

Governing Body

This meeting will be held 10.00 on 19 December 2018
 Committee Room 2, County Hall, Morpeth

AGENDA

Time	Item	Topic	Enc	PDF Page	Sponsor
1000	1	Welcome and apologies for absence			J Guy
	2	Declarations of conflicts of interest			J Guy
	3	Quoracy*			J Guy
	4	4.1 Minutes of the previous meeting and Matters Arising 4.2 Action Log	✓ ✓	3 11	J Guy
1010	5	Chief Operating Officer Report	✓	12	S Brown
1020	6	Finance 6.1 Finance Update - Month 8			I Cameron
1030	7	Strategic Items 7.1 2018/19 Improvement Plan Update 7.2 Strategic Risk Update (presentation) 7.3 NHS Long Term Plan 7.4 SEND Update (presentation)	✓	19	S Brown S Brown S Brown V Bainbridge
1045	8	Assurance, Risk and Governance 8.1 Quarterly Communications & Engagement Report	✓	33	S Young
1055	9	Locality meeting assurance/key points			S Young
	10	Governing Body Forward Plan	✓	47	S Young
1100	1	Any other business (<i>items submitted prior to meeting only</i>)			J Guy

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* 6 members, including at least two of the Lay Chair/Governors, the Clinical Director of Primary Care and two Locality Directors or three Locality Directors, either the Accountable Officer, Chief Operating Officer or the Chief Finance Officer.



Minutes of the Governing Body
Wednesday 29 November 2018, 10.00am
Committee Room 1, County Hall, Morpeth

Present

Janet Guy	Lay Chair (Chair)
Siobhan Brown	Chief Operating Officer
Ian Cameron	Chief Finance Officer
Dr David Shovlin	Clinical Director of Primary Care
Karen Bower	Lay Member Corporate Finance and Patient and Public Involvement
Steve Brazier	Lay Member - Audit Chair
Dr Paul Crook	Governing Body Secondary Care Doctor
Dr John Unsworth	Governing Body Nurse
Margaret Scott	Governing Body Nurse (Designate)
Dr Paula Batsford	Locality Director - Blyth Valley
Dr Charles Dean	Locality Director - North
Dr Ben Frankel	Locality Director - West
Dr John Warrington	Locality Director - Central

In Attendance

Elizabeth Morgan	Director of Public Health
Stephen Young	Strategic Head of Corporate Affairs
Laura Middleton	Director, PricewaterhouseCooper
Melody Price	Executive Assistant (Minutes)

Janet Guy welcomed Margaret Scott and Laura Middleton to the meeting. Margaret has been appointed as the new Governing Body Nurse taking over the role from John Unsworth. Laura is attending Governing Body (GB) as part of PricewaterhouseCoopers' (PwC) review of NHS Northumberland Clinical Commissioning Group's (CCG) governance arrangements.

NCCGGB/18/121 Agenda Item 1 Apologies

Apologies were received from Vanessa Bainbridge.

NCCGGB/18/122 Agenda Item 2 Declarations of Conflicts of Interest

There were no declarations of interest.

NCCGGB/18/123 Agenda Item 3 Quoracy

The meeting was quorate.

NCCGGB/18/124 Agenda Item 4.1 Minutes of the previous meeting and Matters Arising

The minutes of the last meeting (24 October 2018) were agreed as a true and accurate record pending the following amendment:

- Page 2 NCCGGB/18/112 Agenda item 5 – Chief Operating Officer Report
 - Paragraph 2, sentence 3: Delete '2017/18' and replace with '2018/19'.

There were no matters arising.

NCCGGB/18/125 Agenda Item 4.2 Action Log

The action log was reviewed and the following updates given:

Action NCCGGB/18/20/02: Siobhan Brown to add the integrated care diagram to Operational Plan 2018/19. The development of the integrated care diagram is part of the system strategy work and has not been completed at present. Ongoing.

The following actions were agreed as completed: NCCGGB/18/109/02 and NCCGGB/18/118/01.

NCCGGB/18/126 Agenda Item 5.1 Assurance Framework and Risk Register

Stephen Young outlined the quarterly risk update of the CCG's Assurance Framework and Corporate Risk Register, including the current risk status and risk management progress since the last report to GB in August 2018.

GB is responsible for assuring the CCG that current risks are appropriately managed and emerging risks identified. Members are required to consider all strategic risks on the assurance framework, together with operational risks on the corporate risk register above the GB Risk Tolerance Line (RTL).

There are 18 strategic risks above the RTL (an increase of 1) and 10 operational risks are above the RTL (a decrease of 2). All risks are in date for review and no actions are overdue. There are 42 risks experienced by the CCG (a decrease of 1). However, the overall risk scoring profile has slightly increased and the balance has shifted from finance to primary care resilience, emerging joint commissioning and Integrated Care Partnership (ICP) and Integrated Care System (ICS) arrangements. This reflects the CCG's gradually improving financial position and the governance changes that will be required as the strategic landscape changes in this respect.

Steve Brazier said the role of GB was very important in assuring the CCG's Assurance Framework and Corporate Risk Register. He said the improvement in the CCG's financial position did not appear to be reflected in the repositioning of the risks. Stephen said the overall risk profile included a strategic risk concerning achieving financial balance and an operational Quality, Innovation, Productivity and Prevention (QIPP) risk. There were also risks concerning primary care resilience and engagement and ICS/ICP development. John Unsworth said he would not move the financial balance risk due to winter pressures.

In October 2018, a strategic risk management training session was held, facilitated by Audit One, for new CCG staff. The North of East Commissioning Support Unit (NECS) will be facilitating an operational risk management training session.

Top risks currently being experienced by the CCG (strategic risks unless highlighted):

- Contract over performance (945) - Contract performance continues to be monitored closely with particular focus on winter pressures
- System Resilience and Escalation Planning (1178) - Work ongoing across the system regarding management of urgent and emergency care over winter. Mitigations in place
- CCG Member Engagement (403) - New format weekly bulletin, a monthly Clinical Director of Primary Care bulletin in development, and Musculoskeletal (MSK) and Joint Health and Wellbeing Strategy (JHWB) engagement undertaken. Siobhan Brown said sustainability of primary care was a key CCG priority and included any emerging additional risks. Janet Guy said effective member engagement was required to further develop and support a resilient and sustainable primary care service. John said both the initial and current control score for the risk were the same and a narrative was needed to explain this. Stephen said work was being undertaken with owners and managers to plug the current 'actions' gap between the current and acceptable scores. Karen Bower said the Joint Locality Executive Board (JLEB) was still listed in the framework. Stephen said there was some duplication of information and an extensive central housekeeping exercise will be undertaken. This will result in simplified printouts being presented going forward
- Service Commissioning (1505) - Increased financial pressure due to national changes in transforming care and high cost packages of care. John said a narrative was needed to explain this.
- Primary Care Resilience (1503) - Closure of Collingwood Medical Group and impact on local practices. Support package in place. Two year programme of work for Primary Care resilience in place. Karen proposed the CCG's engagement with the GP International Recruitment Programme be added to the Assurance Framework
- NEAS performance (Operational risk: 1390) - Ambulance Response Programme introduced in April 2018 and winter pressures. Siobhan said the North East Ambulance Services NHS Foundation Trust (NEAS) Lead Commissioner Service needed to be fit for purpose for Northumberland.

