

Agenda item:

Paper no:

Committee:	Governing Body	Date: 26/01/18
Venue:	Dorking Halls, Reigate Road, Dorking, RH4 1SG	
Title of Report	Joint Accountable Officer Report	
Status:	To note	

Presented by:	Matthew Tait, Joint Accountable Officer
Executive Lead:	Matthew Tait
Author(s):	Suzi Shettle, Head of Communications and Engagement
Finance Lead Sign off	Not applicable

Relevant Legislation and Source Documents	Not applicable	
Conflict of Interest	None identified	✓
	Conflict(s) noted:	
	Name(s):	Item No:
	Mitigating Action(s) Participate in discussion but not decision/ Remain in meeting but not participate/Excluded from discussion/Leave the meeting	
Governance and Reporting <i>(relevant committees/forums the paper has previously been presented to)</i>	Not applicable	
Freedom of Information The Author considers:	Open – no exemption applies	

Attachments:	None
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Executive Summary

This report provides an update on recent developments and areas which may be of interest, and do not form part of the wider Governing Body meeting agenda.

Implications:

Health/CCG strategic objectives	The report includes an update on the CCG's planning process for 2018/19 and an update on winter pressures.
Financial/Resource	The report includes an update on the CCG's planning process for 2018/19 and winter pressures.
Legal/compliance	Not applicable
Equality Analysis	Not applicable
Patient and Public Engagement	The report includes an update on the new Patient and Community Engagement indicator and the re-procurement of Surrey wheelchair services and engagement taking place as part of this.
Risk (including reputational) and rating	Not applicable

Recommendation(s):

To note.

Next steps:

This report is for information only.

Date of paper	22 January 2018
For further information contact	Suzi.shettle@nhs.net

Executive summary

This report provides an update on recent developments and areas which may be of interest, but do not form part of the wider Governing Body meeting agenda.

Surrey Heartlands Health and Care Partnership

Work across the Surrey Heartlands Health and Care Partnership continues to progress. Following the £9 million transformation funding we have received from NHS England (from a total of £15 million) we have now been through a process of allocating funding to a number of priority areas. This has resulted in additional funding across Surrey Heartlands to support mental health, prevention, out-of-hospital and urgent and emergency care, primary care, devolved care systems, digital, cancer and the management of winter pressures.

As a system, managing the additional demands for care during winter continues to be a key priority and through Surrey Heartlands we have been working to ensure there is a co-ordinated approach that supports the whole system.

We are also working closely with Healthwatch Surrey to continue our ongoing citizen-led engagement work, which is helping to ensure the views of local people are helping to shape the implementation of our plans. Our approach has been recognised nationally as best practice and it has been encouraging to hear that stakeholders have noticed a shift from 'information sharing' to 'co-designing' local plans. A Surrey Heartlands Expo event, planned for March 2018, will be an opportunity for networking, and further sharing, best practice across all the workstreams.

In addition to the clinical and enabling workstreams, as part of a wider leadership development programme, members of the Surrey Heartlands Transformation Board are also taking forward projects in five areas that have been identified as being key to the success of the Surrey Heartlands partnership. These relate to ambition and vision, finances and risk, improving communications between partners, wider determinants of health and devolved care systems, where discussions continue in relation to Surrey Heartlands taking on greater commissioning responsibilities.

Given the Surrey Heartlands footprint, and our links with other local health economies, we also continue to engage with the Frimley Health and Care Sustainability and Transformation Partnership and the Central Sussex Commissioning Alliance (which includes East Surrey CCG) to identify opportunities for closer working and to ensure commissioning plans reflect the collaborative commissioning arrangements that are in place.

Planning update

Under NHS planning and contracting guidance for 2017-2019, CCGs were required to publish Operational Plans and commissioning intentions that covered a two year period. Working alongside local authority and system partners, the three Surrey Heartlands CCGs will be refreshing Operational Plans through a joint approach. This will see us developing one overarching Operational Plan that incorporates the Out of Hospital plan for the local system.

As the national focus remains on ensuring the continued delivery of safe, sustainable services over the winter period, we now expect NHS England to issue new planning guidance later this month (January 2018).

