

REPORT TO THE PBC GOVERNANCE COMMITTEE TO BE HELD ON: 14TH July 2010

Enclosure:	(to be completed by CEO office)				
Subject:	Cannock Chase Commissioning Plan 2010-11				
Lead Director:	Mark Powell				
Lead Officer:	Nicky Brooks				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

To present commissioning for 2010-11.

KEY POINTS:

The plan focuses upon delivery of the QIPP agenda (Quality, Improvement, Productivity and Prevention).

CORPORATE OBJECTIVES:

CP3, CP6, CP7, CP7, CP8, CP9, CP10

RESPONSIBLE COMMITTEE:

NAME: N/A

APPROVED at cmte: N/A

Date of Cmte:

IMPLICATIONS:

Legal and/or Risk	N/A
WCC	Objectives 1,2,3,4,7,8 are relevant to the locality commissioning plan.
Patient Safety	All services will be fully compliant with the CQC requirements.
Patient Engagement	As plans are developed locality support via PPGs / District Groups will be identified.
Financial	All plans as they are developed will be fully costed and approval will be sought from the relevant committees.
Sustainability	N/A
PBC	PBC locality Plan
Workforce / Training	N/A

RECOMMENDATIONS / ACTION REQUIRED:

Item No: Enc:

The PBC Governance Committee are asked to approve this commissioning plan.



**CANNOCK CHASE
COMMISSIONING CONSORTIUM**

**LOCALITY PLAN
2010/11**

Introduction

PRACTICE BASED COMMISSIONING (PBC) IS ABOUT ENGAGING PRACTICE STAFF AND OTHER PRIMARY CARE PROFESSIONALS IN THE COMMISSIONING OF SERVICES. THROUGH PBC, FRONT LINE CLINICIANS ARE BEING PROVIDED WITH THE RESOURCES AND SUPPORT TO BECOME MORE INVOLVED IN COMMISSIONING DECISIONS.

The Cannock Chase Commissioning Consortium consists of 28 Practices. Each year the Practices elect a Management Board that consists of up to 12 members. Once elected the Board then elect its Chair and Secretary.

This Commissioning Plan is agreed on behalf of all GP practices and is informed by National policy and PCT priorities. This sets out the areas of focus for the Consortium in 2010/11, and the direction of travel for future years.

Public Health Overview

Cannock Chase Locality covers a population of approximately 128,200. Within this boundary lies Cannock Chase council with a population of approximately 92,900. Cannock Chase Council is ranked 134th most deprived out of 354 local authorities and is the most deprived local authority in Staffordshire (excluding Stoke on Trent). According to the index of multiple deprivation Cannock Chase has twelve areas, which fall, within the most deprived areas in England. These are: Cannock North, Etching Hill and The Heath, Hednesford North, Norton Canes, Cannock East, Cannock North, Cannock South, Cannock West, Hagley and Brereton & Ravenhill. Inequalities in Cannock, which have an impact of health, include:

- In Cannock North ward, 54% of children live in an income deprived family. In England the average figure is 21%.
- Only 15% of the adult working population has reached level 2 numeracy compared to 25% in England and only 39% for literacy compared to 44% for England.

There are some lifestyle choices, which will determine the type of services we will require for the Cannock Chase population. These include:

- Approximately a quarter of the adult population regularly smoke cigarettes
- Only 16% of adults eat the recommended 5 a Day fruit and vegetables
- For the West Midlands (there are no figures available for Cannock Chase) only 39% of people manage to take at least 30 minutes of physical activity 5 days a week
- 28% of the adult population is obese
- Domestic violence is increasing, 2003/04 rates were higher than the national average and were a two fold increase from the previous three years
- There are 700 habitual drug users with only approximately 30% accessing drug treatment services. Seventy percent of these are Hepatitis C positive.
- The under 18 conception rate is second highest in Staffordshire

2010-11 will be a significant year and PBC will need to work with the PCT to help deliver three key overriding tenants of the Operating Framework for the NHS in England 2010-11:

- Improve quality whilst improving productivity, using innovation and prevention to drive and connect them.
- Having local managers and clinicians working together across boundaries to spot the opportunities and manage the change.
- To act now and for the long term

Quality and Improvement, Productivity and Prevention (QIPP)

The NHS is not immune to the national economic climate and faces significant financial challenges. QIPP is a national initiative that aims to focus efforts on key priorities to deliver the financial savings by ensuring we get the best healthcare possible and achieve value for money for each pound spent.

