

<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>	24 January 2019
<b>Previously Considered by:</b>	Not applicable

**Action Required** (*delete as appropriate*)

<b>Decision:</b>		<b>Assurance:</b>		<b>Information:</b>	✓	<b>Confidential</b>	
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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, and any pertinent issues not covered elsewhere on the agenda.

**Key Points:**

The Chief Officer's Report covers the following:

1. Better Health, Better Care, Better Value Update
2. System Preparedness Assurance / Winter and Brexit
3. National Planning Guidance for 2019 / 20 and the NHS Ten Year Plan
4. Brownsover Primary Care Development / Site Visit
5. "COVLIFE" Event
6. CCG Staff

**Recommendation:**

The Governing Body is requested to **NOTE** the report.

**Implications**

<b>Objective(s) / Plans supported by this report:</b>	Constitution, Leadership IAF Domain						
<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? (<i>Delete as appropriate</i>)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<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. Better Heath, Better Care, Better Value Update**

The Better Heath, Better Care, Better Value (BHBCBV) Board have produced an update on the work being progressed, this is attached to my report. I ask members to note that we have appointed Professor Sir Chris Ham as the independent chair of the board starting in January.

NHS England and NHS Improvement held a stocktake meeting with the board in December, the main focus was risk based testing winter readiness, performance, finance, and strategic development of competence of an integrated care system.

**2. System Preparedness Assurance / Winter and Brexit**

Myself and each of our Acute trust Executives participated in calls with Pauline Philip, the NHS National Lead for Urgent and Emergency Care, in December, to test the system readiness for managing Winter, elective and cancer service demand. There were high levels of assurance in all areas with some remaining risks at George Eliot Hospital (GEH). Glen Burley the Chief Executive of GEH is working to resolve these risks and the CCG Capacity Manager and our Director of Operations are working intensively to ensure robust coordination with Social Care, Care Homes, Primary Care and Mental Health services, so that any patient delays are minimised.

In January, the CCG have been asked to identify a board level and operational lead to coordinate activities to mitigate and risks and issues related to Brexit. Andrew Harkness, the Chief Transformation Officer is the board lead, and Sue Davies the operational lead. A more detailed update will be provided at the next Finance and Performance Committee.

**3. National Planning Guidance for 2019/20 and the NHS 10 Year Plan**

NHS England released a draft planning guidance in late December. Planning and Finance leads from across Coventry and Warwickshire met on the 10<sup>th</sup> January to develop a consistent approach to planning and financial return for 2019/20, as year one of a five year plan for the system. The five year plan is to be finalised by September 2019.

The CCG allocations have just been announced. Members are asked to note that the allocation is devised from the ONS population for the CCG rather than the GP registered population previously used. Alongside this change there is amendment to the business rules for both commissioners and providers, which means that we need to fully work through the changes in order to assess the impact on the commissioning intentions and plan for 2019/20.

The NHS Ten Year Plan was released on the 7<sup>th</sup> January, an executive summary is attached for members, but of particular note for our population is the inclusion of the requirements for a plan to address local inequalities, and clarity of a new service model for the NHS, with Primary Care Networks being facilitated by a new type of GMS network contract, and every STP area to be part of an Integrated Care System by 2021.

[www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

**4. Brownsover Primary Care Development / Site Visit**

In November, myself, the new premises provider, the GP service provider, local patient and public representatives and the Rugby MPs representative, met on site to walk the premises as we are entering the final phase of finishing the building.

**5. "COVLIFE" Event**

Coventry City Council ran an event on the 27<sup>th</sup> November for local public representatives and community leaders to hear the findings from the house hold survey asking Coventry residents about their experiences of living in Coventry. The survey was structured to gather findings from adults and young people (11-18 years). The findings from the survey are being used to shape and inform our operational plans and needs assessment work that public health are taking forward over the next two years.

