

Chief Officer's Report

Agenda Item 8 Paper 3	
Author:	Ralph McCormack, Interim Chief Officer
Relevant Committees or forums that have already reviewed this paper:	None
Action required:	To note
Attached:	None
CCG Strategic objectives relevant to this paper:	Integration Elective care Urgent care Strategy implementation Organisational development
Risk	There are specific risks on the risk register relating to the Commissioning Support Unit (CSU) and maintaining an up to date constitution,
Compliance observations:	Finance: The planning guidance for 2015/16 relates specifically to sustainability.
	Engagement : Formal consultation is taking place around local community hospitals.
	Quality impact: A quality impact assessment has taken place relating to community hospitals
	Equality impact: An equality impact assessment has taken place relating to community hospitals
	Privacy impact: At a later stage aspects of the digital roadmap may require privacy impact assessments.

EXECUTIVE SUMMARY

1. First impressions

I thought it would be useful to share my initial thoughts and observations about the CCG some of the key areas I will be focusing on in my first weeks.

Having worked as Interim Director of Delivery and Assurance at NHS England, I already had a good knowledge of the CCG and the challenges it faces so that has been a really helpful insight that I am gradually building on as I learn more about some of the projects and plans underway. Now being in post, I can see that the CCG is much more cohesive and clear about its plans and what it wants to deliver than I had appreciated which is very positive and a reflection on the hard work that has been done since the CCG first started reviewing its leadership and governance with the support of NHSE.

There are three main areas I want to focus on during my time here. The first is getting our leadership and strategic direction right, which will be key to everything we want to achieve. The second is about delivering the improvements in care, alongside the Financial Recovery Plan we need to achieve this year, and delivering a credible operating plan for 2016/17. The CCG has had a difficult year 2015-16 but I have witnessed a strong feeling of determination that the CCG will come out the other side, with exciting plans that will improve care for local people – and it is this that we need to continue. Lastly, we also need to look at relationships and culture, both internally and externally. It's really important that our staff and partners feel that they can contribute and that we listen. I have seen the changing position and the positive perceptions people now have of the CCG and how it is delivering and this is a significant achievement for an organisation that remains financially challenged.

2. Council of Members – amendments to the constitution

I am pleased to be able to report that the Council of Members, through an agreed online ballot process, has agreed to the necessary constitutional amendments that will enable the CCG to move forward in line with the various reviews of governance and leadership carried out during 2015. This required the support of a minimum of 75% of practices and was the culmination of a long process of listening to member practice views and adapting proposals for new structures and leadership roles through dialogue. In the event I am very pleased to report that 100% of practices voted and all were in favour of the proposed way forward. This is a very positive endorsement of the proposals.

I cannot stress too much how significant these changes are as they will mean that all aspects of the quality of care, and the sustainability of the local health economy, will (more than ever before) be rooted in the day to day efforts of our GP practices and their dual roles of provider and commissioner.

The constitutional changes, which have been developed with the support of the Governing Body and external legal advice, have now been submitted to NHS England for approval. There is an established assurance process for this which I have signed off on and which we now await NHSE's response to, but they have worked with us throughout this process and we anticipate that their continuing support will mean that we can move to the new constitution from the 1st April as planned.

3. Community hospitals

Following a comprehensive review of the services provided at the community hospitals in the Surrey Downs area, I am pleased to report that on 28 January we launch our public consultation to seek the views of local people and our wider stakeholders on the changes we are proposing to improve care.

This piece of work has taken over a year to bring to this point and I would like to thank the members of the public who have given up their time to help shape the review and give their feedback, partners who have contributed, and to all the staff at the CCG who have been involved in the review process and in planning the consultation. Although there is more to do, this has been a very positive process at a time when so much else is changing in both national and local terms.

I would encourage anyone who is interested to visit our website

(<http://www.surreydownsccg.nhs.uk>)

where our consultation document will be available. We are asking local people to share their views on the options being proposed through our questionnaire, which will also be available on our website. For further details, or to request a copy of the consultation document, please contact our communications team on 01372 201721.

4. Stroke

At the time of writing the Committee in Common for the Surrey Stroke Project had yet to meet. A verbal update will be given at the meeting on this work.

5. 2016/17 Planning guidance

I would just like to reiterate the nine must dos for the NHS in this year's planning guidance, which was issued on 22nd December. These are:

1. Develop and deliver a high quality and agreed Sustainability and Transformation Plan (STP).
2. Commissioners and providers jointly ensuring that the system returns to aggregate financial balance.
3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.
4. Get back on track with access standards for A&E and ambulance waits.
5. Improvement against and maintenance of the NHS Constitution standards for 18 weeks referral to treatment, including offering patient choice.
6. Deliver the NHS Constitution 62 and 31 day cancer standards and make progress in improving one-year survival rates.
7. Achieve and maintain the two new mental health access standards for a first episode of psychosis and Improved Access to Psychological Therapies (IAPT) programme and continue to meet designated dementia diagnosis rates.
8. Deliver actions set out in local plans to transform care for people with learning disabilities.
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.

These are, for the most part, not new and are articulated very clearly for the benefits of all partners in the national and local NHS. Agenda item 12 sets out our local plans for delivery of these must dos in our own commissioning plans.

6. Junior doctors

The British Medical Association (BMA) confirmed that junior doctors would be taking industrial action on Tuesday 12 January, Tuesday 26 January, Wednesday 27 January and Wednesday 10 February 2016. The action on the 12th January went ahead but local services were maintained. At the time of writing the action planned for the 26th and 27th has been cancelled. It should be noted that currently the action planned for the 10th February would affect emergency as well as elective care.

