

# **Castle Point & Rochford Clinical Commissioning Group**

## **“Authorisation & Commissioning Plans”**

### **Presentation to Shadow Health & Well Being Board**

**Dr Sunil Gupta**  
**Clinical Accountable Officer**  
**Sept 2012**

# Outline of Presentation

- CCG Geography
- JSNA Outputs by Localities
- Our Executive Team & Organisational Structure
- CCG Vision and Commissioning Priorities
- QIPP Challenge
- Key Challenges Ahead

# Geography



# Rayleigh and Rochford Locality

## Joint Service Needs Assessment

- The health of people in Rochford area is generally better than the England average. Deprivation is lower than average, however 1,795 children live in poverty. Life expectancy for both men and women is higher than the England average.
- Life expectancy is 3.9 years lower for men in the most deprived areas of Rochford than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).
- Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average.
- About 15.0% of Year 6 children are classified as obese. A lower percentage than average of pupils spends at least three hours each week on school sport.
- 71.4% of mothers initiate breast feeding and 15.0% of expectant mothers smoke during pregnancy. An estimated 12.1% of adults smoke and 25.4% are obese. There were 1,760 hospital stays for alcohol related harm in 2009/10 and there are 129 deaths from smoking each year.

# Castle Point Locality:

## Joint Service Needs Assessment

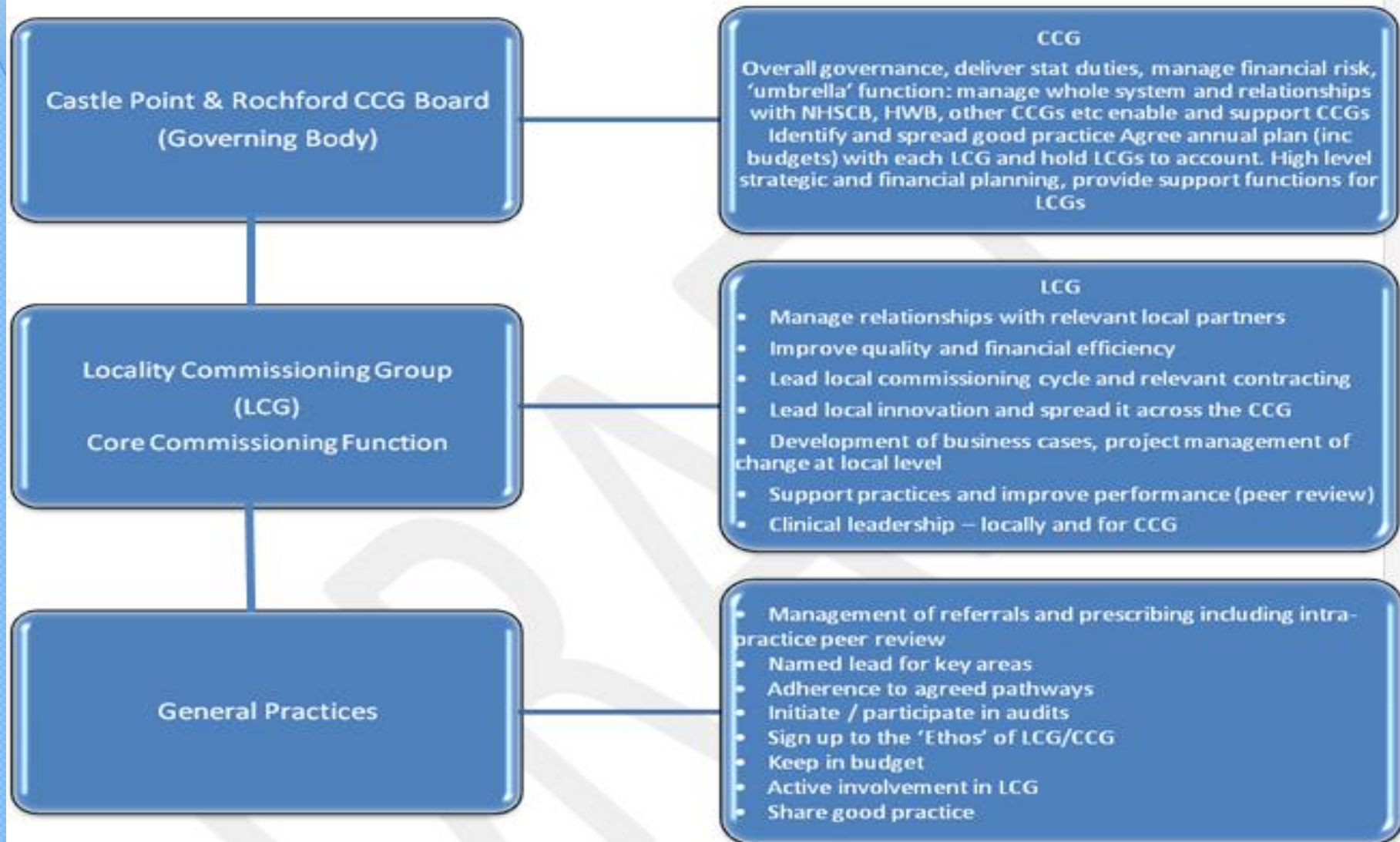
- Castle Point & Rochford CCG has a population of c. 162,000 across the localities of Castle Point and Rayleigh & Rochford.
- The health of people in Castle Point is generally similar to the England average. However, diet-related indicators are worse than average: fewer people eat healthily and more are obese and have diabetes.
- There are health inequalities within Castle Point. Men in the least deprived areas can expect to live 5 and a half years longer than men in the most deprived areas. Overall, men's life expectancy in castle Point is better than the average while women's life expectancy is similar to the England figure.
- Early death rates from heart disease and stroke and men's deaths from all causes seem to be improving faster than the England average and are well below the England rate. Early deaths from cancer and women's deaths from all causes are tracking the England trend very closely.
- Fewer children than average live in poverty; however, children's health is mostly close to the England average
- Teenage pregnancy and dental health in children are significantly better than the average