QIPP initiatives by theme:

<p>2. Adult Community Nursing Service: The intention is to combine the current Cannock Intermediate Care Nursing Team and the current Cannock District Nursing Team to form an Adult Community Nursing Service for Cannock Chase.</p> <p>The proposed model will provide a service that is accessible over a seven day per week period / 24-hours per day, delivering a wide range of generalist and specialist nursing skills to meet the diverse needs of the population of Cannock Chase. These services will be provided in conjunction and close liaison with multidisciplinary teams across the primary, secondary, community and social care systems.</p> <p>Measurement of contribution Reduction in hospital admissions (step up) Early facilitated discharge (Step down / excess bed days / delayed discharge)</p> <p>Milestones: Development of model and approval at PBC board, PEC and PBC Governance and Executive Committee Development of Service Specification for PCT Provider Services Commissioning of new service with PCT Provider and review of existing capacity Operational delivery of new service</p>	<p>Completion Timescale</p> <p>30th June 2010</p> <p>15th July 2010</p> <p>16th October 2010</p> <p>1st November 2010</p>
<p>QIPP: To reduce demand on unscheduled secondary care by providing alternatives to A&E To reduce demand on secondary care beds by ensuring patients do not stay in hospital unnecessarily.</p>	
<p>3. End of Life: This service proposes the establishment of a pilot for the provision of 'at home' services to adults moving into the terminal phase of a life limiting condition. It is proposed that this should be achieved by providing targeted interventions in peoples' homes in support of the existing Primary Health Care Teams. These interventions will be aimed at the relief of distress and anxiety for the patient and family, and the provision of basic personal care and support for the patient. It is envisaged that these two dimensions of support will reduce the number of admissions to hospital (especially out of hours) and thereby facilitate an increase in the number of deaths at home.</p> <p>Measurement of contribution: Increase in the number of home deaths (where this is the preferred place of death) – an additional 120 per annum from the 2009 baseline.</p> <p>Timescales: Agree service specification and develop business case Seek PCT Executive approval/Hospice Trustee approval Development of PCT Grant Letter Approval of Grant letter by Hospice and recruitment to commence Development of marketing plans, and existing community staff to formalize pathway Quarterly monitoring meetings Service go-live Service monitored on additional home deaths - total savings shown during length of contract to 31st August 2012</p>	<p>Completion Timescale</p> <p>30th April 2010</p> <p>30th April 2010</p> <p>4th May 2010</p> <p>11th May 2010</p> <p>31st August 2010</p> <p>31st August 2010</p> <p>1st September 2010</p>

<p>QIPP: To reduce demand on unscheduled secondary care by providing alternatives to A&E To reduce demand on secondary care beds by ensuring patients do not stay in hospital unnecessarily.</p>	
<p>4. Improved Primary Care Support to Nursing Residential Homes</p> <p>To develop and implement models of care to enable GPs / community to manage patients in nursing / residential homes in order to reduce demand on secondary care.</p> <p>Measurement of contribution: Reduction in hospital admissions (step up) Reduction in A&E attendance Early facilitated discharge (Step down / excess bed days / delayed discharge)</p> <p>Milestones: Review of existing Nursing Home LES Complete baseline monitoring by individual nursing homes for non elective admissions Offer revised Nursing Home LES to GP practices Review other models of Nursing / Residential Homes GP / Community cove e.g. Waters Edge Review of potential schemes such as medicines management, case management and single point of access</p>	<p>Completion Timescale</p> <p>30th June 2010</p> <p>30th May 2010 31st July 2010</p> <p>9th July 2010</p> <p>9th July 2010</p>
<p>QIPP: to Reduce demand on scheduled secondary care by managing patients in primary care where appropriate and ensuring best practice is followed.</p>	
<p>5. Development and Implementation of evidence based and cost effective pathways with Mid Staffordshire NHS foundation Trust</p> <p>To develop evidence based pathways for the Mid Staffs health economy around the following specialities: Menorrhagia Ophthalmology Dermatology Urology</p> <p>Measurement of contribution: Completion of pathways Reduction in New outpatient appointments Reduction in Follow up outpatient appointments</p> <p>Milestones: Clinicians to develop draft pathway Share draft pathway with consortia Implement revised pathway Monitor adherence</p>	<p>Completion Timescale</p> <p>To be arranged To be arranged To be arranged To be arranged</p>

The Public Health Commissioning Plan has been updated and brings together the Consortiums Choosing Health Plan and a number of specific sections that focuses on primary prevention / lifestyle modification. These new areas contribute to the delivery of the PCT LDP 2009 /10 priority area of Lifestyle Modification.

