

Accountable Officer's Report

Item 16d

Governing Body meeting

10 January 2019

Author(s)	Maddy Ruff Accountable Officer
Purpose of Paper	
Noting	
Key Issues	
<ul style="list-style-type: none"> • NHS Long Term Plan • Urgent and Emergency Care - Winter Planning • Christmas Holiday Performance • Additional Resources for Primary Care • Sheffield Accountable Care Partnership • South Yorkshire and Bassetlaw Integrated Care System – Urgent and Emergency Care 	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to note the report.	
Governing Body Assurance Framework	
<p><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.</p>	
Are there any Resource Implications (including Financial, Staffing etc.)?	
No	
Have you carried out an Equality Impact Assessment and is it attached?	
<p><i>Please attach if completed. Please explain if not, why not</i> There are no specific issues associated with this report</p>	

Have you involved patients, carers and the public in the preparation of the report?

Not applicable

Accountable Officer's Report

Governing Body meeting

10 January 2019

This report summaries the business that has been concluded on behalf of the CCG during November and December 2018.

NHS Long Term Plan

The NHS Long Term plan has been delayed; we expect that it will be published in the next few weeks. On 21 December 2018 we received the NHS Shared Planning Guidance; at the time of writing this report, we are still awaiting allocations.

Urgent and Emergency Care - Winter Planning

System wide assurance in terms of how we improve current performance and planning for winter has been provided in the Performance, Quality and Outcomes Report.

The Urgent Care Team have been working closely with system partners both within Sheffield and South Yorkshire and Bassetlaw over the last few months to refine the system resilience and escalation arrangements. This year the focus of the work has been on how system partners support each other during periods of pressure to minimise the potential impact on patient care. A number of actions have been undertaken to improve the patient pathway and remove operational challenges as well as agreeing what additional escalation actions each partner will undertake to support other partners when they are facing increased pressure.

Christmas Holiday Performance

A&E performance over the Christmas period has remained consistent overall. Delayed Transfers of Care (DTC) figures are down to 35 and organisations have felt less pressure than in previous years.

Additional Resources for Primary Care

NHS England confirmed that they will be making available a further £1 per head (c£0.6m for Sheffield) to support the development of primary care networks (neighbourhoods). Work is underway to establish how best to utilise this funding, including the flexibility for some or all of this funding to be deployed in 2019/20. This reflects that the CCG has already allocated £1.50 per head for primary care development at scale in 2018/19 and is currently working with our neighbourhoods on the utilisation of the balance of the Primary Care Transformation Funding in 2018/19 (£1.5m was available for this year). Full reports on the utilisation of all funding for primary care development are made to Primary Care Commissioning Committee on a regular basis.

The development of our neighbourhoods will be the key focus for discussion at the next Members' Council Meeting scheduled to take place on 14 March 2019.

Sheffield Accountable Care Partnership

ACP activities have been provided in the ACP Programme Director's report.

South Yorkshire and Bassetlaw Integrated Care System – Urgent and Emergency Care

The Integrated Urgent Care service (IUC - NHS 111 and Clinical Advice service) procurement across Yorkshire and Humber (Y&H) has now concluded and CCG Governing Bodies across the patch have now endorsed the recommendation to award a contract for this service to the Yorkshire Ambulance Service NHS Trust. CCGs will now collectively work together and with YAS to mobilise the new service under the co-ordinating role of the lead CCG – Greater Huddersfield; the notable change of the IUC service includes a hub and spoke model for clinical advice with improved connections between a core Y&H Clinical Advice Service and local CCG commissioned services, improving the patient experience and access to the right part of the urgent or emergency care system locally. Additional capacity will be deployed into the core CAS in order to provide increased clinical advice to certain cohorts of patients calling the service.

A diversionary pathways group (focussing on areas where it might be possible to reduce demand on A&E departments) has been established with representation from across SYB CCGs, acute providers and YAS, focussing on three areas of Respiratory, Mental Health and Care Home demand. The first priority to be considered will be respiratory pathways.

The Escalation Management System (EMS) has been adopted and rolled out across SYB with each locality now having a range of business critical services reporting their daily pressures. This system will be used to trigger an escalation 'support' call across SYB should pressures increase in one or more of our localities or services. In addition, planned calls have been scheduled to take place in early January to enable transparent conversations to take place between local health economies and acute providers and YAS across SYB, with a view to managing heightened demand on our services and consider, if required or necessary, any proactive actions across SYB to alleviate and support the management of the expected pressures.

Hospital Ambulance Liaison officers (HALO) using ICS funds will be deployed into 3 of the five acute hospitals on a consistent and regular basis (not just at times of heightened pressure) by the middle of January. Doncaster, Rotherham and Sheffield will benefit from these roles which will assist with patient flow and patient handover from ambulances on arrival at the A&E Departments. Positive feedback has already been received from the areas where this has been tested already.

The Care Home Bed capacity tracker tool has also been adopted and used by most of SYB's care homes improving the information on the availability of care home beds. This tool should make it easier for staff supporting patient discharges to identify and appropriate care home bed to suit the patient's needs, increasing both patient experience and improving the discharge process.

Paper prepared by Alison Kuppusamy, Business Manager to CCG Chair and Accountable Officer

On behalf of the Accountable Officer
31 December 2018