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For the annual accounts, remuneration report, annual governance statement and other appendix items, please see the full Annual Report and Accounts 2015/16, under the ‘about us’ section of our public website: [www.southdevonandtorbayccg.nhs.uk](http://www.southdevonandtorbayccg.nhs.uk).
Welcome from our chair and chief clinical officer

Welcome to South Devon and Torbay Clinical Commissioning Group’s annual report for the financial year 1 April 2015 to 31 March 2016.

Throughout this period, we have focused on developing quality, safe services which respond to what people tell us they want, which improve outcomes and which are affordable. We have worked with health and social care colleagues, as well as voluntary groups, to identify new ways of working which meet the challenges of increasing service demand, improving quality and safety and at best, flat finances.

Wherever possible we have seized opportunities to be part of national initiatives such as Pioneer and Vanguard and we have engaged with our communities to ensure our approaches were informed by the people we serve.

The year saw agreement to restructure services in our coastal locality and a major engagement programme to help shape a new model of care for community services across the CCG area and which will be the basis of consultation in 2016/17. Some difficult decisions were also made as the health community strived to make multi-million pound cost savings.

Change is never easy but the challenges of the past year have reinforced the conclusion that if we are to meet future demand and provide high-quality services, carrying on as we are is not an option.

Although 2015/16 was a challenging time for the local health and social care community it also saw the achievement of a major landmark – the bringing together of acute and community health services in an integrated care organisation – Torbay and South Devon NHS Foundation Trust.

Its creation represented a major step towards being able to develop new ways of working to deliver what people told us they wanted in 2013. It reflected the long-held ambition of the Torbay and South Devon health and social care community for more joined-up services, where people only have to tell their story once to get the care they need.

It also reflected the CCG-led work undertaken locally as part of the national Pioneer programme which brought health, social care and voluntary sector organisations together to prioritise activity to improve the quality of life for local people. Pioneer aimed to join up services around patients and people to make sure they got the coordinated care and support they needed.

The creation of the integrated care organisation was the embodiment of this goal. By working closely with the Trust and both Torbay and Devon councils, the CCG aimed to commission services which support people to live well at home and in their local communities, with a hospital bed available only where quality care cannot be provided in the community.

Building on the Pioneer experience of working together, the CCG led the local health and social care community in bidding successfully to be part of the national urgent and emergency care Vanguard programme. As a result, local NHS health and social care organisations are working together to ensure that those with urgent but non-life-threatening needs will be treated as close to home as possible, allowing emergency departments to concentrate on serious and life-threatening conditions to maximise patient survival and recovery.
Our Vanguard programme attracted an additional £1 million funding to help accelerate implementation of our urgent care strategy which embraces stronger support for self-care; provides a single point of contact; delivers responsive out of hospital urgent care services; and ensures that those with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise. Our Vanguard programme also includes all age mental health support and plans to connect all urgent and emergency care services, including patient clinical records.

In looking at how to balance the books, we have embraced national initiatives such as right care, focusing on areas which appear to have the most potential for learning from other health communities on how to improve service delivery while reducing cost. We have also concentrated on reconfiguring services in ways which bring different organisations together to work in partnership to deliver safe, high-quality services. We have developed new health strategies and care pathways in key health areas, we have piloted new approaches, we have embraced a preventative agenda, we have promoted better medicine management, and we have sought to reduce health inequalities in our communities.

Where practical, we work with our NEW Devon CCG colleagues to commission services across the wider county footprint, and this approach will continue in 2016/17 with the joint development of a ‘sustainability and transformation plan’.

We would like to take this opportunity to thank our staff at the CCG who work tirelessly with our health and social care partners to develop the services needed to support our communities.

We would also like to thank statutory and voluntary organisations across the South Devon and Torbay health and social care community for their efforts in meeting the needs of our people, for embracing the challenges we face and for working collectively to build a sustainable system which meets the rising demand for safe, quality services.

We are especially grateful to patients, carers and members of the public who have engaged with us on service redesign and strategy development, provided feedback on services, and represented their communities in groups feeding into service development. Without your feedback we would not have made the progress we have.

While 2016/17 will be a challenging year, our partnership approach will help us to rise to these challenges and to deliver the person-focused care essential to the future wellbeing of our communities.

Dr Derek Greatorex
Clinical chair

Dr Nick Roberts
Chief clinical officer

South Devon and Torbay Clinical Commissioning Group
26 May 2016
About us

The CCG is responsible for buying and developing health services for the people of South Devon and Torbay. We oversee and commission a broad range of services, including planned, acute and urgent hospital care and most community health services, such as children’s health and mental health.

We focus on commissioning quality and affordable services that support people to take control of their lives and receive care and treatment in their home and local community. We work closely with local organisations to encourage greater integration of care.

We are a clinically-led membership organisation, made up of local GPs from the 34 practices within our boundary area. This area is divided into five localities – Coastal, Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay.

The locality boundaries of Moor to Sea and Newton Abbot were recently redrawn, so the Bovey Tracey and Chudleigh areas are now covered by Newton Abbot instead of Moor to Sea.

The CCG’s boundaries within the Devon area

In November 2015, the CCG redefined its priorities as delivering quality care, financial balance and service transformation. These better reflect the main intentions that underpin what the CCG is seeking to achieve. They focus on our commitment to improve services, acknowledge the pressures we face, and highlight the need to innovate and change traditional methods, where appropriate.

In 2016, staff were asked if they thought the CCG’s vision of ‘excellent, joined-up care for everyone’ accurately reflected the organisation’s redefined priorities. After consultation, staff voted to change our vision to one which better reflected, internally and externally, the CCG’s aims: Driving quality, delivering value, improving your services.

During this period, the CCG also redefined its values as:

- Openness, in decision-making and throughout the organisation
- Kindness, to everyone and in everything we do
- Respect, in our external dealing
- Honesty, when giving feedback and appraisals.
Our population
The CCG’s boundaries extend from the South Devon coastline to the open moorland of Dartmoor. It covers some 310 square miles and takes in a GP-registered population of 287,594 (January 2015). During the holiday season the population rises by roughly 100,000 people.

Compared to national averages, we have a significantly larger proportion of the population over the age of 60. While our overall population is anticipated as increasing by four percent, the number of those aged 85 and over is projected to increase at a faster rate.

We recognise that this aging population brings increased demand on services and increases the challenge of ensuring the different needs of younger people and children are also met. It also provides a powerful drive to change the way services are delivered, so that older people with multiple long-term conditions do not spend their later years going in and out of hospital, with poor quality of life.

As well as areas of relative affluence, South Devon and Torbay has pockets of severe deprivation, mainly in the urban areas of Paignton and Torquay. Residents in these areas tend to experience noticeable inequalities, including lower life expectancy and higher rates of premature mortality. This, in part, is through higher prevalence of risk-taking behaviour such as high use of alcohol and smoking. Other inequalities, including housing, employment and educational attainment, also exist within these communities.

Further detail can be found in our strategic plan, under the ‘our plans’ section of our public website: www.southdevonandtorbayccg.nhs.uk.

Working with partners and providers
The CCG continues to work in partnership with other organisations. We collaborate with our health and wellbeing boards, and with our two Healthwatch organisations. We enjoy closer working with Public Health, now sited within the local authorities. The directors of Public Health Torbay and Public Health Devon are co-opted members of our governing body, and we have several joint appointments. We actively collaborate with our local authorities.