**6. CCG Staff**

I am delighted to inform the board that Andrew Harkness has joined the CCG as our Chief Transformation Officer. Andrews is the conflicts of interest executive lead for the CCG, the lead for operational and business planning, the EPPR board member and Transformation and QIPP Lead.

**End of the Report**

## **Better Health, Better Care, Better Value Board Update**

### **1.1 Independent Chair**

Professor Sir Chris Ham has been appointed as Independent Chair for Better Health, Better Care, Better Value. He will start in January 2019, after he has stepped down from his current role as Chief Executive at The King's Fund at the end of this year.

### **1.2 Integrated Care System update**

There has been good progress made on our integrated care system (ICS) roadmap and the next stocktake with NHS England took place on 14<sup>th</sup> December.

The Better Health, Better Care, Better Value Board has agreed to work towards 14 strategic objectives that will help drive change in Coventry and Warwickshire. One of these objectives is the development of a Provider Alliance operating model. The four NHS providers are all working together to implement this.

### **1.3 Clinical Strategy**

Senior clinicians from across Coventry and Warwickshire have worked together to develop a system-wide clinical strategy.

Together the clinical leaders make up the Clinical Design Authority (CDA), where they have worked to establish key clinical strategic principles and to develop a framework to support the delivery of the Better Health, Better Care, Better Value plan.

The clinical strategy sets out the current issues being faced across Coventry and Warwickshire's health and care system and identifies priority areas where services could be improved and transformed to deliver better outcomes for local people.

The CDA have used RightCare and Model Hospital data along with Clinical Commissioning Group (CCG) Improvement and Assessment Framework (IAF) indicators to identify the 3 priority areas which are Frailty, Mental Health and Musculoskeletal services (MSK).

The principles are intended to support the partners to make the most of their combined spending on health and social care, while ensuring that patients and communities are at the heart of all decisions.

## **1.4 Transformational Programmes of Work**

### **Proactive and Preventative**

The Proactive and Preventative work programme is focused on creating the system conditions to put prevention at the heart of health and social care.

Members of the Better Health, Better Care, Better Value programme team worked with colleagues across the system to hold a System Leadership Academy mobilisation day on 13 November. Nearly 50 health and social care professionals attended the event to help make proactive and preventative care happen across Coventry and Warwickshire. The session focused on identifying opportunities to build proactive and preventative care into strategies, services and change programmes to help people stay healthy.

The delivery plan and communications and engagement strategy for the Year of Wellbeing was signed off at the Place Forum on 7 November.

About 450 GPs, practice nurses and dietitians attended a joint Coventry and Warwickshire Diabetes Protected Learning Time (PLT) event on World Diabetes Day – 14 November – at the National Agricultural Centre, Stoneleigh. The event included a comprehensive range of workshops delivered by local and national health providers, patients, GPs, practice nurses and consultants, together with practical advice to help GPs with treatment, referrals and care plans. Feedback from the session will help to shape a Coventry and Warwickshire diabetes training and education plan.

The Better Health, Better Care, Better Value communications and engagement team organised a workshop in November for colleagues across the footprint on tackling loneliness and isolation. A system-wide communications and engagement plan will be developed.

### **Maternity and Paediatrics**

Coventry and Warwickshire STP is on track for delivering the Continuity of Carer target. Continuity of carer is the provision of care by a known midwife throughout the pregnancy, labour, birth and postnatal period and is associated with improved health outcomes for mothers and their babies. It is a key part of NHS England's Better Births programme and it is expected that by March 2019 20 per cent of new mothers will have continuity of carer. Engagement sessions with midwives have been held across all three acute Trusts to enable this to happen.

Earlier in the year, the Clinical Commissioning Groups (CCGs) spoke to more than 600 people, including local mothers, families, the community and voluntary sector, as well as frontline health and care staff, to learn from their experiences of maternity and paediatric services and work together to ensure these services are safer, more personalised, kinder, professional and more family friendly.

Building on these conversations, a Maternity Voices Partnership in North Warwickshire has been established and are looking to implement the '15 Steps' maternity quality audit. This looks at maternity services within 15 steps of walking into a ward, with patients and their families describing their first impressions of care, their surroundings and their overall experience.

