

NHS North Cumbria CCG Governing Body	Agenda Item
2 August 2017	06

NHS North Cumbria CCG Policies and Decisions for Approval or Noting

Purpose of the Report							
This report seeks to update the Governing Body on NHS North Cumbria Policies which have been scrutinised by the relevant CCGs committee(s) and to seek approval of those policies.							
Outcome Required:	Approve	X	Ratify		For Discussion		For Information
Assurance Framework Reference:							
<p>1, Better Health – There is a need to ensure that Cumbria’s children & young people (including children looked after are kept safe and transition into health adulthood</p> <p>2, Better Care – Commission services that ensure the delivery of high quality and safe care patients</p> <p>3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy</p> <p>4, Leadership - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.</p>							

Recommendation(s):
<p>The Governing Body is asked to approve:</p> <ol style="list-style-type: none"> 1. the Prevent Policy which was recommended for approval by the Outcomes & Quality Assurance Committee on 16 June 2017 be approved; 2. the CCG Quality Improvement Scheme which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved; 3. Integrated Care Community Gain-Share Agreement 2017/18 which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved; 4. Workington Integrated Care Community Scheme which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved; 5. The National Institute for Health & Care Excellence (NICE) Compliant Bariatric Pathway which was recommended for approval by the Executive Committee on 20 July 2017 be approve; and

Executive Summary:

Prevent Policy

It is a NHS England requirement for all CCGs to have a Prevent Policy in place. This policy outlines NHS North Cumbria CCG's approach to supporting the national Prevent strategy.

NHS North Cumbria CCG has a responsibility to ensure that it makes arrangements to safeguard and promote the welfare of young people and to protect vulnerable adults from the risk of abuse. NHS England (NHSE) has advised that Prevent is incorporated into its safeguarding arrangements, to ensure that Prevent awareness and other relevant training is delivered to all staff in health commissioned services that provide services to NHS patients.

The aim of the Prevent strategy is to reduce the threat from terrorism by stopping people becoming terrorists or supporting terrorism. The Health Service is a key partner in Prevent and the CCG employs health staff and commissions health services which deliver care to NHS patients. It is part of a wider non-criminalising early response to raising concerns and helping people.

In respect of the Prevent Policy the following statement was included: -

Equality Impact Statement:

NHS North Cumbria CCG is committed to a human rights based approach, which ensures that employees and the community that it serves are treated with fairness, respect, equality, dignity and autonomy and that individuals or groups are not discriminated against on the basis of their protected characteristics.

In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being age, gender, race, disability, marriage / civil partnership, maternity / pregnancy, religion / belief, sexual orientation and gender reassignment.

This policy has a potential negative impact around two of the protected characteristics in particular.

- i) Race: the national Prevent strategy identifies individuals most likely to be at risk are from South Asian, Middle Eastern or African Heritage Groups.
- ii) Religion or Belief: there is a potentially negative impact as the national Prevent strategy may appear to focus on followers of Islam. This has the potential to lead to the stigmatising and stereotyping of Muslims.

Actions that minimise this risk relate directly to effective training which challenges the stereotypes and myths around radicalisation and a more effective and clearer way of assessing potential risk.

The national WRAP training is in place to address these stereotypes and this applies for anyone at risk of radicalisation.

This policy was considered in detail by the Outcomes & Quality Assurance Committee on the 16 June 2017 and they recommended it for approval to the Governing Body.

CCG Quality Improvement Scheme (QIS)

The QIS was approved by the Governing Body as a two year scheme targeted at improving outcomes and reducing unwarranted variation. 2017/18 is the second year of the schemes operation. The Primary Care Committee considered the achievements of the scheme in its first year at its meeting on the 13th July 2017 and considered some minor recommendations to the scheme for 2017/8 which reflected shared learning and national guidance. The amendments do not change the twelve clinical indicators included within the QIS. The committee approved the amendments to the QIS for 2017/18 and they recommended it for approval to the Governing Body

Integrated Care Community Gain-Share Agreement 2017/18

The CCG agreed a gain share agreement in 2016/17 whereby a proportion of savings from reductions in prescribing and direct access diagnostic costs would be reinvested to pump prime changes in services in line with 'Healthcare for the Future' in 2017/18. The Primary Care Committee considered the performance of the initiative in 2016/17 on the 13 July 2017 and supported implementing a similar scheme in 2017/18 for practices working together in ICCs and they recommended it for approval to the Governing Body

