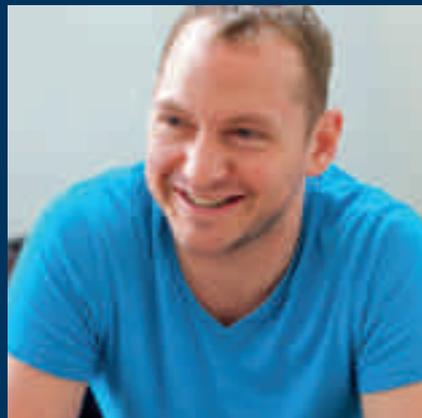
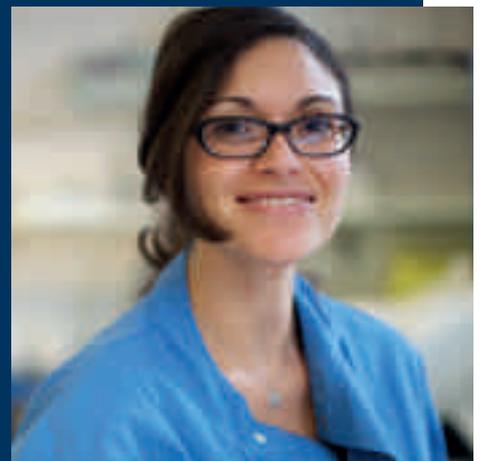


ANNUAL REPORT EXECUTIVE SUMMARY

2014/2015



WELCOME

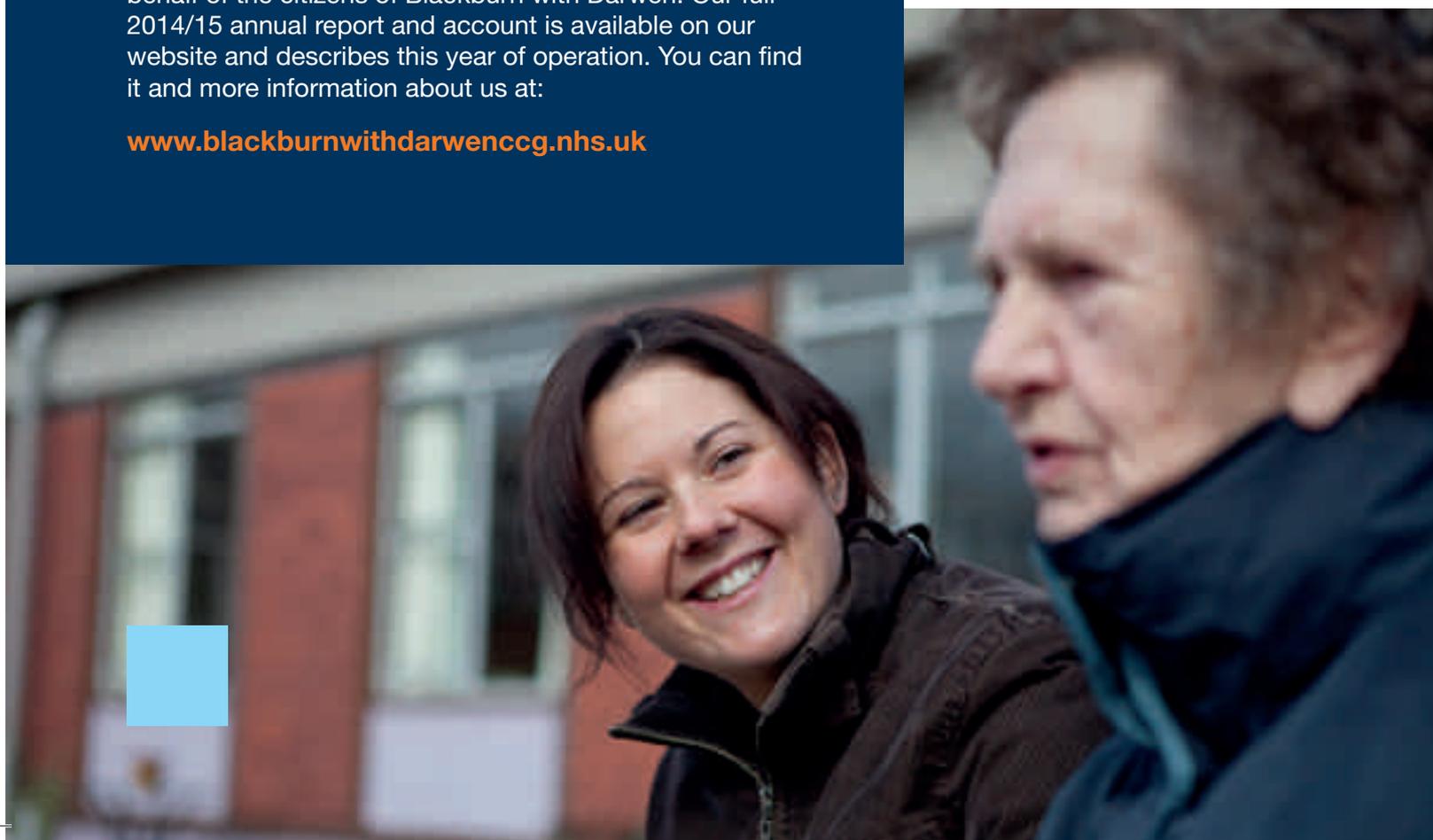
During this exciting and challenging year we have made excellent progress in tackling the many issues which affect the health and wellbeing of local people.