The Provider Alliance is now starting a piece of work to consider the Paediatric pathway across a system and an initial work programme has been developed. A Paediatric Clinical Steering Group has been established.

### **Mental Health and Emotional Wellbeing**

An event was held at Coventry Rugby Club on World Mental Health Day (October 10) where more than 100 service users, partners and other stakeholders were updated on the programme, progress made to date and ways in which they can get involved.

The event featured a market place showcasing local services and had breakout sessions to discuss specific elements, such as crisis cafes and a Psychiatric Decision Unit.

Two training sessions for GPs have taken place to improve the dementia diagnosis rate in Coventry and Warwickshire. Initial feedback has been positive, and the CCGs are monitoring the impact of the training throughout December.

The pilot Psychiatric Decision Unit is due to start in January, subject to estates work being completed and recruitment in place.

The Coventry street triage service, in which mental health nurses accompany police officers to incidents where police believe people need immediate mental health support, is to be piloted in Warwickshire. The service model is currently being developed.

### **Planned Care**

The Better Health, Better Care, Better Value partners have continued to align work to both the national and local objectives. The STP is making good progress against all seven of NHS England's national milestones.

In September, Coventry and Warwickshire STP was awarded £67,000 of elective care transformation funding by NHS England. The investment will be used to support the development of a system-wide capacity and demand model.

Referral management schemes continue to be implemented and embedded within GP practices across the patch, with clinical peer review now at 95% in South Warwickshire.

The System Leadership Academy, which is made up of the STP programme team and colleagues from partner organisations across the system, held a Planned Care mobilisation day on 4 December. The focus was on urology, dermatology and ophthalmology. The

partners agreed three commitments for each of these specialties, to enable better joined-up working.

These include:

- Developing a system-wide workforce for cystoscopy procedures and rotating staff around Trusts;
- Carrying out an STP-wide dermatology pathway review;
- Upskilling community optometrists through further education and training.

The commitments are now being implemented through the Planned Care Board.

## **Productivity and Efficiency**

Work is underway to develop a shared finance system across the four NHS Trusts in Coventry and Warwickshire. The ambition is to have a system-wide finance solution hosted by one lead provider.

Seven solutions workshops took place in October and were attended by the Directors of Finance, Heads of Procurement and Finance System Managers from NHS provider organisations in Coventry and Warwickshire, together with Wye Valley NHS Trust.

These organisations have agreed the following:

- To identify a system-wide solution specification for five core areas: procure to pay; sales to cash; budgeting and forecasting; record to report; and technical systems and IT;
- To have a common finance system and a single chart of accounts across their health economy.

Contract renewal dates and suppliers have been mapped for each of the five provider organisations to ensure that they will continue to meet their existing contractual arrangements.

Successful deployment and implementation of the same finance system across the health economy will improve effectiveness and efficiency in procurement, payment and debt recovery processes, as well as improve financial control. This has the potential to reduce the cost of back office functions through consolidating functions, standardisation and adopting best practice.

## **Urgent and Emergency Care**

All partners have worked collaboratively to finalise the 2018/19 winter plans.

Coventry and Warwickshire Partnership NHS Trust is implementing plans on behalf of the STP to use £347,000 transformation funding from NHS England for three schemes to support urgent and emergency care services by increasing mental health capacity.

The Better Health, Better Care, Better Value communications and engagement team has developed a system-wide winter communications and engagement plan to encourage people to use alternative services to A&E where appropriate. This includes making a series of short videos featuring advice from local health and care professionals. The videos are being promoted by all partner organisations.

University Hospitals Coventry and Warwickshire NHS Trust has undertaken a community hub review and is developing an action plan to drive improvements in discharges and delayed transfers of care. George Eliot Hospital NHS Trust has reported good performance in reducing delayed transfers of care and has been consistently under target since February.

