Improving Health Together

NHS
South Tees
Clinical Commissioning Group

A Meeting of the NHS South Tees Clinical Commissioning Group
Governing Body

will take place on

Wednesday 15th May 2013, 14.00pm
Board Room, Eston Civic Learning Centre

AGENDA

Section 1			
1.1	Declaration of Interest:		**Chair**
1.2	Apologies for Absence:		**Chair**
1.3	Unconfirmed Minutes of the Meeting held on Wednesday 3rd April 2013	*Attached*	**Members**
1.4	Matters Arising	*Attached*	**Members**
1.5	Joint Chair and Chief Officer's Report	*Attached*	**Amanda Hume**
1.6	Locality Reports 1.6.1 Middlesbrough 1.6.2 Langbaurgh 1.6.3 Eston	 *Verbal* *Verbal* *Verbal*	 **Dr Nanda** **Dr Milner** **Dr Walker**
Section 2: Items for Decision			
2.1	Draft Corporate Objectives 2013/14	*Attached*	**Amanda Hume/ Craig Blair**

Section 3: Items for Discussion			
3.1	Quality & Safeguarding 3.1.1: Francis Report 3.1.2: Winterbourne View	*Attached*	**Chris Brown** **Chris Brown**
3.2	Work stream Update Presentation	*Presentation*	**Joanne Dobson/ Nicola Jones**
3.3	Finance Report	*Attached*	**Simon Gregory**
3.4	Communications & Engagement Update	*Attached*	**Siobhan Jones**
3.5	Summary of Changes to the NHS Constitution	*Attached*	**Ben Murphy**
Section 4 - Items for Information			
4.0	No items for Information		
Section 5 - Minutes			
5.0	No items.		
Section 6			
6.1	Any Other Business.		
6.2	Consider Items to be included in the Assurance Framework		
6.3	**Date and Time of Next Meetings**: 18th September, 14:00 – 17:00, Governing Body meeting – in public ***"Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity in which would be prejudicial to the public interest (Section 1(2) of the Public Bodies Admissions to Meetings Act 1960)"***		

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 1.3

Wednesday 15th May 2013

Title	Unconfirmed Minutes of the Previous Meeting held on 3rd April 2013
Responsible	Amanda Hume
Response required from the Governing Body	The Governing Body is asked to approve the paper
Summary	To note and approve the Minutes.
Financial Implications	Not applicable to this paper
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Not applicable to this paper
Assurance Framework/Risk Register Implications	Not applicable to this paper
Details of relationship to the NHS Constitution	Not applicable to this paper
Details of Patient and Public Involvement and/or Implications	Not applicable to this paper
Details of Clinical Engagement and/or Implications	Not applicable to this paper
Has an Equality Analysis been completed?	No
Attachments	Unconfirmed Minutes of the Previous Meeting held on 3rd April 2013

Improving Health Together

NHS

South Tees Clinical Commissioning Group

Unconfirmed Minutes of the NHS South Tees Clinical Commissioning Group

Governing Body Meeting held on Wednesday, 3rd April 2013

in the Board Room, North Ormesby Health Village

Present

Dr Henry Waters	Chair
Amanda Hume	Chief Officer
Dr Janet Walker	GP Locality Lead
Dr Mike Milner	GP
Peter Race MBE	Lay Member (Governance)
Dave Brunskill	Lay Member (Patient, Public Involvement – PPI)
Simon Gregory	Chief Finance Officer
Dr Nigel Rowell	GP
Dr John Drury	Secondary Care Doctor

In attendance

Debra Hartley	Senior Governance Manager - NECS
Meryl Painting	Minute Taker - NECS

Dr Waters welcomed the Governing Body members to the first meeting as a Statutory Body. Debra Hartley and Meryl Painting were also welcomed to the meeting

Section 1

1.1 DECLARATION OF INTEREST - Declarations of interest pro-forma were completed by members and handed to the Minute taker at the end of the meeting.

1.2 APOLOGIES FOR ABSENCE were received from Dr Ali Tahmassebi and Dr Vaishali Nanda

1.3 UNCONFIRMED MINUTES OF THE PREVIOUS MEETING HELD ON WEDNESDAY 27TH MARCH 2013.

The Governing Body **APPROVED** the minutes with no amendments.

1.4 MATTERS ARISING

Pg 3 - Mrs Hume confirmed that the action around NHS111 was completed.

Pg 7 – Mr Brunskill stated that he was happy to attend the Health and Wellbeing Workstream and would like more details.

It was confirmed that safeguarding reports would be considered at future meetings after having gone through appropriate committee structures.

1.5 CHAIR AND CHIEF OFFICER'S REPORT

In presenting the joint report to the Governing Body, the Chair and Chief Officer expressed thanks to the many staff who previously worked in Primary Care Trusts and acknowledged the great impact they had on improvements in the health of the local population.

Dr Waters reiterated the commitment of the CCG to improving the health of patients and the wider public and that this was an opportune time to reaffirm the CCG's values and aims.

It was noted that a letter had been received from Cameron Ward, Area Team Director, wishing the CCG success..

The Governing Body NOTED the Report

Section 2 – Items for Decision

2.1 RATIFICATION OF KEY DECISIONS

To ensure good governance, the Governing Body were asked to ratify the decisions outlined in the report that had originally been made by the Governing Body in shadow format.

The Governing Body agreed to formally RATIFY the Constitution, APPROVE the opening of the Bank Accounts, RATIFY the adoption of the Terms of Reference and CONFIRM the continued adoption of the NHS Tees Corporate Policy set.

2.2 STATUTORY ROLES AND FUNCTIONS

The Governing Body were asked to ratify the appointments previously made whilst in shadow form and to note the responsibilities for the CCGs as outlined by the NHS England 'Commissioning Fact Sheet for CCGs. The Statutory roles are reaffirmed.

The Governing Body formally RATIFIED the appointments.
The Governing body NOTED the CCG's responsibilities as outlined by NHS England.

2.3 REGISTER OF INTERESTS

Debra Hartley reminded the Governing Body of the Declaration of Interest Guidance and the Governing Body confirmed their commitment to adhering to this to ensure openness, honesty and integrity.

The guidance required all members to ensure that their interests were kept up to date. It was confirmed that the website would be updated to reflect the completed proformas.

The Governing Body noted and formally accepted the requirements of the Declaration of Interests guidance.

Section 3 – Items for Discussion

There were no items for discussion.

Section 4 – Items for Information

There were no items for discussion.

Section 6

ANY OTHER URGENT BUSINESS

There was no other urgent business.

The meeting concluded at 12:50

DATE & TIME OF NEXT MEETING	**15th May 2013 – Governing Body with public in attendance, 2:00 p.m., venue to be arranged.**

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NHS South Tees Clinical Commissioning Group

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 1.5

Wednesday, 15 May 2013

Title	Chair and Chief Officers Report
Responsible Director	Dr Henry Waters/ Amanda Hume
Response required from the Governing Body	The Governing Body is asked to: a. Ratify the approval of the Memorandum of Understanding with Public Health; b. Adopt the proposed amendment to the CCG's Constitution; and c. Note the remainder of the report.
Summary	The report provides the Governing Body with a short summary of operational business, actions and outcomes since the last Governing Body meeting and also highlights some of the news from the NHS Commissioning Board, including the requirement to change the CCG Constitution relating to whistleblowing..
Financial Implications	Not applicable
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	The proposed change to the CCG's constitution comply with the Public Interest Disclosure Act 1998. Details are given of the CCG's commitment to the Bribery Act 2010.
Assurance Framework/Risk Register Implications	N/A
Details of relationship to the NHS Constitution	The programme of work is consistent with delivery of key components of the NHS constitution including timely access to services and choice.
Details of Patient and Public Involvement and/or Implications	None specific to this report.
Details of Clinical Engagement and/or Implications	None specific to this report.
Attachments	Chair and Chief Officers Report

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REPORT OF THE CHAIR AND CHIEF OFFICER

GOVERNING BODY MEETING – 15 MAY 2013

1. Introduction

The report provides the Governing Body with a short summary of operational business, actions and outcomes since the last Governing Body meeting and also highlights some of the news from NHS England.