The overall purpose of the Plan will remain unchanged, this being to detail the priority areas and investment in order to improve health and reduce health inequalities of those individuals, who work and live within the Consortium boundaries. It is intended that the new priorities areas will focus on primary prevention (starts to work downstream) and will complement those activities commissioned through the Consortium's Choosing Health allocations (2007/08 – 2009/10) which have primarily focused on providing support to those with identified health needs often referred to as secondary prevention.

The new Public Health Commissioning Plan has been developed using the following principles:

- This plan is for 3 years, it initially concentrates on 10/11 but recognises the need for a longer term commitment to health improvement and the reduction of Health Inequalities.
- The plan is for commissioning Public Health work programmes, It includes priorities identified in the Choosing Health Commissioning Plan 2008 / 11 including contribution to the West Locality Strategy of Westside Story, the PCT Local Delivery Plan priorities 2009 /10 and contributes to the delivery of the LAA Priorities for Cannock Chase.
- The plan includes proposals for new services, redesign of current services and the potential for decommissioning services in order to meet local need.
- Where appropriate programmes and services have been brought together in order to build on those services that have been proven to make a difference and create integrated service delivery.

The commissioning recommendations are based on bringing together the key findings of a number of needs assessments, high level summary assessments are provided then local need around each of the priority areas and group are identified.

The plan has been developed specifically for this PBC consortium but will also be used to develop the Public Health agenda through partnership working with the relevant Local Authority(s). Health inequalities are addressed throughout the plan by ensuring that interventions are targeted towards communities most in need of health improvement. Wherever possible interventions are evidence-based, or if evidence is not available they are based on best practice. Local flexibility in delivery of the plan is ensured by offering a range of options for commissioning wherever possible

The schemes that have been proposed build on what is currently provided in the area and contribution to the delivery of SSPCT World Class Commissioning priority areas of alcohol related admissions and All age All cause mortality. Furthermore, it provides a focus on the LDP priority areas of physical activity / exercise, health eating with school and families, primary prevention, health promotion and social marketing. It will be delivered in a manner that engages with the local population to create / develop an ethos of self-care. Once there is clarity about the effectiveness of the proposed interventions, services will be commissioned to ensure that they will have an impact on the levels / prevalence of smoking, obesity and related conditions, alcohol misuse through primary and secondary prevention schemes.

Table 2 Provides details of the proposed new schemes and potential levels of investment in 2010/11

Lifestyle modification Programme	Anticipated costs (2010 /11)	Description of intervention
Additional support to Waistline Service (0.5 wte)	£25,000	Linked to Tier 3 Weight Management Programme
Men only adult obesity service (pilots)	£8,000	Linked to Tier 2 Weight Management Programme
Independent research in to retention rates within AWM services	£5,000	Linked to Tier 2 Weight Management Programme
Lets Get Cooking Project in partnership with Schools Food Trust	£50,000	The Schools Food Trust initiative expanded in to the area. Commissioning of an additional 10 primary / junior schools to participate in the scheme
Web based dietary advice support scheme (Walsall model)	unknown	Web based dietary support scheme. Pilot scheme used within Walsall PCT awaiting initial evaluation report. Note: Further research required into most appropriate use of such a service
Structured Exercise Scheme (Exercise on Referral)	To be confirmed	Commissioned recommended exercise scheme introduction delayed due to impact of revised MDU guidance
Community Gym scheme	-----	
Web based (Primary Care) pedometer scheme	£25,000	Provision of 5,000 pedometers accessed /used through a web based support scheme
Promoting physical activity in the community: sponsorship of community events	£20,000	It is proposed that a series of physical activity events are promoted / sponsored by the PBC, including family fun day, Physical activity taster sessions and Walking / jogging / running races. Estimated costs to sponsor, support the promotion and staging of the events is £5,000 per event. It is proposed to commission 4 events per year
Arts and health Schemes – CCDC Extension of Good life Schemes	£15,000	Continue to invest in Arts health and physical activity work stream including the Route to Health and Goodlife schemes.
Walking / cycling for health Pilot	£5,000	Piloting of a sustainable Walking / Cycling for Health physical activity programme in district and a volunteer infra-structure to support its development and delivery
Development of Lets Get Moving physical activity pathway	£20,000	Pilot a localised approach to the Lets Get Moving initiative
Targeted interventions	£20,000	Mass participation events which allow people to get a ‘taste’ for different forms of physical activity and support access into existing delivery. Delivered to individuals and families living in areas of high levels of inactivity: For example: <ul style="list-style-type: none"> • Swimming • Cycling • Dance

