NHS
Airedale, Bradford and Leeds

Leeds Health and Wellbeing and Adult Social Care Scrutiny Board

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HEALTH AND WELLBEING AND ADULT SOCIAL CARE SCRUTINY BOARD: NEXT STAGE INQUIRY INTO CITYWIDE CONSULTATION AND PATIENT INVOLVEMENT

1 BACKGROUND

As part of its Inquiry into citywide consultation and patient involvement, Leeds Health and Wellbeing and Adult Social Care Scrutiny Board have invited the clinical commissioning groups in Leeds to attend Scrutiny on 21 December to:

- give a brief introduction about themselves, their CCGs and what their make up is;
- explain what the current position with regard to the draft Health and Social Care Bill;
- describe the requirements of the authorisation process around evidencing plans for patient and public engagement; and
- assure the Scrutiny Board of their commitment to continue to work closely with them and keep them informed of any proposals for service change and their plans for patient and public involvement

2 INTRODUCTION

The Government published its Health and Social Care Bill in January 2011 detailing its proposals to reform the NHS. The reforms aim to:

- keep up with the increasing and future demand on NHS services;
- make sure that services can support an ageing population;
- cope with the rising costs of new drugs and treatments;
- help patients to manage their own health better; and
- continue to ensure high quality, efficient services for patients.

In April 2011, the Government held a “listening exercise” and set up the Future Forum, a group whose remit was to feed back the comments and suggestions of the public, patients and healthcare professionals. Many of the recommendations were used to further improve the proposals for healthcare reforms.

The amended Health and Social Care Bill has still to pass through a number of stages before being agreed and adopted as law. If the proposals are approved and become an Act of Parliament there will be significant changes to the way the NHS is run. Under the proposed changes, primary care trusts nationally will be abolished in April 2013. A new system will be introduced before then to take on some of the primary care trusts’ responsibilities.

3 HEALTHCARE IN LEEDS

NHS Airedale, Bradford and Leeds is the local primary care trust covering our area. It currently has responsibility for making sure that organisations providing services for the NHS are performing to a high standard and giving good quality care. It also has a remit to improve the health of people who are worse off and more likely to experience preventable diseases like cancer and heart disease.

4 CLINICAL COMMISSIONING GROUPS

In Leeds, three groups made up of GP practices in the city are intending to become public bodies that will take over some of the responsibilities of primary care trusts. Known as clinical commissioning groups (CCG), they will ensure that clinical people like GPs and nurses are more involved in deciding what services should be provided for local people.

The groups currently intending to become public bodies for the city each have a distinct geographical boundary set out within the Leeds local authority boundary area. They will identify the health needs of people within their own area and commission services to meet these needs. **(MAP ATTACHED)** They are currently named Calibre Health Partnership, H3Plus and Leodis, but in line with the requirements of the Health and Social Care Bill to reflect their geographical boundary, from January 2012 they will be re-named.

- Calibre Health Partnership will become Leeds North Clinical Commissioning Group
- H3Plus will become Leeds West Clinical Commissioning Group
- Leodis will become Leeds South & East Clinical Commissioning Group

Each CCG became a formal sub-committee of the NHS Airedale, Bradford and Leeds PCT cluster at the beginning of December. This will enable the CCGs to have more involvement in the commissioning services that are undertaken by the PCT. Working in “shadow” form, the CCGs will be able to demonstrate that they are capable of taking over the responsibility for commissioning some services in the future. In this shadow role, the CCGs have been delegated 36% of the budget for Leeds to manage.

Each CCG must go through a strict process called authorisation to ensure that they have the right skills and abilities to become a public body and take on responsibility for commissioning NHS services. This includes a period of “transition” where the new groups are being supported by the existing primary care trusts and working with them to take on some of their responsibilities.

Subject to parliamentary approval, the clinical commissioning groups will take over the work of primary care trusts from April 2013.

5 NHS COMMISSIONING BOARD

Other roles currently undertaken by primary care trusts will be given to a new commissioning board that will oversee the work of the clinical commissioning groups nationally.

The NHS Commissioning Board (NHS CB) will be based in Leeds but will provide a service for the whole country. It will provide guidance to the clinical commissioning groups to ensure that good quality healthcare services are in place across the country for everyone who needs them.

The Board’s role will also include commissioning services from GPs and commissioning specialist services on behalf of the NHS. It will also make sure that access to healthcare services is fair across the country and it will champion the interests of patients and use its power to improve NHS services.