2. Quality

The Quality Performance & Finance Committee (QPF) continues to receive a detailed quality report and the Clinical Quality Review Group is ensuring there is a continued focus on issues relating to the Francis report and Winterbourne Inquiry. The Governing Body also continues to receive regular updates.

Reflecting the CCG's commitment to ensuring the provision of a high quality service from its providers, the Committee received and debated an overview of quality indicators for patient safety, patient experience, clinical effectiveness and CQUIN exception reporting for South Tees Hospitals NHS Foundation Trust, North Tees & Hartlepool NHS Foundation Trust and the Tees, Esk & Wear Valley NHS Foundation Trust.

A report summarising the results of the annual Inpatient Survey for South Tees Hospitals has also been discussed. It was pleasing to note that the Trust had received very positive feedback but the CCG will continue to work with the Trust to seek assurances on areas achieving a lower score, ie. communications, noise and hospital food.

Quality Impact Assessment and Cost Improvement Programmes

The National Quality Board (NQB) during 2012 issued a series of 'How to Guides' aimed at sharing and promoting examples of 'models of best practice' across the NHS. The guide produced in relation to Quality Impact Assessment (QIA) of Cost Improvement Programmes (CIPs) was specifically designed to help clinicians, Governing Body members and key personnel consider the impact of provider cost improvement plans on the quality of care provided for patients. The guide suggests that commissioners establish a Star Chamber approach in which the role of clinicians, particularly medical and nurse directors, is central to the process. In adopting this approach it provides an opportunity to assess, review and constructively challenge providers. It encourages open dialogue and ensures recommendations and actions are appropriately addressed through established governance arrangements. South Tees Clinical Commissioning Group has introduced the Star Chamber approach led by its Executive Nurse, clinicians and

Chief Finance Officer to quality assesses the CIPs of South Tees Hospitals Foundation Trust and Tees Esk and Wear Valleys NHS Foundation Trust. The CCG will monitor the outcome of this process at the Clinical Quality Review Groups (CQRGs) as part of the CCGs governance framework.

3. Public Health

Measles

NHS England has joined forces with Public Health England, the Department of Health and local authorities across the country to urge parents of 10 – 16 year olds to prevent measles by getting their children vaccinated with the MMR jab. This is a nationwide campaign and GPs will also be working to proactively identify children and young people who have not been vaccinated or have only had one dose. Parents and young people do not need to wait to be contacted. If they are worried they should contact their GP surgery.

Memorandum of Understanding

The Governing Body is required to ratify the CCG's Operational Group decision to approve the Memorandum of Understanding (MOU) for the provision of public health advice and support between the Local Authorities (Redcar and Cleveland Borough Council and Middlesbrough Council) and the Clinical Commissioning Group (CCG).

The MOU is consistent with national guidance in relation to the core offer of services. It outlined the key deliverables that Public Health, via the Public Health Shared Service, (a service of both Middlesbrough and Redcar and Cleveland Local Authorities) will provide to South Tees CCG. It also identified the expectations of the CCG, working in partnership with Public Health, in order to tackle key challenges in relation to: health protection, health improvement and population healthcare

The MOU has been developed in collaboration by officers of both Organisations and is consistent with national guidance in relation to the core offer of services that the local NHS should expect from Local Authority Public Health Teams.

4. Governance

Whistleblowing

Sir David Nicholson, NHS Chief Executive has reaffirmed the importance that NHS England places on protecting and supporting those working in the NHS when making public interest disclosures. He has emphasised that whistleblowing is an important part of the NHS's clinical governance and patient safety systems and has direct implications for patient safety outcomes. To support this, the NHS England's Model Constitution Framework for CCGs included a paragraph to ensure that staff would be able to voice any concerns in a safe and open way.

To strengthen the statement with the Constitution, NHS England have asked CCGs to adopt the following:

"The CCG recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or

disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1990) by any member of the CCG, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act."

Once adopted by the Governing Body, the CCG will start the process to amend its constitution to include this paragraph.

Bribery Act 2010

The Governing Body and all members of CCG staff received a presentation from Audit North on 24 April highlighting CCG and individual responsibilities relating to the Bribery Act 2010 and anti-fraud. The CCG takes this issue very seriously and will continue to ensure that robust processes are in place to mitigate against these issues.

5. Communications and Engagement

The Governing Body worked with the NECS's Senior Communications and Engagement Locality Manager to consider future ways of working to ensure that the CCG is able to raise its profile and is effective in communicating and engaging with the public. Further work will continue to develop this agenda.

6. NHS 111

As reported at the last Governing Body, NHS 111 went live on 2 April. In the Tees area, the implementation has gone well compared to some other areas of the country. However, we acknowledge that there have been some initial teething problems but are confident that these have not been significant or impacted upon patient care or patient safety. The North East Commissioning Support Unit are continuing to monitor performance on a daily basis to ensure a safe and effective service. The CCG will be continuously reviewing the effectiveness and efficiency of NHS111 and will be discussing regularly within the urgent care workstream.

7. National issues

The following summarises some of the recent messages from NHS England:

Equality

NHS England has set itself three interim equality objectives for April to October 2013, to ensure that their policy making, decisions and activities are compliant with the public sector Equality Duty, and provide system leadership to Clinical Commissioning Groups and other parts of the NHS. These are as follows:

- NHS England will ensure that the public sector Equality Duty is embedded and reflected within all of its core business processes, including direct commissioning and workforce development.

- NHS England will implement the Equality Delivery System (EDS) and use it to help it deliver on the general and specific duties of the public sector Equality Duty
- NHS England will ask Clinical Commissioning Groups to adopt the EDS where they have not already done so, and will support CCGs to meet the public sector Equality Duty and to publish their own Equality Objectives by October 2013.

From April to October 2013, NHS England will carry out engagement with its staff, NHS organisations, patients and the public, and other stakeholders including the third sector, to reflect on the conduct and achievement of the interim Equality Objectives, and to agree its strategic Equality Objectives from October 2013. These strategic Equality Objectives will not focus on processes as the interim Equality Objectives do: rather, they will focus on outcomes for patients and/or staff, and be specific and measurable.

NHS England plans for 'Putting Patients First'

NHS England has set out how it will support staff and commissioners to ensure the best possible outcomes for patients in its Business Plan for 2013/14–2015/16, called 'Putting Patients First'.

The plan describes an 11 point scorecard which NHS England will introduce for measuring performance of key priorities, with a strong focus on receiving direct feedback from patients, their families and NHS staff.

The plan also describes NHS England's eight core work areas, which include supporting commissioners, and the work it will undertake in each of these areas. Through these NHS England plans to ensure that the commissioning system is in the best possible shape to make a difference to patient care.

This plan builds on the publishing of the planning guidance for commissioners 'Everyone Counts: Planning for Patients 2013/14'. The full business plan, and the summary, can be viewed on NHS England's website or via the links below:

- Putting Patients First: The NHS England business plan for 2013/14 – 2015/16

- Putting Patients First: The summary NHS England business plan for 2013/14 – 2015/16

National CCG Development Working Group

The first meeting of the NHS Commissioning Assembly CCG Development Working Group met on 11 April 2013. This is a sub-group of the NHS Commissioning Assembly, which identified supporting CCG development as a key piece of joint work between CCGs and NHS England. The focus of the working group is to ensure CCGs have the development support they need as they each progress on their development journey to become excellent commissioners of services. The group

focused on the early thinking around the 2013/14 – 2015/16 CCG Development Framework. There was consensus that that the development framework should be co-produced and benefit both CCGs and the wider commissioning system.

