

# Health and Wellbeing Hertfordshire

**HEALTH AND WELLBEING BOARD**

**WEDNESDAY 26 JUNE 2013 at 1.30 P.M.**

**East & North Hertfordshire CCG Update**

Report of Lesley Watts Chief Executive, East & North Herts CCG

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Agenda Item

No.

**2a**

## **1. Purpose of report**

- 1.1 To update the Health and Wellbeing Board.

## **2. Summary**

- 2.1 East and North Herts Clinical Commissioning Group continues with its agreed work programme.
- 2.2 For further detail please refer to the attached appendices:

**Appendix A:** Report of the Chief Executive to East and North Herts CCG Governing Body 25 April 2013

**Appendix B:** Report of the Chief Executive to East and North Herts CCG Governing Body 30 May 2013.

## **3. Recommendation**

- 3.1 That Hertfordshire Health and Wellbeing Board receive and note this update.

## APPENDIX A

### CHIEF EXECUTIVE REPORT 25<sup>th</sup> April 2013

#### 1. Purpose of the Paper

To update Governing Body members on the East and North Herts CCG (ENHCCG) work programme.

#### 2. Terms / Acronyms Used in the Report

|       |   |
|-------|---|
| CCG   | Clinical Commissioning Group                |
| SHMI  | Summary hospital level mortality indicators |
| CQUIN | Commissioning for Quality and Innovation    |
| HCT   | Hertfordshire Community Trust               |
| IVF   | In vitro fertilisation                      |
| NICE  | National Institute of Clinical Excellence   |
| LMC   | Local Medical Committee                     |
| A&E   | Accident and Emergency                      |
| PCT   | Primary Care Trust                          |
| GESCU | Greater Eastern Commissioning Support Unit  |
| NHSLA | NHS Litigation Authority                    |

#### 3. Executive Summary

The CCG continues to progress with its agreed work programme. The CCG has developed a financially balanced Strategic Plan, including innovative and clinically led work streams.

#### 4. Leadership of Health Economy

The CCG is leading the East and North Hertfordshire health economy. The CCG has led discussions with Clinicenta including the monitoring of the service's performance both in terms of activity and the quality of the service.

The Executive team continue to hold discussions with East and North Herts NHS Trust regarding their SHMI (Summary hospital level mortality indicators), challenging Trust to ensure they deliver the actions they have stated to improve the current position. There is evidence that this is improving.

Senior members of the management team have been involved in discussions with Princess Alexandra Hospital and West Essex CCG regarding the services that the Trust will provide in the future and its future financial model. This has included detailed discussions regarding activity and associated costs. We are collaborating with Barnet, Enfield, Haringey to ensure the strategic changes at Barnet and Chase Farm hospitals are well understood and secure the needs of our patients.

The CCG held a stakeholder engagement event on 14<sup>th</sup> February 2013. The event was well attended by a range of GPs, patient representatives, members from local authorities and provider Trusts. The event shared the CCG's strategic vision as well as locality priorities, helping to inform the final version of the CCG's strategic plan.

## **5. Commissioning Round 2013/14**

NHS East and North Herts CCG led the contract negotiations for its lead contracts. This resulted in the successful signing of contracts with East and North Herts NHS Trust, Hertfordshire Community Trust and Herts Partnership Foundation NHS Trust by the 28<sup>th</sup> March 2013. The CCG also agreed its contract with East of England Ambulance Service NHS Trust and West Herts Hospital NHS Trust for which the CCG is an Associate. The contract for Princess Alexandra is still to be signed and is waiting for final agreement with the host commissioner West Essex CCG. The agreeing and signing of these contracts is a significant achievement at a time of constrained budgets and implementation of new NHS Contracts. The contract of Barnet and Chase Farm is led by Herts Valleys CCG and is due to be signed by the 20<sup>th</sup> April 2013.

Alongside the agreement of activity and finances with providers the CQUIN and Quality Schedules have been agreed with each Trust. There has been a focus on the completion on Quality Impact Assessments and the recommendations from the Francis Inquiry during discussions with providers on the quality of services.

The 'currency' work with HCT has been completed and resulted in a much more realistic and attributable budget. This has been translated into the setting of the HCT contract so that it is clear what activity is taking place, in which locality/practice and the cost that can be attributed to it.

NHS East and North Herts CCG has agreed to be the lead contractor for the IVF contracts for East of England commissioners for 2013/14. The contracts for these services are in place and will be extended until the end of March 2014. The arrangement will mean that all costs for IVF will be charged to the CCG but that the CCG will recharge the costs back to each relevant commissioner on a patient by patient basis. Each commissioner will agree the treatment plan for each patient directly with the provider according to their local interpretation of the NICE guidelines.

