

Blackburn with Darwen CCG Governing Body & East Lancashire CCG Governing Body
 Meeting in Common

Report Title:	Joint Chief Officer's Report	Agenda No:	4.3
Meeting Date:	13th November 2019		
Summary of Report:	This is a report to the Pennine Lancashire (PL) Governing Bodies (GBs), which provides an update on national and local issues of interest to members		
Report Recommendations:	The GB is requested to receive this report and note the items as detailed		
Financial Implications:	None		
Procurement Implications:	None		
Report Category:	Support and recommend/forward the report.	Tick	
	Approve the recommendations outlined in the report.		
	Debate the content of the report.		
	Receive the report for information.		
Author:	Dr Julie Higgins		
Presented By:	Dr Julie Higgins		
Other Committees Consulted:	N/A		
Privacy Impact Assessment (PIA)	Has a PIA been completed in respect of this report?		N
	If Yes, please attach	If No, provide reason below.	
Equality Impact Analysis (EIA)	Has an EIA been completed in respect of this report?		N
	If Yes, please attach	If No, provide reason below.	
Data Protection Impact Assessment	Is a Data Protection Impact Assessment Required?		N
Risks:	Have any risks been identified / assessed?		N/A
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:	Have patients been involved in the drafting of this report?		N
Privacy Status:	Can the document be shared		Y
CCG Corporate Objectives :			
CO1	To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population.		
CO2	Ensure the balance of our health investment reflects our population's needs and keeps the population well		
CO3	Deliver the 10 year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on population health management strategies		
CO4	We will focus on population health outcomes through helping to deliver successful Integrated Care Partnerships and ensure decisions, provision and access to local services is based on the needs of our population.		
CO5	As local health leaders, we will focus on increasing life expectancy across Pennine Lancashire to be at, or above the national average in the next 10 years.		

**NHS BLACKBURN WITH DARWEN CLINICAL COMMISSIONING GROUP and
NHS EAST LANCASHIRE CLINICAL COMMISSIONING GROUP**

GOVERNING BODIES MEETING IN COMMON

13 NOVEMBER 2019

JOINT CHIEF OFFICER'S REPORT

1. Introduction

I am pleased to present my joint report to the Pennine Lancashire (PL) Governing Bodies (GB) meeting in common (Blackburn with Darwen CCG and East Lancashire CCG), to provide an update on national and local issues of interest to members.

2. System Updates

2.1 Integrated Care System (ICS) Board Update

2.1.1 People Plan

At the ICS Board on 2nd October 2019, a proposal was shared on how the ICS will engage and involve local people in decision making across Lancashire and South Cumbria (L&SC). There is currently a well-developed network of communications and engagement teams working across partner organisations, and the paper described the main approaches that the ICS is already taking, with a number of specific examples where involvement with local people has been evidenced.

The ICS is working to address four objectives in relation to communicating, engaging and involving:

Build relationships

- Build relationships for partnership working amongst health and care staff, partner organisations, such as the police, universities, voluntary, community, faith and social enterprise sector organisations so that they can add value and contribute positively to partnership initiatives.

Inform and involve

- Inform and involve all stakeholders (including professional bodies and committees, staff representatives, local authorities, staff, partners, patients and the public) in the development of the ICS and our emerging vision for health and care in L&SC so that the plan is the best it can be for patients
- Cascading clear decisions and leadership messages to relevant staff, partners
- Improve outcome of ICS initiatives by ensuring clinicians and health professionals (including pharmacists, allied health professionals, nurses, dentists and optometrists) are engaged and involved.

Showcase positive impact

- Demonstrate the value of partnership working to audiences at different levels of the system with a particular focus on the impact on local people's lives and the quality of care they receive
- Utilise websites and social media to share information, case studies and messages in an open and transparent way.

Strengthen partnership working in relation to communications, engagement and involvement:

- Adopt consistent approaches to managing consultations across the ICS and Integrated Care Partnership(ICP)/Multispecialty Community Providers (MCP) in L&SC, increasing co-ordination of activity, reducing duplication and adopting best practice
- Deliver co-ordinated communications and engagement across L&SC by sharing resources, utilising best practice and shared thinking to deliver campaigns and initiatives across the footprint which result in behaviour change and impact
- Help staff to understand the ICS, what it means and how they can contribute through clear internal staff communications and engagement.

