



Accountable Officer Report

Item 12b

Governing Body meeting

4 September 2014

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



Accountable Officer's report

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1.0 Commissioning Support

The CSU continues to make good progress in the merger to create Yorkshire & Humber Commissioning Support. A programme management office has been in place for several months now, overseeing the merger process and enabling CSU delivery staff to remain focused on service delivery for CCGs.

On 29 July the CSU launched a 45-day consultation with their staff around the rationale for merging; the proposed senior leadership model and operating model for the new organisation; and the process and timescales for implementing the proposed merged structures. The proposed operating model supports local delivery and the leadership team structure achieves savings of 30%. The consultation will run until 12 September, and the new leadership team will be in place by 1 October. The CSU has shared its proposed senior team structure and operating model with CCGs and will update CCGs with details of the new leadership team when they are confirmed.

2.0 Right First Time

The Programme Board met on 25 July 2014. A positive update on progress was presented which included the following key messages:-

- There is good progress and positive evidence of impact with the investments that were agreed with intermediate care. The Winter Intermediate Care beds are closed, Active recover is expanding to plan and the impact of these changes is reducing the number of delays;
- The development of integrated care in the community is progressing but is not yet reducing the total number of emergency admissions going into hospital, though the reduction of ambulatory care sensitive conditions continues;
- There is good (but anecdotal at this stage because it is still very early in the test) evidence that the Community Development Workers are having a positive impact on patients with Serious Mental Illness.

The Board also considered proposals for the next phase of Right First Time which would see alignment with the city-wide work on integration of Health and Care. In summary, the Right First Time Board will continue to represent the system wide leadership of commissioners and providers to deliver the key integration projects as well as ensuring greater involvement of providers in the planning of them.

3.0 NHS England

Governing Body will be aware of the review that Simon Stevens the CEO of NHS England is undertaking. This is described as a quick review of the functioning of NHS England 'one year in'. "The aim is to ensure the organisation focuses on its distinctive roles, that there is strong internal and external alignment in our structure and work processes, and that we build capabilities in our mission-critical functions".

Simon goes on to describe the review, "There are three phases to this work. Phase one – now essentially complete – undertook a review of our national directorate structure. As a result we have merged three directorates into two: the old operations directorate, commissioning development directorate, and policy directorate are instead being streamlined into a commissioning operations and commissioning strategy directorate. Appointments to various vacant posts are in train.

Phase two is examining wider areas of inter-directorate overlap or role ambiguity, and the transfer of various non-core NHS England activities to other better placed organisations. Phase three entails incremental changes to the work of our area and regional teams to make better use of the senior expertise available and streamline decision-making. We expect the direction of travel for phases two and three to be resolved by the summer."

Upon completion of this, and in particular the third phase, I will update Governing Body on any changes the CCGs may need to make to respond to this effectively.

4.0 Better Care Fund

Dr Tim Moorhead and myself, with Sheffield City Council colleagues, met the Chairs and Chief Executives of the providers and the representatives from the GP Provider Steering Group to respond to their anxieties earlier in the year about the Better Care Fund planning approach. It was a positive and productive meeting with the following points agreed:-

- There was an acknowledgment that the current programme of meetings of the Health and Wellbeing Board has a number of engagement events during the year which could be utilised to further provide opportunities for provider/Health and Wellbeing Board discussions about the city's Joint Health and Wellbeing Strategy.
- There was an acknowledgment that, on individual system planning submissions, commissioner engagement with providers is improved and all providers now have key senior management input into the detail of the planning and submission process. This had improved following the commissioners' efforts to widen engagement.
- All felt at the end of the meeting that the initial concerns expressed earlier in the year were understandable, but much work had taken place to ensure that provider engagement (including the newly established GP Provider Steering Group) with the Health and Wellbeing Board's plans was improved.

5.0 Recommendations

The Governing Body is asked to note the report.

lan Atkinson Accountable Officer August 2014