



Executive Summary



Message from the Chair

Welcome to Rotherham CCG's first Single Integrated Plan which sets out our three year plan for the commissioning of health services for the people of Rotherham. The plan is based on significant dialogue with local people and representative groups, and detailed discussions with our partners and local service providers. It is consistent with the priorities of the Rotherham Health and Wellbeing Board and NHS South Yorkshire and Bassetlaw.

A key driver for change is our ageing population and the numbers of people with chronic medical conditions. We need to redirect our focus from the current emphasis on acute and episodic care in hospitals towards prevention, self-care and proactive management in the community using all the resources across the health and social care community. Central to this transformation is giving local people the information and support they need to make the right choices for their own wellbeing – this is about *Your Life, and Your Health*.

We will focus on improvements in primary and community care, planned care, giving children the best start in life, the management of long term conditions, services for those in need of urgent care, continuing (long-term) care, the needs of those with mental health problems or learning disabilities and care at the end of life. We are introducing information systems to allow us to focus the full resources of the health and social care system upon those individuals at greatest level of need.

We know that the significant changes and improvements we are planning to deliver can only be achieved in partnership and we will continue to strengthen and develop these partnerships working across health and social care to meet the health needs of our community.



David Tooth Chair Rotherham CCG



John Gomersall Vice-chair Rotherham CCG



Chris Edwards Chief Operating Officer Rotherham CCG

Who are Rotherham Clinical Commissioning Group and what do they do?

Rotherham Clinical Commissioning Group (CCG) spends £338 million a year to improve the health of people in Rotherham and to provide safe, high quality health services. The CCG is responsible for commissioning community health services, hospital health services, health aspects of social and continuing care, GP prescribing and GP out of hours services that Rotherham people use.

The CCG was established in January 2011 and is led by local GPs who have day to day knowledge of the health problems that Rotherham residents face. Eight GPs lead the **Strategic Clinical Executive** which is responsible for producing clear and credible plans to improve health and health services and leading their delivery. A further eight GPs sit on the **GP Reference Group**. This is responsible for two way communication and engagement between the CCG and all 150 GPs in Rotherham. Every Rotherham General Practice is a member of the CCG. CCG decisions are made by the **CCG Committee**. This is currently accountable to the Department of Health through **NHS South Yorkshire and Bassetlaw** Board. If the current Health Bill is passed by Parliament the CCG will apply to be authorised as a statutory body before April 2013. The CCG Committee will become the **CCG Board** whose membership will include lay members, GPs, senior managers, a nurse, a hospital consultant and Rotherham's Director of Public Health.

The CCG will be supported by a small team of managers who work directly for the CCG. Further support for the CCG clinicians will be provided by **South Yorkshire and Bassetlaw Commissioning Support Services** who will also support four other CCG's in South Yorkshire.

Our Vision for Rotherham CCG

'Your Life, Your Health' - A dynamic, clinically led commissioning organisation committed to the efficient delivery of high quality care and to responding to the challenges set by the new health system. Patients and carers are at the heart of our business as we deliver safe, seamless patient-centred care, as close to patients' homes as possible. Supported by a competent and experienced management team and working in partnership with high achieving local organisations to improve the quality and experience of health care for Rotherham people.

Our Vision for improved health and health services in Rotherham

"Your Life, Your Health" – Rotherham CCG will work with partners to help deliver key priorities identified by Rotherham's Community Strategy:

- The best start in life
- Supporting the most vulnerable communities
- Supporting and sustaining the growth of the local economy

We will improve communication with the public including communicating the costs of health services and the efficiency challenges the health service faces.

We will transform the way health services are delivered, by:

- Preventing as many health problems as possible
- Helping patients to take more control over their health and the management of their health problems and supporting their carers
- Transforming the case management of 8000 people with long term conditions
- Improving the quality and efficiency of the use of diagnostic tests, medicines and referrals for specialist care
- Making sure patients with urgent needs get the right care at the right time, with better assessments and more alternatives to hospital admission. This will mean less people in hospital beds and more people being cared for in the community

Transformation is necessary if we are to continue to deliver a change for better health for the people of Rotherham now that the era of increasing NHS spending has come to an end.

In **everything** we do we believe in:

- Clinical leadership
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

CCG Values

Our four key priorities are:

CCG Corporate Priorities

- **Delivery** making sure services are safe, improving outcomes and quality, ensuring vulnerable people have effective safeguarding and meeting our financial targets
- Improving GP quality and efficiency achieving consistent improvements in primary care in partnership with NHS South Yorkshire and Bassetlaw
- Commissioning for quality and efficiency leading system wide efficiency programmes
- **Transition** achieving full accreditation by April 2013, ensuring safe transition of PCT responsibilities to successor organisations and developing strong relationships with existing and new agencies in Rotherham

What challenges does the health service in Rotherham face?