The CCG Development framework discussion included considering how CCGs would develop insight into what constitutes a great CCG moving beyond authorisation and how the support CCGs require can best be aligned to their needs. It also identified the emerging CCG priorities for development, how CCGs wish to network and share best practice and their intention to develop with partner commissioners in the NHS and Local Government.

It was recognised that CCGs are at different stages of their development journey, and that each has specific requirements. However, initial discussion highlighted a range of key development issues facing CCGs and their commissioning partners, including:

- collaborating and working with partner organisations to deliver service transformation;
- the pressure on, and need to support, member practices to improve quality and safety of primary care services;
- co-commissioning in a more complex commissioning landscape and conflict resolution;
- engaging patients and the public as partners;
- securing high quality commissioning support services and having the capacity to meet the challenge of QIPP;
- sourcing intelligent information for commissioners – understanding what information works best to make CCGs great commissioners; and
- supporting the clinical leaders of today and planning and developing the clinical leaders of tomorrow.

The Group is looking to elect a clinical co-chair and extend its membership so that it involves a full range of CCGs based on both geography and development needs. Future meetings will take place on 11 July 2013, 10 October 2013, 23 January 2014, 10 April 2014. These will be arranged with video conference facilities so that members can join the meeting from both Leeds and London.

To express an interest in joining the group, to find out more about its work, or for further information about other opportunities to be engaged in the work of developing CCGs, please contact John Bewick, Director of CCG Development or Annabelle Walker, Head of CCG Development.

CCG clinical leads sought for national patient safety boards

NHS England is in the process of establishing a number of patient safety boards in collaboration with the Royal Colleges and other professional and patient associations to improve patient safety.

The boards will be established by the Patient Safety function in NHS England to provide senior clinical advice to the commissioning system, support NHS England priorities in patient safety and lead on the development and dissemination of advice and guidance for both commissioners and providers

Mrs Amanda Hume	Dr Henry Waters	
Chief Officer	Chair	1 May 2013

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 2.1

Wednesday, 15th May 2013

Title	South Tees Clinical Commissioning Group Corporate Objectives
Responsible	Craig Blair, Commissioning, Development and Delivery Manager
Response required from the Governing Body	The Governing Body is asked to support the adoption of the proposed Corporate Objectives.
Summary	This paper provides the Governing Body with a proposed set of corporate objectives that have been developed through a series of development sessions; governing body members have been present at these sessions and have taken a key role in the identification and production of the objectives. The objectives have been identified as the key deliverables for 2013/14 from a number of key local and national documents including the CCGs Clear and Credible Plan and the Department of Health's annual planning guidance 'Everyone Counts'. Objectives will primarily be achieved via the delivery of prioritised initiatives (Commissioning Intentions) as outlined within the 2013/14 Plan on a Page. These will be progressed and managed via the CCGs Clinically Led work streams.
Financial Implications	*Failure to deliver the Corporate Objectives could result in a breach of the CCGs statutory responsibilities in relation to financial management, the CCGs ability to deliver the Outcomes Frameworks targets and may put the attainment of the Quality Premium at risk.*
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Failure to deliver the corporate objectives could lead to increased performance management by NHS England, via the Durham, Darlington and Tees Area Team.
Assurance Framework/Risk Register Implications	Failure to deliver, or make progress in delivering the corporate objectives, would indicate that the CCG may not deliver on its commitments (i.e. any published plans).
Details of relationship to the NHS Constitution	The corporate objectives provide a mechanism to support the delivery of the CCGs requirements in relation to the NHS Constitution.
Details of Patient and Public Involvement and/or Implications	There has been no direct patient or public involvement in the development of this paper, however, the objectives flow from our strategic plan which has been subject to public engagement.
Details of Clinical	Clinical engagement in the development of this paper has primarily been

Engagement and/or Implications	via the Governing Body Development sessions at which the proposed Corporate Objectives have been developed.
Has an Equality Analysis been completed?	No
Attachments	South Tees CCG Corporate Objectives 2013/14

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Corporate Objectives 2013/14

1. Background

1.1. As part of the Authorisation process for Clinical Commissioning Groups (CCGs) South Tees CCG was required to produce a Clear and Credible Plan (CCP) setting out its vision for the local health economy along with its strategic aims. In order to deliver this vision and strategic aims South Tees CCG will, on an annual basis, develop and publish a series of Corporate Objectives for the coming year. Appendix 1 provides a graphical representation of how the Clear and Credible Plan, the Corporate Objectives and the 'Plan on a Page' are related.

1.2. Corporate Objectives will be high level; however they will outline the key organisational goals in terms of delivering the CCGs aims. Objectives will be devolved from the strategic aims and will be agreed by the Governing Body of the CCG on an annual basis. A significant factor in the adoption of any objective should be that they are capable of measurement throughout the coming year thus enabling the Governing Body to receive assurance updates that the CCG is progressing the delivery of its goals (strategic aims).

1.3. By the end of March 2013 all CCGs were required, under mandate from NHS England NHS England, to produce a 'Plan on a Page' outlining the organisations key priorities for the coming year that will help deliver CCGs commitments in terms of the various Outcomes Frameworks and the pledges made within the Clear and Credible Plan. South Tees CCGs plan is attached at Appendix 2.

1.4. South Tees CCG 'Plan on a Page' was approved by the Durham, Darlington and Tees Area Team of NHS England on the 22nd March 2013. This plan has now been used to inform the production of a proposed set of Corporate Objectives.

2. Proposed Objectives

2.1. The following table outlines the proposed Corporate Objectives for 2013/14:

Ref.	Corporate Objective
1.	To demonstrate a measurable improvement in the quality and safety of the

	services that we commission and the experiences of those who use them.
2.	To develop our primary care strategy and work with member practices to maximise the role of primary care in the local health system.
3.	To further develop the Clinical Commissioning Group as a membership organisation and ensure that all member practices have the opportunity to actively engage with and contribute to the work of the CCG.
4.	To fulfil our statutory obligation in respect of delivering financial balance (including the delivery of the required surplus) by March 2014, delivering £9.5 million of Quality, Innovation, Productivity and Prevention savings to enable the CCG to reinvest this resource in delivering our strategic plans.
5.	To develop and consult on the implementation of Integrated Management and Proactive care for the Vulnerable Elderly (IMProVE), making improvements to pathways of care and delivering high quality outcomes for patients.
6.	To work with all partners, including the Local Authorities, health care providers and voluntary sector, to improve the health and wellbeing of our patients and communities.
7.	To lead the development of an effective urgent care strategy across the health and social care economy and to provide strategic leadership to partner agencies through the collective delivery of this plan/strategy throughout 2013/14.

8. Key Enablers

8.1. To assist the CCG in progressing the proposed objectives a number of key enablers have been identified, these are as follows:

8.1.1. Improving Quality Standards - Leading the Local Health Economy in responding to the recommendations of the Francis enquiry.

8.1.2. Partnership Working - Further develop relationships across the local health and social care economy, including patient groups and the voluntary sector, to ensure that the needs of the South Tees CCG patient population are appropriately represented.

8.1.3. Commissioning Support - Continue to work with and support the development of the North of England Commissioning Support Unit (NECS) in order to ensure there are strong commissioning support services available to the CCG.

8.1.4. Health And Well Being Boards - To continue to take a key role on the Health and Well-being Boards in place across the locality contributing to raising awareness of health related issues and the impact on/of social care.

