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Appendix No: 2
Report No: 1
Purpose: Information

Date of meeting: 25th February 2016
From: Anne Nicholls, Chair of CEG

Report Title: Community Engagement Group - Report of the CEG Chairman

1. Meeting of the West Suffolk CCG Governing Body on 27th January 2016

General update

Colchester Hospital: The hospital has been rated as “inadequate” by the CQC for the second time. This is of particular concern as a number of patients from West Suffolk do attend Colchester Hospital. West Suffolk CCG is working very closely with North East Essex CCG to agree remedial action.

Quality of care: It has been reported nationally that there has been a rise in serious incidents including suicides within NSFT. West Suffolk CCG is monitoring this closely. It is important to note that there are thankfully fewer incidents in Suffolk – however just one is too many. A recent Health and Wellbeing Board meeting received an update of the Mental Health Strategy.

Awards: West Suffolk CCG has won two awards in the recent NHS East of England Leadership awards 2015. These are “Outstanding Collaboration of the Year” for the work with care homes and “NHS Innovator of the Year” for the hip and knee service. The CCG will now go on to represent the region in the national awards competition.

Mental health services

The patient story was a remarkable and courageous account by a lady who had experienced abuse and severe mental health problems. She expressed enormous gratitude for the care she received from her GP but was critical of some aspects of her secondary care. In particular she criticised delays in response even when she was in a crisis situation and also lack of coordination of care. She contrasted this with the rapid responses she has experienced with physical problems where there were clear care pathways.

This was followed by a presentation of the Suffolk Joint Mental Health Commissioning Strategy for Adults 2015 – 2020. The strategy was developed in partnership with Suffolk Constabulary and Suffolk County Council and had considerable user input. Priorities for the service are:

- Prevention and early intervention
- Better integration with other agencies
- Crisis care and suicide prevention



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- Rehabilitation

Integrated Performance Report

Infection control: Cases of C.Difficile remain above target. It is not clear why this is but all cases are subject to a root cause analysis. A C.Difficile reduction plan has been written which covers medicine management, communications, primary, secondary and community care, care homes and mental health. There have been no cases of MRSA septicaemia over the last year.

Finance: The CCG has delivered a year to date surplus of £2.2m. However some services are adverse to plan including acute hospital services, prescribing costs, continuing health care and mental health services. This presents a risk to the end of the year position.

2. Patient Participation Groups (PPGs)

The chair wrote to practice managers to ask whether they would like to know more about the CCG and to make an offer that a member of the CEG would be happy to come to talk to

their PPG to discuss the role of the CEG and how we may work more closely with the PPGs. A Power Point presentation has been developed for practices which would prefer this option. Of 25 practices contacted, 5 replied. 3 have requested the Power Point presentation and 2 would like a member to attend.

3. Clinical Oversight Group (COG)

A discussion took place about public engagement in the consideration of "Threshold" and "Low Priority" procedures. Currently policies are sent to all members of the COG (including the lay members) and to Healthwatch. There is a 3-4 week period for consultation. Some policies will engender considerable public interest and it was suggested that the consultation period for these should be longer. The next set of policies for consideration will include cataracts, tonsillectomy and grommets. The suggestion is that the consultation on cataracts should be 2 months.



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West Suffolk Clinical Commissioning Group

Appendix No: 3
Report No: 3
Purpose: Information

Date of meeting: 25th February 2016
From: Jo Finn, Lay Member for Patient and Public Engagement

Report Title: Community Engagement Group - Lay Member Report

1. Patient Revolution Event

The Patient Revolution event for 2016 has been booked to take place at the **apex in Bury St Edmunds on the afternoon of Wednesday 15 June**. Feedback from Health Forum members in the recent survey will inform the plans for the event. See the attached paper from Hayley Charman.

2. Services for Marginalised and Vulnerable Adults (MVLA)

A stakeholder's workshop on 19 January discussed MVA services for both CCGs in Suffolk and considered the specification for the contract which is due for renewal for the next 5 years.

MVA patients often present with chaotic health problems and the service provides them with a route into primary care and coordinates their access to services to meet their needs. Currently there is insufficient activity data available to quantify the needs of such groups in West Suffolk and to establish the volume and main needs of patients from each CCG. Martin Jarrett from WSCCG is working closely with the service to ensure that we are getting the WSCCG activity data and also looking at the future outcomes for the service that might be specific to our CCG.