Action NCCGGB/18/126/01: Stephen Young to add CCG engagement with the GP International Recruitment Programme to the Primary Care Resilience risk controls.

Key risk likelihood movements:

- Increased
 - 1503 Primary Care Resilience
 - 1952 System Transformation Board
 - 1506 Strategic Partnerships
 - 1507 LD Transformation Programme
- Decreased
 - 1856 Conflict of Interest
 - 1190 Information Governance
 - 1983 Primary Care Delegated Allocation - Now an operational risk below the GB RTL. Financial mitigations identified in year. Also covered by strategic risk 946 financial balance.

Steve proposed more in depth discussion regarding individual risks could take place at the Clinical Management Board (CMB) and Corporate Finance Committee (CFC). Janet said a future GB development session could focus on risk.

Karen asked why the risk likelihood score had decreased for risk 407 National and Local Agreed Outcomes.

Action NCCGGB/18/126/02: Stephen Young to update Karen Bower regarding the decrease in the risk likelihood score for 407 National and Local Agreed Outcomes.

Operational risk 1798 (RightCare Programme) which is above the GB RTL has been closed. This work is now incorporated across the QIPP delivery programme. Stephen asked GB to approve the closure of the risk.

Decision NCCGGB/18/126/03: GB approved the closure of Operational Risk (1798 (Rightcare Programme)).

NCCGGB/18/127 Agenda Item 5.2 Safeguarding Vulnerable People Report 2017/18

Siobhan Brown said the Safeguarding Vulnerable People Report 2017/18 provides an overview of the work undertaken by safeguarding professionals discharging statutory duties on behalf of the CCG.

This is the first time a combined report has been produced covering safeguarding children (including those in care) and adults. It provides assurances that the CCG is fulfilling its responsibility as a commissioner working in partnership with Northumberland County Council (NCC) and other agencies to promote the safety and welfare of vulnerable people in need of care, and protection across the whole population of Northumberland.

The Children and Social Work Act 2017 introduced a new duty to be placed on NCC, the Chief Officer of Police and the CCG to make arrangements for safeguarding and promoting the welfare of children in Northumberland. Vanessa Bainbridge, Accountable Officer, is leading this on behalf of the CCG.

A new standalone Safeguarding Group has been established under the CCG's revised governance arrangements, chaired by Vanessa Bainbridge, which reports directly to CMB. The 2017/18 work plan is almost complete and the development of the safeguarding primary care dashboard is ongoing. A 'GP for vulnerable people' role is to be established.

Key achievements:

- GP Safeguarding Leads Safeguarding Network
- Police Cause for Concern Notifications (CCNs) - Since November 2017, CCNs have been shared with GP practices. The CCG is one of the first to implement this in the country
- Sharing information relating to safeguarding (SIRS) pilot - A process developed to share information regarding fathers of unborn babies where they are not registered at the same practice as the mother. The pilot started March 2018 and will be implemented fully once evaluated
- Revised process for Section 11- Online audit tool developed
- Multi Agency Public Protection Assessment (MAPPA) and Multi Agency Risk Assessment Conference (MARAC) - Improved engagement with primary care and sharing of relevant information to raise awareness of domestic abuse and risks posed from dangerous individuals.

There were three children's serious case reviews (SCR), one adult SCR and one domestic homicide review in 2017/18. Learning has been shared in the weekly GP bulletin and added into training for GPs.

Siobhan said areas of risk and challenge include children transiting from care, social media, human slavery/trafficking and child sexual exploitation.

John Unsworth said there was a backlog of SCR action plans and an audit of the whole system was needed to provide assurance.

Action NCCGGB/18/127/01: Siobhan Brown to determine effectiveness of delivery of action plans by all organisations following SCRs.

Karen Bower said suicide rates in Northumberland were high and asked why the issue had not been included in the report. Liz Morgan said a suicide prevention strategy was in place for Northumberland and had been presented to GB. Work is ongoing and will report into NCC's Adult Safeguarding Board.

Action NCCGGB/18/127/02: Siobhan Brown to investigate why suicide rates have not been included in the Safeguarding Vulnerable People Report 2017/18.

Karen asked if assurance data was received from Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTHFT) as it was not covered by the report. Siobhan confirmed assurance data was received.

Action NCCGGB/18/127/03: Siobhan Brown to investigate why the NUTHFT assurance report has not been listed in the Safeguarding Vulnerable People Report 2017/18.

Decision NCCGGB/18/127/04: GB ratified the Safeguarding Vulnerable People Report 2017/18 and approved the combined report format for future years.

NCCGGB/18/128 Agenda Item 5.3 Excess Treatment Costs arising from Non Commercial Interventional Research

Stephen Young asked GB to ratify the decision taken by the Clinical Director of Primary Care and the Chief Finance Officer to delegate the arrangements relating to excess treatment costs arising from non-commercial interventional research to Newcastle Gateshead Clinical Commissioning Group.

Karen Bower asked if the CCG would have to provide any additional funding into the pooled budget or could receive monies back. Ian Cameron said it was a transactional arrangement. Steve Brazier asked if the £16k represented value for money. Ian said the pooled fund provided benefits at scale for the North East and North Cumbria. John Unsworth said the new excess treatment costs management model delivered a streamlined national standardised process for managing and reimbursing excess treatment costs to providers which carry out non-commercial research in the NHS, and as such was a better arrangement.

Decision NCCGGB/18/128/01: GB ratified the decision to delegate the arrangements relating to excess treatment costs arising from non-commercial interventional research to Newcastle Gateshead Clinical Commissioning Group.

NCCGGB/18/129 Agenda Item 6 Chief Operating Officer Report

Siobhan Brown provided an update on significant meetings and developments in the CCG during November 2018.

The second assurance meeting of the year was held with NHS England (NHSE). NHSE acknowledged the significant progress the CCG and its member practices had made over the last two years by delivering a more balanced financial position while maintaining high quality and performance.

A series of workshops for the North East system as part of the Aspirant ICS programme are well underway. System leaders will meet in December 2018 to review the programme and agree the next steps at each level of care.

The November 2018 NCC's Health and Wellbeing Board (HWBB) considered the annual reports from Children and Adult Safeguarding and the Local Transformation Plan (LTP) for the emotional health and wellbeing of children. The LTP, led by the CCG working with NCC, received a lot of positive press coverage.

The Independent Reconfiguration Panel's decision on Rothbury Community Hospital has been received. The CCG is currently considering the recommendations, as is NCC's Health and Wellbeing Overview and Scrutiny Committee and NHCFT. In the meantime, the inpatient beds will remain closed.

NCCGGB/18/130 Agenda Item 7.1 Finance Report – Month 7

Ian Cameron said the Month 7 financial position for the period to 31 October 2018 had been reviewed in detail at the November 2018 Corporate Finance Committee (CFC) and assurance was received. The CFC recommended the Month 7 finance report to GB for consideration and comment.

The CCG is on track to deliver its control total deficit of £8m for the financial year 2018-19. If the CCG continues to demonstrate it is on track to achieve this position, it will qualify for an additional non recurrent allocation of £8m Commissioner Sustainability Funding (CSF). This will enable the CCG to report an in-year break even position for 2018-19.

In Month 7, the CCG received the second tranche of CSF allocation of £2m. The CCG has now has received a total of £2.8m in CSF and therefore is reporting a forecast deficit of £5.2m.

