

NHS Herts Valleys Clinical Commissioning Group
Board Meeting
4 June 2015

Title	Accountable Officer's Report	Agenda Item: 5
Purpose (tick one only)	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Consideration <input type="checkbox"/> Noting <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Responsible Director(s) and Job Title	Nicola Bell, Accountable Officer	
Author and Job Title	Nicola Bell, Accountable Officer	
Recommendations/ Action Required by the Board	The Board is asked to receive this report for information.	
Classification <i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>	No	
Impact on Patients/Carers/Public	None	
Engagement with Stakeholders/Patient/Public	Not applicable	
Links to Strategic Objectives	<p>Objective 1 We will continually improve engagements with member practices, patients, the public and carers to contribute to and influence the work of Herts Valleys CCG</p> <p>Objective 2 We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well</p> <p>Objective 3 Work with health and social care partners to transform the delivery of care through the implementation of "Your Care, Your Future", the Strategic Review in West Hertfordshire</p> <p>Objective 4 We will ensure that there is a financially sustainable and affordable healthcare system in West Hertfordshire</p>	
Board Assurance Framework <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i>	<p>The report provides evidence of assurance in relation to the BAF:</p> <p>1.1 "Risk of poor patient outcomes, reputational and financial damage to the CCG due to local health economy capacity and flow issues"</p> <p>2.1 "A failure to provide quality of care at West Herts Hospitals Trust due to an inadequate governance structure, weak management systems and a culture which may lead to poor patient outcomes and experience"</p> <p>3.2 "A failure to adequately engage the local health and social care economy and the public, as the result of poor engagement strategies. This may affect the quality of planning and the implementation of integrated care, compromising overall plans to transform care and the achievement of strategic objectives"</p>	

	4.1 "Failure of providers to deliver planned activity levels will result in unmanaged activity levels and failure to deliver the CCG's financial objectives"
Does this report mitigate risk that is included in the Corporate Risk Register?	It provides evidence of mitigation in relation to the following: SO1/06 (this risk relates to commissioning safe and effective services) SO4/24 -26 (these risks relate to communications and engagement) SO4/22 (this risk relates to achievement of financial targets)
Resource Implications	None
Equality and Diversity (Has an Equality Analysis been completed?)	Not applicable
Legal/Regulatory Implications	Health and Social Care Act 2012
Sustainability Implications	Not applicable
NHS Constitution	<p>Principle 1: The NHS provides a comprehensive service available to all</p> <p>Principle 2: Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>Principle 3: The NHS aspires to the highest standards of excellence and professionalism</p> <p>Principle 4: The NHS aspires to put patients at the heart of everything it does</p> <p>Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</p> <p>Principle 6: The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>Principle 7: The NHS is accountable to the public, communities and patients that it serves</p>
Report History	Not applicable
Appendices	

1. System Leadership

1.1 West Herts Strategic Review – Your Care, Your Future

The strategic review (Your Care Your Future) continues to progress in addressing the four questions which were set as its terms of reference by the sponsoring organisations in 2014:

1. How well (how effectively and efficiently) are patients' needs met by the current health and social care system across West Hertfordshire?
2. What are the opportunities to meet future health and social care needs of the West Hertfordshire population more effectively and efficiently?
3. How should health and social care services across West Hertfordshire be configured to realise these opportunities?
4. What organisational form(s) and commissioning / contracting model(s) best support the delivery of the preferred future configuration of services?

Following the launch of the interim case for change in March 2015, we have continued to engage with communities and stakeholders through our Communications and Engagement plan to refine our understanding of how well we currently meet the needs of the communities we serve.

The review has also initiated activities to generate potential answers to question 2 through mobilising a series of clinically led workstreams and started to test them in localities through a further set of engagement events.

As this work develops we will continue to share options for the future. Key dates in this next phase in addition to the localities events are:

- June CCG Board Update
- June Overview and Scrutiny Update
- Meeting of the sponsoring Boards to discuss progress to date and next steps later in June
- July engagement session with NHS England, Trust Development Authority and Monitor
- July launch of final case for change and outline options for continued discussion and development

The CCG has recently hosted an initial check point meeting with NHS England, Trust Development Authority and Monitor to share the Interim Case for Change and the programme governance. The partners received positive feedback on these areas. More information will be presented at the Board meeting.

