NHS
Calderdale
Clinical Commissioning Group

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Annual Report and Accounts 2013-2014

Summary

Our vision:

To achieve the best health and wellbeing for the people of Calderdale within our available resources

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NHS Calderdale CCG, F Mill, Dean Clough, Halifax HX3 5AX

IMPROVING HEALTH, IMPROVING LIVES

IMPROVING HEALTH, IMPROVING LIVES

Chair and Chief Officer's Introduction

Welcome to this summary of the first Annual Report and Accounts for NHS Calderdale Clinical Commissioning Group (CCG). This has been a full and positive year for us as a CCG.

Whilst the CCG was only established in April 2013, many of our Governing Body members have worked with different NHS organisations over a number of years and have been able to draw on this experience throughout our first year as a new organisation. We are pleased to be able to report that we have made really good progress in delivering our plans which have contributed to the key wellbeing priority outcomes for people across Calderdale.

We have exercised a much tighter grip than in previous years on the delivery of our performance targets and financial position and this is demonstrated by the achievement of financial balance at the end of the year.

This year was also the year we wanted to begin to address a number of challenges which face local health and social care services. We have been able to bring a key clinical leadership role to the important service improvement programme 'Right Care, Right Time, Right Place'.

We know that we will not be able to achieve the level of transformational change needed unless we work closely with our partners in the local authority, our main providers and with the third sector. We are strongly committed to continuing with this partnership working as we move forward in 2014/15 and beyond.

Engagement with patients, carers and members of the public is a fundamental part of the development and improvement of services through programmes such as Right Care, Right Time and Right Place. Without understanding what works for patients, we cannot develop services that meet their needs – we will keep listening to patients and local people as we move forward with our plans.

Ensuring patient safety and improving quality is core to our business role as a CCG. The lessons from the Francis and Winterbourne reviews and the Berwick report told us that quality is as much about our behaviours and attitudes to patients as having good processes in place. We continue to be committed to working with staff to ensure that services and your experience of those services, continues to improve.

One of the key differences between the CCG and our predecessor - the Primary Care Trust (PCT) - is that we are a membership body made up of all the local GP practices in Calderdale. The GP practices come together on a regular basis to talk about local health issues and use their knowledge and experience to help develop plans for improving services. Over the past year they have made a real difference to the way that services are provided and our achievements have been due, in no small part, to the commitment and hard work of our staff, member practices and Governing Body members.

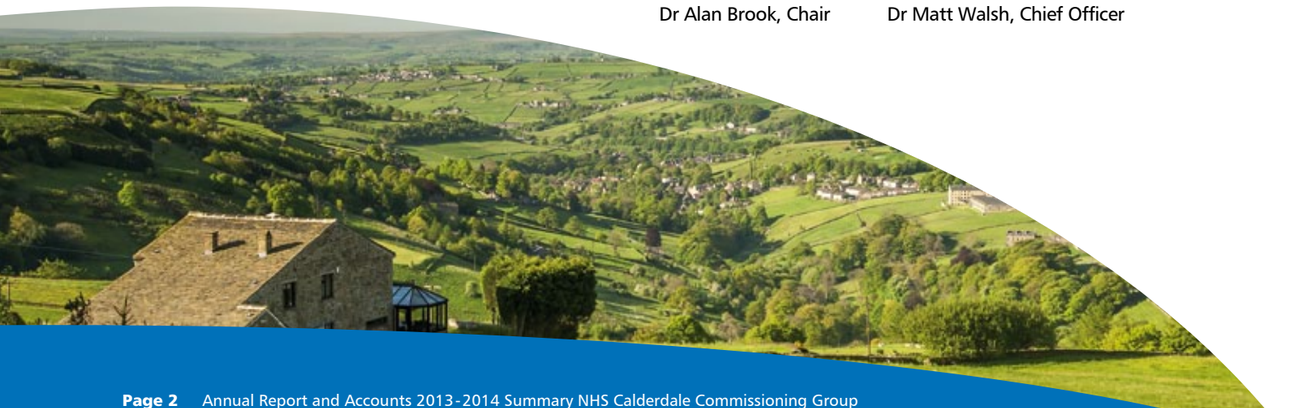
We hope that you enjoy reading our summary of the Annual report and Accounts.