Our relationship with providers is also key. In addition to managing and monitoring contracts, we work with providers to review and develop plans for high-quality services and to respond to seasonal pressures on hospital services.

The CCG commissions services from the following key providers:

- Community Care Trust (South Devon Ltd)
- Devon Doctors Ltd
- Devon Partnership NHS Trust
- Mount Stuart Hospital
- Plymouth Hospitals NHS Trust
- Rowcroft Hospice
- Royal Devon and Exeter NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- Virgin Care.

We also work collaboratively with the neighbouring Northern, Eastern and Western Devon CCG (NEW Devon CCG). NHS England oversees the health system nationally and holds us to account.
Review of the year

Set out below is some of the positive work that the CCG has done in the past year. There are two sections: service change and partnership working. There are also three ‘spotlight’ pieces, which highlight, in more detail, successful initiatives that illustrate the major positive impact on patient services that the CCG seeks to deliver.

Review of the year: service change

Osteoporosis pathway

After discussions with clinicians and a review of the system, in April 2015, the CCG reorganised the osteoporosis pathway and decommissioned the Fracture Liaison Service. This was due to significant improvements in identifying, recording, investigating and managing fragility fractures, both in primary and secondary care. The new pathway asks fracture clinics and orthopaedic wards to ensure they identify fragility fractures and organise scan referrals, sending the results to GPs.

Seeking advice

The seeking advice scheme was piloted in May 2015 to provide an efficient method for GPs to seek non-urgent advice from secondary care neurology clinicians. It is a new approach to referral, characterised by a ‘decision to seek advice’ rather than the automatic ‘decision to refer’. It offers a significant improvement to patient experience, enabling care plans to be initiated and managed in primary care. For patients who need a face-to-face consultation, the relevant investigations can be undertaken and any appropriate treatment started before secondary care referral.

Following the success of the pilot and positive feedback from primary and secondary care clinicians, the service was made operational in the majority of specialties in February 2016.

In the coming year the scheme will be extended to include specialties that would benefit from this process, such as care of the elderly and oncology, as well as clinician-to-clinician referrals.

Crisis Care Concordat

In June 2015, a member of the Devon multi-agency acute care pathway group, we submitted our mental health action plan, setting out how we make the principles of the national Crisis Care Concordat a reality in South Devon and Torbay.

The first six priorities of the Devon action plan are:
1. Planning and implementing a single point of access to mental health crisis services
2. Developing a shared multi-agency protocol for Section 136
3. Improving the provision of health-based places of safety
4. Developing and implementing a consistent and equitable approach to mental health crisis triage, including street triage services and liaison psychiatry services
5. Developing and implementing an improved approach to mental-health-related conveyance
6. Exploring alternatives at times of crisis such as sanctuary provision.

People who have experience of using services have been equal members of the multi-agency working party in co-producing the action plan. The plan is a live document and can be viewed on the Devon section of the Crisis Care Concordat website: www.crisiscareconcordat.org.uk.

Coastal reconfiguration

In June 2015, the CCG’s governing body voted to combine the two MIUs at Teignmouth and Dawlish hospitals to create one MIU for the Coastal locality at Dawlish, open 8am-8pm, with x-ray available throughout, seven days a week, with 12 rehab beds at Teignmouth. The decision was made following a public consultation that ran from December 2014 to March 2015 and asked the public to vote on the future of community services in the area. In January 2016, the changes started

Continued on page 9.
Spotlight: medicines and self-care

In 2015 we launched several policy-led campaigns urging people to think about medicines waste. The self-care drive urges people to buy low-cost medicines and supplies from high street outlets rather than get them on prescription. This is aimed at freeing up GP time to see more seriously ill patients and at reducing the £500,000 spent on medicines and supplies for minor ailments last year. This money, spent on medicines readily available over the counter at a lower cost to patients, could have been better spent on treating more serious conditions such as cancer and heart disease.

As part of the self-care policy, all GPs in South Devon and Torbay received a leaflet listing for patients the range of conditions and supplies not now provided on prescription – such as cold remedies, antihistamines, decongestants, hair-removing creams, and treatments for constipation, diarrhoea and haemorrhoids.

With a limited pot of money allocated to this area, it is essential to spend it as wisely as possible. Where medicines and supplies for minor conditions are available to buy, patients are encouraged to purchase these themselves. Many common minor ailments only last a few days and should be initially managed with simple remedies, which are available at pharmacies or shops. It will help us ensure that patients get the best healthcare we can provide with the money available. An added advantage to self-care is that people don't have to make an appointment to see their GP. They can simply pop along to a local shop or pharmacist and get what they need.

On a similar theme, the ‘don’t be a hoarder, don’t over-order’ campaign is aimed at saving £1.56million each year by not wasting medicines. Across South Devon and Torbay, thousands of prescribed medicines are unused and so wasted annually – which is a huge expenditure that could be invested in vital local healthcare services.

Dr Jo Roberts, the CCG’s medicines optimisation lead, said: “There is a massive amount of money being wasted, and many people don’t realise the scale of the problem. This money could, in effect, fund more than 260 hip replacements or 390 emergency hospital stays following a heart attack. Minimising the waste of medicines should be everyone’s business, and patients can play a crucial role by ensuring they only order what they need.”

The ‘don’t be a hoarder, don’t over-order’ campaign is running in pharmacies and GP surgeries across South Devon and Torbay, with posters and leaflets urging patients to think carefully about managing their medicines better. It is in all our best interests to play a part in being responsible about the medicines we need. The vast majority of medicines that people receive are essential. We’re just hoping to prevent needless stockpiling.
Coastal reconfiguration (continued)

to be implemented, with Teignmouth Community Hospital MIU and x-ray facility moved to the MIU at Dawlish Community Hospital. Further changes to community services in and around Teignmouth and Dawlish hospitals will continue to be made over the coming year.

Lower limb therapy pathway

The lower limb therapy service was rolled out to practices across South Devon and Torbay in July 2015, providing care to patients with lower limb wounds that have not healed within four to six weeks. The service is nurse led and multi-disciplinary, with enhanced training in lower limb wound management and compression therapy, and works closely with vascular, dermatology and chronic oedema services.

Maternity voices

In September 2015, the CCG launched the maternity voices forum, where parents can give feedback about their experiences of local maternity services. After it was decided that the existing system was unsuitable, the CCG visited children’s centres across South Devon and Torbay and asked parents what they wanted from a new service. From these meetings, it was decided that the new forums should be more informal gatherings and held at the end of sessions at children’s centres. Parents also said that they would like a virtual network where they could post feedback if they were unable to attend a forum. All of the feedback was taken on board and implemented into the new service.

Online booking for physiotherapy

In September 2015 an online booking system, patient knows best (PKB), was introduced, enabling patients to set up an online account and book their appointments directly with Torbay Hospital’s physiotherapy team. It can be accessed on any device with an internet connection. The online system was implemented in response to feedback regarding the telephone booking system. Since its roll-out, patients have commented on its speed and ease of use. It is planned for PKB to allow patients to access their own information and store their medical records. It will allow patients and the people supporting their care to share information and communicate securely.

