

<b>MEETING:</b>	<b>Governing Body</b>	<b>AGENDA</b>	8
<b>DATE:</b>	13 December 2018		
<b>TITLE:</b>	Chief Officer's Report / System Working Update		
<b>AUTHOR:</b>	Robert Majilton, Deputy Chief Officer		
<b>LEAD DIRECTOR:</b>	Lou Patten, Chief Officer		

<b>Reason for presenting this paper:</b>	
For Action	
For Approval	
For Decision	
For Assurance	✓
For Information	
For Ratification	

**Summary of Purpose and Scope of Report:**

Update to Governing Body members
----------------------------------

**Authority to make a decision – process and/or commissioning (if relevant)**

Not applicable – paper for assurance and not decision
---

**Conflicts of Interest: (please tick accordingly)**

No conflict identified	✓
Conflict noted, conflicted party can participate in discussion and decision (see below)	
Conflict noted, conflicted party can participate in discussion but not decision (see below)	
Conflict noted, conflicted party can remain but not participate in discussion (see below)	
Conflicted party is excluded from discussion (see below)	
Governance assurance (see below)	
Not applicable – paper for assurance and not decision	

**Strategic aims supported by this paper (please tick)**

Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	
Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	✓

**Governance requirements:** (Please tick each box as is relevant to the paper)

<b>Governance Element</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments/Summary</b>
Patient & Public Involvement			✓	
Equality			✓	
Quality			✓	
Privacy			✓	
Financial			✓	
Risks		✓		
Statutory/Legal		✓		
Prior consideration Committees /Forums/Groups		✓		
Membership Involvement		✓		

**Supporting Papers:**

Chief Officer Report and System Working Update – September 2018
---

## Chief Officer Report and System Working Update – December 2018

### Useful Links (click title for link)

[Health and Wellbeing Board](#)

[Health and Adult Care Social Care Select Committee \(HASC\)](#)

[Safeguarding Adults Board](#)

### 1. EPRR Assurance Compliance Assessment of Buckinghamshire CCG

The CCG has now received formal confirmation from NHSE that our self-assessment of Buckinghamshire CCG as “substantially” compliant is agreed. This follows our EPRR assurance submission in August and the confirm and challenge meeting held in September, both have been previously reported to this meeting.

### 2. Operating Plan

On 6 November 2018, the CCG asked local people to submit their views on the CCG’s current operational plan and help shape future healthcare services in the county. The plan is available to view here and views can be submitted online at [www.letstalkhealthbucks.nhs.uk](http://www.letstalkhealthbucks.nhs.uk)

Comments were requested by 2 December 2018.

### 3. Primary Care update

#### a) Chiltern House Medical Centre

Chiltern House Medical Centre (CHMC) is currently operating under an interim APMS contract held by Primary Care Management Solutions (PCMS) for up to 12 months following the dissolution in July 2018 of the former partnership that held the contract.

This allows the CCG time to look at options available regarding long term provision of services to patients currently registered at CHMC and a full options appraisal was submitted to the Primary Care Commissioning Committee (PCCC) on 6 December (<https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2017/05/Agenda-and-Papers-1.pdf> (page 62))

To ensure that the CCG considers valid options, a market sounding survey, inviting expressions of interest from providers in providing services for the patients registered at CHMC was issued in early September and the outcome will be used to inform the options considered at the PCCC.

The next stage of the engagement process began on 8 October, with an initial participation phase ran for six weeks until 16 November which has informed the options appraisal submitted to PCCC on 6 December. During this phase, the CCG has engaged primarily with patients of CHMC, staff and other local stakeholders seeking their views on the options available.

The survey, for which the results are now being compiled, was drawn up by the CCG’s Communications Team and was tested with the Engagement Steering Group and the CHMC PPG. The survey asked respondents to consider options available, provide information on

what is important to them as patients of CHMC and to indicate their preference on options available.

Following consideration the Primary Care Commissioning Committee has approved the recommendation to procure a provider to deliver services to the patients of Chiltern House Medical Centre. The Committee thanked all those who had contributed to the survey and particularly the PPG and Staff of CHMC.