If you would like more detail, you can read the full version at: www.calderdaleccg.nhs.uk or write to us at:

NHS Calderdale CCG F Mill, Dean Clough, Halifax HX3 5AX

Dr Alan Brook, Chair

Dr Matt Walsh, Chief Officer



About Calderdale CCG

At Calderdale CCG we are passionate about improving the lives of people living in Calderdale. This is reflected in our vision which is:

'To achieve the best health and wellbeing for the people of Calderdale within our available resources'.

The CCG is a membership organisation consisting of the 26 GP practices in Calderdale.

The Governing Body

The Governing Body for the CCG is made up of GPs elected by the members, Chief Officer, Chief Finance Officer, a Secondary Care Specialist, a Registered Nurse and two independent lay members. In addition, the CCG has four advisors to the Governing Body. These are the Directors for Adult Health and Social Services and for Public Health (Calderdale Metropolitan Borough Council), a Lay Advisor for Finance, Performance and External Relations and Head of Quality.

Member practices

The CCG also has a number of clinical and lay associates drawn from the member practices who provide additional capacity and expertise, focusing on specific priority areas for the CCG such as diabetes and patient safety.

Each practice has nominated a Practice Commissioning Lead. These clinical leads come together with practice managers on a regular basis to share what is happening on the ground, working with the CCG staff to identify service improvement priorities and to test plans and proposals.

Role of the Clinical Commissioning Group

The CCG is responsible for:

- Planning services, based on the needs of our local population.
- Buying services that meet those needs.
- Monitoring the quality of care provided.

This whole process is known as commissioning. We buy services from a wide range of organisations including Calderdale and Huddersfield NHS Foundation Trust which provides services from Calderdale Royal Hospital, Huddersfield Royal Infirmary and in the community and South West Yorkshire Partnership NHS Foundation Trust. The CCG is supported by just over 40 staff, some of whom are shared posts with Greater Huddersfield CCG and North Kirklees CCG and by services provided from the West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU).

In 2013/14 we invested over £260 million to improve the health of over 213,000 people registered with a Calderdale GP and/or living in Calderdale.

The services we are responsible for commissioning include:

- Out of hours GP services.
- The day to day hospital services you receive.
- The services you use in an emergency such as NHS 111, A & E and ambulance services.
- Termination of pregnancy services.
- Community Health Services such as district nursing, physiotherapy, rehabilitation, wheelchair services and home oxygen services (but not public health services or health visiting).
- Health care services for people with long term conditions, older people and children both in the hospital and care received in the community.
- Healthcare services for people with a learning disability and for those who have a mental health condition.
- Infertility, maternity and new born services (excluding neonatal intensive care).
- NHS continuing care.
- Palliative and end of life care.

Over the past year we have focused on improving services in our priority areas including the work being taken forward through Right Care, Right Time, Right Place. We have also been working to develop integrated commissioning with the Local Authority as part of the Better Care Fund programme. We have also focused on improving the quality of care and patient safety as well as carrying out a large programme of engagement with the public and patients.

Ensuring quality and keeping you safe

Ensuring patient safety, improving quality, monitoring patient experience and acting on the outcomes is core to our role as a CCG.

In 2013/14, as well as learning lessons from the Francis and Winterbourne reviews we have also looked at the Berwick Review on patient safety. We have worked closely with partners to further improve the already strong patient safety record across Calderdale.

We are continuing to work on:

- Formalising ways for GP services to alert us on quality concerns.
- Local Quality and Innovation Targets in a number of areas including improving the quality of life of people with long term conditions; helping people to recover after a period of ill health or following an injury; ensuring people have a positive experience of care by using the 'Friends and Family Test' to assess the experience of service users in maternity services, A&E and following a stay in hospital.
- Sharing lessons learned following review of untoward occurrences in order to try to prevent them happening again.
- Standardising the process to ensure that we ask for people's views before we make changes to the services they use. Examples of this process can be found in procurement of Wheelchair Services and Respiratory Services.
- Building relationships with our GP Practice Patient Representatives through our bi-monthly Health Forum which is a means for patient representatives to contribute to CCG plans.

We also regularly review referral and treatment times at our local hospitals so that the rights and pledges set out in the NHS Constitution continue to be met.

Safeguarding vulnerable adults and children

We have a dedicated safeguarding team for vulnerable adults and children and are active members of the Calderdale joint safeguarding boards for adults and children. In 2013/14 we worked with partners to introduce a policy which sets out the arrangements in place to safeguard and promote the welfare of children and adults at risk.