The current contract completes in 2017. The contracting team are drafting a new specification for the MVA service which will be subject to the agreement of both CCGs. The new specification will ensure the inclusion of performance management information to identify the different needs of patients from each CCG and to facilitate monitoring of the contract.

3. Personal Health Budgets (on the agenda)

A personal health budget is an amount of money to support patients identified health and wellbeing needs, planned and agreed between them and the local NHS team. The aim is to give people with long-term conditions and disabilities great choice and control over the healthcare and support they receive.

An Integrated Personal Budget is an amount of money made up from both health and social care to achieve the same as a Personal Health Budget.



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Jacqui Henratty, Programme Lead - Personal health budgets, is joining our meeting to brief CEG members about the work to be undertaken, progress with the development of a local offer and plans for development.

4. Sudbury Connect

Work on the Sudbury Connect project continues and will help inform the development of the model for an Integrated Care Organisation.

5. Invitations for representatives to participate in consultation activities outside the West Suffolk area

Occasionally we receive invitations to nominate people locally to participate in external engagement events, for example, NHS England were recently asking for reps for two focus groups to participate in the procurement for PET – CT services in England.

There is no established protocol for dealing with these requests, so we propose that where a member of the Health Forum or some other local group has an expressed interest in the area, we will pass the request to them to decide if they wish to participate. Other requests may not have a known link or service in west Suffolk in which case we propose that we do not send on the request.

6. Ipswich and East Suffolk CCG Staff Development

Pauline Quinn, the Lay Member for Patient and Public Engagement for IESCCG, has undertaken a survey of the **IESCCG staff** to determine whether there are development needs for staff across the Ipswich and East Suffolk CCG to develop knowledge and understanding of patient and public involvement.

The survey has identified development needs for the east and the team which supports both CCGs (eg nursing, contracts, finances, communications, IT and HR). These are to be addressed by a series of workshops:

- **Workshop One:** Communication, Engagement and Involvement: an overview of principles processes and approaches.
- **Workshop Two:** Communicating with Confidence: a focus on presenting papers, public speaking, and running meeting as a chair person. Dealing with Challenge.
- **Workshop Four:** Facilitation and Co-production

West Suffolk CCG has been committed to engagement integrated into all activity since the first shadow year; as a result the west model differs from the east for the patients, staff and CEG members. It is proposed that we ask to send a representative to each of the IESCCG workshops and review whether similar or other development opportunities would add value to the engagement programme in west Suffolk. Isabel Cockayne will be attending these as well.



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Jo Finn
Lay Member Patient and Public Engagement
25 February 2016



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Community Engagement Group

Agenda Item No: 5
Report No: 3a
Purpose: Information

Date of Meeting: 25 February 2016

From: Hayley Charman, Communication and Engagement Officer

Report title: Health Forum Survey

1. Purpose

To update members on a survey of our members, held between 5 January to 15 January 2016. The information will help us better target our programme of engagement and communication, in line with the recently approved Communications and Engagement Strategy.

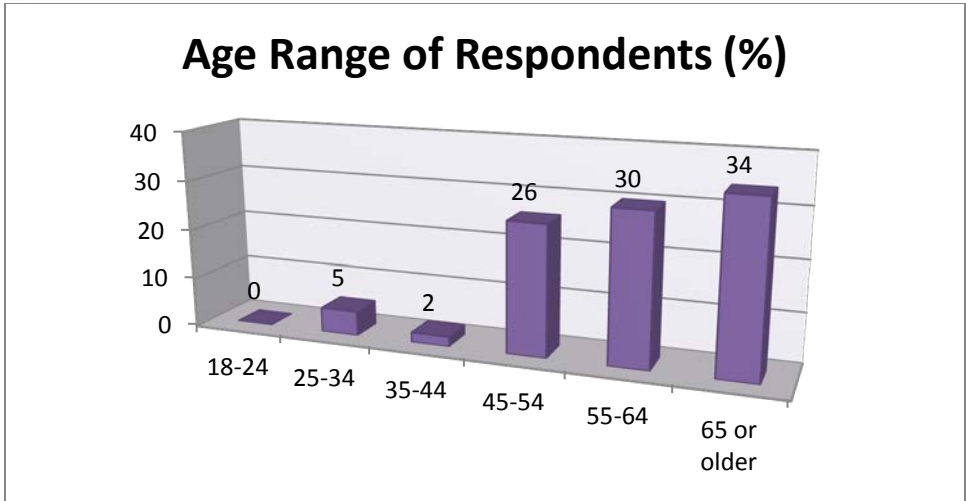
2. Background

Members will be aware that the Health Forum is a public membership group made up of 714 members. Those who have signed up to the forum are partners, patients and communities. It allows us to inform and ask for opinions about local health and healthcare issues.

