

North Durham CCG assurance report – Quarter 4/Annual Review 2013/14

Headline assessment – Assured

Domain	Assurance level	Particular achievements noted / examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Are patients receiving clinically commissioned, high quality service?	Assured	<p>All member practices had the opportunity to put ideas forward for provider CQUIN schemes, increased participation compared to previous years</p> <p>All member practices had the opportunity to input to quality improvement scheme 14/15</p> <p>Clinical quality review meetings are now held quarterly with St Cuthbert's and Willow Burn Hospices as well as main providers</p> <p>Increasing the frequency of CDDFT CQRG meetings from bimonthly to 6 weekly CCG Director of Nursing, Quality and Development</p>	<p>Increase in clinical quality input into contracts with some providers required</p> <p>Increase CQRGs to monthly with main providers</p>	

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		<p>visiting all GP practices to observe relevant meetings</p> <p>CCG Director of Nursing, Quality & Development member of CDDFT end of life care groups, supporting improvements in other providers as well</p> <p>Patients First and Foremost in quality improvement scheme acknowledged and shared as best practice.</p>		
Are patients and the public actively engaged and involved?	Assured	<p>Commissioned development of CCG membership model following research by Bob Hudson (Durham Uni)</p> <p>CCG work with Durham County Council through JSNA/HWBS board and working groups. Continue with personalised health budgets, further</p>	Development of Healthwatch has taken time	

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		<p>development regarding special education needs jointly with Durham County Council</p> <p>Engagement events for 'a call to action' and further work to engage hard to reach groups, e.g. childrens' board.</p>		
Are CCG plans delivering better outcomes for patients?	Assured.	Recognised a number of successes during the winter period to help contribute towards reduced A and E attendances. Examples included the Paramedic ring back scheme, the successful Integrated short term intervention Scheme, as well as the GP weekend opening initiative	<p>A number of issues and challenges associated with urgent/unscheduled care were identified given the performance levels of County Durham and Darlington NHS Foundation Trust (CDDFT).</p> <p>Recognition of the ongoing concerns, amidst an increasing national focus, of the Referral to Treatment (RTT) performance area with the</p>	<p>Continue to take a rigorous approach towards securing improvements in the performance for urgent care and surge management CDDFT.</p> <p>The need to keep a close eye on the RTT performance levels and ensure treatment in turn is taking place.</p> <p>Ensure a continued focus on the</p>

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			recent notification from the Acute Trust that RTT performance is expected to dip below the standard for May and June to clear the backlog.	important area of Cancer 62 day waits to consistently achieve the performance standards required in this area.
Does the CCG have robust governance arrangements?	Assured	<p>Processes in place for early warnings – listening to patients, whistleblowing, soft intelligence, CCG website, complaints, provider PALS, incident reporting, quality reports, SIs, assurance visits, CQRGs, ME, QRI, Exec to Exec, CQC meetings</p> <p>Bi-monthly safeguarding deep dive (alternate between children and vulnerable adults)</p> <p>Recent presentation and discussion at governing body on ‘Responding to Mid</p>		

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		Staffordshire: Commissioning responsibilities'		
Are CCGs working in partnership with other?	Assured	<p>Continue Joint working and integrated arrangements with DDES CCG</p> <p>Constitution updated and agreed by Council of Members in 2013/14.</p> <p>Strong arrangements for safeguarding adults and children which North Durham CCG continue to host.</p>	Maintaining relationships with providers in challenging times	Continued development of working with DDES CCG.
Does the CCG have strong and robust leadership?	Assured	<p>Organisational Development plan refreshed</p> <p>Designated clinical leads and focus on main areas, urgent care, planned care, primary care, LTC, frail elderly</p>	Succession planning and arrangements to appoint to Clinical Chair post. Dr Kate Bidwell CCG Clinical Chair retiring September 2014	Ensure speedy and effective recruitment process for the new Clinical Chair and a smooth transition.

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		Use of North East Leadership Academy clinical fellows		

Cross-cutting themes	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Parity of Esteem	<p>The projected five year financial plans show an increase in investment in mental health services over the next five years.</p> <p>Inclusion and focus of mental health patients within the wrap around services to support high risk patients with multiple comorbidities and long term conditions</p>	Innovation and service transformation within mental health services	Exploring the establishment of a ring fenced budget for mental health spend to enable innovation and service development.
Focus on equality, reducing inequality	Health equity audit for cancer	The audit has assisted in identifying priorities for the targeted work related to the under 75 mortality.	Address the emerging priorities identified from the audit, principally bowel cancer for men and lung cancer for women.
<p>Better care</p> <p>Better Care Fund and Transforming Primary Care</p>	<p>Better Care Fund identifies 7 programmes of work. The key area within the plan is the Integrated Short Term Intervention Service. This is a co-development with health and social care partners across the Unit of Planning area in County Durham.</p> <p>Primary care outcomes scheme. This investment is aimed at increasing capacity to support improved outcomes for patients.</p>	<p>Each practice has been provided with comprehensive data pack that identifies areas of priority for improvement. A number of practices are working together at scale in federations to deliver their plans. Example areas of improvement are long term condition management, access to primary care, emergency admissions, A& E attendances, mental health.</p>	<p>A workshop is planned with practices to identify the next steps in federated working and key actions going forward.</p> <p>CCG is currently exploring a federated approach to weekend opening of GP practices and will be finalising proposals for the winter period.</p>

	<p>Federated working – A practice federation has been developed across North Durham.</p> <p>Extended weekend opening of GP practice over weekends.</p>	<p>Further development work in regard to federated working is needed to respond to policy changes since arrangements were put in place over a year ago.</p> <p>Sustainability and scope of the service in the future and link with 7 day working.</p>	
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