Improving services

We have taken into account what the public have already told us and developed services in a number of areas including:

- **Palliative and end of life care** - a new programme which improves the knowledge of health professionals when people need palliative care or at the end of life. We are also working towards providing a dedicated **out of hours crisis intervention service** to be provided by community nursing services.
- A new specialist multi-disciplinary **mental health service** including care in hospital. This will help ensure that people get effective support at the right time. The service is called **RAID** (Rapid Assessment, Interface & Discharge Service).
- A new early supported discharge service for **stroke** patients so they get the support they need after being discharged from hospital.
- More rehabilitation services for people with a **respiratory** condition to help reduce exacerbations of their condition.
- We are working to reduce **infant mortality** by supporting women to reduce maternal smoking at delivery, promoting breast feeding and providing better care for babies born with a low birth weight.
- We are supporting smokers to reduce smoking related deaths, managing and supporting people with high blood pressure (hypertension) and improving services in the community for people with Coronary Heart Disease (CHD).
- We are supporting people with **diabetes** by improving the management of **blood glucose** and the endocrine services.
- We are working with partners to improve the diagnosis, care and treatment of people with **dementia**. Keeping people well at home and working with other agencies so care is joined up. By coordinating the discharge of patients and the support available we have managed to reduce the number of readmissions within 30 days.
- We have improved the service you receive when your local GP practice is closed.

"Living out in Todmorden, having services locally will be a huge benefit. I work in stroke early supported discharge and so I have seen the benefits of supporting people as they leave hospital, this could benefit other conditions especially orthopaedics/surgery/falls."

Calderdale resident and staff member

Services for people with learning disabilities

Our CCG and Calderdale Council are committed to working together to review and improve local services. Since September 2013 and building on the consultation carried out in the previous year, we have gathered the views and actively engaged with service users, families and carers as well as the statutory and 3rd sector in planning our new Calderdale model for Learning Disabilities.

A key principle is that services are in place to support individuals to remain in the community close to home and families.

We have put this into practice by:

Working closely with local providers to commission a number of new supported living services. This has enabled 10 people to move back into Calderdale so far. They can now be closer to their families and support networks.

Supporting Independence Team

Our aim was to reduce the length of stay for patients in hospital who were there longer because they were waiting for home care and other services to be in place before they were discharged home. On average a person could remain in hospital for 13 weeks whilst waiting for these services. The aim was also to improve the quality and efficiency of services by reducing duplication. A team was set up called the 'Supporting Independence Team' drawn from a number of existing services. This team acts as a single point of access for patients to help coordinate their care from hospital discharge into the community.

The investment in the 'Supporting Independence Team' has now reduced the length of stay a patient has in the hospital. It has also improved the quality of experience for many people.

> ***As busy GPs we love single point of access services and Gateway to Care is a great example of this. There is now no duplication of services and communications and record-keeping is much more efficient. All contacts with the team are dealt with in a professional and courteous manner and I feel this is a flagship service moving forwards.***
>
> *GP practice*

> ***Hi – I had to text to thank you properly for all you have done today, the relief is indescribable, my mum is very happy that she will be visited four times a day for now and our family has had a great weight taken off its mind. Thanks for everything.***
>
> *A family member*

Tackling Loneliness in Calderdale

We are working with Calderdale Council to invest nearly £1 million to tackle the problem of loneliness in Calderdale. In Calderdale we know that 11,520 people aged over 65 live alone. Up to thirty per cent of these people report that they feel lonely.

Lonely people are more likely to have a higher use of medication, fall more frequently and become more reliant on care services. This programme will work with established community organisations across Calderdale to strengthen existing support across a range of schemes. One of these schemes will look at new and innovative ways to bring lonely people together and draw them into community life.

Quest for Quality in Care Homes

Our work with care homes is being rolled out in three phases and involves the use of new technology including 'Telecare', 'Telemonitoring' and 'Telemedicine'. In partnership with Calderdale Council we are supplying technology to 25 nursing and residential care homes in Calderdale.

Summerfield House in Halifax was the first nursing home to have Telecare installed. The home provides residential, nursing and dementia care to 106 people. Accommodation is arranged over three floors, and each floor has a telecare system including a 'CareAssist' pager which receives alerts from the individual sensors installed in the residents' rooms.

We have used 'Telemonitoring' to support patients with COPD (Chronic Obstructive Pulmonary Disease). 24 telemonitoring systems have initially been installed with the aim of; improving self-management, enabling early intervention, preventing hospital admissions, supporting early discharge and preventing future complications for those who haven't yet started to access extensive healthcare.