In the interim, NHS England has set out three initial principles for refreshing plans as follows:

- Changes should be system led and lead to greater system alignment
- Where system delivery is on track and plans agreed, there should be minimal change
- Where there is highest risk of not delivering plans and system control totals, the system will be required to fully engage in reviewing and updating plans to deliver a balanced sustainable system position, within available financial resource.

Key elements of the 2018/19 planning process:

1. A Surrey Heartlands system plan refresh is planned for end of March 2018, ensuring alignment between Surrey Heartlands commissioning intentions and provider plans.
2. A refresh of collaborative Quality Innovation Productivity Prevention (QIPP) plans and a high level financial plan for the three CCGs is being undertaken by the end of January. A system-wide workshop to develop our thinking further, and explore other opportunities across Surrey Heartlands is due to take place on 1 February.
3. A refresh of local CCG Operating Plans, including Out of Hospital system Plans, is due by end of January.
4. A contract plan refresh, including activity and finance, will be undertaken where necessary.

The overarching timeline is as follows:

Date	Milestone
Week commencing 2 January 2018	Overarching Surrey Heartlands CCGs Operational Plan 2018/19 template issued to planning leads
January 2018	CCG Planning Leads to review NHSE Planning Guidance 2018/19 (publication date tbc)
Mid January 2018	Launch four week engagement period on draft commissioning intentions with stakeholders and wider community.
By 31 January 2018	CCGs review and refresh local Operational Plans for 2017/19 to reflect Commissioning Intentions 2018/19 and NHS Planning Guidance 2018/19. Complete overarching planning template (including Out of Hospital Plan)
February 2018	Draft Operational Plan 2018/19 to respective CCG Governing Bodies for discussion
By end of March 2018	Final Commissioning Intentions and Operational Plan 2018/19 to respective CCG Governing Bodies for approval

Community and stakeholder engagement on our draft plans and priorities

As part of our wider engagement on our plans and priorities for 2018/19 (also known as our commissioning intentions) earlier this week we launched an online survey that asks people to give their views on the draft plans and priorities for the three Surrey Heartlands CCGs, adult social care and public health. We welcome feedback from local people and our partners on these plans and encourage people to have their say online at <https://www.surreysays.co.uk/deputy-ceo/commissioning>.

Hard copies of the survey are being sent to community locations and copies are also available on request by contacting the CCG. The survey ends on 18 February.

New Managing Director appointed

At our last Governing Body meeting I provided an update on the appointments made to the Joint Leadership Team. I am pleased to announce that we have also now appointed Colin Thompson to the substantive role of Managing Director at Surrey Downs CCG.

Colin has a keen interest in primary care development and organisational culture and brings with him a wealth of knowledge and experience that make him well placed to lead Surrey Downs as we move forward together. His career in healthcare spans a wide range of provider and commissioner-led organisations. Colin is currently Accountable Officer at Luton Clinical Commissioning Group and prior to that he was Chief Operating Officer at Aylesbury Vale CCG. Colin will take over from interim Managing Director, Donna Derby, on 19 February.

System pressures and performance

As a system, we continue to work collaboratively to ensure plans are in place to manage the additional demands placed on health and care services during the winter period. This includes planning at both local, and system, levels, including through Surrey Heartlands.

The NHS has provided additional funding for local urgent and primary care services to provide additional capacity and additional services for our local population through the winter period. This funding has been provided by NHS England and the Surrey Heartlands Transformation Board and has been used to fund a range of initiatives including:

- Additional primary care provision in our GP practices, with additional resource for out-of-hours services
- Additional Rapid Response and home-based rehabilitation care
- Step down / step up beds in care homes
- Access to consultant advice so GPs can seek advice prior to making a referral
- GPs in A&E to triage and treat patients who can more appropriately be seen by primary care professionals
- A care home line that allows staff to speak directly to a GP for advice out-of-hours and reduce hospital admissions

In line with the recommendations from the National Emergency Pressures Panel earlier this month, the local system has reviewed elective activity to support the management of non-elective pressures to ensure resources are directed to our sickest patients.

As with other parts of the country, over the past two weeks the local health economy has

remained busy, with a high prevalence of flu related illness and norovirus, leading to higher admissions and increased pressure on beds. We continue to work closely with our main acute providers (Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust and Kingston University Hospitals NHS Trust), member practices and community providers to provide support and co-ordinate the system locally.

NHS England has maintained daily oversight of the system and our teams have provided a fully assured Winter Plan, which has facilitated the delivery of a sustainable service throughout recent weeks.

