

Governing Body

Chief Officer and Chair's Report

1. Greater Nottingham Joint Commissioning Committee

Work is continuing to develop integrated governance arrangements across the Greater Nottingham CCGs. The final agreed membership for the Greater Nottingham Joint Commissioning Committee (GNJCC) is set out at **Annex A**. This also details all known members to date following the recent expressions of interest process for the lay member and secondary care doctor roles. Appointment processes remain ongoing at present in relation to the Independent Chair and the fifth GP Member.

The Independent Chair role is subject to an external recruitment process in line with the role description previously agreed by all Governing Bodies. Interviews will be held on 24 January.

The fifth GP Member has been agreed in order to enhance the clinical input to the work of the joint committee, we will be seeking a GP that has experience of looking after patients from deprived communities. This role will be subject to an 'expressions of interest' process from across the four CCGs' member practices. Details of how to apply will be communicated imminently to member practices, along with a summary role description.

Three independently facilitated development sessions for the GNJCC have been scheduled on 7 February, 7 March and 21 March 2018. These sessions will focus on a range of areas that are important to securing the effectiveness of aligned commissioning arrangements across the four CCGs.

The GNJCC Terms of Reference and Delegation Agreement continue to be developed, alongside the wider accountability framework across the four CCGs, including:

- The proposed sub-committee structure for the GNJCC; and
- Proposals for how the Governing Bodies and statutory/non-delegable committees will operate post-delegation.

The proposed changes to CCG Constitutions will be presented for Governing Body consideration in due course. Appropriate arrangements for membership engagement have also been developed for delivery during February 2018.

The new arrangements are currently scheduled to start from 1 April 2018, subject to NHS England approval.

2. Workforce alignment update

Gary Thompson has been appointed to the Chief Operating Officer position for the Greater Nottingham CCGs. Gary started in his role on 2 January 2018. He has previously held the position of Chief Officer at both South Lincolnshire and Southern Derbyshire CCGs and has extensive commissioning experience both at local and regional level, commissioning

services for primary and secondary care. We look forward to welcoming him to the Greater Nottingham team.

Penny Harris has been appointed on an interim basis to cover the role of Chief Commissioning Officer. Penny will start in her role on 15 January 2018, initially on a part-time basis. Penny has extensive experience of working in and alongside the NHS and social care sectors at a senior level. She has particular expertise in commissioning leadership across a number of CCGs and more recently has been Director for the Staffordshire Sustainability and Transformation Partnership.

These appointments complete the new Greater Nottingham CCGs' Executive Director Team.

Many of the second tier of Director positions have also been confirmed, as follows:

- Maxine Bunn, Director of Contracting and Procurement
- Andy Hall, Director of Performance and Information
- Sally Seeley, Director of Inter-Agency Personalisation
- Nikki Pownall, Urgent Care Programme Director
- Nina Ennis, Planned Care Programme Director
- Dr Alastair McLachlan, Chief Medical Officer (City)
- Lynne Sharp, Associate Director of Estates
- Fiona Callaghan, Associate Director of PMO

Work is continuing to finalise the Director portfolios within the Chief Operating Officer's structure.

Over the past few weeks, Directors have been developing proposed structures for the remainder of the CCG' workforce. Designing the structures is a complex process taking into consideration what we know now; what we know about the future (including the move to the Accountable Care System); how proposals fit within the available budget; and where staff will be based. We want to make sure that this process is carried out thoroughly and that structures presented for consultation are comprehensive and fit for purpose. Therefore, the decision has been made to move the consultation start date to the end of January/beginning of February 2018.

3. New winter framework to support Sustainability and Transformation Partnerships and provider organisations

A new [winter framework](#) to support Sustainability and Transformation Partnerships (STPs) and their provider organisations during the winter period has been produced by NHS England and NHS Improvement. This is in recognition of the pressure that can build in the system, with ensuing threats to patient safety, during the winter months.

The framework aims to address two models and the implementation approach that needs to be taken by STPs and their provider organisations. These models aim to:

- Maximise the appropriate use of care homes by identifying and supporting care homes at risk of closure, and using surveillance to monitor capacity and patient flow across the care sector; and
- Identify and care for the cohort of patients, in Therapy-Led Units who are medically fit for discharge, and therefore contributing to the stranded patient and Delayed Transfers Of Care (DTOC) metrics in hospitals, with the right therapeutic conditions and appropriate staffing models.

A short series of case studies have been published to provide real-life examples of how nursing and care staff help lead the way in improving services during winter. They provide examples of practice to reduce delayed transfers of care, as well as optimising pathways for patients who are medically ready for discharge. Case study two focusses on the B49 Community Ward at Nottingham University Hospitals NHS Trust.