Calderdale and Huddersfield NHS Foundation Trust (CHFT) has partnered with Airedale NHS Foundation Trust to deliver 'Telemedicine' to residential care homes in Calderdale and Huddersfield.

Patient feedback:

Gerald, 71 has been using telemonitoring to help him manage his Chronic Obstructive Pulmonary Disease (COPD):

> ***With a condition like mine you do worry, and telemonitoring gives you confidence. Some mornings I wake up feeling rough and I do my readings and it tells me whether I need to contact my nurse or if I'm OK. Before I would have rung the doctors anyway, so it saves time for them and puts my mind at rest.***
>
> ***If I am ill I don't panic now, because I know it will be nipped in the bud and it keeps me out of hospital. It's really reassuring for me and my wife, like a pair of arms around you.***
>
> *Gerald, 71*

Right Care, Right Time, Right Place

RIGHT CARE
RIGHT TIME
RIGHT PLACE

One of the biggest challenges facing our health and social care system is to ensure our services will last into the future. Huge advances in medicine have changed the way we treat illness and injury; we have a growing and an ageing population; our illnesses are different and people's expectations of health care are growing. We know people want care closer to, or at, home and a choice about how, when and where they're treated.

The cost of health and social care across Calderdale and Huddersfield is now more than £600 million a year. Growing demand, price inflation and the cost of new drugs and treatments means that we need to look at how we spend budgets to get greatest benefit for everyone.

During this year our three main providers Calderdale and Huddersfield Foundation Trust (CHFT), South West Yorkshire Partnership Foundation Trust (SWYPFT) and Locala CIC, developed a Strategic Outline Case (SOC) which contained a set of ideas for consideration in response to these challenges.

We used the work that had been carried out as part of Right Care, Right Time, Right Place to develop our 'Five Year Strategic Plan' at the end of the year. This plan sets out our priorities for 2014/15 and beyond. It has been developed with your voice at the centre and the information we gathered throughout the year on how services are used. It tells you how we want to provide health care for Calderdale residents in the future and takes into account the Joint Strategic Needs Assessment (JSNA) which tells us the health needs of our local population.

If you want to follow our progress on Right Care, Right Time, Right Place go to: www.rightcaretimeplace.co.uk, ring 01422 281881, or write to the team at NHS Calderdale CCG.

Working with partners, the community and you – our engagement activity

We have a strategy which sets out how we involve the local population, when and how we do this and what you can expect.

Your comments, views and feedback are extremely important to us. You can find this strategy, 'Patient Engagement and Experience Strategy' on our CCG website.

During 2013-14 we made 40,000 contacts as part of our involvement activity and have already taken into account the things you have told us. This year we talked to you about a number of services:

- **Unscheduled Care Services** – we gathered information on your views about unscheduled services in community and primary care settings – obtaining over 2,500 responses.
- **Call to Action** - obtained views from 280 people and community groups.

These are some of the things that you told us:

> ***It's making services less complicated, it's giving people choice.***
>
> *Calderdale resident*

> ***It's about making existing services more effective, making them more widely available. It's all about improving access to effective services - all providers in the community to work together.***
>
> *Calderdale resident*

> ***It is always good to read about what is happening and it's important to involve the community in hospital and community services and listen to their views.***
>
> *Calderdale resident*

> ***Stand in the patient's shoes more often.***
>
> *Calderdale resident*

The findings from our engagement activities have been used to help us make decisions about future services including the development of our 'Five Year Strategic Plan'. In addition, by gathering your views over a number of years from our engagement activity, and listening to your experiences through Patient Opinion, NHS Choices, complaints and PALS, you have already told us what we need to consider when we are buying local services.
You told us:

- **To improve access to health services**. This included opening times and appointment availability, particularly aimed at GP practices and primary care.
- **To identify more services in the community** including more staff working with and supporting local people in their own home and community.
- **Agencies need to work together,** not just health but all services including third sector and social care to improve health and wellbeing.
- **Improve our hospitals and discharge from hospital** and you told us some of the things we should consider.
- **Train staff** including changing the culture of the NHS, communication and transparency.
- **Provide regular check-ups** including annual check-ups for people with a long term condition.
- **To manage risk and safeguarding** which meant keeping people safe when they were unwell.
- **Education and information** needs to be available in easy to understand formats and using a variety of different methods to reach the appropriate audience.
- **You want to see supported self-managed care,** including prevention and want our help to achieve this.
- **To invest in technology** especially for monitoring and sharing information between services and patients.

