

Accountable Officer Report

Governing Body meeting

Item 10b

6 November 2014

Author(s)	Ian Atkinson, Accountable Officer
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
This paper provides assurance that risks will be identified and managed to help ensure the achievement of the CCG's objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
There are no specific issues associated with this report.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
None required.	
Recommendations	
The Governing Body is asked to note the report.	

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1.0 Five Year Forward View

The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how the NHS can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits for us all. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system

The full report can be viewed [here](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf). (<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>)

There are significant implications on all organisations as we review our plans for 2015/16 and beyond. In many respects Sheffield is well placed to respond positively to the key recommendations given our work on integrating commissioning functions and supporting the development of more integrated providers. Our wider work on co-commissioning and its impact on these plans is still at an early stage but one can clearly see that a population based view of Health and Care is achievable in the city and part of our strategy to date.

We will lead work across the city, through the Health and Wellbeing Board, our provider alliances and public conversations on the Sheffield response to this ambitious plan. Our planning process that we have started will respond to this document and be tested against it. Further information will be brought to Governing Body in December for a full discussion.

2.0 Industrial Action

As I advised Governing Body in my last report, industrial action was planned for 13 October between 7.00am and 11.00am, with a work to rule for the remainder of the week. Locally, all providers planned for this situation and we are not aware of any serious incidents or major impact on patient care as a consequence. There are a series of other

actions being taken by other unions throughout October, again, we are not foreseeing major disruption to patient care services.

3.0 Planning session with Governing Body

We held a session on 9 October with Governing Body, CET and commissioning managers to work through the key themes of our review of our 2015/16 plans. We considered additional data from public health, responses from our practices and localities and the latest revised finance information. There was a strong sense that we need to ensure that we define our major plans around intermediate care and community and primary care support, working on support to keep people healthier for longer in their communities and homes. We now have additional implementation capacity to respond to the scale of the programmes we are beginning to describe and will be bringing the outcome of this work back to Governing Body early in the New Year.

5.0 Recommendations

The Governing Body is asked to note the report.

Ian Atkinson
Accountable Officer
October 2014