Sheffield NHS Clinical Commissioning Group Prospectus

January 2012

Purpose

This document sets out the ambitions and values of the Sheffield NHS Clinical Commissioning Group (CCG). It has been developed with member practices and staff supporting the CCG, and in consultation with partner organisations and the public. We will publish more detailed plans, such as our commissioning plan for 2012/13, as those plans are developed.

1. Introduction

A shadow Clinical Commissioning Group (CCG) in Sheffield took on delegated responsibility from NHS Sheffield in October 2011 for commissioning healthcare for its population. The CCG should be established as a statutory body by April 2013 and should take on this responsibility statutorily from that date. This document sets out the aims and priorities of the Sheffield NHS CCG. It is intended to set out the CCG's ambitions to the public of Sheffield, the providers of healthcare from whom CCG will commission, and the partners of the CCG in Sheffield and beyond.

This is not a detailed document. We will publish detailed commissioning plans each year that will describe the actions we intend to take to make progress in our aims. This prospectus describes what we want to achieve over the five years from April 2012 to April 2017 and how we will work to do that.

We anticipate that, in line with government policy, Sheffield will establish a Health and Wellbeing Board and develop a Health and Wellbeing Strategy by April 2013. As partners, we will seek to express our strategic aims and are confident that they will be reflected in the Health and Wellbeing Strategy. We will update our commissioning plans to set out how we will contribute to achievement of that wider strategy.

2. How Clinical Commissioning is Different

Clinical commissioning places GPs and other care professionals in a leading role in commissioning healthcare in Sheffield. We believe that clinical leadership of commissioning will make a real difference to the health of our population and their experience of healthcare. It will place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions.

Clinical commissioning will enable doctors, nurses and other health and social care professionals in primary and secondary care to become much more involved in

planning improvements in services than is currently the case. Our work will be led by senior clinicians, and will be based on principles of collaboration and partnership between commissioners, providers and the public, and between clinicians and patients across the healthcare system.

Clinical leadership will enable collaborative working across practices, through our localities, to deliver more care closer to home than individual practices would be able to.

Whilst rigorous contract negotiation and management will underpin the relationship between the CCG and its provider organisations, we believe that real and lasting improvement can only be achieved in partnership at an organisational level and between clinicians. We will therefore seek to strengthen existing partnerships with providers and with Sheffield City Council, to ensure that we recognise the needs of each organisation and the requirements upon them.

We will work with the provider partnerships established to transform community care to ensure that aim is achieved, and will strengthen the clinical relationships between CCG and those partnerships.

We will ensure that the views of patients and the public are considered in every commissioning decision we make, with public and patient engagement embedded in our ways of working through, for example, all service redesign work involving patients, all CCG decisions explicitly considering how patients and the public have been involved in proposals, and expecting our providers to equally ensure engagement of service users in their plans. We will ensure, with partners, that relationships with patients and the public are maintained and able to flourish, enabling all patients, particularly those who are most disadvantaged, to have a voice and feel confident communicating with the CCG, not just when the CCG is actively seeking their opinion.

GPs are, of course, significant providers of healthcare. To avoid any conflict of interest within clinical commissioning, CCGs will not be responsible for GP or other primary care contracts, and all CCG members will commit to the Nolan principles, which require them to declare any interest in matters being discussed by the CCG.

<u>How We Are Organised</u>

There is one Clinical Commissioning Group in Sheffield. Its Committee includes GPs from across the city, with other healthcare professionals represented and with lay advisors (non NHS, non clinical people whose job is to "think as a member of the public"). Within the CCG there are four strong localities, accountable to the CCG, responsible for locally sensitive implementation of commissioning plans and enabling all practices to be involved in the CCG.

All GPs in Sheffield will be members of the CCG. Our ability as clinical commissioners to achieve change rests fundamentally on the CCG's ability to fully engage them in commissioning. We will build upon the work of the Practice Based Commissioning Consortia to develop strong localities in which all GPs have a voice and which are able to implement the improvements in clinical practice that will be at the heart of what we do.

3. What We Want to Achieve

The CCG has four priority aims:

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield

Working with the practices in each of our localities and drawing upon the evidence we have of the opportunities for improvement, we will develop specific plans under each of these headings. Our commissioning plans each year will set out details of our plans. Examples of our plans are included in each section below.

3.1. Improving patient experience and access to care

We intend to transform healthcare in Sheffield by fundamentally changing the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home, when that is the right place for them to receive care. We will continue and build upon work already underway to develop care pathways that ensure that, wherever appropriate, patients can get specialist advice, diagnosis and treatment in community settings.

We will do this by working with primary and secondary care clinicians and with the public and patients, with reference to the available evidence, to identify priorities and develop new ways of working that are more efficient and effective, and more convenient for patients. We will make use of new technologies and new treatments where there is evidence to support that, and will encourage clinicians to innovate and test new ways of working, within current legislation. The ability for patients to access services via online mechanisms will become increasingly widespread and we will support the adoption of such ways of working where we are confident they meet people's needs.

Where new ways of working are tested and found to be effective, we will develop strong clinical pathways that all parties feel ownership, so that they are consistently implemented across the city.

We are seeking to achieve significant change in the way care is provided in Sheffield. This is likely to affect both primary care and secondary care providers and we will work in partnership with affected organisations to ensure change is well managed and benefits all parties. We will support GPs and other primary care professionals to develop their services, making the best use of their skills and expertise. Change is likely to affect the way staff in the NHS work, the way we use our estate, and the way patients travel to healthcare. We will work with providers and patients to ensure changes are well managed and achieve the intended benefits.

3.2. Improving the Quality of Healthcare in Sheffield

We recognise the value of the national minimum standards set for the NHS, such as standards on hospital acquired infection or waiting time standards in primary care, A&E and elective care. We will work with our providers through our

contracts and through our partnerships to ensure that Sheffield achieves the highest standards for all our patients.

However, we believe that quality goes beyond the minimum national standards, and we will work with clinicians and the public to define quality improvement measures and actions that improve patient experience, health outcomes and the quality of life of Sheffield's diverse population, with particular attention to under-served and marginalised groups.

We will pay specific attention to patient safety, continuing to work with providers to reduce healthcare acquired infections, to ensure serious incidents are investigated and learnt from, and ensuring our safeguarding systems protect children and vulnerable adults.

We believe, and evidence shows, that the quality of care can be improved within existing resources, and that better quality of care can also be more efficient care.

3.3. Reducing Health Inequalities in Sheffield

Health inequalities in Sheffield have reduced since the publication of the Sheffield PCT strategy Achieving Balanced Health in 2007, mortality rates in people under 75 are decreasing and life expectancy overall is increasing. However, there are still clear differences in life expectancy in different parts of the city and for some specific groups of people, such as people with learning disability and mental health problems and some minority ethnic communities, and recent evidence shows that health inequalities for women may actually be increasing.

We will work with Sheffield City Council to take action to further reduce health inequalities, and would expect this work to be a key feature of the Health and Wellbeing Strategy.

Many of the major determinants of health and life expectancy may be outside the direct influence of the health service (e.g. employment, lifestyle choices), but CCG will work with partners to inform and influence action in those areas, as well as taking action to ensure equality of access to quality healthcare and working with healthcare providers, including GPs, to contribute to reducing inequalities.

We will set equality objectives that enable us to address our legal requirements under the Equality Act, in relation the groups of people covered by 9 protected characteristic groups identified within the Act. We will conduct well informed Equality Impact Assessment on all of our commissioning decisions and ensure that these are linked to appropriate action.

3.4. A Sustainable, Affordable NHS

The challenges the NHS in Sheffield faces, in ensuring we meet health needs within the available resource, will become the CCG's responsibility. We will work with our providers and the public to ensure care is delivered as efficiently and effectively as possible in Sheffield, within the budgets allocated to Sheffield, and to ensure the financial stability of all NHS organisations.

We will build upon the programme of work started by NHS Sheffield to identify and address the areas of care where there is evidence that the NHS in Sheffield is less efficient than it could be. We will ensure this work is led by clinicians, informed by the application of evidence of effectiveness of interventions, and is based upon collaborative development of new ways of working and of best practice throughout Sheffield, in primary and secondary care.

This is likely to result in significant, visible change in the way care is provided, with difficult decisions to be made at times, such as reducing the amount of bed-based care to enable investment in community services. We will work with patients and the public to ensure that changes meet the needs of all patients and that the reasons for changes, and the benefits of them, are well explained and understood. We will ensure that such explanation includes compliance with our duties around accessible communication under the Equality Act.

4. Patient Rights and Responsibilities

We will, as a minimum, honour the patient rights set out in the NHS constitution. These include the right to choice of hospital, to be treated within the maximum waiting times, to be treated with dignity and respect, and for any complaints to be investigated properly.

We will encourage our patients to recognise their responsibilities for their own health, including taking steps to maintain their good health and wellbeing, registering with a GP practice, following courses of treatment they've agreed to, treating NHS staff and other patients with respect, keeping appointments (or cancelling in good time), and giving feedback about treatment in our services.

5. Our Values and Principles

The Sheffield NHS Clinical Commissioning Group will be a strong and forward thinking organisation. Our success will depend on working with partner organisations, constituent practices and local communities. We will work through clinical collaboration with our providers, underpinned by strong contracts. The localities within the CCG will be the principle vehicles charged with leading local implementation and delivery in key priority areas. Engagement of patients, public and communities will be embedded within our commissioning process.

We will work to the following set of values and principles in pursuit of our aims. We will:

- Have effective corporate governance systems in place and, as a minimum, adhere to the requirements of the Nolan Principles (listed below) and the NHS Constitution, the Equality Act and our Public Sector Equality Duties.
- Be sound custodians of Sheffield's health care budget, ensuring we achieve a balanced outcome at the end of each year.
- Place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions.

- Empower our clinical leaders in motivating and influencing the wider clinical population to ensure health improvement and healthcare for our population.
- Strive to achieve the best possible health and the highest quality health services for all the people of Sheffield, taking account of the different needs of local communities and the groups covered by the Equality Act.
- Seek evidenced based best practice and share knowledge to ensure that we deliver the best possible individual care across care pathways.
- Work together, engaging staff, patients and the public in our local and collective decisions.
- Work with our local communities to ensure jointly owned approaches to local needs and concerns.
- Develop strong collaborative relationships with partner organisations, including the local NHS Foundation Trusts, Sheffield City Council, the National Commissioning Board, HealthWatch, the voluntary community and faith sector, local politicians, and local professional committees.
- Support practices, through our localities, to engage in clinical commissioning and to implement improvements in care.
- Support our staff to fully contribute to our work, drawing upon their expertise and knowledge to support our clinical leaders.
- Support clinicians to innovate and to adopt best practice.
- Work with communities, with public health and with primary care to help people to maintain their health and prevent illness or health crises.
- Above all, work to benefit the population of Sheffield.

THE SEVEN PRINCIPLES OF PUBLIC LIFE (The Nolan Principles)

Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Holders of public office should promote and support these principles by leadership and example.