

**Accountable Officer Report**

**Governing Body meeting**

**Item 12b**

**5 March 2015**

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

## **Accountable Officer's report**

### **Governing Body meeting**

**5 March 2015**

#### **1.0 System Performance**

As Governing Body members are aware, there are a number of NHS targets that remain under pressure across our providers; 18 weeks, adult A&E and Ambulance response times in particular. The acuity of patients, and therefore the number that are having to be admitted to hospital, remains very high. Particular focus has been placed on ensuring there are as few delays in discharging patients as possible, including ensuring there is capacity to provide social care in peoples' homes beyond the care provided to rehabilitate and re-enable patients following discharge.

The Chief Operating Officer will update the Governing Body on latest performance at Sheffield Teaching Hospitals (NHS) Foundation Trust against both 18 week waiting times for elective patients and the four hour waiting times in A&E.

#### **2.0 Five Year Forward View and Vanguard Application**

Following last month's update, a number of meetings across the city to develop a system application have taken place, culminating in the RFT Programme Board supporting an application.

The application centres on being clear about what we need to do as a system to improve health outcomes and experiences and what model of care might best deliver that.

The key points of the proposal are to develop a model of care that will

- Address the current disjointed and service led approach
- Provide earlier intervention and prevention and reduce the need for hospital and long term care, where there is good evidence that it is avoidable
- Utilise city wide risk stratification and individual holistic care planning

This will be achieved through commissioning an integrated health and social care service in the community, which is centred on the person in need, eliminates waste, pooling of the available budget in a capitated form and delivers proactive support and recovery against agreed outcomes. The change is intended to shift the current focus of community services from crisis intervention and hospital discharges towards earlier prevention and proactive care planning. The bringing together of expertise and capacity from intermediate care and community physical and mental health teams should enable Sheffield to move forward with a forward thinking model of Active Support and Recovery.

We are recognising that the creation of the GP Provider Board and its increasing work with the statutory health providers, including the acute and third sectors is now moving towards more formal collaboration. A predominantly Multidisciplinary Team (MDT)

approach, the wrap-around of health and social care teams around the GP practice and the partnerships of existing specialist secondary care and mental health providers is important to deliver the new service. This model could be described as Multi-specialist Community Provider (MCP) model and is described in overview form in the Forward View.

We do recognise however that no one model can meet all the requirements for our population. We believe, given the work already undertaken under the Sheffield “Right First Time” programme, there is also the potential to develop integrated patient pathways incorporating community, primary and mental health care, social care, secondary and specialist services.

A national selection process is underway and we should have some indication if we are likely to be selected by the time of the Governing Body – an oral update may be provided if that is the case.

### **3.0 Yorkshire and Humber Commissioning Support – Lead Provider Framework**

Following the update last month on the news that our CSU had been unsuccessful in securing a place for all but Continuing Health Care (CHC) and Individual Funding Requests (IFR) on the Lead Provider Framework for commissioning support to CCGs. A number of meetings have taken place to work through the implications and actions required to make sure that a viable transition can take place. Broadly our approach is to help the CCGs across the region understand their requirements and preferences for commissioning support then and share these with the CSU and NHS England colleagues through a transition Board. This Board will develop a programme to enable this recognising the stability that is required for CSU staff and CCG customers. Within the CCG the Chief Operating Officer is leading the work to set out our intentions utilising similar process to the one that helped us when we last assessed our requirements. The outcome of this will be brought to the Governing Body probably in April or May.

### **4.0 Commissioning Working Together Programme Update**

The programme is now embarking on phase two and a full report on the progress of each workstream for phase one will be reported to Chief Officers across the Commissioning Working Together footprint before the end of March 2015. Phase two will be underpinned by a strategic review of health and care in the context of 5 year forward view, Dalton and planning guidance for 2015/16. The output of the review will inform local planning, the development of a Working Together Strategy and providers response to working collectively.

The Urgent Care workstream is now live and initially it will coordinate the establishment of an Urgent and Emergency Care Network with membership drawn from local Chairs and leads of System Resilience Groups. The Network will bring together and share information, best practice and to will also be develop thinking to effect transformational system change.

Work is continuing within the Children’s worksteam as the project moves into its second phase. This next phase will focus on consolidating the case for change, seeking input and view form key stakeholders, and developing a regional service specification for the commissioning of safe and sustainable Children’s Surgery and Anaesthesia.

Following successful workshops through October, November and December negotiations are taking place to reach an agreement to support a rota sharing system which would to

ensure 24/7 consultant cover for Acute Cardiology and a final meeting of cardiologists and managerial leads from participating Trusts will take place over the coming months to finalise detail.

A project Lead has now been appointed to establish a Yorkshire and the Humber approach to a review of Hyper Acute Stroke services.

Clinical options for new service models within the smaller specialities workstream have been developed and reviewed by the Clinical Senate which will inform the case for change.

We have established a Patient and Public Advisory Forum, which will meet every six weeks. A Terms of Reference for the forum has been drafted, in partnership with local Healthwatch officers, to enable it to advise on the appropriate level of patient and public engagement/consultation across the Commissioners Working Together Programme.

## **5.0 Clinical Director Appointments**

Interviews for the Executive Team Clinical Director roles will take place on 25 February. I will be able to update Governing Body at the meeting on the outcome.

## **6.0 Accountable Officer**

Members will be aware that this meeting is my last before I leave the CCG on 31 March. You will be aware of the transition arrangements we have set in place to ensure a smooth transfer to my successor. I would like to take this opportunity to put on record my thanks to all our staff, my GP colleagues and fellow Governing Body members for the work we have achieved together in establishing our CCG and working hard to ensure that our patients get the best quality services from all our service providers. I have enjoyed my time in Sheffield tremendously and feel absolutely confident in the organisation's leadership and capability to deliver the changes the NHS requires in the medium term. I wish you all well.

## **7.0 Recommendations**

The Governing Body is asked to note the report.

Ian Atkinson  
Accountable Officer  
February 2015