

REPORT TO:	GOVERNING BODY	
MEETING DATE:	26 March 2018	
REPORT TITLE:	Chief Officer's Report	
SUMMARY OF REPORT:	This report provides an update on issues of interest pertinent to Governing Body members which have taken place since the last formal Governing Body Meeting in January 2018.	
REPORT RECOMMENDATIONS:	Members are requested to note the updates within this report and ratify the adoption of the policies included in section 8 of this report.	
FINANCIAL IMPLICATIONS:	None.	
REPORT CATEGORY:	Formally Receipt	Tick x
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Debra Atkinson Head of Corporate Business	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Mark Youlton Chief Officer	
OTHER COMMITTEES/ GROUPS CONSULTED:	N/A	
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below: Not required
RISKS:	Have any risks been identified / assessed?	N
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	Y
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	Y
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	X
2	Optimise appropriate use of resources and remove inefficiencies.	X
3	Improve access, quality and choice of service provision within Primary Care	X
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	X

**East Lancashire Clinical Commissioning Group
Governing Body Meeting**

26 March 2018

CHIEF OFFICER'S REPORT

1. Introduction

- 1.1** This report provides an update on issues of interest pertinent to Governing Body members which have taken place since the last formal Governing Body Meeting in January 2018.

NATIONAL UPDATES

2. Department of Health and Social Care

2.1 Appointment

The Department of Health and Social Care (DHSC) announced that, following the expansion of its remit to include social care, it had appointed two new Ministers.

Mr Stephen Barclay was appointed Minister of State for Health and Mrs Caroline Dineage became Minister of State for Care.

2.2 Health Charge for Temporary Migrants

The Government plans to double the immigration health surcharge paid by temporary migrants to the United Kingdom.

The surcharge will rise from £200 to £400 per year. The discounted rate for students and those on the Youth Mobility Scheme will increase from £150 to £300.

The annual charge is paid by people from outside the European Economic Area (EEA) who are seeking to live in the UK for 6 months or more to work, study or join family.

The DHSC estimates that the NHS spends £470 on average per person per year on treating surcharge payers. Projections suggest that the increased charges may provide around £220m extra every year, with this money going to NHS services.

The Government plans to make the changes later this year, in order to better reflect the actual costs to the NHS of treating those who pay the surcharge.

2.3 Long-term Sustainability of the NHS and Adult Social Care

The Lords Select Committee report on the long-term sustainability of the NHS and Adult Social Care has been published and has made 34 recommendations in the areas of:

- service transformation;
- funding the NHS and Adult Social Care;
- innovation technology and productivity;
- public health, prevention and patient responsibility;

- lasting political consensus.

The Government's response states that significant efficiencies will be needed to make the NHS and social care system sustainable for the long term.

Further information via: <https://www.gov.uk/government/publications/long-term-sustainability-of-the-nhs-and-adult-social-care-government-response>

3. NHS England

3.1 Appointment

NHS England and NHS Improvement have announced that Dr Simon Eccles has been appointed as the new Chief Clinical Information Officer for Health and Care to spearhead NHS use of technology and data to drive improvements in patient care.

Dr Eccles is a practicing hospital Consultant in Emergency Medicine at Guy's and St Thomas' NHS Foundation Trust, and will succeed Professor Keith McNeil. He is also Clinical Director for Emergency Care at NHS England, London, and holds a number of senior roles nationally including as senior responsible owner for NHS Mail and Interoperability.

Reporting to Mr Matthew Swindells, the National Director for Operations and Information, the appointment was made following open competition by a Panel including Board members from NHS England, NHS Improvement, NHS Digital and the DHSC.

3.2 Perinatal Mental Health Services

It has been announced that extra funding will be made available to improve the mental health of at least 3,000 pregnant women and those who have recently given birth.

The £23m funding is part of a major programme of improvement and investment by NHS England which will see a total of 30,000 additional women getting specialist mental health care, in person and through online consultations, including over Skype, during the early stages of motherhood, supported by a total of £365m, by 2021.

Perinatal mental ill health affects up to 20 per cent of women during pregnancy and in their first year after giving birth. As well as being crucial to new mothers, newborns and their families, perinatal services, alongside other treatments for common mental illnesses like depression and anxiety, can play an important role in ensuring mental health is integrated into overall healthcare at the earliest possible stage of life.

