

## Governing Body

### Chief Officer and Chair's Report

#### 1. Working Together to Safeguard Children

The government has launched a public consultation on revisions to new statutory guidance on child death review.

The consultation seeks views on the changes to guidance which are needed to support the new system of multi-agency safeguarding arrangements established by the Children and Social Work Act 2017; including views on two sets of statutory instruments (regulations). In broad terms, these changes relate to:

- the replacement of Local Children Safeguarding Boards with local safeguarding partners
- the establishment of a new national Child Safeguarding Practice Review Panel
- the transfer of responsibility for child death reviews from Local Safeguarding Children Boards to new Child Death Review Partners

These documents will impact on CCGs in their new roles as safeguarding partners and child death review partners. The changes to CCGs' responsibilities were made by the Children and Social Work Act 2017. The guidance includes high-level principles and requirements for undertaking child death reviews as well as the process to be followed.

The Act sets out provisions which will:

- replace Local Safeguarding Children Boards with new flexible local safeguarding arrangements led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups), and places a duty on those partners to make arrangements to work together and with any relevant agencies for the purpose of safeguarding and promoting the welfare of children in their area
- require safeguarding partners to identify and arrange for the review of serious child safeguarding cases which they think raise issues of importance in relation to their area
- provide for the establishment of a national Child Safeguarding Practice Review Panel. The Panel will commission and publish reviews of serious child safeguarding cases which it thinks raise issues that are complex or of national importance
- give clinical commissioning groups and local authorities joint responsibility for child death reviews, and enable a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths

The Greater Nottingham CCGs will consider how to incorporate this as part of the wider review of joint arrangements.

The CCGs will respond to the consultation by 31 December and would welcome input from Governing Body members.

## 2. Joint Committee

Over the past month initial discussions have been held with Governing Bodies on the establishment of a Joint Committee. Outside of the discussions in the Governing Body meetings, further work has been carried out on the overall structure in relation to individual CCG arrangements and the sub-committee structure for the joint committee.

Two key decisions from the October Governing Body meetings cover the functions and the membership of the Joint Committee. The functions will be subject to legal advice. The following have been agreed as responsibilities to be covered by the Joint Committee:

- Progressing the development of the Accountable Care System
- Monitoring financial performance and approving financial recovery plans
- Sustainability and Transformation Partnership (STP) – supporting the delivery of workstream plans and STP aspirations
- Approving procurement and contracting processes and decisions
- Developing the Commissioning Strategy and monitoring the Operational Plan
- Approving section 75 agreements including the Better Care Fund
- Supporting Health and Wellbeing Strategies and Joint Strategic Needs Assessments
- Monitoring individual CCG and Greater Nottingham performance against targets including triangulating financial, performance and contracting information
- Quality monitoring and reviewing areas of improvement in relation to provider contracts

In terms of membership, there was broad agreement that the committee membership should mirror the guidance for CCG Governing Bodies. There was also agreement for an independent non-clinical chair and this will now be advertised with the recruitment process taking place in time for January.

Ongoing discussions are being held on the sub-committee structure, including membership, in order to develop the proposal for consideration in the Governing Bodies. As part of this the membership on the sub-committees will take into consideration the strengths and skills of existing lay and clinical Governing Body and Associate members in order that we can manage all commitments effectively.

Once proposals are more fully formed, engagement will be held with GP member practices.

## 3. Continuing Healthcare Assurance

Following the NHS England assurance review across Nottinghamshire, the following is the feedback and outcome provided:

*We are assured there is an excellent level of understanding and high level of commitment to CHC. The CCGs are proactive in seeking new developments such as the Rushcliffe CCG personalised care manager pilot, and engagement work on the appropriate exclusion criteria for care at home price tariffs. The appointment of a Quality Assurance manager role is a welcomed addition and demonstrates the level of commitment the CCGs have to improving and delivering CHC.*

The assurance review covered finance and QIPP, fast track, and performance against national targets. The outcome of the assessment is supported by an action plan and agreed deadlines for meeting standards.

The outcome is a great result and testament to all the hard work by the teams.

#### **4. Better Care Fund 2017-19**

Following an assessment by NHS England, the Nottinghamshire County Better Care Fund has been classified as “approved”. The assurance team recognised that the plan has been agreed by all parties and that the plan meets all the requirements. This now means that the BCF funding can be released and transferred into pooled funds under a section 75 agreement (an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England).

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government.

CCGs and the Local Authority will now progress with plans for implementation and ongoing support and oversight will be monitored by our local better care manager.

#### **5. Assurance over Christmas and New Year Holiday 2017/18 (including access to general practice appointments)**

NHS England objectives for winter The Next Steps on the Five Year Forward View sets out that: “Trusts and CCGs will be required to meet the Government’s 2017/18 mandate to the NHS that: 1) the majority of trusts meet the 95% standard in March 2018; and 2) the NHS overall returns to the 95% standard within the course of 2018.”

Within this there is an expectation, agreed with the Secretary of State, that performance of 90% against the A&E standard is maintained through winter in aggregate. Purpose Planning for this winter has started earlier and is being taken forward in a more detailed way than in previous years. Local systems have been developing plans based on the key areas of focus outlined in the winter readiness letter.

Beyond the headline performance measure there are further ‘informal’ objectives particularly around patient safety. These include the need to:

- ensure that we proactively identify and put in place support for our most pressurised systems to reduce patient safety risk; and,
- demonstrably manage the escalation process more consistently and effectively than in previous years. Looking forward, we now need to ensure the best possible preparations for the Christmas/New Year holiday period. This includes ensuring that patients who need and want an appointment with general practice can get one, if not at their own practice, then from an alternative local service.

The NHS is making great progress on extended GP access commitments to provide access to more convenient appointments in the evening and at weekends for the population. Through the winter planning process, building on the planning expectations, NHS England plan to supplement this so that there is sufficient access over the Christmas and New Year period for everyone to benefit and this is beyond out of hours services.

CCGs have been requested to ensure and provide assurance that:

- there is primary care access available on every day of the bank holiday weekend
- they are assured around commissioning additional primary care capacity (additional GP sessions) for the holiday period
- all OOHs services in their area are fully staffed and well sign-posted
- Bank holiday primary care cover to be provided through extended GP access hubs and GP federation arrangements, or through other locally agreed mechanisms

## **6. Winter Preparedness Visit – Nottingham University Hospitals NHS Trust**

NHS Improvement and NHS England have decided to organise winter preparedness visits for selected Category 3 and 4 Midlands and East systems, to take place in November or early December. The visits form part of NHSI and NHSE's joint approach to winter assurance and support.

## **7. Introduction Of The Spices Project**

In association with Nottingham Trent University, Nottingham has become one of five global cities participating in a European Union Horizon 2020 Framework Program for Research and Innovation. Horizon 2020 is the financial instrument implementing the Innovation Union, a Europe 2020 flagship initiative aimed at securing Europe's global competitiveness.

Universities in the cities of Antwerp, Belgium; Brest, France; Makerere, Uganda; and Limpopo South Africa; alongside Nottingham and Manchester in the UK have successfully secured Horizon 2020 funding for a five year project investigating scalable public health interventions designed to address Cardio Vascular Disease prevalence and morbidity.

Nottingham will be taking the lead on the Health Promotion, Education and Prevention work package which will be able to build on the substantial activity already undertaken by NHS bodies and their partners in the city over the last decade, This will no doubt offer a model that will be studied keenly by other project partners.