



**AGENDA ITEM NO: 6.0.**

<b>Meeting Title/Date:</b>	Governing Body - 19 March 2019		
<b>Report Title:</b>	Chief Officer's Report		
<b>Paper Prepared By:</b>	Jerry Hawker	<b>Date of Paper:</b>	5 March 2019
<b>Executive Sponsor:</b>	Jerry Hawker	<b>Responsible Manager:</b>	
<b>Committees where Paper Previously Presented:</b>			
<b>Background Paper(s):</b>			
<b>Summary of Report:</b>	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.		
<b>Recommendation(s):</b>	The Governing Body is asked to note the paper.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b> (Record related Assurance Framework or Risk Register reference number)			
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities			X
<b>Better Care</b> - improve individual outcomes, quality and experience of care			X
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total			X
<b>Please Contact:</b>	Jerry Hawker - Chief Officer		

## Chief Officer Report – March 2019

### 1. Executive Committee Meetings

The Executive Committee (EC) met on the 22<sup>nd</sup> January 2019 and the 12<sup>th</sup> February 2019. In addition to the standing items on Quality, Finance and Performance, key discussion items included; LD Psychiatry, Commissioning Policies, iBCF, Stroke services, Safeguarding Partnership arrangements, Urgent Care Treatment centres.

The following decisions were made by the Committee:

- The EC received a paper describing how Merseycare are the current provider of LD psychiatry in North Lancashire. They are finding difficulty in servicing the Contract and this was having a detrimental effect on the provision to the community team. Lancashire Care Foundation Trust (LCFT) who provide the community team are willing to take on the provision of the Contract and to provide it in a similar way to the way they provide psychiatric support across the rest of Lancashire as part of the community provision. The paper proposed a 2 phase approach to transferring the service to LCFT, followed by a second phase to integrate with the LD service provided by Cumbria Partnership Foundation Trust (CPFT). The EC approved both the phase 1 and phase 2 approach
- The EC reviewed progress against both the Cumbria and Lancashire 2019/20 iBCF agreeing predominately the approach with the exception of Hospital Homecare Schemes which the CCG will ask to be modified
- The EC received a presentation and paper on Stroke Services, focused mainly on Rehabilitation Services. After extensive debate the EC recommended that a strengthened business case be developed for consideration by the Governing Body for approval
- The EC reviewed a detailed paper on the operation of the Urgent Care Treatment Centre (UTC) and particularly concerns over the transition between the UTC and the Out-of-Hours services. The paper was presented following concerns raised by UHMB. Following careful consideration of the evidence the EC concluded that the following actions should be taken:
  - Request that Cumbria Health On Call (CHOC) and the University Hospitals of Morecambe Bay NHS Trust (UHMB) strengthen operational processes during transition periods
  - Agreed to launch a wider communications exercise reinforcing messages about access to urgent care
  - Contact the Police Service and North West Ambulance Service (NWAS) to reinforce correct pathways.
- The EC reviewed recommendations from the Chief Officer regarding Clinical Leadership and supported the current review of contracts / roles & responsibilities. It was noted that elections for two clinical leads on the Governing Body would commence immediately

- A paper regarding investment to save in a QIPP programme to reduce the waiting list for reviews of Continuing Health Care (CHC) was considered by the EC. Margaret Williams introduced the paper by saying the previous iterations of CHC QIPP programmes had been very successful and saved significant funding over a period of time. This proposal was to again reduce the waiting list on reviews and was requesting circa. £120,000 in order to reduce the cost of CHC packages either by reducing them to Funded Nursing Care (FNC) or removing them completely. The Executive discussed the paper in some detail and agreed the investment to enable the work to be started straight away in order to ensure that the greatest benefit was achieved within 2019/20.

The Executive Committee meeting on the 26<sup>th</sup> February was cancelled and replaced by a workshop on refreshing the Better Care Together strategy (*see below*).