A small number of ICPs are exploring new initiatives for involving their populations in health and care through Citizen Panels. The ICS Board recognise the need for a strategic and consistent approach to involvement, with clear structures and connected approaches in place across the health and care system for involving and engaging local people, and a Task and Finish Group is being established to take this approach forward.

2.2 Lancashire Better Care Fund Plan 2019/20

In line with national requirements the Lancashire Better Care Fund (LBCF) Plan 2019/20 was completed and submitted by the required date of 27th September 2019. It is now subject to the regional and national assurance process. Following the submission of a small amount of further supporting evidence positive feedback has been received indicating likely approval. Due to the lateness of the start of the process the plan is in effect a bringing together of existing spending plans rather than a more ambitious approach.

While the plan covers the Lancashire Health and Wellbeing Board area, it has been developed in partnership with colleagues in Blackburn with Darwen, Blackpool and South Cumbria so as to continue towards greater cooperation and integration at ICP level.

2.3 Better Care Fund 2020/21

On 4th September 2019 the Government set out the results of the 2019 Spending Round. These included the confirmation that the BCF will continue into 2020/21.

“As the NHS works with local government on plans for enhanced and improved Primary and Community services, they should also be working together on continued integration of health and social care, as well as alignment to wider local government services such as housing.”

The NHS contribution to adult social care through the BCF will increase by 3.4% in real terms in 2020-21 and the improved BCF and Winter Pressures Grant will continue at the 2019/21 level.

Having confirmation of the continuation and level of BCF in 2020-21 will allow a much more ambitious approach to integration in its planning. The process of identifying what priorities will be and the opportunities to arrange those priority services in an integrated way is underway. This process will be influenced by the recommendations of the Intermediate Care review carried out across L&SC in 2019, although the full impact is likely to take two to three years to be implemented.

2.4 Intermediate Care Programme

The intermediate care review has been approved and we are commencing the implementation planning for the ICS and each ICP area recommendations in conjunction with the ICS.

In terms of the enabling functions, which are being implemented on an ICS level, there is a provisional date of the 29th November 2019 for a workshop with Carnall Farrar, the organisation that carried out the review, around the next steps. It will have representation from NHS, council and Voluntary Community and Faith Sector (VCFS) colleagues at to help shape the plan going forward and ensure that there is a joint approach to intermediate care.

2.5 Special Educational Needs & Disability (SEND) Summary

2.5.1 Lancashire County Council

Following the joint Ofsted and CQC inspection in November 2017, the local area expects a re-visit inspection this autumn. The last SEND Board took place on 16th September 2019 and spent time reviewing its self-assessment in readiness for the inspection. The previous inspection had highlighted 12 areas for action including joint commissioning and working with partners. There has been progress in most areas and the Board heard reports on all areas to seek assurance.

There are four areas that acceleration plans have been produced for to demonstrate the immediate action partners propose to take in order to rectify this. The current acceleration plans are for:

- Quality of Education, Health and Care plans
- Diagnostic pathways for autistic spectrum disorder across the local area
- Improved outcomes of children and young people who have SEN and/or disabilities
- Improved accessible information on the local offer

The Neuro-Developmental pathway was considered; local commissioners and providers are now undertaking a gap analysis and developing local implementation plans.

The Board considered work underway for Preparing for Adulthood (transitions) which the previous SEND inspection had highlighted as an area of concern. Although progress has been made in health care transitions the board is seeking greater assurance on the wider collaborative transition agenda.

A new operational group has been set up to drive work in the partnership and link the different workstreams together.

https://content.govdelivery.com/attachments/UKCCC/2019/08/22/file_attachments/1270814/Cumbria%20SEND%20WSOA%20for%20submission%2021.8.19.pdf

2.6 Pennine Lancashire Integrated Care Partnership (ICP)

2.6.1 ICS/ICP Strategy Development

The ICP Partnership Leaders' Forum have endorsed the Strategic Narrative for the ICP, which was submitted as part of ICS planning approach. The narrative outlines the delivery priorities of the ICP and sets out how partners in the ICP will work together to deliver improvements to health and care in Pennine Lancashire.