## **b) Business Case – Berryfields Medical Centre / Meadowcroft Surgery Outline Business Case**

Berryfields Medical Centre and Meadowcroft Surgery are GP practices that are both located to the north west of Aylesbury town centre. In 2016, Berryfields Medical Centre submitted a bid to NHS England for funding from the Estates and Technology Transformation Fund (ETTF) to provide a new build medical centre on the Berryfields development. In May 2017, the CCG also submitted a bid for Wave 2 STP capital funding in support of establishing primary care facilities across three sites in Buckinghamshire, one being Meadowcroft Surgery.

An Outline Business Case (OBC) has been developed for submission to NHS England and was considered at the Primary Care Commissioning Committee on the 6 December 2018.

The District Valuer has been commissioned to agree the building rental, development costs and the mechanism to convert ETTF and STP capital into rent abatement, this work has not yet been completed. Once this report is available, the financial elements of the scheme will be incorporated into the OBC and submitted to the CCG's Finance Committee for review and approval.

The overarching principle of the scheme is to provide a new facility for these two practices that will be able to cope with population growth and deliver a transformational way of working and these principles would be evidenced within the OBC. The Premises Sub Group has recommended the scheme to the PCCC, and it was approved, subject to financial affordability being confirmed by the Finance Committee at the PCCC meeting of the 6 December 2018.

The key milestones are shown below:

<b>Milestone</b>	<b>Timeline</b>
Submit OBC to NHS England	December 2018
OBC Approval	January 2019
Submit Planning Application	January/February 2019
Secure Planning Consent	May 2019
Construction Tendering	May/June 2019
Submit FBC	June 2019
FBC Approval	July 2019
Financial and Legal Close	July/August 2019
Commence Construction	August/Sept 2019
Completion	Sept/Oct 2020

The business case has been:

- 1) Considered and agreed at the Primary Care Premises Sub-group which is chaired by a GB Lay member (Tony Dixon) and recommended to the Primary Care Committee for approval
- 2) Approved at the Primary Care Commissioning Committee on the 9 December and recommended for assurance and ratification by the Governing Body
- 3) Members of the finance committee, directly and through their membership of the Primary Care Commissioning Committee and Premises Sub-group have been briefed on the case and, on completion of the work of the District Valuer, will review and approve the scheme
- 4) The revenue impact is within the authority of the CFO to approve

On this basis the Governing Body is asked to be assured on the process followed and scrutiny provided and ratify the decision of the Primary Care Commissioning Committee on approving the business case, subject to final approval by the Finance Committee.

Progress of the implementation will be through the Premises sub-group / Primary Care Committee and any financial variations will be approved by the CFO and reported to the Finance Committee in line with current SFIs/ Scheme of Delegation.

### **c) Improved Access to Primary Care**

In order to support winter planning each locality has implemented the national guidance to provide an additional half an hour of bookable appointments per 1,000 weighted population in general practice by 1st October 2018. IAGP is designed to improve access to routine, bookable appointments outside traditional core GP hours (8am to 6.30pm) and all patients registered with a Buckinghamshire GP should be able to access an appointment up to 8pm on weekdays and at restricted times over the weekend. The service is based on practices working together on a locality footprint to offer improved access and therefore patients may be offered an appointment at a different practice.

The service offers approximately 270 hours of additional access to general practice a week. A number of multi-skilled key transformational workforce models are emerging, for example the use of physiotherapists and paramedics is being piloted along with virtual consultations (QDoctor). Advertising is being used to ensure that patients are aware of the service and to-date (30.11.18), 86% of practices are actively advertising this new service on their website and details of provision have been linked in the ICS Winter Communications Plan which was launched in October 2018.

Building on the experience that localities have gained through working together to deliver improved access, practices are beginning to see tangible benefits from working in a more collaborative manner. The next steps are to use the development of the locality plans to further encourage this collaboration in the shape of primary care networks.

### **d) Primary Care Networks**

A key priority for the Integrated Care System (ICS) is to ensure that all practices in Buckinghamshire are linked into a Primary Care Network (PCN) before the end of March 2019. Primary Care Networks are groups of practices working together and with other local health and care providers around natural local communities. This makes the best use of collective resources to strengthen resilience, develop a sustainable workload for staff and

provide care in different ways to match different patient needs. The core characteristics of a PCN are:

- Practices working together and with other local health and care providers, around natural local communities that make sense geographically, to provide co-ordinated care through integrated teams;
- Providing care in different ways to match different people's needs, including flexible access to advice and support for healthier sections of the population, and joined up multidisciplinary care for those with more complex conditions;
- Focus on prevention, patient choice, and self-care, supporting patients to make choices about their care and look after their own health, by connecting them with the full range of statutory and voluntary services;
- Use of data and technology to assess population health needs and health inequalities, to inform, design and deliver practice and population scale care models;/ support clinical decision making, and monitor performance and variation to inform continuous service improvement;
- Making best use of collective resources across practices and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups.