## **6. Partnerships and Collaboration**

The CCG has held frequent meetings and worked closely with the LMC. This has been to ensure that the work and priorities of the CCG are understood along with its main challenges. In turn the CCG has a greater understanding of the impact of the imposition of the GP contract. The LMC is supportive of the CCG's work and Commissioning Framework, which will allow practices

time to engage with the CCG. The LMC also welcomes the CCG's focus on patients with Long Term Conditions.

The CCG, via the Chair and Accountable Officer are active members of the Health and Wellbeing Board, ensuring that the CCG's health priorities are an integral part of the county Health and Wellbeing plan.

The CCG provides significant resources to the Joint Commissioning Team to secure services in mental health, learning disabilities, drugs and alcohol programmes and Child and Adolescent mental health services that meet the need of the relevant patient groups. The Accountable Officer is a member of the Joint Partnership Executive and will ensure that joint collaboration delivers the CCGs described service priorities to patients.

The CCG is a member of the local Workforce Partnership, a constituent part of Health Education England.

## **7. Strategic Plan**

The CCG's Strategic Plan is close to being finalised and sets out the CCG's vision for the next 5 years as well as incorporating regional and national requirements for 2013/14 as set out in the recently published Operating Framework. The Strategic Plan includes the local strategies such as Delivering Quality Healthcare for Hertfordshire, Barnet Enfield and Haringey Clinical Strategy and Hertfordshire's Health & Wellbeing Strategy.

As part of Strategic Planning the CCG is involved in work between Barnet & Chase Farm, Princess Alexandra and QE II regarding patient flows and associated activity. The discussions are to assist with planning what services are likely to be needed at the different sites.

On 28<sup>th</sup> March 2013 the New QEII reached financial close and NHS Hertfordshire signed the contracts that has enabled preparatory building work for the New QEII to begin on 15<sup>th</sup> April 2013.

The £30m project will have a significant range of services including a Local A&E, outpatients, diagnostics and therapies. Most of these services will be provided by East and North Hertfordshire NHS Trust who have also signed a lease as part of the contract arrangements. The building work will managed by Assemble Community Health Partnerships with Mansells as the building contractor.

Local GPs have been actively involved in the development of the New QEII and we are delighted that the building work will begin. The CCG as the commissioners of services is working with East and North Herts Trust and other providers to ensure that the right services for patients will be available at the New QEII and at the Lister Hospital.

The PCT's shareholding in Assemble has transferred to Community Health Partnerships. The first stage of work will be the development of temporary car

parks to replace all the spaces that will be lost whilst the New QEII is built on the front of the current hospital site.

## **8. Area Team Performance Management**

The Hertfordshire and South Midlands Area Team continued to hold monthly performance review meeting with the CCG. The discussions include a range of performance measures, including waiting times, activity and financial performance. Latest discussions have been positive and the CCG is seen as having good control of its business.

## **9. CCG Capacity and Capability**

The process of appointing Locality Governing Body members is complete with the recruitment of four new members, Dr Hari Pathmanathan, Dr Fiona Sinclair, Dr Russell Hall and Dr Robin Christie.

Following submission of the CCG's Authorisation rectification plan and Area Team's assessment of the plan the NHS Commissioning Board CCG conditions review sub-committee recommended that the CCG's three outstanding conditions to Authorisation be removed. On 26<sup>th</sup> March 2013 NHS East and North Hertfordshire CCG received notification from NHS Commissioning Board that the conditions had been removed that the CCG was authorised without conditions.

The CCG has indicated to Greater Eastern Commissioning Support Unit (GECSU) that it wishes to manage Quality and Patient experience and Redesign services in house. These two services and associated teams will be subject to a staff consultation in the near future. An agreed structure is in place for these services and staff consultation is set to begin. The CCG is also in discussion with GECSU regarding what services it wants to buy in 2012/13. The focus of these discussions will be to ensure that the services provided to the CCG make the best use of specialist knowledge and are good value for money.

Work has been completed to ensure that NHS East and North Herts CCG is set up as a statutory body, including membership of the NHSLA, unique email address, websites, signage and phone numbers. The CCG is working from the second floor of Charter House, Welwyn Garden City and some staff have moved within the building to ensure that all relevant staff for the CCG are physically sitting close to each other and are consolidated on the second floor.

The Memorandum of Understanding with Public Health that details the development of collaborative working between the Public Health Team at Hertfordshire County Council and the CCG is currently still to be signed.

