

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 5.2</b>									
<b>Date of Meeting:</b>	<b>4 October 2018</b>	<table border="1"> <tr> <th colspan="2"><b>Session (Tick)</b></th> </tr> <tr> <td><b>Public</b></td> <td align="center">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Workshop</b></td> <td></td> </tr> </table>		<b>Session (Tick)</b>		<b>Public</b>	X	<b>Private</b>		<b>Workshop</b>	
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<b>Public</b>	X										
<b>Private</b>											
<b>Workshop</b>											
<b>Paper Title:</b>	<b>Chief Officer Report</b>										
<b>Responsible Governing Body Member Lead</b> Amanda Bloor Chief Officer		<b>Report Author and Job Title</b> Amanda Bloor Chief Officer									
<b>Purpose (this paper if for)</b>	<table border="1"> <tr> <th><b>Decision</b></th> <th><b>Discussion</b></th> <th><b>Assurance</b></th> <th><b>Information</b></th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> <td></td> </tr> </table>			<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>			X	
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		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> If yes, state the Committee / Meeting: No											
<b>Executive Summary</b> 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.											
<b>Recommendations</b> The Governing Body is asked to receive the report as assurance.											
<b>Monitoring</b> The Chief Officer produces a written report for each Governing Body meeting.											
<b>CCGs Strategic Objectives supported by this paper</b>											
	<b>CCG Strategic Objective</b>	<b>X</b>									
<b>1</b>	Quality, Safety and Continuous Improvement	<b>X</b>									
<b>2</b>	Better Value Healthcare	<b>X</b>									
<b>3</b>	Well Governed and Adaptable Organisation	<b>X</b>									
<b>4</b>	Health and Wellbeing	<b>X</b>									
<b>5</b>	Active and Meaningful Engagement	<b>X</b>									
<b>CCG Values underpinned in this paper</b>											
	<b>CCG Values</b>	<b>X</b>									
<b>1</b>	Respect and Dignity	<b>X</b>									
<b>2</b>	Commitment to Quality of Care	<b>X</b>									
<b>3</b>	Compassion	<b>X</b>									
<b>4</b>	Improving Lives	<b>X</b>									
<b>5</b>	Working Together for Patients	<b>X</b>									
<b>6</b>	Everyone Counts	<b>X</b>									

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

<b>YES</b>		<b>NO</b>	<b>X</b>
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**If yes, please indicate which principle risk and outline**

<b>Principle Risk No</b>	<b>Principle Risk Outline</b>

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

**Amanda Bloor  
Chief Officer  
October 2018**

## Chief Officer Report

October 2018

### 1.0 Council of Members meeting

The Council of Members (CoM) last met on Tuesday, 18 September 2018.

Council of Members heard updates on the CCG's financial position, WY&H Health and Care Partnership and Clinical Forum updates. Operational business discussions included detailed discussions on referral audits and the approach to Primary Care pathways. Updates also included: hyper acute stroke service, cardiovascular disease prevention, primary care and urgent care.

### 2.0 Aligned Incentive Contract (AIC)

Whilst it is recognised that there are significant challenges in terms of delivering the Aligned Incentive Contract, the Strategic Oversight Board remain focussed to deliver sustainable and local services for the population of Harrogate and Rural District.

Demand into HDFT from primary care has been managed in line with the previous year.

The projects to deliver cost reduction are being developed through a joint process with the Trust.

The levels of unplanned care activity are below what were seen in 2017/18, however it is recognised that we are now moving into the winter period.

The Governing Body Workshop, held after the Governing Body meeting will use some of the time to discuss the Aligned Incentive Contract and the principles and actions to ensure delivery.

### 3.0 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 second meeting on 27 September 2018. Items discussed included:

- Key messages from the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) System Leadership Executive.
- An update from the Harrogate Integrated Health & Social Care (HIHSC) programme board.
- Plan on a page and dashboard development.
- Draft Winter Place Resilience Plan
- Discretionary transformation funds 2018/19

### 4.0 Sustainability Transformation Partnership Update

Harrogate and Rural District CCG (HaRD CCG) is one of 6 places within the West Yorkshire and Harrogate Health and Care Partnership (HCP). The most recent public Joint Committee took place on 4 September 2018. A summary of the key decisions are as follows:

<b>Elective care/standardisation of commissioning policies</b>
The Committee considered an update on progress on Eye Care Pathway and Services, Musculoskeletal Pathway, Clinical Thresholds and Value Based Commissioning (Procedures of limited clinical value), Supporting Healthier Choices and Prescribing. Good progress was noted in aligning providers and commissioners through closer working with the West Yorkshire Association of Acute Trusts. The Committee noted that WY&H level work enabled commissioners in each place to share learning and help with the 'day job'. Some of the challenges for the programme included:

<ul style="list-style-type: none"> <li>• Using behavioural change science to change the conversation with the public about services.</li> <li>• Capitalising on the expertise of community pharmacy and working with them on shared priorities.</li> <li>• Balancing the need for early diagnosis of cancer with the other pressures on the healthcare system, particularly around planned care.</li> <li>• Workload pressures across the healthcare system</li> </ul>
<p>The Joint Committee:</p> <ol style="list-style-type: none"> <li>1. Noted progress with the Elective Care and SCP programme, the challenges faced, and the proposed approach to the ongoing development of the programme.</li> <li>2. Supported a proposal to agree common objectives for CCG commissioning staff relating to work at WY&amp;H level.</li> </ol>
<p><b>Partnership Memorandum of Understanding (MoU)</b></p>
<p>The Committee heard that during September, the Boards/Governing bodies of partner organisations and Health and Wellbeing Boards would be asked to approve the MoU for the West Yorkshire and Harrogate Health and Care Partnership. The MoU was not a legal document and entailed no changes in the statutory duties of CCGs. It was intended to formalise ways of working across the Partnership. New governance arrangements would improve transparency and democratic accountability and enable the Partnership to become more self-governing. Primary care would be represented as commissioners and providers in the Partnership governance structures.</p>
<p>The Joint Committee: Noted the MoU and the arrangements for seeking the approval of partners.</p>
<p><b>Joint Committee Governance</b></p>
<p>Public and Patient Involvement (PPI) Assurance Group - to strengthen arrangements for assuring patient and public involvement, a PPI Assurance Group was proposed, building on the work of the Lay Member Assurance Group. The Committee reviewed draft terms of reference for the Group.</p> <p>Risk management framework - the Committee reviewed the significant risks to the delivery of the Joint Committee's work plan.</p>
<p>The Joint Committee:</p> <ol style="list-style-type: none"> <li>1. Noted the work to date of the Lay Member Assurance Group and agreed that the Group be reconstituted as the Public and Patient Involvement Assurance Group. The terms of reference to be amended to strengthen the focus on assurance.</li> <li>2. Reviewed the risk management framework and the actions being taken to mitigate the risks.</li> </ol>

## 5.0 West Yorkshire and Harrogate Cancer Alliance Board

I am the commissioning SRO for the Cancer workstream in the HCP and the Vice chair of the Cancer alliance board. The Board has an overall aim to improve the lives of all those affected by cancer across our area, last met on 12 September 2018. Items discussed included:

- Revised terms of reference that now reflect the role of the newly-constituted Board as the emerging system leadership for cancer across West Yorkshire and Harrogate (WYH), with an even stronger emphasis on engagement with and involvement of patients and others affected by cancer.
- The redevelopment of the risk register
- A highlight report for each of the Alliance work streams
- A dashboard of data/metrics which is being developed as a priority
- A discussion on how sustainable cancer improvement could continue to be delivered across West Yorkshire and Harrogate in the long-term.

## **6.0 West Yorkshire and Harrogate Integrated Care System**

As discussed in previous reports, West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) have been 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 an 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. HaRD CCG discussed this in a workshop in February 2018 and April 2018. This is on the agenda for the Governing Body meeting for approval and for the Governing Body to authorise the Accountable Officer to sign the MOU.

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. Locally leaders have established the Harrogate System leadership Executive as referenced in 3.0

## **7.0 Health and Wellbeing Board Update**

The Health and Wellbeing Board last met on 19 September 2018. Items discussed included:

- A presentation was given on the Digital Theme update. A more detailed update will be coming back to the November 2018 meeting.
- A Summit Report on the Mental Health, Moving in the Right Direction was noted and it was confirmed that there will be a more in depth report at the next meeting.
- An update was given on the Mental Health Prevention Concordat.
- A presentation was received on the Integration and Better Care Fund Operational Guidance 2018/19 and implications for North Yorkshire.

A multi-agency workshop followed the meeting focusing on health and housing. A report and action plan will come to the November 2018 meeting.

The next meeting is scheduled for 23 November 2018.

## **8.0 Better Care Fund Update**

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, Continuing Healthcare and voluntary sector partners. In July and August HDFT reported delayed transfers of care at 3.7% and 2% against the national target of 3.5%. The number of continuing healthcare assessments taking place outside of hospital at care homes has continued to increase. Over the last 3 months a total of 104 assessments (June 46, July 34 and August 24) were completed of which only 2 assessments had been completed in the acute trust.