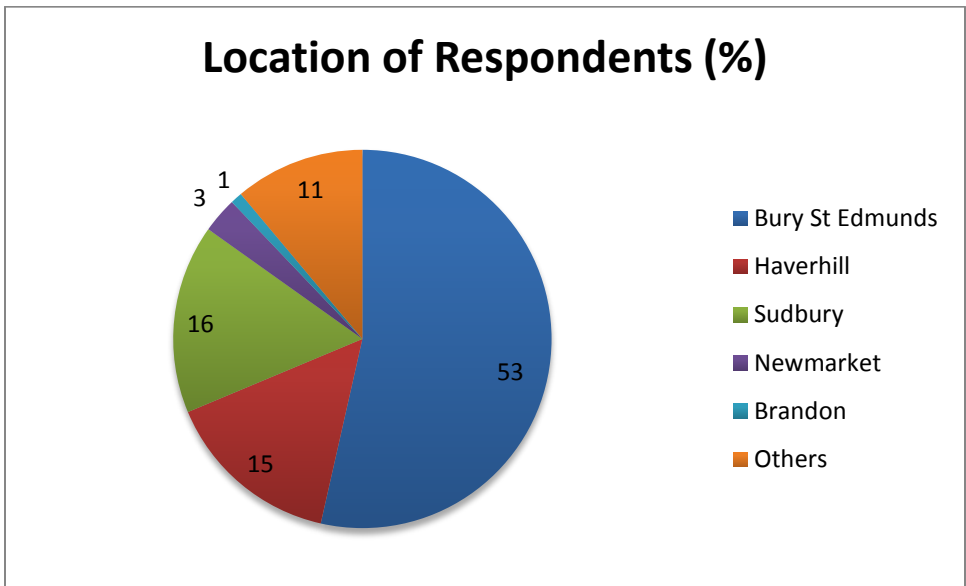
A survey of the Health Forum members was carried out to review membership and enable the team to gain even more variety of opinion on matters that Health Forum members have the greatest interest in.

3. Key Points

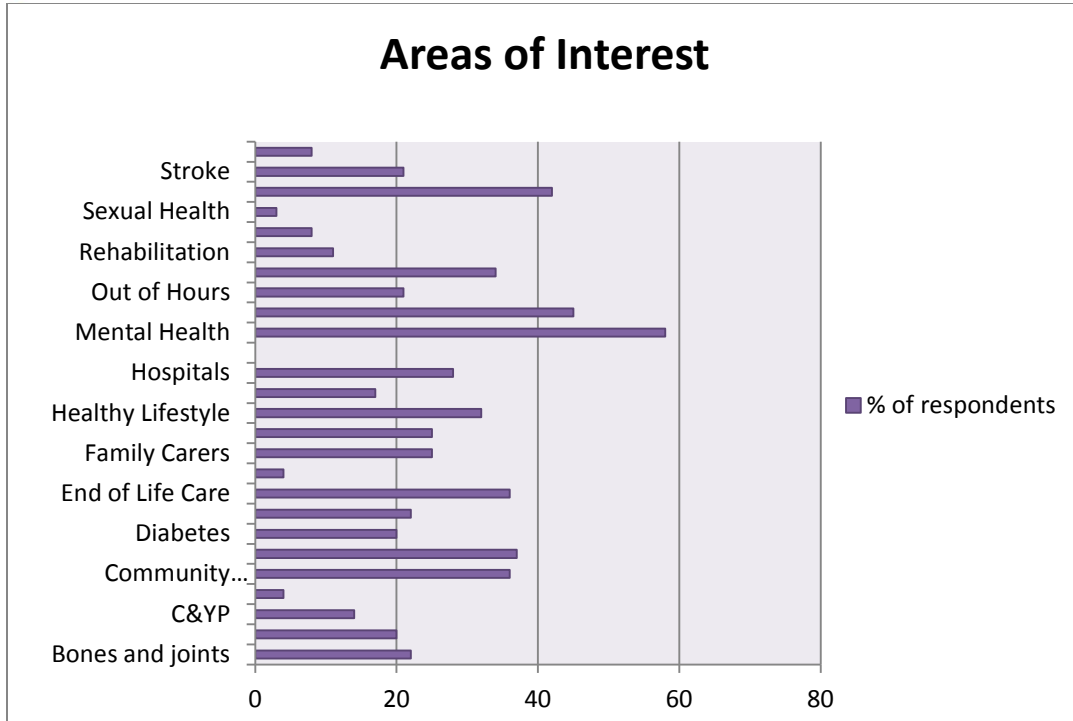
3.1. A total of 85 responses were received. Most respondents were aged 65 years and over (34% of the responses), followed by 55-64yrs (30%) and 45-54yrs (26%). Only 5% of responses were ages between 25-35yrs and there was no response from anyone under 25yrs.