## **10. Board Development**

The Board continues its programme of development. Workshops on the four Programme Boards (Unscheduled Care, Planned Care, Out of Hospital Care

and Partnerships) have been held. The Board has received presentations from the Academic Health Science Network, Clinical Senates and Strategic Clinical Networks and Health Education.

An induction programme for new Board members and organisational development work in succession planning is being developed.

## **11. Governance**

RSM Tenon have developed a strategic risk register including cause and effect. A risk management dashboard and supporting risk management policy are in draft and at its first meeting on 18<sup>th</sup> April 2013 the Audit and Governance Committee will review them.

The Remuneration Committee met on March 2013 and the Governance and Audit Committee met on 18<sup>th</sup> April 2013. The Committee considered the reports on CCG running costs, financial risks, the detailed financial policies, revise internal audit plan, and counter fraud work plan.

## **12. Patient and Carer Engagement**

Key to successful patient /carer engagement for the CCG is the creation of co-partnership between patients and GPs. The model that has been adopted is a “bottom-up” approach based on patient participation groups (PPGs) in individual practices that feed into patient locality commissioning groups.

Six locality Patient Commissioning Groups have been set up aligned to the GP locality structures with members endorsed by their local practices and PPGs.

Work is underway to agree common terms of reference for the groups including defining the roles of patient members, patient leaders and GP patient champions and how relationships with the locality GP groups are developed and strengthened. The groups will give feedback on the quality of services that have been commissioned; provide a mechanism by which patient and carer perspectives can inform clinical pathway design work and influence commissioning priorities and decision-making.

A Patient Network (Quality) has recently been set up to support the CCG's Quality Sub-Committee. This is chaired by the patient member on the sub-committee. The role and work of the network will be influenced by the recommendations of the Francis Inquiry.

Patient members are also involved and advising on the development of the CCG website.

Helen Edmondson

## APPENDIX B

### Chief Executive's Report 30<sup>th</sup> May 2013

#### 1. Purpose of the Paper

To update Governing Body members on the East and North Herts CCG (ENHCCG) work programme.

#### 2. Appendices           None

#### 3. Terms / Acronyms Used in the Report

|               |  |
|---------------|--|
| <b>ENHCCG</b> | <b>East and North Herts Clinical Commissioning Group</b> |
| <b>CCG</b>    | <b>Clinical Commissioning Group</b>                      |
| <b>CESCU</b>  | <b>Central Eastern Commissioning Support Unit</b>        |

#### 4. Executive Summary

The CCG continues to progress with its agreed work programme. The CCG is embedding its systems and processes thereby ensuring it can focus on the delivery of its strategy.

#### 5. Leadership of the Health Economy

The CCG is leading the East and North Hertfordshire health economy and is involved in the workstreams at out of county providers regarding the future provision of services at their sites.

##### 5.1 Barnet and Chase Farm

The Barnet, Enfield and Haringey Clinical Strategy identified the need to deliver better healthcare for the people of Barnet, Enfield and Haringey. Proposed changes include:

- Improvements to primary care
- Expansion and redevelopment of emergency services at Barnet and North Middlesex Hospitals
- Expansion and redevelopment of maternity and neonatal services at Barnet and North Middlesex Hospitals, including the development/expansion of midwife-led birthing units at both
- Development of urgent care services at Chase Farm Hospital, including assessment centres for children and older people.

A meeting held on 16<sup>th</sup> May 2013 chaired by the Lay member of Enfield CCG, and involving CCGs (including East and North Herts CCG), North Middlesex Trust and Barnet and Chase Farm Hospitals, LINKs, community and mental health Trusts and local councils, noted the following key points:

- Work was underway to ensure that the proposed changes to Accident and Emergency and Maternity services at Chase Farm take place in November 2013.

- The process of change started with staff from NHS England (London) meeting staff at Chase Farm Hospital and attending the Clinical Cabinet on 18 April 2013.
- Site visits are scheduled in June and July and an assessment report by an external review team at the end of July.
- Trusts will provide assurance reports to their Boards, hold a challenge session with NHS England (London).

Additional work is underway to model the activity and consult with the workforce. Both London Ambulance and East of England Ambulance Service NHS Trust are modelling forecast changes in the flows of patients expected as a result of the proposed changes, including an assessment of its operational impact.

The key issues for the CCG are the need to better understand the models and flows for the Urgent Care Centre and the Older Peoples Assessment Unit at Chase Farm and how these could impact on the New QEII pathways. There are capacity implications for neighbouring Trusts.

