

Chief Officer's Report

Agenda Item 8 Paper 4	
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 End of life care Children and maternity Strategy implementation Organisational development Core business
Risk	There are risks on the assurance framework and / or risk register relating to Information Governance, End of Life Care, implementation of strategy, and organisational development.
Compliance observations:	Finance: 4. Progress on CSU, collaborative arrangements and hosted services may carry some financial risks if not managed jointly
	Engagement : The community hospitals consultation continues until 5 th May
	Quality impact: The community hospitals consultation is subject to quality impact assessment
	Equality impact: The community hospitals consultation is subject to equality impact assessment

Privacy impact: No issues at this stage

Legal: The community hospitals consultation is a statutory requirement.

EXECUTIVE SUMMARY

1. NHS Surrey Downs CCG – the first three years

I thought I would open my report this month with a sincere thank you to all those who have served on the Surrey Downs CCG Governing Body and its committees over the last three years, and everyone who has contributed to the development of the localities and the other clinical leadership arrangements that have served us since April 2013.

The Health and Social Care Act gave CCGs the huge task of holding together the NHS through the biggest changes to the system in a generation. Despite all its difficulties Surrey Downs has been genuinely focused through its localities and its member practices on the health needs of the local population. It has been a learning organisation that spent a large part of its last year facing up honestly to the areas where it needed to improve, and it has embarked on an organisational development journey that is both evolutionary and revolutionary.

Now that it is time to move on, I would particularly like to thank those GPs – Dr Taki, Dr Evans, Dr Williams, Dr Moore, Dr Gupta, Dr Laws, Dr Wali - and our secondary care doctor, Dr Mark Hamilton - all of whom are standing down from clinical roles on the Governing Body at the end of this month. Their support over the last three years has been significant in ensuring that Surrey Downs is an organisation that is clinically led, and constantly comes back to the experience of patients as its focus for discussion and decision making. I would also like to thank Cliff Bush for giving the CCG some healthy challenges in his role as lay member and subsequently observer during this time. On behalf of the whole Governing Body we wish you all well in future.

Finally I would like to thank Karen Parsons, who is retiring in May. Karen was the CCG's Chief Operating Officer throughout the transition period and for the first two and a half years of Surrey Downs CCG. These were enormously complex and difficult times and she went above and beyond in ensuring that we were authorised and able to start developing as an organisation. More recently she has guided us through the complex process and actions arising out of the Governing Body reviews held in 2015. We thank her for her huge contribution and wish her well in her retirement.

2. Organisational Development and new Governing Body arrangements

The Governing Body seminar at the end of February spent a large part of its time focusing on two areas – ensuring continuity between the earlier system of Governance and the new, and on helping to ensure that we have a basis for future Organisational Development. We will be using the first few weeks of 2016/17 to ensure that this has the full ownership of the Governing Body and that the mechanisms are in place for it to bring around real change based on real leadership. It is our intention to formally sign off the OD plan at our May meeting.

3. Community Hospitals Update

The community hospitals review formal consultation is ongoing and will close on the 5th May. This has been and continues to be a huge undertaking for both the service redesign team and the comms and engagement staff, and I would like to thank them for their ongoing efforts.

By the time of the Governing Body meeting there will have been around thirty engagement events, many of which have taken significant amounts of organisation and follow up. All of these will contribute to the final proposals to be put to a future Governing Body. In the meantime I would urge the public to continue to have their say. Further information is available at

<http://www.surreydownsccg.nhs.uk/get-informed/our-projects/community-hospital-services/>

4. Progress on collaborative arrangements and hosted services

As you know, other CCGs are, like us, constantly reviewing the existing arrangements for collaboration and hosting with a view to getting the best outcomes for our local populations. We are now engaged in a process, using external consultants, that will help us to provide some certainty on our next steps. I will give a further update on this at our next meeting.

5. Lead Provider Framework

At the January Governing Body meeting I outlined the position with the CSU and the services we currently buy from South East CSU

Since then we have continued to work as a group of CCGs in Surrey to scope the potential for developing and delivering the CCG's IT Services in a different way.