3.2 The majority of respondents were female (68%) and the most popular location was Bury St Edmunds (53%), followed by Sudbury (16%), Haverhill (15%) and other surrounding towns such as Mildenhall and Stowmarket.



3.3. Respondents were asked to select their particular areas of interest, the most popular were: Mental Health (58%), Older People (45%), Social Care (42%) and Dementia (37%). Other areas included Children and Young People (14%), Diabetes (20%), Emergency Care (22%) and Patient Experience (34%).



3.4. The WSCCG newsletter received positive feedback from those who had seen it.

3.5. Just over half of respondents had attended the Patient Revolution event and were intending to attend again.

3.6. When asked if there were any other ways that we can hear the views of local people in our work, there was strong feedback to use social media more to collate views of the public. Other suggestions included setting up an online forum, particularly for those who cannot attend public events, to share ideas, holding health forums with public speakers, engaging with voluntary and community organisations and asking them to assist with gathering views of their service users and visiting service users directly, whose views may otherwise be missed.

3.7. As a result of the survey, four respondents have come forward and are interested in becoming a member of the CEG group.

4. Recommendations

To act upon the feedback received, continue growing membership and to conduct annual surveys of the Health Forum members.

Author: Hayley Charman, Communication and Engagement Officer



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West Suffolk Clinical Commissioning Group

Appendix No: 4
Report No: 4
Purpose: Discussion

Date of Meeting: 25th February 2016
From: Andrew Eley, Deputy Chief Operating Officer

Report Title: Draft Operational Plan 2016/17

1. Purpose

- 1.1 This paper provides members the opportunity to note, comment and propose amendment to the first draft of the CCG's Operational Plan 2016/17 (Appendix 'A'). The plan had to be submitted to NHS England on 8th February 2016 as part of the annual planning process, however final sign off will take place by the Governing Body in March 2016 and submission to NHS England in April 2016.

2. Background

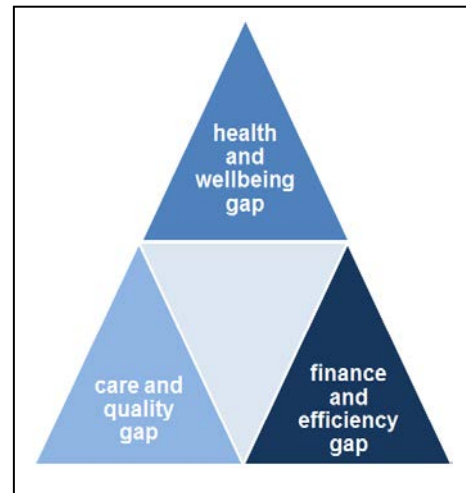
- 2.1 The NHS England publication NHS Five Year Forward View (<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) sets out the vision for the NHS of the future and the steps that need to be taken to ensure a sustainable health service which continues to provide comprehensive and high quality care for all. This includes the better prevention of ill-health, empowering patients, engaging diverse communities, and stimulating the development of better models of care, supported by innovative use of technology and workforce.
- 2.2 In addition to developing long-term plans through to 2020/21, the NHS has also set a clear set of priorities for 2016/17 that reflect the Government's plans for the NHS, together with some immediate requirements for implementation of the Forward View. This means the CCG is required to produce this one-year Operational Plan that sets out how it will accelerate delivery of these priorities and requirements in 2016/17.