## 2. National Developments

Following the publication of the NHS Long Term Plan in January 2019 a number of significant events have occurred nationally aligned to the commitments set-out in the NHS Plan. These are summarised below:

- As part of the planned greater integration of NHS England and NHS Improvement, David Dalton has announced that he will step down from his role as Chief Executive of NHS Improvement. Simon Stevens will now take leadership of both organisations. A new Chief Operating Officer will be appointed to lead NHS Improvement reporting to Simon Stevens. It has also been confirmed that Matthew Swindells' post as NHS England Deputy Chief Executive has been disbanded
- Plans to establish an NHS Assembly has taken a step forward with the appointment of Chris Ham, former Chief Executive of the Kings Fund and Dr Gerada who was chair of the Royal College of GPs from 2010 to 2013, as co-chair. The process to appoint up to 50 members to the membership of the council will be based on individual knowledge, skills and experience, drawn from across the sector including frontline clinicians, staff, public, voluntary sector, and health "think tanks"
- At the Joint Board Meeting on the 26<sup>th</sup> February 2019, NHS England and NHS Improvement announced a range of proposed legislative changes to enable the NHS to operate more effectively and support the NHS plans towards integration. The proposals are subject to a period of engagement/consultation before being formally put to the Government. Key proposals include:
  - Full merger of NHS England and NHS Improvement
  - Major changes to competition and procurement rules
  - CCGs and Providers to be able to form joint committees and appoint single (joint) executive roles.
  - New shared duty to promote the triple aim of population health care, better care for all patients and efficient use of NHS resources
  - CCGs to be given greater responsibilities for Specialised Commissioning

- Health Secretary to be given powers to set-up Integrated Care Trusts

### **3. 2019/20 Planning Update**

At the Governing Body meeting on the 15<sup>th</sup> January 2019 a presentation was provided on the NHS Long Term Plan and key dates regarding the 2019/20 planning process.

The CCG has submitted a number of draft plans in-line with the planning guidance and continues to make solid progress in agreeing contracts for 2019/20. However significant challenges remain in meeting the set requirement for the CCG to publish a balanced financial position.

The CCG planning process has been particularly challenging this year given the significant number of new changes/investments announced in the NHS Plan and more locally expectations regarding investment in Lancashire & South Cumbria ICS developments.

The Governing Body will hold a development workshop after today's meeting to review progress on the 2019/20 planning process.

As discussed at previous Governing Bodies, the Better Care Together strategy which has provided the overarching direction for the Bay System is 5 years old this year. The CCG along with other Bay Health and Care Partners (BHCP) have agreed to refresh the Strategy in light of this, the advent of the NHS Long Term Plan and other changes in recent years, such as a focus on population health and integration which came through our Vanguard work. A workshop was held on the 26<sup>th</sup> February to start this process which included representative from BHCP: health organisations, local authorities, third sector representatives, Healthwatch etc. The Workshop reflected on the NHS LTP, the emerging vision for Lancashire and South Cumbria Integrated Care System (ICS), and reflections from Healthwatch on patient experience and opportunities for public involvement. It also reviewed the existing BCT Model of Care and found this was still relevant today, albeit it needs updating and could be improved (e.g. with inclusion of population health). There were also workshops on five themes: population health; ICCs and primary care networks; mental health; transforming long term conditions and outpatients; public and patient involvement. A full conference report will be produced by the end of the month and work will continue on the strategy, building on the workshop outputs, over the next few months. A Citizens Panel is being established which will help on-going transformation work and will also help to ensure full public involvement in the strategy development. This work will need to align with the ICS Strategy development taking place between now and September and a refreshed BCT Strategy will be produced in the Autumn.

### **4. Delegated Commissioning of Primary Medical Services**

I am very pleased to confirm that the CCG has been approved by NHSE to take on delegated commissioning arrangements for Primary Medical Services from 1<sup>st</sup> April 2019. This is subject to confirmation of positive membership support and completion of the delegation agreement.

A formal paper will be presented later in today's Governing Body meeting.

## 5. Primary Care Networks

NHS England has recently published **Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan** jointly with the BMA's General Practitioners Committee England.

*Link: <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>*

The agreement between NHS England and the BMA's General Practitioners Committee in England, and supported by Government, translates commitments in The NHS Long Term Plan into a five-year framework for the GP services contract and confirms the direction for primary care for the next ten years.

The NHS Long Term Plan sets out the case for enhanced primary medical and community care, backed by an extra £4.5bn a year by 2023/24. The plan recognises that strong GP services are essential to delivering the plan and the new contract is expected to deliver the most fundamental change to primary care in decades. As well as significant increases in practice level funding, the settlement will help firmly establish primary care networks (PCN) around the Country, providing for a new network contract in which £1.799 billion would be invested annually by 2023/24 and directly reimbursing networks for the employment of 20,000 clinical pharmacists, physiotherapists, community paramedics, physician associates and social prescribing link workers across primary care networks.

The new PCNs will be expected to help deliver seven new service specifications to deliver the NHS Long Term plan covering medication reviews, care homes support, personalised care, anticipatory care, supporting early cancer diagnosis, CVD detection, and local action to tackle neighbourhood level inequalities.

