

# PATIENT PROSPECTUS 2013/14



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This prospectus sets out how we intend to work with you to shape local healthcare services and improve the quality of life for our population.

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG) took over planning and commissioning healthcare services for the Rochdale borough on 1 April 2013, following the closure of NHS Heywood, Middleton and Rochdale Primary Care Trust.

As the chair and the chief officer of NHS HMR CCG, we believe that, as a clinically-led, borough-wide organisation, we have a real opportunity to tackle health inequalities while responding to the health needs of our diverse community at a very local level.

As a membership organisation, we take great pride in the way clinical leaders and managers work closely together to achieve the best outcomes for the population we serve. The GPs from the 39 member practices and other staff are also valued partners who are actively encouraged to use their skills, experience and expertise by getting involved and influencing the work of the CCG.

We also work closely with local partner organisations, including Rochdale Borough Council, healthcare providers including Pennine Acute Hospitals NHS Trust and Pennine Care NHS Foundation Trust, voluntary and community organisations and neighbouring clinical commissioning groups in Bury, Oldham and

North Manchester. Our own staff are also valued partners in achieving our shared objectives.

We are a small organisation with a big job to do. We want Heywood, Middleton and Rochdale residents to enjoy longer, healthier lives. We want those who need healthcare to receive it at the right time, in the right place and at the highest quality. This can only happen through actively listening to you and understanding your experiences of local health services.

Your views are therefore vital in shaping the future of healthcare in the borough and the decisions we make on your behalf.

We'd love to hear from you, so please share your thoughts and feedback with us through the 'have your say' section of our website [www.hmr.nhs.uk](http://www.hmr.nhs.uk).

You are welcome to attend our monthly public governing body meetings where key decisions are made.

You can find out more about NHS HMR CCG through our website [www.hmr.nhs.uk](http://www.hmr.nhs.uk). You can also follow us on Twitter @NHSHMR or become our friend on Facebook [www.facebook.com/NHS.HMR](http://www.facebook.com/NHS.HMR).

We hope you enjoy reading this prospectus. If you have any comments on it, or the information contained within it, please let us know. We would be pleased to hear from you.

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Chair, of  
NHS Heywood,  
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Clinical  
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Group



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# ➤ A TALE OF TWO BABIES

Children in the Rochdale borough are born into a culturally and ethnically diverse population with high levels of deprivation and health inequality.

Here are typical examples of children born at the opposite ends of this spectrum and the lives they may expect to lead.

## Baby A

One of more than 200 teenage conceptions in the borough that year. Mum smoked during pregnancy, baby had a low birth weight.

Growing up in poverty, along with two fifths of people in the borough. Is one of the 19% of obese 10-year-olds in the borough.

Left school with no qualifications, on unemployment benefit, drinks, smokes and regularly eats takeaways. A father at 18.

Overweight with high blood pressure. Unable to work at the moment due to ill-health. His rented flat has high levels of damp.

Early retirement due to ill health.

Had several years of treatment for lung disease. Died from a severe heart attack.

**Baby**

**Aged 10**

**Aged 20**

**Aged 45**

**Aged 60**

**Aged 80**

Born to affluent parents – likely to live 10 years longer than baby A.

Enjoying life, plays sport and has plenty of fresh fruit and vegetables at home.

At university with nine A\* GCSEs. Plays rugby and eats a well-balanced diet.

Successful solicitor, manages stress levels by playing squash. Lives in a new four-bedroom house.

Retired early to spend time with his grandchildren and travel.

Still living in his own home, in reasonably good health, supported by family.

## Baby B

**Our challenge is to tackle health inequalities like these children experience to enable people to live longer, healthier lives.**

## Who we are

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG) is a membership organisation of 39 GP practices.

It is a statutory organisation that took over planning and commissioning healthcare services for the Rochdale borough on 1 April 2013, following the closure of NHS Heywood, Middleton and Rochdale Primary Care Trust.

This came about as part of the government's national reform of the NHS, which saw the closure of primary care trusts, and the creation of GP-led clinical commissioning groups.

Decisions about everything from policies to which health services will be commissioned are made by a governing body which is led by a local GP chair, the chief officer and a team of clinical and managerial leaders, alongside partner representatives.

For more information about the governing body, visit [www.hmr.nhs.uk](http://www.hmr.nhs.uk).