3. Key Points



3.1 The draft Operational Plan is structured so as to reflect the direction of the Forward View and its local implementation, including the progress and plans for system-wide transformation and an emerging Integrated Care Organisation (ICO), which builds on work of Connect Sudbury. In doing so, the plan looks to address the three core priorities for the NHS:

- **Closing the health and wellbeing gap** – tackling health inequalities, implementing the national Diabetes Prevention Programme, addressing obesity, and promoting self-care;
- **Driving transformation to close the care and quality gap** – developing new models of care, sustaining and enhancing access to primary care, transforming urgent and emergency care, transforming cancer prevention, diagnosis and treatment, improving mental health services (including dementia), improving the quality of care and safety, ensuring responsible prescribing of antibiotics, rolling out seven-day services, delivering a fully interoperable health and care system, developing and retaining a skilled workforce, and implementing innovation and learning;
- **Closing the finance and efficiency gap** – delivering the required annual efficiencies, tackling variation in demand, moderating demand growth, and improving workforce productivity.



3.2 In addition, the plan addresses a number of priorities (must dos) that NHS England has mandated for 2016/17:

1. Develop a high quality and agreed STP for each locality;
2. Return the system to aggregate financial balance - addressing demand variation through the implementation of the Rightcare programme;
3. Develop and implement a local plan to address workforce and workload in general practice;
4. Improve the access standards for A&E and ambulance waits implementing the findings of the Urgent & Emergency Care review;
5. Maintain the 92% 18 week referral to treatment target;
6. Deliver the 62 day cancer waiting standard alongside improvements in one-year survival rates;



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7. Achieve and maintain the two new mental health standards (treatment and Improving Access to Psychological Therapies) and dementia diagnosis rate of 67%;
8. Deliver actions to set out local plans to transform care for people with learning disabilities;
9. Continue to improve quality as particularly for organisations in special measures.

3.3 There will be a number of iterations of the Plan during February and March to reflect feedback from NHS England and local stakeholders, emerging guidance and revisions to the activity and financial plans following continued contract negotiation meetings with providers.

4. Public Engagement

4.1 The annual programme of patient and public engagement is built into the commissioning and planning cycle (e.g. 'Patient Revolution') which underpins the plan's development. This gives all of our networks the opportunity to understand and contribute to planning decisions and ensures stakeholder input into our commissioning cycle.

4.2 The CCG will continue to offer opportunities for patients and the public to have their say in how the CCG plans and prioritises its work as the more detailed action plans underpinning this plan are carried through.

4.3 The CCG will also be further developing its website (on which the Operational Plan will be published) to make sure those who visit it get the best possible experience and can feedback to the organisation.

4.4 The draft Plan is presented to the Community Engagement Group for consideration of additions or modifications.

5. Recommendations

5.1 The Community Engagement Group is invited to note the first draft of the CCG's Operational Plan 2016/17, invited to comment and to propose amendment prior to its final sign off by the Governing Body on 23rd March 2016 and submission to NHS England on 11th April 2016

Author: Andrew Eley, Deputy Chief Operating Officer



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Agenda Item No: 8

Purpose: Background Information

Date of meeting: 25th February 2016

From: Dr Andrew Yager – Clinical Lead for Cancer

Report title: GOVERNING BODY REPORT: Cancer Commissioning Toolkit Update

Part 1

Part 2

GOVERNING BODY REPORT: Cancer Commissioning Toolkit Update

1. Purpose

- 1.1 The purpose of this paper is to update the Governing Body on the outcomes of the recently released Cancer Intelligence Report.

2. Background

- 2.1 The purpose of the Cancer Intelligence Report is to pull together information relevant to cancer commissioning and monitoring of cancer services across the East of England. The report is updated quarterly and reported to the Local Cancer Forums and other relevant commissioning and provider meetings. Where appropriate, local cancer information is compared to the East of England Area Team and England average to highlight variation. The report presents and links to data under each of the NHS outcome domains.