The CCG is working with FedBucks to lead on the development of PCNs in Buckinghamshire based on the existing locality footprint. This will create seven networks, each supporting a number of clusters based on populations of between 30,000-50,000. Each cluster will comprise an integrated multidisciplinary team of practice staff, community nurses, mental health professionals, social workers and the voluntary sector, amongst others.

Some localities are progressing the development of PCNs and integrated teams more quickly than others, and the CCG is using a "maturity matrix" to gauge achievement against a set of national and locally determined criteria. The development of mature PCNs will support the ICS in delivering resilience at locality network level, enhanced continuity of care, greater economies of scale, focused interventions to reduce health inequalities and increased screening and prevention thus improving patient outcomes. Staff working across the system will also benefit from wider training and career opportunities and improved workload and work-life balance.

#### **e) Mandeville**

We are very pleased to report that following formal re-inspection by CQC on 25th October 2018, the Mandeville Practice in Aylesbury has now been rated as Good. The CQC also found one area of practice that they rated as Outstanding as they felt the leadership team has driven continuous improvement and all staff are accountable for delivering safe change. The CQC judged the practice team as committed to meeting the needs of their population, which was evidenced through specific areas of improvement, themed and targeted services, clinical audits and health promotion.

The Mandeville Practice had been in Special Measures since 10th January 2018 and the contract holders, Primary Care Management Solutions, who have held the contract at Mandeville Practice since April 2018 have worked tirelessly to achieve this rating within six months of taking over the contract. The CCG considers this to be an exceptional achievement and has passed on their congratulations to all concerned.

#### **4. Thames Valley and Surrey LCHRE**

The Thames Valley & Surrey Local Health and Care Records Exemplar programme is in the early phase of development and mobilisation and requires expert support in key areas to establish a strong and viable model of operation. The CCG is actively involved in this development.

#### **5. CAMHS Transformation Plan**

The Buckinghamshire Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing has been updated for 2018/19, taking into account feedback from service users, stakeholders and the changing needs of the local population within Buckinghamshire. It has received positive feedback from NHS England via the Strategic Clinical Network and Senate.

[https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan\\_v4-1.pdf](https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan_v4-1.pdf)

#### **6. Contributions to the Director of Public Health Annual Report (DPHAR)**

Following the presentation by the Director of Public Health of her Annual report "Healthy Places, Healthy Futures – Growing Great Communities" at the Governing Body Seminar of the 8 November 2018 each partner on the Health and Wellbeing Board was asked to consider their contributions in relation to the 6 key areas identified in the report. For the CCG these are contained as part of the NHS response to the Health and Wellbeing Board

(<https://democracy.buckscc.gov.uk/documents/b33548/Appendix%206%20-%20NHS%2006th-Dec-2018%2010.00%20Health%20and%20Wellbeing%20Board.pdf?T=9>)

- Look to include social weightings in our contracting and procurement approaches, looking to better leverage the corporate social responsibility of contracted providers and suppliers
- Influencing future health provision opportunities through projects such as Aylesbury Garden Town
- Support the development of Locality Networks to build a bedrock of primary care led networks supporting the population needs within their area and increasing capacity for prevention measures and education to manage related long term conditions.
- Continuing use of travel plans, including for staff, to reduce car use and contribute to NHS targets for reducing carbon emissions (by 35% by 2020 and by 80% by 2050).

#### **7. Preparations for a potential non-deal Brexit**

The Secretary of State for Health and Social care has written to health and care providers to update them on the government's preparations for a potential non-deal Brexit

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/762696/government\\_preparations\\_update\\_for\\_march\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762696/government_preparations_update_for_march_2019.pdf)) the letter provides an update on what the health and care system needs to consider in the period leading up to March 2019. It includes plans relating to the continued supply of:

- Medicines and vaccines
- Medical devices and clinical consumables
- Blood and other products of human origin
- Non-clinical consumables, goods and services.

The letter also contains information on the health and care workforce, research and clinical trials, and business continuity plans. The CCG will continue to review its continuity plans and has reflected this on its corporate risk register, we will work with relevant providers and statutory bodies.