We have produced this summary to give you an overview of how we have performed over the year 2014/15. It includes a flavour of the work we have undertaken on behalf of the citizens of Blackburn with Darwen. Our full 2014/15 annual report and account is available on our website and describes this year of operation. You can find it and more information about us at:

www.blackburnwithdarwenccg.nhs.uk

WORKING WITH PARTNERS

We have strengthened our partnership with Blackburn with Darwen Borough Council while putting in place more joined-up working across health and social care, delivering to the four local areas which together cover the whole borough. We believe that the general practitioner and Clinical Commissioning Group (CCG) member led locality groups, provide a truly integrated service focused on the needs of the individual and their family. The Better Care fund provides us with the opportunity to build on this work, while involving representatives from voluntary and community organisations enhances our relationship with local people.



LISTENING TO RESIDENTS

This year we have prioritised spending much of our time listening to patients, carers and the public using their views to monitor the quality of health care services and to consider how we can improve the services we plan and commission. The Health and Wellbeing Board organising its work into three areas: Start Well, Live Well and Age Well demonstrates a determination to play a full part in making 'wellness' a feature of the lives of our citizens.

OUR LEGAL REQUIREMENTS

NHS England introduced the CCG Assurance Framework as a way of providing assurance that CCGs are delivering the full range of outcomes and standards (national and local) as set out in their plans.

We have participated throughout the year in the quarterly assurance process with NHS England's Local Area Team, to enable an assessment to be made as to whether we are delivering against the full range of our responsibilities and ensuring:

- Local people are getting good quality care
- Patients' rights under the NHS Constitution are being promoted
- Health outcomes are improving for local people
- We are commissioning services within our financial allocation
- Any conditions of authorisation are being addressed and removed (where relevant)

In 2014/15, the outcomes for the CCG assurance process were: "assured", "assured with support" or "not assured intervention required".

We maintained the assurance status of "assured" throughout the entire reporting period.

Life expectancy in Blackburn with Darwen 2011-13



76.6

years for males



81.2

years for females

OUR POPULATION

The social and economic profile of Blackburn with Darwen presents a broad range of challenges in developing local health services. National indicators show local health is generally significantly worse than the England average.

