NHS
Nottingham North and East
Clinical Commissioning Group

Meeting Title:	Governing Body – Open Session			**Date:** 16 October 2018					
Paper Title:	Accountable Officer Report			**Paper Reference:** NNE/GB/18/104					
Sponsor:	Gary Thompson, Acting Accountable Officer								
Previous Related Papers:	Standing agenda item								
Recommendation:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒	
Summary Purpose of Paper:	The purpose of this paper is to present strategic updates and topical items to the Governing Body for information, assurance and approval (where relevant). This month's report includes: • STP Leadership Board Update • Consultation on contracting arrangements for Integrated Care Providers • Cancer and Maternity Assessment Ratings for 2017/18 • Greater Nottingham CCGs' Annual Public Meetings • Member Resignation • The Truth Project • Nottinghamshire Healthcare NHS Foundation Trust – Chief Executive Appointment • Appointment of Director of Communication and Engagement for Nottinghamshire CCGs • NHS England's Annual Report and Accounts published								

If paper is for Approval/Endorsement, have the following impact assessments been completed?			
Equality / Quality Impact Assessment	Yes ☐ No ☐ N/A ☒	Privacy Impact Assessment	Yes ☐ No ☐ N/A ☒

Conflicts of Interest: *Recommended action to be agreed by the Chair at the beginning of the item.*

☒ No conflict identified
☐ Conflict noted, conflicted party can participate in discussion but not decision
☐ Conflict noted, conflicted party can remain but not participate
☐ Conflicted party is excluded from discussion

Have All Relevant Implications Been Considered? *(please tick where relevant)*

Clinical Engagement	☒	Patient and Public Involvement	☒
Quality Improvement	☒	Equality, Diversity and Human	☒

		Rights	
Integration	☒	Innovation / Research	☒
Improving Health Outcomes / Reducing Health Inequalities	☒	Patient Choice / Shared Decision Making	☒
Financial Management	☒	Corporate Governance	☒
Risk: *(briefly explain any risks associated with the paper*)	N/A		
Recommendation:	The Governing Body is asked to: • **RECEIVE:** The Accountable Officer Report for information.		

Accountable Officer Report

1. STP Leadership Board Update

The Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) Leadership Board meets on a monthly basis. The latest highlights available relate to discussions at the Board's July and August 2018 meetings. These include:

- ***Nottinghamshire Integrated Care System (ICS) Update***

  ICSs have been given delegated transformation funding to support the implementation of integrated care and the local priorities set out in a Memorandum of Understanding (MOU). In Nottinghamshire this will be £5 million for 2018/19. Local priorities for 2018/19 include:

  - Development of a Nottinghamshire Clinical Services Strategy
  - Development of a comprehensive mental health services strategy
  - Finalising the ICS Organisational and Governance Architecture
  - Delivering a step change in improvements to the urgent care pathway to bring the A&E waiting times back in line with constitutional standards by the end of 2018/19
  - Scaling up and wide scale adoption of specific care pathways and referral management protocols to implement best practice on a Nottinghamshire-wide level
  - Agreeing key short-term prevention priorities for 2018/19
  - Continuing to develop Locality Integrated Care Providers with general practice
  - Implementing the integrated MDT (multi-disciplinary team) model that includes social care, mental health, community pharmacy and self-care

- ***Building Health Partnerships Programme***

  Nottinghamshire has been successful in its bid to participate in the national Building Health Partnerships (BHP) Programme. The Programme builds relationships and a model for shared leadership between the voluntary, community and social enterprise (VCSE) sector and STPs/Integrated Care Systems. Nottinghamshire's programme will focus on urgent and emergency care working with the VCSE sector and STP partners to amplify the focus on Delayed Transfers of Care (DTOC) prior to winter.

- ***Mental Health Strategy***

  At the March Leadership Board it was agreed that an all-age mental health strategy for Nottingham and Nottinghamshire will be developed. From March to July, research and engagement has been undertaken, and as a result, there are five emerging key strategic pillars. These are:

  - Integrated system infrastructure
  - Integrated place based working
  - Integrated approach to physical and mental health
  - The right care in the right place

- Equipping a mental health aware workforce.

These are all underpinned by a commitment to the achievement of the constitutional standards set out in the mental health five year forward view.

The draft strategy is due to be presented to the Leadership Board in September.