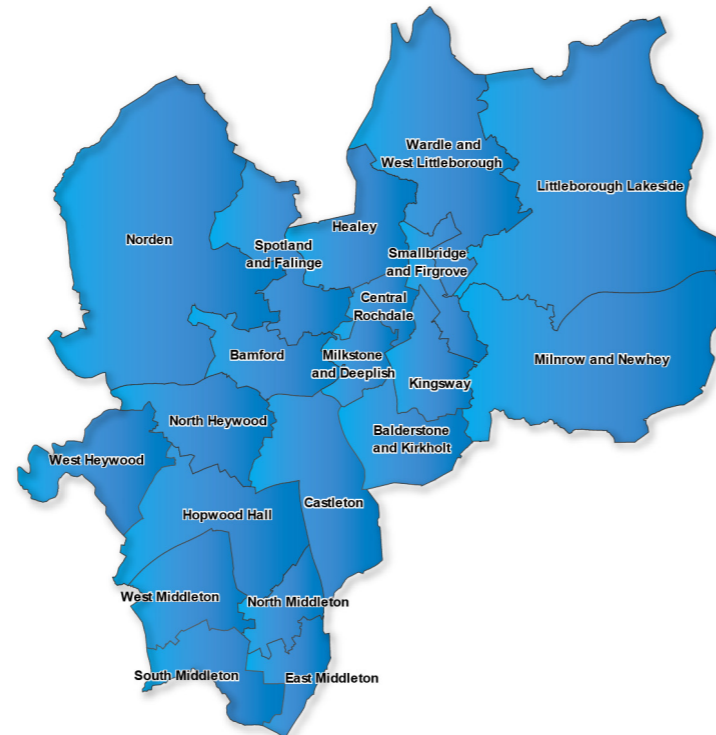


NHS HMR CCG commissions, or buys, healthcare services on behalf of the patients and public it serves – approximately 235,800 people who are registered with the borough's GPs.

We achieved full authorisation from the NHS Commissioning Board to operate as a statutory body in 2013. The CCG has inherited a strong financial and performance track record from NHS Heywood, Middleton and Rochdale Primary Care Trust.

This provides a good position for the future, ensuring that patients receive high quality, safe services.

More details about our finances can be found on page 12.



## How clinical commissioning is different

Clinical commissioning places GPs and other healthcare professionals in a leading role in commissioning healthcare. We believe that putting clinical leadership front and centre in commissioning will make a real difference to the health of our population and their experiences of healthcare. It will also place the experiences of the people we serve at the heart of our discussions with providers and will influence our commissioning decisions.

Clinical commissioning will enable collaborative working across GP practices, through our localities, and with other neighbouring CCGs to deliver high quality, safe care in the most appropriate setting.



## ▶ OUR MISSION AND VALUES

Our mission, aims and values have been developed through engagement with partner organisations including Healthwatch Rochdale, Rochdale Borough Council and GP member practices.

### Our mission

**'Healthier People, Better Future'.**

The mission of NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG) is 'To ensure the people living in the Rochdale borough are healthier and have a better future.'

We want the people of the Rochdale borough to enjoy longer, healthier lives. We want those who need healthcare to receive it at the right time and at the highest quality.

### Our aims

We aim to:

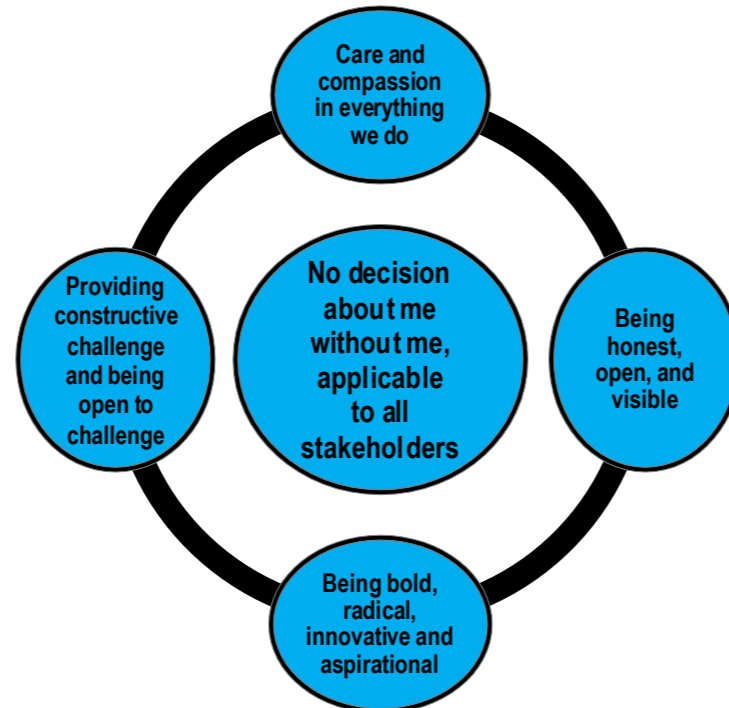
- Work closely with our local authority to influence policy.
- Build a great relationship with local people.
- Engage and secure good partnerships with a range of statutory and voluntary organisations.
- Live by example, creating a healthy workforce and workplace.
- Give clear direction, commissioning services that ensure integration.
- Improve the health and wellbeing of our local people.
- Work closely with our providers and other partners to deliver joined up services.
- Use finances wisely, investing in those things that will make a difference to the health and wellbeing of our population.