6 CLINICAL COMMISSIONING GROUPS IN LEEDS

Leeds South & East Clinical Commissioning Group (Leodis) - Dr Andy Harris

Established in 2007, Leodis Healthcare LLP is a clinically led commissioning organisation representing family doctors and their practices. It started with 28 member practices that were principally drawn from East, South and central Leeds covering over 208,000 patients. Most recently, Leodis welcomed an additional 18 practices covering 41, 000 patients as part of finalising the geography and allocation of practices to CCGs within Leeds.

Leodis covers the following wards: Cross Green and Whinmoor, Gipton and Harehills, Burmantofts and Richmond Hill, City and Hunslet, Beeston and Holbeck, Middleton Park, Rothwell, Temple Newsam, Garforth and Swillington, Kippax and Methley.

Leodis currently has an executive team made up of six local GPs, a practice nurse, practice manager, Chief Executive, Public Health Director and Patient and Public Engagement lead.

Involving patients and communities
Leodis is committed to patient and public engagement and this is reflected by the appointment of a lay board member for patient engagement in 2008. We have a well established Patient Advisory Group (PAG) which includes local people and representatives from the voluntary, community and faith sectors. The PAG discusses patient engagement issues, pathway change and from which patients are involved in clinical improvement work such as a recent project to improve chronic obstructive pulmonary disease (COPD) care.

We have also supported our member practices to undertake the Patient Participation Direct Enhanced Service, a contract with the primary care trust to ensure patients are involved in developments within our member GP practices.

As part of the Integrated Health and Social Care agenda Leodis will be working more closely with our population to improve care through the principles of co-design. To this end we are also forging strong links with our community and currently work with organisations such as Garforth Network Elders Team.

Our priorities for 2012/2013
The Leodis Board is currently developing the clinical priorities for 2012/2013 however they are likely to include:

- Integrated care closer to home
- Developing strong practice engagement through localities
- Self management and care
- Promoting health and wellbeing
- Effective medicines management
- Alcohol
- End of life care
- Improving the management of patients with both mental and physical health needs

Leeds North Clinical Commissioning Group - Dr Jason Broch

Calibre Health Partnership was formed in 2006 by a group of GP practices with a keen interest in working together to improve local services. Since then it has grown to include 31 practices with a practice population of 200,568.

Calibre will now be known as the Leeds North CCG. It is a unique organisation in that key decisions are taken by a Calibre Council; clinical and non-clinical representatives from each of its member practices who are each entitled to vote on important commissioning decisions. Leeds North CCG currently has an executive team including a practice nurse, four GPs, two management leads that are all seconded from within member GP practices. In addition, Dr Jason Broch from Chapeloak Practice holds the role of Clinical Chair for the group, a lay person sits alongside the executive and a team of staff from the PCT are aligned to support the executive during the transition.

Leeds North CCG covers the following wards: Wetherby, Harewood, Roundhay, Chapel Allerton, Moortown, Alwoodley, Adel and Wharfedale, Otley and Yeadon, Killingbeck and Seacroft.

Involving patients and communities
Leeds North CCG has made a real commitment to involving patients and communities at all levels. The group has supported member practices to undertaken the Patient Participation Direct Enhanced Service; a type of contract with the PCT to ensure patients are involved in practice-level developments.

In addition, a draft strategy for patient and community involvement has been developed and signed up to by the executive team. Patients are currently being engaged with to ensure it accurately reflects their views on how we should involve patients. As part of the strategy the Calibre Community and Patient Partnership Group (CPPG) has been introduced with the remit of ensuring involvement in commissioning decisions made by Leeds North CCG.

Our priorities for 2012/2013
The Calibre executive team has agreed four key priorities for the next financial year. They are to:

- Develop a clear organisational plan that enables Leeds North CCGs to exceed the minimum requirements and become a high performing authorised public body;
- Fulfill Leeds North CCG's duties as a sub-committee of NHS Airedale, Bradford and Leeds;
- Promote and encourage clinical leadership, ensuring that there is support for clinicians to develop their skills and clinical input into all aspects of Leeds North CCG's work; and
- Contribute to the development and roll-out of integrated health and social care teams within the Leeds North CCG boundary and be an active partner in this work at city-wide level.

Clinical workstreams
Within these priorities are a number of additional key clinical workstreams:

- improving prescribing activity;
- reducing health inequalities;
- making urgent care better;
- improving stroke care; and
- ensuring better end of life care.

Each workstream has a GP clinical lead who is supported by a team with a wide range of skills and experience.

