

# NHS Erewash CCG

- Who are we?
- Our commissioning intentions 2020
- Working in partnership
- Equality and inclusion – supporting our objectives

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# Who are we? What do we do?

## Who?

- Erewash CCG covers the borough of Erewash (except West Hallam)
- Dr Avi Bhatia is Clinical Chair and Leader
- Rakesh Marwaha is Chief Officer
- Board made up of clinicians, lay people and managers

## What?

- Buy services from hospitals, clinics and community/other services for Erewash patients
- We do not buy GP services

# Must Do

- Meet targets
- Save money
- Improve quality

# What have we done and where do we need to be



2011

Where have we come from?

- Asked what the important Health issues were for YOU to inform the current Erewash CCG Strategic Priorities through:
  - ✓ Patient and Public Groups
  - ✓ Patient and Public Involvement Stakeholder events/World Cafés

- Listening to our stakeholders.
- Reviewing the new Joint Strategic Needs Assessments
- Benchmarking our current performance e.g. clinical outcomes, NHS Constitution

Where are we now?

What do we want to achieve?

- Deliver Better Care, Better Health and Better Value for Erewash, by engaging with our stakeholders to develop the current plan to 2020

- Plan to 2020
- Renewed focus on your existing and new priorities

How will we get there?

2020

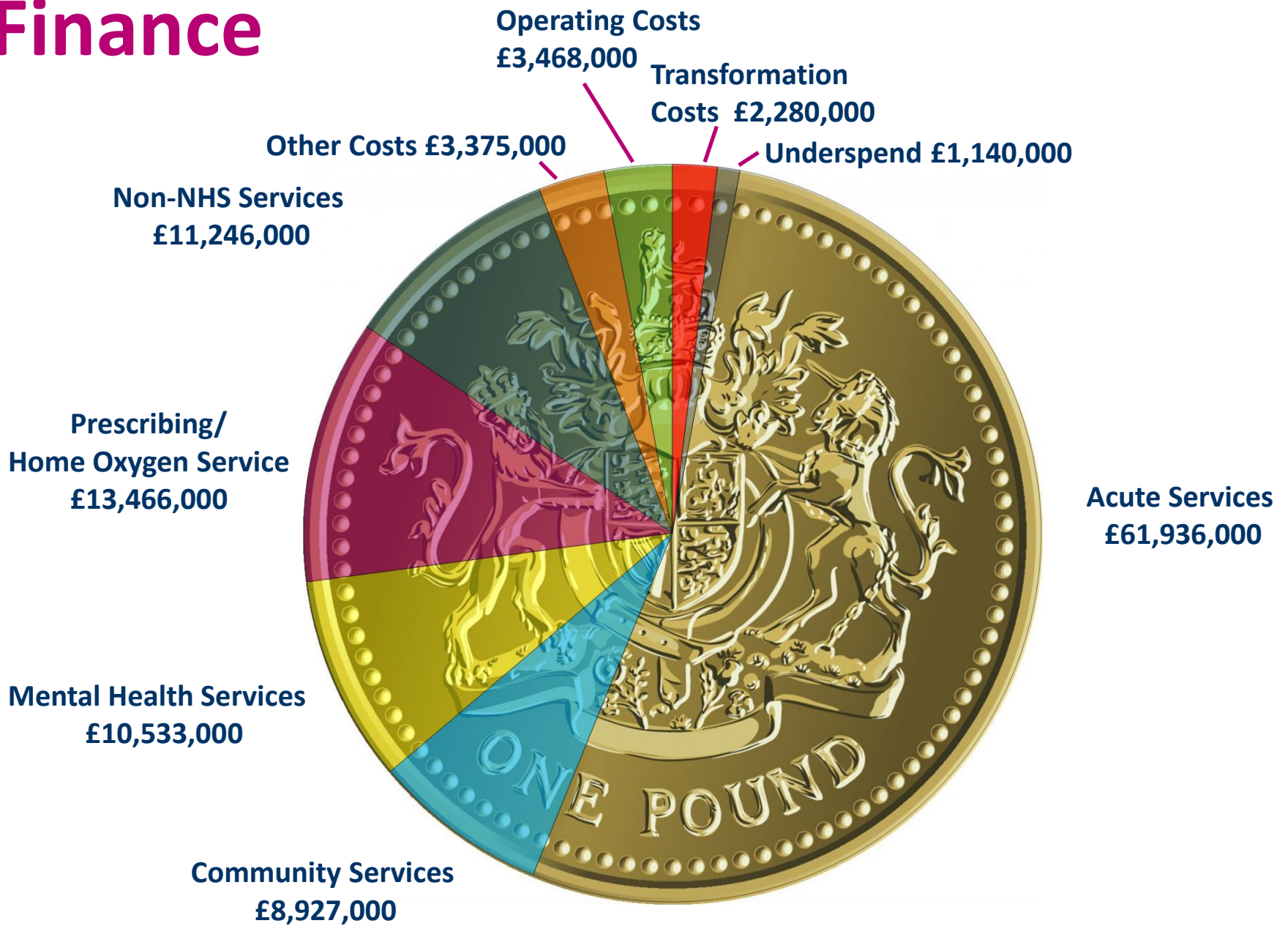
# Where have we spent the money?

