

# NHS Bury Governing Body

26<sup>th</sup> November 2014 – 3.00pm – 5.00pm

<b>Details</b>	Part 1	<input checked="" type="checkbox"/>	Part 2	<input type="checkbox"/>	Agenda Item No.	1.6
Title of Paper:	Chief Officers Report					
Board Member:	Stuart North, Chief Officer					
Author:	Stuart North, Chief Officer					
Presenter:	Stuart North, Chief Officer					
Please indicate:	For Decision	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>

## Executive Summary

<b>Summary</b>	Chief Officer reporting on current issues.					
<b>Risk</b>	<b>High</b>	<input type="checkbox"/>	<b>Medium</b>	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>
	Please indicate <b>above</b> the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". <b>NB</b> Risks can include failure to act and lost opportunities.					
<b>Recommendations</b>	The Board is asked to: note the contents of the report.					

## Strategic themes

Deliver improvement in outcomes for patients	<input type="checkbox"/>
Deliver service improvement through system redesign in priority areas	<input type="checkbox"/>
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	<input type="checkbox"/>
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities	<input type="checkbox"/>
Deliver the CCG element of QUIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.	<input type="checkbox"/>
Equality Impact Assessed?	Supports NHS Bury CCG Governance arrangements <input type="checkbox"/>

# Chief Officer Report

## Healthier Together (HT)

The Healthier Together formal public consultation officially ended on the 30th September; however, responses were accepted until 5pm on the 24th October.

Bury had its own locality engagement and communications plan, and secured face to face engagement with over 530 local people throughout the three month consultation period. The CCG used a mixed approach to engage with local communities including through the media, social media and through existing networks. Face to face engagement included, but was not limited to, young people, carers and members of the local Jewish and Asian Communities. We also distributed around 2,000 consultation documents through various networks and at engagement events.

Across Greater Manchester, there were over 23,000 formal responses, of which 601 were from Bury residents, the largest public response to a regional consultation about health services conducted in England in the last decade.

Next steps will include a paper going to the November meeting of the Committees in Common, to agree the decision making process. Also at the November meeting the CCGs will receive a report on the consultation reach and engagement activities. Responses will be independently analysed by Opinion Research Services (ORS).

The CCG's through the Committees in Common will make the final decision on the options, and timescales for this will be advised in due course. This will be an open and transparent process and all key decisions will be discussed and taken in public.

For the latest information on the Healthier Together process please visit: <https://healthiertogethergm.nhs.uk/>

## Better Care Fund (BCF)

The BCF submission was signed off by the Health and wellbeing Board in September and then submitted to NHS England. We have been recently notified that our submission has been approved subject to the following conditions:

- Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E
- Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report
- Condition 4c: The plan must address the outstanding analytical risks identified in the NCAR report

We are working with Local Authority colleagues and Provider organisations with support from an advisor from NHS England, to ensure that our next submission at the end of December will be approved without conditions.

The size of the challenge faced by the Bury health economy to be addressed through the BCF is a significant factor in this regard.

## **Financial Outlook and Future Allocations**

The financial outlook for Bury CCG in 2015/16 at this stage looks extremely challenging with recurrent savings in excess of £8m and total savings of around £14m likely to be required in order for the CCG to balance its books. Further details of this financial outlook are included in the Finance Report. The scale of the challenge facing the CCG needs to be considered in the context of what is already being achieved by the CCG. Areas of efficient practice by the CCG include:-

- A. Bury is the only area in the north of England to have delivered a reduction in elective activity since 2011.
- B. The Dr Foster report highlighted that Bury was one of the lowest users of procedures of limited clinical value in the country.
- C. The AQUA ADaSS report on frail elderly shows not only that Bury is the only area in the North West which is in the top half of performers for every indicator, but for 8 of the 9 indicators Bury are in the top 25%. This includes indications of low admissions and readmissions of frail elderly to secondary care.
- D. The latest information on medicines management shows that Bury CCG prescribing costs are the lowest in Greater Manchester and, the only CCG in Greater Manchester below the national average. However, the CCG is only 0.5% below the national average costs whereas Bury are funded for 10% less than average.

In this context it is clear that despite being more efficient than average in all of these areas, the fact that Bury CCG is underfunded by £20m, £5m more than any other CCG in the North of England, means that we still have more to do. This, together with the CCG's investment into the Better Care Fund in 2015/16, creates a huge challenge for us next year and we will bring proposals to future meetings of the Governing Body as to how this position can be addressed.

At a recent public accounts committee hearing on CCG allocations the Committee challenged NHS England with regard to the inequities in the funding of some CCGs. At the hearing Simon Stevens, Chief Executive of NHS England stated his aspiration that no CCG would be more than 5% under its target allocation by the end of 2016/17. This is encouraging news as in 2014/15 Bury CCG is £20m (10.1%) under its target allocation. Unfortunately it was also confirmed that there will be no change to the 2015/16 allocations already announced which still leaves Bury CCG £19m below its target allocation for next year.

## **Co-Commissioning Primary Care**

The attached document describes the process and options for Co Commissioning Primary Care in 2015/16. Whilst further detail is required before we make a final recommendation to the Governing Body at this stage we would be minded to apply to jointly commission primary care with NHS England.

## **5 Year Forward Plan**

The attached document is an important visionary document from NHS England setting out a clear direction for the NHS over the next 5 years. An important aspect of the forward review is the permissive approach to developing new models of integrated care with partner provider organisations. This is an important area for Bury to strategically consider in the near future.

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