Partnership Leaders also considered an initial draft NHS Plan Five Year Pipeline of potential deliverables for the Integrated Health and Care Partnership; this outlines some of the strategic developments that are likely to require Partnership consideration over the next twelve months. The pipeline will allow the ICP, with its constituent organisations, to make informed judgements regarding transformation priorities for the next five years and in turn, the alignment of system capacity and capability to deliver the required change. Partnership Leaders endorsed the draft pipeline but agreed that it would be vital to inform and engage the Primary Care Neighbourhoods (PCNs) in discussions regarding the pipeline and gain feedback from them. In this way, organisational leads and PCN leads can form an aligned and coherent approach.

2.6.2 Intermediate Tier Proposition

The ICP has considered the proposition regarding future developments for intermediate care in Pennine Lancashire in response to the Lancashire Intermediate Care Strategy. The Draft Intermediate Tier Strategy outlines actions that could be undertaken to support people to stay out of hospital and help to reduce pressures on the system and on our staff by shifting activity and providing a broader discipline model. This plan will require alliances and collaborative working across the system and in particular between clinical and professional teams. The draft Strategy was endorsed by the ICP, however further details were requested in relation to timescales for development and delivery

2.6.3 Neighbourhood Integration Accelerator

The ICP Partnership Leaders have welcomed the move to implement the Neighbourhood Integration Accelerator and felt this offered an exciting opportunity to realign service provision in neighbourhoods using a population health management approach. The key points of the approach are:

- The most needy patients will be identified and worked with to understand their challenges and goals; interventions will be decided with the patient and effectiveness will be monitored. This will lead to a system being designed with patient involvement
- A quantitative, qualitative and economic evaluation will be in operation with metrics to reflect patient and staff outcomes
- An alliance approach will be adopted which will maximise the chances of success

2.6.4 Together an Active Future

The Together an Active Future team has recently sent in their submission to Sport England with the aim of securing £3 million for their pathfinder plans. If successful, the funds will be allocated across the districts in Pennine Lancashire and will be used to get residents to move more by introducing them to new activities and ways to combine exercise with their everyday lives. The outcomes of this submission will be known in November 2019.

3. Clinical Commissioning Group Updates

3.1 Patient and Public Involvement

Over the last month the CCG has been actively engaging patients to understand their experiences of bladder and bowel services, heart failure, and the Home First service. In addition to this, extensive fieldwork has been undertaken in Ophthalmology (eye) clinics to understand their experiences of ophthalmology services and to elicit their views about services in the area. Engagement with patients who suffer from age related hearing loss has contributed to the development of audiology services across Lancashire and South Cumbria, and was led by the CCG on behalf of each area.

3.2 Winter

The Pennine Lancashire-wide winter planning approach builds on a system approach which acknowledges the usual peaks in demand over winter period, plus unusual peaks in demand as a result of adverse weather conditions, flu outbreaks and surges. Historically the winter planning process has primarily been acute focussed, but increasingly it is recognised that winter affects in and out of hospital services and therefore the plan includes system schemes.

The full plan has been developed and approved through the Pennine Lancashire A&E Delivery Board governance structure, and was reviewed and approved in CCG Committees in Common in October 2019. This system winter plan includes ICS and ICP schemes and responsibility for delivery of elements spans various governance structures. A Pennine Lancashire Winter Delivery Group has been established to coordinate and oversee the delivery of the elements within this plan.

Learning from previous years has highlighted that surges and pressures in activity are to some extent predictable, and in response to this a system wide 'hotspot' plan has been developed. This analysis includes data from emergency department ambulance attendances, walk-in attendances at urgent care facilities, primary care out of hours, 999 and NHS 111. This provides retrospective analysis of the pressure points in winter 2018/19 and is being used to target resources.

