

GOVERNING BODY MEETING held in public

27 April 2016

Agenda Item 1.5

Report Title	Chief Officer Report
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Purpose of report
To provide the Governing Body with an update on national, regional and local developments pertinent to the provision of care in Eastern Cheshire and to discharging the statutory duties of NHS Eastern Cheshire Clinical Commissioning Group.

Key points
<ul style="list-style-type: none"> • Executive Committee Decisions – end of pilots of Mental Health initiatives: “Big White Wall” and “SilverCloud” • NHS Financial challenges • Cheshire & Merseyside STP Update • NHS England Business Plan & recent announcements • Caring Together update – Programme Board April 2016 • Cheshire East Health and Wellbeing Board

The Governing Body is asked to:			
Approve		Decide	
Ratify		Note for information	<input checked="" type="checkbox"/>
Endorse			

Benefits / value to our population / communities
Improved accessible services for our patients and public

Report Author	Contributors
Jerry Hawker Chief Officer	
Date of report	18 April 2016

Chief Officer Report

1. Executive Committee – decisions made in April 2016

- 1.1 At the meeting on 14th April 2016 the Executive Committee reviewed reports on the on-line Cognitive Behavioural Therapy systems “The Big White Wall” and “Silvercloud” commissioned on a short-term basis by the CCG.
- 1.2 In September 2015 the Executive Committee agreed to end a pilot with “The Big White Wall” and replace the scheme with an alternative technological resource called “SilverCloud”. One of the key differences between the two approaches was that Big White Wall required users to be motivated to access self-care, whereas SilverCloud provided guided support. The Governing Body asked for a 6-month review of the outcomes to be undertaken by the Executive Committee.
- 1.3 The review of the results from “The Big White Wall” indicated it had limited impact, and benefits were not readily measurable: the number of active users was low; they mainly completed the self-assessment questionnaire and used the community posts. Since the end of the pilot, on-going support has been provided to the few remaining users in agreement with The Big White Wall on a case-by-case basis.
- 1.4 The contract with SilverCloud has successfully provided support to over 100 clients in Eastern Cheshire. This was a lower number than anticipated due to the slower than expected rate of referral into the service by Cheshire and Wirral Partnership NHS Trust (CWP) in the early stages of the pilot, although improved processes led to progressively increased take-up throughout the pilot period. 80 welcome calls were attended, with 50% of clients completing an active course of treatment. The remaining 50% either declined or partially completed the service, and were referred back to CWP for onward care. Reported recovery rates for those using the SilverCloud service have been very encouraging, and feedback from clients has been positive.
- 1.5 The Executive Committee noted that the CCG-funded pilot of SilverCloud has now come to an end but that the contract with SilverCloud is now being funded by CWP. The Executive Committee agreed that the use of on-line Cognitive Based Therapy should continue to be developed, and that this type of therapy will be included in the specification for primary mental health services which will shortly be put out to tender.

2. Financial Challenges in the NHS

- 2.1 Governing Body papers presented by the Chief Financial Officer and Clinical Leaders at this month’s meeting will set out the significant challenges and difficult decisions the CCG will need to take in 2016/17.
- 2.2 The local position in Eastern Cheshire is not unique, and is set against a wider backdrop of strained NHS budgets nationally, acute hospital trust deficits, growing tensions in the latest contract negotiations, and a national agenda that has firmly placed sustainability in 2016/17 ahead of any Transformation work.

- 2.3 It is in this context that I would like to acknowledge the considerable work being done by the CCG's Finance and Commissioning teams to deliver our 2016/17 Operational Plan and reach agreement with all our major providers for their 2016/17 contracts.
- 2.4 The National guidance around the 1% non-recurrent funds outlined later in this report reflects the clear message from NHS England that investment in transformation cannot be placed ahead of sustainability and delivering the CCG's financial statutory duties. This places a significant challenge to the Eastern Cheshire economy, as we have articulated clearly through the Caring Together programme that sustainability is not deliverable without large scale transformation of local services. The CCG will need to balance an increasingly fine line between the two requirements.
- 2.5 NHS Clinical Commissioners has recently published a helpful infographic which helps to explain the implications around 2016/17 CCG allocations, and the associated challenges in ensuring the uplift is used effectively against growing conflicting demands. **See Appendix A.**