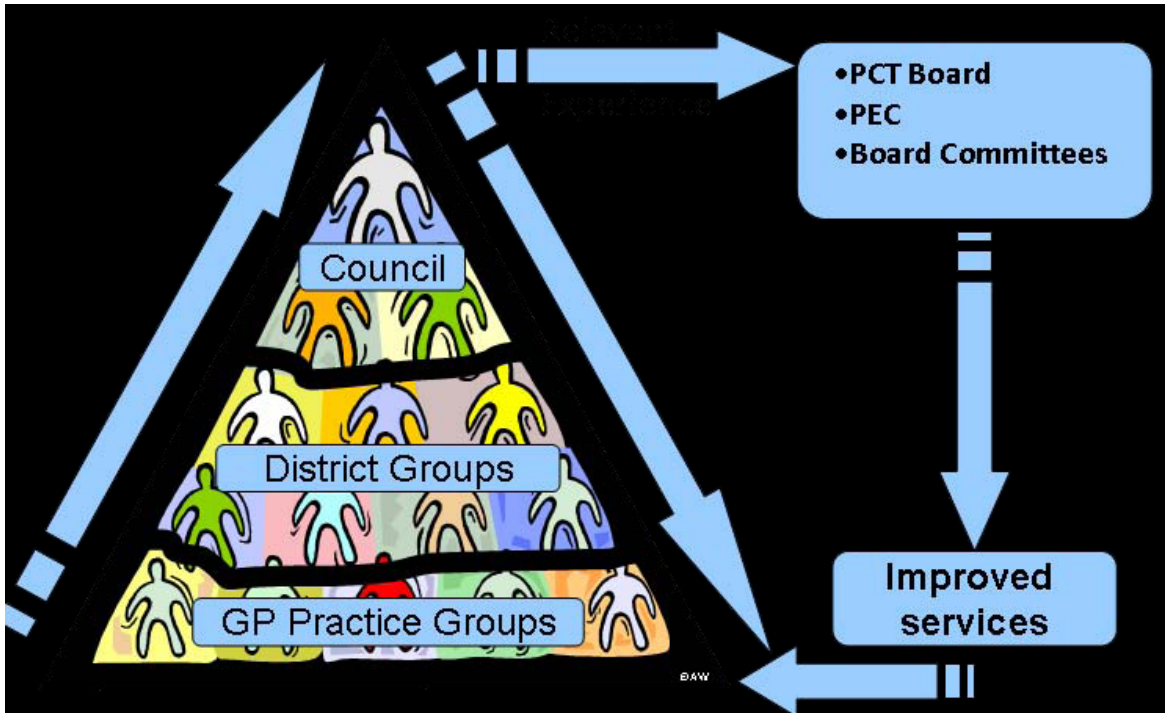
		• Hockey.
Stretch target of 250 smokers from areas of inequalities	£87,500	An additional 250 smokers quitting through the tariff based service
Alcohol, IBA (coordinator)	£10,000	Contribution to the provision of an Alcohol Brief Intervention worker to work with Primary Care for the PCT part share of £50,000 (£10,000). This allocation would be for 2 years subject to evaluation and review.
Subtotal	£275,500	
Smoking Cessation Risk Reserve	£100,000	Due to the introduction of the tariff based Willing provider service

Patient and Public Engagement

As part of World Class Commissioning, PBC has a duty to proactively build continuous and meaningful engagement with the public and patients to shape services and improve health. In response to this the consortia have undertaken a series of actions which are being currently implemented.