Newton Abbot dermatology pilot

A dermatology pilot was run in the Newton Abbot locality from September 2015 to March 2016. It focused on reducing inappropriate referrals to secondary care, as well as improving the patient pathway by reducing waiting times and providing care closer to home. The service was easily accessible for patients, with good patient feedback received.

Routine referrals were triaged, resulting in either: a referral to the GP with advice and guidance; the patient being invited for an appointment; or the referring GP being notified if a secondary care referral was needed. The clinic was based at Kingskerswell Health Centre and was found to be effective at managing patients within primary care. Waiting times were much shorter for patients going through the pilot than if they were referred to secondary care, and the pilot produced a potential financial saving. Limited GP capacity at Kingskerswell Health Centre meant the pilot could not continue, but there is enthusiasm to provide it in future.

CAMHS transformation plan

In September 2015, the CCG submitted its ‘children’s and adolescent mental health services (CAMHS) transformation plan’ to NHS England. A key part of the plan was redesigning the eating disorder service for Torbay, to provide more rapid initial assessment for young people in the community and avoid admission to hospital. The aim of the plan is for people to be seen more quickly and receive more intensive support, which in turn should reduce the length of their treatment by two to four months. Paediatric clinics will also have more capacity because fewer follow-ups will be needed for those who don’t need medical input. This should all result in a reduction of young people being admitted in the next five years. The plan was approved by NHS England in January 2016.

Hip and knee pathway

In October 2015, following a successful pilot in the Coastal locality, a single-point-of-access for hip and knee patients was rolled out across the whole of South Devon and Torbay. Now patients with
non-urgent cases of hip and knee pain are asked to self-refer directly to physiotherapy instead of having to go to their GP or wait for a referral to orthopaedics at Torbay Hospital.

The big six
The CCG and the Torbay and South Devon NHS Foundation Trust have been working on localised pathways for the big six conditions that children present with for urgent care – bronchiolitis and croup, fever, gastroenteritis, head injury, asthma, and abdominal pain. The first pathway, for bronchiolitis and croup, was implemented in December 2015. The other five pathways, starting with asthma, will be rolled out in the coming year.

Yellow Card
The Yellow Card system is an early-warning process to alert the CCG’s quality team of health and social care professionals to concerns about patient experience, patient safety and quality relating to any provider from which we commission services.

Alerts can be submitted confidentially and without patient-identifiable information. Although Yellow Card does not replace a formal incident report or alert, it forms part of our quality early warning system and Francis Report response, enabling us to analyse the feedback and provide information to healthcare professionals. Feedback we receive is collated, and the learning we get then informs our quality analysis and reviews, as well as feeding into commissioning and service design, where applicable.

During 2015 we saw a 75 percent increase in the number of Yellow Cards submitted, ranging in themes from poor hospital discharge to delays in ambulance response times. Yellow Card reports lead to work being undertaken to improve services – such as an in-depth look at hospital discharge and the subsequent action plan for improvement. Over the past year we have streamlined the process so that Yellow Card is now simple and easy to access via the CCG’s website. All local health and social care staff are able to use Yellow Card. It is used by general practice, the Alzheimer’s Society, Marie Curie and Counsellors Southwest, as well as district nursing teams and some care homes.

#hellomynamais
In January 2016, Cricketfield Surgery in Newton Abbot became the first of our local practices to officially launch the #hellomynamais campaign, and it will be rolled out to other practices over the coming year. This follows on from the CCG launching the campaign locally on NHS change day (11 March 2015), making us the first CCG in the country to formally launch it. Our local acute and community services, as well as our mental health providers have all signed up to the campaign with great enthusiasm and success.

The campaign was set up nationally by Dr Kate Grainger, a geriatrician with terminal cancer. Its aim is to encourage and remind health and care staff about the importance of introductions when dealing with patients, helping to build trust in often difficult circumstances.
Spotlight: perinatal mental health services

Pregnancy is normally a happy time for many women, but for a significant number of others it is not. Many women feel guilty and ashamed about feeling low at this time in their lives, and in some cases problems can be severe and might even pose a risk to the wellbeing of mother and child. We and our partner organisations have worked hard to ensure that perinatal mental health services in South Devon and Torbay go a long way towards combatting this, providing support and evidence-based interventions to pregnant women with mental health and emotional problems.

The perinatal infant mental health team’s referral rates have far exceeded expectations in the past year. The team has seen referral rates of 27 percent, compared to the national estimate of 10 to 15 percent of women expected to have some level of mental health concern in pregnancy. This means that the women who need to be reached are seen.

The service works in an integrated way – with mental health services, GPs, health visitors and midwives – to support individuals, providing advice, guidance and information, as well as addressing antenatal and postnatal concerns. The service has been developed in close collaboration with local women, their families and the multi-disciplinary teams that deliver the services.

Outcomes for women and their families have improved by promoting early detection and signposting to appropriate treatment. By completing complex birth planning with women at higher risk of relapse postnatally, the incidence of those women becoming unwell is reduced. In those cases a care plan is in place for early response, reducing the chance of a more protracted episode of illness developing. The perinatal care pathway has also encouraged better communication between different teams, and the feedback from service-users is used to learn from and inform future service development.

Dr Andy Haytread, the CCG’s clinical lead for adult mental health, said: “The CCG spends £135,000 annually on perinatal mental health services. The service is available from preconception, on to conception, then after the birth of the child and onwards. As a GP it is invaluable, because I can get advice about the best medication to prescribe, if appropriate, for the woman’s needs. The advice the service can give me is very specialised – more than would be available from a general psychiatrist. It means I can plan ahead and get expert information as soon as it’s needed. I can refer a patient to the scheme, and they will normally see her within the week. The most serious problems often happen after birth. A woman can develop very significant depression, so that they can’t look after themselves or their baby. In these cases I as a GP can get advice from the service straightaway.

“There’s also a screening tool used by midwives to identify mothers and mothers-to-be who are at risk of mental illness. For example, if a woman is at risk she can have a pre-assessment, and then if the perinatal service professionals take her on they will monitor her and prescribe. That’s a very common way for women to get into the scheme. There have been a significant number of women who’ve been helped by the perinatal mental health service. Because of this service, women are being seen quicker and they’re getting the right treatment when they need it.”

The team is continuing to monitor demand, ensuring that the service has adequate capacity without reducing quality and effectiveness. The postnatal work has now started within the team, concentrating on the more severely unwell postnatal women. Advice and signposting is also available to other healthcare professionals where there is complexity and concern.
**Review of the year: partnership working**

**Integrated psychological therapies**
Starting in April 2015, South Devon and Torbay CCG, NEW Devon CCG, Devon Partnership Trust and the voluntary sector worked together to create the multi-agency integrated psychological therapies strategy, which aims to improve mental wellbeing in Devon through psychological interventions, timely assessment and choice. The strategy was created with input from service providers and users. The strategy was sent out to local groups, to ensure it is meaningful to local populations.

**Joint commissioning**
In August 2015, the CCG held its first meeting of the shadow primary care joint commissioning committee, a sub-committee of the CCG’s governing body. It was created in preparation for joint commissioning arrangements with NHS England, which was represented by two members on the committee. The joint commissioning arrangements enable the CCG to have a greater say over commissioning decisions, maintain excellent levels of engagement with local general practice, affect whole-system change, and, where the CCG determines it appropriate and desirable, pool funding with NHS England. Joint commissioning went live in South Devon and Torbay on 1 October 2015.