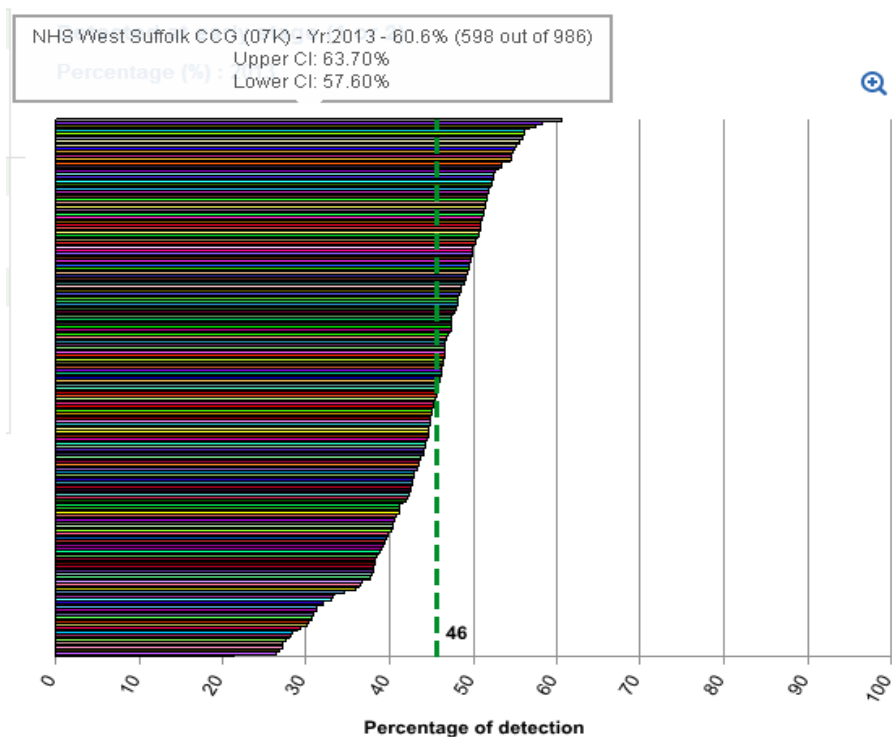
3. Key Issues

Cancer Commissioning Toolkit

- 3.1 It is pleasing to report that West Suffolk has again been recognised as being the highest performing CCG in England for early diagnosis of cancer and having the best one-year cancer survival rates in the East of England.
- 3.2 The Cancer Commissioning Toolkit has published figures covering early detection, measuring what percentage of cancers are stage 1 and 2. Once again the CCG has been identified as the highest performing Commissioning Group in England for this metric, moving from 59.6% to 60.6% which lies above the 60.5% target set by Cancer Lead, Sean Duffy and well above the national average of 45.6%.

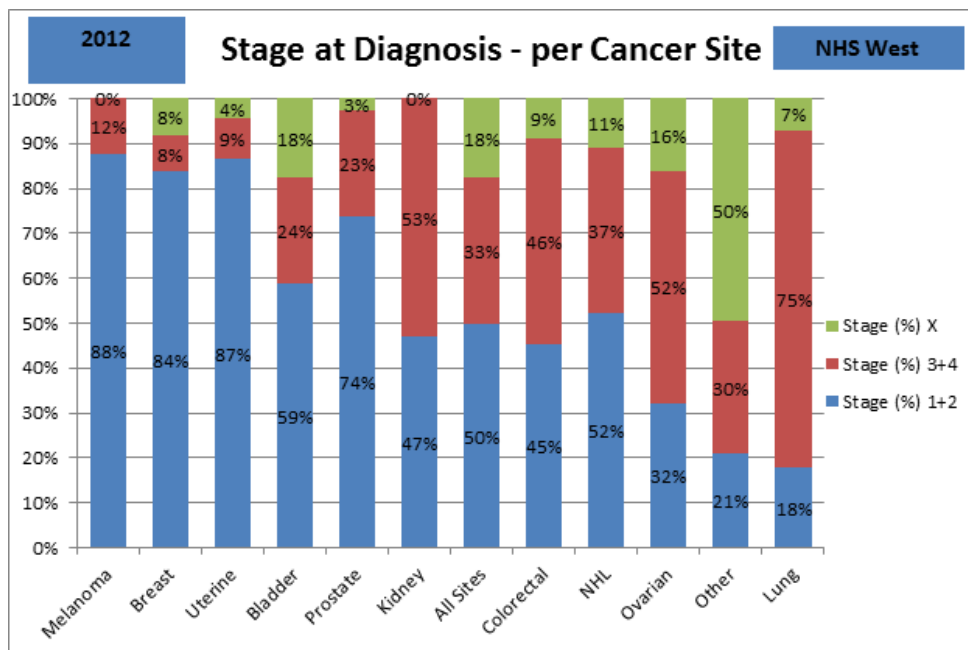


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Cancer Intelligence Report headlines