The CCG works closely with our trusts and with GPs to ensure that the impact of any industrial action is minimised. On the above occasions the communications team has made / will make extensive use of social media to support providers, particularly Epsom St Helier. Phlebotomy clinics in particular have been rescheduled and both the trust and the CCG have contacted local practices, GPs and nurses to ensure they are aware of potential impacts on service delivery.

The CCG has been liaising with all our providers to ensure that the correct processes are in place to manage services during this time. All patients affected have been contacted with regard to their appointments, and services are working hard to reschedule appointments for as soon as possible. Emergency services will continue as usual.

Further information is available from Kirsty McMurray, Urgent Care and Integration Lead via kirsty.mcmurray@surreydownsccg.nhs.uk or on 01372 201621. Kingston Hospital have also set up a patient appointment line on 0208 934 3305.

7. Winter update

I am pleased to report that so far there appears to have been a generally positive experience for patients during the winter in Surrey Downs, although there have been some weeks and specific occasions when acute trusts and community beds have been under pressure. We have worked closely with Epsom, Kingston and Surrey and Sussex Trusts to help maintain service quality at this time, as well as with SECAMB and community providers and GP practices.

There are still potentially several weeks of winter ahead and Easter, which is often a busy time for the NHS, is also early this year falling on the weekend of the 25th – 28th March. We are therefore keen to maintain momentum on joint working and also on working with the public to ask them to make appropriate use of services to avoid putting too much pressure on A&ED departments. The NHS Choices website gives excellent information on which service to use and can be accessed at <http://www.nhs.uk/staywell#getting-help>

8. Digital roadmap

The Five Year Forward View sees information as a key enabler to securing a sustainable NHS. By 2020, it is expected that health and care professionals will be operating paper free at the point of care. This vision - developed by the National Information Board - was outlined in "Personalised Health and Care 2020 – A Framework for Action".

As a key first step, local health economies are to produce Local Digital Roadmaps detailing the actions they will take to deliver this ambition of being paper-free at the point of care by 2020. Local Digital Roadmaps will generate momentum and drive transformation across local health economies, inform local investment priorities and support local benefit realisation strategies.

Surrey CCGs, working with Surrey County Council, submitted their Local Digital Roadmap Footprint at the end of last year and will submit the Local Digital Roadmap by June 2016. A shared project management resource has been put in place to support this.

9. CSU future arrangements

Many CCG SLAs with CSUs will shortly be coming to an end and SLAs with commission support providers must be procured fairly and competitively with capable suppliers. Surrey Downs is working with other CCGs in Surrey to explore potential future arrangements within NHS England framework arrangements.

NHS England has signalled that CCGs should have commenced a procurement process and engaged with the national team to replace SLAs by April 2016 although it can be extended up until July 2016. CSUs are expected to become Autonomous Provider Organisation by December 2016.

One area that could be procured collaboratively is Information Communication Technology (ICT) Services, where both GP and CCG ICT are a concern for Surrey CCGs. This would be a high value contract which could have significant economies of scale. The next step is to agree with the scope and service specifications and ensuring all CCGs get the best outcomes.

Currently there is a Project Initiation Document being developed by the shared IM&T Programme Director which will outline the procurement process and resources required.

Discussions are ongoing regarding contract support and hosted services and I will advise the Governing Body further on these when more information is available.

10. GP survey results

I am pleased to report that the national GP survey shows that Surrey Downs again performs well and generally better than the national average for the quality of its GP services, with nearly a third of practices scoring between 93% and 99% overall satisfaction rates. Obviously there is always room for improvement and we will continue to support NHS England to improve the quality of local primary care wherever possible.

The survey for 2016, and surveys going back to 2007, can be found at <https://gp-patient.co.uk/surveys-and-reports> and specific information on individual CCGs 2016 results can be found at <https://gp-patient.co.uk/slidepacks/January2016#S>

11. and Wellbeing Board update

At a meeting in November 2015 the Board:

- Held a workshop to identify areas that the Board could address to overcome the main challenges facing residents as they entered the Health and Social Care System, including demand management, consumer expectations and capacity. It was agreed that the Board would work with the Health and Wellbeing Board Communications Group to promote consistent messaging to residents and health and social care workforce; to discuss and approve the Surrey approach to information technology with the item “digital roadmaps”; and that the Board would have a future in-depth workshop on health and social care integration to provide strategic direction for the next stages of integration.
- Received an update on issues facing Surrey in relation to the health and social care workforce. As a result of this it was agreed to discuss workforce in depth, particularly the impact of the living wage policy on workforce challenges. This would be discussed at the meeting in April 2016.

There was a public meeting of the Board in December 2015 which discussed:

- An update on the improving emotional wellbeing and mental health priority of Surrey’s Joint Health and Wellbeing Strategy.
- Children and young people’s partnership arrangements. A review of these arrangements in Surrey had been undertaken recently and a key recommendation from this was to replace three existing groups with a single strategic partnership board focused on all joint commissioning relating to children and young people.

- Surrey Safeguarding Children Board Annual Report 2014-2015. Areas of future focus included child neglect, which was one of the most pressing issues in child safeguarding in Surrey, delivering the Improvement Plan with monthly visits from Ofsted and developing performance measures to ensure progress can be tracked.
- Surrey Safeguarding Adults Board Annual Report 2014-2015. The Board were informed about preparations for the changes required as a result of the Care Act 2014. From 1st April 2016 there is a statutory responsibility to have a local Safeguarding Adult Board.
- Accommodation with Care and Support Strategy. Surrey's future approach over the next 20 years was explained including the need to make changes from traditional residential and nursing care to jointly commissioned, innovative accommodation with care and support.

Date of paper

19th January 2016

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