**Patient leadership programme**
In September 2015, the CCG started recruiting to its patient leadership programme, and has since appointed seven patient leaders to engage on projects. The programme provides training to patients, carers and anyone else who is enthusiastic about health and social care services, allowing them to work with clinicians and managers in deciding the redesign of health services now and for the future. Other organisations involved in the programme are the Torbay and South Devon NHS Foundation Trust, Devon Partnership Trust, Mount Stuart Hospital and the Community Care Trust.

**Pioneer**
As part of the national Pioneer project, health and social care organisations in South Devon and Torbay have worked closely together with the aim of creating a seamless, integrated system of care for our local population. The initiative is supported by community and voluntary sector groups, who have also contributed, especially in supporting initiatives piloted.

A major milestone was reached in October 2015 when hospital and community services were brought together in the integrated care organisation, Torbay and South Devon NHS Foundation Trust. Since then many of the Pioneer initiatives have been absorbed into ‘business as usual’. For example, lessons from the frailty Hub in Newton Abbot are informing the development of the Trust’s local multi-agency teams (LMATS) and Torbay’s children’s hub has evolved into the SWIFT project and the imminent creation of a public services trust.

**Vanguard**
In March 2016, we joined with colleagues in Vanguards across the country to celebrate the launch of the national programme, which was designed to lead a national NHS drive to transform care for patients, communities and staff in towns, cities and counties across England.

South Devon and Torbay is one of 50 Vanguards playing a key role in the delivery of the NHS vision for the future, set out in the NHS Five Year Forward View.

Local NHS health and social care organisations have been working together under the Vanguard umbrella to ensure that those with urgent but non-life-threatening needs can be treated as close to home as possible, allowing emergency departments to concentrate on serious and life threatening conditions.

Our Vanguard – launched in July 2015 – is designed to provide better support for self-care, provide a 111 clinical hub to help people get the right advice in the right place, deliver responsive out of hospital urgent care services so people no longer choose to queue in A&E, and ensure that those with serious or life-threatening emergency...
care needs receive treatment in centres with the right facilities and expertise. The Vanguard also includes all-age mental health support and plans to connect all urgent and emergency care services, including patient clinical records.

We received just over a £1 million of additional funding to help accelerate the implementation of these plans for the benefit of local people and it is anticipated that changes will begin to take effect in the coming financial year.

The core organisations behind the local vanguard are South Devon and Torbay CCG, Torbay and South Devon NHS Foundation Trust, Torbay Council, Devon Doctors and 111.

Multi-agency safeguarding
Over the course of the year, the CCG has led and supported work on multi-agency safeguarding, and has met its commissioner responsibilities towards safeguarding children and adults, and for looked after children. We work in partnership with both Devon County Council and Torbay Council, to ensure a good working relationship across agencies and with local safeguarding boards, to safeguard the most vulnerable people and families.

We have responded to revised national guidance on the safeguarding accountabilities framework to ensure the CCG leads the provider organisations to work effectively at strategic and operational levels, to safeguard children, young people and adults at risk of abuse, neglect or exploitation. We have robust governance and leadership systems, with designated safeguarding nurses working to ensure the CCG meets its responsibilities for partnership working towards safeguarding people who use the services we commission.

We have also addressed the commissioner responsibilities for looked after children, ensuring they receive the appropriate health checks and have access to the right healthcare. These children and young people are some of our most vulnerable individuals, with numbers of looked after children in the area are high, particularly in Torbay. Many have complex health and social care needs and are at risk of abuse, neglect or harm from care. The designated nurse for looked after children works closely with commissioners and providers, to ensure that the services for children address the specific needs of those who are looked after.

Better Care Fund
The Better Care Fund (BCF) was established by NHS and Local Government to ensure a transformation to fully integrated health and social care. It requires CCGs and local authorities to pool budgets and agree a spending plan for their BCF allocation, using it to work more closely together around people, placing their wellbeing as the focus of health and care services. The BCF is a critical part of our operational plan, as well as local government planning.

There are four national conditions that Better Care Fund plans must deliver on: protecting social care services; 7-day services to support discharge; data sharing and the use of the NHS number; and joint assessments and accountable lead professional. In South Devon and Torbay, we have added an additional local condition around dementia diagnosis rates.

Better Care Fund plans are based around health and wellbeing boards, so there are two plans for our area – one each for Devon and Torbay. Our agreement with Torbay and South Devon NHS Foundation Trust and our plans for the new model of care all fit with the BCF ambitions, based on a programme of work including:

- A single point of contact
- Local multi-agency teams (LMATs)
- Multiple long-term-conditions outreach services
- Closer working with the voluntary sector
- A focus on wellbeing and prevention.

For 2016/17, our Better Care Fund plans are being aligned to other programmes of work, including the delivery of 7-day services. There are two new national conditions, requiring local areas to fund NHS-commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the growing levels of DTOC across the health and care system.
The Government has set out ambitious plans to improve cancer survival rates in England, by tackling inequalities in terms of access to and outcomes from treatment.

To achieve this locally, we worked hard to continue delivering all the NHS Constitutional cancer standards for two-week waits (Q2 15/16 94.89 percent), 62-day (Q2 15/16 89.32 percent) targets and 31-day targets for our patients. In addition, we had full compliance with cancer-staging reporting, and were in the top 10 percent in the UK for one-year survival rates. We have a well-established cancer forum, with patient and clinical representation working to ensure that our services are constantly improving. Our local treatment centre is now open six days a week to support improved access for patients. We are also among the first to fully use new models to replace traditional follow-ups for prostate cancer and lower-risk haematological conditions. These models are supported by the patients benefitting from them.

In February 2015 we ran a successful local event enabling primary care teams to participate in the GP update course, which promotes earlier diagnosis, assessing difficult presentations, and generating awareness of local services with specialist input. The event was supported by both Macmillan Cancer Support and Torbay and South Devon NHS Foundation Trust. The learning from our emergency admission audit in the previous financial year prompted the event, which also covered the role and support provided by the developing acute oncology service.

We want to go further with early diagnosis and the national Living with and Beyond Cancer national initiative, which aims to improve cancer survivorship outcomes. In 2015-16 we performed a baseline assessment of the suspected cancer recognition and referral NICE guidance (CG27, June 2015) with our delivery partner, and are also working in conjunction with our neighbouring CCG, NEW Devon, to ensure that our plans for implementation are aligned. Our work towards full implementation of the guidelines has started, with our top 15 referring practices testing a new pathway and ‘cancer concern’ form for upper gastrointestinal cancers.

This has been well received by secondary and primary care, and it was rolled out to all GP practices in April 2016. We will launch all the remaining new cancer referral pathways in the early part of the new financial year, following our launch event in March 2016. The event brought together cancer specialists, GPs and nurses to learn and understand more about the guidance, the supporting pathways and how both can be applied in general practice.

Further planned work for 2016-17 will begin the implementation of the cancer taskforce-recommended Macmillan Recovery Support package as part of the ‘living with and beyond cancer’ work programme.

This will involve a risk-stratified approach to follow-up care and for low-risk patients moving towards a health and wellbeing clinic approach, supported by a holistic needs assessment and end-of-treatment summary. Local providers have worked in collaboration with Macmillan Cancer Support to host six-monthly larger-scale health and wellbeing events to also start to move to more holistic care as patients come to the end of active treatment and support people to live with the effects of their cancer diagnosis and treatment.
Involving the public

Engaging with and learning from local people when developing and improving healthcare services helps to ensure that the services we commission and deliver are safe, appropriate, effective and of a high standard.

