

Title of paper:	Chief Officer's Report
Author:	Miles Freeman, Chief Officer
Exec Lead:	Miles Freeman, Chief Officer
Date:	27 th September 2013
Locality:	All
Meeting:	Governing Body
Agenda item:	6
For:	Discussion

Work of the Executive Committee (EC)

Since the July meeting the Executive Committee has continued to be very busy with a mixture of strategic change programmes and operational issues to deal with. It is difficult looking back to realise that Surrey Downs CCG is less than six months old when looking at the work it has done and the progress it has achieved.

Authorisation

We have submitted the evidence to have the remaining two conditions relating to clear and credible plan and finance lifted, and are awaiting the outcome of this. This was a very detailed piece of work and I would like to thank everyone involved for meeting the very tight deadlines involved.

EDICS

As you know from the last Governing Body seminar, this has been a very significant issue for us and has involved a lot of operational engagement. A full report is provided elsewhere on this agenda but I would like to comment that the Executive Committee has focused continuously on the clinical needs of patients and the public interest and the two risks on the risk register reflect this.

Referral Support Service

As a consequence of the changes arising from the EDICS contract, we are establishing an in-house referral support service which we hope to have operational

from October. This is also proving to be a major undertaking and I will keep the Governing Body up to date with the timelines for this.

Diabetes Education

We have approved funding for Diabetes Education and have had several discussions about this at the Executive Committee, and are hoping to Extend the original proposals to a wider group of people with diabetes in the autumn. Research shows that equipping people and practitioners with better education in this condition is effective in avoiding inappropriate episodes of care and gives better outcomes.

Medicines Management

We have had two meetings with the medicines Management team in order to manage local prescribing budgets. As members of the Governing Body will know these budgets are always volatile but we are beginning to get to grips with the practice and locality variations in an attempt to improve prescribing practice and reduce cost.

Out of Hours Procurement

A proposal for this has been discussed at the executive Committee and will be coming back in October for further development.

Community Hospitals

We have had several discussions on the use of community hospitals at the Executive. As you know this is a complex area as we have some very diverse provision and we need to make sure we are making the best use of these valuable locations, which offer a variety of in-patient, out-patient and diagnostic facilities, whilst not disadvantaging any one locality as we transform local care. This is of course closely aligned to our Out Of Hospital Strategy.

Continuing Health Care

The external review of CHC had been underway for several weeks now and we expect to have a full report on this in October. In the meantime the pressures on the team continue and this remains an area of significant risk for patients and for the PCT's finances.

Cedar Court Moves

I can confirm that the CCG has now moved into a transformed Cedar Court, and whilst there have been a few minor problems, this has been achieved in a very short timescale. Staff have managed this very well and the project team have put in some exceptionally long hours with our partners in IT and estates. I would like to thank everyone involved in this for going the extra mile to meet the deadlines involved.

CCG Constitution

I am pleased to note that the CCG's proposed amendments to the constitution were all accepted by NHS England. We now need to think about the learning from the first six months and whether we use the next window in November to address one or two more fundamental issues, reflecting on what we have learned from handling issues such as Better Services, Better Value and EDICS.

Jeremy Hunt's speech on the future of primary care

Jeremy Hunt spoke at the King's Fund on the 12th September and highlighted the significant changes the NHS is going through as it attempts to simultaneously:

- raise standards;
- deliver more care with no growth in budgets;
- confront the issues of patient safety and care standards arising from the Francis Report;
- deal with the stresses of demographic change – ageing populations and more people with long term conditions – whilst still being there for the general population and vulnerable groups such as children.

He stated that “We can afford good quality care for everyone – but only if we undertake a bold and radical transformation in the way out of hospital care is delivered”.

He has advocated for a shift from a reactive to a proactive model of care based on local clinical leadership, giving vulnerable older people a named GP and reversing the trend instigated in the 2004 GP contract by making GPs personal advocates for their patients.

In order to do this he expects General Practice to move into larger groups using different models of collaboration, whilst at the same time bolstering the numbers of GPs across the country. Incentives will be made less complex in favour of personalised care.

A key theme in his speech is integration. This follows on from the Integrated Transformation Fund which was discussed at the last meeting. 2014/15 will be a critical planning year for implementing this from the 1st April 2015.

Finally in order to deliver the above the principles of electronic records are reiterated but based on local solutions not national approaches.

I believe these themes fit very well with everything we are trying to achieve in Surrey Downs, specifically the Out of Hospital Strategy and our intention to support a reformed primary care system. We had presentations on both these issues at our last Council of Members meeting in August which I think were both thought provoking and welcomed.

Winter (Capacity and Surge) Planning

There are three new risks on the risk register this month relating to planning for the winter period. Surrey Downs is engaged with three acute hospitals – East Surrey and Kingston as well as the local Epsom Hospital – and the localities are engaging at this level. At the same time we are producing a capacity and escalation plan as a CCG that will support business continuity throughout the winter period and address the need to cope with surges in demand and deal with seasonal issues such as flu and norovirus. This will be the first winter post reform and will require close working with our partner agencies to achieve resilience.

Better Services Better Value

The BSBV programme continues. The CCG will have a further discussion on our decision-making process. This will centre on whether the CCG's 33 constituent practices support going out to consultation.

Checkpoint meetings with the Area Team

The CCG has had productive quarterly meetings with the Area Team. A number of the above themes have featured in these discussions but I believe we are increasingly in a position whereby the Area Team has confidence in our local commissioning capacity.

Committees and other groups that have considered this paper: This paper arises mainly out of the work of the Executive Committee

Recommendation(s): The Governing Body is asked to NOTE this report

Implications for wider governance

Quality and patient safety: Many of the issues discussed here relate directly to quality and patient safety particularly the Secretary of State's speech, BSBV, winter planning, diabetes and community hospitals

Patient and Public Engagement: Inherent in most of the above items.

Equality analysis: Equality Analysis has or will be undertaken in respect of the work on Community Hospitals and BSBV

Finance and resources: The aim of system reform, including BSBV, primary care and the work on community hospitals, is to achieve long term sustainability

Workforce: This will be a central part of our work on Community Hospitals

Statutory compliance: There are no specific compliance issues other than to note that the CCG's constitution has been approved by NHS England.

Conflicts of interest: Conflicts of Interest have been highlighted as part of the work on EDICS and this has been explored in detail with Governing Body members at a recent seminar.

Risk and assurance: There are specific risks on the risk register relating to EDICS, BSBV and Winter Planning

Communications Plan: This paper is on the CCG web site

Accompanying papers: None