

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**13 June 2017**

<b>Title of the report:</b>	Quality Report
<b>Section:</b>	Quality, Maintaining and Improving High Quality Care
<b>Report by:</b>	Amy Linnett, Quality Lead
<b>Presented by:</b>	Caroline Trevithick, Chief Nurse & Quality Lead Gillian Adams, Lay Member

<b>Report supports the following West Leicestershire CCG's goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

<b>Equality Act 2010 – positive general duties:</b>
<ol style="list-style-type: none"> <li>1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.</li> <li>2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.</li> </ol>

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on the latest quality issues and developments
Discussed by	Quality and Performance Sub-Committee on 16 <sup>th</sup> May 2017
Environmental Implications	Not Applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

## **EXECUTIVE SUMMARY:**

1. This paper identifies the key quality and patient safety concerns from the May 2017 WLCCG Quality and Performance Committee and informs the Board of quality developments, including the following:
  - Future in Mind (FiM)
  - Safeguarding Training Strategy
  - Safeguarding Tool for GP's
  - Equality and Diversity Annual Report

## **Future in Mind (FiM)**

2. The FiM Children and Young People's Mental Health Transformation Programme is in year three of a five year plan (2014-2019); it aims to transform the current service offer and to work towards the delivery of a high quality efficient and effective service. That includes working in partnership across health, local authority and the voluntary sector to improve the capacity, range and timely access to services, which include Resilience, Early Help and Specialist CAMHS.
  - **Eating Disorder**
    - **Failing** Local targets (6 weeks routine, 4 weeks urgent).
    - **Failing** National targets (4 week routine, 1 week urgent).
    - CCGs are now being monitored for national targets but only funded for local targets.
    - Achieved 74,000 funding - A business case is being developed to identify a costed plan to improve waiting times.
  - **Improving CAMHS Access Rates** – Access to assessment (triaged or assessed) and access to treatment, are national initiatives to be delivered through FiM over a 5 year period. The target was to increase access rates to 30% in 2017 and referrals had already increased into CAMHS by 20%. This has been achieved through implementing FiM projects, for example, development of an enhanced access model around mental health and wellbeing. However, challenges existed on the current budget allocation and the difficulty in the recruitment of staff.

A CAMHS team has been established to take the labour away from GPs. This team will triangulate information, access records and look at the patient involvement of other services

- **Actions following CQC Report** – LPT internal waiting times for Specialised CAMHS were rated as inadequate. Commissioners attended a CAMHS recovery summit at LPT in March 2017, at which a remedial action plan was identified. Actions included:
  - Addressing sickness levels to support staff to return to work.
  - Amending the current service model alongside wider improvement work staff rota.
  - Reviewing specialist CAMHS therapeutic group work.
  - Holding regular meetings between the CAMHS commissioners.
  - Evaluating progress in wider FiM activities.

### **Safeguarding Children Training Strategy**

3. The strategy has recently been updated; focused training is planned for a June TSF session. A new online training package is also available for CCG staff.

### **Safeguarding Tool for GP's**

4. Progression of the refreshed GP Self-Assessment tool into the GP Safeguarding Quality Markers Tool is underway and each CCG Quality group and the LMC has seen the documents to be rolled out in early 2017; this aims to improve quality of safeguarding in primary care and GP compliance with recommendations from Child Serious Case Reviews and Domestic Homicide Reviews.

### **RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group is requested to:

**RECEIVE** the contents of the report.

**AGREE** to a future Board Development Session on FiM.

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**

**BOARD MEETING**

**Quality and Performance Committee  
May 2017**

**INTRODUCTION**

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last meeting in March 2017 and that includes:
  - Future in Mind (FiM)
  - Safeguarding Children Training Strategy
  - Safeguarding Tool for GP's
  - Equality and Diversity Annual Report