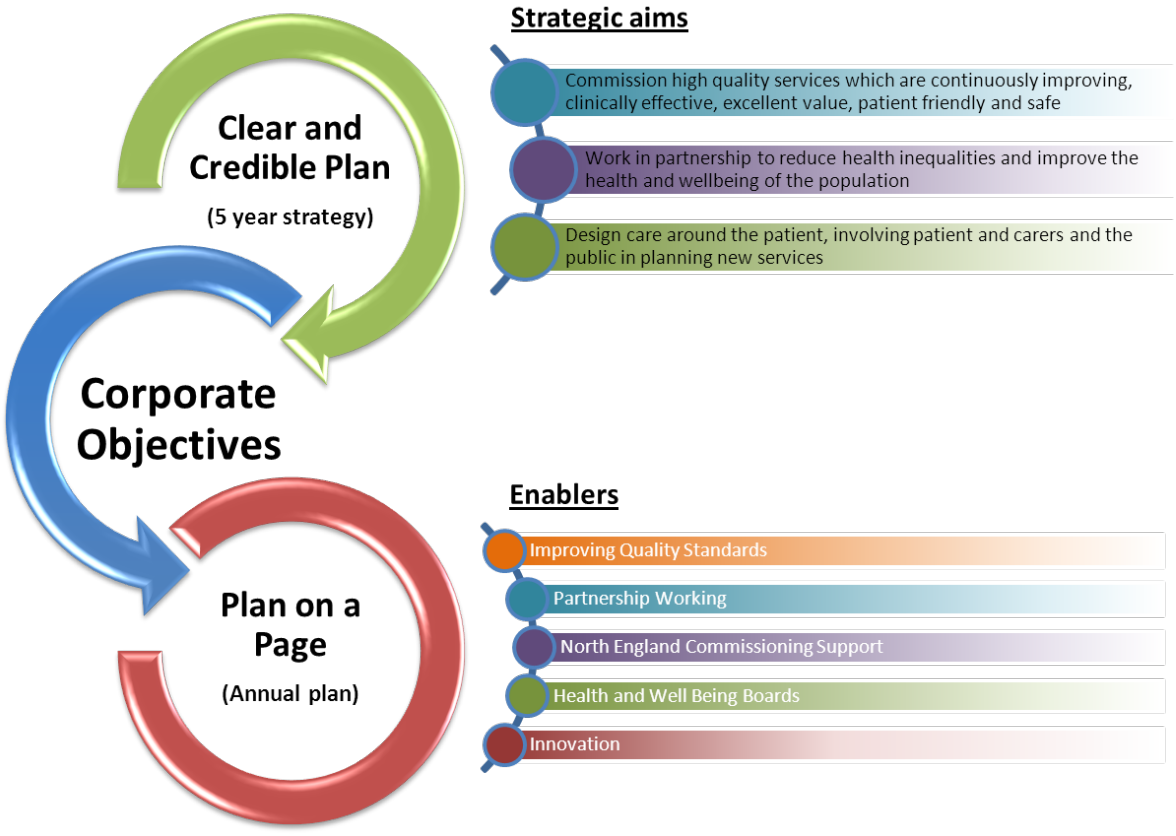
8.1.5. Innovation – By being innovative in the way both we and our providers undertake our duties and deliver care will enable the CCG to realise benefits that have previously not been recognised by the health community.

9. Required From the Governing Body

9.1. To approve the adoption of the proposed objectives as South Tees CCGs Corporate Objectives for 2013/14.

9.2. To support the development and production of a Governing Body Assurance framework that will be used to provide the Governing Body with updates and progress reports in terms of the delivery of the objectives.

Appendix 1



Appendix 2

South Tees CCG plan on a page.pdf

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 3.1.1

Wednesday, 15th May 2013

Title	Update on the Francis Inquiry Report into Mid Staffordshire Hospital Trust
Responsible	Executive Nurse and Chief Finance Officer
Response required from the Governing Body	The purpose of this paper is to provide a position statement to the South Tees Governing Body in relation to the CCG's response to the Francis Inquiry Report.
Summary	The final report of the Mid Staffordshire NHS Foundation Trust Public was published in February 2013. It highlighted serious failings which will will clearly have an impact on everyone who works in the Health Service. South Tees Clinical Commissioning Group (STCCG) Governing Body received a report in March 2013, which provided an overview of the report's findings, an insight into its recommendations and it outlined clearly the specific implications for Clinical Commissioning Groups. The attached report and position statement has been developed to provide the CCG Governing Body with assurance that work is progressing to review the recommendations and consider the role and responsibilities of the CCG. An Implementation Plan is in development which will outline the CCG's actions.
Financial Implications	Not yet apparent
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Human rights
Assurance Framework/Risk Register Implications	Corporate risk to the CCG if the recommendations are not considered and implementation not adhered to
Details of relationship to the NHS Constitution	Right to respect and Dignity

Details of Patient and Public Involvement and/or Implications	Wide carer family engagement
Details of Clinical Engagement and/or Implications	Provider organisations
Has an Equality Analysis been completed?	No
Attachments	Report and Position statement

Improving Health Together

NHS South Tees Clinical Commissioning Group

The Francis Inquiry Report into Mid Staffordshire Hospital Trust Update

1. Introduction

The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published in February 2013. It highlighted serious failings which will clearly have an impact on everyone who works in the Health Service. South Tees Clinical Commissioning Group (STCCG) Governing Body received a report in March 2013, which provided an overview of the report's findings, an insight into its recommendations and it outlined clearly the specific implications for Clinical Commissioning Groups. The Executive Nurse and the Chief Finance Officer were endorsed as the Lead Officers to oversee the CCG response to the findings and recommendations. The government subsequently provided an initial response to the final Francis report in March 2013, which starts from a simple premise and goal – that the NHS is here to serve patients and must therefore put the needs, the voice and the choices of patients ahead of all other considerations. In its response it details a five point plan signalling the government's intention to revolutionise the care that people receive from the NHS, putting an end to failure and issuing a call for excellence. This centres on; preventing problems, detecting problems quickly, taking action promptly, ensuring robust accountability and ensuring staff are trained and motivated. Four key groups are identified as being essential to creating a culture of safety, compassion and learning that is based on cooperation and openness. First, and most importantly patients , service users and their families, friends and advocates, followed by frontline staff, leadership teams in all organisations, and external structures surrounding each individual organisation including commissioners, regulators professional bodies, local scrutiny bodies and Government. This paper provides the Governing Body with a summary and a position statement in relation to the commissioner's response to Francis acknowledging the government's recent announcement.

2. Summary and Overview of current position

The Francis report listed 290 recommendations which focus primarily on securing greater cohesion and culture across the system. In reviewing the report, there are clearly a number of key areas for action which will necessitate a fundamental appreciation of what it means to maintain and improve quality in the new health system (National Quality Board, January 2013). The CCG's recently approved Quality Strategy will be instrumental in driving forward improvements in the quality of health care services including primary care; however this will require time to embed and implement effectively within the organisation.

The CCG recognises that the recommendations are far reaching and it needs time to fully consider its role and responsibilities. A more comprehensive Implementation Plan is in development and will be completed by the end of July 2013 reflective of the government's first response. However, it has prioritised a review of the section in the report's recommendations entitled the commissioning of standards. The CCG's current position is attached as appendix 1.

The CCG in relation to commissioned services has also requested acute, community and mental health Trust providers to give assurances in relation to how they have considered the recommendations from the second Francis inquiry and this assurance was outlined in the Quality Handover Document (QHD) received by the CCG Governing Body in March 2013. The monitoring of the provider implementation plans will be overseen by the CCG Quality and Safeguarding Group.

3. Recommendations

1. The CCG receives the current position statement in relation to Francis which cites a response to commissioned standards and acknowledges that this will inform a more comprehensive Implementation Plan in development.

2. The CCG receives the proposed comprehensive Implementation Plan for discussion and consideration at a Governing Body meeting in August 2013.

