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| Report To: | Governing Body Meetings in Common |
| Report Title: | Chief Officer's Report |
| Report From: | Andrea Green, Chief Officer |
| Date: | 21 st March 2019 |
| Previously Considered by: | Not applicable |

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

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| Purpose of the Report: |
| 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 November 2019, and any pertinent issues not covered elsewhere on the agenda. |

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| Key Points: |
| The Chief Officer's Report covers the following: <ol style="list-style-type: none"> 1. System preparedness assurance – Brexit 2. Strategic Commissioning Joint Committee 3. Warwickshire County Council - Public Interest Debate Integrated Care Systems 4. CCG Appointment of Lay Member for Public and Patient Involvement |

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| Recommendation: |
| The Governing Body is requested to NOTE the report. |

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| Implications | | | | | | | |
| Objective(s) / Plans supported by this report: | Constitution, Leadership IAF Domain | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | |
| Financial: | Non-Recurrent Expenditure: | Not applicable. | | | | | |
| | Recurrent Expenditure: | Not applicable. | | | | | |
| | Is this expenditure included within the CCG's Financial Plan? <i>(Delete as appropriate)</i> | Yes | | No | | N/A | ✓ |

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| Performance: | None identified. | | | | | | |
| Quality and Safety: | None identified. | | | | | | |
| Equality and Diversity: | <p>General Statement: 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.</p> | | | | | | |
| | <p>Has an equality impact assessment been undertaken? <i>(Delete as appropriate)</i></p> | <p>Yes (attached)</p> | | <p>No</p> | | <p>N/A</p> | <p>✓</p> |
| Patient and Public Engagement: | None identified. | | | | | | |
| Clinical Engagement: | None identified. | | | | | | |
| Risk and Assurance: | None identified. | | | | | | |

1. System preparedness assurance - Brexit

In December 18 the Department of Health and Social care issued the EU Exit Operational Readiness Guidance which summarises the Government's contingency plans and covers actions that all health and adult social care organisations need to take in preparation for EU Exit. The guidance has been developed and agreed with NHS England and Improvement.

In line with the guidance the CCGs have: -

- Completed a local risk assessment and included on the corporate risk register and presented to CCG Committee on 28th February.
- Submitted assurance information in relation to the seven areas of activity in the health and care system that the Department of Health and Social Care is focussing on exit contingency planning (Supply of medicines and vaccines; Supply of medical devices and clinical consumables; Supply of non-clinical consumables, goods and services; workforce; reciprocal healthcare; research and clinical trials; and Data sharing, processing and access). All now reported as green and signed off by NHSE EU Exit Team on 6th March 19.
- Put in place a CCG Senior Responsible Officer and CCG Director of Ops leads who are co-ordinating action to manage risks and assurance reporting.
- Communication and engagement plan in place across Coventry & Warwickshire including CCGs, NHS Providers and Local Authorities.
- Single email account established to ensure appropriate and timely reporting to NHSE as required.

2. Strategic Commissioning Joint Committee

The Committee met in February to review the status of the pre-consultation business case following conclusion of the non-financial option appraisal of bedded rehabilitation, and the updated costings. The Committee were advised that following completion of the option appraisal, the revised rehabilitation workforce projections are being scrutinised by the regional expert stroke clinical network and the outcome of this may affect the costings, however this was not predicted to be material to the overall commissioner costs of the case.

An updated integrated impact assessment of the proposals was considered as this is a key component of assessment of the proposals in the case. The SRO confirmed that additional expert advice had been commissioned in completing this latest version of the IIA from the Consultation Institute.

The Committee asked for assurance that the proposed way forward is affordable within CCG 2019/20 plans, and subject to this assurance, they asked that the financial appraisal and final amendments be made to the pre-consultation business case on receipt of the findings of the rehabilitation workforce review. After conclusion of these, confirmation of support should be secured from Provider Boards and the Better Health, Better Care, Better Value Boards.

The Committee signed off the IIA report, and asked that a summary report for the IIA be completed so as to improve accessibility, once concluded, they agreed these two documents should be published on the CCG websites.

3. Warwickshire County Council Public Interest Debate – Integrated Care Systems

I was delighted to be invited to give a CCG Commissioner view as part of a panel of invited speakers, prior to the Council debate held on 19th February. I attach the briefing I submitted and that forwarded from Dr John Linnane, Director of Public Health for Members information.

The Council carried a motion that an integrated care system focussed on communities is the right way forward for the health and wellbeing of citizens in Warwickshire, with some caveats around funding.

4. CCG Appointment of PPI Lay Member

I'm delighted to advise Members that Mrs Sharon Beamish will be joining the CCG Governing Body when Mr Derek Pickard retires from the post. I would like to take the opportunity to thank Mr Pickard for his excellent work as the PPI lead, he has been an active member of the Patient Group Forum and other key engagement groups during his tenure.

End of report

Public Interest Debate – Integrated Care System

A view from Clinical Commissioners

Key Proposition

Integrated Care Systems (ICS) are an opportunity for improved relationships and shared ownership of the challenges we face as we transform our public service offer, to better fit Warwickshire populations' needs.

This is not a quick fix as will require a significant cultural change. We recognize that the new ways of working and the enablers to support these will take time, require sensitive steering and negotiation, and require greater trust between individuals, communities and the public sector (at both individual and organisation level).

Rationale

The new model of ICS, with accountability and shared decision making at three levels of “network”, “place” and “system” level, alongside the changes being made over the next five years to remove the current system fragmentation and barriers to delivering truly person-focused integrated care, are a significant opportunity to improve outcomes in care through:

- Greater transparency, co-operation and collaboration at the 3 place-based Partnership Boards aligned with Districts and Boroughs in south Warwickshire, north Warwickshire and Rugby. These Boards will be drawn from and representing local authorities, commissioners, trusts, primary care networks, voluntary and community partners;
- Facilitating collaboration and alliances to develop our understanding, insights and intelligence about what preventative, proactive and health interventions work for specific populations – supporting delivery of more personalised care and helping to improve the prospect of tackling inequalities at pace;
- The opportunity to remove some of the transactional and competitive nature of contracting between health commissioners and care providers, allowing more focus on improving outcomes rather than inputs;
- The opportunity to more quickly and appropriately remove some information governance barriers that prevent optimal care delivery between health, social and potentially other care givers, where this is the best interest of the citizen;
- By assuring regulators that we have the right system governance for an ICS, the opportunity to take control of some of the specialised services funding which currently is managed centrally, an example locally would be our belief that we could better manage care of our children and young people's mental health with more control over the commissioning of the most specialist services described as tier 4 services.

Authors

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