- ***NHS 10 Year Plan***

  The Leadership Board discussed the development of the NHS 10 year plan, which has an indicative publication date of November 2018 to coincide with the Chancellor's statement. There are three clinical work-streams alongside a number of enabling work-streams: life course; healthy childhood and maternity; and long term conditions and frailty. The Nottingham and Nottinghamshire STP has been invited to input to the development of the plan.

  The Leadership Board also noted that the Adult Social Care Green paper is due to be published at the same time.

- ***Reducing alcohol related harm***

  Alcohol has been identified by the Leadership Board as Nottingham and Nottinghamshire's short-term prevention priority for 2018/19.

  The STP Clinical Reference Group has highlighted that alcohol represents a significant burden to our health and social care system. Alcohol misuse is a major contributor to both poor health outcomes and avoidable costs to the health and social care system. Reducing alcohol related harm will be incorporated into commissioning intentions and the existing Nottinghamshire Alcohol Pathways Group will take on oversight of a system action plan, reporting directly to the 'Promote wellbeing, prevention, independence and self-care' work-stream of the STP.

  Further work will also be undertaken to develop a similar approach to obesity and smoking.

Minutes and highlight reports from STP Leadership Board meetings are published on the STP's website: http://www.stpnotts.org.uk/about-the-stp/who-we-are.

2. Consultation on contracting arrangements for Integrated Care Providers

NHS England has launched a 12 week consultation on the contracting arrangements for Integrated Care Providers (ICPs). The consultation provides more detail about how the proposed ICP Contract would underpin integration between services, how it differs from existing NHS contracts, and how ICPs fit into the broader commissioning system.

The acronym 'ICP' has previously been used to refer to an Integrated Care Partnership. The consultation now refers to an 'ICP' as an Integrated Care Provider, defined as:

"…a provider that is responsible for the integrated provision of general practice, wider NHS and potentially local authority services, which enters into an ICP contract with the commissioner(s) of those services."

"An ICP is not a new type of legal entity, but simply the name for a provider organisation awarded an ICP Contract. Under current arrangements, a number of different types of

organisation can hold NHS contracts and this does not change under the proposed ICP Contract. These organisations include, for example, NHS trusts and foundation trusts and GP-led organisations such as an incorporated federation of GP practices."

The main consultation document is accompanied by a range of documents, including the draft ICP contract and explanatory notes and guidance on the role of CCGs where ICPs are established. You can read the consultation documents here: https://www.england.nhs.uk/new-business-models/publications/consultation-contracting-arrangements-for-icps/.

The consultation recognises that commissioning an ICP would have implications for CCGs such as a possible shift in the activities of commissioners – and providers, but this would not change the CCGs statutory functions. The consultation:

- Describes how CCGs will continue to be responsible and accountable for the delivery of their statutory duties and powers;
- Defines CCG activities and suggests criteria that CCGs may wish to use in making judgements about the activities that ICPs may be commissioned to undertake; and
- Sets out the legislative framework for pooling budgets for NHS, social care and public health services – recognising that CCGs and local authorities may agree locally to commission an ICP to deliver social care and/or public health services alongside NHS services.

The consultation period ends on 26 October 2018.

3. Cancer and Maternity Assessment Ratings for 2017/18

In August 2018, the four Greater Nottingham CCGs were advised by NHS England of the outcome of two assessments for each CCG by independent panels for cancer and maternity. The assessments were based on the relevant clinical indicators used in the overall CCG Improvement and Assessment Framework (IAF) for cancer and maternity, and are in addition to the headline assessment for CCGs that were published in July 2018. They provide a snapshot of how performance on cancer and maternity compares with other CCGs, and, where relevant, whether the CCGs are meeting national ambitions.

Each CCG is provided with one of four ratings, described as: 'outstanding'; 'good'; 'requires improvement'; or 'inadequate'. The ratings for the CCGs are as follows:

CCG	**Headline Rating 2017/18**	
	Cancer	**Maternity**
Nottingham City	Requires Improvement	Requires Improvement
Nottingham North and East	Good	Requires Improvement
Nottingham West	Good	Requires Improvement
Rushcliffe	Outstanding	Good

Appendix A provides details of each CCG's scores for the individual indicators that contributed to each assessment and Appendix B details the methodology used by the panels to derive the assessments.

