

## Chair's Report

Item 23d

Governing Body meeting

3 May 2018

<b>Author(s)</b>	Dr Tim Moorhead, Chair
<b>Purpose of Paper</b>	
Noting	
<b>Key Issues</b>	
<ul style="list-style-type: none"> <li>• Urgent Care Consultation</li> <li>• Health and Care Working Together in South Yorkshire and Bassetlaw</li> <li>• Care Quality Commission review</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to note the report.	
<b>Governing Body Assurance Framework</b>	
<p><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.</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
<p><b><i>Please attach if completed. Please explain if not, why not</i></b>                  There are no specific issues associated with this report</p>	
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>	
Not applicable	

**Chair's Report**  
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This report summaries the business that has been concluded on behalf of the CCG during March/April 2018.

As part of my local work I continue to chair the City-wide Locality Group (CLG) where updates have been received on the Virtual Ward, Community Respiratory Clinic and the Accountable Care partnership, ERS switch off, Community Care Homes and the CCG's 360 Stakeholder survey.

The Care Quality Commission visited Sheffield in March to review the local system of health and social care in Sheffield. The local systems review looked at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65. The reviews also included an assessment of commissioning across the interface of health and social care and of the governance systems in place in respect of the management of resources. The results of the review will be available in June.

The Health and Wellbeing Board in February focussed on health inequalities across Sheffield. A summary report will be available at April's Health and Wellbeing meeting.

### **Health and Care Working Together in South Yorkshire and Bassetlaw**

Working together and sharing learning across the UK in developing the ICS has continued with a series of meetings in March and April. The core teams from Manchester and South Yorkshire and Bassetlaw ICSs met in March to further explore learning and to share thinking. The informative and helpful session was chaired by Chris Ham, Chief Executive from the King's Fund and Michael Macdonnell, National Director for Health System Transformation at NHS England joined the discussions.

A national ICS leads development day also took place in March, with topics discussed including local system planning and development, updates on the commissioner and provider sustainability funding schemes, population health management dashboards and engagement and accountability.

The Hospital Services Review report is now in its final development stages, following recent final rounds of engagement with clinicians and the public. The report is due to be formally published in early May. The 1A and 1B reports, which explain the engagement that has taken place as part of the review, and explore examples of good practice elsewhere are all published on the Health and Care Working Together website and can be seen here: [www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)

The Integrated Care System has submitted an outline of a potential capital bid to NHS England as part of a £1.6b pot available nationally. It includes bids for primary care, transformation and potential reconfiguration of services as well as backlog maintenance.

Business cases will be worked up and prioritised prior to submitting final bids by the national deadline of 16 July.

Professor Don Berwick joined clinicians from across South Yorkshire and Bassetlaw on Tuesday March 13 as part of his work with the King's fund to support developments in the leading accountable care systems. Don heard from a range of clinical leaders in South Yorkshire and Bassetlaw who have been and are involved in some of the transformation work across the region and shared his learning with them.

As part of my national work, I continue to attend NHS Clinical Commissioners. Attached (Appendix 1) is a resume of what NHS Clinical Commissioners has supported in 2017/18 and their plans for 2018/19.

I continue to Chair a meeting of Core Cities. Nottingham CCG hosted the March meeting; the key theme was integrated care.

In March I attended an event, hosted by the Kings Fund, on 'Making a Reality of Improving Population health' which considered the role of the clinical leader in developing new care models, and how to develop and use narrative for creating a new care model. At the time of writing, the Accountable Officer and I, are due to attend two further events hosted by The King's Fund; one a Masterclass by Joe McCannon on spreading and scaling-up improvement and innovation in primary care and the second on the Accountable Care System.

We also attend the Integrated Care System Primary Care meeting which provided updates on the national state of play, reflections on the ICS programme to date, key progress made in each site on primary care and learnings for new Integrated Care Systems, Input on national primary care network vision and issues and objective setting for 2018/19.

A workshop had been held for Governing Body members to discuss the options from the Urgent Care Consultation. This will be re-run in May for providers.

The Members' Council meeting was held on 14 March. This was well attended and key discussions focussed on the CCG's achievements for 2017/18 and our plans for 2018/19.

The Governing Body is asked to note this report.

Paper prepared by Karen Shaw, Executive Assistant to CCG Chair and Accountable Officer

On behalf of Dr Tim Moorhead, CCG Chair

20 April 2018

# NHS Clinical Commissioners

## Delivering your priorities



### Why we matter

Clinical commissioning is entering a new phase, and NHSCC aims to reflect that in the work that we do on behalf of our members. We are the only independent membership organisation representing clinical commissioners in England and are widely recognised as the national credible voice of local clinical commissioners allowing us to influence the key decision makers as the health and care system is evolving.