In addition, the new Contract describes the new state-backed indemnity scheme, announces significant reform to QOF and enables improvements on digital access and connectivity to NHS 111.

CCG staff are now working closely with the Practices, Federations, GP Alliance, Local Medical Council and other key partners to progress the development of Networks alongside and within the wider ambitions of the Bay Health & Care Partners regarding Integrated Care Communities.

## 6. Mental Health and Learning Disability Services in South Cumbria

The CCG, together with North Cumbria CCG, issued commissioning intentions to Cumbria Partnership NHS FT (CPFT) in January 2018 on the future of Countywide services, focussing on adult mental health, CAMHS and learning disabilities. The drivers of this were the need to improve quality, clinical and financial sustainability, and ensure consistent care models and standards across the Bay in line with the ICS models of care.

In South Cumbria, the commissioning intentions were for services to be delivered by a single Trust across the whole of the Morecambe Bay system, with obvious advantages to the service being provided by an existing partner in the Bay Health and Care Partnership, meaning Lancashire Care NHS Foundation Trust (LCFT), given the need to work to a common care model across the ICS footprint. The LCFT

Board has signalled agreement to a transfer of service, subject to appropriate due diligence and business cases.

Since March 2018, CPFT have been working with LCFT and Northumbria Tyne and Wear (NTW) NHS FT to develop appropriate outline and full business cases for transfer of services. However, since issuing the commissioning intentions, there have been some increasingly complex organisational changes and emerging capacity and capability concerns at LCFT, not least the change in CQC rating from Good to Requires Improvement.

North Cumbria University Hospitals NHS Trust (NCUHT) and Cumbria Partnership NHS Foundation Trust (CPFT) have recently written to the CCG confirming that the two Trusts are now commencing work with NHSI to develop a Full Business Case (FBC) which they hope will lead to a single organisation under a foundation trust governance structure by October 2019.

CPFT Board also approved proceeding to Full Business Case (FBC) to transfer Mental Health services in North Cumbria to Northumberland Tyne & Wear NHS FT (NTW) by October 2019. The CPFT board did not approve proceeding to Full Business Case (FBC) to transfer services in South Cumbria to Lancashire Care FT (LCFT) due to the lack of assurance received to the concerns identified at its meeting of the 29<sup>th</sup> November 2018.

In January 2019 the Morecambe Bay CCG Governing Body received an initial paper (Part 2 meeting) setting out the CCG's own assurance actions, including: quality assessment work for both South Cumbria and Lancashire North patches; working with LCFT and other CCGs in Lancashire and South Cumbria to seek assurance on the LCFT CQC Improvement Plan and trajectories; asking LCFT for capacity and capability information to help assure the Governing Body that the transfer of services can be well led, and completed with minimum disruption to staff and patients; continuing to work with LCFT and CPFT on developing a Bay-wide model of care and delivery arrangements in line with emerging Lancashire and South Cumbria interim mental health strategy.

In light of the remaining concerns regarding the transfer expressed by CPFT Board, an additional independent review was requested by CPFT, to be coordinated by NHS Improvement and Morecambe Bay CCG. The CCG's Chief Officer has been leading discussions on the review with NHSI which is progressing well, with initial draft findings likely to be available at the Part 2 Governing Body meeting later today.

I am encouraged by the discussions with NHSI, and remain hopeful that a sensible conclusion will be reached by the end of March 2019.

## **7. EU Exit Operational Readiness**

On the 21<sup>st</sup> December 2018 the Department of Health and Social Care issued guidance on EU Exit operational readiness. The guidance set-out explicit actions required of all NHS Organisations including the need for CCGs to nominate a Senior Responsible Officer and ensure that Governing Bodies are sighted and assured on preparations.

Further to assurance provided at the January 2019 Governing Body meeting, all actions set-out in the guidance have been completed and the CCG continues to receive and action requirements as set-out Nationally on an on-going basis.

The CCG has recently added information on EU Exit planning to its web site including a link to the NHS website which continues to be updated with additional patient facing information.

A “state of readiness” review will be held with NHS England on the 6<sup>th</sup> March 2019.

#### 8. **Joint Committee of CCGs**

The Joint Committee of Clinical Commissioning Groups (JCCCG) met on 7 March 2019. The Committee endorsed and ratified seven Lancashire & South Cumbria Commissioning Policies which will replace any existing CCG policies and supported the recommendation to consider investment in Integrated Community Stroke Rehabilitation services in 2019/20.

Jerry Hawker  
Chief Officer