4. Greater Nottingham CCGs' Annual Public Meetings

On Wednesday 26 September 2018, the four Greater Nottingham CCGs held their Annual Public Meetings in common at the conference centre at Nottingham Trent University. It was a well-attended event, with members of the public, patient representatives and staff from local organisations joining us to celebrate our collective and individual CCG achievements.

The event began with a market place showcasing local services in Nottingham and Nottinghamshire. This was followed by the formal presentation delivered by the four Clinical Chairs, Gary Thompson and Jonathan Bemrose. The presentation celebrated our successes (including improved access to General Practice, the rollout of the Red Bag Scheme and Discharge to Assess), our challenges, plans for the future and a reflection on our finances and performance over the last year.

5. Member Resignation

Ben Teasdale – a member of NHS Nottingham North and East CCG's Governing Body since 2016 and more recently a member of the Greater Nottingham Joint Commissioning Committee (GNJCC) – has tendered his resignation. As such, this will be Ben's last Governing Body meeting, but he will still attend the GNJCC meetings until the end of the calendar year.

Our thanks go to Ben for his valuable insight and experience to the work of NHS Nottingham and East CCG's Governing Body and the GNJCC and we wish him every success in his plans for the future

6. The Truth Project

The Truth Project is part of the Independent Inquiry into Child Sexual Abuse. It was set up for victims and survivors of child sexual abuse to talk with the Inquiry in a safe, secure and comfortable environment. Their voice, and that of the many other victims and survivors, will help to shape Inquiry Reports and research. Learning from their experience will help to better protect children from sexual abuse. This knowledge will be used in reports, which will provide insight to the government and organisations on how to improve child protection.

The Truth Project will be coming to Nottingham in November/December 2018 to enable victims and survivors of Child Sexual Abuse to share their experience in a location near to them. An awareness campaign "I will be heard" re-commenced in September 2018.

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7. Nottinghamshire Healthcare NHS Foundation Trust – Chief Executive Appointment

Nottinghamshire Healthcare NHS Foundation Trust (NHFT) has appointed Dr John Brewin as its new Chief Executive following the retirement of Ruth Hawkins. John, a consultant psychiatrist for 23 years, is currently the Chief Executive at Lincolnshire Partnership NHS Foundation Trust (LPFT), where he has been in that role for four years and was their Medical Director for three years prior to this. John previously worked for Nottinghamshire Healthcare in a variety of senior clinical roles between 1995 and 2011 and he also trained in Nottingham. John has an extensive career history of leadership and managerial roles, with experience as an associate medical director and clinical director before he joined LPFT.

John's start date is yet to be confirmed, but is likely to be towards the end of the year.

8. Appointment of Director of Communication and Engagement for Nottinghamshire CCGs

Alex Ball has been appointed to the substantive position of Director of Communications and Engagement. In his previous role, Alex worked for NHS England as part of its national communications team – leading on delivering the Innovation Expo, along with other strategic communications work covering social media, digital, publishing and events. This is a joint appointment between the Greater Nottingham and mid-Nottinghamshire CCGs and the Nottingham and Nottinghamshire STP. Alex will head up the single communications and engagement team that has been established across the CCGs and STP.

Alex commenced in post on 1 October 2018.

9. NHS England's Annual Report and Accounts published

NHS England has published its Annual Report and Accounts for 2017/18, detailing the work of the organisation over the last year and outlining some of its most significant achievements and challenges.

Gary Thompson
Acting Accountable Officer
October 2018

Appendix A – 2017/18 indicator values for cancer and maternity

Cancer indicators	Indicator value			
	Nottingham City	**Nottingham North and East**	**Nottingham West**	**Rushcliffe**
Cancers diagnosed at early stage	50.5%	52.7%	52.8%	60.4%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	83.8%	86%	87.3%	85.2%
One-year survival from all cancers	69.4	72.3	72.3	73
Cancer patient experience	8.4 out of 10	8.9 out of 10	8.6 out of 10	8.5 out of 10

Maternity indicators	Indicator value			
	Nottingham City	**Nottingham North and East**	**Nottingham West**	**Rushcliffe**
Stillbirth and neonatal mortality rate	4.4 per 1,000 births	4.8 per 1,000 births	3.3 per 1,000 births	4.8 per 1,000 births
Women's experience of maternity services	80.7 out of 100	80.7 out of 100	85.5 out of 100	78.3 out of 100
Choices in maternity services	60.2 out of 100	62.8 out of 100	66.5 out of 100	60.7 out of 100
Rate of maternal smoking at delivery	17.2%	12.8%	10.7%	6.4%

Appendix B – Methodologies for cancer and maternity assessments 2017/18

Cancer

The overall rating for cancer is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

For each CCG, each of the four cancer indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 1. Queries from CCGs regarding their cancer indicator scores should be directed to their regional contacts.

