

Agenda Item: 6

Governing Body

Meeting

held in public

REPORT

Subject	Chairs Report
Date	4 May 2017
Author	Dr Alvin Lowe, BCCG Chair
Lead Director	Jane Meggitt, Director of Communication and Corporate Affairs

Executive Summary

The report gives an update to the Governing Body since my last report to our meeting in March 2017.

Recommendation

The Governing Body is requested to NOTE the content of the report.

Links to the business and risks

Relevant Strategic Priorities 2016/17 (please mark in bold)

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	Not applicable for this report
Details of additional risks associated with this paper (may include NHS England Assurance)	Not applicable for this report

Framework / NHS Constitution)	
Financial Implications / impact	None identified
Legal Implications / impact	None identified
Partnership work / public engagement implications / impact	Not applicable
Committees / groups where this has been discussed before	Not applicable
Other options available and their pros and cons	Not applicable
Background papers	None

1. Introduction

The purpose of this report is to update the Governing Body on my work since our last meeting in March 2017.

2. Governance and Organisational Development

Our Accountable Officer, Matthew Tait, is leaving the organisation and this will be his last Governing Body meeting.

I would like to thank him for all his hard work in turning around the financial performance of the organisation, developing further our commissioning capability and capacity, and strengthening governance and clinical leadership. He leaves us a much stronger organisation than the one he came into, and I wish him well.

Roland Ginn and I are working with NHS England to appoint Matthew's successor.

3. Clinical Leadership

The aim of this workstream is to increase clinical input into our commissioning activities.

- **Organisational Clinical Focus**

Work on the Right Care programme continues and priority areas are emerging. Colleagues in the Speciality Implementation Groups are working hard to clarify how best to move these forwards. There is a need to maintain focus and momentum and the Right Care Delivery Group is overseeing this

CCG clinicians continue to be actively engaged in our commissioning work and give valued expertise both from a GP perspective as well as their subject matter knowledge.

I would particularly like to thank Dr Kay Elliott in my report this month. She is a long standing and well regarded GP in Bedfordshire and has been our cancer lead since the organisation's inception.

She has helped deliver our cancer performance against NHS Constitutional Standards and is currently focussed on improving a few speciality areas of concern. She is also actively engaged with the regional cancer network and is ensuring that the voice of Bedfordshire's clinicians are heard in the strategic planning of cancer services going forwards.

- **Clinical Input Into Sustainability and Transformation Plan (STP)**

I am involved in facilitating a Clinical Conversation Meeting for the STP on 3 May 2017, which is being held in Milton Keynes. The aim of the event is to hear about and share ideas on transforming primary, community, mental health and social care across our STP footprint.

I continue to chair, in rotation with my counterparts from Luton and Milton Keynes, meetings of the Joint Commissioning Executive which is focussing on areas of collaboration in our work across the three CCGs.

4. Patient, Public and Stakeholder Engagement

As Chair it is vital that I promote our organisational aims to the wider audience in order to maximise our credibility as a leader of our local NHS.

- **Meeting With Bedford Locality Patient Participation Group**

I spoke at a meeting of the above group on 5 April 2017, the subject being the STP. Patient Participation Groups from other localities were also invited.

I was able to give a clinical perspective on some of the work taking place, and was heartened to note the level of interest and engagement. We are fortunate in Bedfordshire that our patients are so well-informed and keen to put forwards their views.

- **Clinical Engagement With Circle Bedfordshire MSK Service**

I met with colleagues from Circle at their base in Bedford on 19 April 2017. I was interested to hear of their success in having established nine community hubs from which patients receive care closer to home. They have delivered improvements in waiting times and outcomes, and have widened the availability of non-surgical treatments, for example for the treatment of knee osteoarthritis. From my own clinical practice I know that this is something my patients' value.

Alvin Low
Clinical Chair
24th April 2017