Overall for the acute sector at Month 7, the CCG has reported an increase in forecast spend of £2.9m. The main movement being in respect of contract and activity performance queries being concluded with the results now reflected in the Income and Expenditure (I&E) position. Increases in acute expenditure have been offset by risk reserve releases in other areas.

The increased pressure in Mental Health is due to the outcome of the contract rebasing discussions with Northumberland, Tyne and Wear NHS Foundation Trust (NTW), and settlement for high cost packages in other mental health services. The CCG has released a mental health reserve in month to cover the increasing costs.

High cost packages continue to represent an expenditure risk 2018-19. The CCG plans to mitigate this risk through reserves and non-recurrent measures.

In community services, the main block contract with NHCFT is reporting a £40k movement from plan due to an in year addition to the contract.

The main Continuing Healthcare (CHC) contract outturn with NCC is currently within the agreed estimates through the planning process, and is therefore reported as breakeven for Month 7. The CHC reserves line has therefore been released due to this encouraging forecast to help offset the increase to the acute forecast.

The Prescribing forecast currently shows a positive outlook for the financial year 2018/19 and a reported underspend of £1.3m at Month 7.

Pressure in Primary Care Commissioning is driven by the cumulative impact of national GP contract uplifts which has generated an additional cost that is greater than the annual growth applied to the ring fenced primary care commissioning allocation. The CCG is reporting an over spend of £315k in Month 7 and has released the equivalent amount from its contingency reserve to offset this pressure.

Steve Brazier asked if providers had submitted reforecasts in light of the national focus to clear waiting lists. Ian said the CCG is awaiting revised plans.

John Unsworth asked for an update regarding Category M price changes. Ian said the most recent revisions were favourable to the CCG and were accounted for in the forecast.

NCCGGB/18/131 Agenda Item 8 Director of Public Health Update

Liz Morgan provided an update on developments and issues at a local, regional or national level which are relevant for both public health and the CCG.

The Public Health Grant was introduced in 2013/14 when public health functions were transferred to the Local Authority. It is currently paid at £51 per head of the Northumberland population. The Fair Funding Review is intended to design a new system for allocating funding between councils and will affect how funding is allocated and redistributed between local authorities from 2020 onwards. In the worse-case scenario, it is likely that nationally public health funding would reduce dramatically as Local Authorities would only be required to provide those activities which are statutory. There is no suggestion that NCC would not endeavour to prioritise public health services in any new funding arrangement. Further detail will be available in Spring 2019 and the situation is being closely monitored.

'Prevention is better than cure. Our vision to help you live longer' is the Government's strategic intent to 'revolutionise' its approach to prevention with a major focus on the role of primary and community services. A green paper is promised in early 2019 which will include detailed plans on how the prevention agenda is to be delivered. This will provide an opportunity to shape these proposals into a more upstream focus and which can be delivered sustainably, systematically and at scale; and which recognises that the NHS is only part of the solution.

NCCGGB/18/132 Agenda Item 9 2018/19 Improvement Plan Update

Siobhan Brown said good progress continues against the CCG's Improvement Plan which has been acknowledged by the local NHSE team and PwC's governance review.

The plan has a total of 28 actions and is RAG rated. Progress against the plan is as follows:

- Green - 10 actions

- Amber - 7 actions
- Red - 1 action
- Blue - 10 actions now closed.

The red rated risk relates to the yet-to-be signed contract variation with NHCFT. The amber risks are associated with the delivery of financial recovery at pace and scale.

CHC is improving and the CCG is now the ninth highest for spend in the country. A lean review of the 28 day pathway has been completed and a set of actions have been drawn up to improve performance.

Janet Guy said the Organisational Development (OD) programme is underway. The work of CFC has strengthened QIPP with a monthly line by line review of schemes.

Siobhan thanked Stephen Young and his team for the considerable amount of work being undertaken regarding OD and governance.

NCCGGB/18/133 Agenda Item 10 NCC Health and Wellbeing Board Minutes (October 2018)

The NCC Health and Wellbeing Board Minutes for October 2018 were received for information.

NCCGGB/18/134 Agenda Item 11 Locality meeting assurance/key points

There were no strategic items highlighted for discussion at the December 2018 Locality meetings.

NCCGGB/18/135 Agenda Item 12 Governing Body Forward Plan

No updates to the GB Forward Plan.

NCCGGB/18/136 Agenda Item 13 Any other business

Janet Guy said it was John Unsworth's last GB meeting as he was stepping down from the role of GB Nurse. She thanked him on behalf of GB for his expert knowledge, advice and commitment to the role.

NCCGGB/18/137 Agenda Item 14 Date and time of next meeting

19 December 2018 at 10.00 in Committee Room 2, County Hall, Morpeth.

NHS Northumberland Clinical Commissioning Group

Agenda Item 4.2

Governing Body - REGISTER OF ACTIONS

Log owner: Governing Body Chair



Northumberland
Clinical Commissioning Group

DATE: December 2018		Governing Body				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NCCGGB/18/20/02	25/04/2018	23/05/2018	Siobhan Brown to add the integrated care diagram to Operational Plan 2018/19.	Siobhan Brown	Ongoing	The development of the integrated care diagram is part of the system strategy work and has not been completed at present.
NCCGGB/18/126/01	28/11/2018	19/12/2018	Stephen Young to add CCG engagement with the GP International Recruitment Programme to the Primary Care Resilience risk controls.	Stephen Young	Complete	
NCCGGB/18/126/02	28/11/2018	19/12/2018	Stephen Young to update Karen Bower regarding the decrease in the risk likelihood score for 407 National and Local Agreed Outcomes.	Stephen Young	Complete	
NCCGGB/18/127/01	28/11/2018	19/12/2018	Siobhan Brown to determine effectiveness of delivery of action plans by all organisations following SCRs.	Siobhan Brown	Ongoing	
NCCGGB/18/127/02	28/11/2018	19/12/2018	Siobhan Brown to investigate why suicide rates have not been included in the Safeguarding Vulnerable People Report 2017/18.	Siobhan Brown	Complete	
NCCGGB/18/127/03	28/11/2018	19/12/2018	Siobhan Brown to investigate why the NUTHFT assurance report has not been listed in the Safeguarding Vulnerable People Report 2017/18.	Siobhan Brown	Complete	

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Northumberland
Clinical Commissioning Group

Meeting title	Governing Body	
Date	19 December 2018	
Agenda item	5	
Report title	Chief Operating Officer Report	
Report author	Chief Operating Officer	
Sponsor	Chief Operating Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	✓
	Development/Discussion	
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A but elements (governance and Locality Directors) discussed with the CCG's membership	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Strategic Risk 403 – Member Engagement	
Resource implications	N/A	
Consultation/engagement	Locality clinical engagement	

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Quality and Equality impact assessment	Attached.
Data Protection Impact Assessment	No
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Chief Operating Officer Report					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer	Chief Operating Officer			NA	
3. Project Overview & Objective	Provide an operational update to Governing Body					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	NA					
<i>Clinical Effectiveness</i>	NA					
<i>Patient Experience</i>	NA					
<i>Others including reputation, information governance and etc.</i>	NA					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	NA					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	NA					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	NA					
7. Metrics	Impact Descriptors	Baseline Metrics			Target	
	NA					

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Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Chief Operating Officer		S BROWN	12/12/2018
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Governing Body

19 December 2018

Agenda Item: 5

Chief Operating Officer Report

Sponsor: Chief Operating Officer

Members of the Governing Body are asked to:

- 1. Consider the Chief Operating Officer report and provide comment.**

Purpose

This report provides an update on significant meetings and developments in NHS Northumberland Clinical Commissioning Group (CCG). Other important clinical issues will be addressed in the Clinical Management Board report.