**Future in Mind (FiM)**

2. The FiM Children and Young Peoples Mental Health Transformation Programme is in year three of a five year plan (2014-2019). The programme aims to transform the current service offer and to work towards the delivery of a high quality efficient and effective service. That includes working in partnership across health, local authority and the voluntary sector to improve the capacity, range and timely access to services. Services include Resilience, Early Help and Specialist CAMHS.
3. **Eating Disorder –**
  - Local targets are currently failing (6 weeks routine, 4 weeks urgent)
  - National targets are also failing (4 week routine, 1 week urgent)
  - £60,000 (recently revised to £74,000) was available in the budget allocated to CCGs. An added complication is that CCGs are now being monitored for national targets but only funded for local targets. A business case is in the process of being submitted for the revised £74,000 funding, which will identify a costed plan to improve waiting times.
4. **Improve CAMHS Access Rates –** Access to assessment (triaged or assessed) and access to treatment, are national initiatives to be delivered through FiM over a 5 year period. The target was to increase access rates for 30% in 2017 and referrals had already increased into CAMHS by 20%. This has been achieved through the implementation of FiM projects, for example, development of an enhanced access model, around mental health and wellbeing. However, challenges existed on the current budget allocation and the difficulty in the recruitment of staff
5. **Actions following CQC Report –** LPT internal waiting times for Specialised CAMHS were rated as inadequate. As a result a CAMHS recovery summit was

held by LPT in March 2017, attended by commissioners at which a remedial action plan was identified. Actions included:

- Addressing the sickness levels to support staff to return to work.
  - Amending the current service model alongside wider improvement work staff rota.
  - A review of specialist CAMHS therapeutic group work.
  - Hold regular meetings between the CAMHS commissioners.
  - An evaluation of progress in wider FiM activities.
  - Monitoring of the impact of the new crisis team on access.
6. Quality and Performance Committee members sought clarification around referrals into CAMHS; and the key performance indicators (KPI's) and target which depicted how quickly the service was required to respond to referrals. The committee heard how Patients can wait for an inordinately long time for a response, only to be told they are not suitable for the service which was a waste of time for them and the referring GP's.
  7. A CAMHS team has been established to take the labour away from GPs. This team would triangulate information, access records and look at the patient involvement of other services. They would also exercise triage for patients and carry out a MDT assessment ensuring patients were reviewed within 24 hours. If then deemed unsuitable for the CAMHS service, patients would be assessed by the core navigation team for alternation options. The GP should then receive a letter with an explanation on the decision.
  8. Quality and Performance Committee members noted this process was not happening which often leaved families feeling stressed and unheard. FiM Transformation Lead, Mrs Egan-Morris agreed to investigate why this arrangement was not working as commissioned and report back to WLCCG Chief Nurse, Mrs Caroline Trevithick.
  9. Children's mental health services historically are under-resourced and the FiM programme is recognition of that, however a further £2 million has been allocated into the local economy to try to improve the situation. The addition of increasing staffing problems makes it difficult to operate on a system wide basis, even though funding is provided to LPT, it is very difficult to identify extra capacity within the system. £1 million has been invested into the crisis service and once triaged, patients still needed treatment.
  10. Quality and Performance Committee members noted the key issue is that GPs need to know quickly at primary care level if their patients are not suitable for treatment so alternatives can be sourced. The large variation in referral patterns within primary care requires greater understanding.
  11. Chief Nurse, Mrs Caroline Trevithick requested an update on the lack of responses to GPs following 24 hour assessments and how concerns were being voiced within primary care and captured for feedback and expressed concern that little was known by the CCG about the FiM programme. It is difficult to communicate effectively with primary care when the CCG are unaware of the bigger picture. Mrs Trevithick suggested the FiM presentation to be given at a future Board Development Session by relevant senior officers at LCCCG.

## **Safeguarding Children Training Strategy**

12. The LLR Safeguarding Children Training Strategy informs CCG staff and GPs of their requirements to ensure that staff are appropriately trained, skilled and competent to enable them to carry out their responsibility to safeguard children.
13. The strategy has recently been updated, it is a refresh of the previous version and focused training is planned for a June TSF session. A new online training package is also available for CCG staff.

