

Title of paper:	Chief Officer's Report
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Exec Lead:	Miles Freeman, Chief Officer
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Locality:	All
Meeting:	Governing Body 17 th May
Agenda item:	4
For:	Discussion
<p>Brief summary:</p> <p>Surrey Downs Clinical Commissioning Group (SDCCG) became a statutory organisation from 1st April 2013. This is the first Chief Officers report which aims to provide a summary to governing body members and the public of some of the work being progressed and key challenges our emerging organization is facing.</p> <p>SDCCG set out to create a vibrant organisation with a core value to revolutionise care for our patients. To do this we have been working hard by engaging with a number of our stakeholders, including our patients and public, to understand some of the issues that need addressing to enhance the quality and safety of care for our patients.</p>	
<p>Quality and patient safety issues:</p> <p>5 of the 7 authorisation conditions relate to quality.</p>	
<p>Financial issues:</p> <p>The CCG's commissioning strategy as set out in the report aims to create a sustainable platform for the delivery of high quality services</p>	
<p>Workforce issues:</p> <p>The report highlights the CCGs current recruitment position</p>	

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Statutory compliance: The CCG expects to meet its remaining authorisation conditions within the required timescales

Conflicts of interest: None

Risk and assurance: A number of the issues set out including BSBV, IAPT and 111 are included in the CCG's risk register

Accompanying papers None

Transition and Mobilisation

SDCCG has 7 out of 132 conditions still outstanding. 5 of the 7 conditions relate to Quality which we aim to discharge by 30th June 2013. At the time of our authorisation assessment in January 2013, SDCCG fully demonstrated it had the correct quality systems and processes in place for our patients, however, we were unable to demonstrate these were being fully implemented as this remained a function of Surrey Primary Care Trust until 31st March 2013. The remaining 2 conditions apply to our five year Commissioning and Financial Plan. We aim discharge these conditions in September 2013 when we can demonstrate that we are meeting our financial targets.

We have signed our Service Level Agreement with Commissioning Support Unit South and continue to develop our relationships to secure the right staff and levels of service to support our emerging organisation. We have successfully recruited to 85% of our staffing structure, the main gaps being in our performance and business intelligence support functions. Recruitment is ongoing with interim support staff in place.

We have increased the number of Lay Panel members from 2 to 4 and recruited an interim Governing Body Nurse, in addition to our Head of Quality (Chief Nurse) in recognition that Patient and Public engagement , Governance and Quality are key to our success.

Commissioning Strategy

SDCCG is developing its commissioning strategy though its 33 membership practices across 4 localities: Dorking, Mid Surrey, Medlinc and East Elmbridge. The aim of the strategy is to ensure that our patients have access to local, accessible and safe services based in community and primary care settings that prevent over-reliance on hospital services. The process is designed to supplement our current plans and focuses on how to improve delivery of services, efficiency and outcomes for patients focused on:

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- Unscheduled and urgent care
- Elective and outpatient care
- Non-elective admission and discharge pathways including the role and configuration of community hospitals.

The completed strategy will be presented to the July Governing Body meeting.

Commissioning Localities

The commissioning localities continue to work closely with clinicians, patients, public, local authority and other stakeholder to develop and improve commissioned and new services. Over the first six week of the CCG:

- The Virtual Wards continue to expand, enabling people to avoid unnecessary hospital admission and receive care in their own homes. Rapid Response nursing teams visit within 2 hours and provide immediate supportive care to avoid unnecessary admission especially for our frail elderly patients.
- We are tackling the inherited unacceptably long waiting list for IAPT services working closely with Mental Health Commissioners. We have a rectification plan in place. Additionally all our membership practices are adopting the 'stepped' patient pathways to ensure consistency of access and experience of care for all our patients.
- All four localities continue the work they started with the Kings Fund to improve discharge pathways for our patients, working in partnership with Social Services, Community providers, hospital clinicians and other CCG's to provide co-ordinated care. We have set up common assessment form shared across all agencies which avoids duplication and facilitates and expedites elderly care.

The CCG is currently procuring:

- a new X-Ray facility at Dorking Hospital and reviewing other sites where X-Ray facilities require upgrading;
- A new Neuro Developmental service for adult Autistic Spectrum Disorders and Attention Deficit and Hyperactivity Disorders

In addition:

- Poor current provision of Neuropsychiatry and Speech and Language Therapy services for young disabled people in residential care is being addressed
- In Kingston we are developing 'Ordercomms' to allow GPs to log into patients results at the hospital which helps to avoid unnecessary repeat of tests for

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patients and safer care as GP has better information to inform medical decisions.

- The CCG is funding first aid courses for young carers.