The plan includes a mixture of in and out of hospital schemes with the in-hospital schemes primarily supporting resilience of the Emergency Department and flow through the hospital bed base. The winter plan is aligned with the CCGs strategy to expand the out of hospital offer and shift resources (including financial) to enable this to happen in a planned and sustained way. Specific areas in the winter plan which focus on the out of hospital system include:

- Development of an acute visiting service in East Lancashire CCG. This is a winter development and also a strategic piece of work, which is to support primary care resilience and safely reduce ambulance conveyances to the Emergency Department. Note that an Acute Visiting Service is commissioned by Blackburn with Darwen CCG, and is an embedded service available to practices in Blackburn with Darwen.
- Increase primary care extended access capacity across Pennine Lancashire, including some specific additional capacity in Hyndburn. This will provide additional face to face clinical capacity which general practices and primary care out of hours will be able to access.
- Increase staffing in Intensive Home Support Service in Lancashire & South Cumbria Foundation Trust (LSCFT). This is to enable the team to respond to increased demand (mainly exacerbations on respiratory and frailty pathways) and to extend referral times. Note the equivalent service in East Lancashire has provided assurance regarding capacity and resilience over winter.
- Increase Home First capacity to consistently provide 70+ slots per week across the Pennine Lancashire system. Home First is primarily a step-down pathway from the hospital inpatient pathway and is increasingly being used as a step-up offer from community.

In addition to the above, on a Lancashire and South Cumbria footprint, the ICS is implementing EMS Plus which is a system wide escalation tool and has recently implemented a Falls Lifting Service across Lancashire.

Mobilisation of the scheme plans is underway and a monthly exception report, risks and mitigation will be presented to the Accident & Emergency Delivery Board (AEDB), and the CCG Senior Management Team as appropriate. The mobilisation process will include the development of scheme KPIs which will be monitored and inform a post winter evaluation.

3.3 Key Commissioning Decisions Taken

At the meeting on the 16 October 2019 between the BwD Commissioning Business Group and the East Lancashire CCG Sustainability Committee Committees in Common (CiC) the following decisions were agreed:

- Telemedicine (East Lancashire CCG) - an extension to the current contract for a period of 12 months was awarded subject to a number of conditions being met including standardisation across East Lancashire and quality and performance indicators.
- Pennine Lancashire Succeed Thrive Empower (STEP) Service – the CiC received assurance that the previously agreed actions in relation to this service have now been implemented. The committees will receive a paper in the new year describing any future provision.
- Children’s Autistic Spectrum Disorder (ASD) – the CiC agreed to the additional funding requested to support a pilot scheme for 18 months, provided by the East Lancashire Children and Adolescent Service (ELCAS) for the 11-16 year old pathway.

3.4 Individual Patient Activity (IPA) Updates

3.4.1 Recovery Actions – Procurement of a Recovery Team

In May 2019, the Joint Committee of CCGs acknowledged that the current level of Continuing Health Care (CHC) services provided across Lancashire and South Cumbria needed a substantial review to strengthen the service outputs.

The Committee endorsed a single point of coordination through the IPA Programme Board. The IPA Programme Board was established and has been working together collectively, listening and engaging the views of partners in order to agree areas of improvement focus, actions and timeframes.

The IPA Programme Board has representation from across the ICS and is made up of the 5 Lancashire and South Cumbria ICPs, including representation from the 4 Local Authorities and 8 Clinical Commissioning Groups.

Two broad objectives were agreed for the IPA Programme Board:

- Develop and make formal proposals on the future arrangements for commissioning and operational delivery of IPA services by the end December 2019.
- Deliver the explicit ambition to try to stabilise the current system, accelerate improvement in current performance and provide a more stable platform for future transformation.

Work is underway to complete an outline business case (OBC) to identify a preferred model option and then a full business case to describe and test how the preferred option will work and be implemented.

The IPA Programme Board received a list of seven options in total. The group held a workshop to undertake a high level options appraisal; two options were shortlisted, in addition to the 'do nothing/minimum' option which is required as a comparator. Key outcomes from the workshop were:

- Integration with local authorities is seen as desirable but was felt to be too far a step from the current service model.
- Confirmation that the future vision is for an integrated an end to end service was across Lancashire and South Cumbria.
- Clear recognition that this will need to be achieved in two/three phases

The shortlisted options are now being benchmarked against the National 18 point CHC maturity matrix. Work is progressing at pace and exemplar services identified by the national CHC service improvement team are receiving face to face site visits; 3 of these have been completed with a further 3 to be completed in November and early December.