## — New patient schemes since 2011:



- Atrial Fibrillation (avoiding strokes)
- Single Point of Access (supporting you at home)
- 24 hour blood pressure machines
- Better prescribing for patients
- GP support to care homes
- Self management plans with GPs
- 7-Day GP Winter Working Pilot
- Joined up care (more clinicians)
- Extra psychological therapy access
- Children's services – more to do

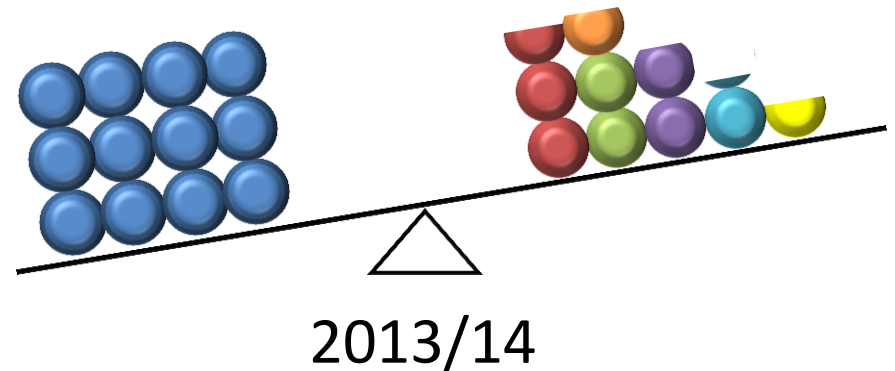


# Finance

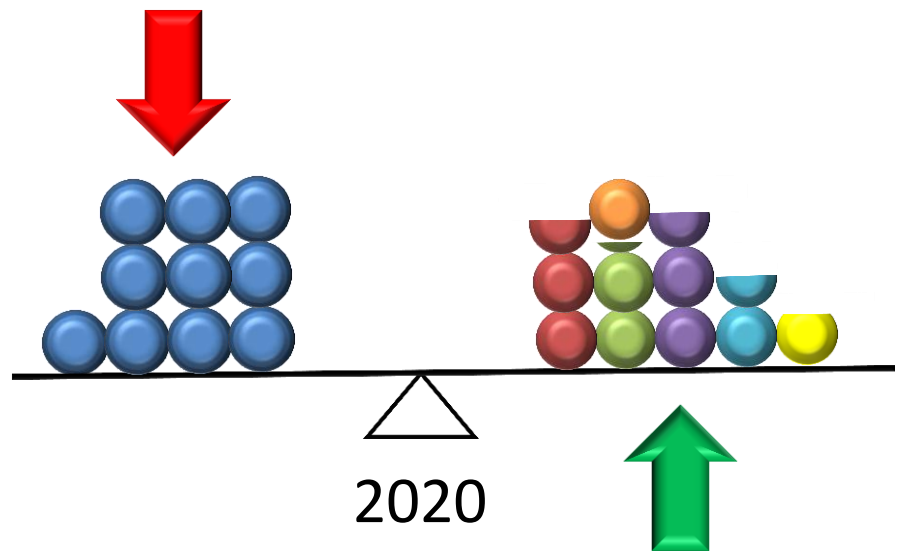


# Going forward, investing our resources in a new way – addressing the imbalance

-  Hospital services
-  Prescribing (medicines)
-  Mental Health services
-  Community / Rehab services
-  NHS Continuing Healthcare
-  GP services (that NHS Erewash buys\*)
-  Other



**Shifting investment from secondary care to primary and community services, with more integrated services**



\* Note, NHS England buys GP services and the money for those services is not shown in this diagram.