4. Author and sponsor director

Author: Chris Brown
Title: Head of Quality and Safeguarding

Director: Jean Fruend; Simon Gregory
Title: Executive Nurse; Chief Finance Officer
Date: 1st May 2013

Appendix 1

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NHS South Tees Clinical Commissioning Group

Current Position of the CCG in relation to the Francis recommendations 123-144

Commissioning for Standards			
Standard			**Current CCG Position**
123	Responsibility for monitoring delivery of standards and quality	GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.	The CCG has in place a structure in place to actively engage with GPs and their patients on a continuous basis. The CCG governance arrangements support and promote active engagement at GP practice level and all practices have systems and processes in place to act on concerns and complaints. A system has been introduced in April 2013 to capture soft intelligence within and across the GP practices although this needs to be embedded further. The CCG is reviewing its structure and more specifically its current systems and processes to ensure that they are robust, effective and fit for purpose. This will evolve and be monitored through the CCG established governance arrangements.
124	Duty to require and monitor delivery of fundamental standards	The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider	The CCG has always had quality standards in contracts, which Trusts currently provide assurances against, the "Francis" Suite of standards developed and incorporated into 2013/14 contracts aims to further enhance these. The standards include, evidence of application and information relating to the use of a cultural barometer, audit of compliance against a workforce tool, and the implementation of the 6 c's (care, compassion, communication,

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		whether it would incentivise compliance by requiring redress for individual patients who have received sub- standard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.	competence, courage, commitment) in the nursing strategy and whistleblowing. The Clinical Quality Review Groups (CQRG's) monitor the implementation and compliance against these standards receiving reports by exception which enables further "deep dives" into specific areas as determined by the CCG. This approach is consistent with the Governments initial response regarding its focus on improving the culture in health organisations. The Duty of Candour is in the standard NHS contract.
125	Responsibility for requiring and monitoring delivery of enhanced standards	In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work.	As stated above the CCG has had quality standards around central areas such as patient safety, patient experience and clinical effectiveness in contracts for the past two years. The "Francis" suite of quality standards for contracts will build on the current best practice and further develop these standards into new areas. Provider contracts also have a number of local quality requirements which can be viewed as enhanced and developmental which seek to drive improvement in quality standards and outcomes.
126	Preserving corporate memory	The NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive. This code should cover both transitions between commissioners, for example as new clinical commissioning groups are formed, and guidance for commissioners on what they should expect to see in any organisational transitions amongst their providers.	There were robust structures in place in relation to the monitoring and management of transition. The transition arrangements for PCTs into CCGs were established by the Department of Health. The CCG recognised the complexity associated with the transition process and actively monitored the risks to the system specifically in relation to quality. The CCG governance arrangements were established to ensure that quality was the "golden thread" visible and transparent throughout at an operational and strategic level. The CCG received the Quality Handover document in March 2013 at its Governing Body which complied with the National Quality Board requirements. The QHD is now embedded within the CCG Quality, Performance and Finance Committee with regular quality updates provided. In relation to organisational transitions between providers these are covered and governed by the CCGs policies on

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			procurement.
127	Resources for scrutiny	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.	The CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers and has purchased the full support package from the North of England Commissioning Support Unit (NECS) in relation to Provider Management. The CCG also receives support from NECS in relation to clinical quality with collaborative working between the CCG's Executive nurse and Head of Quality & Safeguarding. This supports and enables expert advice to be sought ensuring the implementation of the CCG's strategic vision for quality. In addition the CCG has well established Clinical Quality Review Groups (CQRG's) with Trust providers who provide scrutiny and gain assurance from providers in relation to quality. The information flows established by NECS facilitate close cooperation and working between provider management and the clinical quality teams which will encourage improved scrutiny of providers. The CCG quality strategy sets out the CCGs ambition to drive forward quality improvement of care services, seeking to commission for a culture of change improvement, for CCGs to be a more visible presence at the trusts becoming involved in clinical audits, "walk rounds" and spot visits as well as sitting on internal governance committees within providers. This "hands on" approach will enable closer scrutiny and further development of the "critical commissioner" role the CCG intends to foster.
128	Expert support	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise.	The CCG has clinical leads with a range of skills and experience who are able to offer clinical advice. This is an area that the CCG recognises will need to be strengthened. The CCG receives technical advice in relation to procurement from NECS

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		When groups are too small to acquire such support, they should collaborate with others to do so.	
129	Ensuring assessment and enforcement of fundamental standards through contracts	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are addressed	The CCG has and will maintain and develop quality standards in contracts in line with the Quality Strategy. Providers are asked to provide assurance against these standards. Some of the assurances that the CCG receives are copies of internal reports, assurances from commissioner visits to the Trust, and involvement and membership of provider's internal governance committees. The CCG has processes in place currently using traditional methods to engage with and gain feedback and input from patients and the public. This history of patient and public engagement is well established within the CCG and mechanisms are embedded in the organisation to ensure that all views captured are considered and fed in to each stage of the commissioning and contracting cycle.
130	Relative position of commissioner and provider	Commissioners – not providers – should decide what they want to be provided. They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.	The CCG's role is to improve the health of the local population through its commissioning activity, and as a CCG has stressed the importance of commissioning for improved outcomes. It's Clear and Credible Plan (CCP) sets out its vision. It will require providers to deliver such outcomes and provide services which are safe and of high quality. The CCG as a small organisation has worked with providers and other key stakeholders to develop a shared vision, which is particularly mobilised through its local governance arrangements. The CCG recognises the strength of collaborative working with partners across the health and social care system and works towards having a joint vision for quality outcomes and patient care. The CCG holds the accountability and makes the final decisions on all commissioning decisions but this collaborative approach ensures all decisions are clinically led and provide high quality and safe

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			patient care.
131	Development of alternative sources of provision	Commissioners need, wherever possible, to identify and make available alternative sources of provision. This may mean that commissioning has to be undertaken on behalf of consortia of commissioning groups to provide the negotiating weight necessary to achieve a negotiating balance of power with providers	In relation to procurement the CCG undertakes procurement processes that are in line with the requirements as set out by NECS who follow national guidance and legislation. The CCG has collaborative arrangements in place with other CCGs currently based on patient flow. These arrangements will be monitored to ensure they are representative of the CCG's population needs. The CCG recognises the importance of ensuring that any alternative providers meet the strong quality standards that are currently in all NHS contracts and that all procurement processes are underpinned by the principles of patient choice.
132	Monitoring tools Commissioners	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: • Such monitoring may include requiring quality information generated by the provider. • Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of individual cases and reviews of groups of cases. • The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. • Monitoring needs to embrace both compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on	As stated in section 127 above, the CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers and has purchased the full support package from NECS – Provider Management, and Clinical Quality These teams will provide added value to the scrutiny of performance and quality within commissioned services and act as an expert resource for the CCG- ensuring the implementation of the strategic vision for quality. The contracts for 2013/14 are in place and the processes are well established in relation to performance management, monitoring and quality review. CQRG's operate in relation to the main acute, community and mental health providers and work is in train to ensure robust challenge of quality is addressed through smaller provider quality, performance management processes. The CCG also has a Quality Strategy in place and is in the process of developing a robust Framework for implementation which will ensure that it is monitored and reviewed. The Quality Performance & Finance Committee (QPF) ensures that providers are regularly monitored in relation to quality, performance and finance, of which reports are provided to

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		fundamental standards.	the Governing Body. The CCG Quality & Safeguarding Group reports to the QPF with responsibility for overseeing the implementation of the Quality strategy, Francis and Winterbourne. This group reports any areas of risk or exception to the QPF who report directly to the Governing Body. The CCG undertakes assurance visits to providers and is actively engaged in a number of clinical committees and activities such as Lessons Learned reviews following Root Cause Analysis investigations.
133	Role of commissioners in complaints	Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.	Current legislation enables CCGs to do this currently. The CCG also receives assurances from all providers in relation to how they handle complaints, a quarterly summary of all complaints including a trend and theme analysis of this. This is under review currently in terms of reporting. The CQRG's have instigated a "deep dive" in relation to complaints for acute provider services in 2012 to enable further constructive challenge and gain further understanding and assurance. The CCG understands there is a national review in relation to complaints that is being undertaken. NECS are providing support in managing complaints and will ensure best practice is implemented.
134	Role of commissioners in provision of support for complainants	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.	The CCG will await the response from the government in relation to this and comply with any new governmental guidance.
135	Public accountability of commissioners and public engagement	• Commissioners should be accountable to their public for the scope and quality of services they commission. Acting on behalf of the public requires their full involvement and engagement:	The CCG became the publicly accountable body responsible for commissioning services for the local population as of 1st April 2013. In relation to the specific points within this recommendation the CCG's current position is as follows:- • There is lay membership on the CCG Board, including a lay member with specific responsibility for patient and public

