

**WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC**

**INTERIM CHIEF OFFICERS REPORT**

<b>Agenda Item and Title:</b>	GOV/18/07/08 Interim Chief Officers Report				
<b>Date of Meeting:</b>	24 July 2018				
<b>Author:</b>	Linda Prosser, Interim Chief Officer				
<b>Appendices:</b>	None				
<b>Purpose:</b>	Decision		Discussion		Information X

This report provides the CCG Board with an update on major developments in the local health system and with the commissioning portfolio.

**1. Wiltshire CCG Update**

**1.1 Quarter 1 Assurance Meeting**

At our May Governing Body meeting I reported that our Quarter 4 Integrated Assurance Assessment confirmed us as green across all categories (subject to national moderation).

Since then I have received a letter from NHS England Commissioning Committee to confirm that for 2017/18 Wiltshire CCG has received a ‘Good’ rating, remaining green across all categories. Our achievements have been noted across a number of areas including: cancer standards, maternity services, end of life in urgent and emergency care, IAPT recovery and joint working with the Council and the Health Overview and Scrutiny Committee.

There are, of courses, areas where we will focus improvement during 2018/19 including: urgent care including A&E waiting times, ALOS and DToCs, diagnostic waiting times, sustained delivery of cancer standards (GWH), transformational leadership across the STP, digital plans and workforce recruitment and retention.

We had our first integrated assurance assessment meeting of the year on 18 July – verbal update to be provided.

**1.2 Commissioning and provider development:**

**1.2.1 Commissioning**

The commissioning and provider landscape is steadily changing. There is an expectation for greater integration of services, particularly between health and social care, and an increasing trend towards commissioning over a larger geographical area or ‘at scale.’ This means Clinical Commissioning Groups (CCGs) working closer together to plan and manage services for their local populations. New configurations of CCGs are emerging that are arranged across the same geographical area or ‘footprint’ as the Sustainability and Transformation Partnerships (STPs).

Effectively this means CCGs are moving to an increasingly population or 'place-based' approach and greater joint working. Locally we are already building relationships with our local authorities and providers to support more integrated health and social care. Additionally we must also focus on commissioning and delivering services across the combined populations of B&NES, Swindon and Wiltshire.

Our three CCGs have recently established a Commissioning Alliance Group to help us develop our new approach to joint commissioning. Alongside us (the accountable officers), the group involves the Chief Finance Officers and Chairs of our respective CCGs.

The Group will be meeting on 4 October to seek agreement from all three CCG Governing Bodies for a preferred option.

### **1.3 Sustainability Transformation Partnership**

Regulators have required a Financial Recovery plan (FRP) from the STP given the perceived risks to the balanced plan that was submitted.

This FRP has yet to be finalised at the time of writing. It focuses to a large extent on the very important area of keeping Acute bed day usage to the absolute necessary by reducing avoidable admissions and ensuring that Lengths of Stay are kept to a minimum. This is in line with national priorities as well, ensuring that we are reducing the numbers of people staying in hospital for more than seven days.

The delivery of this is important for us as it aligns to the CCG Care Model delivery and will help to fulfil our work with Salisbury Foundation Trust to ensure that they better align their income to costs by delivering genuine services transformation for the population in South Wiltshire.

Wiltshire Health and Care are recruiting a Change Director to expedite delivery from their perspective.

Other areas of focus are also described including aligning our approaches to Elective Care demand management, but the main step change is in Length of Stay.

The STP has also recently submitted bids for Capital development, including key schemes in Wiltshire.

### **1.4 Major Incident for Amesbury**

It was with great regret that we discovered on Wednesday 4 July that there was a further ramification from March's Novichok attack in the county. Members will know that this has led to the tragic death of an individual, which saddens us all. We have stepped straight back in to working with the police and other partner agencies to ensure a smooth response to the incident, to protect those involved, the general public and all other services.

This does mean a significant depletion of Director capacity whilst they attend necessary strategic and tactical meetings. There are many staff who are going the extra mile to support at this time and we extend our respect and thanks to them.

## 2. National Update

### 2.1 NHS 70

Thursday 5 July marked the 70<sup>th</sup> birthday of the NHS. In the lead up to the big day there has been many personal stories shared nationally through documentaries and interviews, all highlighting the fantastic achievements of the service and its people over the last 70 years.

NHS organisations across the country held local celebrations and took the opportunity to thank their staff, without whom the last seven decades would not have been possible. Here at Southgate House we had a 70-day countdown on social media, sharing a fantastic NHS fact from the archives each day and on the birthday itself marked the occasion with organising staff in the shape of a 70 for a memorable aerial photo and held a bake sale for a local hospice charity in memory of one of our late colleagues. A proud day to be working for the NHS.

### 2.2 New Health Secretary

On 9 July it was announced that Matt Hancock had replaced Jeremy Hunt as the new Health and Social Care Secretary.

One of his first tasks will be to oversee the development of the new 'NHS Assembly' for national and local leaders to oversee progress on the Five Year Forward View and to help co-design the proposed upcoming NHS 10 year plan.

Whilst we aren't party to any of the specific details yet, we do know that he has an interest in digital transformation and is likely to continue the drive for a paperless health and social care system.

**Linda Prosser**  
Interim Chief Officer