The number of people attending emergency departments is continuing to rise across all three provider Trusts, but despite the increase, there are improvements in urgent and emergency care across Coventry and Warwickshire. For example, the number of patients with delayed transfers of care was 47 per cent lower between April and September than at the start of 2017/18. During the same period, there were nearly 15,000 fewer bed days across the patch due to reductions in the average length of stay, compared to 2017/18.

Further work has also continued to implement plans relating to both local urgent and emergency care objectives and national Five Year Forward View transformation milestones.

## **1.5 Enabling Programmes of Work**

### **Estates**

The aims of this programme are to optimise the use of estates across the health economy to improve patient services but also to operate as cost effectively as possible. The programme should also seek to explore any opportunities to bid for national funds.

The group has collated baseline data showing all the NHS partner organisations' assets and is working to identify how much of this space is non-clinical. A workshop was held in November to identify potential projects that could be delivered in the next 18-24 months to improve efficiencies within the health economy.

As any changes to estates need to be clinically led, the Estates Strategy group is currently working on identifying estates opportunities within the transformational work programmes. The Estates programme manager will work closely with the Clinical Design Authority (CDA) to ensure alignment with its strategic plans.

### **Digital Health**

The Digital Health programme is working to identify areas where technology can be harnessed and deployed in the current system to provide better care and deliver efficiencies.

Better Health, Better Care, Better Value has received conditional approval for a Health System Led Investment (HSLI) bid to improve the digital maturity of the four NHS provider organisations across ten projects. These include remote video consultation, a single sign-on for clinical staff, electronic document management and a shared care records programme. The partners are now working through business cases for the ten projects.

### **Workforce**

Workforce development priorities are emerging from the work programmes and being informed through the System Leadership Academy mobilisation days for Proactive and Preventative and Planned Care. Further mobilisation days are planned for the other transformational work programmes over the coming months.

The workforce transformation lead is working closely with Health Education England colleagues to ensure this organisation's offer of workforce support for the partners is being fully used.

A workforce strategy refresh is currently underway and an investment plan for workforce development priorities is being developed.

A review of the Local Workforce Action Board in Coventry and Warwickshire to support the delivery of the workforce priorities has been completed and the sub-structure is currently being established.

## **1.6 Related**

### **Programmes of Work**

#### **Cancer**

The West Midlands Cancer Alliance has awarded £688,144 transformation funding to Coventry and Warwickshire STP to ensure that best practice is followed with four key tumour sites (lung, colorectal, prostate and upper gastrointestinal) and for living with and beyond cancer.

The Alliance is funding £15.2m across the West Midlands, including Coventry and Warwickshire, for transforming cancer care. One of the largest programmes is the digitalisation of pathology, which has been allocated about £8m. This will involve pathologists capturing digital images of slides of tissue sections, which can then be shared immediately with experts across the region. Benefits include faster diagnosis for patients and better information and collaboration for clinicians. The programme is currently in the procurement phase.

The Better Health, Better Care, Better Value partners are working together to improve take-up of cervical screening. The aim is to ensure all women and people with a cervix know how cervical cancer can be prevented and feel more confident to take up potentially life-saving smear tests. As part of this campaign, four public events are taking place next month in Coventry, Nuneaton, Leamington Spa and Rugby. Anyone who would like to find out more about the signs and symptoms of cervical cancer, learn how they can reduce their risk, or ask any questions about smear tests and the HPV vaccination, is welcome to attend.

Medical professionals will be on hand to discuss any concerns people may have and dispel myths associated with screening.

#### **Stroke**

Residents from across Coventry and Warwickshire attended an options appraisal event on bedded rehabilitation last month. To ensure a mix of people offering a range of perspectives attended the meeting, invitations were mapped against the recognised nine protected characteristics and the integrated impact assessment. More than 40 people attended, including staff members who will be involved in delivering a future improved service.

Feedback from the event will be utilised as part of an ongoing process to confirm the options for bedded rehabilitation before going out to public consultation