Annual General Meeting
Thursday 30 July 2015
Chair's Report

Can I first of all welcome you all to this, the second Annual General Meeting (AGM) of West Norfolk Clinical Commissioning Group.

We have again brought together a number of stands from organisations across West Norfolk, from the NHS, the third and the voluntary sector to give us all an opportunity to learn more about the many organisations which contribute to our health and wellbeing here in West Norfolk.

I hope you have had the opportunity already to visit some of the stands and will also do so over tea and coffee at the end of the formal AGM.

Last July, in my first report to you on behalf of the newly established CCG, I reflected that in over 30 years of working in our NHS I had never seen so many challenges come together within such a short period of time.

This year has been no exception, with changes to the Chair and Chief Executive of The Queen Elizabeth Hospital Foundation Trust (QEH), a new Chief Executive at the Norfolk and Suffolk Foundation (Mental Health) Trust (NSFT), and an interim and then a new substantive Chief Executive at the Norfolk Community Health and Care NHS Trust; alongside a number of changes of senior managers across Norfolk.

We have seen NSFT placed in Special Measures by its national regulator, Monitor, after a critical report from the Care Quality Commission.

Within West Norfolk CCG we have had stability in both our Senior Management Team and Governing Body. That stability has ensured we have played a positive and constructive role in the work that has been required to deal with the challenges our local providers have faced in response to the regulatory action taken against them.

Our local quality monitoring forums with each provider which I reported on last year, have continued to meet regularly and involve clinicians from the CCG, as well as public representation via Healthwatch. This has ensured that issues with regard to clinical standards of care are raised regularly and acted upon.

As such, I was delighted to learn this morning that the Care Quality Commission has published their report recommending that the QEH is taken out of Special Measures. I commend all those involved at the QEH for their hard work and dedication in achieving this result.

Our clinical dialogue extends into all areas of our work and has continued to broaden and deepen over the past year.

Our Clinical Working Groups on Frailty, Paediatrics and Maternity Care involved clinicians from across a number of organisations in West Norfolk, to examine national and international evidence of best practice and measure this up against the way we currently deliver care.

The Clinical Reference Group ably chaired by Professor Paul Jenkins, our Secondary Care Doctor on the Governing Body brought together this work to help in the process of designing local clinical care fit for the 21st Century.

We have continued to meet regularly with the Medical Director and Clinical Directors of the QEH at our 'clinician to clinician' meetings.

From September 2014 to March 2015 much of our work with the QEH was dominated by the external private Contingency Planning Team (CPT), appointed by Monitor. Alongside colleagues from the QEH we collaborated and contributed to their analysis of the financial and clinical challenges facing the hospital and the wider West Norfolk healthcare system. For all concerned the process was demanding and time consuming on top of the ongoing commitments to service delivery involving a number of senior clinicians and managers.

The draft joint response of the CCG and QEH to the work of the CPT will be debated by the Governing Body in its meeting later this morning. This document reflects the many pieces of work that must now be taken forward with some pace, to narrow the financial deficit within the QEH and that also in the longer term reflect a financial deficit within the West Norfolk healthcare system.

It is important that we all, as citizens of West Norfolk, are aware of the expenditure gap even when all the proposals in the draft CPT document are agreed and enacted.

We are, however, not alone in West Norfolk in this respect, and a number of other hospitals and healthcare systems across England are also facing similar challenges. There is, however, now a clear strategy emerging from NHS England on changes to the way healthcare is provided and co-ordinated, as articulated in NHS England's 5 Year Forward View document, published in October last year. And following the General Election in May there have been the announcement of a number of initiatives to trial new models of care under what are called 'Vanguard Schemes'. Some of these are bringing together GPs and Community NHS Services into new organisations called 'Multispecialty Community Providers', others are bringing GPs and hospitals together as Primary and Acute Care Systems. Once evaluated these will be rolled out widely across the NHS. It is very likely that the future of our West Norfolk healthcare system will develop into one of these new models of care, and our work over the coming year is to ensure that our clinical dialogue over the best ways to provide care is discussed even more widely to help influence how care is delivered in the future.

This was the focus for our stakeholder events in September last year with regard to frailty, care of sick children and maternity services, and was also shared and discussed in our drop-in sessions in West Norfolk in January 2015 as part of information sharing with the CPT. Fuller details of patient and public engagement work are detailed on page 3 of the summary report. And there are a number of initiatives that NHS England are progressing, including 7 day standard working and the formation of Acute and Emergency Care Networks – which will cover very large geographies – ours will cover the East of England. These new bodies will have considerable influence over how and where emergency care is provided in the East of England, and it will be important here in West Norfolk that we articulate the findings of clinical work and evidence base for emergency care here in King's Lynn to this new group.

One of the very positive developments over the past year has been the continued progress at the QEH both in terms of quality of service and of performance. Now with both a permanent Chair and Chief Executive, it has made considerable progress with its 4 hour 95% A&E target, most notably in the first reporting quarter for 2015/16 where it achieved the standard. And behind this sit a number of improvements that demonstrate patients are getting faster emergency care, improved quality of care, better nursing staffing, and this is being delivered in the right place. This has also speeded up ambulances turnaround at the QEH, freeing them up sooner to respond to new calls. This, alongside other positive developments within the Ambulance Trust, has improved some urgent response times over the past year.

