

<b>Report To:</b>	Governing Body Meetings in Common
<b>Report Title:</b>	Chief Officer's Report
<b>Report From:</b>	Andrea Green, Chief Officer
<b>Date:</b>	12 July 2018
<b>Previously Considered by:</b>	Not applicable

**Action Required** (*delete as appropriate*)

<b>Decision:</b>		<b>Assurance:</b>		<b>Information:</b>	✓	<b>Confidential</b>	
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**Purpose of the Report:**

The purpose of this report is to provide members of the Governing Bodies with information on key activities undertaken by the Chief Officer since the last Governing Body meeting in common in January 2018, and any pertinent issues not covered elsewhere on the agenda.

**Key Points:**

The Chief Officer's Report covers the following:

- a) Sustainability and Transformation programme – building our one NHS
  - i. NHSE and NHSI held first Board Meetings in Common; setting the pace
  - ii. Centre for Public Scrutiny workshop held 6 June 2018
  - iii. First meeting of the reformed Warwickshire North reformed Health and Wellbeing (Integrated) Partnership
  - iv. Rugby Health and Wellbeing Partnership development event, participants agreed to reform
  - v. Commencement of the 12 week - Integrated Care System Development Programme
- b) Transforming Care Programme update.
- c) NHSE Q1 Assurance review undertaken.
- d) CCG Revised Values
- e) Participation in CQC Well led review of UHCW

**Recommendation:**

The Governing Body is requested to **NOTE** the report.

<b>Implications</b>						
<b>Objective(s) / Plans supported by this report:</b>	Constitution, Leadership IAF Domain					
<b>Conflicts of Interest:</b>	None identified.					
<b>Financial:</b>	<b>Non-Recurrent Expenditure:</b>	Not applicable.				
	<b>Recurrent Expenditure:</b>	Not applicable.				
	<b>Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b> ✓
<b>Performance:</b>	None identified.					
<b>Quality and Safety:</b>	None identified.					
<b>Equality and Diversity:</b>	<b>General Statement:</b> The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	<b>Has an equality impact assessment been undertaken? (Delete as appropriate)</b>	<b>Yes</b> (attached)		<b>No</b>		<b>N/A</b> ✓
<b>Patient and Public Engagement:</b>	None identified.					
<b>Clinical Engagement:</b>	None identified.					
<b>Risk and Assurance:</b>	None identified.					

## 1. Sustainability and Transformation programme – building our one NHS

- 1.1. Nationally on 24 May, NHSE and NHSI held their first Board meetings in common, and committed to working together to create the right culture of regulation and assurance required for the future. Both Chief Executives described working together to get coherence between their assurance action with commissioners and providers, which can better support integrated care and one NHS. A link to view the meeting is <https://m.youtube.com/watch?v=K9xyUx0adxk>.
- 1.2. The Coventry and Warwickshire Clinical Commissioning Groups already work together as part of the sustainability and transformation partnership known as Better Health, Better Care, Better Value Board, with an ambition to develop this as part of a future local integrated care system. Actions In the last two months include:
  - A workshop on 6 July, was led by the Centre for Public Scrutiny. Local Councillors from Coventry and Warwickshire and local NHS and LA leaders were invited to participate in this nationally facilitated event aimed at improving understanding, awareness and working between STPs and Local Authorities. A key theme that emerged during the day was a need to refine the collective focus on improving services for those who are frail, as much was being done but this was not always shared simply so that front line services might co-ordinate for the best impact and improvement. The outcomes of the event will form part of the Coventry and Warwickshire Place Forum's programme.
  - Warwickshire North Health and Wellbeing Partnership as newly constituted with Provider representatives, held their inaugural meeting on 20 June. The Partnership now has senior members from CAVA, GEH, CWPT, SWFT and General Practice, along with the LA and CCG. The meeting confirmed their desire to lead the local JSNA and priority discussions; shaping and enhancing community asset building; supporting integrated provision. All of which fits well with the Coventry and Warwickshire Alliance Concordat which is currently being refreshed and presented at the next Place Forum on 16 July.
  - Rugby Health and Wellbeing Group held a workshop on 27 June, to explore how the Partnership might be evolved to gain better collective impact of Borough and County Council, Voluntary and NHS Provider and Commissioner action. The group agreed to work with the LSP in Rugby so that they might take a lead on the local JSNA and priority discussions; shaping and enhancing community asset building; supporting integrated provision. All of which fits well with the Coventry and Warwickshire Alliance Concordat which is currently being refreshed and presented at the next Place Forum on 16 July.
  - A 12 week development programme supporting evolution of a local Integrated Care System (ICS) commenced in June, and senior leaders from across Coventry and Warwickshire are working to use the programme to identify a roadmap for building the future functions and capabilities of an ICS. The core components being Strategic Commissioning function, Provider Alliance function, and an architecture for the system and enabling developments such as Population Health and Population Health Management.

## 2. Transforming Care Programme update

- 2.1. Myself and the Chief Nurse as SRO for the Coventry and Warwickshire Transforming Care Programme have been to several escalation meetings to review our actions and progress. The programme has completed all the transformative action required in the national programme, namely this year opening new adult and children's services as alternatives to long term placements so that where ever possible people can be looked after in their community; implemented new community forensic services; last year we secured 4 new local providers of specialist care using a framework agreement developed across health and LA care. We have also achieved the requirements of closing long stay beds as part of the Building the Right support work.
- 2.2. The programme has seen many successes for individuals who are now supported to live with support in their community, however the programme trajectory is at risk of not being achieved. The programme will be scrutinised at the July Clinical Quality and Governance Committee and a report circulated to Members after this meeting.

**3. NHS England Assurance Review**

3.1. The Executives participated in the review of Q1 with NHSE.

**4. CCG Revised Values**

4.1. The CCGs have agreed a revised set of Values as part of the OD plan, they are attached for information.

**5. Participation in the CQC Well Led Review at UHCW**

5.1. Several members of the team provided evidence and were interviewed as part of the review. No immediate concerns were raised and the full report from the CQC is expected shortly.

**End of report**

# OUR VALUES



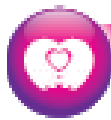
## CARING FOR OUR POPULATION FIRST

- ▶ Putting our patients, carers and populations' needs first, this is why the CCG was established and at the heart of all we do.
- ▶ Working together across all parts of the health and social care system to reduce inequality, improve access, remove duplication, unwarranted variation and wasted resources so that we can best meet our communities and populations' needs.



## CREATING THE CULTURE FOR PARTNERSHIPS AND INTEGRATION

- ▶ Building and sustaining the most effective relationships, partnerships, and service integration that improves the care and outcomes for our population.
- ▶ Being objective, transparent and explicit with Partners about potential barriers to improvement so that we can collectively agree how these can be overcome.



## RESPECTFUL AND INCLUSIVE

- ▶ Ensuring access to services by valuing everyone, being mindful of others perspectives, needs and differences.
- ▶ Respecting and including our staff, empowering them through information, personal development and engagement, so that they can be active advocates for delivering the CCG core objectives.



## STRIVING FOR EXCELLENCE

- ▶ Ensuring that our local population has access to evidence based high quality, health and care outcomes.
- ▶ Being an excellent convener for system partnerships to achieve improved care outcomes.
- ▶ Improving the sustainability of primary care, so that clusters/networks can be active participants, Place leaders and partners, in the future integrated care system.

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