Proudly member led and member driven, our goal is to address the issues that matter to you and ensure that as the new system emerges CCGs have the support and guidance they need to navigate through a changing commissioning landscape and still deliver real improvement for their local populations. We do this by:

- **Voice** – giving members an independent and strong collective voice and national representation in the debate on the future of the health service.
- **Support** – providing information via regular bulletins and publications, and hosting webinars and workshops on topical themes.
- **Networking** – developing our networks to give members safe spaces to share learning, solve problems, and engage with other organisations.

Throughout 2017/18 we have been working with you, listening to your needs and responding with demonstrable action that gives you full value from your NHSCC membership – see over for just a few examples of what you said, and what we did.

NHSCC is the only independent membership organisation giving CCGs a national voice – if you're part of us, your voice will be heard.



## NHS Clinical Commissioners

The independent collective voice of clinical commissioners in England

# You said, we did



NHSCC is now firmly established as the credible 'go-to' voice for clinical commissioners, speaking out with authority on behalf of our members at the national level. Here are just some of the ways we have addressed the needs and issues that mattered to CCGs in 2017/18:

**You said...** that national support to reduce prescribing of ineffective and unsafe medications, and those available over the counter, would release NHS funding locally to allow you to manage your bottom line and fund higher priority areas.

**We...** worked with members to identify prescribable items of low priority for NHS funding. We then presented these to NHS England for national action. We jointly established a clinical working group to review these items and identify 18 initial products that should not be

**You said...** you wanted to get the commissioner voice into the heart of the mental health debate.

**We...** used the insight of members from the Mental Health Commissioners Network to produce publications and briefings ensuring the commissioner voice is heard with regards to funding needs, future practice, and other key issues for mental health commissioning, and have successfully influenced recommendations put

routinely prescribed in primary care. We consulted on draft commissioning guidance and ensured that members were engaged throughout the process. Subsequent additional guidance to reduce prescribing of over-the-counter medicines for 33 minor, short-term health concerns is currently out for consultation.

**Resulting in...** commissioning guidance being produced for the 18 medicines, which if implemented by members, could result in savings nationally of up to £141 million a year.

forward to government and key decision makers.

**Resulting in...** our Mental Health Commissioners Network being recognised as experts in their field and the chair of the network will sit on the advisory panel for the independent review of the Mental Health Act ensuring the views of mental health commissioners are strongly represented during this critical process.

**You said...** that there were a number of barriers to prescribing the cheaper drug Avastin, as opposed to the more expensive Lucentis or Eylea to treat Wet AMD. By addressing these, over £100 million of savings could be made for local reinvestment.

**We...** maintained our campaign to raise the issue in the media, with stakeholders and parliamentarians as well as provided feedback on the final NICE guidance on macular degeneration prescribing working in partnership with the NHSCC Medicines Task Group. We engaged with the Royal College of Ophthalmologists, NICE, and the GMC to agree national action to address these barriers and through these conversations influenced the development of the final NICE guidance.

**Resulting in...** the final NICE guidance helpfully concluded that there is no clinically significant differences between Avastin, Lucentis and Eylea and that the former was the most cost-effective based on current prices. Furthermore, the GMC clarified that given the clinical and collegiate support for its use, off-label prescribing of Avastin would not raise fitness to practise concerns. These findings should support members to introduce Avastin pathways locally and release considerable cost savings.

**You said...** that the cost of NHS continuing healthcare (CHC) is becoming an increasing financial burden in local areas and that there are a number of issues with the current system which must be addressed in order to reduce bureaucracy and overall cost.

**We...** through our Nurses Forum led engagement with the Department of Health and NHS England in the revision of the National Framework and supporting guidance. We convened a roundtable with members and other senior stakeholders in partnership with NHS England to review some of the key challenges and identify the overarching themes in those areas that had been successful in improving the process locally for patients while reducing spend.

**Resulting in...** our direct input to the National Framework review and supplemental guidance was the key intervention that ensured there will be no further closedown period for historic CHC claims, which was a significant cost burden for CCGs. The publication of *NHS continuing healthcare: Effective commissioning approaches* provides members with the learning from colleagues that have developed successful approaches to CHC delivery locally.

**You said...** that the retention of the Category M clawback nationally in 2017/18, an estimated £120 million benefit for CCGs, would significantly impact your ability to achieve local QIPP targets.