Life expectancy in Blackburn with Darwen is on a rising trend, reaching 76.8 years for males and 81.2 years for females in 2011-13.

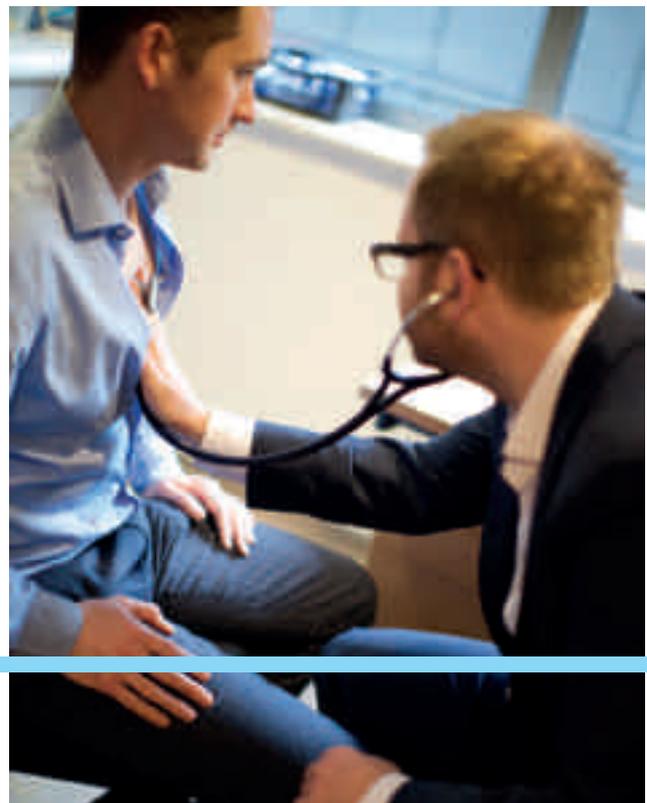
For both males and females, the biggest impact on life expectancy would come from closing the gap in coronary heart disease deaths.

Male life expectancy in the most deprived tenth of the Borough was 11.2 years lower than in the least deprived tenth. This is partly a reflection of the wide range of deprivation levels found within the borough. However, the deprivation gradient for female life expectancy is much less steep.

Blackburn with Darwen's economic activity rate (i.e. the proportion of its working-age population either in work or actively looking for work) is the third equal lowest of 150 upper-tier authorities. This rate varies considerably across the borough.

Some of the other economic and social issues affecting the local population are as follows:

- As at May 2014, 10% of Blackburn with Darwen's working-age population was claiming incapacity benefits. This is the fourth equal highest rate in England, and partly accounts for the high rate of economic inactivity.
- The Borough's housing stock is dominated by older terraced stock, much of it in poor condition. 27,000 houses are estimated to be 'non-decent', often because of poor energy standards and excess cold. According to the government's latest definition Blackburn with Darwen is in the worst quintile nationally for fuel poverty.
- Official estimates of Child poverty suggest that 22.5% of Blackburn with Darwen children were living in low-income families in 2012, compared to 18.6% in England overall. At the ward level, this ranged from 3.7% in Fernhurst and North Turton with Tockholes, to 41.2% in Shadsworth with Whitebirk.
- As stated in the latest Child Health Profile, "the health and wellbeing of children in Blackburn with Darwen is generally worse than the England average". In 2010-12, the Borough had the eighth highest rate of infant mortality out of 150 upper-tier authorities. However, the 2011-13 rate of 4.6 per 1000 was considerably better, and no longer significantly worse than the England average of 4.1 per 1000
- Blackburn with Darwen has a significantly higher than average proportion of underweight children, both in Reception and in Year 6. In 2013/14, 2.9% of Year 6 children were underweight, which was the third highest rate out of 150 upper-tier authorities.
- At 22.5%, Blackburn with Darwen's smoking prevalence in 2013 was the 26th highest out of 150 upper-tier authorities. In 2011-13, its rate of smoking-attributable deaths from heart disease and stroke was the second highest in England, and its smoking attributable mortality from stroke was the fourth highest.
- Alcohol is a major contributor to ill-health in Blackburn with Darwen. There are now two main measures of alcohol-related admissions, an older ('broad') indicator and a new ('narrow') one. Blackburn with Darwen comes 8th highest or 30th highest in 2012/13 depending which is used. Public Health England prefers the new narrow rate, as it is believed to be less susceptible to 'coding inflation'.
- Although Blackburn with Darwen is still higher than average, it has been steadily improving since 2009/10 on the new indicator. Even on the old indicator, there are signs that the gap with the North West and England may at last have started to diminish.
- The number of years a person can expect to spend free from limiting long-standing illness is known as Disability-Free Life Expectancy (DLFE). In 2009-11, Blackburn with Darwen males could only expect to live 57.8 years free from disability, which put them 10th lowest in England (average 63.9 years). Females in the Borough could expect 60.1 disability-free years (England average 64.4).
- Above the age of fifty, a substantial proportion of patients with a long-term condition will in fact have two or three, which greatly adds to the impact on their lives and the cost of supporting them.



