

Title of paper:	Chief Officer's Report		
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Date:	10th July 2015		
Meeting:	Governing Body		
Agenda item:	5	Attachment:	03
For:	Information		
Executive Summary:			
This report covers the following areas:			
<ul style="list-style-type: none"> • Progress on transformation • Epsom and St Helier Estates • South West London – service redesign • NHS Confederation conference • Health and Wellbeing Board • Governing Body Review • Beeches • Surrey County Council Children's Services 			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	A number of these areas are on or are linked to the CCG risk register and / or assurance framework		
Patient and Public Engagement	No specific issues although there will be engagement around Epsom estates as required		
Patient Safety & Quality	There are specific clinical quality issues relating to the Epsom hospital site		

Financial implications	The work on transformation is directly linked to the CCG's ability to achieve a sustainable financial position
Conflicts of interest	No specific issues
Information Governance	No specific issues
Equality and Diversity	Any service changes under transformation are assessed for equality impact
Any other legal or compliance issues	None specific
Accompanying papers (please list): Chief Officer's Report	
Summary: What is the Governing Body being asked to do and why? The Governing Body is asked to NOTE the report.	

Progress on Transformation

Continuing Healthcare (CHC)

CHC have worked with Surrey CCGs to implement Continuing Healthcare practitioners in four out of five acute hospitals across Surrey. Epsom, East Surrey, Royal Surrey and Frimley Park hospitals now have a Continuing Healthcare nurse working with the acute trusts discharge team. The result has been a reduction in length of stay compared to last year which supports QIPP plans.

The CHC service has launched a leadership course for the Team and the CCG which aims to develop, empower and value staff and support increased capability and capacity

Planned Care

We have been working to implement the planned care strategy developed in support of our Financial Recovery plan; this has culminated in the first draft of pro formas being shared in MSK, with Rheumatology and Cardiology following in the next few weeks. The project reviews are now well underway and we have some excellent engagement from patients and clinicians; this process is an iterative one and we welcome anyone who would like to be part of this service redesign – in phase one we are looking at MSK, Cardiology and Ophthalmology and this redesign process will be completed by September 2015. Phase two starts in October 2015 and includes Dermatology, ENT & Gynaecology.

The Referral Support Service (RSS) has now been in place for 18 months and has become a key part of our information through which we have begun to understand our referrals patterns. This will support the service redesign programme and its success can be measured by the fact that:-

- Gaps in key pathways have been identified where there is no alternative other than secondary care provision where we pay tariff costs.
- IAPT waiting times have been reduced from 73% to 26% in 3 months. Patient choice has been fundamental in managing waiting times.
- The RSS has become the main point of contact for patients, providers and practices and supports a standardised approach to referral management.

We have recognised that clinical input to the RSS could be more appropriately focused on service redesign, supporting the CCG management team to engage with all our stakeholders and facilitate the development of new models of care for Surrey Downs.

We have created a full time GP post and a flexible two sessions a week post to cover them. These posts support an administrative referral process which was implemented on 1st May 2015.

We also ran a pilot with SWLEOC (South West London Elective Orthopaedic Centre in Epsom) where an Orthopaedic Consultant Nurse was on site to triage all MSK referrals; this was in direct response to a request from EStH for support with managing the demand in Outpatients in this specialty. They were very helpful in providing clinical triage, particularly in the transition from GP triage to administrative processing; 12% of patients could have been treated in an alternative setting and this has been fed back to the MSK service review work stream to ensure that these services form part of the transformational change we are currently progressing.

The IFR team has been working through some changes in the last few months and is pleased to announce the launch of the new online automated IFR application process. This will make a significant difference to everyone involved as it enables the application to be shared between personnel to complete and all additional information is uploaded and stored electronically. The sharing of all panel papers will be automated mitigating any potential information governance issues through the distribution paper copies.

Development of Community Medical Teams (CMT) & Community Multispecialty Provider (CMSP)

I am very happy to announce that the CMT/ CMSP project has hit its first major milestone as the new CMTs, commissioned by the CCG for each of the three GP networks (Epsom, East Elmbridge and Dorking), went 'live' as of Wednesday 1st July 2015. The key aims of the CMTs are to reduce the non-elective hospital admissions, improve patient experience, and reduce length of stay at both our acute and community hospitals.

