

Title of paper:	Chief Officer's report
Meeting	Governing Body 18 th July 2014
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Exec Lead:	Miles Freeman, Chief Officer

Purpose	To Agree	
	To Advise	
	To Note	

Operational Resilience and Capacity

As you are aware the resilience of the health care system has become an issue not just for the winter period but throughout the year as the NHS has learnt to cope with heatwaves, non-seasonal flu and special events such as the Olympics. It is therefore helpful that the need for timely preparation and some additional funding has been recognised centrally. New guidance has been issued jointly by NHS England, the NHS Trust Development Authority (NHS TDA), Monitor, and the Association of Directors of Adult Social Services (ADASS). A copy of this can be viewed at

<http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf>

Urgent Care Working Groups have been successful in the first year of the post-reform NHS but there is now a need for these groups to build upon their existing roles, and expand their remit to include elective as well as urgent care. New "System Resilience Groups" or SRGs will become the forum where capacity planning and operational delivery across the health and social care system is coordinated.

Bringing together both elements within one planning process underlines the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients. It is imperative that resilience is delivered while maintaining financial balance. The guidance is clear that "There can be no trade-off between finance and performance."

As a CCG we are required to have undertaken an analysis of our experience in 2013/14 and finalised our plans for 2014/15 by the end of July and submitted these for assurance by NHS England, which is expected to be completed during September so that plans can be published in October.

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The key non-elective elements of the plan are:

- Planning (particularly predictive modelling of capacity and co-ordinating the efforts of non-urgent care providers)
- Primary Care
- Seven Day Working (including primary care)
- Patient Experience (focusing on regular and high intensity users of the system)
- Measurement (utilising real time data as much as possible)

The key elective elements are:

- Planning (with an emphasis on access and training staff in understanding access for patients and referral to treatment times)
- Building on existing work
- Pathway design (supporting Referral To Treatment – RTT - plans)
- Measurement
- Governance (Board level assurance in Quarter 2)

There are also familiar considerations around wider services such as ambulance and processes such as discharge planning. Children, people with mental health needs, chronic conditions, and care homes should also be factored in.

The Governance of SRG requires each member organisation to work together to deliver the above agenda. In developing terms of reference each SRG needs to consider the targets, standards, plans and progress of other relevant work streams in the local health economy.

Release of additional monies to SRGs will be on the basis of a risk assessment in which the systems with the lowest risk will be given resources on the basis of earned autonomy. Other SRGs will only have monies released to them once plans have been signed off. The majority of monies will be allocated on fair shares basis based on the population within each CCG's geographical footprint.

Due to the tight timescales for this work I will keep the Governing Body updated through our normal communication process and we will bring this back to the formal Governing Body meeting in October for the Quarter 2 review set out in the guidance.

Update on Primary care provider networks (PCPN)

We are continuing to work on the development of PCPNs as set out at the last Governing Body meeting. A key piece of work has been to elective care standards which they PCNs would work to. Meetings are in place for each of the 3 emerging networks to continue to develop and confirm a business case to support provision of key specifications. We have, to date, 25 of our 33 practices signed up in principle to developing networks.

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Update on the CCG's Expression of Interest for NHS England's proposals for co-commissioning of primary care

I can confirm that an expression of interest has been made in line with NHS England timescales and we have had meetings with the Area Team to explain our local vision and actions. The proposals fit well with our Integrated Commissioning Plan, Integrated Provider Strategy, Out of Hospital Strategy and our Primary Care Strategy and we believe will lead to:

- Better integration of care
- Higher quality standards in primary care
- Better local engagement with the public and patients
- The ability to tackle health inequalities at the most fundamental level

The Expression of Interest will be considered by NHS England and the outcome will be communicated to the CCG in October 2014 with delegated powers from 1st April 2015. Approval will be 'in principle' as a significant consultation process with our membership practices and other key stakeholders will need to take place.

Surrey Health and Wellbeing Board Update

Since our last Governing Body the Health and Wellbeing Board has met and discussed:

- Surrey's joint emotional wellbeing and mental health commissioning strategy for children and young people 2014 – 2017. This was endorsed and a further report will be received in September.
- Promoting emotional wellbeing and mental health priority – the draft commissioning strategy for mental health was agreed and has been issued for consultation
- CCG Strategic Plans
- The Surrey Joint Strategic Needs Assessment (JSNA) and pharmaceutical needs assessment.

Update on development of SDCCG web site and intranet

We have now appointed a company to lead our web site and intranet development and have held a very successful workshop to explore this with them. This was attended by a large number of stakeholders including GPs and the CCGs own staff. The outputs from this event will be fed into the design of our web site and intranet.