**We...** engaged with senior colleagues in the NHS England finance directorate to highlight the pressure this was creating for our members, while at the same time No Cheaper Stock Obtainable (NCSO) costs were increasing and dwarfing the category M savings.

**Resulting in...** savings from the reduction in price of Pregabalin were not included in the clawback, supporting the achievement of in-year QIPP targets. The 2018/19 planning guidance confirmed that the national clawback would not continue beyond 2017/18 and that CCGs could therefore plan to include this in their budgets for the year. We are keeping up the pressure on NHS England to release funds from the 2017/18 clawback into CCG budgets to compensate for some of the NCSO pressures before year end.

**You said...** you needed our support to understand and navigate a rapidly changing commissioning landscape and the future role of CCGs within it.

**We...** listened to your concerns and developed a set of publications and events in 2017 to support you through your local journeys. These included a research project to understand your views resulting in an infographic to highlight your perceptions of strategic commissioning and a member briefing looking at the key lessons in the development of accountable care from home and abroad. We also delivered a joint event with The King's Fund on the future of commissioning

and themed our national event on supporting members on the design and implementation of strategic commissioning.

**Resulting in...** much high-profile feedback on our support offers from you and the national bodies, for example our infographic – *Steering towards strategic commissioning* – is regarded as a key policy shaping document at NHS England. We have also with your help developed a set of clear national asks and common challenges on the future of commissioning, which we will seek to influence at the highest levels in the months ahead to ensure the landscape changes with your needs in mind.



Across the board, NHSCC engages our members in all our work and represents their views to the public, politicians and policy-makers in a number of ways. In 2017/18, we:

- ▶ launched **11 publications**, including an analysis of the shrinking value of the CCG-commissioning pound and a series on steering towards strategic commissioning
- ▶ submitted **nine consultation responses** on topics including gluten-free food prescribing, CQC inspection of primary medical services, NICE macular degeneration guidance, and the HEE's workforce strategy
- ▶ gave written and oral evidence to **six parliamentary inquiries** including on STPs and the nursing workforce
- ▶ hosted over **16 webinars** on areas to keep members informed on current topics and facilitate direct engagement with senior decision makers
- ▶ held over **22 network meetings, and NHSCC-wide and joint events** with other organisations, to allow members to discuss key issues with colleagues in CCGs and across the health and care system
- ▶ regularly engaged with **MPs and government ministers** including the Secretary of State for Health, ALBs and the media to ensure the CCG perspective is heard
- ▶ facilitated representation from CCGs on more than **50 national working groups**
- ▶ refreshed the NHSCC board to reflect all parts of the current and emerging system, and this board continues to engage regularly with **national stakeholders**.

### Member networks

Our six specialist networks have continued to build their profile and impact in the last year. These member-led networks are: Core Cities Network, Finance Forum, Lay Members Network, Mental Health Commissioners Network, National Ambulance Commissioners Network and Nurses Forum. In addition, we have a developing network – the HR and OD Leads Forum.

They are influencing on behalf of members at the national level as well as providing excellent opportunities for them to come together and share knowledge and best practice. In 2017/18, the networks held eight events and launched six publications on a range of topics including CCG finances, mental health services in primary care, and the critical role of lay-members in influencing change within the community.

Find out more at: [www.nhsc.org/networks](http://www.nhsc.org/networks)

"Clinical commissioners want to get on and ensure safe and quality services for their populations. To enable us to do that it's really important that we have the support nationally from organisations like NHSCC."

Dr Gora Bangi, Clinical Chair, NHS Chorley and South Ribble CCG

"CCGs should join NHSCC as it's the most powerful body for ensuring that clinical commissioners are influencing national policy and national guidance."

Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG

"NHS Clinical Commissioners gives us strength and a loud influential voice. It also gives us opportunities to come together and learn from each other, which for me is invaluable."

Guy Pilkington, Assistant Chair, Newcastle Gateshead CCG

## Our plans for 2018/19

In the year ahead, NHSCC will continue to lobby decision makers and provide the independent and collective voice of local clinical commissioners at the national level. We will continue working hard to influence and improve the policy environment for our members and ensure that the NHS and wider public sector recognises and supports the critical role of clinical commissioners both now and in the future. We therefore plan to undertake further work to shape the evolving commissioning landscape, with a stronger focus on the nature of locality-level commissioning and integrated care. We will also ensure we maintain our high-profile work around improving CCG finances, support efficiencies and deliver peer led leadership support.

## Contact us



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