OUR VISION

'To deliver effective, efficient, high quality, safe, integrated care. This will **improve the health and wellbeing** of the population of Blackburn with Darwen and help people live better for longer, reducing health inequalities and improving outcomes in the borough'.

OUR PRIORITIES

Our aim is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the pledges in the NHS Constitution.

The NHS Outcome Framework Domains are:

- 1 Preventing people from dying early
- 2 Enhancing the quality of life for people with long term conditions (LTC)
- 3 Helping people to recover from episodes of ill health following injury
- 4 Ensuring people have a positive experience of care
- 5 Treating and caring for people in a safe environment and protecting them from avoidable harm

OUR 5 YEAR STRATEGIC PLAN

The full plan can be accessed here:

www.blackburnwithdarwenccg.nhs.uk/about-us/publications/

The plan sets out our 9 high impact changes which describe how we aim to:

- Deliver high quality primary care at scale and improve access
- Promote self –care and early intervention
- Commission enhanced integrated primary care services
- Improve access to re-ablement and intermediate care
- Improve hospital discharge and reduce length of stay in hospital
- Commission community based ambulatory care for specific conditions
- Improve access to high quality urgent care
- Commission high quality scheduled care
- Ensure quality improvement across all commissioned services

OUR KEY ACHIEVEMENTS

MENTAL HEALTH DEVELOPMENTS

In partnership with Lancashire Care NHS Foundation Trust (LCFT), ambitious plans for a full scale redesign of its crisis mental health pathway, to support the delivery of the mental health outcomes, have been progressed.

This will build on and extend the work undertaken in 2014/15 focused on improving the provision of memory assessment services and adult psychological therapies. This work has ensured that Lancashire is well placed to meet the impending targets for at least 75% of adults requiring psychological therapies having their first treatment within six weeks and a minimum of 95% being treated within eighteen weeks with these levels broadly being achieved in the current year.

DEVELOPING A SUSTAINABLE MODEL OF PRIMARY CARE

In Blackburn with Darwen GP clusters now focus around four localities (Blackburn North, East, West and Darwen) operating on a larger scale to maximise economic and quality benefits for patients.

ESTATES AND INFRASTRUCTURE

A number of estates solutions are currently under consideration aligned to the CCG's plans for integrated locality teams and utilisation of existing estate and will be outlined in the CCG's Estates Strategy once finalised.



INTEGRATED CARE AND BETTER CARE FUND DEVELOPMENT

The Better Care Fund will enable the CCG and Local Authority, to pool budgets to help transform local services and help local people receive better integrated care and support.