Leeds West Clinical Commissioning Group (H3Plus) – Dr Gordon Sinclair

Leeds West CCG covers a geographical area to the west and south west of Leeds which includes the local authority wards of Guiseley and Rawdon, Horsforth, Calverley and Farsley, Bramley and Stanningley, Kirkstall, Weetwood, Headingley, Hyde Park and Woodhouse, Armley, Pudsey, Farnley and Wortley, Morley North, Morley South, Ardsley and Robin Hood.

There are 38 practices covering a population of around 357,000 people. The data that Leeds West CCG already hold shows that life expectancy gap between men in the most affluent areas and those in the middle super output areas (MSOA) is 13 years. It also has a large (50,000+) student population. The statistics show that there is increasing longevity in this area, but also increasing prevalence of long term conditions and a high prevalence of dementia.

The vision for Leeds West CCG is to enable people to live longer and live healthier, and that means that the CCG will focus on both people's health and their wellbeing.

Leeds West CCG has adopted the values of the NHS Constitution which are:

- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everyone counts

Local priorities

Leeds West CCG is working to identify its local priorities through the experiences of its clinicians, through public health and through risk stratification. However, these will include:

- our involvement in developing and rolling out integrated health and social care teams in the Leeds West CCG area, and city-wide
- improving prescribing
- developing sexual health services
- improving management of bowel, breast and diabetes screening within primary care
- improving urgent care
- ensuing better end of life care
- a Quality Framework for Primary Care structured around the core principles of patient safety, clinical effectiveness and patient experience.
- working with Clinicians to reduce variation in Practice and improve standards of care

Other work is through the Leeds Health and Social Care Transformation Board Programme work on clinical values work stream, for example:

- MSK Pathway redesign
- referral Management
- structured follow up in secondary care

Involving patients and the public

We are committed to involving patients and the public in our work and will ensure that commissioning decisions must be a patient-clinician partnership with stakeholder involvement. We are currently engaging with our patient and public advisory group about our draft patient and public involvement strategy, and their role of patient scrutiny in Leeds West CCG. We have supported our member practices to establish patient reference groups. These groups will be at the heart of every GP practice and it is our intention to engage with them to inform our commissioning strategy and gather patient experience information.

We are working with our colleagues in the other Leeds CCGs to understand existing patient involvement groups in Leeds so that we can avoid duplication. We want our patients to be involved through practice patient groups, and other local groups, and commissioning groups.

To date we have engaged with patients and the public on redesigning the clinical pathways for the muscloskeletal and diabetes services.

7 AUTHORISATION

By April 2013, subject to the approval of the Health and Social Care Bill, the whole of England will need to be covered by established CCGs. Each will either have been authorised to take on some or all of the commissioning responsibilities for the population it serves or, if it is not yet ready to do so will be established as a shadow CCG – ie a CCG that is legally established but operating only in shadow form, with the NHS CB taking on responsibility for ensuring that its functions can be discharged.

The authorisation process covers the following steps:-

Risk assessment each CCG will have participated in an initial risk assessment of their configuration between October 2011 and December 2011. The process, carried out by SHA clusters, is intended to ensure there is appropriate geographical coverage to enable the CCGs to take on responsibility for commissioning for a population, as well assessing the organisational viability of the CCG and any potential risks.

Development path CCGs are expected to gain experience and continue to build up a track record including taking on increasing responsibility for service re design and delegated budgets.

Application CCGs are required to submit their application to the NHS CB.

Authorisation process – this is built around six domains:-

- A strong clinical and professional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans which continue to deliver the QIPP challenge, in line with national outcome standards and local joint health and wellbeing strategies
- Proper constitutional and governance arrangements, with the capacity and capability for CCGs to deliver all their duties and responsibilities as well as effectively commission all the services for which they are responsible
- Collaborative arrangements for commissioning with other CCGs, local authorities and the NHAS Commissioning Board
- Great leaders who individually and collectively can make a real difference.

The authorisation process will include the following steps:

Submission of evidence - to demonstrate capability across each of the domains eg commissioning plans, constitution, organisational development plan, personal development plans for leaders etc.

Technical assessment of plan - by NHS CB.

360 degree assessment - of how CCGs are working with partners, including the shadow health and well being boards and clinical senates.

Annual assessment - once authorised the CCG is subject to an annual assessment.

CCGs could be established from October 2012, (or potentially earlier, depending on the date at which the NHS CB comes into being) if they were seen as having the potential to put in place a robust organisation and meet the minimum requirements.