You can join a Patient Reference Group (PRG) by contacting your local GP practice.

Each GP practice hosts a number of meetings each year to involve individual patients in health care services.

Working with the voluntary and community sector

In 2013 we funded 'Health Connections' to support the voluntary and community sector to involve you; to become more 'business ready' and to provide a package of support including:

- Organisational development activities
- Safeguarding support and development so that anyone who comes into contact with vulnerable groups is aware of their responsibilities
- Support in building networks and groups.
- A community asset based engagement project.

If you are a voluntary and community group interested in working with us contact Health Connections on 01422 348777 or go to www.cvac.org.uk/Health+Connections

Health Connections

Health Connections

Help-Support-Advice-Guidance-Assistance

Connecting the Voluntary and Community Sector with the NHS

Voluntary Action Calderdale

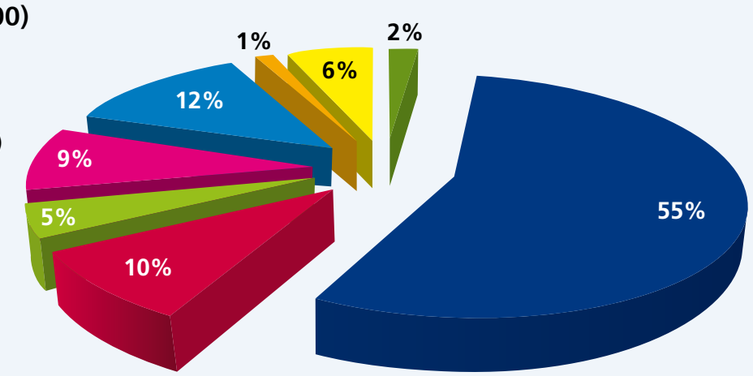
NHS

The local budget for Calderdale

In 2013/14 Calderdale CCG invested over £260m on services for 213,000 people in Calderdale. The services we bought on your behalf are set out below with 55% of our annual budget being spent on hospital services 'Acute Care'.

Net Operating Costs (£'000)

- Running costs (£5185)
- Mental health (£25,068)
- Continuing Care (£22,857)
- Primary care (£3,566)
- Acute (£145,397)
- Community health services (£11,823)
- Prescribing (£32,540)
- Other (£15,535)



Financial performance

Targets and Indicators 2013/14	
Statutory Targets	
Deliver planned surplus (underlying recurrent surplus)	✓
Management of 2% non-recurrent funds	✓
Manage within running cost allowance	✓
Manage within Capital Limit	✓
Indicators	
Delivery of Quality, Innovation, Productivity and Prevention (QIPP) (see below)	✓
Manage within Cash Limit	✓
Achieve Public Sector Payment Policy target of 95%	✓

Quality, Innovation, Productivity and Prevention (QIPP)

A key element of our work is to deliver quality through efficiency. To do this we have a specific programme of work called Quality, Innovation, Productivity and Prevention (QIPP). In 2013/14 we have not only been able to improve services for patients, but also achieve £4m of QIPP savings through the delivery of a range of schemes, which were identified at the beginning of the financial year.

These schemes include early supported discharge for people following stroke care, medicines management and the Quest for Quality in Care Homes.

You can read more about how we spent our budget in the financial review in the Annual Report and Accounts which is available on our website: www.calderdaleccg.nhs.uk

Useful information and contacts

This report is a summary of our annual report. A copy of the full annual report and accounts can be found at www.calderdaleccg.nhs.uk

If you would like the document in a different format or language, or would like to share your views or experiences, please contact us by:

Telephone: 01422 281300
Call/Text: 0782 725 7679
Email: CCG.FEEDBACK@calderdale.nhs.uk.

(Please note that this e-mail address should NOT be used if your message contains patient or confidential information).

Or write to us at:

NHS Calderdale CCG, F Mill, Dean Clough, Halifax HX3 5AX

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) can give you confidential help, advice, information and guidance about all aspects of healthcare.

Call: 0800 0525 270
or email: WestYorksPALS@nhs.net

In everything we do we value our staff and our communities. We have worked hard to adopt best practice in our approach to equality and to comply with our duties under the Equality Act 2010. As a result of this, we have successfully attained the 'Two Ticks' award - positive about disabled people. This award shows disabled people that we have made commitments regarding recruitment, training, retention, consultation and disability awareness.