

## Governing Body Meeting

24 April 2014

Agenda Item: 5

Chief Clinical Officer and Chief Operating  
Officer Assurance and Key Issues Briefing

Sponsor: Alistair Blair

**Northumberland**

**Clinical Commissioning Group**

**Members of the Governing Board are asked to**

**1. Note the content of the report.**

### **Health and Well Being Board**

At its February meeting, the Health and Well Being board endorsed the physical activity strategy that aims to support “communities in Northumberland to become more active, more often, making physical activity the easy choice.” The board also considered the progress being made in assessing the needs of people with learning disabilities currently in secure facilities and managed through NHS England. The Northumberland Clinical Commission Group (CCG) is working closely with the local authority and with NHS England to make sure all patients with learning disabilities who are placed in assessment and treatment facilities, are moved to community settings as soon as is appropriate and possible.

### **Northumberland CCG Members’ meeting**

The members meeting was held on 26 March 2014. The meeting was really lively and there was a very useful debate about planned care, unplanned care and the way the CCG is working. We have written up the notes that were taken during the meeting and will be tasking directors with making sure the views of members are explicitly considered in the commissioning work plans for this year.

Members also voted in support of the operational commissioning plan for 2014/16.

Members voted to support the reappointment of Karen Bower as the lay governor for resources and performance for a term of three years.

### **NHS England update**

We met NHS England in early March for a quarter 3 assurance meeting and they confirmed their assurance of all elements of the CCG. The assurance rating is available on GPTeamNet for information.

NHS England has required CCGs to contribute to a risk sharing pool for the payment of Continuing Health Care legacy provisions. This is an issue that we continue to object to at local, regional and national level.

### **Contracts for 2014/15**

We have agreed and signed all our contracts for 2014/15. The contracts embody our commissioning intentions and we have some very ambitious targets for both quality



improvement and efficiency. We are now moving into the monthly contract monitoring cycle. This year, we will be managing the contracts ourselves in order to keep driving through our commissioning plans and managing to the contract value. As a result of this new arrangement, we have terminated part of the provider management function contract we previously held with commissioning support.

We have agreed particularly ambitious targets for reducing elective and non-elective demand. We are:

- Expanding the gain share arrangements that have worked well for us in reducing non elective activity, to A&E attendances – to encourage primary and secondary care providers to work together to reduce unnecessary attendances at A&E.
- Continuing with the practice activity scheme to manage referrals for planned care, coupled with fairly strong procedures for minimising referrals for procedures of low clinical value. We are also introducing more community based testing and diagnostic services.
- Developing our approach to creating a really good pathway for musculo skeletal services that ultimately reduces demand for secondary care by better managing patients in the community.

### **NHS Improving Quality (NHSIQ)**

Northumberland CCG's application for the NHS Improving Quality (NHSIQ) supported program was successful. The NHSIQ programme provides a series of one day workshops where they demonstrate NHSIQ's experience and understanding of how large scale change happens within the NHS using a standard change model. The first of a series of three workshops for Northumberland was facilitated by NHSIQ in February which has allowed GP practices to spend some time reflecting on the future of primary care. The event focused on how primary care can meet the challenges ahead whilst improving quality of patient care and the quality of our working lives and building upon the high quality service we currently have locally. The outcomes of the workshop was a clear focus on a future direction, a list of priorities and a "Shared Common Purpose". The remaining 2 workshops have been confirmed as:

- Wednesday 30 April 2014
- Tuesday 3 June 2014