Perinatal mental health – wellbeing related to pregnancy and the first year of motherhood – has become an increasingly prominent issue in recent years, with high-profile figures including the Duchess of Cambridge speaking out about its impact.

The new funding for community perinatal services follows additional spending since 2016 of £40m, which will see over 6,000 new mums receiving specialist mental health care by April 2018. The development of community services is part of an overall package of increasing access to perinatal care, which includes four new mother and baby units and the recruitment of over 200 specialist staff, including 21 Consultant Psychiatrists and more than 100 Nurses and Therapists.

3.3 Cancer Drugs Fund

NHS England has announced that thousands of cancer patients have benefited from speedy access to the new and innovative treatments due to new Cancer Drugs Fund (CDF), which is also expected to release at least £140m into the NHS over the next five years.

Since the new CDF opened in July 2016, nearly 15,700 patients have benefited from the 52 drugs treating 81 different types of cancer. Of these patients, around 5,000 have received treatment sooner than they would have under the previous system.

NHS England has also secured discounts on eight of the treatments previously funded via the old CDF which will generate savings for the NHS of around £140m over the next five years.

The new system means the National Institute for Health and Care Excellence (NICE) appraisal process now starts much earlier for newly referred drugs, with the aim of publishing draft guidance before drugs receive their licence, and then final guidance to be issued within 90 days of that.

Patients also benefit from new cancer drugs at least four months earlier under the reformed CDF than was previously the case. All cancer treatments recommended by NICE, whether for routine commissioning or the CDF, are now available to patients as soon as positive draft guidance is published by NICE.

NHS England now has more direct involvement with industry, working closely with NICE, to help to find deals that work for patients. Previous arrangements would be down to industry proposing a price where NICE say yes or no to the drug being made available.

NHS England's inclusive approach to commercial deals has gone beyond cancer drugs with recent deals agreed, giving patients access to three innovative treatments – Strensiq (asfotase alfa) for a rare bone disease, Kadcyla (trastuzumab emtansine) and Perjeta (pertuzumab) for breast cancer. These deals were reached by NHS England working closely with the pharmaceutical company – Alexion and Roche – allowing NICE to make their decisions based on improved commercial terms.

Further information via: <https://www.england.nhs.uk/cancer/cdf/> and <https://www.nice.org.uk/>

3.4 Care Home Pharmacists to Help Cut Overmedication and Unnecessary Hospital Stays for Frail Older Patients

NHS England has announced plans to recruit and deploy hundreds of pharmacists into care homes to help reduce overmedication and cut unnecessary hospital stays.

Around 180,000 people living in nursing or residential homes will have their prescriptions and medicines reviewed by the new pharmacists and pharmacy technicians.

Elderly care home residents often have one or more long-term health conditions, such as dementia, hypertension, diabetes or heart disease, and on average are being prescribed seven medicines daily, but it can be more, with around 10% of people aged 75 and over currently being prescribed 10 or more medicines.

This is significant as studies suggest up to one in 12 of all hospital admissions are medicines-related and two thirds of these are preventable.

NHS trials show pharmacists reviewing medicines improved patients' quality of life by reducing unnecessary use and bringing down emergency admissions, with less time spent in hospitals. This approach also led to meaningful savings in unnecessary prescribing costs of £249 per patient in one pilot over a year.

NHS England will roll out the approach by funding recruitment of 240 pharmacists and pharmacy technicians. The reviews will be done in coordination with GPs and practice-based clinical pharmacists to ensure people are prescribed the right medicines, at the right time, in the right way to improve their health and overall quality of life.

The use of clinical pharmacists and pharmacy technicians to undertake structured medicines reviews of all new and discharged care home residents in Northumberland showed that one hospital readmission could be avoided for every 12 residents reviewed.

In East and North Hertfordshire, where this model was applied across 37 care homes, an annual drug cost saving of £249 per patient was seen.

The roll-out of pharmacists and pharmacy technicians into care homes is part of the NHS England plan – Refreshing NHS Plans for 2018/19 - which sets out measures to provide joined-up services for patients to ensure they receive care in the most appropriate place.