### Our principles

NHS HMR CCG and all individuals working within it follow Nolan's Seven Principles of Public Life. These are selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

To find out more, visit [www.public-standards.gov.uk](http://www.public-standards.gov.uk).

### Our values



## ▶ LOCAL HEALTH AND WELLBEING

The borough of Rochdale is made up of a diverse and rich mix of urban communities. Residents have a strong sense of local independence and identity in their attachments to the townships and villages where they live.

The borough's population is growing and residents are living longer, with the gap between the local and national life expectancy average now only two years. However, there is a significant gap in life expectancy within the borough, with the most deprived population groups living on average 10 years less than those in the most affluent groups.

The population is ethnically diverse and has high levels of deprivation. Two fifths of Rochdale borough residents experience relatively high levels of disadvantage, with 18 per cent considered to be in the most vulnerable group and a further 22 per cent at risk of becoming vulnerable. Wealthy residents make up only six per cent of the borough.

Heywood, Middleton and Rochdale have many health inequalities across a range of health, living and working conditions. Cardiovascular disease (CVD), lung disease and cancers are the

borough's biggest killers. Infant mortality, poor mental health, and alcoholic liver disease are also significant contributory factors.

The broad areas of health concern which are most common are obesity and smoking related illnesses which contribute to around 18 per cent of adults living with a long term condition.

Overall, health and wellbeing has improved in recent years, but not for all population groups.

A Joint Strategic Needs Assessment (JSNA) is a shared process with the local authority to identify the health and wellbeing needs of the local area, including current and future health and social care needs of the entire population across the whole life course, from pre-birth to death.

In the borough, a number of common themes and issues where it was thought changes should be made to improve health were identified through consultation with stakeholders. From this list, five joint priority areas for the borough were agreed. These are further expanded upon within the Joint Health and Wellbeing Strategy.



The five priorities are:

- Children and young people – giving every child the best start in life
- Prevention and early intervention
- Tackling health inequalities
- Wellbeing
- Healthier lifestyles

## Heywood, Middleton and Rochdale Health and Wellbeing Board

The Heywood, Middleton and Rochdale Health and Wellbeing Board includes representatives from Rochdale Borough Council, NHS Heywood, Middleton and Rochdale CCG and other partners. Healthwatch Rochdale – the new independent consumer champion for both health and social care – will also become a member during 2013.

The Health and Wellbeing Board has agreed to lead on a number of areas within the top priorities, where a collective difference can be made by working together.

These include:

- Strengthening the borough-wide Children's Poverty Strategy.
- Strengthening education, training and employment opportunities for children and young people.
- A programme of prevention, early intervention, managing conditions well at home or closer to home (focus on healthier lifestyles, long term conditions, frail older people, falls, people with dementia and support for carers).
- Developing an integrated programme to reduce health inequalities with strong leadership, a clear vision and specific recommendations for change.



- Healthier Places – Working together to make sure all our services and the places where local people live, work, learn and socialise consistently offer every opportunity to support healthier lifestyles and promote wellbeing. Make every contact count for health.
- Healthier People – Harnessing every opportunity to promote healthier lifestyles, wellbeing, overcoming barriers and changing attitudes and behaviours for health.
- Healthier Policies – Developing consistent policies for health across our organisations, partner organisations and those services we commission.
- Joint Commissioning and Integrated Working – Exploring the feasibility of joint commissioning and pooled budgets in key areas to make best use of resources and enable more effective, joined-up services.

