

Title of Meeting:	Governing Body	Agenda Item: 5.2	
Date of Meeting:	2 August 2018	Session (Tick)	
Paper Title:	Chief Officer Report	Public	X
		Private	
		Workshop	
Responsible Governing Body Member Lead Amanda Bloor Chief Officer		Report Author and Job Title Amanda Bloor Chief Officer	
Purpose (this paper if for)	Decision	Discussion	Assurance
			X
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No			
Executive Summary The purpose of this report is to provide a brief update from the Chief Officer to members of the Governing Body on strategic and operational areas not covered on the main agenda.			
Recommendations The Governing Body is asked to receive the report as assurance.			
Monitoring The Chief Officer produces a written report for each Governing Body meeting.			
CCGs Strategic Objectives supported by this paper			
	CCG Strategic Objective	X	
1	Quality, Safety and Continuous Improvement	X	
2	Better Value Healthcare	X	
3	Well Governed and Adaptable Organisation	X	
4	Health and Wellbeing	X	
5	Active and Meaningful Engagement	X	
CCG Values underpinned in this paper			
	CCG Values	X	
1	Respect and Dignity	X	
2	Commitment to Quality of Care	X	
3	Compassion	X	
4	Improving Lives	X	
5	Working Together for Patients	X	
6	Everyone Counts	X	

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	There are no implications detailed within the report.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	None identified.

**Amanda Bloor
Chief Officer
August 2018**

Chief Officer Report

August 2018

1.0 Improvement and Assessment Framework

Following the end of year Improvement and Assessment Framework (IAF) meeting, the headline assessment confirmed by NHS England for 2017/18 has not changed since last year.

While the assessment we received acknowledged notable areas of progress, financial pressures remain across the health and care landscape. We are proactively addressing this challenge to ensure sustainability, both financially and clinically, over the medium and long term. To help us achieve this we have agreed a stretching, but we believe deliverable, financial recovery plan with NHSE. This plan will help us address the current deficit.

In addition we will be working differently with our partners across the health and care landscape in the year ahead to deliver change at pace as we collectively strive to achieve our shared ambition of better healthcare outcomes for people across Harrogate District.

2.0 Council of Members meeting

The Council of Members (CoM) last met on Tuesday, 17 May 2018.

Council of Members heard updates on the CCG's financial position, WY&H Health and Care Partnership and Clinical Forum updates, Improving outcomes for people with CVD and Diabetes, Stoke Services, 'Your Community, Your Care' and discussions around Primary Care and the Joint GP / Harrogate and District NHS Foundation Trust Event.

3.0 Aligned Incentive Contract (AIC)

The governance structure to support this new way of partnership working is now established and operational. There have been a number of positive executive oversight meetings during June and July where the focus has been on how we commission and deliver high quality acute services within the resources available.

To support this work and in line with the governance arrangements a range of initiatives have been agreed which focus on patients having the most appropriate treatment, by the right person at the right time.

The clinical event that was held on the 5 June was well represented by both GPs and medical staff from HDFT. The feedback from the event was very positive with a number of ideas and innovations for new ways of working which will be taken forward through the respective delivery groups.

The oversight board and delivery groups are currently working on plans to ensure that services are sustainable over the winter period (see Item 11).

4.0 Harrogate System Leadership Executive

Positive work continues in respect of partnership working across the Harrogate and rural district. The Harrogate System Leadership Executive (HSLE) held its first meeting on 26 July 2018. Items discussed included: the governance structure and draft terms of reference, an update from the Harrogate Integrated Health & Social Care (HIHSC) Programme Board, a discussion on the draft winter resilience plan and updates on the Place Based Plan and priority areas such as workforce and estates.

5.0 Sustainability Transformation Partnership Update

Harrogate and Rural District CCG (HaRD CCG) is one of 6 places within the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP). The most recent public Joint Committee took place on 5 June 2018. A summary of the key decisions are as follows:

<p>The Joint Committee noted changes to its work plan agreed by the member practices of each CCG. The changes clarified the decisions that the CCGs had delegated to the Joint Committee.</p>
<p>The Joint Committee: Noted the revised Joint Committee work plan, reviewed the significant risks to the delivery of its work plan and approved the Joint Committee Annual Report.</p>
<p style="text-align: center;">Improving outcomes for people with CVD and diabetes</p>
<p>Dr Youssef Beaini, Clinical Lead, Bradford Healthy Hearts and Sue Baughan, representing the Academic Health Science Network, presented recommendations from the WY&H Clinical Forum that the CCGs work together to reduce the number of strokes and heart attacks. The work included identifying and treating people with high blood pressure more effectively and improving treatment with statins. This would help prevent long-term ill health and contribute to the WY&H target of reducing CVD incidents by 10% by 2021.</p>
<p>The Joint Committee recommended to the CCGs that they:</p> <ol style="list-style-type: none"> 1. Adopt this WY&H-wide improvement project. 2. Identify a clinical and a project lead to work with the Clinical Lead & central project team. 3. Support the reporting arrangements to measure impact at CCG and WY&H level.
<p style="text-align: center;">Urgent and emergency care</p>
<p>Martin Pursey, Head of Contracting and Procurement for Greater Huddersfield CCG, presented a recommended approach to procuring out of hours primary care medical services across West Yorkshire. The recommendation was to extend the current service to enable the service to be integrated effectively with the Integrated Urgent Care and Clinical Advisory Service.</p>
<p>The Joint Committee: Agreed to negotiate a direct award of contract to Local Care Direct (LCD) to expire on 31st March 2020.</p>
<p style="text-align: center;">Complex and severe obesity</p>
<p>Michelle Turner, Director of Quality for Bradford City and Districts CCGs and Programme Director for Bariatric surgery, presented recommendations from the WY&H Clinical Forum to improve outcomes for people with severe and complex obesity by commissioning more Tier 4 bariatric surgery. A collaborative approach was proposed, including a new service specification. CCGs were recommended to work towards providing surgery to 4% of those patients likely to be 'eligible and accepting of surgery' and work with acute trusts on how any additional capacity could be provided.</p>
<p>The Joint Committee recommended to the CCGs that they:</p> <ol style="list-style-type: none"> 1. Have a new service specification for WY&H for Tier 4 bariatric services which the CCGs commission collaboratively once financial values have been agreed. This may include, depending on the financial implications, additional capacity. 2. Ask the West Yorkshire Association of Acute Trusts (WYAAT) to consider how to respond to a collaborative commissioning approach against a single service specification for WY&H 3. Ask WYAAT to consider how best to meet any additional capacity required from the CCGs.

6.0 West Yorkshire and Harrogate Integrated Care System

As discussed in the last report, it was announced on 24 May 2018 that West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) will now be invited to join the second wave of the Integrated Care Systems (ICS) development programme in shadow format. This gives the green light for further integrating health and care services across organisational boundaries, making it easier for teams to work together and for the benefit of the 2.6million people we serve.

Progress is being made and as part of becoming a Shadow Integrated Care System we have been asked to sign up to the National ICS Memorandum of Understanding (MoU). This document sets out the terms of the agreement between WY&H partnership and NHSE / NHSI with a specific focus on 2018-19.

The partnership now has a very strong draft of the MoU which has been in development since last November and has benefited from discussions at Health and Wellbeing Boards, organisation boards and governing bodies over that period. This will be signed by all partners by September / October 2018.

Plans are currently being developed to establish a new Partnership Board in order provide formal leadership. The Board will be responsible for setting strategic direction and have oversight of all Partnership business.

The System Leadership Executive (SLE) Group will continue to meet and will include representation from our partnership sectors. This group will be responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.

7.0 Health and Wellbeing Board Update

There has not been a Health and Wellbeing Board since the last Governing Body meeting

The next meeting is scheduled for 19 September 2018.

8.0 NHS Harrogate and Rural District CCG Annual General Meeting

Local residents have been invited to attend the NHS Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) Annual General Meeting (AGM).

The meeting will take place on today at 14:00 – 15:30 at the Nidderdale Suite, Best Western Dower House Hotel, in Knaresborough.

The HaRD CCG Annual Report, incorporating Annual Accounts, year ended 31 March 2018 will be presented and can be found on the publications section of the CCG website: <http://www.harrogateandruraldistrictccg.nhs.uk/publications/>

9.0 Better Care Fund Update

The Better Care Fund (BCF) schemes continue to assist with discharging patients from hospital in partnership with Harrogate District Foundation Trust (HDFT), Local Authority, Mental Health and Continuing Healthcare colleagues. The CCG also continues to commission voluntary sector partners to deliver befriending services, social prescribing and services to support patients at home.

Harrogate District Foundation Trust delayed transfers of care (DTC) was at 3.8% in April, 2.5% in May and increased to 4.5% in June against the national target of 3.5%. Work has progressed on increasing the number of Continuing Healthcare assessments taking place outside of hospital at care homes. HDFT has also produced leaflets for

patients to explain the reasons for transfers to other providers, for example, to a care home to continue their care and assessment of long term needs.

The Improved Better Care Fund (iBCF) Living Well posts continue to offer face to face appointments within three GP practices, Dr Ingram & Partners in Ripon, East Parade in Mowbray Square in the centre of Harrogate and Stockwell Road Surgery in Knaresborough. This is in addition to the co-ordinators seeing patients in their own homes supporting them to manage their health and stay well. The co-ordinators also work with Carers Resource supporting patients at discharge with a 'Home from Hospital' service.

