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| Title of paper: | Chief Officer's Report |
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| Locality: | All |
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| Agenda item: | 7 |
| For: | Discussion |

Work of the Executive Committee

With more than three months experience of the CCG as a statutory body I felt it would be useful to summarise the work of the Executive Committee and the localities.

We have been meeting as a group on a weekly basis, which is significantly more than required by the constitution. This has been necessary because of the sheer volume of work required for a new NHS body. Myself, the Chief Operating Officer, the interim Chief Financial Officer, the two lay members for patient and public engagement and the four locality chairs are the core of the group but we have regular attendance from others on both a scheduled and ad hoc basis. There is a forward work plan ranging from fortnightly reports on Continuing Health Care (CHC) to monthly prescribing reviews and quarterly reports on information governance.

The Executive committee has been operationally managing pressures such as the performance issues around NHS 111 and Integrated Access to Psychological Therapies (IAPT); leading the drive to have our remaining authorisation conditions removed; looking in detail at proposals for prescribing budgets; developing the performance framework for the CCG; agreeing the next steps on projects such as Telehealth and Out Of Hospital; and supporting improvements in governance and infrastructure, particularly recruitment and improved IT.

I believe we offer a supportive but also challenging environment to staff managing these and other areas of work. The lay members in particular are invaluable in helping us keep a focus on the people who use or may need to use the NHS

services we commission. We have also approved small amounts of funding for MacMillan nursing and to the Red Cross to provide first aid training to young carers, which I believe shows the potential for the CCG to be much more directly attuned to the needs of the local population.

Most of the issues dealt with in the Executive committee are covered formally in other reports to the Governing Body but I will ensure that my Chief Officer's report highlights any significant areas.

Spending Review

The Chancellor's spending review was significant for the CCG in a number of ways.

- Although signalling continued real terms investment in the NHS there are significant reductions in spending for local authorities and other areas of the public sector that could impact on the NHS.
- A significant sum of money will be top sliced from CCG budgets from 2014/15 to establish a fund to be managed jointly with local authorities via Health and Wellbeing Boards. In our case this would be around 3% on £11m.

By 2015-16, over £3 billion nationally will be spent on services that are commissioned jointly and seamlessly by the local NHS and local councils working together.

Authorisation

We have submitted the evidence to have the five conditions relating to quality lifted, and are awaiting the outcome of this.

Further work is being undertaken to remove the two remaining conditions which relate to service and financial planning.

Better Services better Value (BSBV)

As has been widely reported, there is a pause in the BSBV programme to enable a thorough review of the financial appraisal. Although controversial this work has stimulated an informative debate that has been of real value in relation to our thinking around our Out Of Hospital strategy and other aspects of improvements that we would like to make to local services.

CCG Collaborative; Continuing Healthcare

The six CCGs in Surrey are increasingly focused on their collaborative role, both in relation to hosted services and in the wider sense of understanding how we can work collaboratively and with Surrey County Council. As the host CCG for Continuing Care we are under particular scrutiny to ensure that we can meet the standards of care and successfully manage the financial risks in this area.

CCG Constitution

Governing Body members will be aware that we have submitted proposals for a number of (mainly technical) changes to the constitution to NHS England and we should hear the outcome of our proposals within eight weeks.

CCG Prospectus

This is now published and is available on the CCG web site and is a guide to who we are, what we do and our plans to improve local healthcare.

Headquarters

The CCG is moving from Pascal Place to Cedar Court. Cedar Court will become free when Surrey and Sussex CSU is dissolved in September 2013. The lease on Pascal Place ends on September 9th 2013, and the move saves the CCG approximately £500k per year in void rents.

Closure of beds at Dorking Hospital

This is addressed in the quality report but I would like the governing body to know that we have worked closely with Central Surrey Health on this and are keen to address their concerns about patient care. We are currently working with them to look at the criteria and timescales for re-opening the affected areas.