## ▶ OUR ROLE AND RESPONSIBILITIES

### Quality

Is at the heart of everything NHS HMR CCG does.

Therefore, we will:

- Ensure that the services we commission are safe, effective, and provide a good experience of healthcare.
- Monitor quality and safety of commissioned services and recommend action to be taken if we feel standards are being compromised.
- Promote continuous improvement in the services we commission.

NHS HMR CCG has an obligation to meet certain requirements and standards of care for the population of the borough.

We will be working hard to improve standards in the following five areas:

- Preventing people from dying prematurely.
- Enhancing the quality of life for people with long term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

In addition, we will ensure that we meet the NHS Constitution which sets out patient and staff rights and responsibilities. It protects the NHS and helps make sure we receive high-quality healthcare that is free for everyone.

### Safeguarding

NHS HMR CCG takes its statutory duty to safeguard and protect children and vulnerable adults from harm very seriously and sees this as central to the quality of care and patient safety.

To ensure that children and vulnerable adults are protected from avoidable harm, we will:

- Work together with our key partners to ensure that arrangements for safeguarding children and vulnerable adults are robust to reduce the risk of harm to our most vulnerable residents.

- Ensure that all health providers from which we commission services promote the welfare of children and protect vulnerable adults from abuse or the risk of abuse.
- Act promptly where concerns are raised about the welfare of a child or vulnerable adult.
- Lead to ensure that national and local lessons from serious case reviews for both children and adults are implemented and embedded into safeguarding practice within the borough.

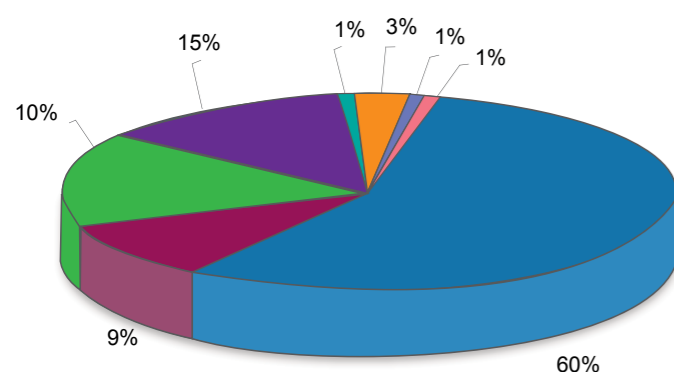
## ▶ OUR FINANCES

We receive funding from the Department of Health for commissioning healthcare services. For 2013/14 we have an allocation of £275 million.

We spend this money on a range of healthcare services for local people, which include:

- Hospital care
- Services provided in the community, for example, district nursing
- Drugs and medicines prescribed by GPs
- A range of services to support people with mental health and learning disabilities
- Services to support adults and children with continuing healthcare needs
- Ambulance services

The diagram below demonstrates how we plan to spend our budget for this year.



- Acute commissioning
- Mental health commissioning
- Community commissioning
- Prescribing
- Primary care commissioning
- CHC and intermediate care commissioning
- Administration outside of running costs
- Reserves and contingencies

## Running the CCG

For 2013/14, we have received an allocation of £5.3 million to run NHS HMR CCG as an organisation and we have a statutory duty not to spend more than this.

This represents two per cent of our overall spend.

## Financial management

We take our responsibilities seriously in ensuring that the public money we safeguard is spent wisely and that we secure the best possible value, quality and outcomes.

On behalf of the governing body, the Audit Committee oversees financial governance. The members of the committee receive regular reports from our external and internal auditors.

Our governing body receives regular monthly finance reports. The CCG Finance, Performance and Risk Committee provides additional assurance to the governing body by reviewing and challenging the financial position in more detail and in ensuring we always consider the quality of services when making financial decisions.

## ▶ YOUR RIGHTS AND RESPONSIBILITIES

### What we will do

The CCG considers the NHS Constitution to be the baseline standards that should be achieved and is committed to delivering this for the borough. The NHS Constitution states that patients have the right:

- To a choice of hospital
- To be treated within the maximum waiting times
- To be treated with dignity and respect
- For any complaints to be investigated properly

### What you can do

To get the best out of the NHS, we need your help. We are asking you to commit to the following:

- Do what you can to look after your own health and follow advice on a healthy lifestyle. You will find healthy lifestyle advice on our website, in the 'your health' section.
- Care for yourself when appropriate; for example, you can treat yourself at home for common ailments such as coughs, colds and sore throats. For more information about self-care visit the 'Choose Well' section of our website.
- Listen carefully to advice about your treatment and medication. Tell the doctor about any medications you are already taking.
- If you have a long term condition such as diabetes or chronic obstructive pulmonary disease (COPD), speak to your doctor about attending a free expert patient course to help you manage and understand your own condition.