# Our existing 7 strategic priorities - what will we achieve by 2020

Strategic Priority	What will this mean for patients by 2020?
1 - Improving the Quality of Primary Care	<ul style="list-style-type: none"><li>• More services available in GP practices across 7 days</li><li>• Patients are consistently happy with the services they receive</li><li>• Better access to services in the community</li></ul>
2 - Improving the Mental Health of the population and Dementia services	<ul style="list-style-type: none"><li>• Less people will need to be admitted to hospital</li><li>• There will be more choices for care and treatment closer to home</li><li>• There will be more support for people with mental health conditions and learning disabilities across 7 days</li></ul>
3 - Providing the best start in life: Improving outcomes for Children	<ul style="list-style-type: none"><li>• Children's services will be “joined-up” with a team organised around the needs of the child – health, education, voluntary sector etc.</li><li>• School nursing will play a key part in ensuring children have healthy lifestyles</li><li>• Children will have more access to emotional well-being programmes to help with mental health and behavioural issues</li></ul>



## Our existing 7 strategic priorities - what will we achieve by 2020

Strategic Priority	What will this mean for patients by 2020?
4 - Reducing inequalities across the CCG population	<ul style="list-style-type: none"><li>• Less patients will be admitted to hospital in an unplanned way</li><li>• More “easy access” clinics will be available to help stop people being admitted to hospital when they could be cared for elsewhere</li><li>• There will be less people with alcohol related liver disease</li><li>• More people will be routinely screened for cancer and appropriate treatments started earlier</li></ul>
5 - Integration of Care – Focusing on older and frail people	<ul style="list-style-type: none"><li>• More people will be able to stay at home and live independent lives</li><li>• Health care, social care and voluntary sector agencies will work around the person as a team</li></ul>
6 - Supporting People with Long Term Conditions	<ul style="list-style-type: none"><li>• More people will take responsibility for their own health focusing on prevention</li><li>• New ways of helping people manage their condition will be available – health coaching, technology solutions</li><li>• More services will be available in the community</li></ul>
7 - Improving End of Life Care	<ul style="list-style-type: none"><li>• More people will be given the choice of dying in their preferred place of care with the necessary support</li><li>• More community care packages will be available to help keep people in their own home, where they choose</li></ul>



Erewash Clinical Commissioning Group

# Working in Partnership

# Integration

## — Definition:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

## — New Integration Transformation Fund

# The challenging context

- £157m cuts to Council Budget by 2017/18
- £57m reduction in Adult Care budget over same time period
- Developing proposals which will require formal consultation

# Equality, Inclusion and Human Rights

## Legislative Framework

- **Equality Act 2010**
  - Section 149 – Public Sector Equality Duty (PSED)
- Section 2 and 3 Equality Act 2010 (Specific Duties) Regulations 2011
- Human Rights Act 1998
- **Sections 14P, 14T and 14Z1 Health and Social Care Act 2012**
  - Duty to promote NHS Constitution
  - Duties as to reducing inequalities
  - Duty as to promoting integration

# Equality, Inclusion and Human Rights

## Equality Objectives (1)

- **Erewash CCG has developed and published 5 Equality Objectives in October 2013 for the period 2013 – 2015.**
- **Each of the objectives has a link to key priorities for the CCG.**
  1. To continue to gather useful information on the diversity of the local communities in order to better understand their health needs.
  2. To identify and reduce health inequalities for vulnerable and/or protected groups in the local communities (links and expands on priority 4).

# Equality, Inclusion and Human Rights

## Equality Objectives (2)

3. To continue working with seldom heard groups in the local area and further build good relationships with them.
4. To support the work on integration of care focused on Frail and Older people and to identify the health needs across protected characteristics in relation to access to services and health outcomes (links to priority 5).
5. To ensure work to support people with long term conditions includes consideration of any specific needs which may arise due to a protected characteristic or vulnerability (links to priority 6).

Feedback forms are available to help you shape the future of our local NHS.

Other ways you can feedback and get involved:

- [www.nhserewash.com](http://www.nhserewash.com)
- [enquiries@nhserewash.com](mailto:enquiries@nhserewash.com)
- 0115 931 6172
- Patient Participation Groups