We are committed to listening and responding to people’s experiences of local services and we proactively seek the views of patients, carers, our staff, partners and other stakeholders, to ensure that there are opportunities to inform all levels of our decision-making. It is important to us that the public know how their views will inform decisions, and which decisions they can be involved in, as well as when and how decisions will be made.

We have a dedicated engagement lead and a governing body committee to oversee our engagement activities and to ensure we fulfil our statutory responsibilities.

Engagement

Our engagement committee held a number of public-access forums in different formats across the year. We had a lunchtime stand outside Newton Abbot’s Asda in September, and we worked with Chillington Health Centre’s patient participation group and the health centre itself to host a health and wellbeing event, providing information on local services and answering people’s questions about how things are organised locally. In addition, we joined up with Healthwatch Torbay to support its street engagement events. These provide an opportunity for the public to speak directly with engagement committee members and for the CCG to promote key messages and give information on services.

Over the year we have also engaged with people about having gluten-free food products on prescription (focus group and patient experience contacts), how we develop our core offer for personal health budgets (stakeholder group), testing ideas for our IT plans (focus group), engaging on the primary care strategy (survey), seeking opinion on the prescribing of e-cigarettes, hay fever remedies and repeat prescribing (all social media-focused), and our urgent and emergency care Vanguard programme (workshop and plans for ongoing co-design).

These activities have informed how these work programmes have developed and, in the case of our self-care Vanguard workstream, are enabling us to co-design the work of the workstream with patients and the public.

The maternity services liaison committee has been transformed into ‘maternity voices’, so we can directly meet parents at children’s centres. We have worked with parent participation forums and Young Devon to hear the voice of children, young people and parents of disabled children.

Patient participation groups (PPGs)

We support the development of PPGs – they are often our most direct route to patient opinion. To that end, in 2015/6 we commissioned Healthwatch Torbay to support the networking of PPGs for mutual support, as well as supporting the development of individual PPGs. This has been effective, with the number of patients meeting with practices in Torbay rising considerably. We have continued this funding for 2016/17. In South Devon our engagement team has supported individual PPG development and facilitates PPG forums in Moor to Sea and Newton Abbot. These are a crucial connection for our locality commissioning groups.

Every two months we invite patient representatives who support any of our work through whatever means to come together and be updated on current CCG business, influence its development and progress and support each other. This group is an excellent resource to test ideas and recruit volunteers for more detailed pieces of work.

Social media

The past year has seen our use of social media develop considerably. Our locality Facebook pages now have locally-focused content that is regularly updated. This has allowed us to engage in public discussions by asking community Facebook sites
such as Spotted Torquay and Teignmouth Oracle to share our information. We have also been able to collate helpful public-generated opinion from these sites, and used this information to inform our work.

On Twitter we have connected with national and local organisations and individuals, and participated in community-focused chats such as #torbayhour, #newtonabbothour and #devonhour. This has enabled us to promote consultations, surveys and other engagement activities so that more people are aware of them and can take part.

**Stakeholder engagement**

To inform a proposal for consulting on community services in 2016, stakeholder meetings took place in most of our towns from autumn 2015 to April 2016. We have been able to discuss with stakeholder groups the challenges we are facing and the possible ways of addressing these.

These groups have also advised us on what kind of information should be provided at consultation and how we can make the consultation as widely accessible as possible. We expect to begin formal consultation in May 2016.

In the CCG’s Coastal locality, a stakeholder group has continued to meet following the consultation last year to monitor how the proposals are being implemented.

**Winter contingency**

As we approached winter 2015, we set out proposals for the best use of hospital beds at times of pressure. The most radical suggestion was to move temporarily the bed facility from community hospitals in Bovey Tracey and Ashburton & Buckfastleigh to Newton Abbot Hospital. This contingency plan was shared publicly and in local stakeholder meetings. Local communities were invited to comment on the proposals and to say if they felt this contingency plan was an acceptable response to winter pressure or if they had alternative ideas.

Having evaluated the views and opinions expressed, the proposals in the contingency plan were considered the best way of ensuring that throughout any increased winter demand, patients had access to the services they needed and that there were sufficient staff to look after them safely. Due to the mild winter, the contingency plan did not have to be implemented.

In December, Bovey Tracey did have to move its beds to Newton Abbot temporarily due to unrelated staffing issues.

**Complaints and informal enquiries**

The CCG’s patient experience team deals with complaints, concerns and informal enquiries from patients, staff and the public. This public feedback is important because it helps us understand how people experience the services we commission. In the past year the team has dealt with 30 formal complaints and 311 informal enquiries. Formal complaints are governed by legislation that explains how we must handle and deal with complaints. Informal enquiries are not governed by legislation, although we apply the same principles to any investigation work we do.

Informal enquiries data shows that some members of the public are sometimes confused by NHS information, including who has responsibility for the commissioning of services, so the patient experience team works with the CCG’s providers to help with their communication skills and customer service. There are also plans in place to develop ‘myth-busting’ pages for the CCG’s public website.
Spotlight: primary care survey

In February 2016 we asked patients what they thought about the priorities set out in our strategy for primary care. We received 1,294 responses during the eight-week survey, making it the most successful we have run to date in terms of volume and depth of opinion. We felt it was important to look at primary care because demands on it are increasing year on year. Across South Devon and Torbay each year the public make 1.7 million appointments to see a GP, so we were keen that responses to the survey were used to clarify whether our proposals for the strategy are realistic, as well as enabling us to get a better understanding of what we should focus on when putting the strategy into practice. To publicise the survey we used local media, the CCG website, social media, partner organisations, information on TV screens in GP practices and practices’ patient participation groups. The survey asked a wide range of questions, about how easy it is to see a GP, how many days a week a practice should be open, how medicines wastage can be avoided, and who should have access to a patient’s medical record.

The responses suggest support for the direction of the strategy. For example:

- 90 percent agreed that instead of all possible items on a repeat prescription being automatically dispensed every 28 days, patients should be responsible for only ordering what they actually require
- 83 percent think people should buy low-cost medicines over the counter, not have them prescribed
- 79 percent think people should actively order their repeat medicines every month
- 80 percent want to be able to access appointments and results online
- 71 percent want direct access to their own medical record and choose who they share it with
- 54 percent would accept fewer GP sites in towns where there are more than one practice
- If medical records are shared between organisations, slightly more people thought patients should ‘opt out’ of that arrangement, than those who thought patients should ‘opt in’.

As well as informing how the primary care strategy should be implemented, feedback received will also directly support two of the five Vanguard urgent and emergency care programme (‘self-care’ and ‘shared records’). It is also directly influencing decisions about prescribing being made by the medicines optimisation team.
Reducing inequality and improving quality

The NHS Constitution sets out how the NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on the patient experience. The CCG constitution pledges our determination to proactively seek and listen to patient feedback and put robust governance arrangements in place to assure provider quality of care and contract monitoring.

High-quality care should be safe and as effective as possible, with patients treated with compassion, dignity and respect. Quality within the NHS encompasses patient safety, patient experience and clinical effectiveness, and we have a duty to ensure that the services the CCG commissions are of the highest possible quality. It is vital that we continue to improve the quality of care, especially when current financial pressures mean we have to deliver increased efficiency and productivity. Even when planning for efficiencies and effectiveness, quality remains at the heart of all that we do.