Workington Integrated Care Community Scheme

The CCG has adopted a policy of considering all proposals that involve funding for General Practices being considered at a public meeting. At the 13 July 2017 meeting of the Primary Care Commissioning Committee consideration was given to the proposed use of 'gain share' funds (see above) by practices in Workington. The practices set out a proposal to extend GP practice staffing to pump prime a proposed ICC development for the care of frail elderly people in Workington. The cost of the proposal was £65,000. Practices and ICCS have been provided with specific guidance on the identification and prioritisation of initiatives for the use of the funds which the Committee felt that the proposals met. The Committee approved the proposed scheme and asked for an update on progress in twelve months time. The Committee recommended the proposal for approval to the Governing Body

National Institute for Health & Care Excellence (NICE) Complaint Bariatric Pathway

NHS England (NHSE) have until 31 July 2017 administered the Tier 3 and 4 of the Obesity Management Pathway that includes the Bariatric surgery element of that pathway under the Specialised Commissioning banner.

To facilitate the administration of this service and pathway they consulted on and published a service and pathway descriptive which is the paper we have received entitled 'NHSE Bariatric Surgery Policy' and subtitled - 'Clinical Commissioning Policy: Severe and Complex Obesity Surgery Policy'.

The Public Health department of the Local Authority commission Tier 1 and 2 of the service pathway.

Since the 1 April 2017 the commissioning of this service/pathway has now been returned to CCG – there is no detail about the financial aspects of such a return in this overview and so technically that is an unknown and a possible risk in this transaction.

The regional Value Based Commissioning Steering Group is taking this issue through its processes but it would seem likely from present discussions that it will recommend the regional adoption by member CCGs of the NHSE policy in its entirety and leave it to individual CCGs to contract for the provision of the Tier 3 and 4 services.

This will enable patients to have an assessment and treatment plan and make decisions for recommendations for Bariatric surgery on a MDT basis against the criteria in the policy needing no further case decision or permission from the CCG itself other than through normal contract and performance reviews as usual for any contract and service level agreements.

North Cumbria CCG is planning the local implementation of Tier3 and 4 services and this is due to be enacted sometime likely in late 2018.

A ‘potential gap’ in pathway management and service provision could appear in this planning and implementation phase for individual patients and it is planned for a temporary period that the existing IFR process and panel will put in place a template process (administered by NECS) to assess any individual application for services and surgery against the NHSE Bariatric Policy and issue approvals to those that satisfy the criteria.

Once the new system is completely functional (likely end of 2018) the temporary processes will end – meantime if volumes are high this temporary process could come under strain causing some delays and individual patients dissatisfaction – once the new processes is in place the volumes of approvals is likely to increase substantially as present volume of cases is extremely low due to constrained access to the present system and therefore it is therefore very likely there could be a significant cost pressure in running the new Tier 3 and 4 services and the consequent higher approval for Bariatric Surgery procedures but this may not appear until the 2019/20 financial year.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	
Commission a range of health services appropriate to Cumbria’s Needs	X
Develop our system leadership role and our effectiveness as a partner	X
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	As outlined in the body of the report
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Conflicts of Interest Describe any possible Conflicts of interest	There are no perceived conflicts of interest in this report.
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associated with this paper, and how they will be managed	
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Lead Director	<p>Prevent Policy: Helen King, Director of Nursing & Quality</p> <p>CCG Quality Improvement Scheme, Integrated Care Community Gain-Share Agreement 2017/18 and the Workington Integrated Care Community Scheme: Caroline Rea, Director of Primary Care & Integrated Care Communities</p> <p>National Institute for Health & Care Excellence (NICE) Complaint Bariatric Pathway: David Rogers Interim Accountable Officer & Medical Director/Colin Patterson GP Lead</p> <p>NHS North Cumbria CCG Organisational Development Strategy: Eleanor Hodgson, Director of Director of Childrens Integration</p>
Presented By	Peter Rooney, Chief Operating Officer
Contact Details	<p>Prevent Policy: Louise Mason Lodge, Deputy Director of Nursing & Quality/Designate Nurse Safeguarding</p> <p>CCG Quality Improvement Scheme, Integrated Care Community Gain-Share Agreement 2017/18 and the Workington Integrated Care Community Scheme: Andrea Loudon, Primary Care & Medicines Lead</p> <p>National Institute for Health & Care Excellence (NICE) Complaint Bariatric Pathway: David Rogers Interim Accountable Officer & Medical Director/Colin Patterson, GP Lead</p> <p>NHS North Cumbria CCG Organisational Development Strategy: Eleanor Hodgson, Director of Director of Childrens Integration</p>
Date Report Written	27 July 2017