Rotherham is fortunate in that overall it has good quality health services but we need to overcome significant challenges to continue to improve the quality of services.

- NHS Efficiency requirements. Health service funding is expected to rise in line with inflation but demands on health services rise much faster than this. Nationally the NHS has to produce £20 billion of efficiency savings over the next three years to be able to continue to afford new treatments, meet the health needs of an aging population and rising public expectations. Rotherham's share of this efficiency challenge is £74.9 million. This is a dramatic change from the situation up to 2010 when the NHS was fortunate to receive year on year real increases in funding.
- Impact of the economic downturn. The NHS is not alone in having efficiency challenges. Partners such as Rotherham Metropolitan Borough Council, the voluntary sector and health service providers also have severe financial challenges and we will work closely with them so we understand the impacts we have on each other.
- NHS reorganisation. The CCG is one of several new NHS organisations being set up as part of the NHS Reforms at the same time as NHS management costs reduce by up to 50%. The overall aims of the health reform are to make the NHS more accountable to patients, reducing management costs to free up resources to invest in front line staff and to focus on clinical outcomes rather than management targets.

Our partners

As well as CCG funding the NHS spends an additional £130 million a year on health in Rotherham. This includes spending on public health which will become the responsibility of **Rotherham Metropolitan Borough Council** and on specialist services and primary health (such as GPs, dentists, pharmacist and opticians) which is the responsibility of the **NHS Commissioning Board**.

Overall health strategy in Rotherham is led by the **Health and Wellbeing Board**. This is led by **Rotherham Metropolitan Borough Council** and members include key agencies in Rotherham including the **voluntary sector**. The Health and Wellbeing Board is responsible for assessing the needs of the people of Rotherham by producing a Joint Strategic Needs Assessment and for producing Rotherham's Health and Wellbeing Strategy.

Rotherham CCG commissions health services from a wide range of providers such as The Rotherham NHS Foundation Trust (community care and hospital care), Rotherham Doncaster and South Humber NHS Foundation Trust (mental health and learning disability services), Care UK (Walk in centre, GP Out of Hours service and diagnostics), The Rotherham Hospice (end of life care services) and a range of continuing care providers. We will work with providers to improve the quality of their individual services and to make sure that all services are co-ordinated with each other and with services from GPs and RMBC.

Vision

'Your Life, Your Health'

	Conoral Practico	Planned Care
	 Enhanced GP case management of 8500 peop population. Social prescribing scheme with vol Transforming unscheduled care. Efficient acce admissions in 2012. NHS 111 & redesign of Wa 	 Planned Care Better care pathways and GP-consultant communication reducing growth in hospital referrals and subsequent treatments Reducing outpatient follow-ups towards national average follow-up ratios More efficient blood tests (3.3% reduction) In 2012/13 we will deliver £3.1m of efficiency savings by keeping elective growth to 1.1% from 2010/11 and reducing follow ups by 5.8%. Care Efficiencies Ie with LTCs in practices covering 87% of the Rotherham untary sector giving alternatives to medical model ess and rapid assessments as alternatives to hospital lik in Centre, GP Out of hours and A&E in 2013. d community care services and intermediate care
Strategic Aims• Care pathway reviews starting with 5 adult and 3 children In 2012/13 we will deliver £4.8m efficiency savings by reducin 2010/11 levels.		
	 Mental Health & Learning Disabilities Commission for outcomes through Payment by Results (PBR) Improved pathways including dementia and autism and pathways for psychological therapies Better mental health for children and young people 	 End Of Life Care Improve services and choice for end of life care New community end of life palliative care team leading to more efficient use of hospital and hospice beds and more choice for end of life patients and carers
	In 2012/13 we will increase the proportion of people with depression receiving psychological therapies from 13% to 15%	In 2012/13 we will increase the number of people who die in their usual own home or care home from 40% to 45%.
	Quality Assurance: 37 GP visits, 7 acute hospital clinical visits & 5 mental health visits. Monthly contract assurance on patient experience, safety and outcomes. Ongoing monitoring of complaints and incidents.	Effective Partnerships: working with partners to develop and deliver Rotherham's Health and Wellbeing Strategy and Community Strategy
Corporate	Delivery	GP quality and efficiency
Priorities	Commissioning for quality and efficience	y Transition
Outcomes	NHS Outcomes FrameworkSocial CareDomain 1:Preventing people from dying prematurelyOutcomesDomain 2:Enhancing quality of life for people with long term conditionsFramework	
Cuttomes	Domain 3:Helping people to recover from episodes of ill health or following injuryDomain 4:Ensuring that people have a positive experience of careDomain 5:Treating and caring for people in a safe environment and protecting them from avoidable harm	

'Your Life, Your Health' Rotherham CCG Single Integrated Plan Executive Summary: March 2012