1.2 Quality Account Information

All NHS organisations are required to publish their annual Quality Account by 30 June, which outlines the quality of services provided over the previous year and the key quality priorities for the coming year.

Commissioners are involved in the development of a provider's Quality Accounts and are also given the opportunity to review and endorse providers Quality Accounts in a CCG statement.

HVCCG have participated in the development and review of the following Quality Accounts and will be providing CCG statements for inclusion in the Quality Accounts of the following organisations:

- Hertfordshire Partnership Foundation Trust
- Hertfordshire Community Trust
- West Hertfordshire Hospitals Trust
- Royal Free Foundation Trust

A report will be presented to the Commissioning Executive Committee in July 2015 on the Quality Priorities of each organisation and the content of the CCG statements. The CCG will also ensure there is a link available from our own website to each provider's Quality Account.

Progress against the quality priorities set out by each organisation within their Quality Accounts is monitored throughout the year at the provider integrated Contract and Quality Review Meetings and reported through the HVCCG Quality and Performance Committee.

1.3 Stakeholder Survey

We have received the results of the 360 degree stakeholder survey that NHS England commissioned for all CCGs across the country. Ipsos Mori conducted the survey over five weeks from 10 March and a wide range of stakeholders were invited to take part, including: all our member practices; our local NHS provider Trusts; neighbouring CCGs; partners in local authorities; and patient representatives including HealthWatch. The aim of the survey of CCGs is to provide us with information about stakeholders' perspectives on our performance and their relationship with us as the local commissioner, including how involved they are in the work we do. Results this year are very pleasing and they represent a considerable improvement over last year. The report compares Herts Valleys with a set of peers and with CCGs across the country and we generally perform as well as or better than others on the majority of issues. Ratings from our member practices have seen a particularly marked increase. We are keen to make sure we build on the engagement work we have done during the past 12 months and develop those areas that we know still need improvement. I appreciate the time stakeholders put in to complete the survey; this does provide us with some really helpful data.

1.4 Herts Valleys Clinical Commissioning Group Constitution

At a confidential Board meeting held on 2 April 2015, the Board discussed and approved the need to amendment of the Constitution to prevent all of the Board GP members terms of office ending at the same time and to put in place a staggered arrangement for their terms of office. It was agreed that half of the current GP Board member's terms of office would be extended to 31 March 2018 (agreed within localities) and half would be up for re-election on 31 March 2016 (with all terms of office for four years thereafter). The amended constitution was supported by localities and was required to be submitted to NHS England by 1 June 2015 for their approval.

2. Operational Issues

2.1 NHS England Area Team – Quality Assurance

Following our Q3 Performance Review we have received our Assurance Outcome letter, attached at Appendix 1. Our status remains as “assured with support” due to our in-year financial pressure and the poor performance on a number of targets. We are working to ensure these issues are addressed and we can return to our “fully assured” status.

2.2 Training and Developing our Staff

We continue to deliver our values by working in partnership with others and encouraging learning and development with our staff. Hertfordshire County Council have developed a Health and Wellbeing Leadership Programme with the aim to equip staff within the public, private and voluntary sector across Hertfordshire with the skills they need to lead increasingly multi-disciplinary teams, build community capacity and deliver a transformational agenda to promote people’s health and wellbeing. Three of our locality team members have been accepted onto programme.

2.3 Carers Strategy

The new Carers Strategy has been shortlisted for a HSJ award and presentations as part of the final selection take place on 1 June. The new Local Incentive Scheme includes a two year reward structure based on improving the consistency of the offer to carers generally, particularly carers’ champions and carers’ healthchecks. NHS England have also now funded a specific Commissioning for Carers award and HVCCG has been encouraged by partners to apply. Tim Anfilogoff’s paper on Carers, Public Health and Integration has been accepted for presentation in Sweden in September at the 6th international carers’ conference co-hosted by Carers UK and the Swedish Family Care Competence Centre and Carers Sweden.

2.4 Community Solutions Fund

Conversations between Hertfordshire County Council, Public Health and the CCG are progressing to develop a more sophisticated and joined up approach to commissioning improved health and wellbeing outcomes locally through engagement with the voluntary sector. The Community Navigator scheme continues to reveal the local gaps in strategic commissioning of the voluntary sector.