We have developed, alongside the national contractual obligations, a series of value-based operating principles, which will be embedded into all of our contracts. They collect, analyse and monitor data relating to issues around the quality of care. It is not sufficient to rely solely on registration with regulatory bodies such as the Care Quality Commission (CQC) or Monitor for assurance, and these principles give a rounded picture of the quality of care being provided.

In addition, the quality team has developed an integrated impact assessment tool, which provides effective data and assurance around seven domains: patient safety, clinical effectiveness, clinical outcomes, patient and staff experience, equalities and inequalities, and sustainability. The CCG’s governing body approved the tool and the accompanying policy guidance in October 2015.

The tool is now used for the commissioning of service redesign, new services and decommissioning, and also feeds into the new prioritisation tool which helps the decision-making body compare and contrast proposed commissioning schemes.

The CCG has also worked with Torbay and South Devon NHS Foundation Trust to develop the Joint Equalities Co-operative, which provides monitoring and assurance to those developing and delivering equality objectives, feeding back into health and wellbeing boards to influence strategy around inequalities. The Co-operative also oversees compliance with national standards, including the Equality Act 2010, the public sector equality duty and the NHS equality delivery system (EDS2).

This approach is supported by our equality reference group, which provides a voice for people with protected characteristics and health inequalities. We will be trialling alternative engagement models in the coming year, incorporating social media, networking, local media and additional community consultation.

Other positive work around quality this year is the Yellow Card system, which has seen a 75 percent increase in usage, and the local launch of the #hellomynamesis campaign, which was overseen by the team. More detail on both of these is in the ‘review of the year’ on page 10.
Sustainability

Our sustainability thinking has been embedded within the CCG’s decision-making processes, and a number of key sustainability questions form part of the integrated impact assessment tool. This data feeds directly into our recently launched prioritisation tool.

Carbon footprint

We have maintained a good position against last year’s carbon footprint and have seen a 30 percent reduction in CO$_2$e emissions against our 2014/15 baseline. This is following consistent awareness-raising among staff, encouraging them to cut down on their mileage and to participate in meetings using telephone/video conferencing, rather than travelling to venues.

We are reducing spend on consumables and energy costs by continuing to use low-energy lighting, setting devices to go to standby quicker, and adjusting the air-conditioning timings. Staff are encouraged to reduce printing and to print fewer items in colour and, through a clear-desk policy, have been proactive in ensuring laptops are turned off and locked away at night.

Waste and recycling

We continue to encourage staff to recycle effectively. This is reducing disposal costs and creating less waste for landfill.

Actions for 2016/17

- Develop a paper-light office policy, and introduce a print-free Friday
- Continue to raise awareness of the benefits of virtual meetings or walking to meetings to reduce carbon footprint further
- Further reduce our utility and consumable usage
Our performance

Each year, NHS England asks CCGs to state how they are currently performing against the NHS Constitution standards and other key indicators, and how they plan to perform in the following year. Trajectories are produced with providers, reviewed internally, and signed off by our governing body. If we are not on track, we agree action plans with our providers and monitor this throughout the year.

The past year was a challenging year in terms of achieving the operational standards, with capacity in the acute and community hospitals stretched due to increased demand and increased needs of patients. Two key areas we failed to deliver on were A&E waiting times and referral to treatment times.

Both targets were impacted significantly by pressures on beds over the winter period. Other factors included the temporary closure of some community services and an aging population with an increase in long-term conditions. Action plans have been put in place to get both performances on track by the end of June 2016.

Below is the CCG’s performance for the year against the targets:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Performance</th>
<th>Plan</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Waits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients should be admitted, transferred or discharged within 4 hours of arrival at A&amp;E (TSDHFT)</td>
<td>95.00%</td>
<td>84.00%</td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients on incomplete non-emergency pathways (yet to start treatment)</td>
<td>92.00%</td>
<td>91.48%</td>
<td></td>
</tr>
<tr>
<td>Number of over 52 week waiters</td>
<td>0</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Diagnostic test waiting times</td>
<td>Patients waiting longer than six weeks from referral for a diagnostic test.</td>
<td>1.00%</td>
<td>2.28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IAPT recovery rate</td>
<td></td>
<td>50.00%</td>
<td>48.76%</td>
</tr>
<tr>
<td>IAPT Access rate</td>
<td></td>
<td>1.25%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Cancer waits – 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 2 week wait for first outpatient for patients referred urgently with suspected cancer by a GP (CCG)</td>
<td>93.00%</td>
<td>95.67%</td>
<td></td>
</tr>
<tr>
<td>Maximum 2 week wait for first outpatient for patients referred urgently with breast symptoms (CCG)</td>
<td>93.00%</td>
<td>96.84%</td>
<td></td>
</tr>
<tr>
<td>Cancer waits – 31 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 31 day wait from diagnosis to first definitive treatment for all cancers (CCG)</td>
<td>96.00%</td>
<td>96.68%</td>
<td></td>
</tr>
<tr>
<td>Maximum 31 day wait for subsequent treatment where that treatment is surgery (CCG)</td>
<td>94.00%</td>
<td>95.62%</td>
<td></td>
</tr>
<tr>
<td>Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen (CCG)</td>
<td>98.00%</td>
<td>99.76%</td>
<td></td>
</tr>
<tr>
<td>Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy (CCG)</td>
<td>94.00%</td>
<td>94.06%</td>
<td></td>
</tr>
<tr>
<td>Cancer waits – 62 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 62 day wait from urgent GP referral to first definitive treatment for cancer (CCG)</td>
<td>85.00%</td>
<td>87.62%</td>
<td></td>
</tr>
<tr>
<td>Maximum 62 day wait from referral from and NHS screening service to first definitive treatment for all cancers (CCG)</td>
<td>90.00%</td>
<td>93.91%</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The proportion of people under adult mental health illness specialties on CPA who are followed-up within 7 days of discharge (DPT)</td>
<td>95.00%</td>
<td>97.82%</td>
<td></td>
</tr>
</tbody>
</table>
Looking ahead

Population growth and increased demand for services, especially as a result of people living longer and having more long term conditions, means that we need to continue to work smarter, looking at ways we can improve how services are delivered. We must ensure NHS services deliver the quality, safe care we all want to see and that they are sustainable.

Advancements in clinical treatment and medical approaches, financial pressures and staffing shortages mean that we need to do more with less, seizing opportunities to work together with social care and the voluntary sector to improve services and ensure that we can continue to deliver safe, responsive care for our communities.

Some tough decisions will need to be made, such as whether to restrict access to some treatments and medicines. We will need to redouble our self-care and preventative efforts, encouraging more people to buy low-cost remedies over the counter rather than seek them on prescription from GPs.

Our QIPP programme (quality, innovation, prevention, productivity) embraces the national right care initiative which enables us to learn from other health communities and improve the way we deliver services to ensure they add value to both the individual patient and the local healthcare system.

An important element of planning ahead to ensure the delivery of effective services is the joint work we are doing with NEW Devon CCG to deliver a joint Devon-wide sustainability and transformation plan. These plans are part of a national initiative designed to ensure that health and care services are planned by place rather than around individual institutions and ultimately to support the delivery of the Five Year Forward View.

