

Report To:	Governing Body meetings in Common
Report Title:	Chief Officer's Report
Report From:	Andrea Green, Chief Officer
Date:	9 May 2018
Previously Considered by:	Not applicable

Action Required (*delete as appropriate*)

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 March 2018, and any pertinent issues not covered elsewhere on the agenda.

Key Points:

The Chief Officer's Report covers the following:

1. NHSE end of year assurance reviews for both CCGs.
2. Evolution of an Integrated Care System in Coventry and Warwickshire.
3. NHS Warwickshire North CCG commenced commissioning of primary medical services.
4. NHSI and NHSE closer working.

Recommendation:

The Governing Bodies are requested to **NOTE** the report.

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	✓
Performance:	None identified.						
Quality and Safety:	None identified.						

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

1. NHSE Assurance

- Both CCGs participated in the end of year assurance review with NHSE on Monday 16th April 2018, the outcome of the reviews will be known by July 2018 once all CCGs have been assessed and the national moderation process completed.
- Both CCGs completed their financial plan for 2018/19 at the end of March as reported at the extraordinary Governing Body meeting in common on 29th March 2018.
- NHSE completed a further assurance process on NHS Warwickshire North CCG's plan, myself and other key colleagues participated in this assurance review on 17th April 2018.

2. Evolution of an Integrated Care System (ICS) in Coventry and Warwickshire.

- NHS England guidance "Refreshing NHS Plans 18/19" published in February, set out greater clarity on the voluntary evolution of STPs into effective Integrated Care 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 guidance states the benefit of ICS's as being key to sustainable improvements in health and care by
 - Creating more robust cross-organisational arrangements to tackle systemic challenges facing the NHS
 - Supporting population health management approaches that facilitate integration of services focussed on populations that are at risk of developing acute illness and hospitalisation
 - Delivering more care through re-designed community-based and home-based services, including partnerships with social care, the voluntary sector and community sector and
 - Allowing systems to take collective responsibility.
- An update on the latest thinking about the architecture of an ICS was presented by NHS England to the Coventry and Warwickshire Place Forum on 7th March 18, so that Members might consider this in their review of the Health and Wellbeing Alliance Concordat and further development of Place/ Places.
- On 12 April, we held the first workshop in Warwickshire North to evolve our local Health and Wellbeing Partnership into a local Place based forum for the population in the boroughs of Nuneaton, Bedworth and North Warwickshire. The Participants views were gathered by our facilitator before the event to shape the day. During the afternoon, participants agreed that the group would use the local JSNAs being developed to identify priorities for local action as this fist with the Warwickshire wide Health and Wellbeing priorities, and agreed that there were opportunities to add greater value for local people from more integrated working between our Borough Councils, Warwickshire County Council, CCG, Public Health, core NHS and voluntary sector care providers.
- Members of the BHBCBV Board came together on 26 March, to develop a shared view about what the benefit of an ICS for local people; to share existing integration already in place, for example the 3 CCGs Strategic Commissioning Joint Committee; and to consider what organisational development would be required across the health and care system to realise the further benefits an ICS might offer to improve sustainability of services. An update on this work was provided at the NHSI/NHSE stocktake meeting in April. An update on the OD action will be bought to the next meeting.

3 NHS Warwickshire North – Commissioning Primary Medical services

- The CCG successfully completed the final stages of delegation of commissioning from NHSE in March and so commenced commissioning primary medical services as planned from 1 April 2018.

4 Notice of closer working between NHSE and NHSI

- I attach the notification of plans for closer working between the two national NHS regulators of Providers and Commissioners.

End of report

27/03/2018

To:

- NHS provider chief executives and chairs
- CCG accountable officers
- STP leads

Dear colleague

NHS England and NHS Improvement: working closer together

NHS England and NHS Improvement are today announcing some key steps that we are taking to bring our organisations closer together. We wanted to let you know why we are making these changes and how we want to involve you in their design.

At its heart, what we are announcing is about recognising that we have one NHS, that commissioners and providers in each part of the country are serving the same people, and that we need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems.

Subject to our Boards' approval of more detailed proposals, we will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable us to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

There are a number of examples of how we are working together already, including a number of joint national and regional appointments and a single national programme for urgent and emergency care, winter planning and A&E performance.

NHS England and NHS Improvement still have distinctive statutory responsibilities and accountabilities and nothing we are proposing cuts across these. The legislation also means that a formal merger between our organisations is not possible, instead we propose to combine forces for those functions where we can better work as one.

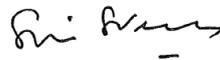
Over the coming months we will work with you, our staff and our partners on the details of how this new approach will work. We want to design these joint ways of working with you and agree how we will measure success with all of the organisations that they will affect.

We look forward to working with you as we use our collective effort to improve the NHS and patient care.

Yours sincerely



Ian Dalton
Chief Executive
NHS Improvement



Simon Stevens
Chief Executive
NHS England

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