2.5 Community Navigator Scheme

The Community Navigator scheme has now exceeded 300 referrals since the start of the scheme six months ago. Case studies for some of these have been presented at the various **Your Care, your Future** events and are available from Paul O’Hare, the Scheme Manager. A sixth Community Navigator joins the team in early June to work across Herts Valleys to provide holiday relief, help manage peaks and troughs and to pilot the provision of support to discharge from HCT beds. The Scheme now has access to the CLEAR2 Client Management System used by HertsHelp creating an integrated process for case management. We are also building in use of the Quality Metric SF12 tool to demonstrate outcomes for patients and carers using the service. A Community Navigator READ

code and electronic GP system referral forms to Herts Help and Community Navigators are now in place.

The patient's story at the Board meeting relates to a Community Navigator.

2.6 Co-commissioning Primary Medical Services

Following the approval of the governance arrangements for Joint Commissioning of Primary Medical Services with NHS England in January 2015, the CCG had its first Joint Committee chaired by Alison Gardner on 14 May 2015. Key areas of discussion included:

a) Progress made on the development of the Primary Care Strategy for Herts Valleys including the proposed 3 high impact areas of change

- Enhancing proactive care
- Ensuring services are accessible and of high quality and
- Embedding continuity of care and co-ordination across the health and social care system

b) Watford Care Alliance

The Watford Care Alliance (WCA) continues to deliver an extended service to the member practices in this confederation. Mark Semler, the clinical lead who pioneered this innovative project, has stepped down and clinical leads have been appointed for the two work streams: 1) Extended Hours; 2) Integrated Care. Deborah Parkin, Programme Director, has been seconded to the CCG to continue developing the service and will work closely with the Planned and Primary Care Programme to evaluate the service. The evaluation of the service is due for discussion at the next Joint Committee in July in order for the CCG to make decisions on the future options for this service.

c) Improving the Quality of Primary Medical Services

The committee discussed the evaluation paper from NHS England area team on the Quality visits Programme which was a primary care improvement scheme, initiated, designed and implemented under the auspices of co-commissioning and overseen by the Area team/CCG Quality Assurance and Improvement Sub Group membership which included representatives from the Local Medical Committee. The process was welcomed by practices and felt very supportive in developing and improving primary medical services. There was a good discussion at the Joint Committee on this and it was agreed to develop a local process for discussion at the next meeting on the plan of how we implement this process locally.

It has been agreed that the Joint Committee will be held bi-monthly. We were unsuccessful in appointing the 4th lay member to chair this committee but, following an extensive search, hope to make an appointment later in June. I am grateful to Alison Gardner for stepping into the breach.

2.7 Urgent Care Update May 2015

February's Accountable Officer report outlined changes taking place in the Urgent Care Team. Since then many of those changes have taken place and recruitment to vacant posts in the team continues, including a Project Manager and Project Management Coordinator.

Delayed Transfers of Care (DTOCs) have been an issue across west Hertfordshire for some months now. The System Resilience team have put in place a new process to ensure Delayed Transfers of Care are escalated in the appropriate way. Part of this process is having a named contact for Hertfordshire Community Trust (HCT), Herts County Council (HCC - Social Care) and Continuing

Healthcare (CHC) for partner organisations to speak with directly for updates on individual patient delays. This process has been implemented for:

- Royal Free Hospitals Trust
- Buck Healthcare Trust
- Luton & Dunstable Hospitals

The evaluation of 2014/15 System Resilience projects has taken place, in line with the first phase of planning for 2015/16. A draft report on the planning for 2015/16 plans will be available for the Urgent Care Executive Group in June; this will then go to the System Resilience Group (SRG) for agreement and next steps.

Over the May Bank Holiday on Monday 4 May, whole system issues were raised regarding out of hours escalation, process and decision making. Following on from this a partner wide table top exercise will be taking place to ensure the system is better prepared for future periods of unusual activity, particularly over bank holidays and busier weekends. This exercise will include a review of escalation plans from all partner organisations, as well as creating a system wide understanding of what can be done to improve the process currently in place.

Terms/Acronyms used in report

HVCCG	Herts Valleys Clinical Commissioning Group
WCA	Watford Care Alliance
SRG	System Resilience Group
HCT	Hertfordshire Community Trust
DTOC	Delayed Transfers of Care
CHC	Continuing Healthcare