

Meeting name and date	Governing Body, 27th November 2017
Agenda item & attachment number	Item 7 Attachment 3
Title of paper	Acting Clinical Chief Officer's Report
Author name and job title	Dr Claire Fuller, Acting Clinical Chief Officer
Executive Lead	Dr Claire Fuller, Acting Clinical Chief Officer
Primary Strategic Objective	Covers a range of objectives
Risk rating	Range of risks - see below
Purpose of Paper	To note

Executive Summary

Acting arrangements following Chief Officer's departure
 Turnaround Director appointment
 2016/17 Financial Recovery Plan
 Stroke and CAMHS update and Committee in Common Decisions
 Equality and Quality Impact Policy
 Discussions with the Council of Members regarding future Governance
 Changes to the Executive Structure
 Best practice visits
 Safe Havens (Crisis Cafes)
 Integrated Access to Psychological Therapies
 GP Practice mergers
 Local Devolution
 Health and Wellbeing Board

Compliance section

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

Patient and Public Engagement	Significant issues
Quality Impact	No Quality Impact Assessment required
Equality Impact	No Equality impact assessment required
Privacy impact	No Privacy Impact Assessment required
Financial implications	Within delegated budgets
Workforce issues	Significant workforce issues
Conflicts of interest	Conflicts of interest managed in line with policies

Additional information

Financial recovery and Stroke are both covered in the CCG's risk profile and are significant areas of risk. There are significant workforce issues highlighted in the Health and Wellbeing Board report.

Patient and public engagement is taking place in a number of areas, specifically stroke and in relation to the CCG's commissioning intentions.

Chief Officer's Report

Acting arrangements

Following Miles Freeman's departure to take up an exciting new role as National Lead for Optimal Pathways with NHS England's Right Care programme, I have as you know taken on the Chief Officer role on a strictly acting basis. I am indebted to my executive colleagues for their support during this period and to Peter Collis, who has kindly agreed to take on an acting chair's role. I will keep you informed on our progress with recruitment to the interim role, which we hope to fill quickly and with a start date of the middle of January.

Turnaround Director

I am also pleased to be able to welcome Antony Collins as Turnaround Director. Antony is very experienced and has held a number of senior posts in the NHS supporting financial recovery. He will be leading and supporting the QIPP and the PMO work.

2016/17 Financial Recovery Plan

Detailed planning has now commenced on the revised 2016/17 Financial Recovery Plan. As Governing Body members will be aware, there is an iterative approach to this work which will continue in parallel with (and be informed by) work on transformational and other programmes, and national policy developments including the spending review. The three localities will have a key role in delivering on this around each acute hub.

Stroke and CAMHS update and Committee in Common Decisions

As discussed in previous Governing Body meetings and seminars, the committee in common approach with other Surrey CCGs (currently focused on Stroke and CAMHS) has complex governance arrangements which has necessitated amendments to the different CCG constitutions. These are not yet complete and until this is done Chairman's action has to be taken to ensure probity of decision making. I can confirm that under Chairman's action in accordance with the constitution, I agreed the following, which I would ask the Governing Body to formally note:

Stroke:

The Committee in common agreed to proceed with asking health systems how they would propose to achieve a specification and conditions set by the commissioners. In broad terms this involves:

- a) commissioners refining a specification for a whole system pathway of care, including acute and community services by the end of December 2015;
- b) asking health systems for proposals as to how they would meet the specification (proposals to be delivered in March 2016);

- c) evaluating proposals against criteria, potentially with the support of Clinical Senate in April-May 2016; and
- d) undertaking ongoing engagement and consultation as needed, depending on the scope of the proposals in June-August 2016. The aim would be to be mobilising for new provision from September 2016 onwards.

The Committee in common agreed to meet on 17 December 2015 at 3pm (exact timing to be confirmed), to review the specification and financial envelope.

With regards to ongoing work, the committee is considering evidence such as mortality and performance data, feedback from local people, feedback collected by the Stroke Association, and evidence from a national expert panel; other events with clinicians and providers and financial information are also being developed.

