

Chief Officer's Report
January/February 2015

Purpose

This paper provides a summary of the key areas of business as led by the chief officer for this and the other four clinical commissioning groups (CCGs) in the collaborative. It includes a brief summary of the main matters. The CWHHE collaborative comprises NHS Central London, West London, Hammersmith and Fulham, Hounslow, and Ealing CCGs. It has been written as a standard report across all five CCGs.

The report covers the following areas:

- Primary care commissioning
- Chelsea and Westminster and West Middlesex hospital join forces
- Priorities for 2014/15 and progress
- Business Planning
- Whistleblowing
- Preparation for the quarter 3 assurance meetings
- Shaping a healthier future
- Annual general meetings
- Director of informatics
- A reminder about the pre-election 'purdah' period.

Primary care commissioning

NHS England has invited CCGs in England to consider options for entering into shared commissioning arrangements for GP services. The five CCGs, in conjunction with Brent, Harrow, and Hillingdon CCGs, have expressed an interest in exploring how we might work together in this area. The intention is to enter into joint commissioning arrangements. We are currently consulting with our members on these arrangements prior to seeking approval to take some commissioning responsibilities from NHS England.

The advantage of exploring options is that it will give us greater ability to commission services that will deliver changes to local healthcare services in line with our strategy. The strategy is to localise services out of hospital where possible and integrate care around patients' needs.

As we are a GP led organisation, and primary care is provided by GPs, it is essential that we ensure that conflicts of interest are sufficiently understood and managed appropriately. This will rely on such principles as ensuring independent scrutiny of commissioning plans through use of lay members and officers, and ensuring that the focus is on commissioning services that are best able to deliver improvements to patient outcomes.

Chelsea and Westminster and West Middlesex hospitals to join forces

The Competition and Markets Authority (CMA) has cleared plans for the acquisition of West Middlesex University Hospital NHS Trust by Chelsea and Westminster Hospital NHS Foundation Trust.

This means one of the most significant milestones underpinning the proposals being set out by the two trusts has been met.

The assessment process examined whether the integration of the two trusts would lead to a 'significant lessening of competition' or a reduction in access or choice of services for local people.

The CMA contacted a range of organisations and individuals as part of their analysis.

It has confirmed that: "We do not believe that the merger will lead to a material reduction in the quality of services for patients (including clinical factors such as outcomes, infection rates and mortality rates, and non-clinical factors such as waiting times and patient experience) and will not materially reduce the hospitals' incentives to innovate and improve their services."

The new, unified organisation is expected to come into being in July. The Chelsea and Westminster Trust Board will consider a full business case which will then be presented to health service regulator Monitor. The NHS Trust Development Authority, the Chelsea and Westminster Trust Board and Council of Governors, and finally the Secretary of State for Health will all need to approve this acquisition.

The new trust will have around 5,000 staff and cover a potential population of nearly a million people.

Progress against 2014/15 objectives

We have made considerable progress against our six corporate objectives for the year. The detail has been captured in information packs which appear elsewhere on the agenda.

Business Planning

We are currently developing our response to NHS England's publication, 'The forward view into action: planning for 2015/16.' We have submitted initial data to NHS England and are working up our plans. There continues to be a strong focus on commissioning timely care for patients and to live within our means. A key area is how we work with partners, including local authorities, to commission health and social care that meets the needs of the citizens that we represent. The plans include our budgeting for the coming year, the detail of which is being developed. The priorities for operational delivery in 2015/16 are:

- improving quality and outcomes;
- improving patients safety;
- meeting NHS constitution standards;
- achieving parity for mental health; and
- transforming care for people with learning disabilities.

Being clear on what we are trying to achieve and ensuring that the contracts we agree with our providers deliver our commissioning intentions and the targets that NHS England will hold us to account to deliver is important. Contract negotiations are underway with a target to agree contracts with providers by 11 March.