The A&E Delivery Board continues to receive monthly monitoring reports to oversee delivery of the schemes.

10.0 Urgent and Emergency Care Update

A productive workshop was held on 3 July 2018 with partners from the HaRD Accident & Emergency Delivery Board. The workshop explored the current services on offer to our population, the requirements of the Integrated Urgent Care specification, the future needs for our patients and how we can provide an accessible urgent care service that ensures best quality and is financially sustainable. The services should also be easily understood by patients so they can access the right service first time.

Key messages from the workshop include:

- There is some overlap between services
- Services are not clearly signposted for patients
- Services are not easy for clinicians to navigate

A draft Urgent Care Strategy will be shared with partners and patients with a final Strategy to be brought to Governing Body in October 2018. To support the Strategy a delivery plan will be developed to ensure we will deliver the outcomes within the Strategy. This will need to explicitly link with "Your Community, your care" integrated services strategy.

11.0 Winter Planning

NHS England has issued guidance for 2018/19 Winter Planning. A draft system wide winter plan was submitted to NHS England on 18th July 2018 with feedback due mid-August. This planning is earlier than in previous years and emphasises the national and regional focus on planning and resilience in preparation for winter increases in activity. NHS England has informed CCGs that there is no additional winter funding available this year. This presents a financial risk to all partners who are required to respond to surges in requests for appointments, A&E attendances and non-elective admissions. This risk is being managed through the HaRD CCG A&E Delivery Board.

As part of winter planning and to ensure sufficient bed capacity acute trusts have been given targets to reduce the number of long stay patients (stranded (over 7 day stay) and super stranded patients (over 21 day stay)) by December 2018. The HaRD A&E Delivery Board Discharge Project is working to reduce Delayed Transfers of Care (DTOC). This work will also contribute to the delivery of the stranded patient target. As at 9 July 2018 the number for stranded patients at HDFT was 54 against a target of 53. This demonstrates that progress is being made to reduce all delayed transfers and discharges. This success must now be sustained into next winter.

12.0 PWC Capability and Capacity Review and Action Plan

In March 2018, NHS England requested that the CCG undertake a 'Capacity and Capability Review' of the organisation. The review was undertaken as a consequence of the CCG's financial deterioration and was completed by PricewaterhouseCoopers

(PWC). At the Governing Body meeting in June 2018 it was agreed to update the Governing Body on progress against actions contained within the management response. An updated position will be brought in October 2018.

13.0 Mental Health Transformation Programme

Progress has been made on the local work to transform care for Adult and Older Peoples who require support from specialist mental health services.

Based on a range of engagement feedback and our work with clinical staff, a number of potential solutions are still being developed.

The next steps will involve a case for change being prepared for the Yorkshire and Humber clinical senate to seek their views on the safety of the proposed solutions. The submission to Clinical Senate will be at the end of July 2018 with a recommendation expected by the end of September 2018.

This will ensure that we continue to offer effective and enhanced community services that aligns to the neighbourhood model and the work of Your Community, Your Care.

Once clinical senate has provided feedback and recommendations, we will work with NHS England to move through their second stage assurance gateway process in October 2018 to ensure that they have a full understanding of the proposed solutions and the rationale of their development. A decision about the proposed solutions and any need for a public consultation will be for the Governing Body and this is likely to be in the December 2018 Governing Body meeting.

14.0 More than 80,000 sign up to NHS research in Yorkshire and Humber in 2017/18

The Yorkshire and Humber region continues to be a hotbed for the number of patients taking part in clinical research studies in the NHS, with more than 80,000 patients being given access to new and better treatments, according to figures out today from the National Institute for Health Research (NIHR).

In 2017/18, 84,130 people took part in research delivered mainly through NHS trusts and Clinical Commissioning Groups (CCGs). This represents an increase almost 10,000 on the previous year (74,630).

To see the League Table, please follow this link: www.nihr.ac.uk/nihrleaguetable

15.0 CCG Significant Risks

The Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) are important governance documents that facilitate the effective management of the CCGs strategic and operational risks. The GBAF and CRR are repositories of current risks deemed significant to the organisation that are rated at 12 and above. Each risk includes a risk rating and controls in place to mitigate the risk. The Governing Body receives the GBAF three times yearly (twice in public and once in a Governing Body workshop) and the CRR twice yearly to provide assurance that appropriate controls are in place in order to manage and reduce the risks effectively.

The GBAF and Risk Registers are reported in detail at agenda Item 9.2 and 9.3.

Amanda Bloor, Chief Officer
August 2018