

<b>Title of paper:</b>	Chief Officer's Report	
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<b>Exec Lead:</b>	Miles Freeman, Chief Officer	
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<b>Agenda item &amp; attachment number:</b>	Agenda Item 8 Attachment 3	
<b>Attachments – please list or state “none”</b>	None	
<b>Purpose of Paper (tick one only):</b>		
<b>For information only (to note)</b>	<input checked="" type="checkbox"/>	
<b>Requires discussion and Feedback</b>	<input type="checkbox"/>	
<b>For decision</b>	<input type="checkbox"/>	

## Executive Summary:

This report covers the following areas:

- South West London and Surrey Downs Success Regime
- Council of Members
- Governing Body reviews
- Quarter 1 Review
- Progress on transformation
- Standards of business conduct
- Equality and Diversity
- Financial Controls Assessment
- Information Governance
- Health and Wellbeing Board

## 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
Patient Safety & Quality	Item 6 refers to new process for reviewing quality impact
Financial implications	Item 7 concerns financial controls
Conflicts of interest	No specific issues
Information Governance	Item 8 highlights improved IG compliance
Equality and Diversity	Item 6 refers to new process for reviewing 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

**Miles Freeman,  
Chief Officer, September 2015**

## **1. South West London and Surrey Downs Success Regime**

In my last report I highlighted the work of the South West London Commissioning Collaborative which was developing joint work in the key areas of safety and quality standards, acute hospital standards, mental health services, primary care and community services, workforce, and financial sustainability.

As reported at the last Governing Body Seminar, we have now been notified by NHS England that Surrey Downs is now part of the South West London and Surrey Downs Success Regime programme which I am sure will embrace many of the above themes. We will be exploring the implications of this over the coming weeks as we learn more about the governance and practical structures involved.

## **2. Council of Members held on 10th September**

We held a highly successful Council of Members meeting on the 10<sup>th</sup> September which was attended by 40 local practice representatives and staff. This covered the following key areas:

- NHSE Directions and their implications for the CCG's decision making
- A recap on the financial recovery plan and a thorough discussion about how practices could be engaged in future developments, particularly driving change through community hubs and other local initiatives
- An update on NICE guidance in relation to cancer, with a helpful discussion on managing the Two Week Rule
- The CCG's inclusion in the South West London and Surrey Downs Success Regime

## **3. Governing Body Reviews**

Governing Body members are all acutely aware of how much time we have spent as an organisation this year engaging with outside bodies to create an organisation that is in better shape for the future. At the July meeting I reported on the work being undertaken and the intention to take this forward in October.

Since then we have, in addition to the three pieces of work we commissioned ourselves from Deloitte, Grant Thornton and OECam, been required to work with PWC on a further review. This has been discussed with both the Council of Members and the Governing Body to ensure that the overlapping themes and issues are integrated into a single and coherent plan for the future.

This work has been extraordinarily demanding and I would like to thank Governing Body members and the staff of the CCG for their considerable time and effort. As a result we will be implementing some extensive changes to our governance and structures between now and the end of the year.

#### **4. Quarter 1 Review**

The CCG had a Quarter 1 review with NHS England on the 9<sup>th</sup> September. At the time of writing we are still awaiting the letter confirming the key issues.

#### **5. Progress on Transformation**

##### *Medicines Management*

The Executive Committee recently received a report summarising key successes with respect to medicines management and the primary care prescribing budget for 2014-15. The Executive Committee wanted to share some of these successes and a summary is provided below:

- Level 1 primary care standards (PCS) prescribing 2014-15 - results. The level 1 PCS prescribing scheme incentivised practices who achieved the requirements of the scheme to make improvements in the quality and safety of their prescribing, focusing on their repeat prescribing processes and medicines reconciliation for patients discharged from hospital.
- 31 out of 33 practices achieved all elements of the scheme. One practice repeat prescribing process did not meet the scheme requirements and one practice assessed as not meeting the scheme requirements is currently appealing.

- Six training sessions were held to train 78 practice staff in improving the repeat prescribing processes in their practices. 98% of the attendees rated the training as good or very good.
- Surrey Downs has seen a significant reduction in the growth in the number of items prescribed compared to the national picture.
- This quality improvement work has received recognition outside of Surrey Downs. The repeat prescribing good practice standards have been presented to the NHS England Primary Care Patient Safety Expert Group, who have recommended CQC consider whether they should be included in their inspections of GP practices. East Surrey CCG has adopted the standards and is implementing them across East Surrey CCG, and all other CCGs in Surrey have shown interest in adopting them.