The Improved Better Care Fund (iBCF) Living Well posts continue to offer face to face appointments within three GP practices. 41 appointments have been made via 3 pilot surgeries of which, 19 people have accessed ongoing support and 13 people required one off sessions. There were 9 people who failed to attend their appointment, these have been

followed up. It is important that the impact of this service is monitored and evaluated therefore the team monitor their impact through case studies, 2 examples include;

Client A presented at a GP appointment with extreme anxiety, struggling with finances and was overwhelmed. She was referred to Living Well. A home visit was undertaken and discovered the client was living without essential equipment and had a poor diet. The Living Well co-ordinator was able to apply for a fridge and microwave through the Local Assistance Fund and sourced bedding and clothes vouchers. Over a couple of weeks, the client became more trusting and confident and is now accessing support from local churches to help with carpets and flooring.

Client B again presented at a GP appointment with issues relating to housing and employment. He was struggling with claiming benefits and had received an eviction notice. This was having a huge effect on his mental health. The Living Well co-ordinator was able to refer to Supported employment and access to Housing and Home choice. They have also supported the client with community activities including the ORB and accessing counselling. The client was thrilled with the information and advice and appreciated the help and support.

Better Care Fund Operating Guidance 2017-19 was published in July 2018 by NHS England. The document provided guidance on implementing plans including a review and refresh of metrics. The Health and Wellbeing board considered the guidance and metrics and agreed that existing plans would continue to be delivered.

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

## **9.0 Urgent and Emergency Care Update**

The draft Urgent Care Strategy is submitted to Governing Body for approval. This strategy will inform future operational plans for the development of urgent care services for Harrogate and Rural District.

The West Yorkshire and Harrogate health and Care Partnership has awarded funding for Urgent and Emergency Care across its 6 places. Harrogate Place has received £374, 000 and the A&E Delivery Board has made the decision to support 2 areas with this funding: firstly, the delivery of a reduction in 'stranded patients' (those with a length of stay of seven days or more) and secondly, meeting the 4 hour waiting time target for A&E. This funding will assist in the management of increased demand over the winter period, however delivery of performance targets over winter remain at risk as the CCG and acute trusts have been advised to plan services on the assumption of no additional national winter funding. This risk has been escalated by the A&E Delivery Board to NHS England.

Harrogate District Foundation Trust (HDFT) has received capital funding to support the development of an ambulatory care service. This service will be provided close to the A&E Department and will reduce the number of patients admitted over night when they could be better managed through a non-admitted pathway. This service is expected to be in place by mid-December 2018.

The World Cycling Championships will be taking place in North Yorkshire from 22 – 29 September 2019; all races will finish in Harrogate. The event will potentially have considerable impact on health services and access to services across the CCG. Health planning will start in October 2018 and is being led by the NHS England, Yorkshire and Humber, Emergency Preparedness, Resilience and Response (EPRR) team. This event does present a financial risk to health partners and this is being escalated to NHS England. We will update Governing Body as the impact is more fully understood and contingency planning progresses.

Re-procurement of the 111 service for Yorkshire and Humber, led by Calderdale CCG, remains on track to meet the November deadline for a decision to award a contract.

## **10.0 Winter Planning**

NHS England provided feedback on the HaRD A&E Delivery Board Draft Winter Plan. This is now being revised in readiness for winter 2018/19. It is expected that there will be a national assurance process for winter plans, details are not yet known. The NHS England has previously informed CCGs that there is no additional winter funding available this year and this remains their advice. This risk continues to be managed through the HaRD CCG A&E Delivery Board.

Pauline Philip, National Director of Urgent and Emergency Care for NHS England and NHS Improvement wrote to CCGs and Trusts on 7 September outlining expectations for the delivery of the 4 hour waiting time target for ED and the elective waiting list targets. Trusts are expected to deliver 90% performance against the 4 hour target. Plans should also ensure that the number of patients on an incomplete elective pathway are no higher in March 2019 than in March 2018. To support this systems are expected to deliver a 25% reduction in long stay patients by December 2018 and to achieve the 3.5% Delayed Transfers of Care (DTC) target. The HDFT target for long stay patients is 53 patients. As at 18.08.18 HDFT reported 54 patients. July's DTC performance was 3.7% and August 2%.

All NHS Trusts have also received guidance regarding staff flu vaccination with an expectation that Trusts move towards 100% staff vaccination uptake although not for 2018/19.

As per last year NHS England and NHS Improvement will establish a joint Winter Operations Team to monitor the impact of winter demand and resilience of local systems.

## **11.0 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 is on the agenda for the October meeting.

## **12.0 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.

### **Governing Body Assurance Framework**

No new risks have been added, deescalated or closed on the Governing Board Assurance Framework since the Governing Body last met in August 2018.

The Governing Body is using part of its workshop session to review the GBAF.

### **Corporate Risk Register**

No new risks have been added to the Corporate Risk Register since the Governing Body last met in August 2018.

**Amanda Bloor, Chief Officer**  
**October 2018**