3. Cheshire & Merseyside Sustainability & Transformation Plan (STP)

- 3.1 The development of the Cheshire & Merseyside Sustainability & Transformation Plan (CMSTP) continues to progress at pace, with the Working Group now fully established and Terms of Reference agreed for a Membership Group representing all 42 Cheshire and Merseyside statutory bodies. The Membership Group will provide oversight and final decision on submission of the plan and will agree governance arrangements post June submission of the CMSTP.
- 3.2 On the 15 April 2016, the first submission was made to NHS England demonstrating progress towards development of the CMSTP. The submission set out the current leadership and governance arrangements together with early themes and key priorities. These include:
- 3.2.1 **Priority Areas for improving health:**
- Diabetes prevention – including addressing healthy weight / obesity; high risk prevention programmes awareness, early detection and improving and reducing variation in outcomes
 - Cancer – including lifestyle interventions: smoking, alcohol, obesity, screening, early identification, treatment and survivorship.
 - Mental health and wellbeing – including prevention, promotion of resilience training, quality standards to ensure physical health issues are identified and addressed in those with mental health conditions. All stakeholders sign up to the suicide plan. Mental health and wellbeing of older people is important including dementia and social isolation. Likewise emotional wellbeing in children is a concern for our population
 - High blood pressure strategy – as is being developed across Cheshire and Merseyside to improve identification, support health checks programme, control of blood pressure as well as upstream prevention.

3.2.2. Priority Areas for better care:

- We expect every person in Cheshire and Merseyside to be able to access the highest standards of specialist and acute care 24 hours a day, 7 days per week. This will require our hospitals to be reconfigured, consolidated with less sites and clinicians and consultants working increasingly in new emerging networks.
- Every new mother to be and child will be able to access improved maternity and paediatric services through our comprehensive redesign of these services in line with the better births report and our Vanguard programme, delivering financially and clinically sustainable better care.
- We commit to improving the Mental Wellbeing of every person in Cheshire and Merseyside including our own NHS staff. Delivery of NHS mental health priorities are paramount in order to ensure parity of esteem with physical health, treating individuals on the basis of need not condition to enable the right care at the right time in the right place.

3.2.3 Priority Areas for better efficiency and productivity:

- Prevention – The region will be committed to supporting and developing initiatives that promote prevention and early detection and intervention working closely with local authorities and CHAMPS
- Better Out Of Hospital Care – Delivering the highest standard of care in the least intensive setting is a collective priority, reducing hospital admissions through building better primary care and introducing new integrated community care models that target those at greatest risk
- Provider Reform and Reconfiguration – A number of providers across Cheshire and Merseyside are unsustainable and require significant reform. Service reconfiguration will also be required to improve standards, 7 day services, support clinical sustainability and improve workforce productivity. This includes estates /asset rationalisation and as mentioned above an understanding of hospital utilisation and variation.
- Innovation and Use of Technology – The region will use innovation and technology to drive productivity using our digital roadmap and building on an established track record in shared care records, digital media, and assistive technologies.

4. NHS England Business Plan & Recent Announcements

- 4.1 At the beginning of April, NHS England published its Business Plan for 2016/17 which reflects the main themes of the Government's mandate and embodies the agenda of the Five Year Forward View. As with the 2015/16 plan, there remains strong continuity in the 10 business plan priorities for the year ahead. The priorities are grouped under the following themes: **improving health, transforming care and controlling costs**. The plan can be found by clicking on the following link → [Business Plan for 2016/17](#)

- 4.2 NHS England has also announced a £1.75 million investment to help more people to be cared for in a family home, not a hospital. The **Shared Lives model** carefully matches people who find it hard to live on their own with a carer so that:
- people with learning disabilities can move out of hospitals into family homes;
 - people recovering from strokes and other health crises can be cared for in family homes;
 - mental health support can be provided in a home rather than a hospital; and,
 - dementia support can be provided for family and carers.
- 4.3 NHS England has developed a **new framework for patient and public participation in primary care commissioning** which includes guidance for CCGs, particularly those that are co-commissioning primary care services. The framework builds on NHS England's Patient and Public Participation Policy and provides practical information and resources, including case studies. In addition, NHS England has published information about how patients and the public can **get involved in primary care commissioning**. The framework will look to be discussed at the next CCG Primary Care Committee meeting, to review and progress recommendations.
- 4.4 Governing Body members will be aware from the Chief Finance Officer's reports in recent months that the imposition of a requirement for the setting aside of 1% of non-recurrent spend from the CCG budgets is being rigorously enforced by NHS England in 2016/17 and that this represents a significant additional financial challenge to the CCG. NHS England has recently published **frequently asked questions** (**See Appendix B**); setting out the reason for the requirement on commissioners to set the 1% and the conditions for monies to be released; and how management of the funds will be based on STP planning footprints unless a strong argument is presented for sub-regional arrangements.