A number of plans are currently being developed for implementation during the next financial year:

- Integrated Locality Health and Social Care Teams (operational from April 2015)
- Integrated intermediate care and reablement
- Supporting people to live independently following discharge from hospital.
- Care navigation hub
- Proactive management of our services and health systems
- Deliver on patient needs through service re-design and development
- Improve patient choice, experience and attract new entrants to the market place

UNSCHEDULED CARE DEVELOPMENT

A number of key priorities have been identified to reduce the reliance on A&E departments, improve outcomes and patient experience.

- NHS 111 procurement
- Implementation of a comprehensive ambulatory care pathway to support the reduction in hospital admissions
- Enhanced and Integrated Liaison Services
- Evaluation of the impact of the integrated co-located primary care service within the urgent care centres
- Improve access to primary care
- Pennine Lancashire Paediatric Pathway



MONITORING OUR PERFORMANCE

Monitoring of the key performance indicators for health services is one of our most important ways of making sure that the most critical services are performing properly and taking action with providers of services to make improvements where targets are not met.

The highest priority areas which we monitor are:

Operational standards for treating people in A & E

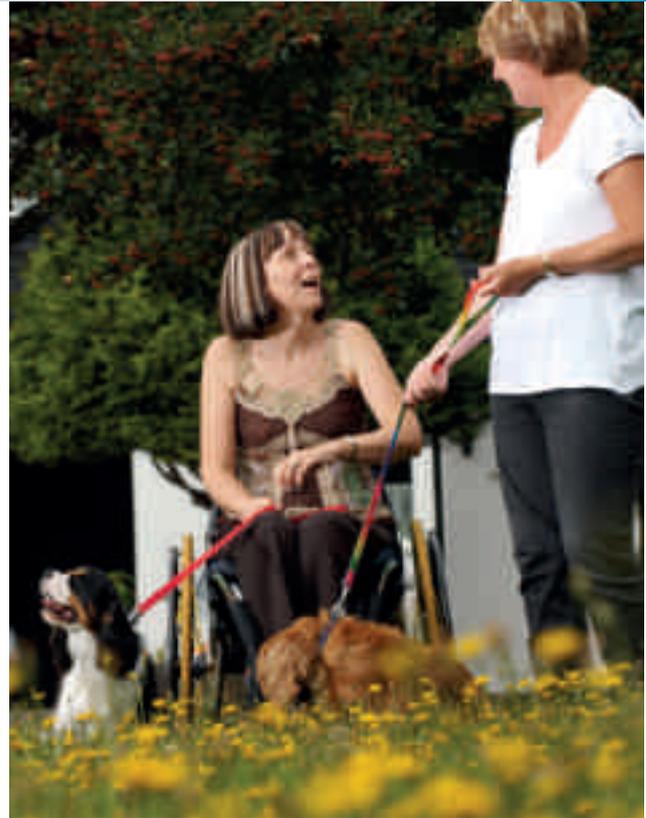
Response times for ambulances to emergencies

Waiting times for cancer diagnosis and treatment;

Waiting times for planned treatment, such as orthopaedic surgery

See full annual report for detailed year to date position on a range of key performance indicators.

www.blackburnwithdarwenccg.nhs.uk



EQUALITY AND DIVERSITY

We believe that equality and diversity includes addressing health inequalities and should be embedded into all commissioning activity. One of our strategic aims is to provide equality of opportunity to all our patients, their families and carers and to proactively eliminate direct or indirect discrimination of any kind.

We are keen to involve local people in the continuing development and monitoring of our Equality Objectives and strategy to ensure that we commission the right health care services, provide well trained staff to deliver them and ensure our providers meet the equality duties set out in the Equality Act 2010 and promote people's rights.

Our second Equality & Inclusion Annual Report, published in January 2015 is on our website and can be found here:

www.blackburnwithdarwenccg.nhs.uk/about-us/equality-diversity/equality-published-reports/

We are committed to equality of opportunity for all employees and to employment practices, policies and procedures which ensure no employee or potential employee receive less favourable treatment on the grounds of their gender, race or any personal characteristics.



