

<b>Title of paper:</b>	Chief Officer's Report		
<b>Author:</b>	Miles Freeman, Chief Officer		
<b>Exec Lead:</b>	Miles Freeman, Chief Officer		
<b>Date:</b>	24 <sup>th</sup> April 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	06	<b>Attachment:</b>	03
<b>For:</b>	Information		
<p><b>Executive Summary:</b></p> <p>This report covers the following areas:</p> <ul style="list-style-type: none"> <li>• Purdah Guidance</li> <li>• Feedback from Council of Members</li> <li>• Health and Wellbeing Board update</li> <li>• Prime Minister's Challenge Fund</li> <li>• Annual Report update</li> <li>• Recruitment of lay members</li> <li>• Information Governance Toolkit</li> <li>• Arrangements for questions at Governing Body meetings</li> </ul>			
<p><b>Compliance section</b></p> <p>Please identify any significant issues relating to the following</p>			
<b>Risk Register and Assurance Framework</b>	A number of these areas are on or are linked to the CCG risk register and / or assurance framework		
<b>Patient and Public Engagement</b>	See item on questions at Governing Body Meetings		
<b>Patient Safety &amp; Quality</b>	No specific issues		
<b>Financial implications</b>	No specific issues		

Conflicts of interest	No specific issues
Information Governance	See item on the IG Toolkit
Equality and Diversity	No specific issues
Any other legal or compliance issues	None known
<b>Accompanying papers</b> (please list): Chief Officer's Report	
<b>Summary:</b> What is the Governing Body being asked to do and why? The Governing Body is asked to NOTE the report.	

## **Chief Officer's Report, April 2015**

### **Purdah Guidance**

The general election will be held on the 12<sup>th</sup> May and guidance has been issued to Governing Body members on the expectations of public bodies in the period leading up to polling day. Specifically

- the NHS should remain politically impartial at all times – staff should not be asked to engage in activities which are likely to call into question the political impartiality of their organisation, or which could give rise to criticism that public resources are being used for party political purposes; and
- NHS business should proceed as normal with no disruption to patient services – but as issues relating to the NHS tend to be high profile, and likely to attract far greater scrutiny in the pre-election period than would otherwise be the case, special care will be needed to avoid being caught up in issues of propriety or party political controversy.

Any Governing Body member who is uncertain of their role or how to respond to any requests for information during this period should contact the communications and engagement team.

### **Receipt of Petition**

I would like to confirm that the CCG has received a further petition from Leatherhead residents who do not wish to see the closure of Leatherhead Hospital. As you will note further in the agenda there are no plans to this effect although we are undertaking a review of community hospitals.

### **Prime Minister's Challenge Fund**

I am delighted with the news that our Prime Minister's Challenge Fund bid was successful for the Epsom area.

This funding will be used to pilot GP access between 8am - 8pm Monday to Friday, 9am - 2pm Saturdays, and 10am - 1pm Sundays.

It will also be used to aid the development of a community medical team to case manage vulnerable patients, and to update the network's IT and web infrastructure.

I would reiterate that we are committed to seeking similar improvements for our Dorking and East Elmbridge populations and are looking at ways of securing investment for this.

### **Feedback from Council of Members**

Although quorate the Council of Members on the 19<sup>th</sup> March was poorly attended. Despite this there were a very useful range of discussions on financial recovery, integration and transformation, the annual report, and co-commissioning.

The Council of Members supported the CCG's direction of travel in terms of seeking to develop a viable financial recovery plan and had useful comments on development of the Referral Support Service and delivery of QIPP Programmes. There was a particular welcome for initiatives that prevented ill health and premature death and general support for the Community Medical Team model.

### **Health and Wellbeing Board update**

This met on the 12<sup>th</sup> March. At the time of writing the minutes are not available.

There was however a very interesting item on the Pharmaceutical Needs Assessment, the key points of which are as follows.

- Surrey's population is growing and ageing which will increase demand on healthcare services, particularly with regard to long term conditions. The population is mainly affluent with good health outcomes but there are pockets of deprivation and ill-health.
- Surrey has five identified places where there are high levels of deprivation with lower life expectancy and poor health outcomes and high levels of health related lifestyle risk factors e.g. Smoking prevalence. None of these are in Surrey Downs.
- Pharmacies have a key role in future healthcare e.g. prevention and management of long term conditions.

- There are 19 pharmacies per 100,000 which is similar to the national average (22).
- There are two internet pharmacies and two dispensing appliance contractors in Surrey.
- There are 17 pharmacies on 100 hr contracts with at least one in each Clinical Commissioning Group (CCG).

The three most common themes that emerged from consultation with the public were:

- Increased opening hours (and staffing levels) of pharmacies;
- a reduction in waiting times for prescriptions;
- for pharmacies to concentrate on the core offer of dispensing and sales rather than additional services;

In addition to pharmacy there were important items on preventing ill health and promoting physical activity.

### **Annual Report update**

The Annual Report and accounts must be submitted by 22<sup>nd</sup> May but there is a provisional submission of the draft to NHS England on the 23<sup>rd</sup> April. I am pleased to report that this work is on track and has benefited from substantial input from GPs representing member practices. The draft is being sent to all Governing Body members for comment.

Our Annual General Meeting is scheduled for the 10<sup>th</sup> July and the final report will be presented then, although will be available on the CCG website from the 30<sup>th</sup> May or earlier.

### **Recruitment of lay members**

We have an active recruitment process in place to fill the vacancies left by departing lay members this year and the outcome of this will be announced after the General Election.

### **Information Governance Toolkit**

I am pleased to confirm that we submitted a level 2 self-assessment with the support of our colleagues in the South East CSU again this

year, and in particular that we achieved the 95% compliance with staff training. This has been an enormous effort but staff benefit from having a thorough grounding in information governance, which is essential to our commissioning approach and the ability to deliver services such as Continuing Health Care and the Referral Support Service.

### **Arrangements for questions at Governing Body meetings**

Following discussions at the last Governing Body I would like to confirm the following arrangements for questions at Governing Body meeting.

The CCG's Governing Body meetings are meetings in public, not public meetings and their primary purpose is to enable the Governing Body to determine the organisation's strategy and operations, receive assurance on delivery and risk to achievement of its objectives, and take such decisions as it requires to continue to achieve its aims.

However, it is recognised that there is a high level of public interest in the CCG's work and that it has legal and constitutional duties towards the public. Questions and interaction are very welcome where appropriate and where time permits.

Members of the public are asked to submit questions in writing in advance of the meeting to the Governing Body Secretary at the CCG or via the "Contact Us" email facility. These questions should either relate directly to an item on the agenda or should raise an issue that should be considered by the Governing Body Other questions will be treated as Freedom of Information requests and a response will be given in writing accordingly and published on our website. All questions will be shared with Governing Body members who may choose to raise issues under any other business.

If time permits the Chair will invite questions at the end of the meeting from the public on matters that have been discussed and on which further clarification is sought.

**Miles Freeman,  
Chief Officer, April 2015**