5. Caring Together Update

- 5.1 **Caring Together Programme Board (CTPB)**. At the Caring Together Programme Board meeting in April 2016, members approved plans to implement community based co-ordinated care by changing current ways of working. The arrangement, which will not require new money or employees, will strengthen the multi-disciplinary teams of health and social care staff to work together better, to support more people to live well in the community. Responsibility for introducing the service has been assigned to the Caring Together Provider Board chaired by John Wilbraham, Chief Executive of East Cheshire NHS Trust. Mr Wilbraham will work with NHS Eastern Cheshire CCG's transformation managers to agree timescales for implementation.
- 5.2 The Chair of the Care Professional Advisory Group presented a proposed care model to Board members. Further work is now planned to develop detailed options for consideration.
- 5.3 The key messages emerging from the Caring Together Programme Board meeting in April 2016 were:

- Agreement in principle to introduce the Caring Together hub-and-spoke model comprising services on the Macclesfield District General Hospital site, plus community-based services configured around local spokes
- Acknowledgement of the need to further promote the pivotal role the programme will play in system-wide transformation
- Trust and openness showed by partners in sharing financial positions and key challenges.

6. Cheshire East Health and Wellbeing Board

6.1 There was no meeting held in public in April 2016.

7. Access to further information

7.1 For further information relating to this report contact:

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8. Appendices

Appendix A	Click here for CCG Budgets: Allocation Growth Infographic
Appendix B	Click here for : NHS England Frequently Asked Questions on the requirement for 1% Non-recurrent expenditure in CCG budgets to be set aside

Governance

Prior Committee Approval / Link to other Committees	
Executive Committee meeting 14 April 2016	

CCG 5 Year Strategic Plan programme of work this report is linked to <input checked="" type="checkbox"/>			
Caring Together		Quality Improvement	<input checked="" type="checkbox"/>
Mental Health & Alcohol		Other	

CCG 5 Year Strategic Plan ambitions addressed by this report <input checked="" type="checkbox"/>			
Increase the number of our citizens having a positive experience of care	<input checked="" type="checkbox"/>	Increase the proportion of older people living independently at home and who feel supported to manage their condition	<input checked="" type="checkbox"/>
Reduce the inequalities in health and social care across Eastern Cheshire	<input checked="" type="checkbox"/>	Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions	<input checked="" type="checkbox"/>
Ensure our citizens access care to the highest standard and are protected from avoidable harm	<input checked="" type="checkbox"/>	Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions	<input checked="" type="checkbox"/>
Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services	<input checked="" type="checkbox"/>		

Key Implications of this report – please indicate <input checked="" type="checkbox"/>			
Strategic	<input checked="" type="checkbox"/>	Consultation & Engagement	<input checked="" type="checkbox"/>
Finance	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Quality & Patient Experience	<input checked="" type="checkbox"/>	Legal	<input checked="" type="checkbox"/>
Staff / Workforce	<input checked="" type="checkbox"/>		

CCG Values supported by this report – please indicate <input checked="" type="checkbox"/>			
Valuing People	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>
Working Together	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
Investing Responsibly	<input checked="" type="checkbox"/>		

NHS Constitution Values supported by this report – please indicate <input checked="" type="checkbox"/>			
Working together for patients	<input checked="" type="checkbox"/>	Compassion	<input checked="" type="checkbox"/>
Respect and dignity	<input checked="" type="checkbox"/>	Improving lives	<input checked="" type="checkbox"/>
Commitment to quality of care	<input checked="" type="checkbox"/>	Everyone counts	<input checked="" type="checkbox"/>

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