

Clinical Commissioning Groups (CCG) – emerging priorities

Each CCG is expected to develop a “Clear and Credible” Plan (CCP), which is a three year plan outlining the CCGs vision, strategic direction and commissioning intentions. The CCGs need to integrate with wider planning arrangements such as local authority plans and health and well-being strategies.

Appendix 1 summarises the emerging priorities from the CCGs in Lancashire. These priorities have been taken from CCG websites and their recent consultations. However it must be noted that these are early iterations of the plans which will continue to be refined and developed as the CCGs mature as organisations.

The Health and Wellbeing Board will have an important role to play in advising partners who sit on the Board to provide the robust evidence on which to base their future commissioning priorities and to ensure that they align their priorities with the H&W Strategy.

Recommendation

The Health & Wellbeing Board is asked to note the emerging CCG priorities

CCG	Geographical coverage	Priorities	Population	Number of Practices	Commissioning Budget
EAST LANCASHIRE CCG Lead officer & Contact Details: Chairman - Dr Mike Ions	Burnley Pendle Hyndburn Rossendale Ribble Valley (excluding Longridge)	<ul style="list-style-type: none"> • acute (hospital) planned care • children and young people • mental health services • unplanned (urgent) care • community services • getting the best from medicines 	371,073	63	£710 million
LANCASHIRE NORTH CCG Lead officer & Contact Details: Chairman – Dr Alex Gaw Alex.Gaw@gp-Y01008.nhs.uk	Lancaster and Garstang	Plans for first year, 2011/12 include: <ul style="list-style-type: none"> • Improvements to Urgent Care, with better integration of GP and Hospital services • Better community nursing support to avoid unnecessary hospital admissions, or help earlier discharge • Alcohol liaison services, to support patients who otherwise have frequent hospital admissions • Improvement of services for patients who have had a stroke • Improvement in rehabilitation services for patients with Chronic chest problems, to help keep them out of hospital • Design of a community cardiology service • Improvement of Cancer Services • More development of services for patient approaching the End of Life • Better consulted advice services to GPs 	158,843	13	£183 million

CCG	Geographical coverage	Priorities	Population	Number of Practices	Commissioning Budget
		<p>to reduce unnecessary hospital referrals</p> <ul style="list-style-type: none"> • Introduction of a community dermatology service to offer patients more choice • Transfer of more diabetic care to GPs with Consultant support • Work with Lancashire Care Trust to redesign the local services for mental health patient 			
<p>GREATER PRESTON</p> <p>CCG Lead officer & Contact Details:</p> <p>Chairman – Dr Ann Bowman</p>	<p>Preston Longridge Parts of South Ribble including parts of Penwortham, Lostock Hall and Walton-le-Dale</p>	<p>Improving quality (by using evidence-based practice); and Redesigning care pathways (to reduce waste and improve productivity)</p> <p>Ten priority clinical areas for 2011-13:</p> <ul style="list-style-type: none"> • Cancer • Cardiovascular disease • Community services • Dementia • Diabetes • End of life • Medicines management • Orthopaedics • Referral management • Urgent care 	212,000	34	£202 million
<p>CHORLEY & SOUTH RIBBLE</p> <p>CCG Lead officer & Contact</p>	<p>Chorley & South Ribble</p>	<p>Improving quality (by using evidence-based practice); and redesigning care pathways (to reduce waste and improve productivity). Seven priority clinical areas for 2011/13:</p>	170,000	31	£196 million

CCG	Geographical coverage	Priorities	Population	Number of Practices	Commissioning Budget
<p>Details:</p> <p>Chairman - Dr Gora Bangi</p>		<ul style="list-style-type: none"> • Stroke and cardiovascular disease (CVD) • Alcohol • End of life care • Mental health • Dementia • Prescribing • Long term conditions <p>Other key areas of work are:</p> <ul style="list-style-type: none"> • Secondary care • Urgent care • Cancer • Community based care 			
<p>WEST LANCASHIRE</p> <p>CCG Lead officer & Contact Details:</p> <p>Chairman - Dr John Caine</p>	<p>Co-terminous with District Council</p>	<p>Short term priorities (until June 2012)</p> <ul style="list-style-type: none"> • Stroke/TIA (Transient Ischaemic Attack - known as a mini stroke) • Heart failure • Dementia/Mental health (limited number of elements) • Trauma and orthopaedics • Diabetes • Dermatology <p>Medium term priorities – (until March 2013)</p> <ul style="list-style-type: none"> • Southport & Ormskirk NHS Hospitals Trust/Community Services – contracting and service pathway development and 	<p>111,848</p>	<p>23</p>	<p>£120 Million</p>

CCG	Geographical coverage	Priorities	Population	Number of Practices	Commissioning Budget
		<p>redesign</p> <ul style="list-style-type: none"> • Urgent Care including utilisation of Walk in Centre and West Lancashire Health Centre (continued into longer term) • Sexual Health • Medicines Management • Referral Management • Admission Avoidance including elderly frail/care homes <p>Longer term priorities – additional to above – (5 year plan)</p> <ul style="list-style-type: none"> • Cancer • Lifestyle and risk taking behaviours • CVD (cardio vascular disease) • Respiratory health • End of life • Children’s services – linked to LCC children’s priorities and CAMHS (child and adolescent mental health services) • Other long term conditions 			
<p>FYLDE & WYRE</p> <p>CCG Lead officer & Contact Details:</p> <p>Chairman - Dr Tony Naughton</p>	<p>Fylde and Wyre excluding Garstang</p>	<p>1. Supporting people with long-term health conditions. This includes:</p> <ul style="list-style-type: none"> • Developing a more socio-medical model of care (i.e. where social and environmental factors are considered as well as medical ones) • Reducing hospital admissions 	<p>251,707</p>	<p>21</p>	<p>£233 million</p>

CCG	Geographical coverage	Priorities	Population	Number of Practices	Commissioning Budget
		<ul style="list-style-type: none"> • Reducing cancer deaths • Improving outcomes for people who have had a stroke • Improving diabetes services <p>2. Preventing ill health. This includes:</p> <ul style="list-style-type: none"> • Ensuring a better start in life for children • Reducing the number of children who are obese • Reducing the number of mothers who smoke <p>3. Delivering safe, quality services. This includes:</p> <ul style="list-style-type: none"> • Improving urgent care services • Providing better care at home and in the community for at-risk patients • Improving access to a GP • Ensuring equality of access and choice to patients undergoing planned procedures • Improving mental health and dementia services • Improving end of life care, with more choice and better information for patients and carers 			