You can find more information about the NHS Constitution on HMR CCG's website, [www.hmr.nhs.uk](http://www.hmr.nhs.uk), under 'get informed'.

We know that our local and the national population faces a number of challenging years ahead. We have an ageing population with increasing and more expensive health needs, coupled with a reduction in resources. Looking after our own and our family's health has become more important than ever before.

- Take medication in the way that it is prescribed. Let your doctor know if you don't need your prescribed medication anymore or if you are having problems taking it. You should only ever order the medicines that you need.
- Keep your appointment or let the GP, dentist, clinic or hospital know as soon as possible if you cannot make it. Book routine appointments in plenty of time.
- If your GP refers you for an urgent appointment, please do your best to fit in with what they are offering.
- Treat NHS staff, fellow patients, carers and visitors politely and with respect. We will not accept violence, racial, sexual or verbal harassment.
- Feedback! Get involved! Tell us when we don't fulfil our commitment to you or let us know how we can improve. Visit the 'have your say' section of our website for details of how you can do this.

## ▶ OUR STRATEGIC OBJECTIVES

We have identified six strategic objectives which will direct our work to improve healthcare services for the people of the Rochdale borough.

### **1 To improve health and wellbeing with the residents of Rochdale borough, and reduce local health inequalities.**

This will involve joint working with Rochdale Borough Council and partners to promote prevention and early detection of disease and to improve patient pathways. We aim to reduce the numbers of early deaths from heart disease, stroke, cancers and respiratory disease in Rochdale. We will promote healthy lifestyles to support change and mental wellbeing through the Five Ways to Wellbeing programme. We will encourage and support self-care and community action on health. We will assess any gaps and inequalities in outcomes and access to services and ensure that action is taken.

### **2 To ensure that all the services we commission are high quality, safe, personalised, effective and continuously improving.**

This will involve making sure the right quality mechanisms are in place to ensure standards of care are described and effectively demonstrated. It will also involve ensuring quality outcomes are proactively monitored and taking action where the quality or safety of a commissioned service is found to be compromised.

### **3 To embed meaningful engagement with patients, and member practices in CCG decision making process, which takes into account patient experiences and ensures continual improvement with services that are safe, effective and efficient.**

This will involve continual reviews of patient and member practice feedback through various means and events across the borough, and accountability through the Patient Experience Assurance Sub Committee.

### **4 To build an effective and innovative commissioning infrastructure that supports our commissioning plans across Greater Manchester and the North East sector to enable local integrated borough-based joint delivery.**

This will involve working with commissioning partners including the local authority, other healthcare commissioners and commissioning support to embed an integrated whole-system approach to commissioning that drives quality, innovation, effective use of collective resource and drives improvement in outcomes for our local population.

### **5 To be a high performing CCG and use our available resources innovatively to deliver the best outcomes for our population.**

This will involve continual reviews to redesign services to meet evolving patient needs within the constraints of our financial resources, whilst ensuring the delivery of all CCG statutory duties. To continually make sure our workforce capacity and capability (both directly employed and through Greater Manchester Commissioning Support Unit) is aligned to our business delivery requirements.

### **6 To develop the CCG and the employees to display the values and behaviours we expect and aspire to.**

To be a great organisation we must have great leaders, who individually and collectively make a real difference. To achieve this we will support our staff to develop the capability to deliver.

## ▶ CONCLUSION

This prospectus outlines how we intend to continue working with you to shape local healthcare services. How we will help the population of the Rochdale borough to be healthier with better futures; and how we will work with our local partner organisations and service users, carers and the public to achieve our shared objectives and improve the quality and safety of local healthcare services.

The prospectus is in itself a plan; that we are committed to turning into reality. This will be accomplished through rigorous and innovative thought and action, working closely with our partners and the public we serve.

We have already made significant progress in establishing our public engagement activity and are confident that we have the building blocks for a successful, engagement-rich and productive future.







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