Table 1: Cancer indicator banding method

Indicator (latest time period used)	**Indicator scores**	**Benchmark**
Cancers diagnosed at early stage (2016)	Significantly below the national benchmark = 0 Below the national benchmark but not significantly = 0.75 Above the national benchmark but not significantly = 1.25 Significantly above the national benchmark = 2	National trajectory to national ambition (53.5%)
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2017/18)	Significantly below the national standard = 0 Below the national standard but not significantly = 0.75 Above the national standard but not significantly = 1.25 Significantly higher than the national standard = 2	National Standard (85%)
One-year survival from all cancers (2015)	Significantly below the national benchmark = 0 Below the national benchmark but not significantly = 0.75 Above the national benchmark but not significantly = 1.25 Significantly above the national benchmark = 2	National trajectory to national ambition (72.4)

Indicator (latest time period used)	Indicator scores	Benchmark
Cancer patient experience (2016)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (8.74)

To note: The one-year survival indicator is case-mix adjusted to account for differences in the demographic profile of CCG populations. At present the early stage diagnosis indicator is not case-mix adjusted, however adjustment of scores for the relative incidence of different cancer types may be explored for future years. The cancer patient experience indicator is the average score (on a scale of 0 to 10), and includes a case mix adjustment that provides a fairer comparison between CCGs.

The mean score for the four indicators was calculated. The thresholds shown in table 2 were used by the independent cancer panel to derive the rating for each CCG.

Table 2: Cancer assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.3
Good	Above or equal to 0.7 and below 1.3
Requires Improvement	Above or equal to 0.3 and below 0.7
Inadequate	Below 0.3

Maternity

The overall rating for maternity is based on four indicators:

- Stillbirth and neonatal mortality rate;
- Women's experience of maternity services;
- Choices in maternity services; and
- Rate of maternal smoking at delivery.

The four maternity metrics were chosen to align with a number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

For each CCG, each of the four maternity indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95%

confidence level). The banding method and benchmark[1] used to assign a score are shown in table 3. Queries from CCGs regarding their maternity indicator scores should be directed to their regional contacts.

Table 3: Maternity indicator banding method

Indicator (time period)	**Indicator scores**	**Benchmark**
Stillbirth & Neonatal Mortality Rate (2016)	Significantly above the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly below the national benchmark = 2	2015 National mean (4.8 per 1000 births)
Women's experience of maternity services (2017)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017 National mean (83.0 out of 100)
Choices in maternity services (2017)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017 National mean (60.8 out of 100)
Rate of maternal smoking at delivery (2017-18 Q1 – Q3)	Significantly above the national trajectory = 0 Above the national trajectory but not significantly = 0.75 Below the national trajectory but not significantly = 1.25 Significantly below than the national standard = 2	National trajectory to national ambition (9.7%)

[1] Where available, a national trajectory to an established ambition was used as the benchmark, this is the case for the rate of maternal smoking at delivery. Alternatively, the national mean from the baseline period or subsequent period has been used as the benchmark where comparable in order to incorporate an assessment of overall change in national performance. This has been applied for the stillbirth and neonatal mortality indicator, however it is not possible to apply this approach to the women's experience and choices in maternity services indicators as the constituent questions included in the composite indicators have changed. The national mean from the current year is therefore used to benchmark these two indicators.

The mean score for the four indicators described above was calculated. The thresholds shown in table 4 were used by the independent maternity panel to derive the rating for each CCG.

Table 4: Maternity assessment thresholds

Rating	**Score range**
Outstanding	Above or equal to 1.3125
Good	Above or equal to 1.0625 and below 1.3125
Requires Improvement	Above or equal to 0.5625 and below 1.0625
Inadequate	Below 0.5625