Quality improvement

The CCG is committed to ensuring that quality (defined as patient safety, patient experience and clinical effectiveness) is at the heart of our work. We will monitor and make strenuous efforts to continually improve the quality of the healthcare we commission. Our aim is to ensure that the CCG works with providers of services to drive up the quality of the care and treatment they deliver.

We will refresh our quality strategy during 2016/17 to ensure that, for the next five years, we and the public are clear about how we will ensure high-quality, safe and clinically cost-effective care is provided and promotes positive patient feedback about services we commission. We will involve our newly trained patient leadership network in the development of our quality strategy, as well as wider public involvement.

Four phases of care

Across our activity our aim is to close the health and wellbeing gap, the care and quality gap and the finance and efficiency gap. We will focus on the core four phases of care, asking our patients to describe a step-by-step walk through each, across a range of diagnoses, capturing our desired outcomes while aligning with best practice, national guidelines and ensuring value for money.

Vanguard

Improving access to emergency and urgent care is a priority for the coming year and linked strongly with our participation in the national Vanguard new models programme. We are promoting self-care, establishing a single 24/7 contact for urgent care via a reshaped 111 service and developing urgent care centres, all supported by shared clinical records and mental health services.
We believe this will establish a viable alternative for non-life threatening emergency care to Torbay Hospital’s A&E department.

**Mental health**
We are committed to tackling one of the inequalities in health care by ensuring that mental and physical health services are resourced to meet people’s needs, that they work closer together and that we achieve better outcomes. Our goal is to improve access to psychological therapies, enhanced psychiatric liaison services, reduce the number of individuals with complex mental health, learning disability and autism receiving care and treatment in out of area hospital placements, invest in new beds for young people and improve access to dementia diagnosis.

**Workforce**
Rising to the recruitment challenge will be crucial in the months ahead as all parts of our health and social care system strive to recruit the quality staff needed to deliver responsive quality services. A common strategic workforce planning approach is being developed across the health and social care community and the CCG is supporting GP colleagues in working more closely with fellow practices to enable them to cope better with the twin pressures of increased demand and a shortage of GPs and other clinical staff.

**Primary care**
Implementing in the coming year the CCG strategy for general practice, agreed in 2015/16 is another key priority. This will ensure and support a local multi agency approach to meet the needs of our population. We expect this to result in a higher proportion of patient contact in community settings, allowing clinicians working in acute settings to focus on the needs of the particularly unwell. We will prioritise our work in line with the feedback we received to our primary care survey.

The CCG strategy is aligned with the ambitions of The General Practice Forward View, published by NHS England in April 2016. Both seek to achieve a step change in support for general practice and to support struggling practices, reduce workload, expand the wider practice workforce, and support technological investment.

GP practices are key elements of the community services reconfiguration consultation proposals and efforts to transform and enhance our local care system. Above all the CCG strategy and the General Practice Forward View are committed to building a rewarding career for everyone working in general practice and a service which meets people’s needs.

**Community services**
Treating people closer to or in their homes and keeping them out of hospital unless clinically necessary is an important goal. We can do this by capitalising on modern medical approaches, working more closely with social care and investing in community based services. Having engaged with groups across our area in 2015/16, we anticipate consulting on proposals which would see a switch of resources from bed-based to community-based care, closing some small community hospitals to free up resource to invest in community services.

**Summary of objectives**
In our operational plan, we set out in detail our priorities for 2016/17, which include:
- Strengthening joint working with social care
- Delivering prevention strategy in conjunction with our local authority colleagues
- Ensuring primary care priorities align with population needs and are sustainable
- Effective use of medicines, reducing stockpiling and encouraging self-care
- Improving urgent and emergency care
- Improving planned care to ensure access times are met
- Improving performance in key areas such as cancer and maternity services
- Improving children’s services
- Ensuring quality of esteem in the provision of both physical and mental health
- Keeping people out of hospital through implementing a new model of care.
Our member practices

The CCG’s Council of Members has a clinical commissioning lead GP and a practice manager from each of the 34 practices. The Council meets quarterly and sees the coming together of the five localities at least twice a year, at which certain decisions are agreed. The practices hold the CCG to account through the Council of Members.

The 34 member GP practices are:

Coastal
- Barton Surgery
- Channel View Surgery
- Richmond House Surgery
- Teign Estuary Medical Practice
- Teignmouth Medical Practice

Moor to Sea
- Ashburton Surgery
- The Bovey Tracey & Chudleigh Practice
- Buckfastleigh Medical Centre
- Catherine House Surgery
- Chillington Health Centre
- Dartmouth Medical Practice
- Leatside Surgery

Newton Abbot
- Albany Surgery
- Buckland Surgery
- Cricketfield Surgery
- Devon Square
- Kingskerswell & Ipplepen Health Centres
- Kingsteignton Medical Practice

Paignton and Brixham
- Compass House Medical Centre
- Corner Place Surgery
- The Greenwood and St Lukes Surgery
- Mayfield and Cherrybrook Medical Centres
- Old Farm Surgery
- Paignton Medical Partnership
- Pembroke House Surgery
- Withycombe Lodge Surgery

Torquay
- Abbey Road Surgery
- Barton Surgery
- Brunel Medical Practice
- Chelston Hall Surgery
- Chilcote Surgery
- Croft Hall Medical Practice
- Parkhill Medical Practice
- Southover Medical Practice

* The Bovey Tracey & Chudleigh Practice moved to the Newton Abbot locality in April 2016, after boundary lines were redrawn.

Pressures on GP practices

In South Devon and Torbay, some practices are looking to merge or federate, adopting new economies of scale. Workloads will be shared and, therefore, cost-savings made, as well as making the model of general practice more resilient. Practices will, over time, be able to offer patients a wider array of specialised services and better access for patients, and in the process continue to give the patient a wholly positive experience.

These changes are needed because, while the population and their needs are growing, NHS budgets aren’t. This is putting increasing demand on practices, and this in turn means GPs are having less time to undertake all their tasks. Therefore general practice is less attractive to young people as a career. So there needs to be considerable change – creating a new NHS landscape of care integration and quality of outcome-based standards.

As indicated on page 17 and page 22, a priority is to implementing our primary care strategy, as well as the recently published (April 2016) NHS England General Practice Forward View.
Our governing body

The governing body is committed to providing and commissioning high-quality care through value-for-money decisions and plans. It supports South Devon and Torbay’s Vanguard status, and has been instrumental in managing the strategic plans for integrated care.