4 WINTER PLANNING

4.1 Letter from NHSI and NHSE

NHSI and NHSE have sent a letter following the significant pressure on the Urgent and Emergency Care system as a result of the recent poor weather.

They recognise and want to thank staff for the huge ongoing efforts across the country to continue to deliver outstanding care during challenged times. Especially over the last few weeks, where countless examples of individuals and organisations going above and beyond to look after patients has been heard of.

The recent cold weather has brought unprecedented pressure to a system already under stress. We are still in the midst of the worst flu season for many years, with D&V and Norovirus cases remaining stubbornly high. We also know hospitals see a rise in the admission of stroke and respiratory patients up 12 days after the temperature drops, so over the coming week we expect to see a further increase in the number of acutely ill patients attending our hospitals as a direct consequence of the recent cold spell. As a result, we expect pressure to continue into the coming week.

We have been asked to ensure that in addition to the steps already taken that;

- A review of options for increasing medical capacity for patient care, including
 - ensure every speciality has a senior decision-maker on site and available for rapid review of patients to reduce admissions
 - ensure every patient has a review at the start and end of the day by a senior clinician to facilitate discharge
 - boost essential support services such as diagnostics and pharmacy at the weekends to maximise non elective patient flow

The Secretary of State for Health and Social Care will be writing to Local Authority colleagues to ask that they ensure there is adequate social work presence in hospitals over the weekend to allow assessments to continue and maintain discharge volumes at weekday levels.

I would like to take the opportunity to thank all our staff for their efforts to attend Walshaw House or work remotely over this period.

5. Lancashire and South Cumbria (L&SC)

5.1 Lancashire advocacy services consultation 2018

Due to severe budget constraints Lancashire County Council are proposing to reduce the provision of advocacy that is not required to be provided by law.

Specifically, the county council proposes to reduce the budget for lower-level advocacy services by 50% for the remainder of the contract, which ends 1 May 2019.

The county council will make a final decision on the proposals following an eight-week public consultation and production of a final Cabinet report. All submissions to the consultation will be considered.

If accepted, the proposals will mean that level 3 support would be discontinued for the remainder of the contract. Face-to-face support would be removed from level 2 support and replaced with a single session of one-to-one contact, provided via telephone or email (or other digital channels) only. The single point of contact and initial screening service, as well as level 1 support, would remain in place.

The statutory element of the advocacy service will remain in place as it is unaffected by these proposals.

Current contracts between the county council and advocacy providers have been in effect since May 2016 and are due to end in May 2019. A full review of advocacy services will be carried out later in 2018 in preparation for the awarding of a new advocacy contract and the selection of a new provider, or providers, to deliver our advocacy services from the beginning of May 2019.

To contribute to the consultation: please click on the following link:

<https://www.snapsurveys.com/wh/s.asp?k=151939359261>

6. Pennine Lancashire

6.1 NHS e-Referral Service (e-RS)

Nationally driven, NHS England and NHS Digital are supporting the 'Paper Switch-Off Project' that will allow all Hospital Trusts to fulfil the new NHS Standard Contract. East Lancashire and Blackburn with Darwen CCGs are supporting the 'Paper Switch Off Project' along with East Lancashire Hospitals NHS Trust (ELHT).

Each Trust has been set a different target date for the 'paper switch off'. Locally there is a plan to switch off paper referrals from General Practitioners to ELHT for two week wait referrals (all tumour sites) by 30th April 2018 and for all other 1st Out-patient consultant led services, currently not on e-RS, by 31st July 2018.

Further information via: <https://digital.nhs.uk/e-Referral-Service/Future-Service/Paper-switch-off-programme-and-documents>

6.2 Proposed Joint AGM

Last Autumn it was agreed that we would try to combine our respective AGMs with Blackburn with Darwen CCG and ELHT.

ELHT have already set a date for 26 September and it will be held at Blackburn Cathedral. We have liaised with colleagues at BwD who are supportive of this approach. The venue is outside the natural footprint of East Lancashire so Governing Body members are asked to agree this approach.

It is proposed that the event be a natural launch for the Pennine Integrated Care Partnership, ensuring that all other partners are involved, either informally or statutorily as appropriate. Similarly the Health Fair will be a great opportunity to promote work from across Pennine.