SUSTAINABILITY REPORT

As a commissioner of services we are required to demonstrate our commitment to promoting environmental and social sustainability as a corporate body.

We have utilised the NHS Sustainable Development Unit's 'Guide to Sustainable Commissioning for Clinical Commissioning Groups' developed in conjunction with the Royal College of General Practitioners, to help us establish commissioning structures and processes that will deliver business profitability, longevity and resilience in a rapidly changing world.

We continue to develop and implement our Sustainable Development Management Action Plan, which is managed through the Operational Delivery Group.

The principles we have adopted cover the following areas:



COMMISSIONING:

a sustainable approach to commissioning that seeks ways to reduce costs and use of resources that produced health benefits and encourages sustainable procurement.



ENERGY:

reducing consumption of non-renewable energy sources and to reduce consumption across all activities.



WASTE:

to minimise the waste we generate and its impact through seeking opportunities to reduce, reuse, recycle, and recover otherwise redundant resources.



TRANSPORT:

we are aware of the environmental impacts of business travel and will develop a management plan which focuses on reducing the environmental impact of unnecessary business travel.



TRAINING:

we will commit to the on-going training and education of our staff so it can deliver the most efficient and effective operations possible.



PROCUREMENT:

we advocate that the products, services and materials that we purchases are as sustainable as possible

The plan sets out a number of sustainability objectives focused on:

- Raising staff awareness
- Waste, energy, and carbon reduction
- Travel and transport

As well as a Governing Body sustainability champion, we have nominated a staff member as a “green champion”, to help inform and raise awareness amongst staff on how we can all make changes to reduce the impact of our activities on the environment.



REVIEW OF OUR BUSINESS

Revenue resources available in 2014-15 were £209.8m including a running cost allocation of £3,971k. We received an allocation increase in 2014-15 of 2.14% but remained 2.21% under our target allocation for Blackburn with Darwen patients.

In 2014-15, we were required to maintain an underlying recurrent surplus of 2.5% which could be spent non recurrently. We were also required to deliver a 1% surplus of £2.3m and had a savings target of £4m.

All these targets were achieved in 2014-15.



£3,971k

**running cost
allocation 2014-15**



In 2014-15, we made significant financial investments in all areas of health including elective and non- elective demand management, mental health services and enhanced community services.

There were a range of financial pressures and risks during 2014-15 including increasing activity in the acute sector, increases in expenditure on prescribing and in growth in continuing healthcare packages.

OUR INVESTMENTS IN FUTURE YEARS

There are significant demands on our resources over the next few years. The main areas are:

Better Care Fund

**Tailored care
for Vulnerable
Older People**

Call to Action



£10.8m

In 2015-16 we will contribute £10.8m into a pooled budget for the Better Care Fund

In 2015-16, we will be required to maintain an underlying surplus of 1% which can be spent non recurrently and also deliver a 1% surplus. We will receive an allocation increase of 3.6% resulting in a distance from target of minus 1.68%.

Efficiency savings of 3.5% across all budgets has been assumed and in addition we must deliver a savings/disinvestment programme of £5.0m in order to deliver our 1% surplus.

Our investments are consistent with those in the 5 year Strategic Plan. In 2015-16 we will contribute £10.8m into a pooled budget for the Better Care Fund to be spent in partnership with Blackburn with Darwen Borough Council.

For 2015-16, we have been authorised to manage delegated budgets for the co-commissioning of primary care GP services and will work with NHS England to manage these delegated budgets.

In 2015-16, our running cost allocation will be reduced by 10% from £3.9m to £3.5m, in line with national guidance.



FOR MORE INFORMATION

If you are interested in finding out more about Blackburn with Darwen CCG and would like to view our Annual Report and Accounts in its entirety then please go to:

www.blackburnwithdarwenccg.nhs.uk

