

**GOVERNING BODY IN PUBLIC - PART I
REPORT OF THE CHIEF OFFICER**

Date of the meeting	01.12.2016
Author	Melanie Craig, Chief Officer
Sponsoring Governing Body Member	
Purpose of Report	To update the governing body on the activities of NHS Southend Clinical Commissioning Group since it last met.
Recommendation	The Governing Body is asked to note the report.
Reason for inclusion in Part II	N/A <i>Only relevant for GB Meeting reports</i>
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients & public.
Previous GB/Committee Dates	

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Equality and Diversity • Engagement • Outcomes • Governance • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes (Detail in report)	No
All three Domains of Quality (Safety, Quality, Patient Experience)			
Board Assurance Framework / Risk Register			
Budgetary Impact			
Legal / Regulatory			
People / Staff			
Financial / Value for Money / Sustainability			
Information Management & Technology			
Equality Impact Assessment			
Freedom of Information			

1. CO-COMMISSIONING

- 1.1 Over the past month we have been talking to all of our GP practices about the CCG taking an increased role in the commissioning of GP services through fully-delegated co-commissioning.
- 1.2 Co-commissioning would bring a number of significant benefits to Southend. For instance, it will be easier to develop local primary care premises as we can work directly with local partners such as Southend Council and local GPs. We are also better placed to invest in and support our practices as our Primary Care team is based in Southend, whereas the NHS England team is not based locally.
- 1.3 I am very pleased that our practices overwhelmingly supported this move, and we are now taking this forward. We are today recommending to the Governing Body that we become a fully-delegated co-commissioning CCG from 1 April 2017.

2. SUCCESSION PLANNING

- 2.1 A number of local GPs have been planning ahead for their retirement and some have asked for our support in ensuring a smooth transition for their patients to other practices.
- 2.2 As an example, Dr Velmurugan has merged his practice with the Valkyrie Surgery and his patients have been transferred to that practice. We have worked with both practices to ensure patients have been kept informed and that the technical arrangements of the transfer ran smoothly.
- 2.3 We have a large number of small or single-handed GP practices in the borough where we do need to plan ahead for retirement, and it is reassuring to see our local GPs putting so much care and effort into working with us to support the future needs of their patients.

3 FINANCE

- 3.1 The financial pressures on the NHS continue to be major challenge across the country, and within Southend we are working very hard to ensure our limited resources are being used in the right way.
- 3.2 We continue to work with our local community - including patient groups and the voluntary sector - to promote the important role local people have in supporting the NHS through these financial challenges. A big part of that is about the sensible and appropriate use of services.
- 3.3 As an example, we are currently running a campaign on social media to promote the cost to the local NHS of prescriptions for medicines which can actually be bought cheaply over the counter at pharmacists.

- 3.4 Not only would this reduce pressure on GP practices by getting more people to seek advice from their local pharmacist rather than seeking a GP appointment, it could also reduce the prescription costs we currently pay by hundreds of thousands of pounds. There is more information about this campaign on our website.

4 HOSPITAL PRESSURES

- 4.1 Another big part of this is our on-going work to ensure people are making the right decisions about whether to attend A&E or seek help elsewhere, such as from their GP or local pharmacist.
- 4.2 We do still have people presenting at A&E with inappropriate conditions. Just recently this has included a patient with a nose bleed and another with tooth ache. Although these are quite extreme examples – and relatively rare – they do underline the problem that some people still do not realise A&E is for urgent and life-threatening conditions.
- 4.3 We are going to be running a further public information campaign over the winter months using local patients who will be giving advice to other patients about the appropriate use of NHS services, and this will include A&E.

5. PUBLICATION OF THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

- 5.1 You will be aware that last week the Mid and South Essex Sustainability And Transformation Plan (STP) was published last week which outlines some quite radical changes to the provision of NHS services across mid and south Essex.
- 5.2 Through various workshops and patient groups, the public helped the NHS to formalise these plans and will continue to have their say as we head into a period of public consultation in the New Year.
- 5.3 The public voice is crucial during this process and that means listening to those who support potential change but also listening to those who have concerns.
- 5.4 I know one local group has been collecting signatures to reflect their concerns about potential change at Southend's A&E department, and I am pleased our chair has made allowances for that group's representative, Norman Traub, to have over their petition during this meeting.

Author's name and Title Melanie Craig, Chief Officer

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Date :

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