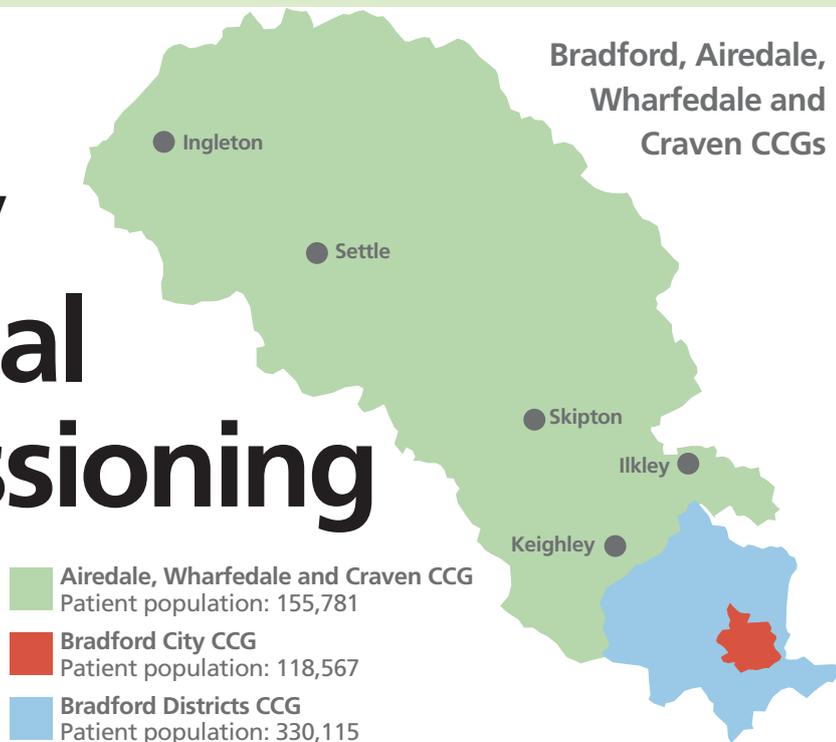
Our overriding ambition as CCGs is to use the resources we have available to deliver the best possible outcomes for our patients, carers and our population. This includes:

- ensuring high quality services for patients
- supporting patients and the public to improve and manage their own health
- ensuring that the services we commission support rising demand such as people living longer, high cost drugs and treatments
- delivering the pledges within the NHS Constitution.

The CCGs in Bradford, Airedale, Wharfedale and Craven aim to be authorised by the NHS Commissioning Board in autumn 2012. They will not be formally established until PCTs are abolished in April 2013.

CCGs are very different from PCTs and any of their predecessors. CCGs are made up of their member practices who, through their constitution, establish a governing body to oversee the way they carry out their responsibilities. As a minimum, the governing body includes GPs, a secondary care specialist, a nurse, two lay members, a chief financial officer and the accountable officer. The three CCGs in Bradford, Airedale, Wharfedale

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## Clinical commissioning groups

Under the changes, primary care trusts nationally will be abolished in April 2013 and clinical commissioning groups (CCGs) will take over some of their responsibilities.

In Bradford, Airedale, Wharfedale and Craven there are three CCGs:

- **Airedale, Wharfedale and Craven CCG**, which incorporates some practices from North Yorkshire, including Skipton, Grassington and Settle – Dr Phil Pue
- **Bradford City CCG** – Dr Akram Khan, shadow clinical chair; and Helen Hirst, shadow accountable officer
- **Bradford Districts CCG** – Dr Andy Withers, shadow clinical chair; and Helen Hirst, shadow accountable officer.

As mentioned above, each CCG must go through a strict process to become authorised as a statutory NHS body. This process provides assurance that they have the right skills and abilities to take on responsibility for commissioning NHS services for their populations. The NHS Commissioning Board also confirms the appointment of the accountable officer as part of this process.

2012/13 is a really important year for CCGs. It is their preparatory year and gives them time to develop and understand the responsibilities that lie ahead. In Bradford and Airedale this has been made easier because GPs have been involved in commissioning for a long time and have a lot of experience.