4. GP participation in a multispecialty community provider

A [series of films](#) have been produced to help GPs learn more about what it is like to be part of a developing multispecialty community provider (MCP) and what it might mean for them. Developed with five GPs from across the country, the videos give personal accounts of their experiences, including what led their practices to consider a new model of care and why they believe these changes will help sustain general practice for the future. Each film is specific to the place where the GP is based and reflects on the experience that area has had.

In one of the films, Dr Neil Fraser, a GP from East Leake and Lead for Long Term Conditions with Principa Partners in Health multispecialty community provider (MCP) vanguard, talks about the changes they have made to how patients access care and the effect this has had. He talks specifically about mental health services, long term condition management and care homes.

5. CCG 360° Stakeholder Survey update

The CCG 360° stakeholder survey 2017/18 is being conducted by Ipsos MORI on behalf of NHS England from 15 January to 23 February 2018. The survey directly contributes to the annual assessment of CCGs under the [CCG improvement and assessment framework](#) and provides valuable feedback and learning opportunities for CCGs, supporting them to strengthen their work with stakeholders to improve services and health outcomes for their local populations.

As the Greater Nottingham CCGs are part of developing Accountable Care System (ACS), common stakeholders will be approached as a collective, rather than on an individual CCG basis. This means that certain stakeholders (e.g. providers and local authorities) will only be approached once for their views, rather than multiple times, and they will provide an ACS-level view, rather than their perceptions of individual CCGs.

Other stakeholders who are specific to individual CCGs (e.g. member practices and patients groups) will be asked to respond to the survey questions thinking about the specific CCG with whom they have a relationship.

Each of the Greater Nottingham CCGs will receive an individual report that contains both the responses in common and their specific responses. Final reports will be available 30 March 2018.

6. Health Education England cancer workforce plan

Cancer care is one of the Five Year Forward View's key priorities - focussing on prevention, earlier diagnosis, better treatment and living with cancer. Having access to more skilled staff in the right areas will be key to delivering on that strategy.

On 5 December 2017, Health Education England (HEE) launched a [Cancer workforce plan](#) setting out how it will make sure the NHS has enough staff with the right skills to deliver improvements for people affected by cancer over the next three years. It provides detailed data on key professions so that local Cancer Alliances, HEE and employers can agree the actions needed to help recruit, train and retain the staff necessary to deliver improvements in cancer care.

7. Health literacy toolkit

NHS England, Health Education England, Public Health England and the Community Health and Learning Foundation have published a [toolkit](#) to help improve health literacy among adults. The toolkit comes out of joint working to address research in the [British Journal of General Practice](#) which found direct links between poor health outcomes in adults with low levels of literacy and numeracy.

8. NHS Workforce Race Equality Standard (WRES): 2017 data analysis for NHS trusts

NHS England has published the [NHS Workforce Race Equality Standard](#) (WRES) for 2017. The WRES report was mandated in 2015 and it aims to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It provides a national picture of WRES in practice and developments in the workforce race equality agenda. The report includes nine indicators with eight covering black and minority ethnic (BME) appointments and career progression, experiences in bullying; by colleagues, managers, patients and the public and the disciplinary action taken. The final indicator measures BME voting board representation. Although there is a long way to go, the [2017 report](#) indicates there is some evidence of continued improvements.

9. The National Data Guardian - Sharing data in line with patients' reasonable expectations

The National Data Guardian has been looking at the circumstances under which health and care data may be shared, and the role that patients' reasonable expectations play in shaping these circumstances. Part of this work has been examining how implied consent is used to share patient data and support individual's direct care within health and care settings. The two reports cover two events examining this, and the importance of understanding patient expectations. The reports are available on the [National Data Guardian web pages](#).

Annex A: Greater Nottingham Joint Commissioning Committee (GNJCC) Membership

Member	Name
<i>Lay Members</i>	
Independent Chair	To be confirmed
Lay Member – Financial Management and Audit	Terry Allen
Lay Member – Patient and Public Involvement	Sue Clague
Lay Member	Carol Knott
<i>Clinical Members</i>	
Clinical Leader – Nottingham City CCG	Dr Hugh Porter
Clinical Leader – Nottingham North and East CCG	Dr Nicole Atkinson
Clinical Leader – Nottingham West CCG	Dr James Hopkinson
Clinical Leader – Rushcliffe CCG	Dr Stephen Shortt
Secondary Care Doctor	Dr Ben Teasdale
Chief Nurse and Director of Quality	Nichola Bramhall
<i>Executive Members</i>	
Accountable Officer	Samantha Walters
Chief Finance Officer	Jonathan Bemrose
Chief Executive – Nottingham City Council	Ian Curryer
Chief Executive – Nottinghamshire County Council	Anthony May
<i>Attendees</i>	
GP Member	To be confirmed
Chief Operating Officer	Gary Thompson
Chief Commissioning Officer	Penny Harris (interim)
Director of Public Health	To be confirmed