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Outcome of Quarter 4 CCG Assurance Meeting

A copy of the Quarter 4 assurance letter is attached. We were very pleased with the feedback from NHS England which confirmed the successful leadership and the significant developmental journey we have undertaken since first being authorised. I would like to thank all the staff of the CCG and key partners for making our first year such a successful one and for helping us to achieve this feedback.

Update on the work of the Executive Committee

Since the last Governing Body there have only been three meetings. A number of the issues are covered in the items below. In addition the Committee:

- Discussed future arrangements for commissioning support
- Undertook planning for the 9th July Education event
- Development of the Referral Support Service
- Agreed improvements in ambulatory care
- Reviewed prescribing targets for primary care
- Reviewed early warnings on financial pressures
- Agreed the CCG's Major Incident Policy and Plan
- Reviewed joint working with the voluntary sector
- Agreed the approach to Directed Enhanced Services

Governing Body 'Framework of Excellence' survey

Following our Q4 assurance assessment we agreed to pilot the use of 'Framework of Excellence (FofE) in Clinical Commissioning' to

- build a common understanding of what excellent practice looks like in CCG clinical commissioning;
- support Surrey Downs CCG's Governing Body (GB) and the Area Team to identify development needs through a facilitated diagnosis process and to help inform ambition for the CCG's development;
- support the CCG in further developing their Organisational Development (OD) plan, through facilitating a workshop of the GB to review and prioritise the CCG's action plan for 2 areas within the FofE (tailored to equip the CCG to successfully deliver their commissioning priorities)
- improve engagement with our membership

The on-line diagnostic survey for GB members (hosted by the North West Leadership Academy), is on Survey Monkey and will be launched on 14th July for 2 weeks. Its purpose is to assess CCG Governing Body members' views on the organisation's performance, in each of the areas of the Framework.

The results will be collated and fed back at the Governing Body seminar in September 2014.

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Recommendation(s): This report is advisory and I am happy to take questions from Governing Body members on any aspect of it.

Attachments / references: None

Implications for wider governance

Quality and patient safety: Operational Resilience and Capacity Planning will help maintain patient safety in the services we commission. Primary Care Co-commissioning will lead to better quality as services are more integrated.

Patient and Public Engagement: Mental health strategies discussed at the HWB are the subject of public consultation. The development of the CCG's web site is also intended to enhance patient and public engagement.

Equality Duty: No specific issues.

Finance and resources: Operational Resilience and Capacity must be delivered within financial limits.

Communications Plan: This paper is on the CCG web site.

Legal or compliance issues: Appropriate legal models have been reviewed in relation to primary care provider networks.

Risk and Assurance: The following areas from this report are on the CCG risk Register: Operational Resilience and Capacity

Our ref: CCG Assurance report

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16th June 2014

Dear Claire and Miles

Re: Surrey Downs CCG, Area Team Assurance Report, June 2014

I wanted to start this letter with a personal acknowledgement of your achievements in the first year. We have never seen such a major reorganisation of so many parts of the NHS as we saw a year ago. I have been immensely impressed by the focus and tenacity you have shown in working through the year and I believe we have seen continuous, impressive development over that time, as our following comments describe. I admire and enjoy your boundless energy which comes across in everything you do.

This letter represents our formal summary statement of assurance of the CCG at this milestone, on completion of your first year as a statutory organisation. Although this overall assessment was informed by our recent Quarterly Assurance Meeting on 12th June, it rightly reflects our work with you more widely and the many and diverse areas where we work together. Our assessment looks forward as much as it reflects your achievements over the last quarter and your first full year.

I have broken down this letter into the six domains, recognising there is significant overlap between some of them. Before I start our specific comments, let me finally say that although this is a relatively long letter, it is necessarily a fairly high-level summary of our assurance. It cannot do justice to the complexity of the tasks you face as a CCG or the many ways in which you have to work on behalf of your population.

At the end of June, we will need to discuss with our colleagues from the NHS England Regional Team our levels of assurance of the CCGs and the reports will then be considered through the national moderation process and NHS England Committee. If there are any issues or perceived inaccuracies in this letter, please let me or Pennie know, in writing, by 19th June.

I will now turn to the six domains of assurance and provide in each case some commentary on achievements we recognise, some issues we would highlight and a statement of our overall assurance. I also give a high-level overall "headline assessment" of the Area Team's current level of assurance of the CCG. In this context we will use the recognised terminology described in national guidance: *assured*, *assured with support*, *not assured*.

