

<b>Report To:</b>	Governing Body meetings in Common
<b>Report Title:</b>	Chief Officer's Report
<b>Report From:</b>	Andrea Green, Chief Officer
<b>Date:</b>	8 March 2018
<b>Previously Considered by:</b>	Not applicable

<b>Action Required</b> ( <i>delete as appropriate</i> )							
<b>Decision:</b>		<b>Assurance:</b>		<b>Information:</b>	✓	<b>Confidential</b>	

<b>Purpose of the Report:</b>
The purpose of this report is to provide members of the Governing Bodies with information on key activities undertaken by the Chief Officer since the last Governing Body meeting in common in January 2018, and any pertinent issues not covered elsewhere on the agenda.

<b>Key Points:</b>
The Chief Officer's Report covers the following: <ul style="list-style-type: none"> <li>a) Strategic Commissioning, work programme update including                     <ul style="list-style-type: none"> <li>i. Stroke improvement programme and patient's story</li> <li>ii. Collaborative commissioning action</li> <li>iii. Refreshing NHS Plans 2018/19 and evolution of Integrated Care Systems</li> </ul> </li> <li>b) Governing Body recruitment and appointments.</li> </ul>

<b>Recommendation:</b>
The Governing Body is requested to <b>NOTE</b> the report.

<b>Implications</b>							
<b>Objective(s) / Plans supported by this report:</b>	[Details of which corporate objective, strategy or plan this report supports]						
<b>Conflicts of Interest:</b>	None identified.						
<b>Financial:</b>	<b>Non-Recurrent Expenditure:</b>	Not applicable.					
	<b>Recurrent Expenditure:</b>	Not applicable.					
	<b>Is this expenditure included within the CCG's Financial Plan?</b> ( <i>Delete as appropriate</i> )	Yes		No		N/A	✓

<b>Performance:</b>	None identified.						
<b>Quality and Safety:</b>	None identified.						
<b>Equality and Diversity:</b>	<b>General Statement:</b> The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.						
	<b>Has an equality impact assessment been undertaken?</b> <i>(Delete as appropriate)</i>	<b>Yes</b> (attached)		<b>No</b>		<b>N/A</b>	✓
<b>Patient and Public Engagement:</b>	None identified.						
<b>Clinical Engagement:</b>	None identified.						
<b>Risk and Assurance:</b>	None identified.						

## 1. Strategic Commissioning activities

- 1.1. The Coventry and Warwickshire Clinical Commissioning Groups work together as part of the sustainability and transformation partnership known as Better Health, Better Care, Better Value Board, with an ambition to develop this as part of a future local integrated care system.
- 1.2. The CCGs held a Strategic Commissioning Joint Committee meeting in February to,
  - hear about the findings of the Integrated Impact Assessment (IIA) of proposals for Stroke Improvements;
  - to consider the proposed actions to respond to and mitigate impacts from IIA and outcomes of the public and patient engagement (mid June to end July 2017) in respect of the proposals;
  - to determine whether the pre-consultation business case was complete and ready for consideration by the BHBCBV Partnership Board, prior to submission to NHSE for the final stage of assurance.
- 1.3. The Committee agreed that there was adequate action planned in the business case to address the IIA and patient and public comments, and that the business case was complete and could be forwarded for consideration by the BHBCBV Partnership Board, who have considered and agreed their support for the business case to go to NHSE.
- 1.4. I met with the Patient and Public Stroke Improvement Group on the 13 February, to share our progress on finalising the business case and to review the patient story the group have developed. This is the patient story for the Governing Body today.
- 1.5. The Collaborative Commissioning Board met in February to discuss
  - the local escalation of the Arden and Solihull Transforming Care Programme as we are not meeting the Inpatient trajectories, the financial risks for 18/19 and the actions in place to manage the improvements and risks accepting it is not possible to recover the trajectory in 17/18 for patients stepping down from NHSE commissioned specialised services;
  - the refresh of the Proactive and Preventative BHBCBV work programme to include specific elements of the Upscaling Prevention work , and as the catalyst and co-ordinating body for supporting the work of both HWBB's, as well as emerging thinking on increased "integration at place".
  - Terms of reference for the Strategic Partnership Board for Children and Young People's emotional Well-being and Mental Health.
- 1.6. Refreshing NHS plans 18/19 and Evolution of an Integrated Care System in Coventry and Warwickshire.
  - NHS England guidance "Refreshing NHS Plans 18/19 was published in February. This sets out our planning parameters and financial framework for 18/19 and greater clarity on the voluntary evolution of STPs into effective Integrated Systems, these being systems where commissioners and NHS providers, working closely with GP networks (or clusters for Coventry, Rugby and Warwickshire North), local authorities and other partners, agree to take shared responsibility (in ways that are consistent with organisations legal obligations) for how they operate the collective resources for the benefit of the local population.
  - The benefit of ICS's as being key to sustainable improvements in health and care by
    - 1.6..1. Creating more robust cross-organisations arrangement to tackle systemic challenges facing the NHS
    - 1.6..2. Supporting population health management approaches that facilitate integration of services focussed on populations that are at risk of developing acute illness and hospitalisation
    - 1.6..3. Delivering more care through re-designed community-based and home-based services, including partnerships with social care, the voluntary sector and community sector and
    - 1.6..4. Allowing systems to take collective responsibility.
- In February we asked both the Warwickshire North and Rugby Health and Wellbeing Partnerships, if we can consider evolving these into 2 of our Place Based Integration Partnerships and we are completing some work over the next two months to further explore this with NHS Providers and primary care provider representatives. We are looking to develop a similar approach in Coventry shortly.

Governing Body Members are asked to note that I have taken over the Executive Lead role for the Planned Care BHBCBV work programme. The SRO for this programme is Alison Cartwright from South Warwickshire CCG.

**2. CCG Governing Body matters**

- 2.1. NHS Coventry and Rugby CCG has made an offer to a Lay Member for Patient and Public Involvement and are interviewing for the Lay Member for Audit and Governance this week.
- 2.2. NHS Warwickshire North CCG has reappointed Dr Deryth Stevens as CCG Chair for a further period.

**End of report**