2019/20 Planning Guidance

December marks the beginning of the 2019/20 planning round. The full planning guidance and the NHS Long Term Plan is due to be published by 21 December 2018.

The detail required for the 14 January 2019 planning submission has been received and the submission will focus on system-wide demand, capacity and efficiency. Each CCG is required to ensure that its plans are cross referenced with providers and the wider system to provide evidence that capacity and activity assumptions are shared from the outset of the planning process.

Winter Preparedness

Winter is now also creating demand across the system and all commissioners and providers are working together to prevent unnecessary admissions wherever possible and to keep flow moving through the system should patients need to be admitted.

The flu vaccine, especially for those over 65, is now more readily available. However, due to earlier supply issues, the uptake rate for over 65s is currently lower than previous years.

As part of Winter planning, the Whalton Unit has been temporarily moved to Wansbeck Hospital in order to better manage resources and staffing as demand increases significantly over the Winter period. The temporary relocation is supported by the Local A&E Delivery Board and a contract variation will detail the temporary changes.

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NHS England Assurance Letter

The CCG received its formal response from NHS England (NHSE) from the Assurance Meeting of 14 November 2018 with five very clear expectations for delivery as outlined below:

- Financial delivery of the planned control total for 2018/19
- Developing a strong financial recovery plan and affordable contract position for 2019/20 and significant assurance from the PricewaterhouseCoopers (PwC) governance review are key factors in the lifting of special measures
- Continuation of the system transformation work is vital, in particular work with Newcastle Gateshead and North Tyneside CCGs
- Delivery of 52 weeks, the A&E 4 hour standard, cancer 62 days, the waiting list commitment and transforming care
- Maintaining safe, high quality services during the winter, ensuring the implementation of winter plans.

Integrated Care System (ICS) Programme

The series of ten interactive workshops across North Cumbria and the North East have now concluded and the submission for the system to become a Shadow Integrated Care System (ICS) is being developed. The Health Strategy Board on 4 December 2018 (comprising all CCG Accountable Officers and Provider Chief Executives) will consider progress to date, priorities and next steps.

Rothbury Next Steps

Following the Independent Reconfiguration Panel's decision on Rothbury Community Hospital, work is now underway to develop options through an operational group that will report back to Northumberland County Council's (NCC) Health and Wellbeing Overview and Scrutiny's Task and Finish Group. An update on progress to the Secretary of State is due by 31 January 2019. The operational group's remit covers:

- Health needs assessment and impact analysis; also refreshed quality and equality impact assessments
- The design and development of options for consideration
- Engagement and co-design with the public
- An evaluation framework.

Further information concerning future public engagement is in the quarterly Communication and Engagement report at Agenda Item 8.1.

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PricewaterhouseCoopers (PwC) Review of the CCG

PwC has now concluded the independent review the CCG's Governance and Quality, Innovation, Productivity and Prevention (QIPP) Framework and a draft report is imminent. At the time of writing initial feedback has been positive; the CCG is not anticipating major change recommendations.

Collingwood Medical Practice

The closure of Collingwood Medical Group on 30 November 2018, the dispersal of nearly 5,000 patients and consequent absorption into neighbouring practice lists has been a complex process which remains ongoing. Every effort has been made by CCG staff throughout the process both to ensure that patients safely transition to new practices and that receiving practices remain sustainable.

The CCG, with input from all key stakeholders, will produce a 'lessons learned' paper to share across the system in an effort to mitigate the possibility of further closures or, if not possible, effectively manage closures to absolutely minimise the effect on patients and practice staff.

Lessons learned to date in 2018/19 include:

- Early identification of pressures experienced is vital
- Open communication and opportunity provided to discuss issues honestly and transparently
- Joint planning of mitigations between the practice and the CCG
- Solution focused approach.

This issue is not unique to Northumberland and the learning will encompass lessons from the wider North East and North Cumbria footprint.

Recommendation

Governing Body is asked to consider the report and provide comment.

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Northumberland
Clinical Commissioning Group

Meeting title	Governing Body	
Date	19 December 2018	
Agenda item	7.4	
Report title	SEND Update	
Report author	Strategic Head of Corporate Affairs	
Sponsor	Accountable Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	<input checked="" type="checkbox"/>
	Development/Discussion	<input type="checkbox"/>
	Decision/Action	<input type="checkbox"/>
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	<input checked="" type="checkbox"/>
	Ensure the delivery of safe, high quality services that deliver the best outcomes	<input checked="" type="checkbox"/>
	Create joined up pathways within and across organisations to deliver seamless care	<input type="checkbox"/>
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	<input type="checkbox"/>
Northumberland CCG/external meetings this paper has been discussed at:	Clinical Management Board	
QIPP	N/A	
Risks	Strategic Risk 1505 – Service Commissioning Operational Risk 1981 – Children and Young People’s Access to Services	
Resource implications	N/A	
Consultation/engagement	N/A	

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Quality and Equality impact assessment	Attached.
Data Protection Impact Assessment	No
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	SEND Update					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Accountable Officer	Director of Nursing, Quality and Patient Safety			Clinical Director of Primary Care	
3. Project Overview & Objective						
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	NA					
<i>Clinical Effectiveness</i>	NA					
<i>Patient Experience</i>	NA					
<i>Others including reputation, information governance and etc.</i>	NA					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	NA					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	NA					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	NA					
7. Metrics	Impact Descriptors	Baseline Metrics			Target	
	NA					

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Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Strategic Head of Corporate Affairs		S W YOUNG	12/12/18
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Governing Body
19 December 2018
Agenda Item: 7.4
SEND Update
Sponsor: Accountable Officer

Members of the Governing Body are asked to:

- 1. Consider the Joint Local Area Children and Young People with Special Educational Needs and/or disabilities (SEND) inspection report and provide comment.**

Purpose

This report outlines the outcomes from the SEND inspection and asks Governing Body to consider and provide comment.

Background

Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection of the local area of Northumberland between 1 and 5 October 2018. NHS Northumberland Clinical Commissioning Group (CCG) CCG officers were involved in the associated fieldwork and the resultant report (Appendix 1) received on 29 November 2018 and made publically available thereafter.

Recommendation

Governing Body is asked to consider the report and provide comment.