The committee believes that it is essential to develop stroke services further across the whole pathway of care to improve outcomes for local people and that CCGs should work with local health systems to plan the best way forward. In December, commissioners will meet with providers to talk about planned next steps. In January 2016, commissioners plan to issue a specification for stroke services and ask health systems to consider the best ways to provide the specification within a financial envelope. There will be ongoing dialogue between commissioners and providers. Health systems will be asked to submit proposals in March and these will be evaluated in April / May 2016 to ensure the highest quality care.

CAMHS:

The CAMHS Committee in Common, comprising membership from the six Surrey CCGs, met on the 13th October 2015 to approve the award of the CAMHS contract to the recommended provider, Surrey and Borders NHS Foundation Trust.

Further information on the decision process can be found on the Surrey County Council web site:

<http://mycouncil.surreycc.gov.uk/documents/s25522/item%2016%20-%20Targeted%20CAMHS%2015%20October%202015%20Final.pdf>

Equality and Quality Impact Policy

The Executive Committee on the 27th October approved a new Equality and Quality impact assessment policy which means that the CCG now has a single and integrated approach to assessing new projects, proposed changes, policies and other initiatives for their potential impact. This will enable the CCG to take an early view of the potential impact of changes on vulnerable groups and highlight where a more detailed analysis is required.

The policy is now in use but we expect that a further revision may be necessary within six months based on the experience of using it in practice.

Discussions with the Council of Members regarding future Governance Arrangements

As you know we have a number of proposals for changes to the constitution and governance of the CCG based on the outcomes of the reviews with PWC and others over the summer. These were being discussed with the council of members on the 19th November and I will update the Governing Body at the meeting on these.

Changes to the Executive Structure

As part of the above work, we are also proposing changes to the Executive Structure. This will retain the statutory roles of the Chief Officer and Chief Finance Officer. In addition there will be a Director of Commissioning and Strategy, a Turnaround Director and a Director of Clinical Performance and Delivery. This will also need consideration in terms of the constitution as it will mean revising voting and non- voting executive arrangements.

Best practice visits

Since the last Governing Body myself and other members of the Executive have visited NEW Devon CCG and Berkshire CCG to learn about their approaches to being in a challenged health economy (in the case of Devon) and a high performing health economy (Berkshire). These have been very helpful and contrasting opportunities to look at areas such as Rightcare and managing turnaround programmes and projects.

Safe Havens (Crisis Cafes)

In Surrey, partners are looking to improve the public sector response to people in mental health crisis. The Surrey Mental Health Crisis Concordat commits agencies to work together as one system to support people in mental health crisis regardless of which agency they turn to first. Partners are seeking to transform the response to people in mental health crisis through a development of:

- A universal integrated mental health crisis response service with a single point of access
- A single spine of information sharing
- Enhanced community support to prevent crisis occurring and enable recovery

The Safe Haven in Aldershot was the pilot for the Crisis Cafe model. People who have used it have said their experience was really positive and a youtube video is available on this project:

https://www.youtube.com/watch?v=BTfN_vopEAU

Evidence suggests that the Aldershot crisis café has further reduced admissions to mental health in-patient beds for the North East Hampshire and Farnham Clinical Commissioning Group area by roughly a third.

The local service will be in Epsom and will be available from 6pm – 11pm, 7 days a week, including bank holidays. Further information is available on the CCG web site at

<http://www.surreydownsccg.nhs.uk/get-informed/our-projects/mental-health-safe-haven/>

Integrated Access to Psychological Therapies

People who are finding it difficult to cope can now refer themselves directly for free NHS psychology therapies across Surrey Downs. Surrey Downs Clinical Commissioning Group has launched the new self-referral service to help those who are suffering due to stress, anxiety and depression. Previously, people could only access these therapies on the NHS after a GP referral. It is hoped that people who have not previously sought help because of the stigma around mental ill-health, may find it easier to speak directly to a therapy provider of their choice.

Nationally CCGs have reported an increase in IAPT (Increased Access to Psychological Therapies) referrals following the introduction of self-referral, with the patients themselves more motivated to carry through with therapy and recover following significantly fewer therapy sessions.

The primary treatment being offered is cognitive behavioural therapy, because there is strong evidence that it can really help people, but other available therapies include psychodynamic talking therapies, mindfulness, guided self-help and group sessions. Many of the organisations who are providing the service can offer appointments in person, over the phone, or online, and can arrange for people to receive help during evenings and weekends.

IAPT providers will carry out a telephone assessment of each patient's needs, offering an appropriate appointment as required. If the appointment time or location offered is unacceptable to the patient, the provider will redirect them to another provider. GPs are of course still able to make referrals into IAPT services.

GP Practice mergers

I would like to confirm that Glenlyn and Giggs Hill have merged to form a single practice. This means that the CCG as a group is now comprised of 32 rather than 33 practices.

Local Devolution

On 4 September 2015, East Sussex, West Sussex and Surrey County Councils submitted a joint high level document to Government outlining a case for devolution of specific functions and budgets to the three counties. This document, called 'The Three Southern Counties' (the 3SC) sets out their aim to, amongst other things, take greater control of their road and rail network, speed up housing development, pioneer new digital technology and launch University Enterprise Zones to support high-tech business. It has been developed with a range of partners across Sussex and Surrey including Local Enterprise Partnerships, district and borough councils and Clinical Commissioning Groups.

Two key workstreams feature in the Prospectus:

- Economic growth and enhanced productivity; and
- Public service transformation

They will help the 3SC realise the potential of the area by:

- Investing in a long-term infrastructure strategy;
- Increasing housing delivery and land supply;
- Increasing productivity; and
- Re-imagining public service delivery.

We will continue to work with Surrey County Council and our neighbouring CCGs to explore the potential benefits of this work.

Health and Wellbeing Board

The last meeting was in September – the next meeting is in early December. Key points were:

- A focus on the Joint Strategic Needs Assessment and ensuring that there was a close fit with the forward work programme of the board.
 - Presentations on commissioning intentions and the particular difficulties of recruitment and retention of staff.
 - Concerns were expressed regarding a rise in non-elective admissions to hospitals in Surrey, a key area that the Better Care Fund (BCF) was created to address
 - An update was provided on the steps identified for refreshing the 'Improving older adults' health and wellbeing' action plan.
 - There was a wide ranging discussion on how to tackle childhood obesity and co-ordinate action between agencies on this.
-
- An update was provided on the Children's Service Improvement Plan which had been produced by SCC in collaboration with partner organisations. The Improvement Plan outlined the steps that SCC would take to institute

sustainable cultural changes across Children's Services. It was, however, emphasised that remedial action had already been taken to address the 'priority' and 'immediate' issues highlighted in the Ofsted report which included improving SCC and partner organisations' response to Child Sexual Exploitation (CSE) through the development of a Multi-Agency Safeguarding Hub (MASH) and by establishing a one front door approach to safeguarding children in the county. Discussions took place regarding the role that CCGs could play in implementing the Improvement Plan and it was agreed that this would be considered at the meeting of the Health and Wellbeing Board on 10 March 2016.

- Following the publication of Future in Mind and the guidance to introduce the waiting and access standards to mental health services NHS England has announced additional funding for children's mental health services. This will be allocated to individual Clinical Commissioning Groups (CCGs) working in collaboration and will be released on the presentation of a Transformation Plan. The Health and Wellbeing Board is asked to support and approve the CAMHS Transformation Plan for Surrey developed by Guildford and Waverley CCG in order to access the additional funding made available by NHS England. The Board highlighted the need for CAMHS to be closely linked with the work of schools and the Family Support Programme in Surrey to identify and address mental health issues in young people early. It was stressed that the Transformation plan placed a strong emphasis on partnership working.