



AGENDA ITEM NO: 6.0.

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| Meeting Title/Date: | Governing Body - 17 September 2019 | | |
| Report Title: | Chief Officer Report | | |
| Paper Prepared By: | Jerry Hawker | Date of Paper: | 7 September 2019 |
| Executive Sponsor: | | Responsible Manager: | |
| Committees where Paper Previously Presented: | | | |
| Background Paper(s): | | | |
| Summary of Report: | To provide the Governing Body with an update on national, regional and local developments pertinent to the provision of care in Morecambe Bay and to discharging the statutory duties of NHS Morecambe Bay Clinical Commissioning Group. | | |
| Recommendation(s): | The Governing Body is asked to note the paper. | | |
| | | | Please Select Y/N |
| Identified Risks: (Record related Assurance Framework or Risk Register reference number) | | | |
| Impact Assessment: (Including Health, Equality, Diversity and Human Rights) | | | |
| Strategic Objective(s) Supported by this Paper: | | | Please Select (X) |
| Better Health - improve population health and wellbeing and reduce health inequalities | | | X |
| Better Care - improve individual outcomes, quality and experience of care | | | X |
| Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total | | | X |
| Please Contact: | Jerry Hawker Chief Officer | | |

1.0 Commissioning Committee Meetings

1.1 MBCCG Commissioning Committee meetings

The Executive Committee (EC) met on the 23rd July, August 13th and 27th. In addition to the standing items on Quality, Finance and Performance, key discussion items included; Primary Care work programme, UHMB CQC Inspection, ICS Governance arrangements, Improvement in Mental Health services, and Emergency Preparedness Planning (EPPR)

The following decisions were made for note by the Governing Body.

- The Executive Committee approved the addition of Longtec onto the prescribing rebate scheme
- Considered and agreed a number of new “pipeline” schemes for the QIPP delivery programme including tightening of referrals for musculoskeletal services (MSK), review of the repeat prescription policy, expenditure on non-clinical services and a review of podiatry services.
- Endorsed a number of policies to be submitted to the Joint Committee of CCGs for approval
- Endorsed progress against our improvement programme for EPPR.

1.2 Lancashire & South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG)

The JCCCG met on the 5th September 2019 and considered the following key matters:

Proposed amendments to the Terms of Reference of the Joint Committee were considered within a wider scope of refreshing the Governance and decision making arrangements of the Lancashire & South Cumbria ICS. The proposed new terms of reference provide greater clarity on decision making; a broader scope for the committee to consider the key structural changes proposed within the NHS Long term plan and updated guidance regarding conflicts of interest. The new terms of reference will be submitted to each of the eight CCG Governing Bodies for ratification.

A report was presented by the Chair of the IPA Board on progress to improve the commissioning and provision of care services falling under the term “Individual Patient Activity (IPA). These include Continuing Healthcare (CHC), Personal Health Budgets (PHB) and Funded Nursing Care (FNC). The report highlighted progress made by the IPA Board but also the significant challenges that remain in delivering high quality services. The JCCCG endorsed a recommendation for additional interim funding of £158,000 be made to sustain PHB services. The Committee also approved a new Lancashire & South Cumbria Policy for managing CHC disputes.

The Committee approved a project initiation document (PID) to enable a programme of work to commence with an aim to develop a single set of Lancashire & South Cumbria standards for Ophthalmology services.

The Committee approved a range of new/revised Commissioning Policies for the following areas:

- Tonsillectomy
- Surgical release of trigger finger
- Surgical management of gynaecomastia
- Management of otitis media with effusion using grommets
- Surgical treatment of carpal tunnel
- Breast reduction surgery
- Removal of benign skin lesions.

In agreeing the policies Morecambe Bay CCG representatives ask for clarity regarding communication with GP's specifically with regard to removal of skin lesions (to ensure the policy applied to all providers) and that greater clarity be provided regarding how the policies would be implemented for patients already on a treatment pathway.

2.0 Lancashire & South Cumbria Integrated Care System (ICS) Update

2.1 The Lancashire & South Cumbria Integrated Care System (ICS) board met in September 2019. Items for debate included

- Following on from a similar approach in 2018/19, the NHSE/I regional team are looking to establish a Memorandum of Understanding for 2019/20 with the Lancashire and South Cumbria system. The MOU sets out required objectives of an ICS; key priorities and deliverables for 2019/20; an assessment of ICS maturity against the national framework that indicates that L&SC is operating at a 'maturing ICS' level; the freedoms and flexibilities afforded to a maturing ICS; and the proposed relationship between the Region and the ICS in the operation of those freedoms and flexibilities. The ICS Board endorsed the signing of the MOU.
- Received a progress report on ICT collaboration across Lancashire & South Cumbria.
- Received an update report on the month 4 position across all organisations across Lancashire & South Cumbria. The report highlighted the significant financial challenges that exist across the system.
- Received ICP responses to the proposed new ICS Governance arrangements including the introduction of a new ICS System Leaders Executive Committee, greater alignment between the ICS Board, Partnership Board and JCCCG and the development of a new partnership agreement. The ICS Board noted that the ICP's had provided significant feedback and it was agreed to establish a small task & finish group to produce a final set of governance arrangements. The Chief Officer has offered to be part of the Task & Finish group. A copy of the letter submitted by the BHCP is appended for information.

