

MEETING:	Governing Body	AGENDA	9
DATE:	10 September 2020		
TITLE:	Chief Officer's Report		
AUTHOR:	Robert Majilton, Deputy Chief Officer & James Kent, Chief Officer		
LEAD DIRECTOR:	James Kent, Chief Officer		

Reason for presenting this paper:	
For Action	
For Approval	
For Decision	
For Assurance	
For Information	✓
For Ratification	

Summary of Purpose and Scope of Report:

Update to Governing Body members.
 This version of the report supersedes an earlier version, refined to correct an error within regarding the respiratory pathway, and additions on further staff roles in primary care networks (PCNs).

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)

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

Supporting Papers:

As attached

Report from the Accountable Officer and Deputy Chief Officer

September 10th 2020

1. Covid-19

Buckinghamshire continues to work as a local system to respond to the global Covid-19 pandemic. I am pleased to note that cases in our geography are now extremely low, and as of last week we had only two confirmed cases within our healthcare providers. This does not mean that we can be complacent however and work continues at pace to prepare for a possible resurgence over the winter months and the potential impact of an increase in seasonal influenza. Our efforts in this area are focused on four core areas:

- (1) Detection and monitoring
- (2) Mitigating the risk of spread
- (3) Supporting our health and care delivery partners prepare for any possible increase in cases
- (4) Recovering local health and care services to pre-Covid levels

We continue to meet frequently with system partners and colleagues in the Public Health, the Buckinghamshire system has a Health Protection Board to oversee the local response and David Williams (Deputy Director for Quality & Safeguarding) represents the CCG at these. These multiagency meetings provide us with visibility of any new outbreaks in our area and provide a channel for the planning of our joint response.

As we head into the winter months, the CCG has been working intensively with partners to design, refine or maintain services which were established to treat patients with a confirmed or suspected Covid-19 diagnosis. Further updates will be provided to the Governing Body at future meetings.

The CCG continues to work with partners to plan and deliver a comprehensive recovery plan for local services, working within a framework set by NHS England / Improvement and the BOB Integrated Care System. The submission made to regulators on 1st September confirms the strong position of local health economy to meet the overwhelming majority of the national ask in this space. The Governing Body should recognise the achievement of our staff and colleagues in provider organisations in being able to meet these requirements.

2. Primary Care

Since the last report, we have been continuing work with Primary Care Networks (PCNs) and other colleagues in general practice to reinstate core services and prepare for the Autumn/Winter period. Practices are continuing to embed digital ways of working including telephone/online and video consultations accessed through the Total Triage model whilst also offering face-to-face appointments where clinically appropriate. We are progressing with the respiratory pathway

transformation work the ICP (including appointing additional specialist respiratory nurses) started earlier in the year and developing, in conjunction with the PCNs, proposals around diagnostic hubs.

We are also working with PCNs to plan for the delivery of the new PCN service specifications from 1st October 2020. These include new arrangements for improving support to care homes by implementing the Supplementary Network Service (SNS). All care homes will be aligned to a PCN with a named clinical lead identified as a key point of contact. Building upon existing arrangements, PCNs and practices will provide weekly reviews, linking with colleagues through multidisciplinary team (MDT) arrangements.

These MDTs will support care planning for all residents as well as better co-ordination of care for patients with complex or escalating needs. Further service specifications relate to structured medication reviews and early cancer diagnosis. There are also plans to recruit 125 additional staff across a number of roles (Pharmacists, Therapists, Care coordinators and social prescribers) this represents a 14% increase in non-GP/nursing workforce (or 6% increase in the existing primary care workforce in bucks) - with more recruitment to follow in 2021/2022.

A further focus at present is planning for the delivery of the flu immunisation campaign which is of even greater importance this year in the light of the Covid-19 situation. A Flu Planning Group is in place linking with BOB leads to plan for expanded cohorts, likely increased demand and meeting the challenges of delivering immunisations whilst maintaining social distancing and infection control arrangements. All of our practices have plans in place for delivering the programme and we are looking to support them as much as possible in this.

Finally we are working with PCNs to plan for and recruit to the additional roles funded through the Network Contract DES funding. Recruitment has been slower than anticipated due to Covid-19. Many PCNs are however now moving forward with new roles and we are working with them to ensure robust plans are in place and that underspends are identified and redistributed where possible in order to maximise the impact of the scheme on addressing local primary care workforce challenges.

3. Buckinghamshire Integrated Care Partnership Update

Restoration and Recovery is covered in detail elsewhere on the agenda.

An ICS recovery plan was submitted to regulators addressing requirements set out in the phase 2 letter. The Phase 3 letter has been received and teams have been co-ordinating our response. Subsequent information has been received on finances, the hospital discharge programme and the restarting of CHC assessments from 1 September 2020 in line with nationally published guidance. A Recovery and Renewal group is meeting to monitor actions for phase 3 across Primary, Acute and Community Services and a group around Mental Health and Learning Disability. The ICP Partnership Board continues to oversee the health and care recovery activity for the system reporting to the Health and Wellbeing Board.

An elective care Task & Finish Group has also been established, to identify how to support the backlog of elective care waiting lists and 52 week waits across BOB and make comparisons with the previous year's activity.

All approaches are being explored in order to fill the available capacity to ensure patients are treated in a timely fashion, whilst seeking to not disadvantage patients that have already been waiting for some time. Activity is increasing in the Local Authority, whilst the complexity of cases is increasing as residents have been waiting longer to be seen, therefore requiring interventions, impacting on system pressures and the financial challenges ahead.

4. BOB System Leaders Group (SLG)

The BOB System Leaders Group met in August for a truncated meeting which focused on two main items; firstly on Recovery and Restoration of NHS services and secondly an update on potential changes to Senior Management Team arrangements for the BOB CCGs (see below).

5. BOB Single Management Team

When I arrived in post in mid-May I committed to reviewing the proposed SMT structure agreed with the Governing Body (GB) earlier this year, take June and July to refine before 'un-pausing' the process and starting consultation at the end of July. While my vision of the ICS is not yet fully formed, it is sufficiently clear to know the SMT presented to the GBs was more a 'semi-merged' CCG and did not contain the roles and responsibilities of an ICS and we had the opportunity to take a bolder step towards an ICS SMT which could mitigate the risk of a second restructuring quickly following the first. The Architecture Oversight Group (CCG Clinical Chairs and selected Lay Members) agreed with the recommendation to run a short three-month period of engagement with system partners to hear views on how the proposal can be refined.

6. Local Leadership Changes

Unfortunately, we have to announce that Gary Heneage, our Chief Finance Officer, will be leaving us to take up another senior finance role outside of the NHS. We, and we know many others, will be sorry to see him go.

Both the Chair and I want to take this opportunity to thank Gary for all his hard work and support to the CCG and ICP over the last 2.5 years and his outstanding stint in PPE for the ICS over the pandemic. Gary will be around for a while yet and we will follow up with the interim arrangements in due course.