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		• There should be a membership system whereby eligible members of the public can be involved in and contribute to the work of the commissioners. • There should be lay members of the commissioner's board. • Commissioners should create and consult with patient forums and local representative groups. Individual members of the public (whether or not members) must have access to a consultative process so their views can be taken into account. • There should be regular surveys of patients and the public more generally. • Decision-making processes should be transparent: decision making bodies should hold public meetings. Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the community.	engagement. • The CCG consults with patient forums, and is able to demonstrate this specifically in relation to areas of service reform and redesign activities. • Surveys of patients and the wider public take place via a number of mechanisms; and other opportunities are being pursued to elicit feedback and views. • The CCG Board meets in public. The CCG Quality Strategy also refers to openness and transparency in relation to consultation and engagement It is also recognised that this is an area which will be reviewed on an on-going basis..
136	Public accountability of commissioners and public engagement	Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.	As stated in 135, the CCG became the accountable commissioning body from 1st April. The CCG has utilised traditional methods to gain feedback and input from patients and the public. There are also well established Patient and Public Engagement forums. Links have been active partners and it is expected that Health Watch will continue to work in partnership with the CCG. The Lay member of the CCG Governing Body will lead and assist in ensuring the CCG is visible and transparent in its communications and engagement with patients and the public. The CCG has held a series of events initially and will be seeking to further develop its approach to engagement with patients and the public.
137	Intervention and	Commissioners should have powers of intervention	The CCG has levers described in contracts presently that give it

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	sanctions for substandard or unsafe services	where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.	certain powers of intervention; guidance and legislation in relation to safeguarding children and vulnerable adults also give CCGs such powers to intervene. The CCG has a developing early warning system with an escalation process that triggers any interventions at the appropriate time and level. These interventions can involve measures such as service improvement plans, unannounced commissioner walk rounds and inspections of providers to the decommissioning of services. The CCG has used these powers of intervention and will continue to do so when and where there have been any concerns in relation to substandard or unsafe care.
Local Scrutiny			
138	Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.		The CCG is able with smaller providers, to ensure that there are contingency plans in place for provision, and to be deployed when significant patient safety issues have been identified that are unable to be mitigated in a timely manner. This recommendation provides a challenge in relation to the provision of care by larger providers and ensuring contingency plans are in place and are able to be enacted in relation to these; and this will be reflected in the Implementation plan the CCG develops.
Performance management and strategic oversight			
139	The need to put patients first at all times	The first priority for any organisation charged with responsibility for performance management of a Healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	The CCG's Quality Strategy describes the importance and the ethos of putting the patient at the centre of everything we do. It provides a framework for ensuring that quality standards (patient safety, effectiveness and experience) are fundamentally adhered by providers recognising that continuous quality improvement must be sought. The CCG has always had quality standards in contracts, against which Trusts currently provide assurances. The "Francis" suite of standards aims to further enhance these.
140	Performance	Where concerns are raised that such standards are	The CCG holds the patient at the centre of everything it does and

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	Managers working closely with regulators	not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	commits to sharing pertinent information in relation to patient safety, quality and performance with relevant regulatory bodies. The Quality Surveillance Groups (QSGs) established and led by the National Commissioning Board (NCB) (NHS England's) area team provide a vehicle for effective sharing of soft and hard intelligence in relation to providers with commissioners, CQC and Monitor. The CCG attends the QSG on a monthly basis currently with a focus on acute and mental health care Trusts presently.
141	Taking responsibility for quality	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	The CCG would welcome an open dialogue with CQC and Monitor in relation to this recommendation and this aspiration will be reflected in the Implementation Plan the CCG develops.
142	Clear lines of responsibility supported by good information flows	For an organisation to be effective in performance management there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality.	The CCG is currently looking at what information it holds and has access to in relation to quality. It recognises its role both to assure itself of quality and safety in the services which it commissions, and also to work with member practices and the NCB Area Team to secure improvement in quality and safety in primary care. It is recognised that given the qualitative nature of quality information that this is an area that needs further development and this will be reflected in the CCG Implementation Plan.
143	Clear metrics on quality	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	The CCG has always had quality standards in contracts, against which Trusts currently provide assurances; the "Francis" Suite of indicators/standards aims to further enhance these. These are incorporated into the 12013/14 contracts with providers. The CCG is currently looking at what information it holds and has access to in relation to quality; and, as stated in 143, it is

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			recognised that this is an area that needs further development and this will be reflected in the CCG action plan.
144	Need for ownership of quality metrics at a strategic level	The NHS Commissioning Board should ensure the development of metrics on quality and outcomes of care for use by commissioners in managing the performance of providers, and retain oversight of these through its regional offices, if appropriate.	Within the CCG Quality Strategy the CCG articulated a specific aim and objectives in relation to the development of quality in primary care. The CCG recognises that to achieve this ambitious aim it will need to work closely with the NCB Area Team. The CCG will input into any work undertaken through the NCB in relation to quality standards and this will be reflected in the CCG action plan.

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 3.1.2

Wednesday, 15th May 2013

Title	Update on the Winterbourne View Action Plan
Responsible	Executive Nurse and Chief Finance Officer
Response required from the Governing Body	The purpose of this paper is to update the South Tees Governing Body on the actions being progressed in relation to the national Winterbourne View Hospital report and Concordat (Dec, 2012)
Summary	The DH published the Winterbourne View review on December 10th 2012 and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. The Department of Health have committed to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them. The CCG Governing Body received a High Level Action Plan in March 2013, which provided an overview of all actions required and the key stakeholders responsible. The attached report outlines progress and current status in relation to specific key milestones and timescales.
Financial Implications	Not yet apparent
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Human rights
Assurance Framework/Risk Register Implications	Corporate risk to the CCG if deadlines not met
Details of relationship to the NHS Constitution	Right to respect and Dignity
Details of Patient and Public Involvement and/or Implications	Wide carer family engagement
Details of Clinical Engagement and/or Implications	Provider organisations
Has an Equality Analysis been completed?	No
Attachments	Update/Progress report on the Winterbourne View Action Plan

Improving Health Together

NHS
South Tees
Clinical Commissioning Group

Update on actions arising from Winterbourne View Review 1st May 2013

1. Introduction

The purpose of this report is to provide an update on actions identified and previously reported to the CCG Governing Body following publication of the Winterbourne View Hospital report and Concordat (Dec 2012)

The main areas identified for CCGs through the review are:

- Complete and maintain a register of patients from 31st March 2013
- Identify patients who are placed within learning disability inpatient services
- Ensure patients within Learning Disability inpatient beds have received an appropriate review that addresses the areas detailed within the concordat by May 31st 2013
- From these reviews identify patients that are within 'inappropriate' placements
- Agree a plan for 'move on' with all parties, including patient/family advocates
- Develop commissioning plans with Local Authority partners to move patients identified to community based setting by June 2014

2. Patient Registers

Patient registers have been completed to identify all people with a learning disability in receipt of NHS funded care. This includes all adults and children, joint and fully funded packages of care, and those in forensic services.

The on-going maintenance of the register is being developed to ensure that there is a single point of information and that this is routinely maintained and validated.