Dr Phil Pue



Dr Akram Khan



Dr Andy Withers

## The journey to clinical commissioning

From page 1 and Craven each have a shadow governing body but are still developing how this operates. CCGs can decide whether to have a clinical or managerial accountable officer. Airedale, Wharfedale and Craven have chosen a clinical one, and Bradford City and Bradford Districts have chosen a managerial one and have also agreed to share this post. Formal appointments to these posts will be made shortly.

# Introducing the clinical commissioning groups

## Airedale, Wharfedale and Craven CCG (population 155,781)

### Local health profile:

- high incidence of heart disease and high levels of obesity
- increasing levels of mental health problems
- diverse population – areas of deprivation and affluence – and a very high older population.

### Our vision:

We aim to be a leading CCG through successful integration and transformation of health and social care, the introduction of innovative, improved clinical pathways, sound financial management and by being a model employer and developing future clinical leaders.

### Our values:

- excellent patient experience: safe, effective and high quality care; choice; and access
- better health: long life – illness prevention; better quality of life; fair access; reducing inequalities
- wise use of money: the right care, in the right place and at the right time; productivity and value for money; reduce duplication and waste.

### Our key priorities:

- transforming planned care and long term conditions
- transformation and integration of health and social care for adult and children's services
- transforming mental health and urgent care services
- reducing health inequalities and increasing health promotion
- achieving excellence in prescribing and medicines management
- maintaining safe, high quality and effective care
- developing the CCG.

## Bradford City CCG (population 118,567)

### Local health profile:

- high level of cardiovascular disease and diabetes
- high level of mental health problems
- high level of deaths from cancer.

### Our vision:

Reducing health inequalities for all.

### Our values:

Excellent leadership; creativity and innovation; fairness, equity and justice; integrity and honesty; passion and enthusiasm.

### Our key priorities:

- to develop a viable, sustainable, effective organisation
- to commission and ensure delivery of safe, high quality, effective services
- to develop better, locally integrated long term conditions management
- to improve people's health and wellbeing and increase life expectancy
- to improve patient experience through meaningful engagement with our community, primary care and partners.

## Bradford Districts CCG (population 330,115)

### Local health profile:

- smoking and problem alcohol use
- increasing levels of mental health problems
- high levels of cardiovascular disease and respiratory disease.

### Our vision:

Better health for the people of Bradford.

### Our values:

- we will work in ways that ensure the interests of patients and the community remain at the heart of everything we do
- we will act with honesty and integrity and will ensure that the diverse needs of our community are at the forefront of all our discussions and decisions
- we will ensure the delivery of all of our duties is carried out within a framework of good and robust governance
- we will drive innovation and clinical excellence in everything we do.

### Our key priorities:

- tackling health inequalities through prevention, integration and partnerships
- improving patient safety and the patient experience
- improving primary care quality and ensuring genuine engagement
- improving outcomes of people with long term conditions
- transforming urgent and intermediate care
- transforming mental health and community services.

## Putting patients at the heart of the new NHS

The one thing the three CCGs have in common, is that patients will be at the heart of the CCG.

Their experience will inform our commissioning decisions; we will be judged and held accountable for improving their experience and improving their health; their involvement will help us to plan and secure better services.

There are events coming up that will help us to do this in a systematic way, building on the learning from the past and working closely with the Health and Wellbeing Board.

We will let you know about any forthcoming events and opportunities to be involved.

# Working together

There are three CCGs in Airedale, Wharfedale, Craven and Bradford because we believe that our patients and populations are best served in this way because it enables us to have a more local focus.

However, we know that it is also in our patients' best interests to work together on some things, particularly those where we work closely with the council. So, as

we are setting up the new CCGs, we are looking to where we can work together and share some resources.

We also know that some of the decisions we need to make about rising demands on NHS services need to be made with the hospitals (Bradford and Airedale), Bradford District Care Trust, which provides mental health, learning disability and community services and

others like the council and voluntary sector. We have set up some formal arrangements to work together on big issues. Last month we agreed to some pilots for integrating care (between health services and social care) across the district and hope our learning from these helps us do more things together over time.

