



**North Staffordshire and Stoke-on-Trent
Clinical Commissioning Groups'**

Community Conversation

5 July 2016

Kings Hall, Stoke-on-Trent



Housekeeping

Dr Stephen Williams

Master of ceremony (MC)



Agenda part one

4.00pm – Welcome and introductions

4.05pm – Quiz ‘local healthcare’

4.15pm – Our journey so far

4.30pm - Understanding the health challenges locally

4.45pm – Journey around the room (comfort break)



Welcome and introductions

Sally Parkin

Clinical Director for Partnerships and Engagement



Quiz 'local healthcare'

Sally Parkin

Clinical Director for Partnerships and Engagement



Question 1

North Staffordshire and Stoke-on-Trent CCGs have a combined annual budget of £650m (approx.) Less than 2% of this is spent on our running costs.

What percentage of our budget is spent on acute (hospital) care?

A – 30%

B – 22%

C – 46%

D – 38%



Answer

C - 46%



Question 2:

North Staffordshire and Stoke-on-Trent CCGs are responsible for the commissioning (buying) of local healthcare services.

What is the approximate population of North Staffordshire and Stoke-on-Trent?

- A – 600,000**
- B – 408,000**
- C – 503,000**
- D – 490,000**



Answer

C – 503,000



Question 3:

How much does it cost for a hospital outpatient appointment? (first appointment)

A – £119

B – £150

C – £98

D – £200



Answer

A – £119



Question 4:

How much does it cost to see your GP?

A – £60

B – £40

C – £65.50

D – £55.50



Answer

B – £40



Question 5:

How much does it cost for an emergency admission to hospital via ambulance?

A – £950

B – £1,128.50

C – £2,010

D – £1,569.50



Answer

D – £1,569.50



Question 6:

What is the average cost of a planned operation with a stay in hospital overnight?

- A – £2,110.50
- B – £2,924
- C – £2,585.50
- D – £1,936



Answer

B – £2,924



Our journey so far

Marcus Warnes North Staffordshire CCG, Accountable Officer



Who we are

North Staffordshire and Stoke-on-Trent CCGs are clinically led organisations.

Our relationship with local people and our knowledge of the population makes us best-placed to plan and make decisions about the delivery of healthcare across North Staffordshire and Stoke-on-Trent.



Patients/residents
Stoke-on-Trent

290,000

GP practices –
Stoke-on-Trent **52**

Patients/residents
North Staffordshire

213,000

GP practices –
North Staffordshire **32**

Our vision

“We will work with health and social care partners across northern Staffordshire to reduce preventable illness. We will support and empower people to look after themselves in their own homes for as long as possible. For those who require care, we will deliver integrated, seven-day services to treat the ‘whole person’ at the most appropriate time, in the most appropriate setting.”



Our responsibilities

Our CCGs are responsible for commissioning or “buying” healthcare for the people of North Staffordshire (Newcastle-under-Lyme and Staffordshire Moorlands) and Stoke-on-Trent.

We make sure we use our combined budget of around **£650 million** to buy the health services our patients need.



Our responsibilities

The services our CCGs are responsible for include:

- Hospital care
- Community care
- Rehabilitation care
- Out-of-hours and emergency care
- Mental health services
- Learning disability services



Our strategic aims

- Improve health outcomes
- Improve the quality and safety of care
- Reduce health inequalities
- Improve access to services with care closer to home.



How we decide what to buy

We have to remain within our allocated budgets so unfortunately we have to make difficult decisions.

For each new treatment we commission we need to find an equal and opposite disinvestment.

We have a clinically-led prioritisation framework across Staffordshire that helps us assess the *relative value* of treatments so that we can decide which services to invest in.



Considering the evidence

- How well does this treatment or service work?
- Which groups of patients get most benefit?
- How cost effective is the intervention – how much health gain compared to the cost?
- Does it support people with existing conditions?
- Does it address health inequalities?
- Is it a local or national priority?

This is why you are all here today, so you can work with us to prioritise how we commission local services.



What do we want to achieve?

“Together we want to commission services that are not only innovative and beneficial to patients but fundamentally start with the aspiration of putting patients first.”

North Staffordshire and Stoke-on-Trent CCGs



Understanding health challenges locally

Dr Andrew Bartlam Stoke-on-Trent CCG Clinical Accountable Officer



Our challenges

- Gap between funding and spending
- Prioritising our budget against the needs of the population
- Recruitment and retention (GPs and practice nurses)
- Improved access to GPs, urgent care and emergency services
- Educating patients to stay well
- Long-term conditions
- Frail and elderly



Local health challenges

An ageing population

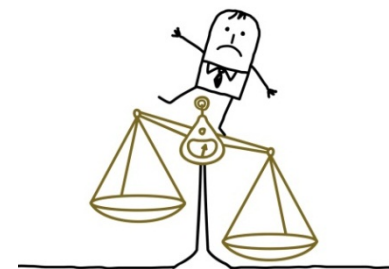
- Nearly two thirds of people admitted to hospital are over 65 years old
- 2 million unplanned admissions per year for people over 65 years old (or 70% of all hospital emergency bed days)
- The number of older people expected to grow markedly, particularly over 85s
- Number of people aged over 65 to increase significantly in North Staffordshire and Stoke-on-Trent in the next 8 years



Local health challenges

Health inequalities

- People living in the poorest parts of England will, on average, die 7 years earlier than those living in the richest
- Health funding is strongly linked to inequalities - a factor directly affecting funding in our area
- A higher than average number of our population die prematurely from largely preventable illness and disease, such as circulatory disease, cancer and respiratory conditions



Regional health challenges

Staffordshire and Stoke-on-Trent population health challenges

- Between 2014 and 2019 the number of people aged 85 years and over will rise by 22%
- Almost one in five people die from causes that are largely thought to be preventable
- Around one in 10 children aged four to five is obese, rising to one in five by the age of 11
- Cancer mortality is the primary reason for premature deaths and is higher than average
- Diabetes and Coronary Heart Disease prevalence exceeds the national average for England
- Suicide rates are 30% higher in Staffordshire and Stoke-on-Trent than the England national average



Key actions

- **Robust but challenging plans in place to close recurrent financial gap:**
 - Spend less
 - Get better outcomes for our investments
 - Transform care and services
- **Staffordshire-wide transformation programme, ‘*Together We’re Better*’:**
 - Sustainability and Transformation Plan (STP)
 - New models of care
 - Working together across health and social care



Our five year plan

Shaping the Future

Our CCGs have developed a number of strategies to deliver our five year plan. They relate to:

- **Acute Reconfiguration**
- **Primary Care Transformation**
- **Whole systems integrated care**
- **Parity of Esteem for Mental Health**



Our five year plan

While ensuring that everything we do is clinically driven, we will:

- Commission safe and effective, high-quality, sustainable services prioritising the principle of '*home first*';
- Deliver better patient outcomes through effective, federated and collaborative arrangements with key partners;
- Improve patient experience through patient engagement, feedback and involvement in decisions throughout the whole commissioning cycle;
- Reduce health inequalities and inappropriate clinical variations; and
- Achieve all of the above while remaining within financial balance and achieving best value.





Comfort break

‘Journey around the room’





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Agenda part two

5.05pm – Workshop 1 ‘The power of patient and public involvement’

5.55pm – Workshop 2 ‘Promoting self-care and healthy lifestyles’

6.45pm – Closing remarks

7.00pm – Event close



Introduction to workshop 1

The power of patient and public involvement (PPI)

Margy Woodhead

Lay member for patient and public involvement (PPI)

Stoke-on-Trent CCG



Why patient and public involvement (PPI)?

As a CCG, effective PPI is an obligation under the NHS constitution.

But.....