3. Reviews

Standard clinical reviews have been completed for all patients identified within inpatient settings. The requirements within the concordat, however, advise that the review should have a wider scope and must include families/advocates and the person in determining an agreed plan for discharge.

In order to ensure the reviews meet the requirements and inform commissioning plans, a local template has been developed. This will ensure that the format and content of the review is patient centred, accessible, and identifies the key components to inform move on

planning. An independent review team will be working to complete this throughout May 2013.

There are 16 patients within the refined review list, 4 have already received full individual service designs over recent months and 1 other is scheduled. This work formed part of the on-going commissioning of specialist packages within Tees and these patients will therefore not require the enhanced review. Enhanced reviews will be completed for 11 people.

Of the 16 patients within the review total, 6 are from South Tees CCG localities and 10 patients are from Hartlepool and Stockton on Tees CCG localities, 4 of these patients are within Castlebeck independent Hospitals and the remainder within TEWV NHS Trust. The package costs range for this group of people depending on whether their placements are within block arrangements or specific individual packages, the maximum individual package currently being 636k pa.

4. Next Steps

Due to the complexity of people within this identified co-hort, many of whom have been within services for significant periods of time and present with behaviours that are currently very challenging to services, the detailed planning to progress to long term solutions will be undertaken with Local Authority partners and the Mental Health and Learning Disability Provider Trust (TEWV).

A joint commissioning group is in place with partners to develop plans, consider the outcomes of each of the reviews, and ensure that there is a consistent and agreed approach to progress this work.

Each of the enhanced reviews and recommendations will be carefully considered by the group and decisions reached with regard to whether ‘move on’ planning will be required as part this specific work plan by June 2014.

A joint plan will then be developed to deliver this work once the individual patient requirements are known; this will also include the review of existing inpatient assessment and treatment bed requirements for the future.

It is important to note that this work will be on-going as there remains a flow of people that will make the transition through to adult services with the same level of complexity and associated specialist requirements, whose needs will require careful planning and commissioning. Transitions’ planning is in place with Local Authority partners with the aim of mapping future demand, informing investment requirements, and preventing out of area placements.

5. Implications and Risks

The timescales identified nationally for Winterbourne are a particular pressure given the complexity of the people identified, and the risk of re-admission throughout this programme remains high. Service design, procurement, commissioning and transition plans are key deliverables to achieve safe long term solutions.

The market within Teesside requires significant development with regard to workforce training and culture. A range of new or re-developed community providers are required to meet the needs of this vulnerable and challenging group of people. The procurement process to address this is also part of a regional discussion with the Learning Disability Clinical Network.

Each person identified will require individually designed and commissioned long term solutions. Bridging and transitions plans and the further development of the community infrastructure will require recurring additional investments from CCGs

Capital investment may also be required to deliver the individualised provision and this is further recommended by the Concordat through the development of pooled budgets with Local Authorities.

Failure to ensure that the move on provision is robust, well planned, and has intensive intervention support can result in placement breakdown and further re-admission.

Each of the 16 people identified currently form part of the risk share arrangement in Tees due to the specialist nature of their requirements and the high associated costs.

Impact assessment work is underway with TEWV which could potentially suggest that the current investment in assessment and treatment provision is re-provided into community services to support delivery of this work and prevent re-admission through placement breakdown.

6. Recommendations

It is recommended that CCG note and considers the actions, progress, risks and implications, of delivering the Winterbourne Actions particularly with regard to immediate and long term cost pressures.

The CCG is asked to consider progressing discussions with the Local Authorities on Tees in relation to the development of pooled budget.

Author and Sponsor Director

Author: Donna Owens
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Director: Jean Fruend; Simon Gregory
Title: Executive Nurse; Chief Finance Officer
Date: 1st May 2013

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 3.3 Finance Report

Wednesday 15th May 2013

Title	**Finance Report**
Responsible	Simon Gregory, Chief Finance Officer
Response required from the Governing Body	The Governing Body is asked to note the financial commitments of the CCG for 2013-14
Summary	Financial performance data for the CCG will not be available until early June when activity information for April 2013 will be submitted by providers in line with the requirements of the national contract. This report is a summary of the CCG's financial plan for 2013-14 incorporating our contracted position or expected position with our main provider organisations.
Financial Implications	The report sets out the CCG's financial plan for 2013-14
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	
Assurance Framework/Risk Register Implications	
Details of relationship to the NHS Constitution	
Details of Patient and Public Involvement and/or Implications	
Details of Clinical Engagement and/or Implications	
Has an Equality Analysis been completed?	
Attachments	

Finance Report

1. Introduction

1.1. Financial information based on actual performance data will not be available until early June 2013. Provider organisations will produce activity information for April 2013 at the end of May in line with the contract schedules.

1.2. It is anticipated that the first reports based on actual 2013-14 activity data will be available at the CCG's June Quality, Performance and Finance Committee meeting.

1.3. This report updates the financial plan approved by the governing body in March, and highlights the principal contracts against the high level budgets.

2. Planned Allocations

2.1. The support unit finance team have loaded the CCG budgets into the national Integrated Single Financial Environment (ISFE). During this process they have refined the classification of some CCG budgets presented at the March 2013 Governing Body Meeting. These changes of classification are reflected in the annual plan figures attached in Appendix 1.

3. Contract Plans

3.1. A summary of the main contracts is also included in Appendix 1. The values shown are either the contracted amount for block contracts or the planned value for cost and volume contracts.

4. Quality, Innovation, Productivity and Prevention

4.1. The financial plans of the CCG are based on the expectation that the organisation achieves its financial productivity target of £9.467M in 2013-14.

5. Conclusion

5.1. The governing body is to note the current commissioning plans for 2013-14 and expect reports on the CCG's cumulative expenditure against plan at future meetings.

Simon Gregory
Chief Finance Officer
May 2013

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NHS South Tees CCG Planned Expenditure 2013-14	Plan at 01/04/2013	Reclassified Allocations		2013/14 Budget	2013/14 Contract Value or Planned Outturn
	£000s	£000s		£000s	£000s
Acute	**199,432**	**571**	[1]	**200,003**	
South Tees Hospitals NHS Foundation Trust (STHFT)					172,748
North East Ambulance Services NHS FT - 999 (NEAS)					8,069
The Newcastle Upon Tyne Hospitals NHS FT (NUTH)					2,152
Ramsay Healthcare (Tees Valley Treatment Centre)					3,470
North Tees & Hartlepool NHS Foundation Trust (NTH)					2,653
Nuffield Health - Tees Hospital					2,149
Walk In - Resolution Health Centre					886
Walk In - Eston Grange Health Centre					765
111 Service - Northern Doctors Urgent Care/NEAS					946
BMI Woodlands Hospital					699
County Durham & Darlington NHS Foundation Trust (CDDFT)					519
City Hospitals Sunderland NHS Foundation Trust (CHS)					224
The Leeds Teaching Hospitals NHS Trust					186
Walk In - Langbaurgh Medical Centre					343
Walk In - Skelton Medical Centre					116
Other					4,079
Mental Health	**48,753**	**671**	[2]	**49,424**	
Tees Eask and Wear NHS Foundation Trust (TEWV)					39,760
Northumberland, Tyne and Wear NHS FT (NTW)					331
Middlesbrough Mind Carers					78
MHM Telephone Helpline					59
Middlesbrough Mind MH Support					35
Other					9,161
Community Health	**31,057**	**1,538**	[3]	**32,595**	
South Tees Hospitals NHS Foundation Trust					30,016
Teesside Hospice					595
Physio Advice Line					202
Sexual Health					87
North East Community Health Network					57
Other					1,638
Continuing Care	**21,032**	**-2,315**	[4]	**18,717**	18,717
Primary Care	**53,725**	**-1,819**	[5]	**51,906**	
Prescribing					47,182
Out of Hours Service					2,095
Other					2,629
Other Services	**3,676**	**895**	[6]	**4,571**	
North East Ambulance Services NHS FT - PTS					2,246
Other					2,326
Sub Total	**357,675**	**-459**		**357,216**	**357,216**
Other Resources	5,882			5,882	
NHS Property Services					3,615
Prescribing advice/CHC Advice/Quality/Safeguarding and Networks					2,267
Reserves	4,080	459		4,539	4,539
Sub Total	**367,637**	**0**		**367,637**	**367,637**
2% contingency - Non Recurring	7,662			7,662	7,662
0.5% general reserve	**1,916**			**1,916**	
Total Programme Expenditure	**377,215**	**0**		**377,215**	**375,299**
2013/14 surplus 1%	3,832			3,832	
Running Costs	**6,850**			**6,850**	6,850
Resource Limit	**387,897**	**0**		**387,897**	**382,149**

1 Walk in centres moved from primary care heading, 111 moved from 'other ' heading, NEAS PTS to 'other', minor adjustments related to specialised commissioning.