This would allow CCGs to operate as a statutory body, sign contracts and take on formal employment of staff. They would not however be able to take on commissioning responsibilities independent of their PCT Cluster until 1 April 2013.

Further detail of the authorisation process is expected in early 2012.

In addition, the NHS CB is developing a Commissioning Outcomes framework to provide transparency and accountability about the quality of services that clinical commissioning groups commission for their patients and progress in reducing inequalities.

Authorisation process: Domain 2 Meaningful engagement with patients, their carers and communities.

As part of the Authorisation process, CCGs will be expected to evidence that they are meeting four requirements. These are:

Understand their local population

They will need to:

- complete a profile of the population that looks at communities of interest as well as geographic boundaries;
- establish links in localities in order to ensure user views are represented; and
- use existing engagement resources, e.g community nurses, health visitors, receptionists, community development workers and the local voluntary sector where possible, and make use of joint engagement activities with local partners such as local authorities

Engaging with patients and the public, including disadvantaged groups

They will need to:

- have plans are in place to ensure that they can effectively engage with and gather insight from patients and the public, including disadvantaged groups;
- have a comprehensive range of mechanisms in place to secure this engagement and respond to the views raised - working in partnership with other agencies (e.g. local authority or voluntary/charitable sector groups);
- ensure that patient experience and feedback from patients, carers and other stakeholders is measured and analysed effectively, and is used to influence decision making;
- that mechanisms are in place for involving patients and their representatives in the redesign of pathways; and
- commissioning arrangements ensure that providers involve patients in decisions about their own care, and support them in making choices about where, when and how they are treated.

Using engagement in commissioning decisions

They will need to show**:**

- plans that describe how CCG will engage patients and public through the commissioning cycle and in major commissioning decisions
- that communications processes are in place to describe how the views of the local population and patients have been responded to
- that there is a clear approach to engaging patients, and the public in prioritisation, service change, and strategy and as appropriate, an integrated approach to engagement in the management of any service or multi-organisational change; and
- governance arrangements set out how they will deliver local accountability.

Collecting and sharing information with patients and the public

They will need to show:

- how they organise and use information from other organisations to feed into commissioning;
- how they publish outcomes data (including outcomes of engagement; and how they process feedback and create intelligence that can be used to inform commissioning decisions
- that patients and the public understand how to contact and engage with the CCG, including how to complain where appropriate and raise issues of concern; and that
- patients and the public have access to appropriate information on conditions, treatment,

available services, safety, access, effectiveness and experience, and that information is available in a range of appropriate formats.

As they develop their organisational plans, CCGs will be building and collating evidence to demonstrate how they are involving patients and the public.

Where we are now

Staff from the primary care trust's communications and engagement team are currently aligned to each CCG and are working with the commissioning staff and CCG staff to develop the communications and PPI strategy for the CCGs. They are working together to ensure that there is a citywide approach to involvement and engagement, but with the flexibility to build in local, targeted engagement.

Information, data and contact details gathered by the primary care trust over the last few years will all be available for the clinical commissioning groups to use when developing their plans to involve patients and the public in their commissioning plans.

The CCG leads will become increasingly more involved with commissioning throughout 2012. As a result, they will become more engaged with the Scrutiny Board about service development proposals.

The CCGs are also working together to ensure that process and arrangements that the primary care trust has in place to engage with the Scrutiny Board about service change and patient and public involvement are maintained as the transition takes place.

In addition to this, each of the clinical commissioning groups and individual GP practices will have their own way of involving patients in developing local services. These groups are still being developed but people can get involved by speaking to their GP practice.

8 HEALTHWATCH

The Government wants to ensure that patients and communities will play even more of an active part in shaping local healthcare services. To do this, local HealthWatch groups will be introduced around the country by developing the role of existing LINks (Local Involvement Networks). They will provide a collective voice for patients and carers and advise the new clinical commissioning groups 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. This includes making sure that all patients have good access to services that are of high quality.

A local HealthWatch is being set up in Leeds to take this forward. It is one of 75 groups nationally to be developed in advance of the national body, HealthWatch England, being established in October 2012. Clinical commissioning group representatives will be formally meeting with the existing LINk in January. Primary care trust staff have an ongoing relationship with LINk and are part of the group developing the local HealthWatch.

HealthWatch England will bring together the collective views of the people who use NHS and adult social care services to influence national policy, advice and guidance. It will be part of the Care Quality Commission which has a responsibility for driving up standards of care by monitoring the organisations nationally that provide health and social care.

The clinical commissioning groups will ensure that they involve and consult with Leeds HealthWatch about their commissioning intentions.