Governing body structure and members

Accountable officer
Dr Nick Roberts  
Chief clinical officer
Chair
Dr Derek Greatorex  
Clinical chair
Deputy accountable officer
Simon Tapley  
Director of commissioning and transformation
Vice chair
Nick Ball  
Non-executive director

Dr Charlie Daniels  
Clinical lead for finance and governance*
Dr Nick D’Arcy  
Clinical lead for patient safety and quality
Dr David Greenwell  
Clinical lead for integration
Dr Jo Roberts  
Clinical lead for innovation and medicines optimisation
Dr Ellie Rowe  
Clinical lead for commissioning

John Dowell  
Chief finance officer
Gill Gant  
Director of quality assurance and improvement
Karen Grimshaw  
Director of wellbeing and family services commissioning
Mark Procter  
Director of primary care and corporate services

Dr Simon Knowles  
Non-executive director
Brian Mackness  
Non-executive director
Kevin Muckian  
Non-executive director
Chris Peach  
Non-executive director

Co-opted Members
Dr Caroline Dimond  
Director of Public Health Torbay
Dr Matt Fox  
Chair of localities group*
Dr Virginia Pearson  
Director of Public Health Devon

*At the end of the year, Dr Charlie Daniels stepped down from his role on the governing body and Dr Matt Fox has taken his place as a full-time member.
The governing body follows the Nolan principles of 'standards of board behaviour' in all that it does, and has a declaration of interests register, which is scrupulously maintained and shared openly. Governing body meetings are held in public and endeavour to manage the majority of its clinical commissioning decision-making in public. From the start, the governing body has put the patient at the centre of its decision-making. Its meetings begin with a patient story, usually presented by one of our clinical members, and at the end of most meetings members reflect on the difference their decision-making might have made to that patient.

**Governing body disclosures**

The declaration of interests register includes all interests declared by governing body members, employees, and members of committees or sub-committees, (including committees and sub-committees of the governing body).

In accordance with the CCG’s constitution and section 140 of The National Health Service Act 2006, the CCG’s accountable officer must be informed of any interest which may lead to a conflict with the interests of the CCG and the public in relation to a decision to be made by the CCG, and that needs to be included in the Register within 28 days of the individual becoming aware of the potential for a conflict.

If required, the register is updated regularly (at no more than three-monthly intervals).

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual) include:

- Roles and responsibilities held within member practices
- Directorships, including non-executive directorships, held in private companies or PLCs
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG
- Shareholdings (more than five percent) of companies in the field of health and social care
- A position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care
- Any connection with a voluntary or other organisation contracting for NHS services
- Research funding/grants that may be received by the individual or any organisation in which they have an interest or role
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual’s judgement or actions in their role within the CCG.
Our staff

Female to male staff

Of the 115 members of staff at the CCG, 79 are female (69%) and 36 are male (31%). 77 of these employees work full-time (66%) and 38 work part-time (33%). 29 of the part-time employees are female (37%) and nine are male (25%).

Male to female directors

The CCG employs seven directors. Five are male (71%) and two are female (29%).

Female to male senior managers

The CCG employs 40 senior managers (35%). 27 are female (68%) and 13 are male (33%).

* Senior Managers are defined as staff on Agenda for Change Pay Band 8a and above and staff within the Very Senior Manager Category.

Male to female governing body members

The governing body has 17 members. 14 are male (82%) and three are female (18%).

More comprehensive staff numbers and employee benefits are listed in section 4.1 in the Accounts.

Policies

The CCG currently has 37 human resources policies in place to ensure clear, fair and transparent practices that cover all aspects of the CCG. All policies are approved by the staff council and senior leadership committee and are available to all staff on our intranet. Below is a selection of the current policies:

- Flexible working
- Wellbeing at work
- Secondment
- Mandatory training
- Managing stress
- Employing people with a disability
- Sickness attendance management
- Improving performance
- Tackling bullying and harassment
- Study training and continuous professional development.

Sickness absence

The CCG has several systems in place to minimise absence levels, while also providing support to those absent for legitimate reasons and assisting their return to work. The sickness attendance management policy deals with this, as do return-to-work meetings, which ensure employees are fit to return to work. Managers also receive mandatory training on handling sickness absence and employees can self-referral to occupational health, which provides a range of services, including confidential advice and counselling.

The trend of sickness absence for 2015/16:
From April 2015 to the end of February 2016 absence has accounted for 2.15 percent of full-time equivalent (FTE) (where total working days are adjusted in acknowledgement of varying hours worked by members of staff). Of the 2.15 percent of FTE lost due to absence, 1.29 percent was attributed to long-term absence (absences of 28 or more days) with the remaining 0.86 percent being attributed to short-term absence (absences of less than 28 days).

The highest incidence of short-term absence occurred in June 2015 where 1.46 percent was lost. The lowest occurrence of short-term absence was in December 2015 where 0.28 percent was lost. The highest occurrence of long-term absence was during April 2015 where 2.81 percent was lost. The lowest incidence of long-term absence occurred during September 2015 where 0 percent was lost.

Staff council
This is made up of managers and staff representatives. It meets bi-monthly and has 11 elected staff representatives, covering every department. Staff council provides a forum for consultation and information on key issues affecting staff, including local terms and conditions, and general office matters. It provides an opportunity for staff representatives to influence decisions and speak on behalf of staff and meeting minutes are available on the internal intranet.

Over the past year, staff council has put a number of systems in place, including:
• A ‘suggestion and question box’ for staff to anonymously post any issues or concerns
• Getting all CCG vacancies advertised internally before going out to a wider audience
• Regular ‘mood checks’ (see below)

Mood survey
In July 2015, in response to issues raised in the 2014 NHS Staff Survey about demands of work and lack of feedback, staff council launched a ‘mood check’ survey where all staff can anonymously provide feedback on how they are feeling at work. The results are used to draw up an action plan, which then goes to the senior leadership team and the staff council.

Since it launched, the mood survey has resulted in a number of initiatives, including:
• Workshops on managing stress, assertiveness and handling difficult conversations
• Newsletters within each directorate to improve departmental communication
• Staff consultation on the proposed implementation of a rewards scheme.

2015 NHS Staff Survey
All employees were invited to complete the NHS Staff Survey between 18 November 2015 and 11 January 2016. Of the 112 staff invited to participate, 93 responded. The results of the survey are reviewed by the senior leadership committee. An action plan is being developed to address areas the results showed as needing improvement.

Wellbeing initiatives
This year, the CCG has trained several members of staff as Mental Health First Aiders, who can listen to staff views and provide confidential support and information for those suffering with stress, anxiety or depression. The CCG has also approved its wellbeing at work policy to accompany the managing stress policy.

The CCG continues to actively promote national health campaigns to all its staff, such as Dry January and Stoptober. Staff can still sign up to a cycle purchase scheme, and the staff rounders team and annual walking club are still going strong.

Equal opportunities
The CCG wholeheartedly supports the principle of equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of disability, race, religion, nationality, ethnic or national origin, age, gender, marital status, sexual orientation or other status. There are polices in place, including the employing people with a disability policy, to ensure that every possible step is taken to ensure that individuals are treated equally and fairly and that decisions on recruitment, selection, training, promotion and career management are based solely on objective and job related criteria.
Statement of accountable officer’s responsibilities

The NHS Act 2006 (as amended) states that each Clinical Commissioning Group shall have an accountable officer, and that officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the chief clinical officer to be the accountable officer of the Clinical Commissioning Group.

The responsibilities of an accountable officer, including responsibilities for the propriety and regularity of the public finances for which the accountable officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction) and for safeguarding the Clinical Commissioning Group’s assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Clinical Commissioning Group accountable officer appointment letter.

Under the NHS Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers’ equity and cash-flows for the financial year.

In preparing the financial statements, the accountable officer is required to comply with the requirements of the Manual for Accounts issued by the Department of Health, and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Manual for Accounts issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements
- And prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my Clinical Commissioning Group accountable officer appointment letter.

Dr Nick Roberts
Accountable officer

South Devon and Torbay Clinical Commissioning Group
26 May 2016