

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
CHIEF OFFICER UPDATE**

<b>Date of the meeting</b>	13/11/2019
<b>Author</b>	S Lower – Executive Assistant
<b>Sponsoring Board Member</b>	T Goodson – Chief Officer
<b>Purpose of Report</b>	To inform the Governing Body of matters of interest.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework/Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial /Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: SL

## 1. Introduction

- 1.1 This report aims to provide a briefing for Governing Body members on key issues currently being managed or reviewed by NHS Dorset Clinical Commissioning Group (CCG).
- 1.2 Further information on each of the issues is available from the identified lead Director.

## 2. Items of Interest

### Long Term Plan (LTP) Update

**Lead : Tim Goodson, Chief Officer**

- 2.1 Since the submission on 27 September 2019 and in light of feedback from NHS England/Improvement we have continued to refine and progress our Long Term Plan. The narrative plan has now developed to include an executive summary, further detail and timelines, and additional appendices have been developed for Learning Disabilities, maternity and workforce as well as a revised plan on a page and transformation map. The LTP outcomes metrics have been updated and reflect national requirements, although we continue to wait for further guidance and confirmation from national teams for five of the metrics.
- 2.2 Finance and business intelligence leads from across the system have been revising the activity and finance plans based on the following assumptions - reducing the Referral to Treatment (RTT) waiting list numbers to the March 2018 position, eradicate 52-week breaches and reducing long waits, but not delivering the RTT 18-week performance standard of 92%. The merger costs have been excluded from the plan on the basis that the benefits will not be realised until 2025 and further discussions held with NHSE/I to bridge this differential. We have also assumed that the in-year deficit with Dorset CCG will be a draw down against the historical surplus and therefore does not feature in the LTP submission. This delivers a balanced plan in 2023/24.
- 2.3 Although the direction of travel in the narrative has been endorsed by provider Boards and Health and Wellbeing Boards, the finance, activity and workforce elements have not. A meeting will be arranged with the system executive leads to agree a way forward.
- 2.4 Next steps:-
  - 1 November 2019 - second draft submission
  - w/c 4 November 2019- arrange system leaders meeting
  - 15 November 2019- final submission

## **EU Exit**

**Lead Director : Phil Richardson, Chief System Integration Officer**

- 2.5 Following the announcement of the Article 50 extension until 31 January 2020, the tempo of NHS EU Exit activity will be reduced, but not stopped. NHSE/I will continue to update the Department of Health and Social Care (DHSC) twice weekly, to ensure that the NHS is ready for a No Deal Exit on 31 January 2020, if required. The EU Exit SITREP has now been suspended.
- 2.6 Due to the proximity of the 31 January 2020 departure date, NHSE/I national and regional EU Exit planning systems will remain in place and the focus will now be on completing and or refining outstanding activities (such as revising the Primary Care EU Exit guidance and assurance of commissioners and providers by the Regional Coordination Centres). There will be more to follow on these requirements in due course. The full NHSE/I EU Exit Operation will recommence week-beginning 13 January 2020.
- 2.7 The Dorset Local Resilience Forum has suspended EU Exit Strategic and Tactical Coordination Group activity until the new year. The CCG will again rota its EU Exit Support Group to cover an initial five weeks from 27 January to 28 February 2020, to deliver our local arrangements and support providers and partners.

## **Dorset Council Health and Wellbeing Board**

**Lead Clinician : Forbes Watson, CCG Chair**

- 2.8 Please follow the link below to the papers for the meeting held on 30 October 2019.

<https://moderngov.dorsetcouncil.gov.uk/ieListDocuments.aspx?CId=431&MIId=4304&Ver=4>

## **Bournemouth, Christchurch and Poole Health and Wellbeing Board**

**Lead Director : Sally Sandcraft, Director of Primary and Community Care**

- 2.9 Please follow the link below to the papers from the meeting held on 25 September 2019.

<https://democracy.bcpccouncil.gov.uk/ieListDocuments.aspx?CId=347&MIId=4054&Ver=4>

## **CCG Assurance**

**Lead: Tim Goodson, Chief Officer**

- 2.10 From 2019/20 the [NHS Oversight Framework for 2019/20](#) has replaced the CCG Improvement and Assessment Framework and the provider Single Oversight Framework, and will inform the assessment of CCGs. The [CCG](#)

[technical annex](#) includes the indicators that will be used for the annual assessment of CCGs.

A new approach to oversight will set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). This framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21.

2.11 Changes to oversight will be characterised by several key principles:

- NHS England and NHS Improvement teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations;
- a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals;
- working with and through system leaders, wherever possible, to tackle problems;
- matching accountability for results with improvement support, as appropriate;
- greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

2.12 The existing statutory roles and responsibilities of NHS Improvement and NHS England in relation to providers and commissioners remain unchanged. The key change is the context in which they are applied, which will now reflect the principles set out above. This will serve to identify and address both:

- performance issues in organisations directly affecting system delivery;
- development issues which may, if not addressed, threaten future performance.

### 3. Conclusion

3.1 These are the matters of interest that I wish to bring to the attention of the Governing Body.

**Author's name and Title: S Lower – Executive Assistant**  
**Date: 30/10/2019**  
**Telephone Number: 01305 368017**