## **Safeguarding Tool for GP's**

14. Progression of the refreshed GP Self-Assessment tool into the GP Safeguarding Quality Markers Tool is underway and each CCG Quality group and the LMC has seen the documents that will be rolled out in early 2017 with the aim to improve quality of safeguarding in primary care and GP compliance with recommendations from Child Serious Case Reviews and Domestic Homicide Reviews.
15. It is anticipated that the GP Practice Safeguarding Lead and Practice Manager will engage in the completion of a revised GP Safeguarding Quality Markers Tool and send the returns to the CCG Hosted Safeguarding Team.
16. Once the baseline of the GP Practice compliance is understood, the tool will be completed every 6 months. The process will enable the CCG Hosted Safeguarding Team to offer support or intervention, as required, to GP Practices.
17. Quality and Performance Committee members noted that it is currently not mandatory for GPs to complete the safeguarding tool, but it is considered good practice.
18. Additionally the LMC have expressed some concerns over the increase in workload for GPs. The LMC have been sighted on the tool from the outset with the offer of directed queries to the safeguarding team. Safeguarding Lead, Jan Harrison agreed to reconnect back to named doctors and liaise with the Service Delivery and Integration team who would take this forward with general practice.
19. Deputy Chief Operating Officer, Ian Potter will reiterate the message of extra support from the safeguarding team to general practice.

## **Equality and Diversity Annual Report**

20. WLCCG Equality and Diversity report provides information to show how the CCG is meeting the Public Sector Equality Duties. Publishing this information is a requirement specified in the Equality Act (2010). The 2017 Annual Report contains:
  - Proposed EDS2 Grades for 2016/17
  - Workforce Equality and Diversity Monitoring information
  - Annual Equality and Diversity Engagement update for 2016/17

21. The report specifically provides an update on the following key areas:
- What specific projects the CCG had undertaken to address health inequalities across the 9 protected characteristics.
  - What evidence the CCG main providers has shared with the contract teams to demonstrate compliance and progress with the E&D agenda.
  - The key workforce and recruitment headlines for the CCGs workforce.
  - Whether the CCG had seen an improvement or deterioration in its EDS2 Grades.
  - The key areas of focus to inform the 2017/18 Delivery Plan.
22. The report summarised that during 2016/17:
- The CCG has implemented a range of projects aimed at the most vulnerable in society and across the protected characteristics. Several case studies have been provided to evidence this.
  - There needs to be increased visibility within the CCG of provider progress against E&D action plans where these were managed collaboratively, particularly as there was a lack of information from providers where service access and delivery was adversely affected for protected characteristics groups.
  - The WLCCG workforce is broadly representative of the community it serves considering its relatively small size and that as an employer the CCG compared favourably when considering gender pay differentials and the proportion of BME staff in senior roles.
  - WLCCG engagement activities has adhered to statutory requirements and promoted involvement from all protected characteristics groups and this has been further developed through the use of Experience Led Commissioning (ELC).
23. A review of evidence and discussion with stakeholders and an internal panel drawn from different directorates would make an assessment of grading's against the EDS2 outcomes by the end of May 2017 and this will be included in the E&D Annual Report for approval by the CCG Board.
24. The 2017/18 E&D Delivery Plan is being developed and will be informed by areas of focus and be subject to discussion at future Quality and Performance Sub-Committee.
25. Increased information has been received from providers than previous years and close work continues with the contract teams on the gathering of data.
26. An issue that arose from the report for WLCCG is the lack of gender equality amongst Board members and actions are needed to be put in place to ensure there is a more balanced senior team. It was noted, that traditionally, female GPs are much younger and therefore less inclined towards Board roles. However it was acknowledged that the self nomination process followed-up by an election is more difficult to manage than conventional recruitment.
27. Ms Adams has had a conversation with Mr Sanders about appropriate gender representation on recruitment panels for potential forthcoming senior roles within the CCG.

28. Evidence shows that more diversely represented groups made better decisions. Quality and Performance Committee members noted the advantages of having a practice nurse representation on the Committee, however there is no funding available for that resource.

**RECOMMENDATIONS:**

The West Leicestershire Clinical Commissioning Group Board is requested to:

**RECEIVE** the contents of the report.

**AGREE** to a future Board Development Session on FiM.