## Developments in the wider NHS

### NHS Commissioning Board (NHSCB)

The Health and Social Care Act 2012 also established the NHS Commissioning Board (NHSCB).

This is the body with an overarching role to ensure that the NHS delivers better outcomes for patients within its available resources.

The NHSCB has a national leadership role: [www.commissioningboard.nhs.uk/](http://www.commissioningboard.nhs.uk/) provides more detail about this and the way the NHSCB will organise itself.

The NHSCB will be a single organisation, based in Leeds, responsible for health services throughout England.

Among its many functions it will have oversight of CCGs and also be responsible for commissioning the services that are not transferring to CCGs or local authorities like specialised, GP, dental, optical and pharmaceutical services and services for military personnel and those in prison and other places of custody.

### Public health services move to the local authority

The role of the local authority will also change with the abolition of PCTs. As well as their joint responsibilities for public health, local authorities will lead the joint strategic needs assessment (JSNA) and ensure clear and co-ordinated commissioning strategies.

Plans are under way for the transfer of public health commissioning responsibilities and some services, including the obesity team, sexual health, stop smoking and school nursing to Bradford Council.

The council will support patients through the commissioning of HealthWatch, which will replace the Local Involvement Networks (LINKs). HealthWatch will be the new consumer champion for both health and social care.

### Commissioning support services

New commissioning support services (CSSs) are being set up to support the CCGs in delivering their functions.

These organisations are designed to offer an efficient, affordable, locally-sensitive and customer-focused service to CCGs, providing a range of services such as business intelligence, clinical procurement, communications and engagement and business support services (such as HR, payroll, IT).

Across West Yorkshire there will be one CSS which includes staff from Bradford and Airedale, Leeds, Calderdale, Kirklees and Wakefield, offering a professional and innovative resource to CCGs. Many of the highly skilled specialist staff who currently provide commissioning support functions in these local PCTs will be part of the new CSS.

These new management support services will be designed to be effective in a competitive marketplace and will be set up to give CCGs access to the best possible processes, services and products to enable efficient and evidence-based commissioning – to improve local services for patients.

## Bradford and Airedale Health and Wellbeing Board

Health and wellbeing boards are being established across the country to ensure that local services are shaped around the needs of their communities.

In Bradford, the NHS works closely with the local authority to make sure that health and social care services are joined up and provide the right care for local people. This includes identifying the health needs of the city through a joint assessment of health and wellbeing so that the right services can be put in place.

The new health and wellbeing boards will help everyone work even more closely. They will bring together the NHS commissioning organisations, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the right services for their area.

The shadow Bradford Health and Wellbeing Board is part of Bradford Council, with NHS partner organisations playing an important role.

## Patients help shape services

Patients and communities will play an active part in shaping local services. To do this, local HealthWatch groups will be introduced around the country.

They will provide a collective voice for patients and carers and advise the new CCGs on the shape of local services. This will ensure that no decision will be made about NHS services without the involvement of local people.

Local HealthWatch will also champion patients' views and experiences, promote the integration of local services and improve choice for patients through advice and information. LINKs will transform into local HealthWatch and be in place by April 2013.

# What the changes mean for local people

The new arrangements provide us with a much better opportunity to improve services for local people.

Our priority has to be ensuring patients receive the services they need, when they need them and where they need them in line with the NHS Constitution pledge, but we have to do more than just carry on with the strategies of the past.

The whole health system is accountable for achieving the ambitions set out in the NHS Outcomes Framework and for our patients, communities and wider population that means:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

To find out more about the government's reforms, visit: [www.dh.gov.uk](http://www.dh.gov.uk)

## Get involved with the CCGs

**A priority for all three CCGs in our district is meaningful engagement with our partners, patients and the local population.**

**We are keen to hear your views and ideas about any aspect of the CCGs and how you would like to be involved going forward.**

**If you would like to get in touch, please email:**  
[fiona.stephens@bradford.nhs.uk](mailto:fiona.stephens@bradford.nhs.uk)

**Thank you; we look forward to hearing from you.**