7. East Lancashire CCG

7.1 Awards

The CCG has been shortlisted for a prestigious national health award for work in transforming diabetes services in East Lancashire. The award is for the Health Service Journal (HSJ) Value in Healthcare Award.

The transformation of diabetes services in East Lancashire has taken three years of work, and was led by Dr Lisa Rogan, Associate Director of Medicines, Research and Clinical Effectiveness. The award means that diabetes services in East Lancashire have been recognised for the improvements they have made to the lives of patients living with diabetes.

The transformation of diabetes care in East Lancashire was identified as a priority by the CCG, following a review of diabetes services which found: variations in outcomes; variations in commissioning arrangements; long waiting lists for consultant referrals and poor access to structured diabetes education programmes. The CCG worked with two academic institutions to deliver a variety of diabetes courses including the clinical diploma to multidisciplinary health care professionals including GPs and practice nurses. This alongside a mentorship programme in collaboration with the hospital resulted in significant upskilling of primary care enabling patients to be managed locally rather than having to travel to the hospital.

Since the new integrated diabetes service has been implemented over 240 health care professionals have attended the academic courses and following an operational mentorship period, these practices are now able to manage more complex patients effectively and deliver the desired outcomes for patients with diabetes. In the last 2 years or so, uptake of the structured diabetes education programme has increased from 1.5% to 54%, with 84% of participants setting at least one self-care goal including improved diet, exercise or stopping smoking.

The announcement of the winner will be made in June in Manchester.

7.2 Amendments to Constitution

Further to the agreed proposed changes to the CCGs constitution, received by the Governing Body in November 2017, NHS England has confirmed that the changes comply with the particular requirements of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and is otherwise appropriate. The revised constitution has been published on the CCG website.

7.3 Policies and Procedures

The following policies have been reviewed, approved and disseminated in line with the policy 'An Organisation wide Policy for the Development and Management of Policy and Procedural Documents':

Title of Policy	
Mental Capacity Act	New policy

8. Stakeholder Engagement

The following meetings and engagement with our key stakeholders have taken place since my last update:

January/February:

- Pennine Lancashire Health, Care and Wellbeing Transformation Programme
- Burnley Health & Wellbeing Partnership
- Meeting with CC Shaun Turner
- Accountable Health and Care Partnership Leaders' Forum

- A&E Delivery Board Meeting
- Senior Officers SEND Meeting
- Meeting with Roger Parr
- Clinicians and SMT Development Session
- Next Steps phone call with Well North
- BwDCCG and EL CCG Team to Team Meeting
- Care Professionals Board / Joint Session with Partnership Leaders
- Collaborative Commissioning Board Meeting
- Lessons Learned: Communications in system transformation
- AOs, CEOs and STP Exec meeting
- Julie Cooper, MP with Dr Santhosh Davis
- Specialist rehabilitation workstream meeting
- Commissioning Development Session with Mike Farrar
- CFO Meeting
- Meeting with John Dean, ELHT
- Pennine Lancashire Financial Planning 2018/19
- Accountable Health and Care Partnership Leaders' Forum
- Meeting with the Chair & AO of BwD CCG with Dr Huxley
- Lancashire BCF Steering Group
- Meeting with Kevin McGee, ELHT
- Lindsay Hoyle, MP with Amanda Doyle
- Session 2 of the Pennine Lancashire Health, Care and Wellbeing Transformation Programme
- Carole Martin, EU Federation with Dr Mark Dziobon

March

- A&E Delivery Board Meeting
- Collaborative Commissioning Board Meeting
- AOs, CEOs and STP Exec meeting
- SEND Partnership Board
- Single PMO Function meeting with Keith Griffiths, Darren Challender and Dionne Standbridge
- Lancashire Health & Wellbeing Meeting
- Executive Team Time Out Session
- Programme Executive Team
- Meeting with Penny Morris
- Lancashire BCF Steering Group

9 Recommendations

9.1 Members are asked to:

- Note the updates in this report
- Ratify the Mental Capacity Act policy
- Support the proposal for the Joint AGM at Blackburn Cathedral on 26 September 2018.

MARK YOULTON
Chief Officer