## **5.2 PAH**

It has been agreed that the North Essex System Review being supported by Matrix evidence be extended to include East and North Hertfordshire's activity for Princess Alexandra Hospital.

At a meeting on 8<sup>th</sup> May 2013 Matrix presented their initial development of a model that provides an analysis of the demographic and activity information, factoring in the possible transformational changes.

The CCG is working with the Trust Development Agency, West Essex CCG and Essex Area Team to bring forward plans that ensure a sustainable future for Princess Alexandra Hospital.

## **6. Area Team Performance Management**

On 10<sup>th</sup> May 2013 the CCG had a performance review meeting with the Area Team for NHS England. The discussions include a range of performance measures, including waiting times, activity and financial performance. The meeting was very positive and the CCG plans to move to quarterly meetings and an Annual Accountability review.

### **6.1 CCG Assurance Framework**

NHS England published an interim proposal for a CCG assurance framework for 2013/14. It plans to discuss the framework widely with key stakeholders over the coming months and to publish a definitive framework in the autumn.

The framework is designed to give assurance that CCGs are delivering quality and outcomes for patients, both locally and as part of the national standards, as well as being the basis for assessing continuous improvement from the



start point of authorisation. As such, it is intended to look at both the performance and the health of the organisation.

NHS England is proposing a framework built around the following principles:

- the approach will always place the assurance of quality for patients, both today's and future generations, at the heart of the process
- the approach will promote the accountability of CCGs to their local populations
- NHS England will support CCGs to develop ambitious plans for improvement; a key feature will be the identification of the support a CCG needs to realise its full potential
- there should be a clear, consistent basis on which any NHS England support or intervention is predicated, with the underpinning principle being one of supporting the CCG to deliver good outcomes
- the approach will focus heavily on the role of CCGs in securing patient and public engagement
- the approach should only use information that CCGs need to manage their own business and to demonstrate accountability to their local populations
- the process will continually evolve in collaboration with CCGs, HWBs, patients and the public
- the output of CCG assurance should be proportionate and transparent.

The resulting core elements of the assurance process are proposed to centre on:

a) Delivery

Ensuring that the CCG delivers for its population the full range of outcomes and standards (national and local) agreed in its plan. Performance will be monitored through a series of quarterly Checkpoint meetings, based on delivery against the agreed strategic plan, the Outcomes Framework and financial performance.

b) Capability

Capability will be assessed annually, based on and building upon the criteria used in the authorisation process. There is likely to be a strong focus on our relationship with patients and the public, our capacity to assure quality, our behaviours with key stakeholders and our ability to deal with local strategic challenges.

c) Identifying support needs

The framework proposes a consistent approach to identifying support requirements across all CCGs. NHS England proposes a shift in emphasis away from a focus on poorly performing organisations towards a system of tailored support that allows all CCGs to reach their full potential.

The CCG will be discussing the framework more fully with the Area Team and the Governing Body will be kept informed of the implications at future meetings.

## **7. Organisational Development**

The senior management team are in the process of finalising their objectives for the year. Their objectives flow from the organisations priorities and focus on delivering clear outcomes against clear timescales. The development of objectives was supported by a Senior Managers away afternoon held on 9<sup>th</sup> May 2013.

Following an expression of interest the CCG has been chosen to receive a workshop to be supplied by PwC. The workshop will be delivered by a specialist from the PwC team in an area of the CCG's choosing.

The CCG has made a successful application to take part in Stonewall Health Champion's programme. The methodologies the charity propose to organisations to support their work relating to lesbian, gay and bisexual equality and diversity issues, can be used to support work with the other protected characteristics. The CCG is developing an Equality and Diversity Policy, emphasising the areas for patient and public engagement.

## **8. CCG Capacity and Capability**

**9.**

On 29<sup>th</sup> April 2013 the CCG wrote to the Managing Director of the Central Eastern Commissioning Support Unit (CECSU) indicating its dissatisfaction with the quality and effectiveness of the services provided by them. As well as the removal of Quality and Patient experience and Redesign services from CESU the letter indicated the CCG was giving notice to vary the service level agreement with them.

The letter went on to detail that the CCG would undertake a review of the services currently provided to understand the added value of CECSU providing the service as opposed to either an in house or other provider.

The CCG indicated that currently it would consider commissioning the following services from the CECSU:

- Pharmacy and Medicines Management
- Continuing Health Care
- General IT
- Customer Services Team
- Infrastructure Team
- NPfIT
- Finance- Financial Services

The remainder of services are likely to move in house.

Helen Edmondson