Appendix 1: CQC/Ofsted Letter dated 29 November 2018

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29 November 2018

Ms Cath McEvoy
Executive Director of Children's Services
Northumberland County Council
County Hall
Morpeth
NE61 2EF

Vanessa Bainbridge, Executive Director, Adult Social Care and Health Commissioning
Samantha Barron, Local Area Nominated Officer, Head of SEND Strategies

Dear Ms McEvoy

Joint local area SEND inspection in Northumberland

Between 1 October 2018 and 5 October 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Northumberland to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- Since 2014, the local area has made too little progress in implementing the disability and special educational needs reforms. Families in Northumberland have widely different experiences of the local area's arrangements for identifying, assessing and meeting their children's needs.
- Children and young people with SEND do not do well enough in mainstream primary and secondary schools. They do not make strong enough progress in reading, writing and mathematics in key stage 2 or in a wider range of subjects in key stage 4. Too many children and young people with SEND are excluded from schools in Northumberland.
- Local area leaders are not jointly planning, commissioning and providing education, health and care services in a way which is improving children and young people's outcomes. Leaders do not have a sophisticated enough understanding of what is working well and what could be better for children and young people with SEND and their families. Importantly, leaders are not currently able to measure or evaluate the impact of their work on the experience of children, young people and families or the outcomes they achieve.
- Families have a mixed experience of co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all). Some have strong and influential voices. Others do not feel heard and told inspectors that, at times, leaders and practitioners lack important knowledge about children and young people with SEND.
- In the last year, there has been a determined drive to improve arrangements for identifying, assessing and meeting the needs of children and young people with SEND. As a result, confidence in local area leaders is strengthening and the pace of improvement is increasing.
- Leaders have an accurate understanding of the local area's effectiveness in identifying, assessing and meeting the needs of this group of children and young people. New leadership structures and recently developed action plans provide a more secure starting point for tackling the significant weaknesses in these arrangements.
- Frontline staff in education, health and care services, and in schools, work hard and are making a valued difference to children and young people with SEND and their families. There is growing confidence which is exemplified by the strengthening partnership between leaders and the local parent and carer forum, 'In it together'.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- The local area successfully transferred all statements of special educational needs to education, health and care (EHC) plans by March 2018. Typically, EHC plans are issued within the expected 20-week timescale.
- Children's centres provide an effective service which supports the accurate and timely identification of young children's needs. Early years settings are identifying children's additional needs through a range of effective on-entry assessments.
- Effective support from specialist support services, such as the sensory and SEND support services, is helping some schools to identify children and young people's needs in an accurate and timely way.
- Special schools are skilfully identifying children and young people's previously unidentified needs when they transfer into these settings. Locality-based early help hubs support effective multidisciplinary working which contributes to the holistic identification of children and young people's needs.
- Some mainstream primary and secondary schools are identifying children and young people's needs well. Headteachers and special educational needs coordinators (SENCOs) in these settings understand the importance of accurate and timely identification and assessment of children and young people's needs. Crucially, they are deeply committed to working out how best to support children and young people with SEND and their families. The strong contribution that SENCOs make to identification and assessment of children and young people's needs is highly valued by parents and carers.
- Health visitors are providing the healthy child programme for all children and families in Northumberland. As a result, children are offered a programme of screening tests and developmental reviews which support the early identification of additional needs. The health visiting service also offers an extra contact for three- to four-month-olds to provide support for families who have concerns. This facilitates the early identification of children's emerging needs, well before the mandated 12-month developmental review.
- Local area leaders have an increasingly accurate view of the effectiveness of arrangements for identifying the needs of children and young people with SEND. Leaders are more committed to co-production, which is giving them a better understanding of the 'real-life' experiences of children, young people and families.
- The 'chat health' instant messaging service is used widely by children and young people in Northumberland. Children and young people aged 11 to 19 can use the service to text a school nurse for health advice. School nurses have found that chat health has helped them to identify several children and young people who have previously unidentified health needs.

- School nurses are providing drop-ins which provide children and young people with the opportunity to seek additional advice and support. They are well attended and have facilitated the early identification of additional needs.
- The majority of children and young people who are entering care receive initial health assessments within the required timescales.

Areas for development

- The graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools in Northumberland. As a result, families have an unacceptably variable experience of these arrangements. This undermines their confidence in the ability of mainstream schools to meet their children's needs.
- The two-and-a-half-year developmental check is not fully integrated in Northumberland. Sometimes, health visitors are not sharing the findings of ages and stages questionnaires (ASQs) with practitioners in early years settings. This delays their ability to identify young children's emerging needs.
- School nurses are not providing the full healthy child programme. For example, school health questionnaires which help to identify emerging or previously unidentified health needs are not being used. Some children and young people who are referred to the school nursing service are waiting four weeks to receive support. This is too long.
- While there has been recent improvement, historic weaknesses in arrangements for co-producing an accessible local offer of resources and support are limiting the local area's effectiveness in identifying the needs of children, young people and families.

The effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- The complex needs of some individual children and young people are assessed and met well because local area leaders work effectively with their families to plan and commission the services and support they need.
- Speech and language therapists, occupational therapists and physiotherapists work together in an integrated way to assess and support children and young people who have significant and complex needs. The portage service provides effective support for young children which includes a holistic assessment of their needs. Assessments are shared with pre-school and school settings, which develops their capacity to understand and meet children's needs well.
- Health visitors are providing 'health visiting plus', a high-quality programme which provides enhanced support to children and families who have additional

vulnerabilities. 'Health visiting plus' is available for children who are looked after, care leavers, young parents, and parents who have a learning difficulty or disability.

- Access to early help in primary mental health services has improved recently. The primary mental health team provide support, guidance and training which is helping professionals to better meet the needs of children and young people who have low-level and emerging mental health needs.
- Community paediatricians are using a 'think family' approach when completing person-centred assessments. This is increasing participation and engagement with families and improving the assessment of health needs.
- Highly effective person-centred planning in some special schools is contributing to the holistic assessment of children and young people's needs. This supports the planning and delivery of better, more personalised education, health and care provision which is leading to improved outcomes.
- SENCos in some mainstream primary and secondary schools are a trusted point of contact for parents and carers of children and young people with SEND. They have a crucially important role in working out how children and young people's needs can be consistently and effectively assessed and met.
- The special educational needs information, advice and support service (SENDIASS) is a high-quality service for families which is developing their confidence and capacity to work in partnership with local area leaders. This includes helping the local parent and carer forum, 'In it together' to contribute to strategic co-production in a supportive and challenging way.

Areas for development

- The negative experience of many parents and carers reinforces a perception that the needs of children and young people with SEND cannot be met in mainstream primary and secondary schools in Northumberland. Families told inspectors that SENCos in some schools are 'overworked and overstretched' and said that, 'Some SENCos have too little influence on teachers who don't know enough about children and young people who have additional needs.' Many feel that getting their children's needs identified, assessed and met has been 'a battle at every stage'. Few have indicated that there is an embedded 'tell it once' approach in this local area.
- Health practitioners are not sharing information about children and young people with SEND consistently well. Community paediatricians are not using electronic patient records. As a result, parents and carers are repeatedly required to provide information about their children's treatment, prescribed medicines and interventions. Speech and language therapists, occupational therapists and physiotherapists have variable access to children and young people's health records and the children and young people's service (CYPS) use a separate patient record system. This could lead to unnecessary delays in important

information about children and young people being shared, for example following a period of hospital admission.