We will be collaborating with Surrey CCGs on procuring GP IT and CCG Corporate IT in 2016/17 and we will shortly be serving notice on these services. The timeline to reprocure will be the first half of 2016/17 for the new services to start from 1 October 2016. The process for other services is still to be determined.

6. National Maternity Services review

The National Maternity Review, was published on the 23rd of February and highlights the need for maternity services in England to become safer, more personalised, kinder, professional and more family-friendly.

The review - tasked with setting out recommendations for how maternity services should be developed to meet the changing needs of women and babies - was conducted by an independent panel consisting of NHS staff, professional bodies and user groups and led by Baroness Julia Cumberlege.

The review found that despite the increases in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services have improved significantly over the last decade.

However, the review also found meaningful variations across the country, and further opportunities to improve the safety of care and reduce still births.

Prevention and public health have an important role to play, as smoking is still the single biggest identifiable risk factor for poor birth outcomes. Obesity among women of reproductive age is increasingly linked to risk of complications during pregnancy and health problems of the child.

The framework highlights seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live.

- Personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

- Continuity of Care - Every woman should have a midwife, who is part of a small team of four to six midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally
- Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Postnatal care must be resourced appropriately. Women should have access to their midwife (and where appropriate obstetrician) as they require after having had their baby. Those requiring longer care should have appropriate provision and follow up in designated clinics
- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

The work on this review will be fed into our local commissioning and developments of our community hubs. It will also form part of the work we will be doing with other CCGs with whom we are drawing up a Sustainability and Transformation Plan, and reported on again in future meetings.

For further information go to:

<https://www.england.nhs.uk/2016/02/maternity-review-2/>

7. End of Life Care

The Housing Learning & Improvement Network, together with Public Health England, has recently produced a report on the importance of having the option of end of life care delivered at home, describing the context, inequalities in end of life care, and examples of good or emerging practice. It is intended to be a practical guide that meets the criteria of an integrated approach, to help people to have their end of life care wishes met.

The report can be accessed at:

<http://kingsfundmail.org.uk/21A8-41XX5-FM9TTW-1ZUMJ6-1/c.aspx>

Surrey Downs CCG has a Governing Body approved End of Life Care strategy. The key to this is in line with the report, which aims to create an integrated approach with a skilled workforce.

8. Information Governance Toolkit

I am pleased to report that we have done very well on meeting the requirements set out in the Information Governance Toolkit and have been making huge efforts to ensure that staff are trained in the basics of Information Governance and that we meet the 95% threshold in this respect. I will give an update at the meeting on the 18th March but would like to reiterate our commitment to ensuring that information is properly managed in this organisation. We have worked closely with auditors on the evidence base for our IG toolkit submission this year and have agreed that they will come in during the early part of April to undertake a final review so that our Annual Report contains reasonable assurance as to our approach.

9. Paperless Governing Body

At one of the last Executive Committee meetings it was agreed that we would commit to a paperless approach to Governing body and Committee papers during 2016/17. There are many very good reasons for this specifically:

- reducing environmental impact;
- giving Governing Body members access to the full archive of papers;
- enabling papers to be transmitted and reviewed more rapidly;
- reducing the amount of administrative time spent on copying and distributing papers.

We will give you an update on the timescales for the project in due course.

10. Health and Wellbeing Board

At a meeting in January 2016 the Health and Wellbeing Board (the Board):

- Discussed asset based approaches to health and social care. The Board agreed to support an asset-based approach and share this within their organisations and to work with Surrey Fire and Rescue Service to identify what health aspect the Surrey Safe and Well visits would include.
- Received an update on the refresh of the Joint Health and Wellbeing Strategy. It was agreed that the strategy would be updated to reflect feedback from the Board and a second version would be available in March 2016. The indicators list was agreed and would be input into an online data dashboard to show baseline, current position and trends in data.

At a meeting in February 2016 the Board:

- Received an update on plans relating to the devolution and health and social care integration in Surrey and the opportunity to discuss implications and next steps.
- Considered the latest financial positions and funding news for Surrey's Clinical Commissioning Groups and Surrey County Council.

Date of paper	11 th March 2016
For further information contact:	ralph.mccormack@surreydownsccg.nhs.uk