# Our Executive Team

Dr Mike Saad	Governing Body Chair
Dr Sunil Gupta	Clinical Accountable Officer
Steve Downing	Interim Chief Finance Officer
Kevin Mckenny	Interim Chief Operating Officer
Tricia D'orsi	Executive Nurse
Rob Peters	Lay Member (Governance)
Gill Hind	Lay Member (Patient & Public Engagement)
Emily Hughes	Senior Commissioning Manager
Dr Steve Taylor	GP Board Member
Dr Kashif Siddiqui	GP Board Member
Dr Roger Gardiner	GP Board Member
Dr Mahesh Kamdar	GP Board Member
<i>To be appointed</i>	Secondary care Doctor
Dr Danny Showell	Consultant in Public Health



# CCG Organisational Structure



# CCG Engagement Priorities

- Joint Working with other CCGs
- Joint Working with Public Health
- Developing Relationship with Local Authority
- Patient and Public Engagement
- Clinical Engagement
- Commissioning Support



# CP&R CCG - *Vision*

- *“Enable the people of Castle Point and Rayleigh Rochford localities to live longer, healthier and with improved quality of life through commissioning high quality health related services sensitive to local needs, putting the patient and family at the centre of their care”.*

# CP&R CCG Priorities

- Closing the **gap of health inequalities** between the most and least deprived.
- Improving the general **mental health and well-being** of the population.
- **Preventing** the causes of ill health and unnecessary illness.
- Providing **services to cope with an ageing population** to ensure there is increased choice and services available for end of life care and people with long term conditions, including dementia.
- **Improving quality and safety** of services to enhance patient experience and patient satisfaction.
- Ensuring that **resources are used more productively** and that actions are taken to release funding that can be used to invest in the priority areas above.
- To **develop commissioners' capabilities** to ensure high quality services for the population of their area within available resources.
- To develop **integrated approaches for vulnerable children and young people** through a joint commissioning approach
- **Ensuring Safeguarding** across adult and children's services remains a priority as organisational reform is implemented

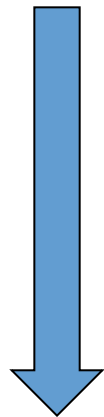
# CP&R CCG QIPP CHALLENGE 12/13

- CP&R has a total budget of £189,121k
- Expected spend based on historic activity is £194,855k
- This leaves a financial gap of £5,734k
- The overall QIPP target for CP&R CCG is £ 7,234k. This allows for a 70% expected delivery of major schemes (as per historic achievement)

# CP&R CCG QIPP Schemes

- CP&R QIPP planning has been focussed on areas that the CCG can most influence.

*Greatest Influence*



- Prescribing
- Outpatient Referrals
- Unplanned Care (A&E, emergency admissions)
- Planned Care (Elective care – inpatient, procedures)

*Lesser Influence*

# Unplanned Care - QIPP Target

## £3,603k

- **Admission Avoidance**
  - A&E Filter
  - Admission Avoidance Car
- **Frail Elderly**
  - Community Geriatrician & Community MDT
  - Single Point of Referral (SPOR)
  - Intermediate Care Beds (capacity review)
  - Case finding and Practice Level MDTs
  - Non Elective Peer Review



# **Key High Level Challenges facing CCG**

1. **Get authorised**
2. **Financial Balance**
3. **Improve and maintain focus on quality of care provided to patients.**
4. **Become a highly competent commissioning organisation.**



# Specific Challenges Ahead

1. Maintaining strong clinical focus
2. Developing and communicating a clear vision
3. Delivering inclusion of patients, public and communities in all CCG business
4. Developing a 'track record of delivery' in the short period to authorisation
5. Properly constituted with the right governance in place
6. Processes in place to commission effectively for all the services for which responsible
7. Develop robust operating arrangements with neighbouring CCGs in order to commission across wider geographies



*Thank you.....*

*Any Questions*