The CMTs will initially start by providing the medical support at NEECH, Dorking and Molesey Hospitals, with the aim of expanding the service to patients in the community who are over 65 (75 in the first year) and have been identified through risk stratification as at risk of admission to hospital.

The plan is for the CMTs to work with nascent Community Multi Specialty Provider (CMSP) teams, comprised of staff from CSH Surrey, Surrey and Borders Partnership Trust, and Surrey County Council, in order to provide an integrated health and social care service. The project team continues to develop implementation plans for the CMSP, and it is anticipated that the CMSP will commence operation in September 2015, though it will take a few months for it to be fully operational as recruitment of staff to new posts is on-going.

This is one of our key integration projects within our Better Care Fund programme with anticipated benefits to our patients in terms of improved experience of care, reduction in hospital admissions and readmissions, reduced length of stay and improved discharge pathways.

The 'go-live' of the CMTs also signifies another major achievement for the CCG as it represents the first major commissioning activity through our GP Networks and continues us on the path to providing more of our care in a community setting.

Mental Health - Crisis Café (Safe Haven)

The Surrey Crisis Concordat made recommendation and commitment to the establishment of a service that provided a safe place for people suffering from a mental health crisis to go to. The café is to be run in the evenings, 7 days a week, replicating a café style, with mental health professional input and a strong emphasis on peer input. The aim is to reduce attendance at A&E and avoid acute MH admissions.

Following two successful workshops that sought to gain service user and provider input into a potential model for the Surrey Downs café, we have now established a working group that has service users, voluntary sector and SABP (Surrey and Borders Partnership) representation, as well as Surrey County Council, councillors, the police and a CCG GP Clinical Lead. A service model is near completion and potential sites are being considered.

With the objective of a Surrey Downs launch in January 2016, this is an ambitious project, but one that is has a truly inter-agency approach.

The Crisis Concordat has recently produced a Project Initiation Document with a full governance structure, that will monitor the implementation of all the cafés and provides us with a dataset that covers health, social care, the police and the ambulance service.

Out of Hours Service

Following discussions with Care UK, the GP out of Hours provider in Surrey Downs, it has been agreed that a new Out of Hour Clinic will be established in East Elmbridge. The clinic will be based at the Emberbrook Community Clinic for Health in Thames Ditton. It will initially offer appointment between 08:00 and 12:00 each Saturday, with the slots being booked through the GP Out of Hours service. The service will be reviewed in three months to determine if additional opening hours are needed. The provision of the Saturday morning service will give the patients of East Elmbridge better access to Out of Hours GPs as at present they must travel either to Epsom Hospital or Kingston Hospital.

Epsom and St Helier Estates

As Governing Body members will be aware, we are working with Epsom St Helier NHS Trust and NHS Sutton CCG to explore options about future Epsom St Helier Estate.

It will become increasingly difficult to maintain the quality of care and patient safety on these sites if action is not taken. The poor quality of the estate is restricting the quality of care the trust can deliver, reducing the patient experience, and contributing to infection rates that are not as good as they should be (in part because an older estate makes it more difficult to maintain a hygienic environment and isolate patients when necessary).

The aim of the work is to look at the current estate's performance and compare this with examples of excellent newly built NHS estate that show what is possible with twenty-first century healthcare buildings.

There is further information on the trust website at <https://www.epsom-sthelier.nhs.uk/estates-review>

South West London Collaborative Commissioning

The work on the Epsom Estate needs to be seen in the context of the continuing collaboration of the six South West London CCGs, who are working together on transformational programmes. This is based on the following key themes:

- Safety and quality standards. The quality and safety of healthcare and the outcomes for patients vary enormously depending on the time and place that services are accessed.

- Acute hospital standards – none of the hospitals in SW London currently meets all of the London Quality Standards (LQS), which are minimum safety standards supported by all 32 London CCGs and are designed to improve patient care and outcomes.
- Mental health services often fail to provide support at an early enough stage, leading to service users becoming more seriously unwell and having to be admitted to a mental health hospital.
- General practice needs to be transformed, so that GP practices work together and coordinate patient care across their area. Community services also need to meet the highest standards and to work more closely with primary care, mental health and acute hospital services, and more closely with social care.
- Workforce gap. There is a national shortage of specialist staff, so getting the right workforce is a major challenge. For example, there are not enough consultants available to meet the London Quality Standards.
- Financial gap. While NHS spending has not been cut, the costs of providing care are rising every year due to rapidly increasing demand from a rising and ageing population. Current analysis shows that the combined income of our 6 CCGs in south west London over the next five years is about £1.873 billion, while the costs of commissioning the services we currently provide is expected to be £2.019 billion.

Governing Body members can access the South West London CCGs work via the collaborative web site at <http://www.swlccgs.nhs.uk/>.

NHS Confederation Conference

This year's NHS Confederation Conference was attended by a number of the Executive Team and was the first since the publication of the Five Year Forward View (FYFV)

Simon Stevens, Chief Executive of NHS England, noted that public satisfaction with the NHS was high and that there was a consensus around the need for change. However there were some serious challenges:

1. Financial instability in the system, requiring honest conversations between commissioners and providers, and a focus on national issues such as agency staffing and effective procurement;

2. The need to make care more personal and holistic whilst still delivering on public performance metrics (especially A&E, orthopaedic and the new Mental Health Access targets);
3. More emphasis on health and prevention, with a focus as much now on obesity as it has been on tobacco;
4. The need to find new ways of working together, including removing systematic imbalance in certain areas by creating new "Success Regimes" (pilots Northumbria, Essex, Devon)

Jeremy Hunt, Secretary of State for Health thanked everyone in the NHS for their efforts and restated the importance of leadership, which would have far more impact than policy. The NHS needed to learn from industry in creating safe services that were designed around effective use of information, whilst at the same time being simplified in terms of procurement and systems. His focus was on the whole patient pathway, creating systems that learnt from the best rather than becoming obsessed with performance measurement. Health systems going forward would be measured by how well they had transformed care and how resilient they were to face the challenges of the future.

Health and Wellbeing Board

Dr. Liz Lawn has now taken over from Dr. Andy Brooks as co-chair of the Board. Key highlights from the last meeting include the following.

- It was reported that the consultation to shape the drug section of the Substance Misuse Strategy had now been launched.
- It was also noted that following sign off of the Better Care Fund. The final legal arrangements were being made to establish pooled budgets and implementation of local plans was well underway in each area led, by the Local Joint Commissioning Groups. Work was also progressing on a small number of 'enabler' projects which would support the integration of health and social care services.
- It was agreed that Surrey's Pharmaceutical Needs Assessment could be approved and published, but that in future the changing needs of the population needed to be taken into account.
- A range of preventive public health programmes are now in place.
- The physical activity strategy was approved.

Governing Body Review

As Governing Body members will be aware, we are now getting towards the end of a review process that has involved interviews with members, observation of meetings, detailed reviews of the CCG's systems and processes, and also interviews with senior staff at NHS England. We hope to have a draft report in early August and will then discuss this with the Governing Body in September. The aim of this work is to give us the chance to continue our organisational development based not just on what we think we know, but by utilising some honest and detailed feedback on how we function; combined with comparisons of other systems we should as a result of this work be in a much better position to determine what we need to do as a Governing Body to deliver on the themes in the FYFV.

Beeches

Governing Body members have been briefed on the ongoing issues around Beeches, the children's respite service. Despite consistent efforts to make the service viable, Surrey and Borders have said they can no longer provide it.

Surrey County Council and its NHS partners are now working closely with individual families to provide them with care planning around their individual needs and preferences, and looking at the best alternative options and support to meet their needs. There will be carefully managed transitions and staff training will be reviewed.

Surrey County Council Children's Services

Governing body members will be aware that a highly critical Ofsted report has highlighted widespread and serious failures in Surrey County Council that potentially leave children at risk of harm. The report concluded that the Council had not been able to demonstrate sufficient understanding of failures and have been ineffective in prioritising, challenging and making the required improvements to services. Whilst this is of great concern we are aware that our colleagues in the council will be taking this report very seriously and doing everything possible to address the concerns in the report over the coming months.

At the same time, other regulators (including the CQC) conducted pilot inspections of the police force and health, probation and prison services respectively. All the inspectorates used this opportunity to share their findings and better understand the contribution of these services and the local authority to the help, protection and care of children and young people. Each inspectorate conducted their activity under their own statutory powers. As the inspections were pilot inspections to test new frameworks and methodologies, they will not result in published reports. We understand that there may be some minor recommendations for health services arising from this but that no serious issues were identified.

**Miles Freeman,
Chief Officer, July 2015**