- The local area's arrangements for commissioning, planning and providing education, health and care services for young people aged 16 to 25 lack coherence. Too often, transitions between settings are not well coordinated across education, health and social care services.
- The quality of education, health and care (EHC) plans varies too much. Some plans lack detail, the descriptions of children and young people's health needs are too clinical, and the health provision in plans lacks specificity. Frequently, the health and social care contribution to EHC plans is limited and the targets and objectives in plans are not specific or measurable. The arrangements for making sure that contributions from a range of practitioners accurately reflect their professional advice, and the process for reviewing and updating EHC plans in a meaningful way, are, at this stage, not working well enough.
- The local offer is neither known about nor widely used by parents and carers in the local area. Families find the local offer difficult to navigate and use and, almost always, rely on the advice and guidance they receive from trusted professionals such as their school's SENCo, SENDIASS or 'In it together'.
- The child mental health pathway, including CYPS, has been redesigned significantly in recent months in response to unacceptably long waiting times for specialist mental health interventions. Improvements and changes have been made, including better coordination with primary mental health services, which are reducing waits substantially. Importantly, however, inspectors were told that children and young people have experienced long delays in their needs being assessed and met. This was exemplified by one young person who said, 'I had to wait for a year to see a specialist doctor and I think that is too long.'
- The special school nursing service is not equitably meeting children and young people's needs, in part due to capacity and current organisation. Some families feel frustrated by the poor accessibility of this service. There is a lack of integration in the local area's approach to meeting the needs of children and young people who have complex and life-limiting conditions.
- The post-diagnostic support for children and young people who have a clinical diagnosis of autism has several limitations. Paediatricians and some families told inspectors that there is a lack of sleep and sensory support for this group of children and young people, despite an increase in the demand for these services.
- The local area's self-evaluation of its effectiveness in assessing and meeting the needs of children and young people with SEND has many strengths. Importantly, however, local area leaders do not have a secure enough understanding of the impact of these arrangements on the outcomes achieved by this group of children and young people. Leaders do not use what they know about the needs of children, young people and families to work out how best to support them and, as a result, improve the outcomes they achieve. In some cases, important

information, including information about children and young people placed in schools outside the local area, is inaccurate or out of date.

The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities

Strengths

- Children's community nurses provide families of children and young people who have complex and continuing health needs with high-quality training and support. This enables children and young people's needs to be met in non-clinical environments, which reduces the need for families to attend multiple outpatient appointments.
- Some individual children and young people achieve positive outcomes as a result of timely identification and assessment of their needs and carefully integrated and highly personalised support.
- Children and young people with SEND told inspectors that they are well supported and feel heard. This was typified by one pupil who said, 'Teachers find ways of working around problems. You are pushed out of your comfort zone but with the help you need. I know this is helping me to do better.'
- Speech and language therapists, occupational therapists and physiotherapists are contributing to innovative and fully co-produced 'multi-agency goals assessments'. These assessments are used for children and young people who have complex and multiple health needs and to successfully align therapy care plans. This facilitates a 'tell it once' approach well and supports improved understanding of children and young people's needs which, in turn, is leading to better outcomes.
- Local area leaders have effective oversight of the quality of education, health and care provision for children and young people who are looked after by the local authority who also have SEND.

Areas for improvement

- Local area leaders do not have a comprehensive enough understanding of the outcomes that children and young people with SEND are achieving. Leaders do not have a meaningful way of measuring or evaluating these outcomes. Indeed, the fundamental importance of improving the outcomes this group of children and young people are achieving across the full 0 to 25 age range is not evident enough in the local area's strategy and improvement plans.
- Arrangements for jointly commissioning services in a way which is focused on improving children and young people's outcomes are underdeveloped. The local area has made too little progress in implementing this crucially important aspect of the disability and special educational needs reforms.

- The outcomes achieved by children and young people with SEND in mainstream primary and secondary schools in Northumberland are not good enough. The progress that this group of children make in reading, writing and mathematics in key stage 2 and in a wider range of subjects in key stage 4 is unacceptably poor. There has been a year-on-year increase in the number of children and young people with SEND who have been excluded from mainstream schools, either for a fixed period of time or permanently.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- weaknesses in the local area's arrangements for jointly planning, commissioning and providing the services children and young people with SEND and their families need
- the graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools
- the poor outcomes achieved by children and young people with SEND and weaknesses in successfully preparing them for their adult lives.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathy Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI, Lead Inspector	Nikki Holmes CQC Inspector
Fiona Manuel HMI	

Andy Lawrence Ofsted Inspector	
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cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England

Meeting title	Governing Body	
Date	19 December 2018	
Agenda item	8.1	
Report title	Quarterly Communication and Engagement Report	
Report author	Communication and Engagement Manager	
Sponsor	Strategic Head of Corporate Affairs	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	✓
Northumberland CCG/external meetings this paper has been discussed at:	EMG discussed the overarching Communication and Engagement improvement plan	
QIPP	NA	
Risks	Strategic Risk 401 – Stakeholder Engagement Strategic Risk 304 – Member Engagement	
Resource implications	NA	
Consultation/engagement	As outlined in the attached report	



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Quality and Equality impact assessment	Completed.
Data Protection Impact Assessment	NA
Research	NA
Legal implications	Legal Implications of future engagement and consultation will always be considered
Impact on carers	NA
Sustainability implications	NA

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Quarterly Communication and Engagement Report					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer	Strategic Head of Corporate Affairs				
3. Project Overview & Objective	Quarterly Communication and Engagement Report					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	NA					
<i>Clinical Effectiveness</i>	NA					
<i>Patient Experience</i>	NA					
<i>Others including reputation, information governance and etc.</i>	NA					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	NA					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	NA					
6. Research <i>Reference to relevant local and national research as appropriate.</i>						
7. Metrics	Impact Descriptors	Baseline Metrics			Target	
	NA					

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Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Strategic Head of Corporate Affairs		S Young	12/12/2018
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Governing Body**19 December 2019****Agenda Item: 8.1****Quarterly Communication and Engagement Report****Sponsor: Strategic Head of Corporate Affairs*****Members of the Governing Body are asked to:***

- 1. Consider the quarterly Communication and Engagement Report and provide comment.**

Purpose

This report constitutes NHS Northumberland Clinical Commissioning Group's (CCG) communications and engagement quarterly activity report.

Headline Activity

The following work has been undertaken since the last quarterly report was presented at the September Governing Body meeting:

Risk 401 Stakeholder Engagement – There is a risk that a lack of appropriate engagement with key stakeholders including the public and patients, will mean that the CCG will fail to take feedback and evidence into account when designing and commissioning new services.

- **Berwick Hospital Development** – On 10 September the Council's Cabinet approved the development of the leisure centre but reserved the decision on whether it would be co-located with the hospital to the Leader and Chief Executive. Following a further engagement session held at The Swan Centre on 27 September, the decision was taken to build separate facilities. Northumbria Healthcare NHS Foundation Trust (NHCFT) issued a press release to announce this decision on 3 October. While the CCG will be involved, NHCFT will lead the continued engagement about the development and design of the new hospital. It is expected that the plan will be announced when the final location is decided.
- **Rothbury Community Hospital** – The Secretary of State for Health wrote to the CCG on 14 November with the advice of the Independent Reconfiguration Panel concerning the proposed changes to Rothbury Community Hospital which advised that further action is required. A press statement was drafted providing our response to the IRP's advice which was issued to the local media and shared with staff and member practices. As the operational group develops future options, the CCG fully recognises the importance of re-engaging with the local community. It is anticipated that a comprehensive engagement plan will be issued in the New Year.