#### *MSK Pathway service re-design:*

- Good progress towards mobilising the MSK pathway, which will now aim to launch at the end of September 2015.
- During the engagement process with patients and clinicians, care planning was identified as a key area for improvement within current services. Care planning allows people to discuss their full range of needs with one or more health professionals and with their family and carers, and identify and set of goals (Arthritis Research UK, 2015). In order to facilitate this, an online care planning tool that can be accessed by patients and clinicians is being explored. Oxford CCG has designed a 'flagship' MSK service, much like ours, which includes an online care planning tool. SDCCG is to work with Oxford CCG around the implementation of an 'Amazon' type patient tracker system.

#### *Cardiology Pathway service re-design*

- Excellent progress has been made with the Cardiology pathway. Implementation of the full Community Cardiology Service (CCS) looks to go live ahead of schedule, towards the end of October. In the near future patients will be able to access Community Heart Failure and Atrial Fibrillation services, quickly and closer to home.

Additionally, this service has created a platform for the incorporation of other important areas such as anticoagulation.

#### *Ophthalmology Pathway service re-design*

- The Ophthalmology review has culminated in some exciting developments in the management of eye conditions in the community e.g. Cataracts and Glaucoma through local Optometrists. The CCG has commissioned an 'Optomanager' which will support Optometrists to successfully manage patients with these conditions.
- The operational function of Optomanager will be used by local optometrists to record details of the patient assessment and onward referral process. If the patient meets the referral criteria, the optometrist will inform the patient and discuss possible providers where the patient can receive their cataract surgery. An automated referral form is generated and local optometrist would be responsible for referring the patient to the provider of their choice.
- The back-office function will be used by commissioners to keep a central record of all accredited optometrists, monitoring payment as well as a reporting function which enables the CCG to produce reports at a click of a button to monitor performance.

#### *Other pathways / RSS*

- We have also launched pathway reviews for Dermatology, ENT & Gynaecology, we are aiming to implement new pathways early next year.
- 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 following: 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.

#### *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. I am delighted to announce that a location has been chosen for the Café at the Brickfield Centre in Epsom. The opening is planned for January.

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 Mental Health admissions.

## **6. Standards of Business Conduct**

In August the Daily Telegraph ran a story regarding a trip to a pharmaceutical conference in Germany for NHS staff engaged in medicines management work. This named a number of staff from CCGs in the South East of England, including one from Surrey Downs, and raised issues of concern relating to relationships with the pharmaceutical industry. As a result of this all CCGs were asked by NHS England to review their arrangements for standards of business conduct. This included conflicts of interest, hospitality and gifts, sponsorship, relationships with the pharmaceutical industry, and related areas. Surrey Downs already had policies in these areas but has revised them in line with best practice and in the light of this incident. A full report was given to the Remuneration and Nominations Committee in September which noted the thorough investigations undertaken by the Executive and the decision not to proceed with any disciplinary action. There was no suggestion that Surrey Downs staff had acted inappropriately but it was felt necessary to improve policy, administrative and training arrangements as part of the system of internal controls and staff compliance with these. As part of this a specific policy on working with the pharmaceutical industry is going to the Audit Committee for approval on the 14<sup>th</sup> October.

## **7. Equality and Diversity**

I am pleased to report that as part of our work on ensuring that the impact of our transformation and financial recovery programmes are properly assessed, we are developing revised and improved policies and procedures for assessing quality and equality impact. This is being supported by quality and governance staff, but also by Polly Mather, our new Engagement Manager whose role encompasses both engagement and equality and diversity.

## **8. Financial Controls Assessment**

NHS England has asked all CCGs to complete a financial controls self assessment as part of its assurance work on the overall financial

position of CCGs in England. We have submitted a draft return (at the end of August) and have drawn extensively on the advice of our internal auditors and NHS England in completing the self-assessment. This has been done in line other information and returns that we have submitted (including our annual report).

This does need final sign-off and I am therefore suggesting that the self assessment is circulated to all Governing Body members for feedback, followed by approval at the Audit Committee on the 14<sup>th</sup> October.

## **9. Information Governance**

I am pleased to report that as a result of the IG Audit from last year and the introduction of some interim capacity in June, we have now completed a full re-write of our information governance policies and supporting materials such as leaflets and procedures for staff. We will be meeting with the Auditors shortly to ensure clarity about the audit standards that apply to the audit of the 2015/16 IG Toolkit submission. This will ensure that our IG compliance will be much more robust in future.

## **10. Health and Wellbeing Board**

The Last Health and Wellbeing Board on the 10<sup>th</sup> September covered the following areas:

- JSNA and commissioning intentions (2016/17)
- Better care fund plan - status update
- Improving older adults' health and wellbeing - action plan refresh update
- Developing a preventative approach/ tackling childhood obesity in surrey
- Improving children's health and wellbeing - status update
- Children and adolescent mental health services transformation plan