Headline Assessment Assured

Domain 1 - Are patients receiving clinically commissioned, high-quality services?

Particular achievements: we recognise the strong clinical voice in the CCG and focus on quality. We note the significantly improved grip on key quality and performance issues, such as Winterbourne, CHC and A&E; we also note the strong RTT position. It was good to hear that the diagnostics challenge at Kingston Hospital has been resolved.

Some issues: we noted the challenge you have had with IAPT and look forward to seeing further progress on this; we commend the actions you described when we met, using your referral support service, giving patients choice.

Overall assurance: assured.

Domain 2 - Are patients and the public actively engaged and involved?

Particular achievements: we recognise your strong track record on patient/public engagement, building on the BSBV platform and in particular the robust work you have done on discussions around the future of Epsom Hospital. When we met you told powerful stories of patient engagement and described how patients are active “at every level” of the CCG. We were pleased to hear too about the involvement of voluntary sector representatives on the Patient Advisory Group.

Some issues: we need together to work hard to engage with patients and the public around those areas where we have to co-commission and commission in aligned ways, such as around specialised commissioning and primary care, and around the Surrey strategic plan including discussions about the future for Epsom Hospital.

Overall assurance: assured.

Domain 3 - Are CCG plans delivering better outcomes for patients?

Particular achievements: despite the very challenging, changing financial environment through your 1st year and acute overspend, you achieved a surplus and an unqualified audit report and we must congratulate you on this significant success. You also delivered important improvements for patients, such as improved access to counselling and diabetes care, as well as improved EOL care and transformed referral support. You also coped admirably with enormous challenges and significant decisions around BSBV and EDICS.

Some issues: we cannot yet see robust plans for delivery of your 14-15 QIPP and, when this is seen against the backdrop of a low level of QIPP delivery in 13-14, there must be risk of financial difficulty ahead. The amount of still unidentified QIPP remains a challenge and we suggested that you sense-check the relationship between your activity and QIPP plans. We were pleased to hear and we endorse your current, pragmatic and proactive approach to managing this risk and we agreed to work more closely with you over the next months to help address the risks. As agreed we will have a monthly finance conversation to keep a shared focus on this.

Overall assurance: assured.

Domain 4 - Does the CCG have robust governance arrangements?

Particular achievements: we recognise clearly the progress that you have made in

solidifying and embedding your governance arrangements. The strength of your governing body, developed through the challenges you have faced in the last year, is very clear and a great foundation for the year ahead. We were impressed by the details you described when we met of how you have continuously transformed your governance and integrated it throughout your activities. . We have not identified any concerns in regard to the CCG's ability to understand and deliver your core statutory duties and have received a copy of your annual report.

Some issues: we support your plan to review the interface between your localities and the CCG senior executive team but recognise the history of leadership from these local clinical groups; similarly, we understand the quite different perspectives of different localities, as evidence in your 360⁰ survey, and look forward to learning more about your work engaging your various member practices.

Overall assurance: assured.

Domain 5 - Is the CCG working in partnership with others?

Particular achievements: we recognise the CCG's strong track record of collaborative work across Surrey (particularly through the Transformation Board) and we also commend the good work with the Local Authority. You have provided a range of services for other Surrey CCGs and you described improving relationships and increasing confidence here. We must also commend your important and helpful contribution to collaborative work around the SASH LTB.

Some issues: you helpfully described the improvement there has been in collaborative work between Surrey CCGs and this of course remains a key area for focus over the coming years. We look forward also to seeing further progress on your collaborative work with other CCGs around Kingston, and Epsom St Helier and we need to work closely with you on areas of co-commissioning and partnership work, including primary/community care strategy.

Overall assurance: assured.

Domain 6 - Does the CCG have strong and robust leadership?

Particular achievements: we fully recognise strong clinical and managerial leadership both within the CCG and in collaborative work across Surrey. We also commend the way in which the CCG leadership has tackled some very difficult and contentious decisions during the year. You have been able to demonstrate considerable energy, a grip on the facts and focus on real patient stories. The full governing body is a clear source of strength and so the breadth of leadership and constructive challenge within the CCG is a great foundation for the next year.

Some issues: we discussed the next challenge being to build on these strengths to take forward the large transformational changes both locally and across Surrey.

Overall assurance: assured.

Finally, I would like to add personally that I am very impressed by the strong team you have in the CCG and by your achievements through such a challenging first year. I am grateful for the many positive contributions your leaders have made to important work across Surrey.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Amanda Fadero', written in a cursive style.

Amanda Fadero
Area Director (Surrey and Sussex)