*‘The NHS belongs to the people, so involving patients and members of the public is also the **right** thing to do.’*



The power of patient and public involvement – *the journey together*

Working collaboratively with a range of stakeholders, we make sure PPI is built into every stage of our commissioning cycle from buying, delivering and assessing outcomes – ***putting the patient and public voice at the centre of all of these processes***

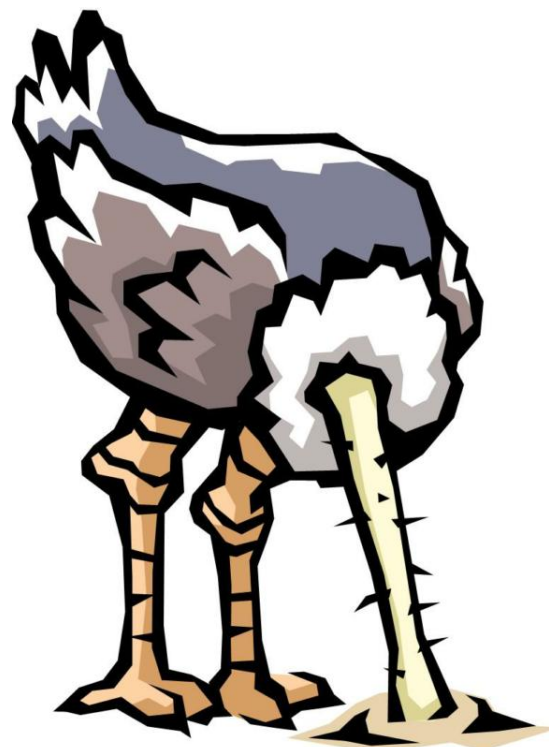


Supporting your NHS

Don't be an ostrich – this is your NHS and it needs you!

We can't spell S-CCESS without U.

There are lots of ways you can get involved in your local NHS.



How can you get involved?

- Patient Participation Groups (PPGs)
- Patient Congresses
- Patient membership scheme
- The Citizens Jury
- Complaints & PALS
- Engagement events, surveys and focus groups



The strength of the community

- Compassion
- Capability
- Capacity
- Enthusiasm
- Practical support
- Wisdom

‘Doing the right things, for the right reasons’



A black and white portrait of Mahatma Gandhi, showing him from the chest up, wearing his characteristic round glasses and a white shawl. He is looking slightly to the right with a gentle smile.

*Be The Change
That You Want to
See In The World.*

Mahatma Gandhi 1869-1948



Workshop 1

The power of patient and public involvement



Workshop 1

The power of patient and public involvement

Part 1

Thinking about your local NHS...

- What would you spend more on?
- What would you spend less on?
- One thing you would change about the NHS?

Part 2

Think about what the CCGs should take into account when they are making commissioning decisions.



Workshop 1 - Feedback

The power of patient and public involvement



Introduction to Workshop 2

Promoting self-care and healthy lifestyles

Peter Dartford

Lay member for patient and public involvement (PPI)

North Staffordshire CCG



Empowering patients and the public to take control of their health

Why is it important?

- Patients have better health outcomes and are not reliant on costly healthcare services
- Gives patients the confidence to take control and reduces the risk of anxiety
- Provides education and support in order to make health decisions
- Prevents the risk of ill-health due to poor lifestyle choices



Workshop 2

Promoting self-care and healthy lifestyles



Workshop 2

Promoting self-care and healthy lifestyles

‘We want to empower patients to take control of their healthcare’

This will mean:

- Patients will have better health outcomes
- Patients will have greater confidence to manage their conditions reducing the risk of anxiety
- Patient will be educated and supported in order to make healthy decisions to prevent on-going ill health
- Community support services will be available to offer advice and support for patients and the public.



Workshop 2 - Feedback

Promoting self-care and healthy lifestyles



Reflections

Sally Parkin

Clinical Director for Partnerships and Engagement



Get involved

- Membership scheme
- Patient Congresses
- PPGs
- The citizens jury
- Ongoing engagement

Visit our websites for more information:

www.stokeccg.nhs.uk

www.northstaffscg.nhs.uk



Thank you for attending

Your continued interest and support is much appreciated.

Please fill in our feedback forms so we can learn from today's event.

We wish you a safe journey home.