In addition, we have also worked together to deliver a joint communications campaign to raise awareness of where to seek help if people do feel unwell, as well as continuing to promote the flu vaccine for people in at risk groups. This campaign has included adverts on Eagle Radio, Facebook advertising, local media and social media and targeted activity aimed at specific at risk groups (including carers, pregnant women and people who are over 65 years).

New Patient and Community Engagement Indicator

In summer 2017 NHS England wrote to CCGs to make them aware of plans for a new Patient and Community Engagement Indicator that would become part of the annual CCG assessment process.

The process involved NHS England undertaking a desktop review of how CCGs are engaging with their local communities. The methodology involved a comprehensive review of individual CCG websites (as the CCG's 'shop window' to the public) and key documents that are publicly available (including Annual Reports, CCG Constitutions and information relating to engagement and how people can get involved). CCGs were then assessed against the domains and criteria set out in the new patient and community engagement' indicator, which is a standalone indicator within the CCG Improvement and Assessment Framework (IAF), which forms part of overall CCG assessments in 2017/18.

The assessment followed the publication of the [guide to annual reporting](#) in April 2016 and the [revised 2017 statutory guidance](#) for CCGs and NHS England commissioners on Patient and Public Participation in Commissioning Health and Care.

In November NHS England wrote to CCGs to provide feedback, including recommendations for improvement and earlier this month we attended a feedback session with NHS England, which provided greater insight into both the national, and local, findings. Final ratings for each CCG will be published by NHS England in summer 2018.

Outcome of delegated commissioning vote

During December we invited our member practices to vote on whether they would support the CCG taking on responsibility for the commissioning of core GP services from NHS England (known as delegated commissioning).

The voting process closed on 21 December and 29 of our member practices voted. Of these, 22 voted to move to delegated commissioning and 7 practices voted to retain the current arrangements. One practice opted to abstain and one practice did not vote.

We have always said we would only take this forward with the support of our member practices and this is also a requirement of our Constitution, which requires that we get the support of 75% of all practices. On the basis of this outcome, we will not be applying to take on delegated commissioning at this time.

Prior to the vote we engaged with practices through locality meetings and we also met with some practices on an individual basis, where these were requested. I believe delegated commissioning offers an opportunity to address some of the fragmentation that currently exists within the commissioning landscape, and it also fits well with our plans for the wider devolution of health and social care services across Surrey Heartlands. However, as part of these discussions, it was also very clear that some practices had concerns about delegated commissioning and the vote outcome reflects this.

I would like to thank our member practices for taking part in the vote and also to thank colleagues at the LMC for all their support with the voting process.

Adult community health service procurement

Surrey Downs CCG issued a tender for adult community services on 9 October 2017 with submissions required by 27 November 2017. As part of the process a bidder presentation event was held on 15 January 2018. Following due process, it is likely that the contract will be awarded early February 2018.

Wheelchair services procurement

In early December 2017 we held the first meeting of our Wheelchair Services Procurement Board, which will oversee the process of procuring a new wheelchair service for children and adults for people in Surrey. The Surrey Coalition is supporting us with this process and we are delighted to have Nick Markwick, Co Chair of Surrey Coalition, as a member of our Programme Board, ensuring the views and experiences of wheelchair users help shape the new service.

An engagement event to seek the wider views of wheelchair users and their carers and families is taking place on 7 February. Feedback from the event will be used to help design the new service and shape the final service specification, which will set out the service we plan to commission. A key focus will be on ensuring the service is person-centred and integrated, with organisations working together to ensure services, and support, is accessible and meets local needs.

National clinical pharmacist in General Practice programme

Earlier this month we heard that our Dorking locality have been selected to become part of the national clinical pharmacist in General Practice programme. Led locally by the GP federation, Dorking Healthcare, the scheme will see patients from local GP practices benefit from having a clinical pharmacist working with their surgeries and supporting with patients' routine medication and treatment.

Clinical pharmacists work as part of the general practice team by providing expertise on day-to-day medicine issues and consultations with patients directly. This includes providing extra help to manage patients' long-term conditions, advice for patients on taking multiple medications; and improving access to health checks. Benefits include quicker access to clinical advice for patients and the scheme can also help GPs spend more time with patients who have more complex needs.