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- **Collingwood Medical Group** – The CCG has continued to support Collingwood Medical Group (CMG) and neighbouring practices following CMG’s decision to terminate its contract. A letter was sent to approximately 300 vulnerable patients who were registered at Collingwood, allocating them to a new practice. A further letter was sent to the remaining non-vulnerable patients before the end of November, reminding them to register with an alternative practice. CMG permanently closed on 30 November.
- **Northumberland CCG 360 Stakeholder Survey 2018** – Preparation work has begun on the recruitment for the 360 Stakeholder Survey 2019. A communications and engagement plan to encourage take up has been produced encompassing some of the ongoing actions from the 360 Stakeholder Survey Improvement Plan.
- **Joint Health and Wellbeing Strategy (JHWS)** – A full Engagement Feedback Report was produced for the director of public health on the draft Joint Health and Wellbeing Strategy (JHWS).
- **Patient Engagement** – The first North Locality PPG took place in November with a small but enthusiastic attendance. Potential ways of working were agreed and a West Locality PPG is being organised early in the New Year. The intention is to propose the construct co-designed with the North Locality PPG to the other localities.
- **Health and Wellbeing Board Communications and Engagement Sub Group** – This group has been set up and the first meeting took place in early December. Terms of reference and ways of working were discussed and will be finalised for the next meeting of the group in the New Year. The CCG’s Strategic Head of Corporate Affairs chaired the inaugural meeting; the way ahead in this respect is to be determined.
- **CATCH** – The CCG commissioned NECS to carry out staff engagement and independent research company Explain to run the patient engagement overseen by the engagement manager. Staff engagement has begun with NHCFT’s community matrons and specialist nurses and feedback will be included at an engagement workshop scheduled for mid-December.
- **Local Area SEND Inspection** – Ofsted and the Care Quality Commission (CQC) inspected the effectiveness of SEND in Northumberland from 1 - 5 October 2018. The CCG wrote out to staff and stakeholders involved in SEND services on 6 December to thank them for their involvement and feedback the findings of the report.
- **Joint Musculoskeletal and Pain Service** – Earlier this year the CCG’s Governing Body authorised the review of musculoskeletal (MSK) and pain services in Northumberland. On 3 October a Prior Information Notice (PIN) was issued requesting current and potential providers to comment, raise questions and make suggestions on a draft service specification. At the same time, the CCG conducted an engagement exercise to provide patients, the public, stakeholders and member practices as commissioners with an opportunity to comment on current MSK and Pain services and how a new service might look. A full MSK and Pain Service Engagement Feedback Report was produced and which informed the final service specification. The revised service specification, along with the possible options for the future MSK and pain services in Northumberland was presented to the Governing Body on 28 November. After careful consideration the Governing Body approved the option of a competitive tender for a Joint MSK and Pain Service (JMAPS) and open a competitive tender process. Consequently, the CCG has issued an advert on 5 December inviting bids from potential providers.

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- **Vocare North** – An article appeared in the Berwick Advertiser on 22 November which incorrectly reported changes to out of hours GP services provided by Vocare North. The CCG issued a press statement to clarify the situation and to assure the public that the minor injuries/urgent care services provided at Berwick and Alnwick infirmaries and Wansbeck and Hexham general hospitals remained unchanged. Discussions with Vocare North on improving access to GP out of hours services in Northumberland are ongoing. The original story was withdrawn from the website, the CCG's statement was uploaded and a correction was printed in the newspaper the following week.
- **Press Enquiries** – The CCG has responded to media enquiries in relation to cervical screening, services for people with personality disorders and an enquiry from the Huffington Post relating to life expectancy in Cramlington and Blyth, which Locality Director for Blyth Valley, Dr Paula Batsford was interviewed for.
- **Social Media and MP Enquiries** – Analysis of September – December's engagement via social media (Facebook and Twitter) and MP enquiries is at Appendix 1.

Risk 403 CCG Member Engagement – There is a risk that a failure to engage the CCG's membership means that vital intelligence is not taken into account when developing future delivery strategy.

- **Northumberland CCG 360 Stakeholder Survey 2019** – Preparation work has begun on the recruitment for the 360 Stakeholder Survey 2019. A communications and engagement plan to encourage take up has been produced which encompasses many of the ongoing actions from the 360 Stakeholder Survey Improvement Plan. Work in response to the 2018 survey results is ongoing including reinforcing the locality feedback loop, attendance at locality meetings by the engagement manager, locality meeting agenda setting, and the development of GP TeamNet.
- **Joint Health and Wellbeing Strategy (JHWS)** – A full Engagement Feedback Report was produced for the director of public health on the draft Joint Health and Wellbeing Strategy (JHWS) which, although returns were low, included feedback from practices.
- **Locality meetings** – The CCG engagement manager continues to attend locality meetings and contributes to the agenda setting. Feedback has been provided on MSK and JHWS engagement, the newly launched Practice Update and methods used to engage practices.
- **Collingwood Medical Group** – The CCG has continued to support neighbouring practices as the list dispersal carries on to best safeguard future primary care sustainability in the area. Collingwood Medical Group permanently closed on 30 November.
- **Joint Musculoskeletal and Pain Service** – The CCG held a period of engagement to provide GPs as commissioners with an opportunity to comment on current MSK and pain services and how a new service might look. This engagement resulted in 22 responses from practices through a questionnaire or via email. The responses were fed into a full Engagement Feedback Report which informed a final specification. The revised service specification, along with the possible options for the future MSK and pain services in Northumberland was presented to the Governing Body on 28 November.
- **Locality Bulletin/Practice Update** – Following a review of the locality bulletin a redesigned bulletin, was launched in November. The new online news page called

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'Practice Update' was designed with GPs and key members of the CCG's primary care team. It aims to deliver a more focussed and concise account of the critical issues of the week and is updated with articles throughout the week. Responding to feedback from practices, all articles are now searchable in the GPTeamNet library and the new style update clearly distinguishes between news intended for GPs or Practice Managers and corporate, practice management and clinical issues. The readership figures for the last few issues of the Locality Bulletin are in the table below and the overall usage figures of GPTeamNet are at Appendix 2. From 6 November to 27 November the new Practice Update page was viewed 1,046 times, averaging at 348 views each week. The viewing figures increased by 231 on 4 December and a further 190 views by 11 December, with 1,467 total number of views. Viewing figures will be closely monitored over the coming months and the style and format adjusted in response to feedback if deemed appropriate.

Locality Bulletin Issue	Viewed Figure
114, 20 September	205
115, 26 September	265
116, 3 October	305
117, 9 October	232
118, 16 October	271
119, 24 October	241
120, 30 October	354

Conclusion

This has been another very busy period for the communication and engagement team. The impact of the additional workforce is however starting to realise tangible benefits. While the CCG comprehensively undertook all communication and engagement tasks previously, the team is now able to provide additional support to the commissioning team and deliver a number of bespoke periods of engagement, which supported by an appropriate communication plan, deliver comprehensive reports that further enhance to the CCG's, and indeed the Health and Wellbeing Board's decision making processes. While the headlines above provide an update on strategic issues, Governing Body is also asked to note that important work continues on both the business as usual and continuous improvement fronts.

The key priorities for the next quarter are to continue to improve CCG engagement at practice and PPG level, further plans to re-design the website and ensure an appropriate level of re-engagement with local people concerning the development of options for the future of Rothbury Community Hospital.

Recommendation

The Governing Body is asked to consider the quarterly communication and engagement report and provide comment.