In Cannock Chase, the Consortium is actively working with patients and members of the public to establish an effective two-way process of engagement. The Consortium successfully developed the Patient Participation Group LES (PPG LES) in 2009 which extended the remit from patient groups only addressing single GP practice issues to providing a locality support process for commissioners so that local needs can be identified. The number of groups has increased from ten during 2009 to seventeen for 2010-11. A district wide committee of existing PPGs has been established where members from the PPGs meet bi-monthly to receive information from the commissioning consortium about its work plan and priorities for the year ahead, to discuss forward planning discussions and to raised the groups knowledge of commissioning issues for example business planning, financial budgets etc. The district wide committee members also feed information to and from the wider community to ensure that the consortium receives a representative view from patients and members of the public across the locality. The district wide committee also has two representatives who sit on the PCT Patient Council. The Patient Council is a strategic group which discusses items that affect everyone across the PCT. This group also provide learning opportunities by discussing key issues and consistent themes. The process of Patient and Public Engagement is illustrated in Figure 1.

Figure 1- Model of Patient and Public Engagement South Staffordshire PCT



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Cannock Chase Commissioning Consortium

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**Cannock Chase Commissioning Consortium – Management Board Members 2009/10
(to 30/09/10)**

Dr Tim Berriman	Chair and GP Representative, Cannock Town
Dr Anna Onabolu	GP Representative, Heath Hayes, Norton Canes, Gt. Wyrley & Cheslyn Hay
Dr Andi Selvam	GP Representative, Hednesford & Chadsmoor
Dr Mohammed Huda	GP Representative, Rugeley
Dr Paul Ballinger	GP Representative, Cannock Town
Dr V K Singh	GP Representative, Hednesford & Chadsmoor
Dr BK Singh	GP Representative, Heath Hayes, Norton Canes, Gt. Wyrley & Cheslyn Hay
Clive Cropper	Secretary, Practice Manager Representative
Patsi Hemmingsley	Practice Manager Representative
Jacqui Harrison	Practice Manager Representative
Kim Cyster	Practice Manager Representative

Appendix 2

Cannock Chase Commissioning Consortium**List of member GP practices**

Practice	Patient List Size*
<i>Cannock (and surrounding areas)</i>	
Bideford Way Surgery, Cannock	3,438
The Red Lion House Surgery, Cannock	4,097
Hednesford Street Surgery, Cannock	12,254
GP Suite, Cannock Chase Hospital, Cannock	8,712
The Nile Practice, Old Penkridge Road Surgery, Cannock	5,184
Stafford Road Surgery, Cannock	2,350
Newhall Street Surgery, Cannock	2,240
Moss Street Surgery, Chadsmoor	4,984
Chadsmoor Medical Practice, Chadsmoor	4,367
Aung Min Gar Lar Surgery, Hednesford	3,131
Dr M Murugan, Hednesford	2,720
Dr J S Chandra, Hednesford	2,256
Dr V K Singh, Hednesford	2,404
Dr T R K Murty, Hednesford	2,498
The Surgery, Rawnsley Road, Rawnsley	3,631
Dr P K Jalota, Norton Canes	2,975
Norton Canes Health Centre, Norton Canes	3,479
Dr B K Singh, Heath Hayes and Norton Canes	4,161
Dr Y K Gupta and Partners, Heath Hayes & Chase Practice	8,465
<i>Great Wyrley and Cheslyn Hay</i>	
Dr E Wilson, Great Wyrley	3,717
Dr K A Desai, Great Wyrley	2,220
Dr A B Patel, Great Wyrley	2,271
The Medical Centre, Southfield Way, Great Wyrley	3,071
The High Street Surgery, Cheslyn Hay	5,437

The Nile Practice, Cheslyn Hay (branch surgery)

Item No: Enc:
Inc. in Cannock
Practice figures

Rugeley and Armitage

Aelfgar Surgery, Rugeley	4,661
Horsefair Practice and Armitage	11,582
Sandy Lane, Rugeley	9,937
Brereton Surgery, Rugeley	3,905

Total 130,147

(* As at 1st April 2010)