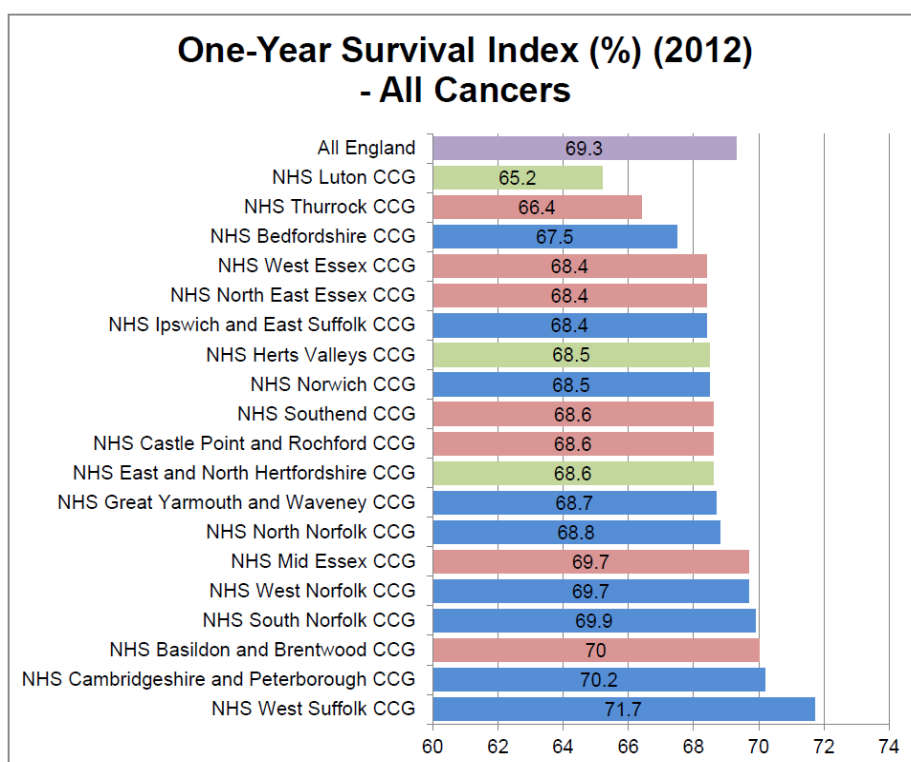
3.3 The graph below includes the 2012 Stage of Diagnosis Table for West Suffolk which indicates the tumour sites with the highest and lowest Stage 1 and 2 rates at diagnosis - melanoma through to lung.





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- 3.4 This very positive news follows figures released by the Office of National Statistics which show that the one-year survival rate for patients in the CCG area diagnosed with cancer is 71.7% - a slight drop from last year at 72% but this figure still remains higher than any of the other seven CCGs in the East of England and higher than the national average of 69.3%.



4. **Conclusion**

- 4.1 From April 2015, all CCGs are held to account through the CCG Assurance Framework for improving their one year cancer survival rates. There is a strong commitment within the UK to improve our cancer survival rates to those of our European counterparts, and with this in mind the CCG will continue to work closely with primary and secondary care colleagues in order to improve cancer survival rates further. It is the close working relationships and integrated working approach between primary and secondary care colleagues that has supported this fantastic outcome, and we look forward to continuing this close relationship in order to maintain these standards.
- 4.2 Early diagnosis in primary care has a massive input into these good figures and I would like to thank everyone for their diligence and industry, and encourage this continued excellent work going forwards so that these high standards can be maintained during these pressured times.

5. **Recommendation**

- 5.1 The Governing Body is recommended to note the outcomes of the recent Cancer Intelligence Report



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Author: Dawn Barrick-Cook – Transformation Lead