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Appendix 1: NECS metrics report
Appendix 2: GP TeamNet statistics

Quarterly communications metrics report: w/c 17 September 2018 – 30 November 2018

MP enquiries

Guy Opperman

- Prescription exemption
- Speech and language therapy

Anne-Marie Trevelyan

- Cross-border hospital referral
- Individual funding request

Ronnie Campbell

- Antidepressant withdrawal

Media handling

- Life expectancy statistics – Huffington Post
- Transgender fertility services – BBC
- Personality disorder services – Health Service Journal
- Smear test results – Northumberland Gazette

Media evaluation

54 mentions:

- Berwick Infirmary x 7
- Mental health waiting times x 5
- Serious case review
- Rothbury Community Hospital x 21
- Daljit Lally international work x 3
- Hexham General Hospital – x 3
- GP recruitment x 5
- Laburnum GP practice CQC rating x 2
- Smear test results x 3
- Avastin court case x 4

Value: £236,572

Reach: 2,616,770

Additional projects/work

- Winter surge marketing campaign
- Health and wellbeing survey promotion
- Editing of CCG website – changes to NHS Choices branding, plugin compatibility updates
- Ashington winter communications campaign
- Ebulletin masthead redesign

My NHS Membership

Membership of MY NHS is 817 – an increase of three members over the period

Social media

Twitter

	Sept from w/c 17.08.18	Oct 18	Nov 18
Followers	2,400	2,439	2,444
Reach	68k	64k	162k

Message sentiment

The tone of Tweets made to the CCG across the quarter was:

- 53% positive
- 5% semi-positive
- 26% neutral
- 16% negative

Facebook

	Sept from w/c 17.08.18	Oct 18	Nov 18
Likes	400	410	417

Message sentiment

The tone of comments made to the CCG across the quarter was:

- 29% positive
- 57% neutral
- 14% negative

Website (rolling statistics: w/c 17 September 2018 – 30 November 2018)

All Users
100.00% Users
+ Add Segment
Sep 17, 2018 - Nov 30, 2018

Overview

Users vs. Select a metric

Hourly Day Week Month



Users 2,801	New Users 2,605	Sessions 3,808	Number of Sessions per User 1.36
Pageviews 9,631	Pages / Session 2.53	Avg. Session Duration 00:02:25	Bounce Rate 59.66%



How active are our practices?

Date from: 17/09/2018
Date to: 11/12/2018

Portal Name	Parent Portal	Active Users	Logins	Unique Logins	Internal Views	External Views	Total Views
Blyth Valley Locality area		258	2658	129	733	1246	1979
Blyth Valley Locality	Northumberland CCG	5	3	1	0	0	0
Brockwell Centre - A84043	Blyth Valley Locality	59	304	14	0	165	165
Collingwood Medical Group - Y00151	Blyth Valley Locality	16	171	16	89	168	257
Cramlington Medical Group - A84025	Blyth Valley Locality	26	105	11	24	93	117
Forum Family Practice - A84038	Blyth Valley Locality	22	833	21	114	167	281
Marine Medical Group - A84014	Blyth Valley Locality	19	23	7	0	23	23
Netherfield House Surgery - A84037	Blyth Valley Locality	17	29	4	0	34	34
Railway Medical Group - A84009	Blyth Valley Locality	62	300	31	167	100	267
The Surgery, Elsdon Avenue - A84619	Blyth Valley Locality	12	776	10	328	298	626
Village Surgery - A84030	Blyth Valley Locality	20	114	14	11	198	209
North Northumberland Locality area		276	3708	189	3156	1216	4372
North Northumberland Locality	Northumberland CCG	8	0	0	0	0	0
Alnwick Medical Group - A84006	North Northumberland Locality	90	2308	83	2536	454	2990
Belford Medical Group - A84008	North Northumberland Locality	21	336	19	552	38	590
Cheviot Medical Group - A84032	North Northumberland Locality	7	45	3	0	59	59
Coquet Medical Group - A84022	North Northumberland Locality	14	37	9	5	129	134
Felton Surgery - A84609	North Northumberland Locality	11	5	3	1	5	6
Glendale Surgery - A84604	North Northumberland Locality	9	28	4	1	17	18
Rothbury Practice - A84002	North Northumberland Locality	34	637	30	51	254	305
Union Brae & Norham Practice - A84044	North Northumberland Locality	22	60	8	0	118	118
Well Close Medical Group - A84026	North Northumberland Locality	34	94	19	10	48	58
Widdrington Surgery - A84029	North Northumberland Locality	26	158	11	0	94	94
Northumberland Central Locality area		288	8153	175	11435	1913	13348
Northumberland Central Locality	Northumberland CCG	6	4	1	0	3	3
Bedlingtonshire Medical Group - A84005	Northumberland Central Locality	28	722	19	47	115	162
Gas House Lane Surgery - A84039	Northumberland Central Locality	16	199	13	441	170	611
Greystoke Surgery - A84031	Northumberland Central Locality	23	91	7	0	80	80
Guide Post Medical Group - A84020	Northumberland Central Locality	34	691	29	740	308	1048
Laburnum Medical Group - A84015	Northumberland Central Locality	4	3	1	0	4	4
Lintonville Medical Group - A84003	Northumberland Central Locality	44	314	27	12	318	330
Seaton Park Medical Group - A84028	Northumberland Central Locality	69	6036	63	10195	706	10901
The Gables Medical Group - A84013	Northumberland Central Locality	15	78	10	0	158	158
Wellway Medical Group - A84036	Northumberland Central Locality	49	15	5	0	51	51
Northumberland West locality area		251	1837	143	198	1439	1637
Northumberland West locality	Northumberland CCG	6	0	0	0	0	0
Branch End Surgery - A84047	Northumberland West locality	22	67	13	13	51	64
Burn Brae Medical Group - A84024	Northumberland West locality	5	22	1	0	25	25
Corbridge Medical Group - A84018	Northumberland West locality	15	110	8	0	93	93
Haltwhistle Medical Group - A84034	Northumberland West locality	21	149	11	1	186	187
Haydon Bridge & Allendale Medical Practice - A84618	Northumberland West locality	23	157	15	8	99	107
Humshaugh & Wark Medical Group - A84040	Northumberland West locality	18	32	7	0	60	60
Ponteland Medical Group - A84007	Northumberland West locality	52	765	38	92	577	669
Prudhoe Medical Group - A84016	Northumberland West locality	26	287	17	68	99	167
Riversdale Surgery - A84035	Northumberland West locality	10	12	4	0	17	17
Scots Gap Medical Group - A84042	Northumberland West locality	5	1	1	0	3	3
The Adderlane Surgery - A84614	Northumberland West locality	7	8	2	0	11	11
The Bellingham Practice - A84027	Northumberland West locality	10	46	7	0	68	68
The Sele Medical Practice - A84033	Northumberland West locality	22	51	11	0	79	79
White Medical Group - A84011	Northumberland West locality	9	130	8	16	71	87

OFFICIAL

NHS Northumberland Clinical Commissioning Group

Governing Body - Forward Plan 2018

Standing items	Lead
<ul style="list-style-type: none"> • Chief Operating Officer Report • Finance Report • Improvement Plan 2018/19 Update • Health & Wellbeing Board minutes • Governing Body Forward Plan 	Siobhan Brown Ian Cameron Siobhan Brown Stephen Young Stephen Young
January 2019	
<ul style="list-style-type: none"> • Quarterly Commissioning Plan Progress Update 	Siobhan Brown
February 2019	
Governance <ul style="list-style-type: none"> • Assurance Framework & Risk Register (Quarterly) 	Stephen Young
March 2019	
<ul style="list-style-type: none"> • Quarterly Commissioning Plan Progress Update • Communications & Engagement Report (Quarterly) 	Siobhan Brown Stephen Young