Plans need to be agreed by the CCG by 31 March. This is being developed now and will be shared with governing bodies later in the month. Plans will consist of:

- review of our strategic plan;
- review of our six corporate objectives;
- review of the key risks to delivering our objectives;
- review of the key programmes of work that will deliver our objectives; and
- identification of the outcome measures that we can count that will tell us if we are delivering on our commitments.

Workshops are taking place with governing bodies to review objectives and risks and this will be matched to the bottom-up review of specific programmes of work so that we develop clear and achievable plans that will help us to improve the health outcomes of the citizens we are here to represent. The information packs that appear elsewhere on the governing body agenda add further detail on our priorities for the coming year.

Whistleblowing

On 11 February, the Secretary of State for Health published, 'Culture change in the NHS'. The document sets out a commitment to supporting NHS staff in raising concerns and describes the progress made in applying the lessons learned from the Francis Enquiry. It contains a number of principles and recommendations for NHS organisations to implement.

Further proposals in response to the Sir Robert Francis' follow up review are due to be consulted on including a new independent National Whistleblowing Guardian within the CQC as well as a named individual in each NHS organisation with whom others can speak if they have concerns that they are not being listened to.

Preparation for the quarter 3 assurance meetings

NHS England has a duty to seek assurances that the CCGs are meeting the requirements as set out under the six domains.

The six CCG assurance domains are as follows:

Domain 1: Are patients receiving clinically commissioned, high quality services?

Domain 2: Are patients and the public actively engaged and involved?

Domain 3: Are CCG plans delivering better outcomes for patients?

Domain 4: Does the CCG have robust governance arrangements in place?

Domain 5: Are CCGs working in partnership with others?

Domain 6: Does the CCG have strong and robust leadership?

We are gathering evidence in support of our continuing compliance with these domains and a verbal update on progress will be available at the governing body meeting.

Shaping a healthier future

The next stage of implementing the Shaping a healthier future strategy is consideration of the proposed changes to maternity services. The CCGs in the collaborative have helped to shape the proposals and delegated the decision to Ealing CCG on whether we are comfortable that the changes are appropriate at this time. Ealing CCG's governing body meeting is scheduled to take place on 18 March.

Redesigning hospital services goes hand-in-hand with investing in primary care services. We are putting the final touches to 'out of hospital' contracts which replace the local enhanced services (LESs) that were contracted for by primary care trusts. Unlike LESs, where the services available varied by practice and so different patients accessed different services, the new out of hospital services will be available to all patients within the CWHHE CCG area. Not all practices will provide all services; however, patients will be able to access services from a network of practices. The five governing bodies are being asked to consider award of contracts and this is being supported by consideration from the investment committee which provides scrutiny of investment plans as a mechanism to help manage conflicts of interests.

Annual general meetings

Work is underway to prepare annual reports and accounts. There is a demanding timescale to adhere to and the auditors are working with us to ensure that our documentation is accurate. The audit committee plays a crucial role in scrutinising the report and accounts on behalf of the CCG.

The audit committee will meet in early May to consider the annual report and accounts for submission to NHS England so that they can prepare a consolidated view across the country.

Once our audit committee is satisfied, the documents will be presented to our members and to the public at the annual general meeting in July.

A working group has been established to ensure that we meet our statutory requirements.

Director of informatics

We are currently recruiting to the post of director of informatics. This is a post that operates across all eight CCGs. A recent recruitment exercise was inconclusive and we are considering our approach prior to re-advertising. This is an important function and we are pleased that the current interim arrangements will continue as we refine our plans.

A reminder about the pre-election period

A general election will be held in May 2015 and we need to be mindful of the impact of the purdah period on the delivery of our plans. The pre-election period will be from 30 March 2015, when Parliament will be dissolved and formal notice of the Parliamentary elections will be published, up until the General Election on 7 May 2015.

During this time, the CCGs should not carry out any activity which could be seen to be politically controversial, such as making or promoting changes to services and we can expect to be under greater scrutiny than usual. Guidance from NHS England was published in 20 February as a precursor to Cabinet Office guidance.

Clare Parker
Chief Officer CWHHE CCGs

23 February 2015