Via our local 'System Resilience Group' – which brings together senior managers and clinicians from across organisations in West Norfolk and Wisbech – we continue to work collectively as an NHS system to look at optimising care for urgent and emergency patients. Our Chief Officer will report on one of these initiatives in her report. We are already planning for the coming winter and how we can flex our health and social care system to meet the demands of seasonal infections on chronic diseases. We will be doing this to progress our plans for care of frail older people both within hospital, where last year a Frailty Ward was established, and in the community where services such as community matrons and virtual wards are highly valued by patients and families. Our work on integrating such services will continue over the coming year.

During the year the CCG made important changes to how it commissions services and to its Governing Body structures. It changed the Constitution, after approval from NHS England, to create two additional committees – lead by its lay members, one to scrutinise finance and performance, the other to provide oversight and assurance on issues related to potential conflicts of interest. These are designed to further protect the public interest of ensuring value for money in public expenditure and high and visible standards of probity.

The commissioning changes were to take local control of contracting and commissioning the services provided by the Mental Health Trust and the Community Trust; rather than as a minority partner within a Central Norfolk commissioning arrangement. This is to ensure in future years the CCG builds an even closer working relationship with these providers so that our contracts better reflect the needs of our local population, and wherever possible move closer towards local integration as advocated by the West Norfolk Alliance.

The importance of the West Norfolk Alliance was recognised when it was given Pioneer status last year by the Department of Health, and invited to present its work to a national conference, and our Chief Officer will share some of last year's achievements with us shortly.

More locally lead commissioning and contracting of Mental Health services will help us to address some of the issues that affect us locally. We have seen over the past year significant improvements in the diagnosis rates for dementia, and evidence of the benefits of a Dementia Intensive Support Team, working in the community to address acute needs in patients with dementia. These are positive developments which now require us to join them up with our care of frailty work and further embed them with the work of the voluntary and third sector.

The West Norfolk Mental Health conference organised by the CCG in 2014 highlighted the wide range of issues that contribute to mental health and wellbeing in our community. It also made it clear that mental health and wellbeing is everybody's responsibility – whether they work in other parts of the NHS, other public services, employers and providers of housing.

We need over the coming year to work to support the recovery of NSFT from Special Measures and ensure the new contract with them is effectively deployed in September this year. We are working closely with the Trust to improve access and recovery in the Improving Access to Psychological Therapies (IAPT) service which should ensure earlier access and intervention for mental health problems to reduce the risk of further deterioration.

Our external review of a cluster of deaths in West Norfolk in 2014 was able to give assurance that there were no significant underlying causes within the Trust but that valuable information could be gathered by better communication with relatives, and improvements in how the review of deaths were conducted.

We have fully delivered the new 'Parity of Esteem' monies to the Trust which have been used to:

- Increase investment in ward staffing;
- Increase community capacity to support reduced workloads;
- Enhance Crisis Resolution and Home Treatment services, co-ordinated with Mental Health Liaison Services at the QEH.

Turning now to financial performance, I can report that the CCG delivered for a second year running a balanced budget with a small 1% surplus which is retained locally to support this year's budget. Our budget plans and progress throughout the year is closely monitored by NHS England who have a very clear expectation that CCGs will plan and deliver such a surplus.

For the coming year we have again been required to plan a similar budget, which year on year becomes more challenging to achieve. To do this we have to look ever more carefully at schemes which achieve better value for money and there will be difficult choices to make in the year ahead on how public money is spent. These matters are reported regularly at our Governing Body meetings held in public.

I have already raised some of our performance issues earlier in my report but now want to draw out some of the key standards and where the CCG currently stands on them.

- We have seen improvements in the Category A (Red 1) responses within 8 minutes over the past year but there has remained variability in performance, and it remains below the overall average for the Ambulance Trust.
- 18 week referral to treatment standards have been met overall but within this some specialties have under-performed including Orthopaedics and General Surgery.
- The A&E 4 hour 95% standard was not met during the financial year 2014/15 but has been met for the first quarter of this financial year.
- The overall Cancer waiting times were met but an issue of concern with regard to 62 days waits from GP referral to treatment has been identified, with regard to some cancers and detailed work has been undertaken to understand the cause and address this issue.

In terms of performance in governance, risk management and internal control, these are addressed in detail in the Governance Statement in the Annual Report. Reasonable assurance was given by the internal audit programme and all issues raised are being addressed.

Quarterly reviews by NHS England of the CCG have been positive on its work and overall performance and the CCG awaits the result of its annual review.

This has been a very demanding year for all the staff within the CCG and there has been no let-up in the pace of work in West Norfolk. I would like to record my thanks to the Accountable Officer - Dr Sue Crossman, Chief Financial Officer - John Ingham, Head of Clinical Quality and Patient Safety - Maggie Carter and our Director of Operations - Kathryn Ellis. CCGs have small staffing numbers compared to previous NHS authorities and require a high level of flexibility and resilience not seen before in such organisations. They have all continued to demonstrate very high levels of commitment in their difficult and challenging work.

I am also very grateful to Governing Body members for their many and varied contributions to the effective functioning of the CCG.

Penny Sutton, our lay member for Patient and Public Involvement completed her term of office in March this year. At her last meeting on the Governing Body I was able to put on record my appreciation of her work in the CCG, especially on the Committees of the Governing Body where lay members' input is so vital.

We have two new lay members who have joined the CCG, Cathy Gale as the lay member for Patient and Public Involvement and Rob Bennett the additional lay member for the Audit Committee and Chair of the Finance and Performance Committee. I am sure they will both make important contributions to the work of the CCG over the coming year.

We face a number of significant challenges over the coming year, however with a now well established team and a track record of embedded clinical dialogue with clinicians across West Norfolk we are ready to make further progress towards consistently high quality and effective services here in West Norfolk, and delivering the transformation that will be needed to achieve it.