A deep dive has been undertaken across the Pennine ICP footprint and an action plan has been drawn together. To complement this, additional work is being undertaken across the ICP system over three days (11th to 13th November 2019) facilitated by NHS Improvement to map activity in 3 areas, checklists in acute wards (a quality premium target), fast tracks and the complex patient pathway. The outcome of this will be fed back into the ICS work stream for system learning and reported back to the IPA programme board. All of this work is being undertaken by a small group of experts in this field under the leadership (SRO) Jerry Hawker, Chief Officer, Morecambe Bay CCG.

4. Policy Updates

4.1 NHS England

4.1.1 Pre-election (Purdah) Guidance

Pre-election (Purdah) guidance has been issued for the NHS in the run up to the general election. This guidance is effective from 00.01 Wednesday 6 November 2019 until Friday 13 December 2019 (or the date at which a new government is formed). The principles underpinning the guidance are that:

- The day to day operation of the NHS must continue unimpeded
- The NHS must act and be seen to act with political impartiality, and its resources must not be used for party political purposes
- During the election period, democratic debate between candidates and parties should not be overshadowed by public controversy originating from NHS bodies themselves.

As always during a pre-election period, there should be:

- No new decisions or announcements of policy or strategy
- No decisions on large and/or contentious procurement contracts
- No participation by official NHS representatives in debates or events that may be politically controversial whether at national or local level

These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS or, wasteful of public money.

4.1.2 A Guide to Managing Medicines Supply and Shortages

This guide aims to support pharmacists, clinicians and other NHS professionals with managing the supply of medicines to their patients and details the national, regional and local management and escalation processes and communication routes for medicines supply issues in order to consolidate existing practice across industry, government and the NHS. <https://www.england.nhs.uk/wp-content/uploads/2019/11/a-guide-to-managing-medicines-supply-and-shortages.pdf>

4.1.3 Clinically led review of NHS Access Standards

This is the progress report from Professor Stephen Powis, NHS National Medical Director setting out how each of the proposed new standards is being tested and the early learning.

<https://www.england.nhs.uk/wp-content/uploads/2019/10/crs-progress-report-v5-311019.pdf>

4.1.4 Antivirals for adults with recent onset (acute) hepatitis C

NHS England will routinely commission antivirals for adults with acute hepatitis C (HCV), including the treatment of acute HCV infection in immunosuppressed adults (e.g. post transplantation patients) in accordance with the criteria set out in this document.

<https://www.england.nhs.uk/wp-content/uploads/2019/09/Antivirals-for-adults-with-recent-onset-acute-hepatitis-C.pdf>

4.2 Department of Health and Social Care

4.2.1 Section 140 of the Mental Health Act: a briefing for CCGs and local authority partners

Section 140 (S140) of the MHA provides a duty for clinical commissioning groups (CCGs) to notify local authorities of arrangements for the admission of people detained under the MHA. This is in cases of special urgency or when there is a need for appropriate accommodation or facilities designed for children and young people under the age of 18.

4.2.2 Having a child through surrogacy

These documents explain how surrogates and intended parents can start a family through a surrogacy arrangement in England and Wales.

The guidance also sets out best practice for healthcare professionals providing care to people having a child through surrogacy.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843890/Surrogacy_guidance_for_intended_parents_and_surrogates.pdf

4.2.3 Handbook to the NHS Constitution for England

This handbook is designed to give the public, patients, carers, families and NHS staff all the information they need about the [NHS Constitution for England](#).

The handbook covers:

- NHS values and the principles that guide the NHS
- explanations of the rights and pledges in the NHS Constitution
- legal sources of patient and staff rights
- the roles we all play in protecting and developing the NHS

<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england>

5. Recommendation

The GBs are requested to receive this report and note the items as detailed.

Dr Julie Higgins
Joint Chief Officer
November 2019