2.0 NHS England / NHS Improvement Single Operating Framework (SOP)

At the end of August, a new single NHS Oversight Framework was published (see link below). The 2019/20 framework is a transition stage with a new "system framework" being introduced from 2020.

The [NHS Oversight Framework for 2019/20](#) has replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF), and will inform assessment of Commissioners, NHS trusts and NHS foundation trusts, using one consistent "system" approach. It will be used by the regulators to determine the type and level of support that systems collectively need to meet the requirements set-out in the SOP.

The objective of the SOP is to help systems (commissioners and providers) to attain and maintain ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners.

The new single operating framework is characterised by a number of key principles;

- NHS England and NHS Improvement teams speaking with a **single voice**, setting consistent expectations of systems and their constituent organisations
- a greater emphasis on **system performance**, alongside the contribution of individual healthcare providers and commissioners to system goals
- working **with and through system leaders**, wherever possible, to tackle problems
- matching **accountability for results** with improvement support, as appropriate

- **greater autonomy** for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

The Governing Body needs to be cognisant that this framework now replaces the IAF and will form the basis for which CCGs are assessed in 2019/20. The framework is not exactly new and pulls across many of the old IAF standards. There are however new metrics linked to the NHS Long Term Plan including LD mortality rates and Eating disorder investments. The recently publicised metrics around “culture and behaviours” is included although (surprisingly) only affects providers!

3.0 EU Exit Planning

The CCG EU Exit team continues to monitor and prepare for EU Exit on the 31st October 2019 in-line with NHS National guidance.

Regional EU Exit workshops are running throughout September and the CCG has ensured that it has senior representation in attendance. These sessions are critical to supporting the NHS understanding of how the NHS is standing up to its operational response, how things will work in the run-up to and after 31 October, and the actions required of local organisations in key areas such as medicines, workforce and reciprocal care.

NHS England will be starting their assurance of local EU Exit preparations shortly. The assurance process will cover similar ground as in the run-up to March and April, including your plans, systems and contingency arrangements for key areas such as operational readiness, communications, continuity of supply, workforce, clinical trials, data, finance and health demand. As in March the CCG EU Exit team continues to be assured regarding its preparedness.

4.0 Friends and Family Test

NHS England has announced changes to the way providers are required to carry out the Friends and Family Test, following an extensive review. New guidance has now been published and is available at the following link: <https://www.england.nhs.uk/fft/fft-guidance/>. The new guidance is effective from **1 April 2020**.

The revisions aim to make the FFT a more effective tool for supporting service improvements and to ensure it is more accessible to a broader range of people, including children and those with a learning disability.

The key changes are:

- a revised FFT question;
- a requirement for all services to make the FFT available to patients and service users at any time;
- revisions to the requirements for see-and-treat ambulance services.

The current FFT requirements and guidance will remain in place in the meantime and providers are required to continue to collect data under these processes up to the end of **March 2020**.

5.0 Urology Services at University Hospital of Morecambe Bay (UHMB)

In July 2019, Mr Peter Duffy a former Consultant at UHMB released a book called "Whistle in the Wind" which provided a detail history into his employment by the Trust and his whistle blowing regarding concerns over the Urology services provided by UHMB. The publication of the book has attracted significant local and regional media interest and a request from four local MP's for a formal investigation/formal inquiry.

The CCG understands the potential distress that patients, families and communities must have regarding the concerns raised in the book and through media publications and is committed to ensuring that the CCG discharges its duty to assure itself that both historical concerns have been addressed and that the current service is safe and high quality.

The CCG is fully aware of the investigations undertaken at the time of the original concerns raised by Mr Duffy including an external review by the Royal College of Surgeons in 2015. The CCG is reassured to note the seriousness the Trust is taking regarding the refreshed concerns, the establishment of a task and finish group chaired by the Chief Executive and its openness to consider a formal investigation.

The CCG has initiated its own internal review and is working closely with UHMB, the CQC, NHS England and NHS Improvement. A single item Quality Surveillance Group meeting will take place on the 10th September involving the CCG, the CQC the Regulators and the Trust to undertake an in-depth review of the case and agree further actions.

6.0 Mental Health services in South Cumbria

I am pleased to confirm that after considerable work by all parties agreement has finally been made to transfer mental health and learning disabilities services in South Cumbria from Cumbria Partnership Foundation Trust (CPFT) to Lancashire Care Foundation Trust (LCFT).

The transfer of services will be effective from the 1st October 2019 and is aligned to the delivery of the priorities set-out in the CCG's initial commissioning intentions focused on improving the quality of services in South Cumbria and supporting the commitment to more integrated services.

In concluding the transfer arrangements the CCG has committed up to an addition £500,000 investment in 2019/20 to support recruitment of new clinical staff in South Cumbria. This is in addition to the CCG's commitments under the Mental Health Investment standard.

Following discussions with NHS Improvement/NHS England, agreement has been made to increase capacity and capability in the management and clinical leadership in South Cumbria. This has included additional support from the CCG, UHMB and expertise from Northumbria, Tyne & Wear Foundation Trust (NTW). A single oversight board will be established as part of the Lancashire & South Cumbria Mental Health Improvement Board.

Jerry Hawker

Chief Officer

September 2019