2 Care packages transferred from continuing care classification

3 Small acute contracts reclassified as community, Funding returned to reserves for services funded by NHS England, TCES from continuing care

4 Care packages transferred to Mental Health classification, TCES to community

5 Walk in centres to Acute

6 NEAS PTS from Acute, other amounts to reserves

Glossary

Block Contracts	Where the CCG pays a fixed annual amount for a service.
Cost and Volume	Contracts where the CCG pays for a service on a cost per item basis.
ISFE	Integrated Single Financial Environment, the national accounting system that supports NHS England and CCGs.
NHS Property Services	New national organisation established to manage the NHS estate that is not owned by Foundation Trusts.
PBR (Payment by Results)	Mechanism for funding acute hospital services where payment is linked to activity and adjusted for casemix.
PTS (Patients Transport Services)	Non-emergency ambulance journeys
QIPP	(Quality, Innovation, Productivity and Prevention) NHS programme to achieve efficiency savings that will support expected growth in demand for services and implementation of new technologies in the future.
Reablement	Typically short periods of intensive rehabilitation that help individuals improve or regain their abilities and confidence to carry out daily tasks in their own homes.
Readmissions	Patients readmitted to an acute hospital typically less than thirty days after they had been discharged from hospital.
TCES (Tees Community Equipment Store)	TCES is an equipment loan store developed to assist people with daily living and promote independence. Jointly funded by Local Authorities and the NHS across Teesside.

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 3.4

Wednesday 15th May 2013

Title	Communications and Engagement Update
Responsible	Siobhan Jones
Response required from the Governing Body	The Governing Body is asked to note the attached update
Summary	An update of communications and engagement activity over the past 6 months
Financial Implications	None
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	N/A
Assurance Framework/Risk Register Implications	N/A
Details of relationship to the NHS Constitution	N/A
Details of Patient and Public Involvement and/or Implications	See attached table
Details of Clinical Engagement and/or Implications	N/A
Has an Equality Analysis been completed?	N/A
Attachments	Table detailing communications and engagement activity

Communications and Engagement Update – May 2013

Objective	Outcomes
1. Ensure that the priorities of the public, patients and carers are reflected in commissioning, service development and provisioning decisions through continuous and meaningful communication and engagement activity	• Guidance has been given to interested GP practices regarding setting up patient participation groups. There are 26 patient participation groups in practices across the South Tees CCG area enabling patients to get involved in local healthcare • There have been two public engagement events to communicate with members of our local community and obtain feedback on our plans and priorities - 18 April 2012: 120 attendees - 20 March 2013: 62 attendees Details of these and future events will be publicised on our website
2. Raise the profile of the NHS South Tees CCG, its role and priorities in line with its vision and values	• A positive, strong design style has been developed for NHS South Tees CCG incorporating local landmarks to help to communicate the geographical area we cover. This has been implemented on our website www.southteesccg.nhs.uk and promotional materials including our Clear and Credible Plan. • Information about the role of NHS South Tees CCG has been communicated to the public in the Evening Gazette Health Matters supplement: - October 2012 "Clinical Commissioning Groups Outline Their Plans for the Future" - March 2013 "How the NHS in Teesside is changing" • Pro-active press releases sent to our local media include: - Keeping well in winter - How to access NHS services over the Christmas and New Year bank holidays - Invitation to public engagement event taking place on 20th March in Eston - How to access NHS services over the Easter bank holiday • Our website, which is regularly updated, continues to evolve and include more information about our organisation for patients and stakeholders

3. Manage the reputation of the NHS South Tees CCG and increase confidence in the CCG as a responsive commissioning organisation	• A programme of media training was offered to key CCG staff • We continue to be responsive to requests from external stakeholders for information. This includes responding to letters from local MPs and dealing quickly with media enquiries received.
4. Deliver effective internal communications which ensures that NHS South Tees CCG Governing Body, wider CCG members and the GP community are best placed to deliver effective clinical commissioning	• Starting in October 2012, following Operational Group Meetings, email update bulletins are regularly sent out to GP members, practice managers and other stakeholders • An intranet platform for GP practice staff and the CCG is currently being created to support the cascade of key corporate messages and act as a resource tool and feedback mechanism.

NHS South Tees Clinical Commissioning Group Governing Body

Agenda Item: 3.5

Wednesday 15th May 2013

Title	Summary of Changes to the NHS Constitution
Responsible	Ben Murphy, Senior Governance Manager
Response required from the Governing Body	The Governing Body is asked to note the changes
Summary	The Department of Health has updated the NHS Constitution and the attached paper provides a high level summary of those changes.
Financial Implications	*N/A*
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	N/A
Assurance Framework/Risk Register Implications	N/A
Details of relationship to the NHS Constitution	The NHS Constitution will guide the CCG in delivering health care to the population we serve.
Details of Patient and Public Involvement and/or Implications	The principles of the NHS Constitution relating to patient and public involvement will be an integral way of working with the CCG.
Details of Clinical Engagement and/or Implications	N/A
Has an Equality Analysis been completed?	N/A

Updated NHS Constitution

An updated NHS Constitution has been published following a consultation that sought views on a number of proposed changes.

Key areas that have been strengthened include:

- patient involvement
- feedback
- duty of candour
- end of life care
- integrated care
- complaints
- patient information
- staff rights, responsibilities and commitments
- dignity, respect and compassion

The Francis report emphasised the role of the NHS Constitution in helping to create a positive and caring culture within the NHS and as part of the Department of Health's (DoH) initial response to this, the Constitution has been updated to reflect that the NHS's most important value is that 'patients are to be at the heart of everything the NHS does'. A more detailed review of the Francis recommendations relating to the Constitution is underway by the DoH.

To accompany the updated NHS Constitution, the Department of Health has also published:

- a revised Handbook to the NHS Constitution, which explains the rights, pledges and responsibilities set out in the NHS Constitution in more detail
- the government's response to the consultation on the NHS Constitution, which explains the changes made.

The Public Health Supplement to the NHS Constitution (a joint document from the Department of Health, Public Health England and the Local Government Association), is also due shortly. This document will explain how the NHS Constitution applies to local authorities in the exercise of their public health functions from 1 April 2013.

In addition, the Department of Health intends to publish the guide to the healthcare system in England, including the statement of NHS accountability. The guide will explain the healthcare system, and is complemented by the statement of NHS accountability, which summarises who is accountable for planning, delivering and assuring NHS services.

A further consultation is expected to take place later in the year on further changes to the NHS Constitution, with the aim of:

- Incorporating further recommendations made by the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust
- Reflecting any findings of the current NHS Complaints Review where these are relevant to the NHS Constitution
- Ensuring patients and staff are clear about how to turn the commitments in the NHS Constitution into action.

For further information, visit the link below: www.gov.uk/government/news/updated-nhs-constitution-published

Information is also available from the NHS Choices website.

http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx