

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 9 July 2019 commencing at 1.00 pm

at Wolverhampton Science Park, Stephenson Room

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 14 May 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Dr S Reehana	Chair
Clinical	
Dr M Asghar	Board Member
Dr D Bush	Board Member
Dr R Gulati	Board Member
Dr M Kainth	Board Member
Dr J Parkes	Board Member
Management	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Mr J Green	Joint Chief Finance Officer for Sandwell/Wolverhampton CCG
Mr M Hastings	Director of Operations
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Lay Members/Consultant	
Ms S McKie	Lay Member
Mr J Oatridge	Lay Member
Mr P Price	Lay Member
Ms H Ryan	Lay Member

In Attendance	
Ms K Garbutt	Business Operations Officer
Dr Fran Hakkak	Medical Director Compton Care (Observer)
Mr P McKenzie	Corporate Operations Manager
Ms A Smith	Head of Integrated Commissioning (Part)
Ms S Southall	Head of Primary Care (Part)

Dr S Reehana welcomed Dr Fran Hakkak, Medical Director Compton Care to the meeting as an observer.

Apologies for absence

Apologies were received from Dr R Rajcholan, Ms S Roberts, Mr L Trigg, Ms S Gill.

Declarations of Interest

WCCG.2366 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing Body

WCCG.2367 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meeting held on the 9 April 2019 be approved as a correct record subject to the amendment below ~

WCCG.2335 Quality and Safety Committee

Mr M Hastings referred to the fourth paragraph, sixth sentence. It should read "Mr Hastings added that staff at the Trust are already running MRI and CT, 7 days a week, 13 hours a day and running 6 day services in clinics"

Dr Kainth arrived

Matters arising from the Minutes

WCCG.2368 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2369

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2370 Dr H Hibbs presented the report. She pointed out that following the publication of the NHS Long Term Plan the Black Country and West Birmingham Sustainability Transformation Plan (STP) is continuing to work towards becoming an Integrated Care System. Our Integrated Care System will be built on the basis of primary care networks across the system which in turn form part of Integrated Care Providers aligned with

the Local Authorities. At the system level, we are focusing on those clinical pathways where it makes sense to work on the wider Black Country footprint also on issues such as the estates, digital and workforce priorities.

Dr Hibbs highlighted 2.4 Transforming Care – 2018/19 Year End Summary and the current work which is taking place. She pointed out Wolverhampton has achieved well regarding reducing admissions and continuing to reduce the number of patients still in hospital beds.

NHS England and NHS Improvement came together on the 1 April 2019. They are now working under one leadership team to deliver the aspirations in the Long Term Plan for the NHS and the patients it serves. She pointed out the senior leadership team appointed so far indicated under 2.6.4 of the report.

Sandwell and West Birmingham CCG have been undertaking a stakeholder consultation on the options for its future commissioning boundary. The outcome of the six week stakeholder consultation will allow the Clinical Commissioning Group (CCG) Governing Body to have a robust discussion, before sharing the options and consultation outcome report with GP members to ensure that they have the opportunity to make an informed choice when the members vote on the 18 June 2019. Dr Hibbs stated there will be very little impact on Wolverhampton patients.

RESOLVED: That the above is noted.

Better Care Fund (BCF) Quarterly report

WCCG.2371 Mr S Marshall referred to the report pointing out the National Metrics – Delayed Transfer of Care graph on page 3 of the report.

Ms A Smith arrived

Ms A Smith referred to the graph detailing the reduction of non-elective admissions on page 5 of the report.

Dr M Asghar arrived

Ms Smith stated that the Primary Care based Multi-Disciplinary Teams (MDT) continue to be rolled out across the City. There are currently 18 MDTs in place with a further 4 due to go live in May 2019. She referred to the BCF planning and stated that preparatory work has begun with the pooled budgets currently being defined and agreed and the work streams developing their work programmes for the coming year. Mr T Gallagher is supporting this piece of work.

The integration of the North East Community Neighbourhood team continues to develop. Premises are now being sought for the South East teams in Bilston. Ms Smith has requested a number of options which once received will be taken to the BCF Programme Board.

Ms S McKie had received a request from the Patient Participation Group regarding involvement of patients in the MDT meetings. A discussion took place and due to confidentiality and data protection patients could not be directly involved unless it is regarding their own care. Dr J Parkes pointed out that we are called to act as patient advocate.

Dr Hibbs stated that the permanent admissions to residential homes is still quite high and asked if there is a solution to help how we bench mark against other areas. Ms Smith stated that this is a general trend not just in Wolverhampton. Work to address this will be taken forward next year and this has been identified as part of the work of the Integrated Care Alliance.

Dr Reehana asked if we have any influence on the delayed transfer of care for non-Wolverhampton residents. This is difficult but we continue to do all we can to address this alongside the Trust. With regard to the overall picture Dr Hibbs stated this has been an excellent piece of work moving Wolverhampton from a poor position on Delayed Transfers of Care (DTC) to one of the best in the country.

RESOLVED: That the above is noted.

Ms A Smith left

Board Assurance Framework

WCCG.2372 The report was presented by Mr P McKenzie. It introduces the latest updated version of the Governing Body Assurance Framework and Strategic risk register which has been reviewed by the Audit and Governance Committee. The report also outlines the current work underway to support risk management across the Clinical Commissioning Group (CCG), including the work of the Governing Body Committees and an update on the latest risk deep dive by the Senior Management Team.

He referred to the corporate organisational risks and stated that the scoring for each domain should remain the same. He highlighted the following Corporate Risks ~

- CR01 has been raised from 8 to 12 due to the issues around cancer performance.

- CR13 maternity risk to be closed at corporate level and managed by Quality and Safety.
- CR16 this risk is ready for closure
- CR22 currently still ongoing

The Governing Body agreed the CCG's Operating Plan for 2019/20 on the 26 March 2019. This sets out the five priorities for the year as detailed below ~

- Continue to commission high quality, safe healthcare services within our budget;
- Focus on prevention and early treatment;
- Ensure our services are cost effective and sustainable;
- Align our clinical priorities, as appropriate, to the Black Country and West Birmingham STP/ICS;
- Build on our Primary Care Networks (PCNs), wrapping community, social care and mental health services around them.

Mr McKenzie explained the strategic objectives outlined in the report. He highlighted the possible alternative approaches to re-assess the strategic objectives in the current Governing Body Assurance Framework in relation to the priorities for 2019-20. The Governing Body was happy to adopt the approach of aligning the objectives with the priorities as outlined in 4.6.

RESOLVED: That the Governing Body supported the option outlined under 4.6 within the report.

GP Networks/Directed Enhanced Service (DES)

WCCG.2373

Ms Southall presented the report. She pointed out that Primary Care Network Applications are due to be submitted to CCGs from member practices by 15 May 2019 a panel meeting has been convened for the 16 May 2019 to consider/approve applications.

Ms Southall referred to the workforce and the new roles highlighted on page 3 of the report. The roles will be part funded by NHS England in the sum of 70% however 100% funding will be available for Social Prescribing Link Workers.

Ms Southall tabled a current map indicating the Primary Care networks. She pointed out there are 2 separate networks for Unity for provision of services in the West and East. We anticipate some further changes and expect six applications. Dr Kainth asked what would happen if a practice did not wish to engage with this process. Ms Southall stated there is an expectation that we would mediate with the practice and identify the best solution for the practice to sign up.

Ms Southall pointed out an engagement event is scheduled to take place to encourage patients to learn more about Primary Care networks. Ms McKie requested that the information shared is made clear for patients. Dr Reehana stated that it will be encouraged to work with Practice Participation Group (PPG) chairs within each network. Mr Hastings added that GPs have been written to regarding this.

Mr Marshall stated that practices will have patients in other network areas and expressed the importance of patients receiving the right support locally.

Mr J Oatridge sought clarification relating to funding for the Clinical Director. Ms Southall confirmed each network will receive a contribution towards the cost of employing a Clinical Director one day per week (0.25 funded by NHS England based on a 40k network population). He also felt that there may be a pressure on the network when recruiting for the new roles. A discussion took place around the new roles.

Ms S Southall left

RESOLVED: That the above is noted

Commissioning Committee

WCCG.2374 Dr Kainth presented the report. He highlighted Personal Health Budget (PHB) choices e market place pilot proposal report. Approval was given to enter into a 12 month contract with PBB choices. Mr Marshall pointed out that this is a voucher based system.

He pointed out the Dermatology contracting update. The scope of the service to remain at RWT has been identified and agreed as the Cancer and Paediatrics Dermatology Services. All adult non-cancer services will be transferred to the community as part of the procurement process from 1 December 2019.

Black Country Partnership Foundation Trust (BCPFT) achieved 18.5% of the Improving Access to Psychological Therapies (IAPT) target which is set at 19%, this includes the outcomes of the referral third party providers that the CCG have commissioned to reduce access rates.

With regard to Non-Emergency Patient Transport Services (NEPTS) a six month contract extension has been agreed with West Midlands

Ambulance Service (WMAS); this gives continuity of the service until April 2020 and allows a 12 month procurement process to take place to secure a new provider for this service. Dudley CCG will be the lead commissioner for this.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2375 Dr Hibbs presented the report. She highlighted the key areas of concern. Overall cancer performance at RWT remains challenged. Performance of all cancer targets has deteriorated in February. The performance for 2 week and 62 day waits is below expected target. Assurance is now being provided relating to the actual or potential impact of harm to patients as a result of any delays.

RWT is currently reporting the highest Standardised Hospital Mortality Index in the country. A lot of work is ongoing to understand and improve on this position. E coli infection rates currently appear high and an E.coli infection group has been set up to address this. Dr Parkes queried figures relating to mandatory training rate indicating 85% target for BCPFT and 95% target for RWT within the report. Dr Hibbs will ask the Quality team and come back to him. With regards to BCPFT Dr Hibbs stated that a walk-through had been carried out at Penn Hospital. And no significant issues had been identified.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2376 Mr T Gallagher presented the report which forms part of the final accounts. He stated that the CCG has achieved all its financial metrics and statutory financial duties. The control total of £9.986m surplus has been exceeded by £42k resulting in a year end surplus of £10.028m.

Mr Gallagher highlighted the table on page 4 of the report which shows the year to date performance. The CCG control total of £9.986m has exceeded deliver at £10.028m. The CCG is reporting an end of year position of £776k underspend within Delegated Primary Care mainly due to the level of claims in respect of the Quality and Outcomes Framework (QOF).

He pointed out that the delegated Primary Care allocations for 2018/19 as at month 12 are £36.571m. The outturn is £35.795 delivering a underspend position of £0.776m. Further to last month when a £0.970m

underspend was reported the CCG has identified potential costs relating to the consequences of list size adjustments for a practice and an ongoing issue relating to PMS/GMS. This has reduced the forecast underspend to £776k.

Mr Gallagher referred to the Quality, Innovation Productivity and Prevention (QIPP) Programme Delivery Board information on page 10 of the report. As at month 12 QIPP is being reported as delivering on plan supported through the planned applications or reserves and underspends in the overall position. The table identified that, as reported by Scheme Leads, QIPP has under delivered by £6.274m. However the final position is likely to show more QIPP delivery once month 12 activity is reported.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2377 Mr P Price gave a brief overview of the report. He highlighted that the Committee were given a presentation on Cyber Security. The Corporate Operations Manager would report back about the organisation's performance against the 10 cyber risks once this had been completed.

RESOLVED: That the above is noted

Remuneration Committee

WCCG.2378 Mr Price referred to the report and asked if there were any questions.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2379 Ms S McKie gave a brief presentation of the report. She pointed out that Liz Corrigan updated the Committee around primary care quality,.

Mr McKenzie pointed out the possible need for delegated authority to sign off the draft Sustainability Transformation Plan Primary Care Strategy due to the timescales involved.

RESOLVED: That the Governing Body approved delegated authority to sign off the draft Sustainability Transformation Plan Strategy.

Communication and Engagement update

WCCG.2380 Ms McKie presented the report. She pointed out that the Patient Participation Group (PPG)/Citizens Forum has been cancelled and new arrangements relating to the new primary care networks are being put into place. She stated that the timing of meetings will need to be reviewed to allow more flexibility in order for these to be well attended.

The Engagement Strategy is currently being rewritten by the Commissioning Support Unit (CSU) and this will be reviewed through the Communications Team and will be brought to the Governing Body.

A discussion took place around the significant amount of engagement work which is carried out in the background and for this to be raised at the next Annual General Meeting (AGM).

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2381 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2382 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2383 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2384 RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2385 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2386 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2387 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.2388 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2389 The Board noted that the next meeting was due to be held on **Tuesday 21 May 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.40 pm

Chair.....

Date

DRAFT

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 21 May 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Dr S Reehana	Chair
Clinical	
Dr M Asghar	Board Member
Dr D Bush	Board Member
Dr R Gulati	Board Member
Dr M Kainth	Board Member
Dr J Parkes	Board Member
Management	
Mr J Green	Joint Chief Finance Officer for Sandwell/Wolverhampton CCG
Mr M Hastings	Director of Operations
Dr H Hibbs	Chief Officer
Lay Members/Consultant	
Mr J Oatridge	Lay Member
Mr P Price	Lay Member
Ms H Ryan	Lay Member
In Attendance	
Ms H Cook	Communication and Engagement
Ms K Garbutt	Business Operations Officer
Mr P McKenzie	Corporate Operations Manager

Apologies for absence

Apologies were received from Dr R Rajcholan, Ms S Gill, Mr S Marshall, Mr T Gallagher

Declarations of Interest

WCCG.2400 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Sign off the Accounts and Annual Report

WCCG.2401 Mr J Green stated that a number of colleagues had attended the Audit and Governance meeting today which received the Annual Report and Accounts.

The Annual Report describes the activities for the Clinical Commissioning Group (CCG) and assurance regarding the internal controls which exist in the CCG. Mr Green pointed out that Wolverhampton CCG is required to meet both national and local financial targets. The CCG has achieved all of its statutory duties. The performance against targets is detailed in the table on page 12 of the report. The CCG commenced the financial year with a target surplus of £9.986m and ended the financial year with a surplus of £10.028m, £42k in excess of plan which is a good performance.

Mr Green stated that the Head of Internal Audit opinion has classified Wolverhampton CCG has “satisfactory” which is the highest level of assurance.

The CCG External Auditors (Grant Thornton) presented their report detailing the audit of the Annual Report and Accounts to the Audit Committee who consider governance, risk management and control processes. In their opinion the accounts give a true and fair view of the financial position, and they intend to issue an unqualified opinion for the 2018/19 Annual Accounts.

There have been some minor changes identified during the audit including 2 formatting issues which have been corrected; the table on page 99 of the report has been amended. The Better Care Fund pooled budget to only show the CCG expenditure and income resources. Dr Reehana pointed out a missing line in the diagram on page 15 of the Annual Report. Ms H Cook confirmed this has now been corrected. The Governing Body were asked to approve the Accounts and Annual Report, and also to approve a standard letter of management representation to be signed by Dr H Hibbs, and presented to the auditors

Mr P Price supported Mr Green’s comments and highlighted this is credit to the finance team. Dr H Hibbs expressed her thanks to the finance team and the rest of the teams within the CCG to achieve this good result.

RESOLVED: That the Governing Body approved the Annual Report and Accounts.

Committee Annual Reports

WCCG.2402 Mr P McKenzie stated this report introduces the annual reports of the Governing Body Committees that demonstrate how each of them has met their terms of reference as set out in the Clinical Commissioning Group's (CCG's) Constitution. The Committee Annual Reports have also been used to support the Accountable Officer in the prepared of the Annual Governance Statement.

Dr Ashgar arrived

RESOLVED: That the Governing Body accepted the reports presented by its Committees as a record of their continued delivery of their terms of reference.

RESOLVED: That the above is noted.

Any Other Business

WCCG.2403 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.2404 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2405 The Board noted that the next meeting was due to be held on **Tuesday 9 July 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 1.20 pm

Chair.....

Date

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Wolverhampton Clinical Commissioning Group Governing Body

Action List

9 July 2019

Date of meeting	Minute Number	Action	By When	By Whom	Status
		NO ACTIONS			

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WOLVERHAMPTON CCG
GOVERNING BODY
9 July 2019
Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	

1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body Members on matters relating to all the overall running of Wolverhampton Clinical Commissioning Group (WCCG).

2. CHIEF OFFICER REPORT

2.1 Sustainability and Transformation Plan (STP) and Board to Board with Birmingham

- 2.1.1 The Black Country and West Birmingham STP and the Birmingham and Solihull STP held a Board to Board meeting to look at areas of common interest and the potential to collaborate in the future.

A key topic was the Midland Metropolitan Hospital development. Both STPs are fully committed to making the hospital a success when it opens.

2.2 Meeting with NHSE and NHSI

- 2.2.1 A meeting for senior leaders was held in early June. Simon Stevens – Chief Executive of NHSE and NHSI, Dido Harding – Chair of NHSE and NHSI and Dale Bywater – Regional Director for NHS Midlands presented their thoughts around the NHS Long Term Plan, the People Plan and the new way of working in NHS Midlands.

2.3 Primary Care Networks

- 2.3.1 The CCG has 6 primary care networks set up as per national guidance and timescales. There has been some slight adjustment to how practice groups were functioning with some realignment with practices closer by. The Primary Care Commissioning Committee continue to receive updates on the activities taking place including role reimbursement scheme for Clinical Pharmacists and Social Prescribing Link Workers, completion of Network Agreements and PCN Development Needs.

- 2.3.2 Clinical Directors will be leading their networks officially from 1 July 2019. They will all be meeting regularly with the CCG to aid delivery of the network DES. Networks will continue to engage with patients and the public at practice and network level.

2.4 ICA Development - SM

2.4.1 Placed Based Update

All sub groups have a plan on a page and an agreed timeline for delivery.

- The People Living with Frailty Group are designing pathways for patients living with frailty and ensuring that they are fully supported along each step by the implementation of the Healthy Ageing Coordinator role.
- The Palliative & End of Life Care Group are re-designing the current Community to ensure alignment to the local Palliative & End of Life care Strategy, They have developed

and rolled out a more person centred Advance Care Plan document across all stakeholders within the City.

- The Children & Young People Group are working on the development of the Wolverhampton BIG 6 – the top 6 common conditions that parents present at hospital for, and looking to develop a clinical advice & guidance document as well as a parent/carer facing document.
- The Mental Health Group are working to document all current services, referral routes to enable other Health & Social care colleagues to have a greater understanding of the services and what they deliver. They will also be looking at redesigning services to improve the physical health of people who suffer with mental illness.

The Governance Development Group has established 3 sub-groups:

- Commissioning and Contracting are working to develop, recommend and implement a virtual model to support the changes needed. they will provide transparency to facilitate allocation of funding in line with the clinical pathways. At the last Commissioning and Contracting group the End of Life workstream presented their work to date.
- IG/IT/BI – Informatics Group are working to provide leadership for the information governance, informatics, digital and information technology agenda across the Wolverhampton Health and Social Care economy. Their purpose is to develop and manage all elements of IG and Informatics including all digital strategies. The Group will also provide direction for the information required to support planning and modelling of activity, in line with the clinical pathways on a City Wide basis.

All parties are currently collating data sets to inform an overarching data set that can be used for both primary and secondary care uses. Data sets are being collated initially from Primary Care, Secondary Care, Local Authority, Mental Health Trust and Compton Care.

The output will be a Shared Clinical Data Unit (SCDU) which can be accessed by all parties involved. This is aimed to be complete by the end of July 2019.

Each organisation will then complete a DPIA and subsequently a Data Sharing Agreement will be developed and approved by each organisations DPO

- Outcomes Framework Development and Measurement Group are working to develop, a set of common, aligned and agreed outcomes that are measurable across the system. These outcomes need to take account of the strategic direction of travel and the STP Clinical Strategy.

A workshop is scheduled in June where a number of outcomes frameworks will be reviewed and mapped to our local 'place' where appropriate.

2.5 Cancer Performance

- 2.5.1 Cancer performance nationally remains an issue with headline news reporting on the situation across the UK. The recovery actions that we have been implementing at RWT have made inroads into improving performance however there is unprecedented demand for appointments, particularly for urgent breast referrals. Current capacity at the trust cannot cope with this demand and so it is accepted across the STP that a system-wide response is required in order to manage demand.
- 2.5.2 A request has gone to providers across the Black Country to allow RWT and Wolverhampton CCG to implement a targeted referral diversion to improve waiting times for patients. The commissioner and provider are acutely aware of the need to maintain patient choice of place of first outpatient appointment and this will not be affected by this project.
- 2.5.3 The premise is that data analysis will identify high volume referrers into RWT which are within calculated close proximity to other providers in the area. We will then provide these practices with daily information on waiting times for the four providers across the Black Country to help them to inform patients how they can be seen more quickly by attending another provider with the minimum inconvenience regarding travel arrangements.
- 2.5.4 The consistent high quality of provision of services across the Black Country providers ensures there is no detriment to patient care and the advantages of being seen earlier will outweigh the minor inconvenience of an additional 1, 2 or three miles to travel.

2.6 Perinatal Mental Health

- 2.6.1 On 11 June 2019 we launched our STP wide specialist perinatal mental health service – the service started last year with transformation money won in April and is recurrently funded through the CCG baselines this year.
- 2.6.2 We have also held STP wide engagement events as we are planning the next steps of our perinatal mental health whole system - this is in line with the NHS Plan
- **Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis** - to benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.
 - Care provided by specialist perinatal mental health services will be available **from preconception to 24 months after birth** (care is currently provided from preconception to 12 months after birth), in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life
 - Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions

- Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period
- Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting. Maternity outreach clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

2.6.3 Next Steps

The service will continue to be developed alongside our service users and local authorities.

3. CLINICAL VIEW

3.1 Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable to this report.

5. KEY RISKS AND MITIGATIONS

5.1. Not applicable to this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name Dr Helen Hibbs
Job Title Chief Officer
Date: 21 June 2019

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	21/06/19

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WOLVERHAMPTON CCG
Governing Body
9 July 2019
Agenda item 7

TITLE OF REPORT:	Commissioning Committee – May 2019
AUTHOR(s) OF REPORT:	Dr Manjit Kainth
MANAGEMENT LEAD:	Mr Steven Marshall
PURPOSE OF REPORT:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in May 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
RECOMMENDATION:	That the report is noted.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
5. System effectiveness delivered within our financial envelope	<u>Meeting our Statutory Duties and Responsibilities</u> This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.

1. BACKGROUND AND CURRENT SITUATION

- 1.1 The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) from the May 2019 meeting.

2. MAIN BODY OF REPORT

2.1 Elective Care Transformation Programme 2019/20 – Targeted Transformation

The committee was presented with a report for assurance regarding continuation of the 2019/20 programme. It is a collaborative programme across the STP footprint. The workstreams and priority areas have been identified, and progress is reported on a monthly base to NHSE and the STP Board.

The Committee noted the above and approval was given.

Action - That Governing Body notes the decision made by the Committee

2.2 Glaucoma Referral Refinement Service

The committee was presented with the service specification following the approval of the business case in January 2019. The service will deliver an enhanced assessment of patient with glaucoma indicators during routine eye examinations. By identifying the diagnosis the patient can be directed to the correct service for ongoing management.

The Committed noted the above and approval was given

Action - That Governing Body notes the decision made by the Committee

2.3 Contracting update

Royal Wolverhampton NHS Trust

Activity/ Performance

The Committee was updated with the current performance of the Trust for May 2019.

Number of Diagnosis coded – Emergency activity

The CCG is currently in discussion with RWT with regards to a shift in the number of diagnosis codes for the months of January and February 2019. The trust have been advised to capture all patient diagnosis individually and monitoring will continue.

A&E Performance

High numbers of patients are showing for A&E attendance and compliance to the 4 hour waiting target has reduced., An audit of the triage function will be undertaken to understand and review streaming to the UTC.

The CCG are currently developing a clinical audit plan for 19/20 to identify the areas of highest priority.

Other Contract Issues

Dermatology

The tender for the community dermatology service is now live It was agreed the submission dead line will be 3 June 2019.

2019/20 Planning Round

The contract between RWT and the CCG has been finalised Discussions continue regarding CQUINs to be agreed.

Black Country Partnership Foundation Trust (BCPFT)

Performance/ Quality Issues

Improving Access to IAPT

The IAPT target is 22% for 2019/20 a plan has been requested from the Trust to ensure that trajectories are met from the first month.

Data Quality Improvement Plan (DQIP)

Implementation of e-discharge letters has been successfully rolled out to all services.

Graphnet is currently being implemented to enable clinicians to view GP patient records.

Other Contractual Issues

Individual Placement Support – Secondary Care DWMHT

The CCG has received funding for STP WAVE 2 for mental health patients in secondary care to be delivered on an STP footprint.

Nuffield

An agreement has been reached and progress is being made to move towards contract signing.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

A six month extension contract has been agreed to allow for a 12 month re-procurement to take place. Dudley CCG is acting as Lead Commissioner.

Other contracts

Termination of Pregnancy service

This procurement is currently underway Sandwell and West Birmingham CCG acting as lead commissioner. The closing date for tender is 28 May 2019.

CHC Complex Care

A marketing engagement event will be taking place at the end of June/early July.

The service specification is currently in draft form. Each CCG will need to sign up in order for it to be delivered as an STP based service. However, if there is not agreement, Wolverhampton will continue and collegiate STP CCGs can come onto the contract at a later date

Action - That Governing Body notes the update

2.3 Review of Risks

The Committee was updated on the current corporate and commissioning risks.

CC14 – Monitoring to continue on the Acute Dermatology provision.

CC16 – risk to be closed

CC15 – risk to be closed

The committee noted the above risk on its register.

Action - That Governing Body notes the update

3. RECOMMENDATIONS

- Receive and discuss the report.
- Note the actions being taken.

Name: Dr Manjit Kainth

Job Title: Lead for Commissioning & Contracting

Date: 30 May 2019

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WOLVERHAMPTON CCG

Governing Body
9 July 2019

Agenda item 7

TITLE OF REPORT:	Commissioning Committee – June 2019
AUTHOR(s) OF REPORT:	Dr Manjit Kainth
MANAGEMENT LEAD:	Mr Steven Marshall
PURPOSE OF REPORT:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in June 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	This report is submitted to meet the Committee’s constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
RECOMMENDATION:	That the report is noted.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
5. System effectiveness delivered within our financial envelope	<p><u>Meeting our Statutory Duties and Responsibilities</u></p> <p>This report is submitted to meet the Committee’s constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.</p>



1. BACKGROUND AND CURRENT SITUATION

- 1.1 The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) from the June 2019 meeting.

2. MAIN BODY OF REPORT

2.1 Repeat Prescription Management Project in General Practice

The committee was presented with a report to discuss the findings of a repeat prescription audit and a plan to reduce waste and minimise variation between primary care practices by means of planned management programme to meds Optimisation

The Committee noted the above and approval was given.

Action - That Governing Body notes the decision made by the Committee

2.2 Contracting update

Royal Wolverhampton NHS Trust

Activity/ Performance

The Committee was updated with the current performance of the Trust for June 2019.

Contract Performance

The CCG financial position for April 2019 shows an over performance of £700K. Further analysis is being carried out to establish the causes. This outcome is based solely on one month of data and is therefore heavily 'caveated'. A more robust activity pattern will emerge throughout the year.

Performance Targets

Diagnostics

The Trust continues to see a high numbers of referred patients into Radiology. The department is working closely with the Cardiac to fully utilise current capacity, additional capacity has been made available for April and May (2019) to ensure target is maintained.

Referral to Treatment (RTT)

Target for April 2019 was missed. The Trust has moved to an electronic referral system however, due to technical issues the Trust has put in place a manual system to ensure information for each patient is entered onto the system on a daily basis.

Cancer Targets

Improvement is needed in this area particularly Breast Cancer referrals. Although demand has been increasing, the recent audit has demonstrated that this is in line with national profiles.

A pilot has been agreed for the Urology with the introduction of a new referral form and pathway. This will run for a 6 month period with Wolverhampton GPs.

Other Contract Issues

Dermatology

Meetings with RWT are focused on mobilisation and transitions of the service. Further discussions with the Trust are ongoing.

Black Country Partnership Foundation Trust (BCPFT)

Performance/ Quality Issues

Improving Access to IAPT

The Trust has underperformed in April and May 2019 and not met the IAPT target. The CCG has requested a plan of action for recovery of performance.

Other Contractual Issues

WMAS – Non-Emergency Patient Transport Service (NEPTS)

A six month extension contract has been agreed. The procurement process is currently underway and the closing date for the tender is 28 June 2019.

Other contracts

Accord Housing Association Ltd – Probert Court

Contract terms have not been reached between the CCG and Accord, therefore the contract will end 31 June 2019. Other providers are currently being sourced to take up this service.

Acorn Children’s Hospice

The CCG has received a correspondence stating that they are terminating the hospice at home service and the hospice in Walsall.

Patients are currently being consulted and work is underway to assess the impact of the closure and determine alternative provision.

Action - That Governing Body notes the update

2.3 Review of Risks

The Committee was updated on the current corporate and commissioning risks.

There are no changes to the current corporate risks

A new addition to the register is –

CC15 – Monitoring of cost concerns after transfer of the Dermatology service.

CC14 – Monitoring to continue on the Acute Dermatology provision.

The committee noted the above risks and agreed to monitor the new risk.

Action - That Governing Body notes the decision made by the Committee

3. RECOMMENDATIONS

- Receive and discuss the report.
- Note the actions being taken.

Name: Dr Manjit Kainth

Job Title: Lead for Commissioning & Contracting

Date: 30 June 2019

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**WOLVERHAMPTON CCG
 GOVERNING BODY MEETING
 Tuesday 9th July 2019**

Agenda item 8

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(S) OF REPORT:	Sally Roberts, Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
PURPOSE OF REPORT:	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception). Up to April 2019 data.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
KEY POINTS:	<p>This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as:</p> <ul style="list-style-type: none"> • Cancer performance remains significantly challenged, with further deterioration of all cancer targets except 31 day sub-treatment surgery and anti-cancer drug. There is particular and significant concern in relation to the 2 week wait target and the impact on performance relating to 2 week wait Breast Symptomatic. This is now having an impact on the overall 62 day performance. • Mortality indicators for SHMI remain above national expected rates. An achievement in SHMI is not expected until October 2019 in line with 6 month delay in data reporting. • Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways. A spotlight session will be conducted at July CQRM. • NHSI Maternity support review visit conducted. Capacity review to be undertaken in Quarter 1, 2019-20. • Black Country Partnership (BCPFT) are making some progress in relation to workforce issues with improvements seen in staff turnover and time taken to recruit. Work continues in relation to scoping adult MH beds capacity issues • In addition assurance and update was received by committee relating to Safeguarding activities and arrangements, NICE assurance, SEND, E&D, Health and Safety, Medicine Optimisation. • Comprehensive Quarter 4 18/19 Care Home Report was

	<p>received by QSC. Assurance was given regarding forthcoming closure of a Wolverhampton nursing home and a further home currently in suspension.</p> <ul style="list-style-type: none"> • Working Together to Safeguard Children 2018 – two separate reports are due to be published on 28th June around multi-agency Safeguarding arrangements and Child Death Overdue Panels (CDOP). Reports will be shared at QSC in July and with Governing Body in September. <i>Please refer to Appendices 1 and 2.</i> • SEND – the SEND review is near completion and draft recommendations are currently being agreed. Governing Body development session is planned for July. • Health and Safety – a robust action plan was presented at QSC. There are no areas of concern. • E&D – No risks identified and the CCG has successfully published its Annual Report in line with legal requirements. • Medicines Optimisation – work programme was presented and key priorities identified. Assurance was provided and no risks identified. • Assurance and update received at QSC in June 2019 relating to IPC Quarterly report. No incidences of MRSA bacteraemia attributed to the Trust in Q3 and Q4 18/19. C. difficile – both RWT and WCCG were under trajectory (31 against trajectory of 35) and achieved objectives at year end. • Quality visits have been undertaken to Penrose LD provision, Penn Hospital and Vocare (OOH). Reports were tabled at QSC in May. • One new key risk was identified by committee relating to 2 week breast cancer waits.
<p>RECOMMENDATION:</p>	<p>Provides assurance on quality and safety of care, and compliance with CCG constitutional standards and to inform the Governing Body as to actions being taken to address areas of concern.</p>

Appendices: Working Together to Safeguard Children 2018

- 1. Multi-agency Safeguarding arrangements**
- 2. Child Death Overdue Panels (CDOP).**

1. Key areas of concern are highlighted below:

	Level 2 RAPS breached escalation to executives and/or contracting/Risk Summit/NHSE escalation
	Level 2 RAPs in place
	Level 1 close monitoring
	Level 1 business as usual

Key issue	Comments	RAG
<p>Cancer Performance for 104 and 62 day waits is below expected target. This may impact on the quality and safety of care provided to patients.</p>	<p>Performance of all cancer targets at RWT remains significantly challenged with further deterioration of all cancer targets except 31 day sub-treatment surgery and anti-cancer drug. Concern remains in relation to the 2 week wait target, which decreased to 67.08% in April 2019 and particularly for performance relating to 2 week wait Breast Symptomatic, which has further declined to 3.77% in April, this performance is now having an impact on the overall 62 day performance. Pathways where demand and capacity are challenged include Upper GI, Colorectal and Head & Neck. Improvement has been observed in Urology, with increased waiting list initiatives supporting the additional work required for RALPh. Assurance is now provided relating to the actual or potential impact of harm to patients as a result of any delay.</p> <p>The Trust is supporting the 28 day faster diagnosis pathway, all breast referrals now go through the “one-stop clinic appointment” whereby patients are seen by a consultant and have diagnostic testing performed on the same day. An additional risk relating to 2 week breast symptomatic wait has been identified through Quality and Safety Committee and further assurance relating to this indicator has been requested.</p> <p>A system-wide capacity demand analysis has been agreed by the Cancer Alliance across the alliance footprint. As this footprint is extensive the Black Country West Birmingham STP leads have requested that the STP is the initial focus for this work.</p> <p>An STP meeting was held on 1st May 2019 with NHSE/I to discuss Black Country cancer performance and a set of system wide actions were identified, in particular there was an expectation that a system solution in the first instance for breast 2WW performance is sought, this work is underway.</p> <p>Harm reviews continue for patients treated at 104+ days on a cancer pathway</p> <p>Public Health data has been provided relating to breast pathway demand, this indicates a 10% increase in activity over the past 3-4 years for this pathway, in line with national and local trajectory increases. Other local trusts are not seeing the significant impact on performance as a result and further understanding is being explored.</p>	RAG

Key issue	Comments	RAG
	<p>Risk Mitigation:</p> <ul style="list-style-type: none"> • The Trust is looking to provide additional CTC (computerised tomography colonography) capacity to support bowel screening and is reviewing radiology pathways. • The Trust is also managing the significant impact of rearrangement of Black Country pathology services to maintain current positive turnaround times. • For March 2019, 19 patients were treated at 104+ days on a cancer pathway during the month, all of these patients had a harm review and no harm was identified. Where harm may be expected as a result of delay then a full harm review will be conducted. An assurance report has been provided to NHSE/I in relation to the harm review process. • At the time of writing this report, the waiting times for one stop clinic for all breast referrals pathways has further deteriorated to 39 days. • Weekly system-wide assurance calls continue to provide updates on current cancer performance and remedial actions in place. • WCCG are continuing to work collaboratively with GP's to improve cancer referrals into the Trust. A GP Cancer event took place on 30th April 2019 relating to the Cancer 2WW Performance, pathways and referrals and to discuss ways in which Primary Care can better support pathways. The Trust answered GP questions relating to concerns and processes and the conversation generated from this event was positive. The full report of this event was shared at Quality & Safety Committee in June. Communication from the event has been sent to all GPs within Wolverhampton and Stafford. • System-wide work continues to improve the quality and timeframe of tertiary referrals. 	
<p>Mortality: RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country</p>	<p>RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country. The SHMI for January 2018 to December 2018 is 1.2083, which is a very slight decrease on the previous 1.21. The SHMI is rated red and the banding still remains higher than expected.</p> <p>RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Focus continues on identified work streams to drive improvements, with a particular focus on early recognition and escalation pathways for deteriorating patients and sepsis. Following the CCG themed analysis of suboptimal care of the deteriorating patient serious incidents the terms of reference for the Deteriorating Patient Recognition Group have been reviewed and strengthened and the CCG will now form part of the membership for this group. An electronic data capture system for the Critical Care Outreach team has been sourced and is now live. This will enable effective analysis of crucial data to drive improvement. 	

Key issue	Comments	RAG
	<ul style="list-style-type: none"> • The Trust is continuously developing and updating the mortality improvement plan to ensure that the work programme is embedded within the Trust and across the health economy. Additional actions have been added to this plan including the recommendations received from the clinical review of mortality programme that was completed by the external clinician. WCCG closely monitors the progress of this improvement plan through monthly CQRM's and attendance at the mortality review group. • Significant work has been undertaken with the trust and an independent company to review the coding arrangements in the trust, this includes additional training for clinical coders, with training related to appropriate coding now being delivered to clinicians, the expectation is that this will impact positively on current SHMI reporting. • The Trust is currently recruiting mortality reviewers which will help strengthen clinical expertise for all specialities and will support consistency when conducting mortality reviews. It will also improve timeliness of initial SJR1s. <p>The SJR1 review carried out in May 2019 has highlighted 1 case of very poor care from February. The Trust has now reported this as a serious incident and is undertaking a full investigation into this incident. CCG will attend this RCA to gain assurance relating to initial reporting and lessons learned.</p>	
Concerns around sepsis pathways	<p>Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways. An improvement in performance is expected by June 2019 following introduction and embedding of the sepsis electronic flagging system.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • WCCG has highlighted sepsis CQUIN performance concerns with the provider at the CQRM and is considering the use of contractual levers to manage and improve sepsis performance, which is a contractual performance requirement from April 2019. It has been agreed that a focused spotlight session will be held at CQRM in July 2019 on both sepsis and the deteriorating patient. • The Trust has confirmed that Sepsis nurses are in post and are currently working on key improvement initiatives to improve sepsis screening and administration of IVAB within 1 hour. An initial focus will concentrate on sepsis pathways in ED. • Additional staff to support deterioration pathways are now recruited, with a doubling of critical care outreach team in post also. 	
Maternity capacity remains under review given local issues with maternity services and level of patient and baby acuity.	<p>Maternity services capping remains in place, elective and emergency section rate remain above trajectory, and induction of labour and instrumental delivery rate are also above local trajectory.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monitoring of booking numbers continues with a review planned for August. Currently numbers are below expected • An action plan has been devised relating to the RCOG review and the Trust is working towards 	

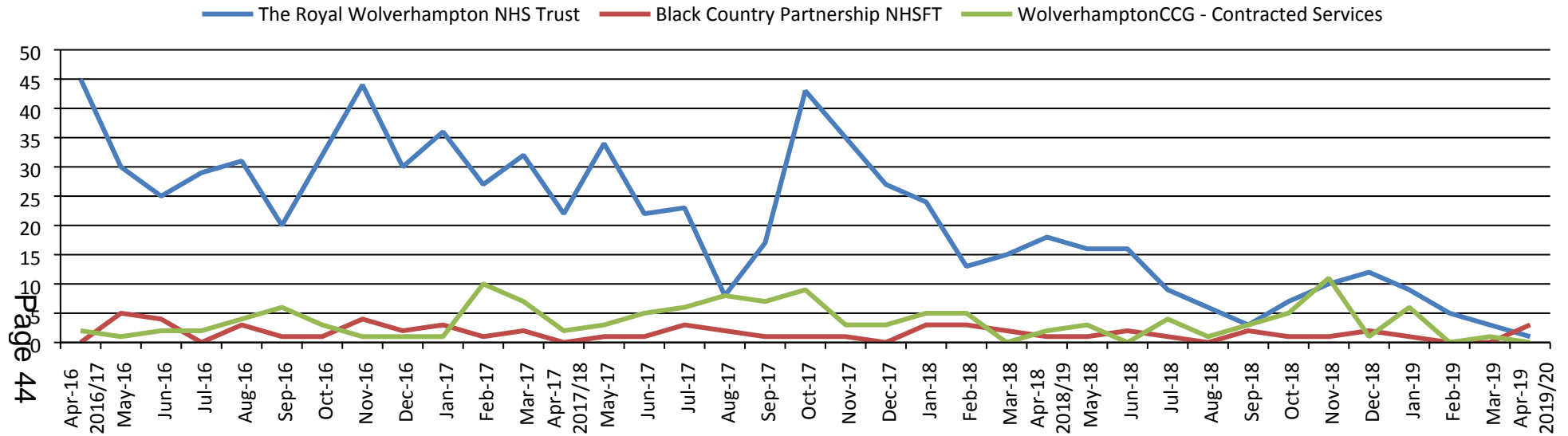
Key issue	Comments	RAG
	<p>compliance with recommendations.</p> <ul style="list-style-type: none"> Audits of C- section rates have been undertaken and reported. The emergency C-Section rate has seen significant fluctuation and has increased to 22.1%. However, no trends or issues were identified. The National Perinatal audit shows that the Trust is not an outlier for C-section rates. The Trust also has the lowest C-section rate in Black Country. <p>Update June- current booking numbers are below expected.</p>	Yellow
<p>Black Country Partnership (BCP) (Workforce issues and adult MH beds capacity issues)</p>	<p>Issues identified in relation to capacity of adult mental health beds and also in terms of retention and recruitment. Since April 2019 RWT has reported three 12-hours ED breaches and all these breaches related to mental health patients. The common cause of these breaches has been identified as MH bed capacity issues, transport delays and unavailability of section12 approved social worker.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> The overall sickness rate for the Trust has slightly reduced but still remains red rated against a threshold of 4.5%. The vacancy rate has also increased for the Trust and remains red against the target. The CCG monitors and seeks assurance for the workforce performance through monthly CQRM's. The Trust is proceeding with the return to practice initiative in partnership with Dudley and Walsall Mental Health Trust. Planning has taken place with Wolverhampton University and it is hoped there will be a first cohort in September 19. The Trust has appointed 7 RN's following a recent recruitment event. The Trust has employed a recruitment agency to undertake a targeted nursing campaign for a period of 4 weeks. A joint commissioning final quality visit to Penn hospital report has been sent to the provider and will be discussed at the June 2019 CQRM. A visit has also taken place to Penrose Learning Disability provision and the report is currently with the provider for factual accuracy. Concerns in relation to staff not feeling supported with violence and aggression incidents and also specific skills/training in relation to autism management were identified. WCCG Chief Nurse had positive discussions with BCPFT Interim Chief Nurse to seek assurance around safeguarding, LeDeR and SI management. Revised and strengthened arrangements to CQRM now in place. 	Yellow
<p>Quality concerns identified at a Nursing Home providing discharge to access (D2A)</p>	<p>Recruitment of registered nurses and in particular clinical lead roles remains a challenge. Three month utilisation and occupancy review has been shared with CCG. CQC inspection report now published detailing the Provider rated as RI (Requires Improvement) in all domains. Further quality and safety concerns raised by the RITs team and CHC assessors.</p>	Red

Key issue	Comments	RAG
<p>provision could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton</p>	<p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Commissioning Committee had agreed to seek alternative provision for D2A with a revised specification being developed. Procurement was planned to take place by September 2019. • Intention to close the Nursing Home with effect from end of June 2019 has now been communicated to WCCG. The last resident will move on 28th June 2019. • Robust plans are being developed to ensure the safe transition of residents and the procurement exercise has now been brought forward to ensure alternative placement provision for D2A from end of June. 	
<p>Concern relating to HCAI which could potentially impact on the Quality and safety of care provided.</p>	<p>Royal Wolverhampton Trust is currently not achieving training trajectories for hand hygiene and within year there have been an increased number of MRSA cases. As a system, Wolverhampton has been identified as being in the bottom 30 CCG's for gram negative infections.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • The E Coli performance is an improving picture. System wide engagement with E Coli reduction improvement plan continues. Detailed plans are developed and initial actions implemented. Plans are monitored at the 6 weekly E.coli system wide meetings. 	

2. PATIENT SAFETY

2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month



In total, four Serious Incidents (SIs) were reported in April 2019. Three of these related to Black Country Partnership and one to Royal Wolverhampton Hospital. None were reported for Wolverhampton CCG.

All serious incidents were reported within the national timescale of two working days.

Chart 2: Serious Incident Types Reported April 2019

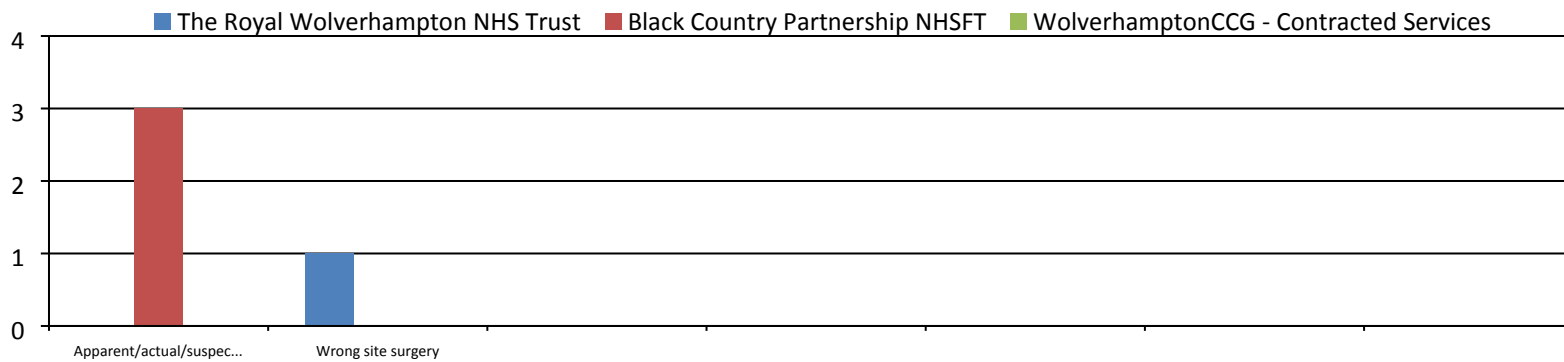


Chart 2 shows the breakdown of serious incident types reported by each provider for April 2019. The SI for Wrong Site surgery at RWT was originally reported by the Trust as a Never Event but downgraded later to a serious incident following further investigation.

Assurance:

- A WCCG representative attends multiple review groups to provide assurance that serious incidents are being appropriately identified.
- Scrutiny of completed serious incident reports continues across all providers.
- Regular monitoring of compliance via CQRMs.
- Announced and unannounced visits undertaken to follow up on action plans.

A joint table top review meeting between WCCG, SWBCCG, BCPFT and WMAS took place on 28th May 2019 to review and establish a process for serious incidents when there are multiple providers involved in any incident to ensure system wide learning. The following actions were agreed from the meeting:

1. Provider to undertake individual RCA. However, if it becomes apparent a Serious Incident investigation involves other providers, CCG to be contacted. CCG will then co-ordinate responses, to encourage system wide learning in line with NHS SI Framework.
2. SWBCCG to contact Birmingham/Solihull CCG regarding wider learning for SI 2018/22912 as patient was previously under care of BSMH FT.
3. WCCG to contact NHS Pathways via NHSE to discuss triage pathways.

2.2 RWT Endoscopy Surveillance incident May 2019 Update

A table top review for this serious incident took place on 3rd May 2019 to discuss the scope of investigation. The duty of candour has been applied and so far the Trust has not received any media queries related to this incident.

RWT Neonatal Pressure Injuries Concern May 2019 update

The Trust has made significant changes to the nursing practice especially around CPAP, ventilation and oxygen sets. An overarching action plan is due June 2019.

2.3 Never Events

Table 1: Reported Never Events

	Yr 16-17	Yr 17-18	Yr 18-19	April 19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Yr to date
Royal Wolverhampton	5	4	4	1	0											1
Black Country Partnership	0	0	0	0	0											0
Other providers	0	1	0	0	0											0
Total Reported	5	5	4	1	0											1

There were no Never Events reported for this reporting period.

3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

3.1 Infection Prevention

Measure	Trend	Target	Assurance/Analysis
MRSA	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 20 20 20 17/ 18/ 19/ 20 18 19 20</p>	0	No new MRSA cases reported in April 2019.
C. Diff	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 20 20 20 17/ 18/ 19/ 20 18 19 20</p>	<35	The Trust reported four cases in April 2019. New NHSI Clostridium difficile case assignment definitions for 2019/20 commenced in April 2019, this has impacted on CDI numbers, creating a rise in Trust attributable cases. Efforts are underway to address this. The deep clean programme for 2019/20 is underway. Further analysis is required into the post discharge cases to identify if any additional actions are required.

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3.2 Maternity

Measure	Trend	Target	Assurance/Analysis
Bookings at 12+6 weeks	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 20 20 20 17/ 18/ 19/ 20 18 19 20</p>	>90%	The figure for April decreased to 90% which is a slight decrease on March's figure of 93.2% but still within target.

Measure	Trend	Target	Assurance/Analysis
Number of Deliveries (mothers delivered)	<p>Line chart showing the number of mothers delivered from April 2017 to March 2020. The y-axis ranges from 300 to 500. A red horizontal target line is at 416. The data points fluctuate around this target, with a slight dip in April 2019.</p>	<p><416</p>	<p>The number of mother's delivered decreased slightly in April to 402 compared to 416 in March. The figure remains below target of 416.</p>
One to One care in established labour	<p>Line chart showing the percentage of one-to-one care in established labour from April 2017 to March 2020. The y-axis ranges from 0% to 100%. A red horizontal target line is at 100%. The data points are consistently very close to 100%.</p>	<p>100%</p>	<p>One to one care in established labour improved again in April to 98.2%.</p>
Breastfeeding (initiated within 48 hours)	<p>Line chart showing the percentage of breastfeeding initiated within 48 hours from April 2017 to March 2020. The y-axis ranges from 55% to 75%. A red horizontal target line is at 66%. The data points fluctuate around this target, with a dip in April 2019.</p>	<p>>=66%</p>	<p>Despite an increase in March, the figure decreased in April to 60.5%.</p>
C-Section - Elective (Births)	<p>Line chart showing the percentage of elective C-sections from April 2017 to March 2020. The y-axis ranges from 0% to 15%. A red horizontal target line is at 12%. The data points fluctuate around this target, with a dip in April 2019.</p>	<p><12%</p>	<p>The rate for elective C-Sections remains below the 12% threshold at 10.7% in April compared to 11.2% for March.</p>
C-Section - Emergency (Births)	<p>Line chart showing the percentage of emergency C-sections from April 2017 to March 2020. The y-axis ranges from 0.0% to 30.0%. A red horizontal target line is at 14%. The data points fluctuate around this target, with a notable increase in April 2019.</p>	<p><14%</p>	<p>Emergency C-section case rate decreased during December 2018 to March 2019 but has seen an increase in April 2019 to 22.1%. As previously reported, the Trust recently undertook a C-section audit following concerns relating to a rise in C-section rates and the audit findings has indicated that RWT is not an outlier in terms of national total rates.</p>

Measure	Trend	Target	Assurance/Analysis
Admission of full term babies to Neonatal Unit		0	Four full term babies were admitted to neonatal unit during April 2019 (the highest figure since September 2018).
Midwife to Birth Ratio (Worked)		<=30	The Midwife to birth ratio remains stable and currently stands at 1:28 which is within national standards.
Maternity - Sickness Absence		<3.25%	Following a peak in February 2019 up to 7.7%, maternity sickness absence showed a downward trend for February 2019 at 6.5%. Data for March and April is awaited from the Trust.

3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
Mortality - SHMI Observed vs. Expected Deaths		N/A	<p>The SHMI for January 2018 to December 2018 is 1.2083. Variation in data used for the SHMI calculation and differences in RWT's trends when compared with England contributes to the higher than expected SHMI for the Trust.</p> <p>The Trust has developed Mortality Strategy 2019-2022 to ensure that the organisation is learning from mortality through the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care.</p> <p>The Trust is making good progress on the Mortality Improvement Action Plan which looks to address the governance arrangements,</p>

Measure	Trend	Target	Assurance/Analysis
Mortality - SHMI		N/A	a city wide approach, clinical documentation, coding, clinical analysis and associated learning and overarching staffing. WCCG monitors this action plan via the monthly CQRM.

3.4 Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
6 Week Diagnostic Test		<1%	Figure for April shows 0.62% and remains within standard.
2 Week Wait Cancer		93%	The 2 week wait cancer performance position in April remains below target at 67.08%.

Measure	Trend	Target	Assurance/Analysis
2 Week Wait Breast Symptomatic	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	93%	April figure is 3.77% compared to March figure 5.61%. A significant decrease since February at 23.81%, and 66.67% in January.
31 Day to First Treatment	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	96%	The Trust did not achieve this target during the financial year 2018/19. April has seen a slight improvement at 87.07% compared to March figure 85.25%.
31 Day Sub Treatment - Surgery Page 51	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	94%	The figure for April increased to 79.17% and remains under target.
31 Day Sub Treatment - Radiotherapy	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	94%	31 day sub treatment radiotherapy remains slightly under target at 85.89% in April.
62 Day Wait for First Treatment	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	85%	Performance declined in April to 53.59% compared to March at 61.76%.

Measure	Trend	Target	Assurance/Analysis
62 Day Wait - Screening	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	90%	62-day wait screening declined slightly in April to 86.05% (under target) compared to March at 90.91%.
62 Day Wait - Consultant Upgrade (local target)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	88%	The 62-day wait consultant upgrade (local target) performance was 75.63% in April compared to 72.35% in March 2019 and remains under target.
62 Day Wait - Urology	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	85%	The average waiting time in March was 81 days compared to February at 83 (reported one month behind). Performance for Urology in March was 44.83%.
Patients over 104 days	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	N/A	19 patients identified over 104 days in March 2019 compared to 17 in February 2019.

3.5 Total Time Spent in Emergency Department (4 hours)

Measure	Trend	Target	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross		92%	Performance for New Cross declined in April to 77.94% compared to 85.41% in March.
Time Spent in ED (4 hours) - Combined		95%	Overall performance declined in April at 86.36% compared to 90.76% in March.
Ambulance Handover		N/A	April saw significant increase in the number of handovers >30-60 minutes, up to 145 from 69 in March. 13 ambulances breached the 60 minute handover in April compared with 7 in March.

3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Sickness Absence Rates (%)		3.85%	Attendance levels have improved when considered over the rolling 12 month period despite the worsened performance in the 'in month' figure caused by expected levels of seasonal illness. Actions to build on this improvement include continued focus particularly on long term absence, such as monthly sickness absence workshops in the divisions and a long term sickness absence tracker in Division 1. (Reported on month behind).

Measure	Trend	Target	Assurance/Analysis
Vacancy Rates (%)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 2017 2019 7/1 8 8/1 9</p>	10.5%	The vacancy rate has decreased slightly in March to 6.53% compared to 7.13% in February. (Reported one month behind).
Staff Turnover Rates (%)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 2017 2019 7/1 8 8/1 9</p>	10.5%	Turnover rates remain fairly static at 9.31% for March. (Reported one month behind).
Mandatory Training Rate (%)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 2016 2018 2019 16/17 17/18 18/19</p>	95%	Mandatory training (generic) compliance rates have improved again in month and the 95% target has been achieved. March figure is 97.10%. There is further work to do in relation to role specific training.
Appraisal Rate (%)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 2016 2018 2019 16/17 17/18 18/19</p>	90%	The target for appraisal compliance for March has been achieved (90.4%).

4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Turnover Rates (%)		10-15%	Turnover rate reduced to 13.55% in April and remains within the target range.
Average Time to Recruit		55	Average time to recruit KPI decreased sharply during April to 50 working days, achieving target.
Overall vacancy rate		<9%	Vacancy rate increased slightly in April to 12.43% and remains red rated against the target.
Mandatory Training Rate (%)		85%	Performance against annual, yearly and 3 yearly specialist mandatory training improved during April and all 3 remain green against the 85% target.

Page 5

Measure	Trend	Target	Assurance/Analysis
% of Shifts filled (Bank and Rostered)		95%	Overall figure for April was 95% and met the target.
Safe Staffing - %Fill Rate Registered Staff		N/A	Registered fill rate for April was 98.9%. Unregistered fill rate was 216.90%.

4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
CPA % of Service Users followed up within 7 days of discharge		95%	This indicator remained slightly below target in April at 94.44% compared to March at 93.94%.
% of people with anxiety or depression entering treatment		1.40%	Target for this KPI has increased to 1.83% (previously 1.40%) following contract negotiations between WCCG and the Trust for the financial year 19/20. April achieved 1.64%, slightly under target for the month.

Measure	Trend	Target	Assurance/Analysis																																																																											
% of inpatients with Crisis Management plan on discharge from secondary care	<table border="1"> <caption>Line Graph Data: % of inpatients with Crisis Management plan on discharge from secondary care</caption> <thead> <tr> <th>Month</th> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>2019</td><td>95%</td></tr> <tr><td>May</td><td>2019</td><td>100%</td></tr> <tr><td>Jun</td><td>2019</td><td>100%</td></tr> <tr><td>Jul</td><td>2019</td><td>88%</td></tr> <tr><td>Aug</td><td>2019</td><td>100%</td></tr> <tr><td>Sept</td><td>2019</td><td>100%</td></tr> <tr><td>Oct</td><td>2019</td><td>100%</td></tr> <tr><td>Nov</td><td>2019</td><td>100%</td></tr> <tr><td>Dec</td><td>2019</td><td>100%</td></tr> <tr><td>Jan</td><td>2020</td><td>100%</td></tr> <tr><td>Feb</td><td>2020</td><td>100%</td></tr> <tr><td>Mar</td><td>2020</td><td>100%</td></tr> <tr><td>Apr</td><td>2020</td><td>100%</td></tr> <tr><td>May</td><td>2020</td><td>100%</td></tr> <tr><td>Jun</td><td>2020</td><td>100%</td></tr> <tr><td>Jul</td><td>2020</td><td>100%</td></tr> <tr><td>Aug</td><td>2020</td><td>100%</td></tr> <tr><td>Sept</td><td>2020</td><td>100%</td></tr> <tr><td>Oct</td><td>2020</td><td>100%</td></tr> <tr><td>Nov</td><td>2020</td><td>100%</td></tr> <tr><td>Dec</td><td>2020</td><td>100%</td></tr> <tr><td>Jan</td><td>2021</td><td>100%</td></tr> <tr><td>Feb</td><td>2021</td><td>100%</td></tr> <tr><td>Mar</td><td>2021</td><td>100%</td></tr> </tbody> </table>	Month	Year	Percentage	Apr	2019	95%	May	2019	100%	Jun	2019	100%	Jul	2019	88%	Aug	2019	100%	Sept	2019	100%	Oct	2019	100%	Nov	2019	100%	Dec	2019	100%	Jan	2020	100%	Feb	2020	100%	Mar	2020	100%	Apr	2020	100%	May	2020	100%	Jun	2020	100%	Jul	2020	100%	Aug	2020	100%	Sept	2020	100%	Oct	2020	100%	Nov	2020	100%	Dec	2020	100%	Jan	2021	100%	Feb	2021	100%	Mar	2021	100%	100%	Trust continues to achieve target of 100% for April 2019.
Month	Year	Percentage																																																																												
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5.0 PRIVATE SECTOR PROVIDERS

5.1 Vocare

There have been no quality matters or any serious incidents reported for this reporting period. An unannounced quality visit took place on 24th April 2019 to seek assurance around management of children, productivity, clinical leadership and clinical pathways. A full visit report has been sent to the provider. No immediate concerns were identified during the visit. A further announced quality visit took place to Staffordshire House on 16th May 2019 as part of the CCG's annual quality visit planner to gain assurance around the following areas:

- Assurance around Duty of candour process.
- Assurance around Datix incidents logging and closure process.
- Assurance around Complaints management process.

It was an assuring visit and it was pleasing to see that all governance systems and processes were well embedded and robust. There was clear evidence of good reporting, monitoring and escalation matrix in place through use of Datix systems. The Duty of Candour process was followed correctly and there were good record keeping and audit processes in place. The organization make good use of benchmarking processes across the region and share good practice across sites to improve quality of care through learning from incidents. There were no immediate concerns highlighted and therefore, no immediate actions were requested from the provider. Attendance at the daily risk meeting provided assurance around discussion, actions and escalation for any incidents highlighted for the previous day and discussions of any issues related to performance, staffing and safeguarding. A full visit report has been sent to the provider.

These two final visit reports will be discussed at CQRM on 29th May 2019.

6.0 SAFEGUARDING

6.1 Safeguarding Children

- DDNSC held a meeting with the Head of the 0-19 service and team leader for the Parenting families service where a new process for health attendance and input into strategy meetings was discussed. A Standard Operating Procedure is going to be put in RWT that will be mirrored for BCPFT to improve and enhance the outcome of strategy meetings.
- DDNSC was involved in an unannounced visit to Vocare and directly reviewed the safeguarding processes that are in place in the service. This was a positive experience as progress has occurred due to the new structures and governance arrangements that have now been put in place in Vocare.
- A date has been set for the Working with Adolescents conference that the DDNSC is leading on of Wednesday 25th September and it is to be held at Walsall Football Stadium. Work is due to commence directly with children and young people to support their involvement and participation in the event, ranging from deciding on the official name of the event, planning of the day and in the actual conference itself.
- The Task and finish group – which included the WCCG Designated Nurses (adults and Children) – agreed the options for the new Multi-Agency Safeguarding Arrangements (MASA). These were presented to the senior executive Team of the current WSCB for their decision. The outcome will be presented to the WSB prior to wider dissemination.

Safeguarding Adults

- The LeDeR Steering Group met on 8th April. An update has been provided to the TCP Board regarding the progress that has been made across the Black Country. Further funding has been requested for a LeDeR Coordinator, extension of the BCPFT LeDeR Reviewer post and a Learning Event to be held in October 2019. There continues to be no backlog of reviews in Wolverhampton
- A Practitioners' Event was held in April for the current Safeguarding Adult Review. Recommendations were agreed and areas of good practice were identified
- The Designated Adult Safeguarding Lead attended an announced Quality Assurance Visit to Penn Hospital, following CQC concerns regarding the application of the Mental Capacity Act. 4 Staff members were informally interviewed re knowledge of the MCA – all demonstrated knowledge appropriate to their level and expertise was identified within the role of the Ward Manager. Staff are aware of when and how to contact the Trust's Safeguarding Team for support. All MCA Assessments are on Datix, Ward Manager and Safeguarding Team has oversight of this. An Audit of the quality of MCA Assessments is carried out by the Ward Manager but no formal process is in place – within the feedback report it was recommended that an audit tool/formal process is developed. Further detail can be found in the Final Penn Hospital Quality Visit Report
- Notification has been received that DHR 11 will progress. An IMR Author has been identified for the CCG/GP element. Terms of Reference have been agreed and the first panel meeting is on 21st June.

6.3 Children and Young People in Care (CYPiC)

- CYPiC Health Steering Group was held, where priorities from the action plan were discussed - these will be shared with the Corporate Parenting Strategic Partnership Board in June to provide multi agency oversight

- Stafford Road Residential was closed down following a visit from Ofsted. Concerns were highlighted after a serious assault on a Sandwell young person placed there. Wolverhampton had 2 children placed at this establishment who have subsequently been moved to Birmingham. The DNCYPiC will continue to work with originating CCG's, and Wolverhampton Local Authority to ensure we have a sound oversight on vulnerable children placed here. MA meeting around notifications arranged for May to discuss current processes and identify gaps.

6.4 Care Homes

A comprehensive Quarter 4, 2018/19 report was provided at Quality & Safety Committee in June 2019. Highlights include:

- Serious Incidents remain relatively low across the nursing homes – there were 9 reported during Quarter 4. Of these, 2 were Category 3 pressure ulcers, 1 related to Category 4 pressure ulcer and 4 were slip/trip/falls.
- The three STEIS reportable pressure ulcers reported in Quarter 4 were all deemed to be avoidable following discussion at Scrutiny Group. Learning from these incidents included calculation of correct Waterlow Score, risk assessments to be completed according to best practice, staff to follow repositioning regime and nurses to monitor interventions. In addition, pressure ulcer prevention to be stepped up when early signs of injury.
- Four slips, trips, falls with serious injury occurred during Quarter 4 2018/19, compared to 3 reported in Quarters 2 and 3. Although there appears to be a steady increase in incidents reported, it should be noted that numbers are still relatively low throughout the year (12 in total) and have decreased when compared with incidents reported in 2017/18 (16 in total). 4 care homes reported no falls with harm during 2019/20 demonstrating learning from excellence is having an impact.
- Following a CQC inspection that rated them as “inadequate with multiple breaches,” a Wolverhampton Nursing Home remains in suspension until their next inspection in approximately six months’ time. The home continues to be monitored by Commissioners and the regulator on a monthly basis.
- The suite of 11 (BPG) best practice guidelines for care homes have been revised in collaboration with specialist from Primary and Secondary care with a launch event planned for July 2019. Craft cards are also being developed to support implementation of the guidelines in the care homes. BPG for oral health is underdevelopment and will be launched separately as part of the oral health training.
- The end of SPACE project (quality improvement programme) evaluation report has been published highlighting that 100% of Nursing Homes were utilising safety crosses, that there were positive trends in harm reduction (falls, pressure injuries Category 3 and 4, urinary tract infections, significant reduction in ambulance conveyance). The report also acknowledged the value of sharing learning and best practice and that this was widespread across the nursing home sector. The Quality Nurse Advisor team will continue to support sharing good practice and spread of SPACE by producing articulates for the Primary Care Newsletters, establishing a resource library to share the learning, tools and techniques and best practice as part of learning from excellence and attending local, STP and national events.

7.0 PRIMARY CARE QUALITY DASHBOARD

1a Business as usual
1b Monitoring
2 Recovery Action Plan in place
3 RAP and escalation

Issue	Comments	Highlights for April 2019	Mitigation for May 2019	Date of expected achievement of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One serious incident is currently being reviewed by scrutiny group. A second near miss has been identified.	Near miss reported to PPIGG at NHSE – chair happy with response at practice and local level no further action required. RCA for serious incident currently being finalised for review at SISG and referral back to PPIGG	Expected completion by end of June 2019	1b
Quality Matters Page 60	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Currently up to date: <ul style="list-style-type: none"> • 14 open • 4 of these are overdue 	Currently up to date: <ul style="list-style-type: none"> • 12 open • 2 of these are new Main themes are: <ul style="list-style-type: none"> • IG breaches • Prescribing issues • Referral issues 	On-going process as new Quality Matters are identified	1a
Practice Issues	No issues at present	DocMan issues are now closed. Awaiting a date for a meeting re: maternity discharges	Maternity discharge issue has been closed – no evidence of any IT issues found.	No further actions at present	1a
Escalation to NHSE	Four incidents to be reviewed at PPIGG from Quality Matters	Awaiting Quality Matters responses and scrutiny of RCA to assess requirement to refer cases into PPIGG	Four incidents have received a response from the relevant practice which will be reviewed at PPIGG	Expected completion by end of June 2019	1b
Infection Prevention	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.	New IP audit cycle has not yet commenced; comparison with 2018/19 figures will be made this year. Flu planning group will meet to plan the 19/20 season and training is booked. Work on e-coli reduction continues with IP, meds optimisation and continence teams. Training planned for November.	Monitoring of IP audits continues, monitoring of practice sepsis leads continues.	Expected completion by end of June 2019	1a

MHRA	No issues at present.	Since 1 st April 2019: <ul style="list-style-type: none"> Field safety notices - 1 Drug alerts – 3 Device alerts - 0 	No further update	No further actions at present	1a
Complaints	No issues at present – quarterly report due July 2019	Awaiting Quarter 4 complaints report from NHSE	Awaiting Quarter 4 complaints report from NHSE	No further actions at present	1a
FFT	Quarterly full report due in July 2019 Practices who were unable to submit via CQRS or who had submitted but data was not showing on NHSE return have had their data added manually	In March 2019 <ul style="list-style-type: none"> 2 practices did not submit 2 practices submitted fewer than 5 responses 	In April 2019 <ul style="list-style-type: none"> 2 practices did not submit (3 practices attempted to submit via CQRS but were unable to – this data was entered into the spreadsheet manually) 2 practices submitted fewer than 5 responses Uptake was 2.4% compared to 0.9% regionally and 0.7% nationally 	No further actions at present	1a
NICE Assurance	No actions at present – next NICE meeting in August 2019	NICE assurance meeting was held in March. 11 new guidelines were identified as relevant for primary care.	Nothing new to report	No further actions at present	1a
Collaborative Contracting visits	11 practice visits are outstanding, this will be completed by late summer in line with recent audit.	27/40 67.5% practices have been visited in total (an average of one per month) since the programme started in October 2016.	Visit schedule has been reviewed and an action plan is being devised to ensure that all practices receive their visit in a timely manner.	Expected completion by end of September 2019	1b
CQC	No issues at present	One practice currently has a Requires Improvement rating and continues to be supported.	CQC inspections continue, two practices have requires improvement rating – one has merged with another practice and one is being managed by RWT	This action is on-going CQC revise information as re-inspections occur.	1b
Workforce Activity	Awaiting NHS Digital workforce data release.	Retention programme information has been collated and work streams identified Apprenticeship programmes are established with HCAs in place and NAs expressing an interest. Work continues around recruitment of overseas professionals currently resident in UK	Retention programme will be launched in line with the GPN strategy documents and deliverables identified at this time	September 2019	1a

Workforce Numbers	Awaiting NHS Digital workforce data release.	No information is available about the date of release of workforce data – NHS Digital have advised they will inform us when it is available.	Still awaiting digital workforce data	Awaiting further information	
Training and Development	None flagged at present	GPN strategy document approved by PCCC at Wolverhampton and Walsall STP. Spirometry training sent out for expressions of interest. Diabetes training programme under development with WDC.	GPN strategy approved at STP CLG group and by all other CCGs apart from Sandwell (delay due to PCN work) – launch to be arranged for summer 2019 Work continues with WDC around diabetes training Spirometry training dates agreed and expressions of interest gathered Training offered by continence team for HCAs and GPNs. Discussions have commenced around launch of the GPN strategy.	September 2019	1a
Training Hub Update P 20162	To continue monitoring, risk remains open.	Training Hub meeting held in late April to discuss role and function going forward. Plans to develop a Training Academy for the Black Country discussed.	Discussions have commenced with Training Hubs in late May – potential hub and spoke model discussed. Development of primary care training academy planned model with a board in place to offer direction to the teams.	This action is on-going and will be updated as new information is available.	2



Black Country Child Death Overview Panel (CDOP)

CDOP Arrangements for Publication by 29th June, 2019

Overview

The Black Country Strategic CDOP has been set up by Child Death Review (CDR) Partners:

- City of Wolverhampton Council
- Dudley CCG
- Dudley Metropolitan Borough Council
- Sandwell and West Birmingham CCG
- Sandwell Metropolitan Borough Council
- Walsall CCG
- Walsall Metropolitan Borough Council
- Wolverhampton CCG

to oversee the review of deaths of children under the requirements of the Children Act, 2004 and Working Together to Safeguard Children, 2018.

Purpose

The purpose of the Black Country CDOP is to ensure that a review of all child deaths (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) up to the age of 18 years, normally resident in Black Country, irrespective of the place of their death. The Black Country CDOP will adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018: <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england> .

CDOP Responsibilities

- To collect and collate information about each child death, seeking relevant information from professionals and, where appropriate, family members;
- To analyse the information obtained, including the report from the CDRM, in order to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future child deaths;
- To make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children;
- To notify the Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected;
- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it identifies any errors or deficiencies in an individual child's registered cause of death. Any correction to the child's cause of death would only be made following an application for a formal correction;
- To provide specified data to NHS Digital and then, once established, to the National Child Mortality Database;



- To produce an annual report for CDR partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process; and
- To contribute to local, regional and national initiatives to improve learning from child death reviews, including, where appropriate, approved research carried out within the requirements of data protection.

Operational Responsibilities

- Hold meetings at intervals to enable the death of each child to be discussed in a timely manner. Meetings will be held six-monthly.
- Hold themed meetings where CDR partners arrange for a single CDOP, or neighbouring CDOPs, to collectively review child deaths from a particular cause or group of causes. Such arrangements allow appropriate professional experts to be present at the panel to inform discussions, and/or allow easier identification of themes when the number of deaths from a particular cause is small.
- Ensure that effective Joint Agency Response arrangements are in place, to enable key professionals to come together to undertake enquiries into and evaluating each unexpected death of a child.
- Review the appropriateness of agency responses to each death of a child.
- Review relevant environmental, social, health and cultural aspects of each death, to ensure a thorough consideration of how such deaths might be prevented in the future.
- Determine whether each death had modifiable factors.
- Make appropriate recommendations to the Local Health and Wellbeing Boards and Local Safeguarding Partnerships, in order that prompt action can be taken to prevent future such deaths where possible.

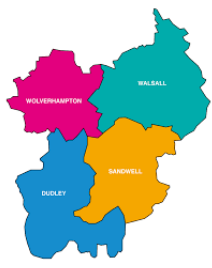
Governance and Accountability

- The Child Death Review Panel is accountable to the Child Death Review (CDR) Partners (above) through a Memorandum of Understanding
- A concise summary of the key points from each meeting will be provided to the Health and Wellbeing Boards and other strategic partnerships including the local Safeguarding Children's and Community Safety Partnerships, where relevant.
- The Child Death Review Panel will provide a report to the Child Death Review (CDR) Partners (above), summarising any recommendations from the reviews of child deaths.

The memorandum of understanding attached to this document

Conflict of Interest

Panel members must declare any conflict of interest at the outset of each meeting and panel members should not lead discussions if they are the named professional with responsibility for the care of the child.



Confidentiality

All information discussed at The Child Death Review Panel is STRICTLY CONFIDENTIAL and must not be disclosed to third parties, without discussion and agreement of the Chair.

Publication

The Black Country Child Death Overview Panel (CDOP) arrangements will be published on the Statutory partner websites. The arrangements will also be published on the Safeguarding Children Partnership websites across the Black Country.

Review Date and Next Review Date

The terms of reference of Black Country CDOP will be subject to annual review, or more frequently, if required.

Last Reviewed: 5th June, 2019

Next Review Scheduled: 30th June, 2020

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Wolverhampton Safeguarding Together

Our Arrangements for Safeguarding Children
and Young People in Wolverhampton



CITY OF
WOLVERHAMPTON
COUNCIL

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Wolverhampton
Clinical Commissioning Group



Foreword

Wolverhampton is proud of the work undertaken by the Local Safeguarding Children Board and the progress it has made in some key areas of safeguarding including; work on the Orange campaign for domestic abuse; promoting good practice and awareness raising as part of the annual Safeguarding week, in turn raising the profile of the many aspects of abuse; the Children's Safeguarding Board - B-Safe; multi-agency learning and development opportunities and development of a number of documents to support practitioners in effective safeguarding.

The existing strong partnership engagement with the board and the integrated arrangements with the Safeguarding Adult's Board provides a strong platform from which the new arrangements have been developed.

It is a key aim of the new arrangements to capture the best bits of the current board and build on these to strengthen the impact the partnership has on safeguarding some of the most vulnerable in the city.

We look forward to engaging with partners, children, young people and families across the city in Wolverhampton Safeguarding Together.

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Sally Roberts
Chief Nurse & Director of Quality Services



Andy Beard
Chief Superintendent



Emma Bennett
Director of Children's Services

1. Introduction



1. This document sets out how the strategic safeguarding partners in Wolverhampton intend to work together with our wider safeguarding partners (the relevant agencies) to keep children, young people and families in Wolverhampton safe.
2. Wolverhampton's statutory key partners (the Local Authority, Clinical Commissioning Group and West Midlands Police) met in October 2018 to consider 'Working Together to Safeguard Children 2018' guidance and agreed that an independent review should be commissioned to support Wolverhampton in implementing the new arrangements, whilst maintaining distinct links between the Children's Partnership and the Adult Safeguarding Board.
3. The independent review process included face-to-face and online consultation with current Board members, stakeholders and partner organisations.
4. The safeguarding partners together with relevant agencies (appendix 1), concluded that the new arrangements should be more dynamic, flexible and responsive to learning from feedback from children, young people and families, and utilise data obtained from a variety of scrutiny and audit methods, as well as learning from all safeguarding reviews. Our structures moving forward will be simplified, will reduce bureaucracy, whilst ensuring partners hold each other to account.

5. Wolverhampton takes pride in the effectiveness of our current integrated child and adult safeguarding structure that we will maintain and develop as 'Wolverhampton Safeguarding Together' (WST). There will be 'mirrored' arrangements across the adult and child partnerships as illustrated in our safeguarding arrangements diagram in section 3 below.
6. Under our new arrangements, Wolverhampton Safeguarding Children Together will continue to safeguard children and young people through our relationship and strength-based restorative practice approach. We will promote and build a sense of community, developing shared responsibility and accountability, so that children, young people and families develop resilience that supports them in staying safe.
7. We will agree our shared priorities, set in consultation with our wider partners, and with an overarching emphasis upon scrutiny and assurance. We will measure our success by responding to the question; "what difference have we made?" with reliable data and first hand accounts drawn from audit responses and the experiences of children, young people, families and our frontline professionals.
8. We have confidence that Wolverhampton's children and young people and families are best placed to support us in setting our shared priorities and we will have conversations and learn from what they tell us about the impact we are having upon their welfare and that of our communities and how we can improve.
9. We will develop and expand our existing relationships with early years, schools, colleges and educational establishments so that education becomes the 'fourth' safeguarding partner.
10. Wolverhampton Safeguarding Children Together will maintain already close and established relationships with other local partnerships.

Thresholds of Need and Support in Wolverhampton

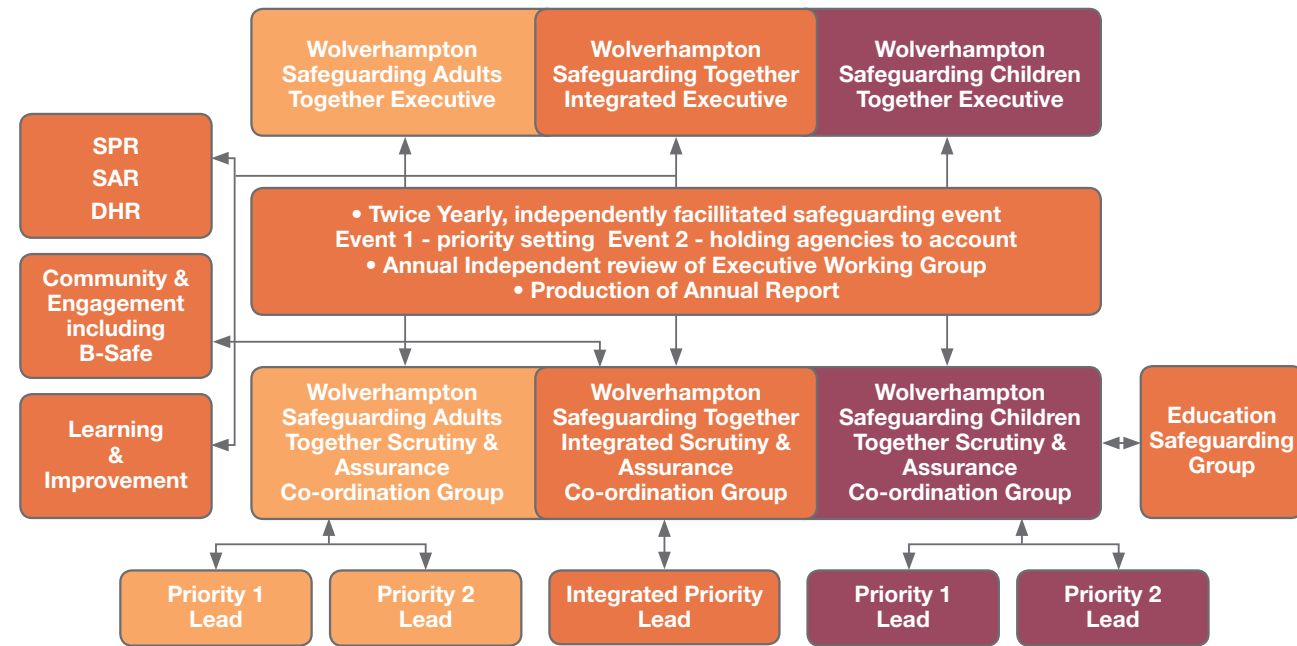
1. We updated our threshold document in 2017, and its purpose is to assist everyone involved in making decisions about the most appropriate support to provide to children, young people and their families in relation to different levels of need. It also clarifies how various levels of support can be accessed as a new threshold of need is reached.
2. This guidance contains the framework in which all agencies and organisations provide support and early help to vulnerable children, young people and their families. It recognises that many agencies and organisations as well as parents / carers and other family members provide support to children and young people.
3. Wolverhampton has formulated a Multi-Agency Safeguarding Hub (MASH) that includes early intervention services and social care services. This is supported by partner representation of agencies including Probation, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust, Wolverhampton Clinical Commissioning Group, West Midlands Police and Recovery Near You.

2. The safeguarding partners and our relevant agencies

1. **A safeguarding partner in relation to our local authority area is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:**
 - (a) City of Wolverhampton Council
 - (b) Wolverhampton Clinical Commissioning Group
 - (c) West Midlands Police
2. **In Wolverhampton the lead representatives for the Safeguarding Partner organisations are:**
 - (i) The City of Wolverhampton - Managing Director
 - (ii) Wolverhampton Clinical Commissioning Group - Accountable Officer
 - (iii) West Midlands Police- Chief Constable
3. **All three partners have equal and equitable responsibility for safeguarding arrangements. Locally, the lead representatives have delegated their functions to the:**
 - Director of Children's Services - City of Wolverhampton Council
 - Chief Nurse & Director of Quality - Wolverhampton CCG
 - Chief Superintendent-Wolverhampton Neighbourhood Policing Unit
4. **The local safeguarding partners have acknowledged the strength and maturity of the current safeguarding partnership arrangements and will maintain the same relevant agencies list as currently exists for the Wolverhampton Safeguarding Children Board (see appendix 1), whilst acknowledging that the list is flexible and will be revised and republished as necessary.**
5. **Residential homes are recognised as relevant agencies and will be involved in our bi-annual safeguarding events and all other safeguarding activities including workforce development. (There are currently no youth custody facilities within the local authority area.)**
6. **Organisations not individually named in the relevant agencies list of the Wolverhampton Safeguarding Children Together arrangements should nonetheless collaborate with the safeguarding partners to safeguard children in Wolverhampton.**
7. **These safeguarding arrangements will apply across the geographical area of the City of Wolverhampton.**
8. **The safeguarding partners; Wolverhampton CCG and West Midlands Police Wolverhampton Neighbourhood Policing Unit boundaries correspond with those of the local authority.**

3. Wolverhampton Safeguarding arrangements

Proposed structure



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The Executive Group

1. The safeguarding partner representatives listed in section 2 paragraph 3 above will Chair the Executive Group in rotation. In addition Wolverhampton Safeguarding Children Together will identify and include representation upon the Executive Group from the Education Safeguarding Group to make education a 'fourth' safeguarding partner.
2. The Education Safeguarding Group will represent all educational providers - Early Years Settings, schools, colleges and universities.
3. The Scrutiny & Assurance Co-ordination Group Chairs, and the Wolverhampton Safeguarding Children Together Business Manager will attend the Executive Group.
4. The Executive Group will ensure regular review and scrutiny of arrangements and activity of the Wolverhampton Safeguarding Children

Together. The commissioning of an independent scrutineer to further the work of Wolverhampton Safeguarding Children Together will provide assurance:

- That we are responding to the needs of children in the area through our shared priorities.
- Concerning the effectiveness of the Executive Group safeguarding arrangements and how the safeguarding partners hold each other to account and escalate concerns. (Wolverhampton Safeguarding Children Together will operate according to a Memorandum of Understanding between the Safeguarding Partners that will include an escalation policy).
- 5. The Independent scrutineer and facilitator will include accounts of these two areas within the Wolverhampton Safeguarding Children Together partnership annual report (see section 9)

Setting the priorities for Wolverhampton Safeguarding Children Together

1. Wolverhampton Safeguarding Children Together will work with partners on clear priorities, which are agreed by the Executive Group.
2. Drawing upon the audits and performance data from the Scrutiny & Assurance Co-ordination Group and our 'expert by experience' consultations with children and young people and families through our community engagement group, priority setting will be a flexible and dynamic based on a core set of priorities developed in response to the needs of children and young people in the city.
3. The Executive Group will work with an independent facilitator and scrutineer will bring together all Wolverhampton Safeguarding Children Together partners at bi-annual safeguarding events.
4. At the first event, our priorities will be agreed and shared with partners and together we will identify how they can contribute and respond. At the second event, the independent facilitator and scrutineer and Wolverhampton Safeguarding Children Together will collate

progress against the priorities from all our partners. We will share an agreed action plan with partners that ensures that we are able to identify impact upon outcomes and demonstrate how safeguarding of children in Wolverhampton has been improved by our priorities.

5. For each shared priority a priority lead will be established drawn from our partner agencies. Each priority will follow a cycle:

- The group will work flexibly to initially scope a priority, identify appropriate data review, audit and consultation processes and how they can be achieved
- Audits, data review and consultations, feedback, or an 'expert by experience phase' are carried out
- Succinct summary report and action plans from the priority working group are shared with the Scrutiny and Assurance Co-ordination Group and Executive Group and are then reported at the Bi-annual safeguarding event, where action plans are agreed with all partners



4. Scrutiny and Assurance: assessing the effectiveness of help (including early help) being provided to Children and families

Independent scrutiny

1. The independent scrutiny function will provide the constructive and critical challenge to the effectiveness of the multi-agency safeguarding arrangements. Wolverhampton Safeguarding Children Together partnership has chosen to use a range of independent scrutiny methods rather than retain a single independent scrutineer.
2. Our progress against our shared priorities will be subject to constant challenge and review by an independent scrutineer. The scrutineer will work with the Executive Group and Scrutiny & Assurance Co-ordination Group to ensure sufficient data and feedback is available to allow the partnership to demonstrate whether priorities have been achieved.
3. The scrutineer will facilitate our bi-annual safeguarding event that will ensure that our priorities are responding to the needs of children in the city and have a direct influence upon positive outcomes.
4. It is essential that our all our partners have a sense of ownership and responsibility for achieving our priorities, hence the shared agreement against our priority setting.
5. There will in addition be independent scrutiny of the effectiveness of the Executive Group and of the safeguarding arrangements of the Wolverhampton Safeguarding Children Together partnership through an appraisal carried out by an independent scrutineer.
6. It will be the responsibility of the Executive Group to take forward any recommendations made (either through the independent scrutineer or through peer/LGA reviews) concerning the arrangements and these will be accounted for in the annual report.
7. Wolverhampton Safeguarding Children Together will employ a 'toolkit' of scrutiny methods designed to identify the strengths and areas to be developed in the new arrangements.
8. These will include:
 - Multi-agency case file audits
 - Young people peer reviews
 - Peer reviews in arrangements with other Local Multi Agency Safeguarding Arrangement (MASA) Partnerships.
 - Peer review commissioned through the Local Government Association
 - Commissioned independent audits/ inspection
 - Scrutiny of single agency quality assurance systems
 - Inter agency peer review
 - Learning walks
 - Children's advocates
9. Annually the Executive Group, working with the Scrutiny & Assurance Co-ordination Group, will set our scrutiny plan that will inform our decisions concerning areas requiring independent scrutiny. We intend to re-visit priorities to ensure they remain embedded in best practice.

The Scrutiny and Assurance Co-ordination Group

1. The Scrutiny and Assurance Co-ordination Group will draw upon the experience and expertise and active involvement of our current board members and partners to assist the Executive Group identify priorities and the most suitable methods of scrutiny.
2. Our independent review of safeguarding arrangements revealed a strong desire amongst partners for less report writing and more focused and targeted activity to improve outcomes for children, involving a wider range of agencies and individuals from within the partnership. We believe that the Wolverhampton Safeguarding Children Together arrangements will offer this opportunity.
3. The Scrutiny and Assurance Co-ordination group will be pivotal in answering the question 'What difference have we made?' in relation to any area of activity identified by the Executive Group.
4. Our safeguarding partners can already provide valuable detailed performance and quality data drawn from their statutory and governance responsibilities, that can inform our priorities and can be subject to independent or peer review.
5. We intend to increase the use of the already established and successful frontline practitioner forums across all safeguarding partner agencies, so that practitioners feel empowered to contribute feedback on outcomes against our priorities, or share concerns, knowing they will be listened to.
6. We believe that a learning culture embedded throughout every organisation with a safeguarding responsibility is vital to ensuring we continue to safeguard children, young people and families effectively.
7. The Scrutiny and Assurance Co-ordination group will work with the Learning and Improvement Group to ensure that key themes and learning from Local and National Child Safeguarding Practice reviews and Learning lessons reviews, rapidly inform our multi-agency training and influence the priorities we set and our subsequent action plans.
8. Our Community Engagement group will provide young people's peer reviews and audits to the Scrutiny and Assurance Co-ordination Group and feedback from the already established young people's B-Safe and Youth Council.
9. Consultation with children, young people and their families who have received help (or early help) as part of an 'Expert by Experience' approach will ensure the voice of the child is central to our work.
10. Our emphasis upon flexibility will allow thematic audits to be agreed by the Executive Group and Scrutiny and Assurance Co-ordination Group as a response to concerns raised by partners. These audits will occur as a rapid response to a concern and may sit outside the priority setting cycle.

5. Learning and development: our multi-agency training

1. Wolverhampton has a well-established integrated learning and improvement framework 2016-2018 and this will be revisited in 2019 to ensure the structure is suitable for the Integrated Safeguarding Wolverhampton Together arrangements.
2. We are committed to a culture of continuous learning to identify improvements needed and to consolidate good practice. Professionals will continue to have access to a wide range of learning and this will be disseminated through a range of methods:
 - Wolverhampton Safeguarding Together multi-agency training
 - The Bi-annual Safeguarding Events
 - Conferences
 - Development days
 - Wolverhampton Safeguarding Children Together newsletters
 - Information on the Wolverhampton Safeguarding Children Together website
 - Awareness campaigns
 - Partnership forums.
3. The Learning and improvement Group will ensure training is effective and complies with best practice in Working Together 2018 guidance.
4. The group will draw a multi-agency training programme which brings together a range of professionals and organisations to model partnership working in practice.
5. We are committed to evaluating the effectiveness of training through quality assurance and feedback and evaluation. We will develop impact measures through audits, and action plans completed with participants allowing them to identify changes they could make to their professional practice based on Learning from the training. We will then revisit those plans, with their consent at agreed intervals to assess how practice has been influenced in reality.
6. The Scrutiny and Assurance co-ordination group will also have a role in monitoring and evaluating the impact of multi-agency training through thematic audits.



6. Voice of the Child and Community Engagement

Voice of the Child

1. Wolverhampton is proud of the outstanding level of engagement the Wolverhampton Safeguarding Children Board has already developed with children and young people in the city. The B-Safe Team is Wolverhampton's Junior Safeguarding Children Board, made up of local young people who get involved with safeguarding activities and decisions across the city.
2. The board enables the voice of Wolverhampton's young people to be heard and reflected in safeguarding business and activities, empowering young people to contribute to the processes and methods to keep them safe, and to increase awareness of safeguarding amongst parents and professionals.
3. The B-Safe Team has been finding out about issues that matter to young people in this city around staying safe, such as extremism and terrorism, bullying, drugs and alcohol, violence in relationships and mental health.
4. Wolverhampton Safeguarding Children Together aim to develop a range of young people's forums to ensure the voice of young people is always heard and that they can have a part in shaping the priorities of the partnership.
5. We believe that by establishing 'Expert by Experience' audits of the views of children, young people and their families who have been offered or received help or (Early Help) in Wolverhampton, we will have a clearer perspective on what is effective and what needs to change, to improve outcomes and strengthen families.

Education- our 'fourth' Safeguarding Partner

6. Wolverhampton Safeguarding Children Together recognises that in 2019 early years settings, schools, colleges and educational establishments

have an ever expanding role in identifying children with needs and children at risk and are a crucial part of Early Help in the city. This is one reason that we see education as a crucial 'fourth' safeguarding partner.

7. The Wolverhampton Safeguarding Children Board already has well-established links into the Board through the Education Reference Group and Connect-ED but we will explore in 2019 the most effective way of enhancing the safeguarding role of schools, early years settings and colleges through our local networks and safeguarding mechanisms within the local authority.
8. Early Years settings are not presently fully represented on the current Wolverhampton Safeguarding Children Board and it will be a goal in the first year of the Wolverhampton Safeguarding Children Together arrangements that we identify how Early Years can be established as full safeguarding partners and the views of the sector represented at Executive Group and the bi-annual safeguarding events, as well as where appropriate, on Priority working groups.

Community Engagement

1. Our present Community Engagement Group has established close links to faith and religious groups in our diverse city. We work constructively with third sector organisations, charities and other providers working with children and young people.
2. The Wolverhampton Safeguarding Together integrated children and adult safeguarding partnership will continue to deepen and develop the engagement with all our communities to 'make safeguarding everyone's business.'

7. Child Safeguarding Practice Reviews

1. The Wolverhampton partnership took part in a Birmingham-led process around the implementation of Local Child Safeguarding Practice Reviews (LCSPPRs) and has subsequently adopted 'West Midlands Regional Framework and Practice guidance' for Local Child Safeguarding Practice Reviews providing guidance for decisions on whether to undertake Child Safeguarding Practice Reviews.
2. Our current integrated standing Serious Case Review (SCR) and Safeguarding Adult Review (SAR) Group will continue in place and will follow the new practice guidance. It will be closely linked with the Learning and Improvement and the Scrutiny and Assurance co-ordination groups.
3. Upon receipt of a notification of a serious incident, the Group will assure that they make the appropriate notifications to safeguarding partners, the Department of Education, Secretary of State, OFSTED (dependent upon the nature of the incident). The Business manager and support team of the Wolverhampton Safeguarding Children Together will facilitate the sharing of notifications.
4. The Group will undertake a rapid review process as described in the guidance. All decisions related to the commissioning and publication of LCSPPRs will be notified to the national SCPR Panel, the Department of Education and OFSTED.
5. The decision whether or not to conduct a LCSPPR will be taken by the Chair of the Executive Group in consultation with the other statutory partners. All LCSPPR undertaken by Wolverhampton Safeguarding Children Together will be published on the Wolverhampton Safeguarding Children Together Partnership website.
6. The Learning and Improvement group will ensure that key learning, themes and action plans arising from any review undertaken are shared promptly with the Scrutiny and Assurance group so that themed audits may be considered, but also so that they may influence our shared priorities.

8. Financial arrangements

1. The Safeguarding Partners have already agreed a funding formula for 2019-20, that extends the financial arrangements in place for the previous Safeguarding Children Board.

9. Reporting on our Shared Priorities: our Annual Partnership Report

1. The Wolverhampton Safeguarding Children Together will continue to publish an annual report that will include a substantial contribution from the independent scrutineer who will report upon the bi-annual safeguarding events and reflect on progress across the partnership's stated shared priorities.
2. Independent scrutiny and assurance of the effectiveness of the safeguarding arrangements will also be a feature of the annual report.
3. The report will describe the work of the Scrutiny and Assurance Co-ordination Group over the year and provide data from all our scrutiny methods to provide evidence of the difference Wolverhampton Safeguarding Children Together has made to outcomes for children, young people, families and vulnerable adults receiving help (including Early Help) in Wolverhampton and how it has contributed to safeguarding these groups.
4. The report will celebrate the Wolverhampton Safeguarding Children Together partnership's engagement with all elements of our communities through our community engagement group, and lay out how our 'expert by experience' feedback from children, young people and families has influenced service provision in the city.
5. We will ensure that the report is widely shared with the safeguarding partners and relevant agencies and will be available for public access on the Wolverhampton Safeguarding Children Together website.



Appendix 1

Relevant Agencies

Wolverhampton Safeguarding Together will comprise of the named statutory safeguarding partners and those agencies and organisations listed below, each of whom has been chosen because they have varying degrees of contact with children and/or adults at risk and those who care for them:

- Adoption at Heart
- The Armed Forces
- The Royal Wolverhampton NHS Trust
- Black Country Partnership Foundation Trust
- British Transport Police
- Care Quality Commission (CQC)
- Childcare providers including nurseries and childminders
- Children and Family Court Advisory and Support Service
- City of Wolverhampton Council
- Wolverhampton Clinical Commissioning Group
- Education Providers including college and university settings
- General Practitioners and other relevant Primary Care Professionals
- Healthwatch Wolverhampton
- Housing Providers
- Independent Fostering Agencies
- National Health Service England/Improvement
- Probation – The National Probation Service and the Community Rehabilitation Company
- Care Homes & Care Providers (children & adults)
- Safer Wolverhampton Partnership
- UK Visa, Immigration, Enforcement and Border Force
- Urgent Care Provider
- Voluntary, Community and Faith Sector including charities, religious organisations and providers of sport and leisure activities
- West Midlands Ambulance Service Foundation Trust
- West Midlands Coroner's Office
- West Midlands Fire & Rescue Authority
- West Midlands Police
- Youth Offending Service
- Where appropriate, other services commissioned by any of the above

Representatives should be able to promote the effectiveness of the Partnership through their responsibility and accountability for the services their agencies deliver to children & adults at risk, and through their ability to influence the effectiveness of their agencies contribution to multi-agency safeguarding.

Glossary of Terms

CCG - Clinical Commissioning Group

DHR - Domestic Homicide Review

EWG - Executive Working Group

MASA - Multi Agency Safeguarding Arrangement

MASH - Multi Agency Safeguarding Hub

LCSPRs - Local Child Safeguarding Practice Reviews

LSCB - Local Safeguarding Childrens Board

LGA - Local Government Association

SAR - Safeguarding Adult Review

SCPR - Safeguarding Children Practice Review

SCR - Serious Case Review

WSCB - Wolverhampton Safeguarding Children's Board

WST - Wolverhampton Safeguarding Together

WSCT - Wolverhampton Safeguarding Children Together

For further information

Email: safer@wolverhampton.gov.uk



CITY OF
WOLVERHAMPTON
COUNCIL

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Wolverhampton
Clinical Commissioning Group



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WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 9

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th June 2019
Report of:	Tony Gallagher – Director of Finance
Contact:	Tony Gallagher – Director of Finance
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best

	value for money; and has effective systems in place to ensure compliance with its statutory functions, meet a number of constitutional, national and locally set performance targets.
• Domain2: Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• Domain 3: Financial Management	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£13.178m surplus	£13.178m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£436.419m	£423.241m	(£13.178m)	G
Revenue Administration Resource not exceeded	£5.516m	£5.316m	(£0.2m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£436k	£343k	(£93k)	G
Maximum closing cash balance %	1.25%	0.98%	(0.27%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£16.686m	£16.686m	Nil	G
Programme Cost *	£69,170k	£69,654k	£484k	G
Reserves *	£451k	£0k	(£451k)	G
Running Cost *	£919k	£886k	(£33k)	G

- The net effect of the three identified lines (*) is break even.
- Underlying recurrent surplus metric of 1% has been maintained.
- Programme Costs inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M1 data requires further analysis.
- The CCG control total of £13.178m includes £3.15m of additional surplus as required by NHSEI.
- The CCG is reporting achieving its QIPP target of £16.686m.

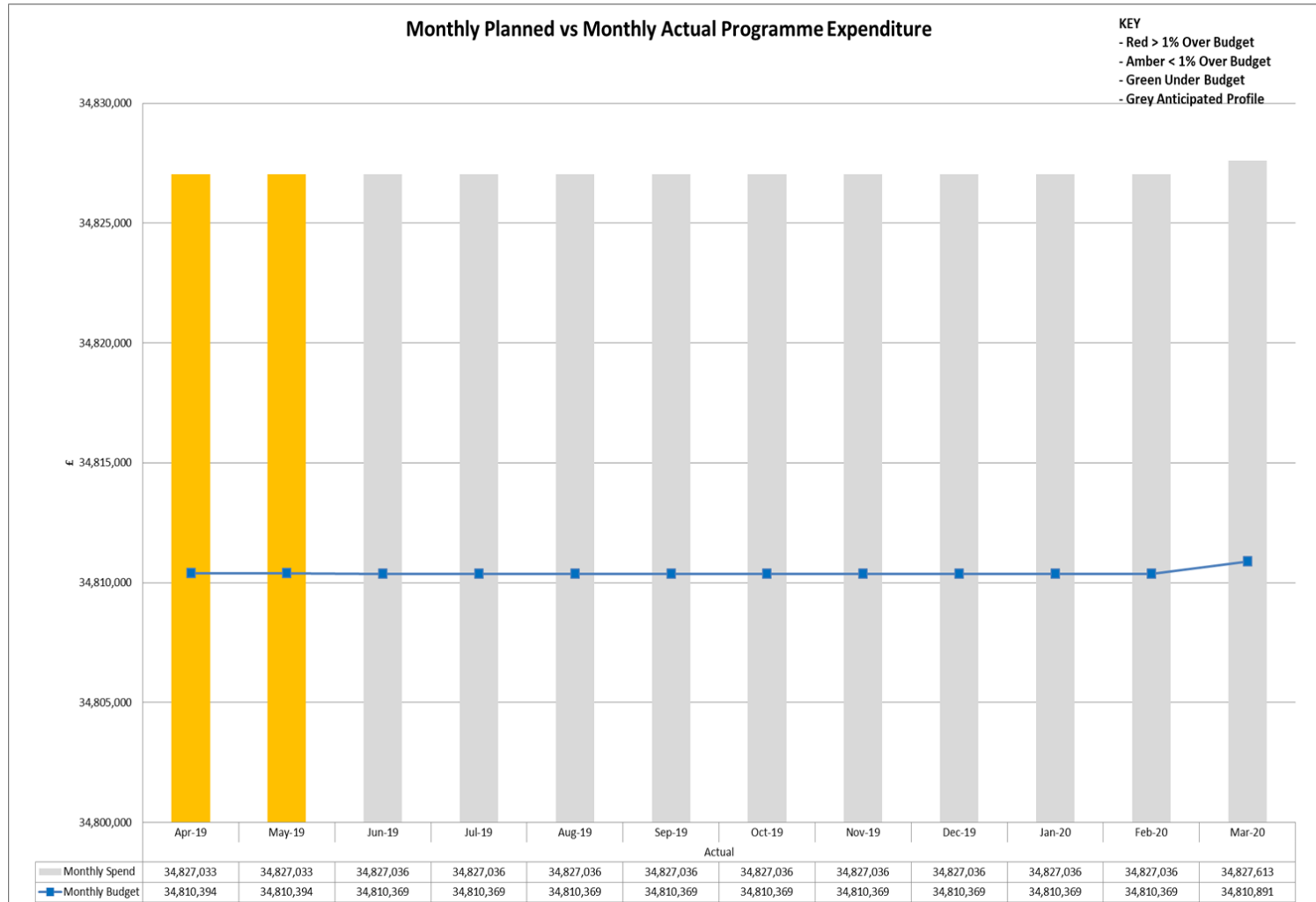
The table below highlights year to date performance as reported to and discussed by the Committee;

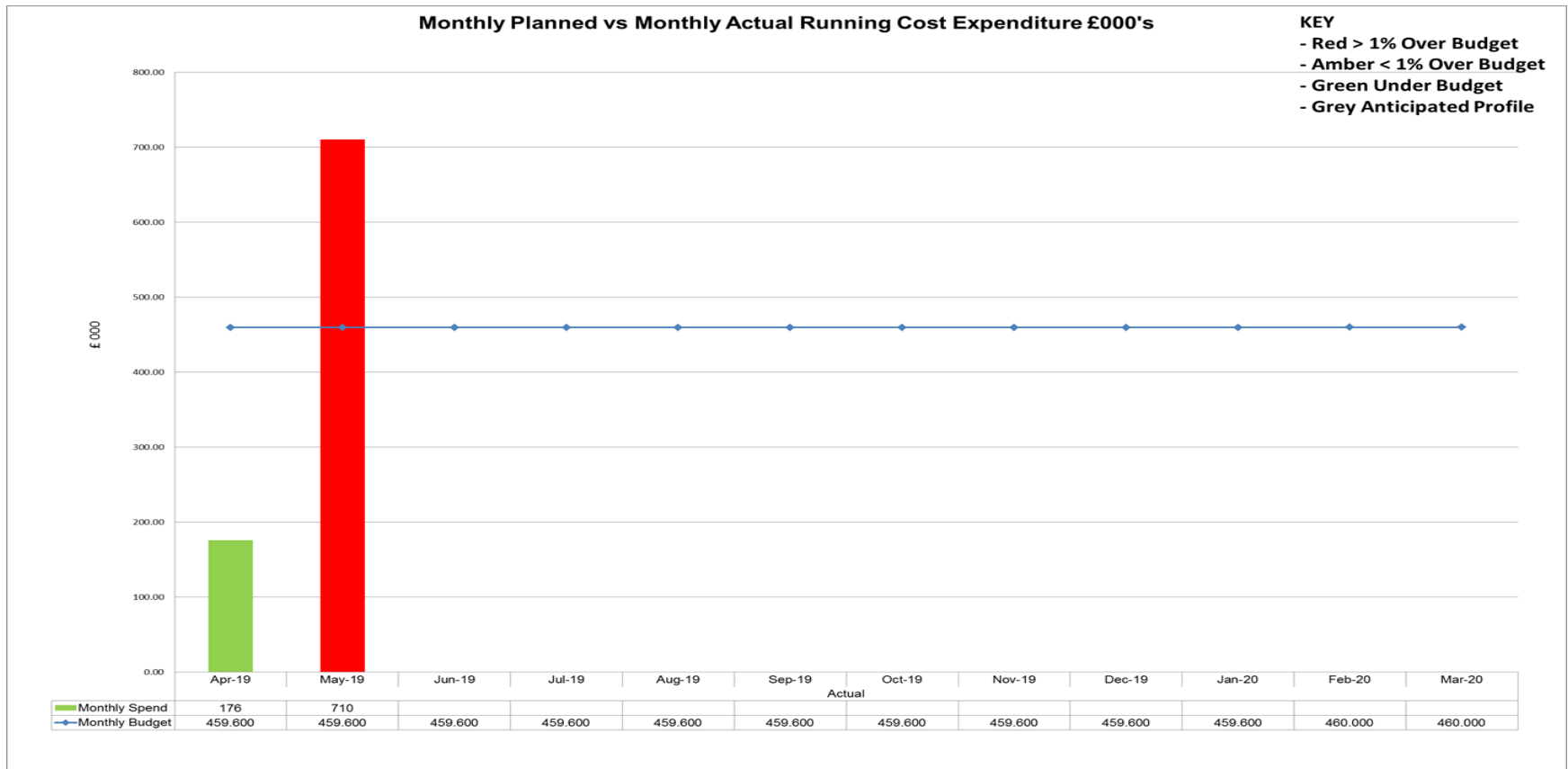
	Annual Budget £'000	YTD Performance M02							
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)	
Acute Services	207,848	34,641	34,675	34	0.1%	208,049	200	0.1%	
Mental Health Services	40,298	6,716	6,716	(0)	(0.0%)	40,297	(0)	(0.0%)	
Community Services	45,783	7,630	7,630	0	0.0%	45,783	0	0.0%	
Continuing Care	16,006	2,668	2,668	0	0.0%	16,006	0	0.0%	
Primary Care Services	53,901	8,983	8,983	(0)	(0.0%)	53,901	0	0.0%	
Delegated Primary Care	37,573	6,262	6,357	95	1.5%	37,573	0	0.0%	
Other Programme	13,612	2,269	2,624	355	15.7%	13,612	0	0.0%	
Total Programme	415,021	69,170	69,654	484	0.7%	415,221	200	0.0%	
Running Costs	5,516	919	886	(33)	(3.6%)	5,316	(200)	(3.6%)	
Reserves	2,704	451	0	(451)	(100.0%)	2,704	0	0.0%	
Total Mandate	423,241	70,540	70,540	0	0.0%	423,241	0	0.0%	
Target Surplus	13,178	2,196	0	(2,196)	(100.0%)	0	(13,178)	(100.0%)	
Total	436,419	72,736	70,540	(2,196)	(3.0%)	423,241	(13,178)	(3.0%)	

- The Acute over performance of £200k relates equally to both WMAS and NCAs.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 20/21 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.

- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 1% recurrent surplus as shown below.
- The extract from the M11 non ISFE demonstrates the CCG is on plan, achieving 0.9% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2019/20 Underlying Position £m
	Plan £m	Actual £m	Variance £m	Variance %	NR Allocations & Matched Expenditure £m	NR QIPP Benefit £m	Contingency £m	Other NR Spend / Income £m	QIPP £m	Other £m	
REVENUE RESOURCE LIMIT (IN YEAR)	426.391				-						426.391
Acute Services	207.848	208.049	(0.200)	(0.1%)	-	1.110		(1.319)			207.840
Mental Health Services	40.298	40.297	0.000	0.0%	-	-					40.297
Community Health Services	45.783	45.783	-	0.0%	-	-		(0.150)			45.633
Continuing Care Services	16.006	16.006	-	0.0%	-	-					16.006
Primary Care Services	53.901	53.901	-	0.0%	-	0.500		(0.065)			54.336
Primary Care Co-Commissioning	38.145	38.145	-	0.0%	-	-	(0.191)				37.954
Other Programme Services	15.744	15.744	-	0.0%	-	1.540	(2.132)	(0.060)			15.092
Commissioning Services Total	417.725	417.925	(0.200)	(0.0%)	-	3.150	(2.323)	(1.594)	-	-	417.158
Running Costs	5.516	5.316	0.200	3.6%	-	-					5.316
TOTAL CCG NET EXPENDITURE	423.241	423.241	(0.000)	(0.0%)	-	3.150	(2.323)	(1.594)	-	-	422.474
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	-	0.0%							3.917
									Underlying Underspend / (Deficit)		3.917
									% RRL		0.9 %





- The graph details the monthly and cumulative budgeted and actual expenditure in 2019/20. The movement in spend between April and May is expected as there are missing accruals in the April position, as month 1 is not reported. This is due to the focus of finance work being on the completion of the year-end accounts during April. Movements in future months will be considerably lower.

DELEGATED PRIMARY CARE

- The Delegated Primary Care allocation for 2019/20 as at M2 are £38.145m. At M2 the CCG forecast outturn is £38.145m delivering a breakeven position.
- The 0.5% contingency and 1% reserve are uncommitted in line with the 2019/20 planning metrics under other GP Services.
- The table below shows the outturn for month 2:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	3,974	3,763	(211)	23,842	23,842	0	●	0	0
General Practice PMS	483	242	(241)	2,895	2,895	0	●	0	0
Other List Based Services APMS incl	255	469	214	1,531	1,531	0	●	0	0
Premises	418	401	(17)	2,505	2,505	0	●	0	0
Premises Other	11	20	9	65	65	0	●	0	0
Enhanced services Delegated	126	288	162	758	758	0	●	0	0
QOF	625	612	(13)	3,751	3,751	0	●	0	0
Other GP Services	371	563	192	2,226	2,226	0	●	0	0
Delegated Contingency reserve	32	0	(32)	191	191	0	●	0	0
Delegated Primary Care 1% reserve	64	0	(64)	381	381	0	●	0	0
Total	6,357	6,357	0	38,145	38,145	0	●	0	0

2019/20 forecast figures have been updated on quarter 4 list sizes to reflect Global Sum, Out of Hours, MPIG, Rent adjustments and DES.

2. QIPP

The key points to note are as follows:

- The submitted finance plan prior to the request to increase the in year surplus required a QIPP of £13.536m or 3.5% of allocation.
- The revised financial plan reflecting the increase to the in year surplus of £3.15m requires a QIPP target of £16.686m,(4.1%) the additional QIPP being identified at a high level as follows:
 - Prescribing £500k
 - Other Programme Services £1.54m

- Acute service Independent/Commercial sector £1.1m

- The plan assumes full delivery of QIPP on a recurrent basis (with the exception of the additional QIPP required to support the revised control total) as any non-recurrent QIPP will potentially be carried forward into future years.
- As at the date of the report M1 QIPP delivery has not been reported as activity data is currently only Month 1 Initial i.e. not reconciled or cleansed.
- The table below details the QIPP programme and the level of savings assigned to each scheme and will form the basis of monitoring for 19/20.

NHS Wolverhampton CCG	06A	
Efficiency 2019/20		TOTAL Efficiency
Local Scheme Name	Area of Spend (select from drop down menu)	Total 2019/20 Net Efficiency
Review of Stroke Therapy	Net Non-elective (non-zero length of stay)	(98)
Contractual Challenges/withholds	Ordinary Elective Spells	(500)
EOL	Net Non-elective (non-zero length of stay)	(650)
Respiratory Right Care	Net Non-elective (non-zero length of stay)	(240)
Diabetes Right Care	Net Non-elective (non-zero length of stay)	(125)
Paediatrics Right care	Net Non-elective (zero length of stay)	(593)
Falls service redesign	Net Non-elective (non-zero length of stay)	(200)
Care Closer to Home	Net Non-elective (zero length of stay)	(1,015)
Managing growth	Total first outpatient attendances	(1,226)
Demand Mgt-Peer Review	Total follow-up outpatient attendances	(178)
Blakenhall/Grove decommissioning	Community Mental Health	(216)
APMS procurement	Other List-Based Services (APMS incl.)	(735)
RWT Aligned Incentives benefit	Other	(1,000)
MSMG budget realignmnet	Acute Services - Independent / Commercial Sector	(20)
WCS-budget realignment	Other adult and older adult - inpatient mental health (e	(35)
Exxcess funding MH contracts	Other adult and older adult - inpatient mental health (e	(417)
NCSO realignment	Prescribing	(470)
LD realignment of budgets	Learning Disabilities	(896)
Adulimumab price change	High cost drugs & devices	(1,106)
Repeat prescriptions	Prescribing	(50)
Low Clinical Value drugs	Prescribing	(60)
Prescribing Phase 2	Prescribing	(100)
Biologics for RA	High cost drugs & devices	(86)
Prescribing Right care Diabetes	Prescribing	(60)
Prescribing Right Care Respiratory	Prescribing	(147)
General Prescribing	Prescribing	(1,350)
Running Costs	Running Costs - Other Non-pay	(305)
CHC to required growth	- CHC Standard	(257)
UCC	Other	(1,000)
FNC to required growth	Funded Nursing Care	(118)
Glaucoma	Total outpatient procedures	(40)
A&E impact of NEL QIPP	A&E attendances - Type 1	(243)
		-
NHSE/I reduction required in Elective	Acute Services - Independent / Commercial Sector	(1,110)
NHSE/I reduction required in OTC	Prescribing	(500)
	Other Programme Services	(1,540)
		-
		-
Total Identified Schemes		(16,686)

3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st May 2019 is shown below:

STATEMENT OF FINANCIAL POSITION AS AT 31ST MAY 2019				
	31 May '19	31 March '19	Note	Change In Month
	£'000	£'000		£'000
Non Current Assets				
Assets	0	0	1	0
Accumulated Depreciation	0	0	2	0
	0	0		
Current Assets				
Trade and Other Receivables	1,754	4,785	3	-3,032
Cash and Cash Equivalents	338	67	4	272
	2,092	4,852		
Total Assets	2,092	4,852		
Current Liabilities				
Trade and Other Payables	-36,304	-42,735	5	6,432
	-36,304	-42,735		
Total Assets less Current Liabilities	-34,212	-37,883		
TOTAL ASSETS EMPLOYED	-34,212	-2,051		
Financed by:				
TAXPAYERS EQUITY				
General Fund	34,212	37,883	6	-3,671
TOTAL	34,212	37,883		

Key points to note from the SoFP are:

- The cash target for month 2 has been achieved.
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);

- **PERFORMANCE**

The CCG is currently reviewing the way in which performance is reported to the Finance and Performance Committee in the short term interim period the performance report will focus on the CCG's performance against the NHS Constitutional Standards as detailed below with reporting by exception.

Reporting period is for Month 1 of 2019/20:

		National Target	April 19 Performance	PERFORMANCE											
				M	J	J	A	S	O	N	D	J	F	M	A
Referral to Treatment waiting times for non-urgent consultant-led treatment															
EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral.	92%	89.3%												
EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways.	0	0												
Diagnostics															
EB4	Percentage of Service Users waiting 6 weeks or more from referral for a diagnostic test.	1%	0.6%												
Cancelled Elective Operations (RWT)															
EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice (RWT position).	0	0												
EBS6	No urgent operation should be cancelled for a second time (RWT position).	0	0												
A&E Waits															
EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department (RWT position).	95%	86.4%												
EBS5	Trolley waits in A&E not longer than 12 hours (RWT position).	0	1												
Cancer Waits - two week waits															
EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	66.85%												
EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment.	93%	7.41%												
Cancer Waits - one month (31 days) waits															
EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers.	96%	89.09%												
EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery.	94%	78.57%												

		National Target	April 19 Performance	PERFORMANCE												
				M	J	J	A	S	O	N	D	J	F	M	A	
EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen.	98%	100%													
EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy.	94%	83.02%													
Cancer Waits - two month (62 days) waits																
EB12	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	85%	62.26%													
EB13	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from a NHS Cancer Screening Service.	90%	71.43%													
EB12	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	No National Target	82.93%													
Health Care Acquired Infections																
EAS4	Zero tolerance Meticillin Resistant <i>Staphylococcus Aureus</i> .	0	0													
EAS5	Minimise rates of Clostridium difficile.	48	2													
Mental Health																
EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care.	95%														N/A
EH1	IAPT - Percentage of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral.	75%	73.1%													N/A
EH2	IAPT - Percentage of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral.	95%	96.3%													N/A
EA3	IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence).	19% FYE 4.75% Q4 (2018/19)	18.2% 5.6%													N/A
EAS2	IAPT - Percentage of people who are moving to recovery of those who have completed treatment in the reporting period.	50% (2018/19)	52%													N/A
EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral.	53% (2018/19)	75%													N/A

Current performance is as published validated national data for Wolverhampton CCG unless indicated otherwise, i.e. only available at Trust level. Validated published data for Mental Health Indicators is currently only available for March 19.

- 3.1. Commentary on performance is provided by exception for Red rated performance or where there is heightened scrutiny.

3.1.1. EB3 – Referral to Treatment Time (RTT), EBS4 - 52 Week Waiters

This standard supports patients' right to start consultant-led non-emergency treatment within a maximum of 18 weeks from referral. The length of the RTT period is reported for patients whose RTT clock stopped during the month, and those who are waiting to start treatment at the end of the month.

Wolverhampton CCG Position:

- April - 89.3%, England Commissioners 83.8%, STP 91.3%
- 92% WCCG patients started treatment within 20 weeks at any provider in England against the standard of 18 weeks.
- The CCG's performance is primarily affected by underperformance at RWT, University Hospitals Birmingham (UHB), University Hospitals of North Midlands(UHNM) and The Royal Orthopaedic Hospital (ROH); none of which achieved the national standard at Trust level in April at 86.4% (UHB), 79.5% (UHNM) and 88.1% (ROH).
- With the exception of RWT, the number of WCCG patients breaching the 18 week standard are a very small proportion of each provider's waiting list, therefore WCCG performance is conditional on improvement in these Trusts' overall performance.
- Wolverhampton CCG achieved 89.2% at RWT requiring an additional 515 patients to achieve the national standard; performance at RWT will be affected by issues at the Trust and recovery actions as detailed below.
- There are no WCCG patients waiting over 52 weeks.

The Royal Wolverhampton NHS Trust Position:

- April 2019 – 88.1%; England Providers 86.5% and STP 91.1%
- 92% patients started treatment within 21 weeks against the standard of 18 weeks.
- Performance has been affected a significant rise in urgent referrals in to Cancer 2 Week Wait taking clinical priority over routine appointments and using the same consultants & resources (in particular General Surgery, Urology, Skin).
- There is a specific recovery plan in place with regards to Ophthalmology performance with WLI/additional cover from May to provide additional slots.
- The CCG continues to monitor performance at both CQRM and CRM.
- The Trust is monitoring performance by speciality and have given each a backlog position to achieve with a 6 month recovery ambition.
- Patients without a date "To Come In" (TCI) at week 40 are flagged at patient level at weekly meeting with Chief Operating Officer (COO) and Deputy COO.
- Any patients at week 45 are monitored individually by the COO.
- The Trust has no patients waiting over 52 weeks.
- As previously reported, up until December 18 the Trust had been on track to achieve the national requirement to sustain or reduce RTT waiting list size

against the March 18 baseline of 33,858. However the list size for continues to increase month on month therefore the Trust is currently undertaking a data cleanse of the waiting list to ensure an accurate position.

3.1.2. Urgent Care (EB5 - 4hr Waits, EBS7 - Ambulance Handovers, EBS5 - 12 Hr Trolley Breaches)

The CCG's performance against this standard is assessed based on the validated performance for RWT:

- 86.4% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in April.
- Performance remains challenged across the country with England at 85.1% and the Black Country STP achieved 82.6%.
- Performance has decreased in April in line with STP and England, with a further increase in attendances on the previous months and is 24th highest number of attendances nationally.
- The CCG continues to monitor performance and support programmes to improve performance at A&E Delivery Board, CQRM and CRM.
- DToC rates remain low indicating the Trust is managing patient flow to accommodate the increase in emergency admissions.
- Ambulance conveyances continue to increase despite national ambition to reduce conveyances/Increase proportion of patients treated at home or in a more appropriate setting outside of hospital.
- The Trust is on track to provide Same Day Emergency Care (SDEC) in Type 1 Emergency Departments by September 19 in line with the national ambition.
- The Trust reported one 12 hour decision to admit breach in April; the breach related to an out of area Mental Health patient (last registered in Blackpool), the patient was a voluntary admission. A Root Cause Analysis has been completed which identified a number of local learning actions that are being taken up at Exec level between the Acute and MH Trusts Execs.
- The CCG's Quality Team is looking in to patterns of breaches with STP colleagues to identify good practice to mitigate against further breaches of MH patients.

3.1.3. Cancer – All Standards

CCG analysis has demonstrated that the deterioration in performance is multi-faceted and relates in the main to: Diagnostic and robotic capacity, workforce capacity, late tertiary referrals and increasing referral activity specifically relating to urology and breast pathways. Royal Wolverhampton Trust is a tertiary cancer centre and historically is the preferred provider for local populations. The demand is in line with analysis of National Audit Office (NHS waiting times for elective and cancer treatment).

3.1.3.1. **2WW Breast Symptomatic specific issues and actions:**

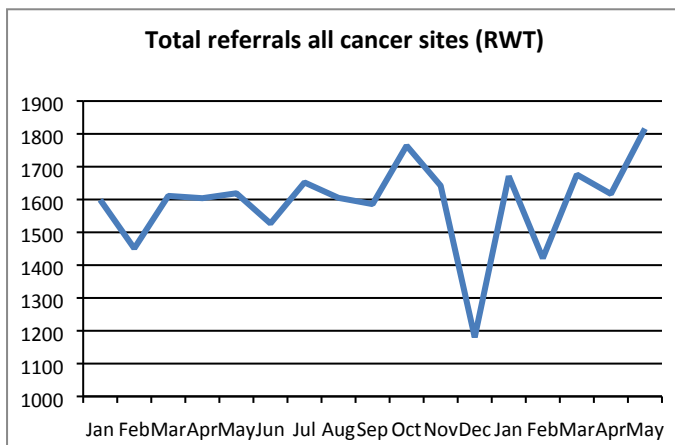
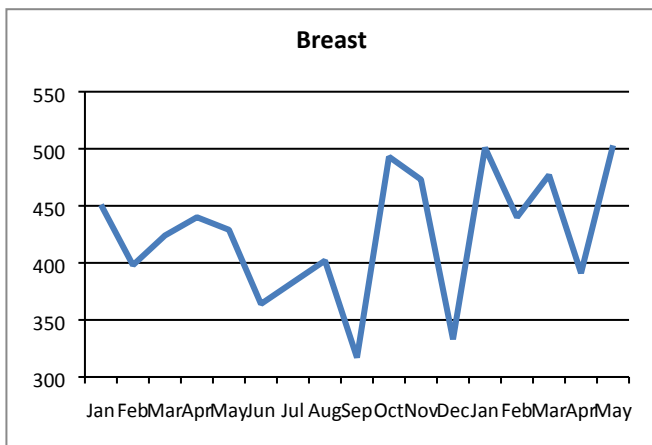
- 10% increase of breast referrals over the past 2 years; NHSI confirms that this is reflected regionally and nationally and as yet there is no obvious cause of the sustained increase in the level of referrals.
- The Trust has been running additional lists every Saturday since October to increase capacity.
- Support to equalise waiting times across the STP is currently under discussion.
- The CCG are currently investigating the option of commissioning a Community Breast Pain Clinic.
- The Trust is working towards implementation of the 28 day faster diagnostic pathway for breast referrals – approach supported by NHSE/I.
- Revised job plans for Breast Radiographers to create 30 additional slots/week from June to undertake One Stop Slots.

3.1.3.2. **All Cancer standards – issues and actions:**

- A Remedial action plan is in place and reviewed monthly with revised improvement trajectories agreed.
- RAP demonstrates return to 62 day performance by November 2019
- Radiology and diagnostic capacity significantly challenged – despite some outsourcing of activity.
- Impact of delays on the 2WW cancer pathways (in particular Breast referrals) will start to affect performance against the 31 and 62 day standards.
- Conversion rates remain in line with England rates and confirms appropriateness of referrals.
- Complete redesign of Urology pathway; from the end of January 2019 the Trust has implemented the 28 day faster diagnosis pathway in Urology which has now demonstrated that patients reaching transrectal ultrasound guided (TRUS) biopsy stage waiting times are currently at 26 days in May.
- Support to improve the timeliness of inward Tertiary Referrals via improvement action plans & trajectories at sending Trusts managed by NHS Midlands (NHSE&I).

Cancer performance data April 2019:

Ref	Indicator	Standard	RWT	WCCG
EB6	2 Week Wait (2WW)	93%	68.79%	66.85%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	2.33%	7.41%
EB8	31 Day (1 st Treatment)	96%	83.04%	89.09%
EB9	31 Day (Surgery)	94%	79.31%	78.57%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	87.13%	83.02%
EB12	62 Day (1 st Treatment)	85%	53.74%	62.26%
EB13	62 Day (Screening)	90%	76.88%	71.43%
EB14	62 Day (Consultant Upgrade)	No Standard	79.49%	82.93%



3.1.4. Mental Health

Nationally validated data for Mental Health indicators has now been published for March 19 final data enabling the reporting of the year end positions for the CCG's performance against the Mental Health Standards.

3.1.5. % of people engaged in the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral (EH1)

- March performance 73.1% against a standard of 75%, however the performance for Q4 was 78.8% and overall for the year 2018/19 achieved 82.8%.

3.1.6. IAPT - People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) (EA3).

- The CCG's performance is measured based on the Q4 performance which met the required quarterly run rate of 4.75% achieving 5.61%.
- The CCG's performance for the year achieved 18.2% which fell just short of the 2018/19 target of 19% (this equates to an additional 244 people).
- The CCG's performance is in the main affected by the activity at the main provider The Black Country Partnership Foundation Trust (BCPFT).
- The threshold has increased from 19% to 22% in 2019/20, in order to achieve the threshold monthly monitoring will continue with focus on ensuring events are planned earlier in the year to ensure the achievement of the standard in 2019/20.

4. RISK and MITIGATION

The CCG was required to resubmit a plan which demonstrates £6.3m risk which currently is fully mitigated based on the assumption of that the Black Country Risk share agreement will be enacted.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)											
	Plan	Actual	Variance	Variance	Contract	QIPP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QIPP Extensions	Non-Recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS			
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m		
REVENUE RESOURCE LIMIT (IN YEAR)	426.391																					
REVENUE RESOURCE LIMIT (CUMULATIVE)	436.419																					
Acute Services	207.848	208.049	(0.200)	(0.1%)	(0.750)	(1.000)				(1.750)	0.750			1.000							1.750	
Mental Health Services	40.298	40.297	0.000	0.0%		(0.100)			(0.500)	(0.600)	0.500			0.100							0.600	
Community Health Services	45.783	45.783	-	0.0%																		
Continuing Care Services	16.006	16.006	-	0.0%																		
Primary Care Services	53.901	53.901	-	0.0%				(0.500)		(0.500)	0.500										0.500	
Primary Care Co-Commissioning	38.145	38.145	-	0.0%							0.526										0.526	
Other Programme Services	15.744	15.744	-	0.0%					(3.350)	(3.350)					2.000	0.824					2.824	
Commissioning Services Total	417.725	417.925	(0.200)	(0.0%)	(0.750)	(1.100)	-	(0.500)	(3.850)	(6.200)	2.276	-	-	1.100	2.000	0.824	-	-	-	-	6.200	
Running Costs	5.516	5.316	0.200	3.6%																		
Unidentified QIPP										(0.100)				0.100								0.100
TOTAL CCG NET EXPENDITURE	423.241	423.241	(0.000)	(0.0%)	(0.750)	(1.200)	-	(0.500)	(3.850)	(6.300)	2.276	-	-	1.200	2.000	0.824	-	-	-	-	6.300	
IN YEAR UNDERSPEND / (DEFICIT)	3.150	3.150	-	0.0%																		
CUMULATIVE UNDERSPEND / (DEFICIT)	13.178	13.178	-	0.0%																		

The key risks are as follows:

- QIPP slippage £1.1m
- Over performance in Acute services £750k
- Mental Health overspend £500k
- Prescribing overspend £500k
- Other programme services including extension to control total £3.35m

The key mitigations are as follows:

- Utilisation of Contingency
- Further extension to QIPP
- Delayed or reduce non recurrent spend
- Application of the Black Country risk share agreement

In summary the CCG is reporting.

	£m Surplus(deficit)	
Most Likely	£13.178	No risks or mitigations, achieves control total
Best Case	£19.478	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£13.178	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£6.878	Adjusted risks and no mitigations occur. CCG misses revised control total

5. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

6. RISK REPORT

The Committee received and considered an overview of the risk profile including Corporate and Committee level risks.

7. OTHER RISK

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

8. SCHEME OF DELEGATION

The Committee considered a report from the Corporate Operations Manager about operational delegations to the Director of Finance following the implementation of the CCG's joint appointment of the Chief Finance Officer with Sandwell and West Birmingham CCG. The Committee are recommending to the Governing Body that the Director of Finance be given delegated authority to act on behalf of the Chief Finance Officer in the exercise of his authority set out in the areas of the CCG's detailed Scheme of Delegation attached at Appendix 1 and to provide comments on Urgent Actions taken on behalf of the Governing Body by the Chair and Accountable Officer in line with Standing Order 3.8. This delegated authority is to be exercised when the Chief Finance Officer is unavailable to support operational efficiency.

9. EXCESS TREATMENT COSTS

The Committee received a report regarding the arrangements for managing of Excess Treatment Costs associate with research undertaken by the Local Clinical Research Network. Funding is top-sliced from CCG allocations on a per capita basis for which Wolverhampton CCG is the Lead Commissioner. It was noted that this is in line with NHSE national directive and there is no financial risk to the CCG.

10. RECOMMENDATIONS

- **Receive** and **note** the information provided in this report.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 26th June 2019

Appendix 1

EXTRACT FROM DETAILED SCHEME OF DELEGATION – PROPOSED DELEGATION

Authority is given for the Director of Finance to act on behalf of the Chief Finance Officer in exercise of the following delegated powers:-

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT												
7.11	Authority to waive tenders or quotations, or to accept a tender or quotation which is not the lowest.	CFO or AO	No Limit												
7.20	Awarding of (or variation in) non-NHS legally enforceable contracts (after DFP compliant procurement process).	Budget Holder Director responsible for budget area CFO AO & CFO Governing Body	<table border="0"> <tr> <td><u>Revenue</u></td> <td><u>Capital</u></td> </tr> <tr> <td>Up to £30,000</td> <td>Up to £30,000</td> </tr> <tr> <td>£30,001 - £100,000</td> <td>£30,001 - £100,000</td> </tr> <tr> <td>£100,001 - £250,000</td> <td>£100,001 - £250,000</td> </tr> <tr> <td>£250,001 - £500,000</td> <td>£250,001 - £500,000</td> </tr> <tr> <td>£500,001 and above</td> <td>£500,001 and above</td> </tr> </table> <p>The relevant amount is the total value of the contract for its entire duration including irrecoverable VAT.</p>	<u>Revenue</u>	<u>Capital</u>	Up to £30,000	Up to £30,000	£30,001 - £100,000	£30,001 - £100,000	£100,001 - £250,000	£100,001 - £250,000	£250,001 - £500,000	£250,001 - £500,000	£500,001 and above	£500,001 and above
<u>Revenue</u>	<u>Capital</u>														
Up to £30,000	Up to £30,000														
£30,001 - £100,000	£30,001 - £100,000														
£100,001 - £250,000	£100,001 - £250,000														
£250,001 - £500,000	£250,001 - £500,000														
£500,001 and above	£500,001 and above														
7.20	Awarding of (or variation in) NHS contracts.	DoST DoST & CFO or AO CFO & AO Governing Body	<table border="0"> <tr> <td>Up to £250,000</td> </tr> <tr> <td>£250,001 – £500,000</td> </tr> <tr> <td>£500,001 - £1,000,000</td> </tr> <tr> <td>£1,000,001 and above</td> </tr> </table> <p>The relevant amount is the total value of the agreement for its entire duration.</p>	Up to £250,000	£250,001 – £500,000	£500,001 - £1,000,000	£1,000,001 and above								
Up to £250,000															
£250,001 – £500,000															
£500,001 - £1,000,000															
£1,000,001 and above															

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT
7.21	Authorisation of requisitions (or certification of invoices when no requisition/order was raised) for commercial procurements.	Budget Manager Budget Holder Director responsible for budget area CFO or AO 2 of CFO, AO, Executive Nurse and Chair	Up to £5,000 £5,001 – £30,000 £30,001 - £100,000 £100,001 – £250,000 £250,000 and above All amounts include VAT unless this is known to be recoverable.
7.26	Authorisation to transfer money to local authorities and voluntary organisations under sections 256 and 257 of the NHS Act 2006.	DoST DoST & CFO or AO CFO & AO Governing Body	Up to £250,000 £250,001 – £500,000 £500,001 - £1,000,000 £1,000,001 and above
7.26	Authorise regular payments made or invoices raised against formal service level agreements and contracts. The CCG will continue to make monthly (or quarterly if applicable) payments against contract mandates that have been authorised in accordance with the DFPs. NOTE – in exceptional circumstances (e.g. at year end to meet cash limit targets or to meet contractual commitments), any payments or invoices can be approved by the CFOO.	Authorised Senior Finance Officer DoST CFO or AO	1/12 th of contract value 25% of contract value or 100% for local authority payments No limit

DFP REF	AUTHORITIES/DUTIES DELEGATED	DELEGATED TO	FINANCIAL LIMIT
3.4.2	Virement within approved revenue budgets (no virement is allowed between recurring & non-recurring budgets)	Budget Holder Director responsible for budget area CFO	Up to £50,000 £50,001 - £100,000 £100,001 and above
n/a	Approve business cases relating to new investments, new service developments or service increases within the overall operating plan or budgetary financial limit.	AO or Director responsible for budget area AO and CFOO Governing Body	Up to £150,000 £150,001 - £500,000 £500,001 and above

Abbreviations

<i>DFP</i>	<i>Detailed Financial Policies</i>
<i>CFO</i>	<i>Chief Finance Officer</i>
<i>AO</i>	<i>Accountable Officer</i>
<i>DoST</i>	<i>Director of Strategy & Transformation</i>



WOLVERHAMPTON CCG

GOVERNING BODY
9 July 2019

Agenda item 10

TITLE OF REPORT:	Summary – Wolverhampton Clinical Commissioning Group Audit and Governance Committee – 21 May 2019
AUTHOR(s) OF REPORT:	Peter Price – Chair, Audit and Governance Committee
MANAGEMENT LEAD:	Tony Gallagher – Director of Finance
PURPOSE OF REPORT:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the WCCG Governing Body.
RECOMMENDATION:	<ul style="list-style-type: none"> That the Governing Body receive and note the actions taken by the Audit and Governance Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

1. BACKGROUND AND CURRENT SITUATION

1.1 Final 219/20 Internal Audit Plan

The Senior Internal Audit Manager advised that the Final 2019/20 Internal Audit Plan now included days allocated to HR/Restructuring as discussed at the previous Audit and Governance Committee meeting. The committee agreed and accepted the plan

1.2 Internal Audit Report: Data Protection Act 2018

An internal audit report was presented on the CCG's arrangements in respect of the Data Protection Act 2018 was presented to the Committee. There had been one medium risk finding around 'Monitoring performance of the CSU' and one low risk 'Operating effectiveness'. The report was viewed as very positive and the Chair thanked the Corporate Operations Manager and his team for their hard work around data protection.

1.3 Internal Audit Annual Report 2018/19 (which includes the Head of Internal Audit Opinion)

The Internal Audit team confirmed that, following the completion of audit work the opinion Audit Opinion given to the CCG was 'satisfactory', the highest rating of assurance provided. It was noted that a rating of satisfactory was rarely given and the CCG was commended on this.

1.4 Management Representation Letter

The External Audit Team issued the CCG with an 'unqualified opinion' on the Financial Statements. It noted that the wording reflected nationally defined expectation and it was agreed that future management representation letters would be circulated in advance of sign off meetings in order for Governing Body Members to discuss and raise any questions about the content of the letter.

1.5 CCG Annual Report, Final Accounts and their Preparation

The Head of Financial Resources presented the final accounts with the changes that had been made. Approved the changes made and the Chair would recommend the signing off of the accounts at the Governing Body Meeting.

1.6 Committee Annual Report

The additional wording on section 3 on committee effectiveness had been added following the discussion at the last meeting. The report would be presented to the Governing Body as confirmation that the committee had met its terms of reference. The Committee noted and accepted the report.

- 1.7 Feedback to and from the Audit and Governance Committee
The main point highlighted was the ongoing discussions at the Transition Board about the changes that would be occurring.
- The Chief Officer informed the Committee that there was an event that she would be attending where Simon Stevens would be talking about ICS and single commissioning.
- 1.8 Losses and Compensation Payments – Quarter 4 2019/20
As previously noted at a previous committee there was only one loss to be reported. The Committee noted the report.
- 1.9 Suspensions, Waiver and Breaches of SO/PFPS
There were no suspensions raised in quarter 4 of 2018/19. During this period there were 22 waivers and 57 non-healthcare invoices paid without a purchase order.
- 1.10 Receivable/Payable Greater than £10,000 and over 6 months
The Committee noted that as at March 219, there were 0 receivables and 1 payable over £10,000 and greater than 6 months old.
- 1.11 A&G CSU Service Auditor Report (for CCG CFOs and Deputies)
This paper was received for information.
- 1.12 ES ISAE 3402 Report CCG Governing Body Meeting and National Chairs Meeting
This paper was received for information.

2. CLINICAL VIEW

- 2.1. N/A

3. PATIENT AND PUBLIC VIEW

- 3.1. N/A

4. KEY RISKS AND MITIGATIONS

- 4.1. The Audit and Governance Committee will regularly scrutinise the risk register and Board Assurance Framework of the CCG to gain assurance that processes for the recording and management of risk are robust. If risk is not scrutinised at all levels of the organisation, particularly at Governing Body level, the CCG could suffer a loss of control with potentially significant results.

5. IMPACT ASSESSMENT

Financial and Resource Implications

5.1. N/A

Quality and Safety Implications

5.2. N/A

Equality Implications

5.3. N/A

Legal and Policy Implications

5.4. N/A

Other Implications

5.5. N/A.

Name	Tony Gallagher
Job Title	Director of Finance
Date:	24 May 2019

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter Price	24/05/19

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WOLVERHAMPTON CCG
GOVERNING BODY
9 JULY 2019
Agenda item 11

TITLE OF REPORT:	Summary – Remuneration Committee – 18 June 2019
AUTHOR(S) OF REPORT:	Peter Price – Remuneration Committee Chairman
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To provide an update of key discussions and decisions made at the Remuneration Committee to the Governing Body.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	The Committee met in common with the Remuneration Committees from Dudley, Sandwell and West Birmingham and Walsall CCGs to discuss matters relating to the recruitment of a single Accountable Officer across the four CCGs.
RECOMMENDATION:	That the Governing Body receive and note the contents of this report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Remuneration Committee is responsible for ensuring that the CCG has appropriate Human Resources Policies and Procedures in place to deliver statutory responsibilities as an employer.

1. BACKGROUND AND CURRENT SITUATION

- 1.1 This report gives details of the issues discussed and decisions made at the meeting of the Remuneration Committee on 18 June 2019.
- 1.2 The Committee met in common with the Remuneration Committees from Dudley, Sandwell and West Birmingham and Walsall CCGs, the Chair of Sandwell and West Birmingham CCG's Remuneration Committee took the chair for the meeting.

2. ITEMS CONSIDERED BY THE COMMITTEE

- 2.1. Arrangements relating to the recruitment of a Single Accountable Officer

The committee discussed and have made recommendations to the Governing Body in respect of the arrangements to recruit a single Accountable Officer across the four CCGs.

3. CLINICAL VIEW

- 3.1. There are clinical members who contribute fully to its deliberations.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

- 5.1. There are no specific risks associated with this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Not applicable.

Quality and Safety Implications

- 6.2. There are no quality and safety implications associated with this report.

Equality Implications

- 6.3. There are no equality implications associated with this report.

Legal and Policy Implications

6.4. There are no additional legal or policy implications arising from this report.

Other Implications

6.5. There are no specific Human Resources implications arising from this report. The Committee receives Human Resources advice when required.

Name Peter Price
Job Title Remuneration Committee Chair
Date: June 2019

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter Price	



WOLVERHAMPTON CCG
GOVERNING BODY MEETING
9 July 2019

Agenda item 12

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 7 May 2019 and 4 June 2019
AUTHOR(s) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 7 May 2019 and 4 June 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Primary Care Networks (PCNs) The PCN application process was underway and four applications were approved on 16 May 2019. There were queries around the other 2 applications but these were subsequently resolved meaning the CCG was able to ensure, as of 21 May 2019, that there were 6 networks approved for Wolverhampton.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.

2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Commissioning Committee met on 7 May and 4 June 2019. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 7 May 2019

2.1 Primary Care Quality Report

- 2.1.1 The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, updated the Committee around primary care quality, providing an overview of quality improvement and activity in primary care. The report gave detail around a number of issues including the following:

- Work on the Flu Vaccine programme is beginning early, flu vaccines have been ordered and there is plenty of availability in the system. Flu vaccine training is being arranged for the end of July 2019 for nurses and healthcare assistants.
- Two serious incidents are currently being reviewed by practices. One provided a root cause analysis (RCA) and although the other was a near miss, the practice also provided a RCA.
- Friends and Family uptake was better than both the national and regional average at 1.8% - 2.3%.
- The 10 point plan around the Practice Nurse Strategy that was presented to the Committee last month is due to go to the Clinical Leads Group next Thursday for approval at STP level. Other CCGs will also take it through their own Primary Care Commissioning Committees. Once approved, the launch is hoped to take place in June.

2.2 Primary Care Operational Management Group Update

- 2.2.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting and the Committee noted that there were no specific comments or queries.

2.3 Primary Care Contracting Update

- 2.3.1 The Primary Care Contracts Manager (WCCG), Gill Shelley, provided an update on primary care contracting and noted that the APMS contract transition is going well and regular review meetings are scheduled to monitor progress and outstanding actions. It was also noted that the public consultation around the proposal to close the Wood Road branch of Tettenhall Medical Practice has commenced.

2.4 Primary Care Strategy Update

2.4.1 The Head of Primary Care (WCCG), Sarah Southall, informed the Committee that the Primary Care Strategy was to be fully reviewed although much of it would be predetermined by the NHS 10 Year Plan. An engagement event is planned in Wolverhampton to capture final input from patients and members of the public in relation to the STP Strategy but will focus on primary care at place-based level.

2.5 Primary Care Networks (PCN) and Directed Enhanced Service (DES)

2.5.1 The Head of Primary Care (WCCG), Sarah Southall, circulated a map with a detailed report of the preparatory work that has been taking place in Wolverhampton in order to formalise Primary Care Networks by 1 July 2019.

2.5.2 Discussion at the Members Meeting on 3 April 2019 had taken place and Practices reviewed the guidance in place to assist the formation of PCNs.

2.5.3 A situation report was submitted to NHS England on 30 April 2019 to confirm the network formations and detail of the current configuration of each network and it's Clinical Director.

2.5.4 New roles will be identified in the formation of the PCNs i.e. Clinical Pharmacists and Social Prescribers.

2.6 Spirometry Service

2.6.1 The Head of Primary Care (WCCG), Sarah Southall, presented a report on behalf of Claire Morrissey, Strategic Transformation Manager (WCCG). The report was compiled as a result of the suggestion to provide a Spirometry service at practice level in the Community. Currently the service was purchased from the Royal Wolverhampton NHS Trust. The Committee approved for the service to be taken forward at PCN level subject to a revised business case being presented at the July 2019 meeting following a review of the costing model.

2.7 Financial Position Quarter 4 2018/19

2.7.1 The Director of Finance (WCCG), Tony Gallagher, presented a report which detailed the financial outturn for 2018/19 which he advised was still subject to audit.

2.7.2 It was noted that the delegated primary care underspend of £776,000 comprised mainly of premises (£351,000), QOF non-achievement (£74,000) and enhanced services delegated (£111,000).

2.7.3 It was recognised that investment in Primary Care was required to bring about transformational change. The 2017/18 financial year was a learning exercise due to it being the first year of primary care delegation.

2.8 Primary Care Commissioning Committee (Private) – 7 May 2019

2.8.1 The Committee met in private to receive feedback around a request to sub-contract clinical services, Targeted Peer Review 2019/20, Thrive into Work, Primary Strategy (STP and WCCG) and the Primary Care Dashboard.

Primary Care Commissioning Committee – 4 June 2019

2.9 Primary Care Quality Report

2.9.1 The Quality and Safety Analyst (WCCG), Dawn Bowden, presented the Primary Care Quality Report on behalf of Liz Corrigan and updated the Committee around primary care quality. The report gave detail around a number of issues including the following:

- There were 4 incidents due to be escalated to the next Professional and Practice Information Gathering Group (PPIGG) meeting.
- The Friends and Family Test (FFT) had seen an increased uptake this year, it was felt that the new texting system had contributed to this.
- Work was ongoing for the Practice Nurse Retention Programme and there would be regular meetings across the STP about the Training Hubs.

2.10 Primary Care Operational Management Group Update

2.10.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting and highlighted the following:

- Estates and Technology Transformation (EETF) funded building work at Newbridge Surgery was fast approaching completion, work at the East Park site had commenced and was due to take 6 months.
- A new system of bookable space within primary care is to be introduced by the Estates Team to minimise some of the existing issues.

2.11 Primary Care Contracting Update

2.11.1 The Primary Care Contracts Manager (WCCG), Gill Shelley, provided an update on the QOF Post Payment Verification for 2017/18. It was concluded that it had been a satisfactory process with no specific concerns or issues and was well supported by GP assessors.

2.11.2 It was noted that the consultation around the proposal to close Tettenhall Medical Practice's branch site at Wood Road is currently underway and that 2 further drop in

sessions for patients and members of the public are planned for 3 July 2019. There had been an extremely high response to the online survey and earlier drop in sessions.

2.11.3 Ms Shelley explained that there had been queries raised at Audit and Governance Committee around the contract review process and that a number of practices had not yet been visited. It was advised that this was a result of limited resources within the team and had now been addressed in that 2 additional staff members would be undertaking visits and that the 11 remaining visits would be undertaken by the end of July 2019.

2.12 Primary Care GP Networks

2.12.1 The Head of Primary Care (WCCG), Sarah Southall, provided a report outlining in the outcomes of the decisions made in response to the Primary Care Network (PCN) application process considered at CCG panel on 16 May 2019.

2.12.2 The network Direct Enhanced Service (DES) required that a number of items be submitted as part of the application process and the panel were able to approve four applications on 16 May 2019. There were queries around the other 2 applications but these were subsequently resolved meaning the CCG was able to ensure, as of 21 May 2019, that there were 6 networks approved for Wolverhampton.

2.13 Primary Care Strategy (Wolverhampton)

2.13.1 The Head of Primary Care (WCCG), Sarah Southall, informed the Committee that the first draft had been prepared on behalf of the CCG by the Commissioning Support Unit and was a working draft which would be developed and strengthened further. Feedback from a public engagement event that took place on 23 May 2019 would also be incorporated. It was intended to have a wider debate at the forthcoming members meeting in order to ensure that the content, particularly the vision and priorities, were mutually agreed with Clinical Directors. It was noted that a further iteration would be shared at the August 2019 Committee meeting for final comment.

2.14 Primary Care Strategy (STP)

2.14.1 The Head of Primary Care (WCCG), Sarah Southall, noted that the Committee had been granted delegated authority by the Governing Body to approve the Primary Care Strategy in principle, due to time constraints placed on the STP to submit the strategy by 20 June 2019.

2.14.2 The draft Strategy was shared with the Committee and it was noted that comments could be received up to 14 June 2019 before the final draft is submitted to NHS England on 20 June 2019. The Committee agreed the Strategy in principle but confirmed their expectation to be kept apprised of developments and requested sight of the final draft with any feedback and amendments.

2.15 **Quarterly Primary Care Assurance Report**

2.15.1 The Head of Primary Care (WCCG), Sarah Southall, presented the Primary Care Assurance pack which had been considered at the Milestone Review Board in April and accepted in principal. It was acknowledged that some of the information in the report was now outdated, in particular the PCN map and QOF+ document which had now been improved and finalised.

2.16 **Primary Care Commissioning Committee (Private) – 4 June 2019**

2.16.1 The Committee met in private to receive updates around feedback from the Wolverhampton Local Medical Committee and the NHS Benchmarking Primary Care Report.

3. **CLINICAL VIEW**

3.1. Not applicable.

4. **PATIENT AND PUBLIC VIEW**

4.1. Patient and public views are sought as required.

5. **KEY RISKS AND MITIGATIONS**

5.1. Project risks are reviewed by the Primary Care Operational Management Group.

6. **IMPACT ASSESSMENT**

Financial and Resource Implications

6.1. Any Financial implications have been considered and addressed at the appropriate forum.

Quality and Safety Implications

6.2. A quality representative is a member of the Committee.

Equality Implications

6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

6.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Sue McKie
Job Title: Lay Member for Public and Patient Involvement, Committee Chair
Date: 25 June 2019

Name: Les Trigg
Job Title: Vice Chair (Lay Member)
Date: 25 June 2019

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Sue McKie	25/06/19
	Les Trigg	25/06/19

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WOLVERHAMPTON CCG
Governing Body
09 July 2019
Agenda item 13

TITLE OF REPORT:	Communication and Participation update
AUTHOR(s) OF REPORT:	Sue McKie, Patient and Public Involvement Lay Member Helen Cook, Communications, Marketing & Engagement Manager
MANAGEMENT LEAD:	Mike Hastings – Director of Operations
PURPOSE OF REPORT:	This report updates the Governing Body on the key communications and participation activities during May and June 2019.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<p>The key points to note from the report are:</p> <p>2.1.2 Annual Report 4.1 'What Matters to You?'</p>
RECOMMENDATION:	<ul style="list-style-type: none"> • Receive and discuss this report • Note the action being taken
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others.
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others. • Delivering key mandate requirements and NHS Constitution standards.
3. System effectiveness delivered within our financial envelope	<ul style="list-style-type: none"> • Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.

1. BACKGROUND AND CURRENT SITUATION

To update the Governing Body on the key activities which have taken place May and June 2019, to provide assurance that the Communication and Participation Strategy of the CCG is being delivered effectively.

2. KEY UPDATES

2.1. Communication

2.1.1 Pharmacy opening over May Bank holidays

We have advertised our local pharmacy opening over the May Bank holidays on our website. <https://wolverhamptonccg.nhs.uk/about-us/news/849-may-bank-holiday-2019-pharmacy-opening-in-wolverhampton>

2.1.2 Annual Report

Our annual report was signed off by the May Governing Body and submitted to NHSE in May. The report can be found <https://wolverhamptonccg.nhs.uk/publications/corporate/annual-reports/ccg-annual-reports/2532-wccg-annual-report-18-19>

2.1.3 Press Releases

Press releases since the last meeting have included:

June 2019

- Float like a butterfly and sting like a well, a few things actually!
- Time to help the lonely know that they're not alone
- Getting Carers Connected in Wolverhampton
- Local mum supports the launch of a new mental health service by sharing her experience of perinatal depression
- 'What Matters to You?' takes to the road
- A GP and Wolverhampton NHS leader has been awarded an MBE in the 2019 Queen's Birthday Honours List
- Have your say and help shape SEND services
- Breastfeeding advice and support for parents and mums-to-be
- Wolverhampton residents urged to be on the pulse to avoid a stroke

May 2109

- Families encouraged to Stay Well this Whitsun holiday
- Residents invited to have their say on Primary Care in the Black Country
- Skin Cancer warning for Wolverhampton residents as cases increase
- Life-changing cancer awareness roadshow comes to Bilston
- 1 in 3 people overwhelmed with stress related to body image
- Wolverhampton Mental Health Awareness Week 14-16 May
- Have your say on proposed closure of GP branch surgery – Wood Road, Tettenhall Wood, Wolverhampton
- City raises awareness of dementia with Action Week of events

2.2. Communication & Engagement with members and stakeholders

2.2.1. Members Meeting

We met with our GP members on 12 June where we discussed the Primary Care Strategy.

2.2.2 Perinatal Mental Health ‘Whose Shoes?’ Workshop

The STP held a Perinatal Mental Health ‘Whose Shoes?’ interactive workshop on Monday 24 June 2019 from 10am-2.30pm at Molineux Stadium, Waterloo Road, Wolverhampton, WV1 4QR. The event gathered views from local mums and their families to understand and improve user experience for women experiencing any kind of mental, psychological or emotional ill health during or after pregnancy. It also brought together all of the services that may need to know what the new service can deliver and what difference it will make to women across the Black Country. Over 150 people attended.

2.2.3 Transforming Care Engagement for Children and Young People

The Black Country Transforming Care Partnership held two workshops on Wednesday 5 June and Tuesday 11 June to shape services for children and young people with learning disabilities (or learning disabilities with autism) with behaviour that challenges.

During the event, participants worked in small groups with a facilitator to go through a series of questions that helped us to learn what things should make up care services at different points of a child’s or young person’s life. Outputs from the workshop will be used to shape a framework for what services should look like and will guide development of services for the future.

2.2.4 Have your say on plans to improve Primary Care in the Black Country and West Birmingham

Following the publication of the national NHS Long Term Plan, which sets out how the NHS will improve care for patients over the next ten years, CCGs in the Black Country and West Birmingham are planning improvements to primary care services and wanted to hear the views of local people. These views of members of the public, patients, doctors, nurses and other healthcare professionals are being used to develop a strategy for the future of primary care services to ensure improved access, continuity and coordination of care for local people.

There were four public engagement events in May, one in each area to share the key elements of this strategy with local people. We wanted to check that we are in the right place, that we are not missing anything important and to confirm that the strategy will meet local need.

2.2.5 GP Bulletin

The GP bulletin is twice monthly and is sent to GPs, Practice Managers and GP staff across Wolverhampton city.

2.2.6 Practice Nurse Bulletin

The bulletin in June included the following:

- Immunisation publications to support vaccine delivery
- Social prescribing
- Practice Vacancies
- Help to shape SEND services

- Free places available on DV Perpetrator Programme
- LeDeR Programme bulletin
- Training and Events

3 CLINICAL VIEW

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning. GP leads for the new models of care have been meeting with their network PPG Chairs to allow information on the new models, and provide an opportunity for the Chairs to ask questions. All the new groupings have decided to meet on a regular quarterly basis.

4 PATIENT AND PUBLIC VIEWS

Patient, carers, committee members and stakeholders are all involved in the engagement framework, the commissioning cycle, committees and consultation work of the CCG.

Reports following consultations and public engagement are made available online on the CCG website. 'You said – we did' information is also available online following the outcome of the annual Commissioning Intentions events and decision by the Governing Body.

4.1 'What Matters to You?'

Residents in Wolverhampton are being asked 'What Matters to You?' when it comes to local healthcare services. Everyone is being asked to join a healthcare conversation as we look at how services are provided in the future.

Every voice matters, so everyone is welcome to take part in the online survey as your feedback will be used to improve the healthcare services in Wolverhampton. If you would like to chat to us face to face, we will be running events throughout June and July.

See our website for details of the events. <https://wolverhamptonccg.nhs.uk/contact-us/current-engagement-and-consultations/885-what-matters-to-you-survey>

4.2 Non-emergency patient transport services survey

Non-emergency patient transport is provided by the NHS to help patients who cannot use private or public transport to attend medical appointments and does not require an emergency ambulance or immediate response.

The CCG is reviewing the service currently provided to make sure the needs of the public are met via an online survey. Results will inform the service specification development.

4.3 Have your say on proposed closure of GP branch surgery – Wood Road, Tettenhall Wood, Wolverhampton

A consultation is currently underway on the proposed closure of the Wood Road branch surgery, Tettenhall Wood, Wolverhampton. There is a chance for you to have your say by completing a short questionnaire until Sunday 28 July.

The branch surgery has made a request to NHS Wolverhampton Clinical Commissioning Group to close the Wood Road branch Surgery. The decision to request the closure of the branch surgery has not been taken lightly and the well-being of patients remains the priority. It is believed that by centralising services on a single site at Lower Green Surgery, the doctors will be able to offer a more flexible, efficient GP service with better access for the patients.

We would like to invite your views on this proposal. The consultation will take place over 90 days, beginning on Tuesday 7 May 2019 and ending on Sunday 28 July 2019. You can take part by completing a short questionnaire to let us know your views.

4.4 We heard your views on community care for people with learning disabilities

We have been working with the other CCGs and LAs in the Black Country and with Black Country Partnership Foundation Trust as the Transforming Care Partnership to develop a model of community care for people with learning disabilities. This supports this vulnerable group of people to stay close to their families and friends and will reduce the number of inappropriate, often long-term, hospital admissions.

The partnership has developed the new community model in collaboration with service users and their families and carers. During **21 March to Thursday 23 May** local people were given the opportunity to feedback their views on new community services for people with learning disabilities by attending events in Dudley, Sandwell, Walsall and Wolverhampton, or by completing an online survey.

A report will be available on our website shortly which will outline engagement views heard and the decision made.

5 LAY MEMBER MEETINGS – attended:

- 5.1 Primary Care Commissioning Committee
- CCG Governing Body
- CCG Governing Body extra-ordinary meeting
- Quality and Safety Committee
- Strategic communications
- Vertical Integration PPG Chairs meeting
- 1:1 meetings with CCG Officers and Chair
- 1:1 meeting with Patient representative
- Primary Care Network approval meeting
- Primary Care Networks and Community Services discussion

6. KEY RISKS AND MITIGATIONS

N/A



7 IMPACT ASSESSMENT

5.2 **Financial and Resource Implications** - None known

5.3 **Quality and Safety Implications** - Any patient stories (soft intelligence) received are passed onto Quality & Safety team for use in improvements to quality of services.

5.4 **Equality Implications** - Any engagement or consultations undertaken have all equality and inclusion issues considered fully.

5.5 **Legal and Policy Implications** - N/A

Other Implications - N/A

Name: Sue McKie

Job Title: Lay Member for Patient and Public Involvement

Date: 26 June 2019

ATTACHED: none

RELEVANT BACKGROUND PAPERS

NHS Act 2006 (Section 242) – consultation and engagement

NHS Five Year Forward View – Engaging Local people

NHS Constitution 2016 – patients' rights to be involved

NHS Five year Forward View (Including national/CCG policies and frameworks)

NHS The General Practice Forward View (GP Forward View), April 2016

NHS Patient and Public Participation in Commissioning health and social care. 2017. PG Ref 06663

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	n/a	
Public / Patient View	Sue McKie	26 June 2019
Finance Implications discussed with Finance Team	n/a	
Quality Implications discussed with Quality and Risk Team	n/a	
Equality Implications discussed with CSU Equality and Inclusion Service	n/a	
Information Governance implications discussed with IG Support Officer	n/a	
Legal/ Policy implications discussed with Corporate Operations Manager	n/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	n/a	
Any relevant data requirements discussed with CSU Business Intelligence	n/a	
Signed off by Report Owner (Must be completed)	Sue McKie	26 June 2019

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WOLVERHAMPTON CCG
Governing Body
9 July 2019
Agenda item 14

TITLE OF REPORT:	Joint Dementia Strategy for Wolverhampton Implementation Plan
AUTHOR(s) OF REPORT:	Lisa Murray, Business Manager, Mental Health
MANAGEMENT LEAD:	Sarah Fellows, Head of Mental Health
PURPOSE OF REPORT:	To provide an update as requested on progress on implementing the Joint Dementia Strategy that was launched in May 2019.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	<ul style="list-style-type: none"> • Following the Governing Body Report in April 2019, the Joint Dementia Strategy was launched in May 2019 following extensive consultation. • A Dementia Strategy Delivery Group has been set up to deliver the joint Dementia Strategy in Wolverhampton. • The remit of the Dementia Strategy Delivery Group is to ensure the Joint Dementia Strategy is implemented across Wolverhampton. • The NHS Living Well Pathway for Dementia was used to provide thematic group discussions and ensure all elements of the pathway was discussed. The Strategy underpins the Joint Dementia Strategy 2019 – 2024 and is grouped into: <ul style="list-style-type: none"> ○ Preventing Well ○ Diagnosing Well ○ Living Well ○ Supporting Well ○ Dying Well • These themes form the basis for the Implementation Plan (Appendix I). • Activity leads are across partner organisations as well as NHS Wolverhampton CCG.

RECOMMENDATION:	To please note and be assured that the Joint Dementia Strategy will be delivered.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Joint Dementia Strategy ensures we are providing high quality Dementia Services for our population and in line with our STP footprint partners.
2. Reducing Health Inequalities in Wolverhampton	The Joint Dementia Strategy ensures that no matter where you reside, your quality of care will be the equal and of a good standard.
3. System effectiveness delivered within our financial envelope	By collaborating with the STP stakeholders, we are able to ensure that any cost savings by the unifying of services, can be moved elsewhere, to services that are underfunded.

1. BACKGROUND AND CURRENT SITUATION

1.1. Wolverhampton's previous strategy was developed in 2015. Since then there has been significant progress in developing and delivering support to people affected by Dementia, including families and carers. This includes Wolverhampton Dementia Action Alliance which was recognised as Dementia Friendly Community of the Year 2018 by the Alzheimer's Society.

1.2. In Wolverhampton:

- It is estimated that there are over 3000 people living with dementia
- It is projected that this figure will rise to 4703 people by 2035
- The Joint Strategic Needs Assessment (JSNA) for Dementia in Wolverhampton statistics demonstrated the relatively high prevalence of dementia in Wolverhampton with approximately 5% of citizens aged 65 and over are living with the condition.

1.3. Throughout the work, the Joint Dementia Strategy has adhered to the principles of coproduction. This has involved strong engagement with multiple stakeholders including people living with dementia, their families and carers, Black Country Partnership NHS Foundation Trust, The Royal Wolverhampton's NHS Trust, the Local Authority, Alzheimer's Society, other voluntary sector providers, care home sector and local councillors.

- 1.4. A Dementia Strategy Group met monthly to review and discuss the pathways, need and demand to support people affected by dementia.
- 1.5. The Joint Dementia Strategy provided a framework for developing an action plan on systematic identification of where support may be lacking, and opportunities for working across teams, sectors and organisations to deliver quality outcomes during challenging demands and budget pressures.
- 1.6. Following the launch of the Joint Dementia Strategy in May 2019, an Implementation Plan was drafted and meetings held to agree the activities and responsible leads. The responsible leads will report into the Dementia Strategy Delivery Board on a monthly basis. Responsible leads are across our multiple stakeholders including Black Country Partnership NHS Foundation Trust, The Royal Wolverhampton's NHS Trust and the Local Authority.
- 1.7. As the Joint Dementia Strategy highlights gaps in the community pathway to support people with dementia to access day / community care, this consideration has been included in the Implementation Plan to fill those gaps.
- 1.8. The Joint Dementia Strategy, and Dementia Strategy Implementation Plan, also provide a commitment to engage with Black and Minority ethnic communities.
- 1.9. The Joint Dementia Strategy Implementation Plan is a live document and any actions without a responsible action lead will be finalised at the next meeting scheduled for 16 July. However some actions are already progressing. The Joint Dementia Strategy Implementation Plan is attached as Appendix I.

2. CLINICAL VIEW

- 2.1. The Joint Dementia Strategy has been collaboratively developed with Provider Clinicians and concurrent to the governance process; they have also been signed off by Provider Clinical Governance process.

3. PATIENT AND PUBLIC VIEW

- 3.1. The Joint Strategy has adhered to the principles of coproduction. This has involved strong engagement with multiple stakeholders including people living with dementia, their families and carers, Black Country Partnership NHS Foundation Trust, The Royal Wolverhampton's NHS Trust, the Local Authority, Alzheimer's Society, other voluntary sector providers, care home sector and local councillors. This included:
 - A public and professionals Survey completed in 2018, which included questions related to dementia support and barriers
 - Focus groups with the community.
 - JSNA was analysed; local and national data sources
 - JSNA and Strategy Development Groups

4. KEY RISKS AND MITIGATIONS

4.1. NA

5. IMPACT ASSESSMENT

Financial and Resource Implications

5.1. Any costs related to delivery of the strategy will be met from existing budgets.

Quality and Safety Implications

5.2. Quality and safety implications are defined within the Dementia Strategy Action Plan

Equality Implications

5.3. A reduction in health equalities is an overarching aim of the Strategy. Equalities impact assessments will be carried out as appropriate within the work programmes.

5.4. The Strategy and Implementation Plan is inclusive and considers support for all needs and will continue to develop an understanding of potential barriers to access support and services. For example considering the particular concerns from the Black and Minority Ethnic Groups, the deaf community and adults experiencing sight loss.

5.5. The Local Authority and NHS Wolverhampton CCG are committed to ensuring the correct assessments are completed throughout the Implementation Plan projects.

Legal and Policy Implications

5.6. The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.

Name	Lisa Murray
Job Title	Business Manager, Mental Health Services
Date:	9 July 2019

ATTACHED:

Joint Dementia Strategy Implementation Plan

REPORT SIGN-OFF CHECKLIST

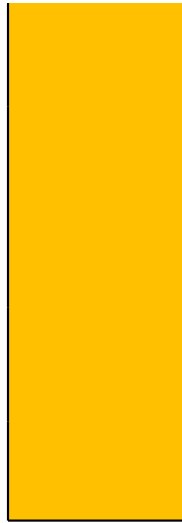
This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	BCPFT, RWT	Representation at Dementia Strategy Group
Public/ Patient View	Ongoing via Public and Patient groups	Representation at Dementia Strategy Group
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk Team	Molly Henriques-Dillon	Representation at Dementia Strategy Group
Equality Implications discussed with CSU Equality and Inclusion Service	Public Health	Representation at Dementia Strategy Group
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Lisa Murray	9 July 2019

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Theme	Aims	Measures	Outputs	Actions	To do	Priority	Timeline	Lead
Preventing Well Page 133	The City of Wolverhampton will be 'memory aware' and promote risk reduction through healthy lifestyles	<ul style="list-style-type: none"> Number of Dementia Friends and organisations signed up to the Dementia Action Alliance Promoting public health and wellbeing to reduce the vascular risk factors for dementia in our City http://www.nhs.uk/conditions/dementia/dementia-prevention Increase the number of NHS Health Checks and utilisation of dementia screening tools 	Promoting healthy lifestyles information with key messages about awareness, early intervention, prevention and risk factors for developing dementia	Targeted prevention messages in GP practices, both literature and screens	<ul style="list-style-type: none"> AGREE KEY MESSAGES Map where and how we deliver messages Develop a comms plan for information which may actually link in with any PH comms plan. 			Public Health Comms and workstream leads
				Regular messages in carers newsletters	<ul style="list-style-type: none"> Establish what is currently included in carers newsletters and how these can be improved? (will feed into above) 			Lesley Johnson
				Targeted awareness by all agencies during Dementia Action week and business as usual	Who is co-ordinating this? Is it DAA or CWC?			All
				Ensure prevention messages and healthy lifestyles for people affected by dementia are included as part of public health events, literature and campaigns	public health communications as well as CWC/CCG/RWT			Ankush Mittal
				Ensuring existing campaigns feature dementia	who can we ask to check existing campaigns?			Comms
				Link dementia to healthy aging city initiatives and healthy lifestyles	public health communications?			Ankush Mittal
				Contact baseline of NHS health checks and measure the increase of the number of people taking them	<ul style="list-style-type: none"> do we have the current data on how many? (PH?) measuring - how often is data collected? increase in numbers - do we have a target in mind for how much this will be and is there a national level for this to compare against? 			Ankush Mittal
				Ensure Dementia Friends Sessions continue to be delivered in all areas of the community				Sue Eagle/LA
			Raising awareness to seek assessment early if there are memory concerns	Leaflets available in health services covering hospital, primary care and community settings (e.g. pharmacies)	<ul style="list-style-type: none"> To produce leaflets unless these are already available. What is the message we are sending and is this a national or local message? Where and how they will be delivered Funding for this? 			PH/Comms
				Promote Memory Matters and Talking Points as ways to discuss early concerns	<ul style="list-style-type: none"> Who and how can we do this? Care Navigators/Social Prescribing 			Comms
				Continued service user, carer and provider engagement	<ul style="list-style-type: none"> Who and how can we do this? 			DAA
			Enable key staff such as community nurses, Dom care and care home staff are aware of prevention and risk reduction and where to signpost	Increase number of Dementia Friendly GP Practices	<ul style="list-style-type: none"> how many do we have now? what will be the target number? How long to do this piece of work? 6/12/18/24 mths? 			Primary Care
				Increase the number of NHS Health checks and the utilisation of dementia screening tools.	<ul style="list-style-type: none"> Do we use dementia toolkit now and is it in place across the city? public health to do this (Ankush?) 			PH
				Promote dementia friendly training and sessions as part of inductions	<ul style="list-style-type: none"> Each organisation will have its own recommended training regarding dementia awareness which is included in contracts and service specs but this is only relevant to staff's area of work. more focussed training for front facing staff. 			All
			Increase early diagnosis and access to targeted groups	All agencies to promote awareness and support information to BME communities, people with disabilities, deaf communities and those with co-morbidities. This includes people under 65.	<ul style="list-style-type: none"> over arching comms plan making sure shared across agencies/stakeholders/communities 			Comms & WS Leads

Theme	Aims	Measures	Outputs	Actions	Priority	Timeline	Lead
Diagnosing Well	People living with dementia in the City of Wolverhampton will receive a timely diagnosis with an offer of early support	<ul style="list-style-type: none"> • Increase the rate of timely diagnosis • Reduce waiting times for a memory assessment • Offer early support at assessment, diagnosis and beyond 	Continue to increase the rate of timely diagnosis	Work with NHS England to deliver targets in place	• What is the current target, where are we at now and how do we increase?		SF
				Memory Matters Service continues to raise awareness and strengthen referral to GP	• What/how do we strengthen referral to GP? • Do we already collect data on this to show improvement?		Lesley Johnson & Primary Care
			Reduced waiting times for a memory assessment	Strengthen and formalise the assessment process where people receive a diagnosis at RWT by ensuring the screening and cognitiion pathway is utilised.	• What is the current pathway? • What are the blockages? • How do we improve the timeline?		David Bailey or Julie Willoughby
				Ensure GP's discuss diagnosis with patients when diagnosis is received and signpost to Dementia Navigator Community Service for post diagnostic support	• Is there a way to receive data regarding GP referrals to Dementia Navigator?		Primary Care
				Continue to strengthen diagnosis in acute settings	RWT		Julie Willoughby
				Offer dementia support at RWT through staff induction and utilising dementia outreach team	Who is co-ordinating this? Is it DAA or CWC?		?Julie W.
				Ensure BCPFT maintain assessment waiting times below the 12-week threshold	What is the current target? What plans are in place to improve? Timeline for this?		BCPFT/Sue Wells
				Explore a high quality memory assessment through the acheivement of MSNAP accreditation			BCPFT
				Explore the diagnostic role in community pathways such as pharmacies and community nurses and strengthen communication when a diagnosis is made to ensure post diagnostic support is available earlier on.	• What is currently in place? • Pathway = Public Health • How can we improve?		PH & Julie W.
				Improve diagnosis rates in care homes through early identification. Staff to receive appropriate training.	• Do we have any data yet from work commissioned by SF to Dr Jay around dementia in care homes? • Care homes/red bags have a similar form in place. Important to ensure the patient is involved in the process. Who would start this?		SF
Care Navigators at GP surgeries refer to Dementia Navigtors Community Support Service and Carer Support Team	• To produce leaflets unless these are already available. • What is the message we are sending and is this a national or local message? • Where and how they will be delivered • Funding for this?		Primary Care				

		People are offered early post diagnostic support at assessment, diagnosis and beyond	GP's are given messages on early support dementia friendly initiatives and continue to deliver on QOF targets	<ul style="list-style-type: none"> • Purpose to improve the experience of patient. 			Primary Care
			Explore Dementia Navigators joining BCPFT at the end of assessment process to strengthen post diagnostic support	<ul style="list-style-type: none"> • Alzheimers provide Dementia Navigators and there are currently only 2 in place. • May need funding at some stage to increase numbers? • Could navigators be included in the co-location office? SE to speak to them. 			BCPFT
			Community nurse teams know how to refer to Dementia Navigators	<ul style="list-style-type: none"> • Do they currently know how to do this? How can we ensure this is in place and does it require a measurement? 			Community Nurses?
			Share information on support agencies, including benefits, carers support and Dementia Cafés on websites, leaflets, GP.	<ul style="list-style-type: none"> • will this be part of the Comms strategy. 			Comms

Theme	Aims	Measures	Outputs	Actions	Priority	Timeline	Lead			
Living Well	The City of Wolverhampton will be a Dementia Friendly City that supports people to continue to live	<ul style="list-style-type: none"> We will be accredited as a 'Dementia Friendly City' Reduction in inappropriate prescribing of anti-psychotic medication More people with dementia using self-directed support More people with dementia and their carers connecting to support through their Navigator, who will use an asset-based approach to enable people to continue to live well People have access to community support and information to prepare them for the future 	More people with dementia and their carers connection to support through their Navigator, who will use an asset-based approach to enable people to continue to live well. Ensure high quality, appropriate post-diagnostic support is available to all including younger people, those with comorbidities and those from BME group	Ensure all agencies are referring directly to the Dementia Navigator Support Service delivered by the Alzheimer's Society			Lee Allen			
				Make links with BME groups, community and faith groups			DAA already and will continue to do this	SE		
				Advertise all post diagnostic support available to the public and professionals			Who is co-ordinating this? Is it DAA or CWC?	SE		
				Explore Dementia Navigators meeting patients at Assessments				SE		
						Dementia Navigators will ensure a plan is in place that promotes independence and supports in planning for changes in the future	Dementia Navigators will take the lead on this and do 'This is Me'. Data on how many are done will be picked up through contract with CWC. Implementation/timeline for this to check success?			TBC
						More people with dementia engaged with agreeing advanced care plans and using self-directed support	MAP JAM SESSION IN MAY REGARDING SERVICES FOR MENTAL HEALTH DIRECTORY MAY ASSIST WITH THIS SECTION.			TBC
						Information on where to go when things change will be readily available to avoid patients and carers entering crisis	<ul style="list-style-type: none"> Do we have any data yet from work commissioned by SF to Dr Jay around dementia in care homes? Care homes/red bags have a similar form in place. Important to ensure the patient is involved in the process. Who would start this? 			TBC
						All agencies will encourage people affected by dementia to plan for the future with early conversations and refer where appropriate, to compassionate communities and dying well	<ul style="list-style-type: none"> To produce leaflets unless these are already available. What is the message we are sending and is this a national or local message? Where and how they will be delivered Funding for this? 			TBC
						Deliver community events	DAA to deliver			DAA
						Increase members				
						Increase in number of dementia friends				
						Expand activity to schools and transport in particular				
						Ensure cultural, leisure and social opportunities are available and promoted				

Carers and family support	Continue the assessment and support delivered by the Carer Support Team	Gather information on assessment & support delivered by CST Do we need to enhance this separately or will it be captured in revised information/comms			Lesley Johnson
	Explore the development of the CRISP programme for carers	SE to find out the cost of the CRISP programme cost.			SE
	Ensure carers needs are assessed and support is in place to maintain their own wellbeing				
	Enable carers to access support and promote community support available to them.				
Promote independence	Information on what is available is accessible in all community and statutory agencies				Dementia Care Navigators & Social Prescribing
	Navigators will make referrals to enable people to continue their independence by referring to assistive technology, welfare support and where to seek advice and guidance				
	Explore the possibility of commissioning Admiral nurses	Need to establish if their strategy has changed. If to be commissioned - funding and potential spec to be developed.			Andrea Smith/ Map Jam?

Theme	Aims	Measures	Outputs	Actions	To do	Priority	Timeline	Lead
Page 138			People affected by dementia will have a named Navigator to connect them to the available support	All agencies to refer All services are equipped to signpost people to support, particularly for people who are receiving a late diagnosis	Can all agencies refer and do they know how to? Who is co-ordinating this? Is it DAA or CWC?			BCPFT & SE
			More people with dementia will have an Advanced Care Plan that includes end of life planning	Early conversations by all care co-ordinators to ensure the completion of an Advanced Care Plan - services are equipped to refer to teams that can complete plans Care plans should be personalised and specific on patient's wishes and deter hospitalisation which would cause further deterioration All patients will have a Care Plan and this will be based on 'This is me' - this should include information on mental capacity and lasting power of attorneys	Who currently completes the ACP? Is it within the EoL pathway? More detail conversations within work stream to look at this Are further comms or training required for staff completing these? Are further comms or training required for staff completing these?			how does this link in with ICA EoL? AS to speak to Karen Evans
			Integrated support for dementia is offered through health and social care teams and voluntary community organisations	Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and sharing information. This may include shared protocols and training between services. Co-ordination of services to be improved and full offer of support to be mapped and implemented	Will Supporting Well work within monthly work streams to address this with whole group or set up separate meetings? Need to establish what protocols/training is in place already and what work will need to be developed/improved and timeline for this			Supporting Well T&F group to look at this
				Agencies make connections to existing services, such as the Frailty pathway and Telecare	Link in with Frailty work?			
				Explore Frailty Co-ordinators in GP clinics who will connect to health and social care services.	• Do we have any data yet from work commissioned by SF to Dr Jay around dementia in care homes? • Care homes/red bags have a similar form in place. Important to ensure the patient is involved in the process. Who would start this?			
			Developing community teams to treat more people in their own home leading to below (reduced admissions)	Report the impact of EPAC once rolled out - improve the expectations of GP's as care coordinators once EPAC is in place and Local Enhanced Service (LES) in place	• To produce leaflets unless these are already available. • What is the message we are sending and is this a national or local message? • Where and how they will be delivered • Funding for this?			
				Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and ensuring actions are undertaken	continue review of Blakenhall and services? Is there a current timeline in place for this with proposed solutions to address any outcomes? This has a separate T&F group looking at it which SF & Andrew W are involved in. Should be complete by December 2019.			
			Explore GP groups who have an interest in dementia and service improvement	how will we approach this? Use Primary Care Team to make connections with GP's?			Primary Care	

People living with dementia in the City of Wolverhampton will receive support that adapts to changing needs with access to good quality secondary care.

- Integrated support for dementia is offered through health and social care teams and voluntary or community organisations
- People affected by dementia will have a named Navigator to connect them to the available support

Reduction in admissions to acute care	Review respite and day support for people affected by dementia and develop a new model in line with modernised day services and incorporating new health community team input	There is a challenge around people with dementia increasing and what happens when their condition gets worse. Do we have enough acute care in communities to support this? We need to future proof the service. What do we have now? What will the new model look like? Timeline for review and development?			SF/SE or Andrew Wolverson.
	Map independent community services such as Age concern sitting service, carer support and extra care schemes	•Each organisation will have its own recommended training regarding dementia awareness which is included in contracts and service specs but this is only relevant to staff's area of work. • more focussed training for front facing staff.			Map Jam/ Dementia Navigators
Improving the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns.	Rapid Intervention Team already treating people in care homes and at home. This offer to be formalised to support hospital avoidance	What do RITs currently do, is there data to support? Timeline for offer to be 'formalised' if not already in place? Redesign of Community Model			Rachael Berks
	Develop a bespoke community team that offers clinical support to care homes and to people in their home. Particularly to improve outcomes for patients where hospital admission often provides further challenges and confusion. Explore mental health teams home treatment team and crisis resolution model.	What will this look like? Will it require additional funding?			
	Explore a targeted training and support package to those homes with high admissions to hospital	Could this be linked in with QNA team? Would require data around homes with high admissions due to dementia and symptoms. Who has this data? Could training be linked in with additional training offered to other services?			SF/SE
	Explore Dementia Outreach Team and expanded offer in hospital to home	liaise with Julie Willoughby. What is the expanded offer? Is this sufficient? Redesign of Community Model			
	Develop D2A and Reablement pathway to ensure staff and professionals are able to support people with their primary goals with a dementia diagnosis	Timeline for development? Will this be incorporated into the existing D2A work?			Tracey Chappell/Nicky Hack
	Formalising the way we work with Integrated Care Alliance to ensure outcomes are monitored and recorded	BCF may be the delivery model for ICA work - formalise how this will link in for reporting purposes. Determine outcomes and align. Redesign of Community Model			PH?
	Work with care home, domiciliary and care home staff to equip them in supporting people with dementia	Refers back to training - do we need to refresh training or possibly provide bespoke training? Cost implicaiton.			SF/SE
	Quality assurance teams to share best practice within care homes to raise improvements in dementia friendly environments and activities	Discuss how this would be shared?			SE
	Explore national models of community support and targeted support for people with advanced dementia				PH
	Explore Admiral nursing programme to deliver training to health professionals	Need to establish if their strategy has changed. If to be commissioned - funding and potential spec to be developed.			MAP JAM?
	Ensure all agencies have and refer to This is Me/About Me document - continued use in Red Bag.	How does this link in with ICA EoL? Check with Karen Evans			AS to speak to Karen Evans

			Excellence in Dementia Care	The Trust will continue to develop and deliver the Excellence in Dementia Care programme through the development and delivery of RWT's Strategy and campaigns.				RWT/David Bailey
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Theme	Aims	Measures	Outputs	Actions	To Do	*****NOTE*****	Priority	Timeline	Lead
Dying Well Page 141	People with dementia in the City of Wolverhampton can die with dignity and respect	<ul style="list-style-type: none"> Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers Reduction in unnecessary hospital admissions within the last year of life Bereaved carer's views on the quality of end of life care received to improve outcomes 	Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers	Share the pathway within the End of Life strategy - ensure criterion are as flexible as possible to provide a person-centred approach.	Does the current EoL pathway need reviewing to ensure criterion are as flexible as possible? Make contact with EoL team to discuss?	<p>This needs to be discussed with ICA EoL group before any actions assigned.</p>			
				Ensure information is given to people about mental capacity and lasting powers of attorneys.	How is this given now? Do we need to revise the information and how it is shared?				
				Ensure agreed documentation is in place for teams who can complete Advanced Care Plans, advanced directives and refusal for treatment and that they are aware of responsibilities.	Who currently completes the ACP and? Does the current ACP do what we want it to do?				
				Continue the work between quality teams and care homes to equip staff with difficult conversations and ensure correct documentation is in place	Who is co-ordinating this? Is it DAA or CWC?				
			Reduction in unnecessary hospital admissions within the last year of life	Build on the work between Compton Care and CCG to ensure staff are confident to deliver this pathway and promote available training on end of life care conversations.					
				Explore the expansion of low-level palliative care and support					
			Bereaved carer's views on the quality of end of life care received	Promote rapid discharge to home pathway as this is currently underutilised	this is currently utilised. How do we promote the service more?				
				Promote Bereavement Hubs that provide advice and opportunities to connect with people who are in the same position as you	<ul style="list-style-type: none"> Do we have any data yet from work commissioned by SF to Dr Jay around dementia in care homes? Care homes/red bags have a similar form in place. Important to ensure the patient is involved in the process. Who would start this? 				
				Continue to deliver Dying Matters awareness weeks and promoting conversations	<ul style="list-style-type: none"> To produce leaflets unless these are already available. What is the message we are sending and is this a national or local message? Where and how they will be delivered Funding for this? 				
				Ensure support plans and plans in place are used to respect patient's wishes					
Test the pathway	Ensure everyone has access to information to enable a good death								
	Undertake a walkthrough of all dementia interfaces and services. This will enable further understanding to develop areas and share good practice.								

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Minutes of the Quality & Safety Committee
Tuesday 12th March 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Steve Barlow – Public Health, Wolverhampton Council
Yvonne Higgins – Deputy Chief Nurse, WCCG
Dr R Rajcholan – WCCG Board Member (Chair)
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:

Jim Oatridge – Lay Member (Deputy Chair)

In attendance:

Kassie Styche – Quality and Safety Officer, WCCG (Minute Taker)
Kim Corbett – Nurse Manager Infection Prevention, RWT
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
David King – EIHR Manager, WCCG
Katrina McCormick – Children’s SEND Programme Officer, WCCG
Peter McKenzie – Corporate Operations Manager, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Mike Hastings – Director of Operations, WCCG
Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG
Marlene Lambeth – Patient Representative – Lay Member
Sue McKie – Patient/Public Involvement – Lay Member
Ankush Mittal – Public Health, Wolverhampton Council
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Peter Price – Independent Member – Lay Member

QSC/19/022 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/19/023 Declarations of Interest

No declarations of interest.

QSC/19/024 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/024.1 Minutes from the meeting held on 12th February 2019 (Item 3.1)

The minutes from the meeting which was held on 12th February 2019 were read and agreed as a true record.

QSC/19/017.1 – Policies for Ratification - Dr Rajcholan asked for clarification around certifying or verifying the death.

Mrs Roberts replied that this was verifying death only.

QSC/19/024.2 Action Log from meeting held on 12th February 2019 (Item 3.2)

QSC/19/015.1: Quality Report – To liaise with STP lead to understand what the system may be able to offer to support with regards to the deteriorating performance for the 2 week wait for cancer referrals.

Mrs Roberts informed the group that she had met with the Cancer Leads regarding a system response and received helpful information. The main areas discussed were inconsistency of data, working progress for referrals and provider feedback.

Mr Oatridge was concerned with the inconsistency of data provided and information received from RWT.

Mrs Roberts replied that following weekly meetings with RWT and reassurance she believes there are some discrepancies with cancer alliance data.

Validation of the data will also need to be made through work Public Health is currently undertaking.

Mr Barlow from Public Health will submit formal feedback around the referral data to April's Meeting.

ACTION: Mr Barlow

QSC/19/015.1: Quality Report – To provide the detail of the Serious Incidents to the next meeting.

The details of the serious incidents are now included with the Quality Report.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/005.6: Quarterly CQUIN Update – To request an update on Tobacco control indicators for BCPFT for the next meeting. Awaiting national guidance around this.

Currently there is no national data out for tobacco control indicators. BCP have no submission for quarter 3, however Ms Higgins will chase this data.

ACTION: Ms Higgins

Mrs Roberts advised the 2019/2020 CQUINs are out now.

QSC071: H&S Performance Report – New H&S Provider to look into supporting CCG with H&S requirements. Meeting taking place soon with the company and the named personnel at the CCG.

Mrs Roberts advised that Wolverhampton CCG had met with the new provider week commencing 4th March 2019 and the audits were due to be started week commencing 18th March 2019. An update report for last year's data will be submitted for April's meeting.

ACTION: Mrs Roberts

QSC/19/025 Matters Arising

There were no matters arising noted.

QSC/19/026 Performance and Assurance Reports

QSC/19/026.1 Quality Report (Item 5.1)

The above report was previously circulated and noted by the Committee.

Cancer – Overall cancer performance at RWT remains a challenge, performance of all cancer targets have deteriorated in January 2019. Key areas for concern along with breast are Urology, Upper GI and Dermatology and the trust are receiving continuous support in these areas. An improvement in 62 day performance is anticipated by March. The deterioration in performance was expected as the reduction in backlog was undertaken, however during this reporting period there was also an unprecedented

demand in 2WW Breast symptomatic referrals and this has had a significant impact on current performance and achievement of trajectory.

Mr Oatridge asked Ms Higgins what is meant by harm and the harm reviews.

Ms Higgins responded it means the eventual outcome for the patient from delays; this includes psychological and physical harm following the end of a pathway.

Mrs Roberts explained that to date the harm reviews have evidenced minimal harm and that if harm was identified this would be reported as a serious incident within the SI framework.

Mrs Roberts informed the team that RWT were due to return the achievement of trajectories by July 2019; however they have requested submission to NHSI in April 2020. The CCG note that this is a massive concern due to the significant move from July 2019 to April 2020 and will be challenged by CCG.

Mr Oatridge stated he was very impressed with the much improved layout of the Quality Report and finds the expected achievement column very helpful.

Mortality – This is still a key issue, the Trust has identified that an improvement on the SHMI is not expected until October 2019. The Trust mortality strategy has been launched and focuses on ensuring that the organisation is learning through the development of a strong mortality framework.

Ms Higgins informed the group that there has been an increase of Serious Incidents raised suboptimal care resulting in death. Wolverhampton CCG has completed a themed review of these incidents with the main theme being lack of recognition around deterioration. Ms Higgins has requested minutes from the RWT Deteriorating patients group to be submitted to CQRM and a visit is to be arranged to follow the sepsis pathway in the trust.

ACTION: Ms Higgins

Mr Barlow stated that he thought one of the main issues has been with Locum doctors and the lack of training around Sepsis and Deterioration.

Dr Rajcholan requested further details and the cause of death for the Serious Incident that took place in Gynae.

The full details of the themed review were attached to the Quality report as appendix 1.

Ms Higgins stated that we need to strengthen Mortality within Primary Care to look at the figures for dying within 30 days.

Mrs Roberts advised a scoping exercise for the GPs and what they currently do for the Mortality reviews is underway.

Dr Rajcholan agreed and said there needs to be significant training within Community Services. Dr Rajcholan informed the group she had referred a patient to the Community Matron Team and should have been seen within ten days; however had still not been seen after four weeks. There is very little support around Community Services and this does need addressing.

Sepsis – The CQUIN performance for quarter 3 shows a deteriorating position for sepsis screening and timely antibiotic administration in both inpatients and ED. Data identifies that of the 88.9% patients screened in ED, only 61.9% received antibiotics within the hour and of the 66.2% screened as inpatients, only 63.5% received antibiotics within the hour. Further assurance relating to data supplied is being sought.

Implementation of the software update to include an electronic flagging system for sepsis has been delayed nationally until end March which may impact on return to performance.

Ms Higgins stated that there is a lot of work to do in this area and we are pushing heavily.

Maternity – Maternity services capping remains in place, elective and emergency C Section rate remains above the trajectory, and labour and instrumental delivery rate are also above trajectory.

Ms Higgins informed the group that a capacity review will be undertaken in March 2019.

BCPT – The CQC rating has decreased and this may impact on the quality and safety of care provided, there is an ongoing monitoring against the CQC action plan.

Ms Higgins has regular meetings in place to strengthen report writing and standardise CQRM format and a visit has been arranged to Wolverhampton inpatient wards to gain assurance from the CQC report.

Probert Court – There are still ongoing concerns and the QNA Team will continue to support the care home manager with quality improvement.

Ms Higgins informed the group that a new Clinical Lead and Senior Nurse have been appointed.

Mr Oatridge asked when the new members of staff are likely to be in post.

Ms Higgins responded that the staff will hopefully be in post by April 2019. However quality and safety issues remain and sustainability of this arrangement is heavily challenged.

HCAI – E-coli improvement plan anticipates improvement by next data release in August 2019. Monthly meetings are being held between CCG, RWT and Public Health with a robust driver diagram and action plans in place.

Ms Higgins informed the group that we have recently recruited a GP to the E-coli group and this will be beneficial to the outcomes going forward.

Incidents – We currently have good figures in regards to falls and pressure injuries and there is positive work taking place with Never Events.

Ms Higgins informed the group that we have no overdue SIs and the quality indicators are very good.

Mrs Corrigan and Miss McCormick joined the meeting.

Ms Higgins asked the group if they had any questions or comments about the report.

Mr Oatridge enquired around the elevation in sickness for Maternity and that the trending lines seem to show seasonal sickness. Ms Higgins agreed and that she would watch the figures.

Mr Oatridge commented on the issues stated on page 54 around data sharing of children and young people in care for the 50 mile plus cohort.

Mrs Roberts replied that there was an issue with resistance of releasing data that a staff member had requested. We currently sub contract the work through RWT for the 50 mile radius and that we contact RWT when the data is required.

Mrs Roberts informed Mr Oatridge that this issue has now been resolved and there should be no further issues with obtaining data and that a SOP is in place that resides within the contract.

QSC/19/026.2 Primary Care Report (Item 5.2)

The above report was previously circulated and noted by the Committee.

Infection Prevention – Mrs Corrigan advised that the IP audits continue and that the 2018/2019 cycle will complete this month. The main issue raised from the audits are damage to décor.

Flu vaccines – The Flu programme comes to an end this month and all surgeries have supply. Mrs Corrigan informed the group that the 2018/2019 evaluation is available and that a full report will be submitted for April's meeting.

Deterioration and Sepsis – Ron Daniels the Sepsis Lead from the Sepsis Charity Trust will be presenting at 'Team W' on 27th March 2019.

Serious Incidents – There is currently one serious incident which was picked up via PPIGG.

Quality Matters – Ongoing and monitoring monthly.

FFT – Still good figures for the uptake on FFT, however we do sit under the national average for the patient satisfaction question and we are currently monitoring this through Primary Care Contracting.

Workforce and Development – Work is ongoing and further funding has been given.

Mrs Roberts thanked Mrs Corrigan for all of the hard work she has put into Primary Care and the recognition from this work is very positive going forward.

Mrs Corrigan left the meeting.

QSC/19/026.3 SEND Update

The above report was previously circulated and noted by the Committee.

The SEND Health local offer review is underway and Mrs McCormick and Mr May are leading work in further developing our offer.

The council have increased the number of children and young people in special and mainstream school places from September 2018 and will have further increases have been announced for September 2019.

Mr King joined the meeting.

CCG SEND Action plan has been updated and will support in this area of work which is based on the self-assessment diagnostic checklist and 6 key domains against which the CCG will be measured as part of the inspection process by CQC and Ofsted.

- 1) Leadership and Governance – It has been agreed that SEND will be tabled at Governing Body.
Standard Operating Procedures for areas of work are required and these are being progressed
- 2) Joint Arrangements – Further work is required in this area in order to fully understand our joint commissioning arrangements. This is particularly relevant to the increase in special school places and the impact that this has on our providers.
- 3) Commissioning – Agreement has been made to refresh the SEND specific JSNA in order to appropriately use the needs to analysis information to develop local offers across the city.
- 4) EHC Plans – Good progress in relation to the development of EHCPs has taken place.
- 5) Engagement – This is well established in particular to Personal Health budgets

but requires improvements in some areas such as CAMHS.
6) Monitoring and redress.

Miss McCormick informed the group that there are currently no new risks but some may be highlighted following the review.

Mrs Corbett joined the meeting.

Mr Oatridge commented on how positive the report was, however he would like the report to include an idea of scale including how many schools and how many children. Mr Oatridge is also keen to hear about the difference in growth and activity and what resource is available.

Dr Rajcholan agreed and Mrs McCormick confirmed the next report will include higher level detail.

Miss McCormick left the meeting.

QSC/19/026.4 Equality and Diversity Report and Annual Report (Item 5.4)

The above reports were previously circulated and noted by the Committee.

Mr Strickland joined the meeting.

Mr King informed the group that the report includes all relevant information for the CCG to meet its publication duty.

There is public engagement planned for EDS2 outcomes during 2019.

No risks have been identified in the report, though failure to publish by 30th March 2019 would be a risk since the CCG would not have met its legal requirement of duty to publish.

The annual report has been produced to set out a summary of the activity of Wolverhampton CCG and was undertaken during the 2018/2019 financial year. The report covers the following areas;

- An overview of the CCG's approach to Equality
- The CCG's NHS Equality Delivery System 2 (EDS2) template update
- An update on the CCG's newly adopted Equality Objectives

Mr King stated that section 3 in particular reflects well on the CCG.

There are ongoing issues around the patient grading and these not being included in the outcomes, the CCG are compliant with what we are doing with the grading issues.

Agreement was made by the group that the report can be published.

Mrs Roberts spoke about the public engagement and using patient stories through the work we have completed with patient safety. When using patient's stories in the past we have always received great feedback.

Mr Oatridge stated that on reflection of the stories they are good to hear but then nothing is heard after.

Mrs Roberts agreed and said context is very important.

Mr Oatridge informed Mr King that he thought his recent presentation was extremely good.

Mrs Roberts agreed and that very good feedback had been received.

Mr King left the meeting.

Dr Rajcholan left the meeting, Mr Oatridge will chair for the remainder of the meeting.

QSC/19/026.5 Infection Prevention service update (Item 5.5)

The above report was previously circulated and noted by the Committee.

Mrs Corbett informed the group that going forward Mr Reid, acting Head of Nursing for Corporate Support Services will be submitting the report and attending the meeting.

There has been one outbreak of influenza A confirmed within Nursing Homes and advice and support has been given by the IP Team and treatment prescribed by RIT Team.

There have been a few practices although have been using safe sharps still had non safe sharps in their stock cupboards. Waste management bins still need to be replaced with lidded receptacles that are easy to clean and foot operated only.

Mr McKenzie joined the meeting.

The figures for the Gram negative bacteraemia are variable and are above the expected level. Monthly meetings are being held between CCG, RWT and Public Health with a robust driver diagram and action plans in place.

Ms Higgins and Mrs Corbett updated the group around the 6 month catheter project that is currently underway; however there has been low numbers of patients involved in the pilot.

Mrs Roberts enquired when the data for the pilot will be available.

Mrs Corbett replied that she will hopefully be able to get the data out by the end of this month.

ACTION: Infection Prevention Team

Mr Barlow stated he had issues with the figures on page 6 of his report.

Mrs Roberts replied that this does happen sometimes when the documents are PDF'd and that the word version was correct.

Mr Oatridge requested the report to include more data on catheters as he feels the content around catheters has gone.

ACTION: Infection Prevention Team

Mrs Corbett left the meeting.

QSC/19/027 Risk Review

QSC/19/027.1 Quality and Safety Risk Register (Item 6.1)

The above report was previously circulated and noted by the Committee.

Mr Strickland advised that there were no new risks for the Committee.

Mr Oatridge requested Mr Strickland to only give a brief update as the discussion from Ms Higgins for the Quality report reflects where we are for the risk register. Mr Oatridge advised going forward it may be best for the Risk Register to follow the Quality Report on the agenda and a final review at the end of the meeting.

ACTION – Mrs Hough

Committee Risks:

Vocare (QS01) – Agreement within the meeting for this risk to be closed off the Risk Register.

Flu (QS09) – Agreement within the meeting for this risk to be closed off the Risk Register.

Probert Court (QS08) - Probert Court remains high, due to ongoing issues, however plans have been put in place and regular monitoring is taking place.

Mr Oatridge stated he is reluctant to lower the risk until we have certainty these issues are resolved.

The group were in agreement.

Cancer (QS06) – Mr Oatridge requested for this risk to be reviewed early due to the delay in Trajectories.

The group were in agreement, Mr Strickland to meet with Mr Parvez and Mrs Thorpe to review.

ACTION: Mr Strickland

Mortality (QS07) – Risk to remain as moderate.

Mr Strickland left the meeting.

QSC/19/028 Policies for Ratification

QSC/19/028.1 Data Quality Policy (Item 7.1)

The Data Quality Policy was not included in the paper pack for the meeting. Mr McKenzie agreed to circulate the paper, he stated there were no major amendments made to the policy.

ACTION: Mr McKenzie

QSC/19/028.2 Standard Operating Procedure for the Management of Subject Access Requests (Item 7.2)

The above document was previously circulated and noted by the Committee.

Mr Oatridge enquired when the policy is amended and if this was done every 3 years as this SOP states was reviewed in 2018.

Mr McKenzie replied that usually a SOP would be reviewed and updated every 3 years unless there is a change in legislation then it would be reviewed every 12 months.

Mr McKenzie confirmed he is happy with the content of the policies.

Mr McKenzie asked for the committee's approval to delegate sign off of the CCGs Data Security Protection Toolkit before the end of March.

QSC/19/029 Feedback from Associated Forums

QSC/19/029.1 Commissioning Committee (Item 8.1)

The Commissioning Committee minutes from 31st January 2019 were received for information/assurance.

QSC/19/029.2 Primary Care Operational Management Group (Item 8.2)

The Primary Care Operational Management Group minutes from 4th January 2019 were received for information/assurance.

QSC/19/030 Items for Escalation/Feedback to CCG Governing Body

- Slipping of SHMI
- Cancer work with Public Health
- Dr Odum to be invited to next Governing Body Meeting

Mr Oatridge wanted clarification whether this will be for public or private meeting.

Mrs Roberts advised it would be best for the private meeting.

QSC/19/031 Any Other Business

Mr Oatridge states the reports are becoming very good and are slicker reports; however feels more work needs to be done with the Primary Care Report as this seems the same each month. Mr Oatridge requests that the report be more data and dashboard driven with less narrative and to concentrate on areas for concern and have a changes section.

Ms Higgins agreed and will speak to Mrs Corrigan to amend for April's meeting.

ACTION: Ms Higgins

Mr Oatridge expressed his concern around and what the FFT data is being used for and how much it costs and is the work valued.

Mrs Roberts replied to Mr Oatridge that the FFT is contractual work and we need to have completed each month.

QSC/19/032 Date of Next Meeting: Tuesday 9th April 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.25pm

Signed: Date:
Chair

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Minutes of the Quality & Safety Committee
Tuesday 9th April 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Steve Barlow – Public Health, Wolverhampton Council
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Dr R Rajcholan – WCCG Board Member (Chair)
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:

Peter Price – Independent Member – Lay Member
Sue McKie – Patient/Public Involvement – Lay Member

In attendance:

Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG (Minute Taker)
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Maxine Danks – Head of Individual Care, WCCG
Kelly Huckvale – Information Governance Officer, Arden and GEM CSU
Peter McKenzie – Corporate Operations Manager, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Mike Hastings – Director of Operations, WCCG
Yvonne Higgins – Deputy Chief Nurse, WCCG
Ankush Mittal – Public Health, Wolverhampton Council
Jim Oatridge – Lay Member (Deputy Chair)
Marlene Lambeth – Patient Representative – Lay Member

QSC/19/033 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/19/034 Declarations of Interest

No declarations of interest.

QSC/19/035 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/035.1 Minutes from the meeting held on 12th March 2019 (Item 3.1)

The minutes from the meeting which was held on 12th March 2019 were read and agreed as a true record.

QSC/19/035.2 Action Log from meeting held on 12th March 2019 (Item 3.2)

QSC/19/026.1: Quality Report - Ms Higgins has requested minutes from the RWT Deteriorating patients group to be submitted to CQRM and a visit is to be arranged to follow the sepsis pathway in the trust.

Noted by secretary to the CQRM (RWT).

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/026.5: Infection Prevention Service Update - To provide the catheter pilot data by the end of March 2019.

To chase this item up at CQRM (RWT).

QSC/19/027.1: Quality and Safety Risk Register - Risk Review to now follow the Quality report on the agenda.

April's agenda amended for this action.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/027.1: Quality and Safety Risk Register - To arrange to review the Cancer Risk early with Mr Parvez and Mrs Thorpe.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/028.1: Policies for Ratification - To share Data Quality Report with the group.

This item was on the agenda under item 3.3.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/015.1 and QSC/19/024.2: Quality Report - Mr Barlow from Public Health to submit formal feedback around referral data from Public Health to April's meeting.

It was agreed to receive a verbal update around this.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/031: Primary Care Report - Report to be more data and dashboard driven. Report to include changes and areas for concern.

April's report has been amended and further changes will be made to future reports.

It was **agreed to close** this action and **remove** it from the action log.

QSC/015.1: Quality Report - To arrange for the RWT Mortality Presentation to be presented to the Governing Body by RWT.

This was on today's Governing Body agenda.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/005.6: Quarterly CQUIN Update - To request an update on Tobacco control indicators for BCPFT for the next meeting. Currently there is no national data out for tobacco control indicators. BCP have no submission for quarter 3, however Ms Higgins will chase this data.

There was information regarding this item on the CQUIN report under item 7.6.

It was **agreed to close** this action and **remove** it from the action log.

QSC071: H&S Performance Report - New H&S Provider to look into supporting CCG with H&S requirements. Meeting taking place soon with the company and the named personnel at the CCG. Health and Safety audits due to be started week commencing 18th March 2019. An audit report for last year's data will be submitted for April's meeting. A Health and Safety audit report will be available for May's Quality and Safety Committee as the Health and Safety audit was completed on 29th March 2019 and the formal report is still awaited. However, the initial feedback didn't identify any immediate concerns. Verbal update on the Health and Safety audit will be provided at the April's Quality and Safety Committee.

A quarterly Health and Safety Performance report will be scheduled on this committee.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/035.3 Data Quality Policy (Item 3.3)

This policy was circulated for information purposes as it was discussed last month but was not with the papers.

QSC/19/036 Matters Arising

There were no matters arising noted.

QSC/19/037 Performance and Assurance Reports

QSC/19/037.1 Quality Report (Item 5.1)

The above report was previously circulated and noted by the Committee.

Cancer – The trust was catching up on the backlog of the 62 day wait, however, there has been a significant increase in breast 2 week wait. Some work has been undertaken around breast and the trust is saying that it is down to demand. To validate this, the CCG have asked Public Health to review the data.

Mr Barlow added that there are three sources of data from NHSE, RWT and the Cancer Alliance and they all have conflicting information. There are some increases in figures but need to verify data and look at the gaps. There was a teleconference scheduled with NHSE on Thursday and a meeting with RWT on Monday and then speak with Paul Tulley (STP). On first review it doesn't look like there is a massive increase in referrals, it is not purely demand, but there is something else. They need to understand if other local trusts are having issues. In 2017 there were a potential number of referrals; there might be a system issue.

Mrs Roberts stated that this is a significant piece of work.

Mr Price asked what the trust's understanding of it was.

Mrs Roberts replied that they are saying it is completely demand; IST have been in and have validated the pathway; the staff are working six days a week and they have outsourced what they can. In December last year, other local trusts were better than RWT.

Mr Barlow added that they are going to go into the trust and walk the pathway with them to get a better understanding.

Mrs Roberts stated that the breast 2 week wait is now working to 23 days;. With regards to wider system work; Paul Tulley has shared the breast referral form from Sandwell and West Birmingham and RWT are going to use that. For Primary Care they are following NICE guidance and if a lady presents with a lump they are referring them straight away as they don't want to delay. Mrs Roberts and Mr Tulley through Matt Lewis (Walsall) are writing out to the breast consultants across the STP to get their stance on it; hopefully this will be done in the next 10 days. A letter has been received from NHSE to say that the breast work is on escalation. A trajectory has been set by the trust and have breast activity on top of that they were hoping to achieve by March but has now been updated to October.

Waiting Lists Initiative – The urology pathway is seeing good activity. Dermatology is also being watched with regards to performance.

Mortality – The SHMI is reported at 1.21. With regards to the Mortality Improvement Group (city wide mortality group) Public Health are really helping with it and it reflects the local demographics. They are working to join up care home data as CCG QNA data and the RWT data doesn't correlate.

Mortality Review Group (RWT) –The Bereavement Nurse is now in post and the mortality review process is quite impressive. There are lots of gaps with dementia and

frailty. Significant work is taking place around coding in clinical care and FCE and depth of coding for identification.

Sepsis/Deterioration – NEWS 2 is now live and the trust is using the Sepsis 6 at the front door; they need to take two temperature readings on a regular basis and the respiratory rate is not being reported routinely against the sepsis 6 audit undertaken by the trust, steps are in place to improve this compliance. Further challenge has been given with regards assurance for sepsis pathway across the inpatient areas of the trust, this is awaited. Mrs Roberts and the team are going to walk the pathway for further assurance. Ron Daniels presented at Team W and received really positive feedback. There are a number of CQC alerts (about 10 at the moment) which is a lot. The alerts are predominantly related to coding issues but there are some clinical quality issues also identified the CCG has asked to be copied into returns for further assurance. CQC are being assured with the trusts responses. Mr Steve Field has been appointed as chair and will meet with Mrs Roberts soon. A lot of work is ongoing but it will be about another six months at least until improvement is seen in SHMI outcomes.

Sepsis – The trust has got capacity at the front door; the CCG has challenged the second part of the Sepsis CQUIN and this is unlikely to be supported in CQUIN payment. Monthly ward activity has been received and is really good. Going in to the trust as an invited guest in the first week in May to review the ward audit activity and will feed back. The Sepsis electronic flagging has not yet gone live.

Maternity – The cap remains and will be reviewed in light of Walsall lifting their cap; some patients want to stay at Wolverhampton. Likely to remain with cap for SSAF. With regards to the staffing, there are positive recruitment drives in place, in particular for midwifery. The 10 national CNST steps have to be validated and that will come here. Will look at stepping down next month regarding capping within the risk template for committee.

Ms McKie asked how they were doing with Saving Babies Lives

Mrs Roberts replied that they are doing really well; there is an issue with smoking but have done some work with Sandwell and West Birmingham. There is a support worker helping with smoking but she only works a few days a week so it is difficult to measure the impact. A gap analysis has been supported by the maternity network with regards to compliance and this will be fed back to the trust shortly, looking to standardise practice across the LMS.

Dr Rajcholan asked about post-natal depression.

Mrs Roberts replied that with regards to peri-mental health there is a robust service now in place and has been for about four or five months.

Mrs Corrigan joined the meeting.

BCPT – There are issues around workforce and mental health capacity and a review is underway over a 12 hour breach.

Mr Parvez added that the breach review was an out of hour's escalation; they have asked for assurance from review; they waited until the morning and so have a breach. There was no system in place for the weekend after 8pm on Friday but there is now. There were six 12 hour breaches; mainly around escalation. There wasn't a Director on call.

Mr Parvez commented that there are three elements; mobile transfer delay, escalation from Cygnet and they will do another review in six months' time.

Mrs Roberts informed the Committee that she now chairs the BCPFT CQRM and are currently working on a generic agenda; there is more work to do with clinical ownership and pace as well as community modelling work.

Ms Huckvale joined the meeting.

D2A Arrangements – They have been given a revised costing for staffing.

Probert Court – A decision has been made to not renew the contract; they have asked for three lots of beds for flexibility and have a block contract. Patients are still going in there and the QNA team are in there almost daily.

HCAI – E-coli plan expected next month.

Sandwell and West Birmingham – They have had over a thousand mixed sex accommodation breaches which had not been picked up this has been going on for six years; the trust has worked really hard to get the figures down and have seen a real improvement, they have set a trajectory of zero by May 2019.

West Park – A safeguarding concern has been raised by West Park, mainly attitude of staff, the CCG have asked the trust to provide an action plan and will do an unannounced visit with an update next month.

ACTION: Mr Parvez

Mrs Roberts advised that WMQRS have been in to the trust to review Stroke services; the main issue was around consultant cover; they have only received a verbal report so far.

Mr Price commented on the final column on the report and added that it was really helpful.

Dr Rajcholan referred the Committee to page 11 of the report and particularly Probert Court where it said that they were on track in March and was expected to return to performance in April.

Mrs Roberts replied that from a performance perspective yes they are; however from a quality perspective they are not.

Dr Rajcholan asked about the falls in Probert Court and asked if they were avoidable.

Mr Parvez replied that they are reporting all falls now and are reviewing them.

Mrs Roberts added that there was one serious incident from Probert Court that was with harm.

Dr Rajcholan referred the committee to page 14 of the report 'RWT Endoscopy Surveillance Incident' and asked if there were any further outcomes.

Mr McKenzie joined the meeting.

Mrs Roberts replied that there was an internal process for call back and there were 10/15 patients with a data anomaly, they have now changed the data system, the system didn't call back future follow ups. These are low numbers and the data has been validated and clinically validated. There is a third cohort of about 8500 potential patients who due to a data entry issue were took off the system, they are doing a data return. Mrs Roberts has spoken to the Medical Director and their initial thoughts were that out of 8500 there would probably be about 10 patients. An update is expected at the next CQRM.

Dr Rajcholan asked if there was any particular division this related to.

Mrs Roberts replied that it wasn't a particular division it was across endoscopy call back and there has been nothing flagged.

Mr Barlow stated that it sounded the same as the breast issue.

RWT Neonatal Pressure Injuries Concern - Mrs Roberts referred the Committee to page 15 of the report and advised that there was no national benchmarking with regards to this.

Mr Parvez added that there has been no information from any other CCG and it was thought that it was only RWT that have this issue.

Mrs Roberts stated that she would flag this at the next Maternity Alliance meeting to see if there was anything anywhere else.

Dr Rajcholan commented that there was no February data for the workforce element.

Dr Rajcholan referred to page 31 of the report and the use of the RITS team declining in February.

Mr Barlow commented that there has been a 50% decrease of outbreaks of flu with there being 15 this year.

Mr Parvez advised that NHSE had spent a morning here in March reviewing serious incidents; they reviewed the policy and how the CCG manage them; they have yet to provide a formal response but they were really impressed with the process and good practice was flagged and overall it was a really good visit.

QSC/19/038 Risk Review (Risks from Quality Report)

Mr Strickland stated that this section of the agenda was to ensure that any risks from the quality report were on the risk register.

Cancer (QS06) – This was scoring as a high level and a score of 12 and asked how the committee felt about that.

Mrs Roberts replied that there should be a 16 for the breast activity and advised that they would need to look at the risk assessment. They need to revisit cancer and add another one for breast.

Mortality (QS07) – This was a high level risk with a score of 9.

Mrs Roberts stated that that felt right.

Probert Court (QS08) – This was also a high level risk with a score of 12.

Mrs Roberts asked if this could be reviewed next month.

Maternity (QS05) - Dr Rajcholan asked about this risk.

Mrs Roberts replied that it would need to be reviewed but thought it could be reduced.

QSC/19/039 Performance and Assurance Reports

QSC/19/039.1 Primary Care Report (Item 7.1)

The above report was previously circulated and noted by the Committee.

Mr Strickland left the meeting.

Mrs Corrigan presented the Primary Care Report and advised that slight changes had been made and as it was year-end there was some data that couldn't be pulled but going forward they will be able to collect more data.

Infection Prevention – Got overall rating of silver for Infection Prevention audits; main areas of concern were physical damage in practices, they are looking at improvements.

Flu Vaccines – They have done really well with Children vaccines and thought it was to do with the marketing book of which parents could have a look at too this was a really good idea.

Mr Barlow advised that Dudley and Walsall also like the book.

Mr Strickland rejoined the meeting.

Mrs Corrigan stated that the programme did have a hit and some patients still have had their vaccines after Christmas, some practices have returned some vaccines that they had not used. Going forward, they will continue with regular meetings. She added that she has been asked to look at numbers and some practices have looked at uptake.

Training Hub – There is a pot of funding of £1,400 for training.

Mr Barlow commented that some GP practices were ordering vaccines for 18% of patients.

Mrs Roberts advised that this needed to be flagged early and get Communications and Team W involved.

Mr Barlow stated that they need some buy in with this, need to negotiate with manufacturers to get an increase for under 65 year olds as they have had increase with children this year.

Mr Price asked if there was an incentive scheme

Mr Barlow replied that yes they get a reward for each vaccine given.

Mrs Roberts added that this was a PHE target.

Ms Danks joined the meeting.

Deterioration and Sepsis – Mrs Roberts advised that the CCG will continue to work with the trust. Ron Daniels was really good at Team W.

Quality Matters – Awaiting response from RWT.

Practice Issues – DocMan; there is a national issue and they are going to upgrade to DocMan 10. The issue with maternity letters has gone quiet.

Complaints – There were six complaints from NHSE between October and December and the themes were clinical treatment including errors and staff attitude; these were similar to quarter 2 issues. Training has been given around staff attitude which took place in quarter 3 so hopefully will see an improvement in quarter 4.

Mrs Roberts asked what the clinical errors were.

Mrs Corrigan replied that a patient death had been picked up off a serious incident.

FFT – There was an error in the spreadsheet (updated version handed around) there had been a 2.3% increase uptake but this was only for people who visit a GP. Ratings are still lower than West Midlands and across England. There was a dip before Christmas and it was felt that this was to do with flu issues. The themes of good practices are text messages and staff giving slips to patients to complete.

Mrs Roberts queried the data and the RAG rating against West Midlands figure and advised that it was helpful to benchmark against West Midlands.

Mr Price commented that they have had excellent response rates but asked if we had got qualitative data.

Mrs Corrigan replied that practices don't collect qualitative data.

Dr Rajcholan added that some practices do collect data, but may not record it.

Mrs Roberts commented that it would be useful to see the top five and bottom five practices.

ACTION: Mrs Corrigan

Dr Rajcholan stated that her practice use the qualitative data at their PDG.

Regulatory Activity – There was nothing to update around CQC.

Mr Price referred to page 16 of the report where it stated that there were 66 'must do actions' actions across the city at the last review of CQC ratings and that most actions had been actioned.

Mrs Corrigan advised that they are reviewed on a three monthly basis and if there are any major activities they are flagged up.

Workforce and Development

Practice Nurse Strategy – This will hopefully be approved at a STP level.

Training Hub – This is HEE funded and are currently running on a contract extension; they should have had re-procurement but there has been a delay in this. HEE are now looking at this as well as benchmarks and KPIs and will be a STP level training hub and Sarah Southall is looking at this element.

Mrs Roberts added that there is a real steer from the CLG to develop a training academy.

Mrs Corrigan left the meeting.

QSC/19/039.2 Information Governance Report (Item 7.2)

The above report was previously circulated and noted by the Committee.

Ms Huckvale presented the Information Governance Report and advised that it was the overview of activity for the 4th Quarter of 2018-19 and it provided confirmation to the CCG that the Data Security and Protection Toolkit was submitted on 29th March 2019 with all mandatory assertions met, giving an overall score of 'Standards Met' with all 70 mandatory sections attained.

Information Governance Work/Improvement Plan 2018-2019 – This shows the overview of the work undertaken, work that has been completed, policies updated and that the GDPR awareness plan was sent to all staff.

DPIA – This was delivered at the staff briefing on the 15th August 2018 and the Governing Body training was delivered on the 23rd October 2018.

Data Security Awareness (Level 1) – The requirement for 95% of all staff to have completed this training was met by 29th March 2019 with 97% being achieved.

Information Asset Owners/Information Asset Administrators – The annual risk review of the Information Asset and Data Flow Mapping registers have been completed and both documents have been formally approved by the SIRO.

Mandatory Assertions within the Data Security and Protection Toolkit - 70/70 were evidenced and met, giving an overall score of 'Standards Met' for the CCG.

Information Governance Incidents – There has been a ‘near miss’ reported within quarter 4, whereby a laptop was stolen from a contractor; there was no patient data on there so was classified as a near miss. Staff continue to report issues where other organisations send identifiable data when they shouldn’t.

Caldicott Guardian Log Work Remit 2018-2019 – there have been 7 DPIAs that have been submitted to the IG team for review and comment during quarter 4. There were no new issues added to the CCG’s Caldicott Guardian log.

Information Governance Toolkit – CSU are providing support for this.

Mr McKenzie advised that information governance has changed CPIA; provide support for practices, Arden and Gem CSU will be providing the toolkit and training sessions.

Ms Huckvale left the meeting.

QSC/19/039.3 FOI Report (Item 7.3)

The above report was previously circulated and noted by the Committee.

Freedom of Information Requests (January to April 2019) - Mr McKenzie presented the Freedom of Information (FOI) report for quarter 4 and advised that there were 57 requests. At the time of writing the report the CCG had responded to 49 of the requests within the statutory 20 working days, Mr McKenzie advised that two further requests had been responded to and the remaining requests were expected to be responded to within the timescale which represented 100% performance. This time of year the CCG usually receive a few more from students who are undertaking their dissertations, other requests come from the press, MPs, charities etc. During this quarter requests for information have covered areas including continuing healthcare funding, mental health services, individual funding requests and procedures of limited clinical value, commissioning policies, CCG staffing information and planning for exiting the European Union.

Freedom of Information Requests – Annual Performance – For the 2018/2019 financial year the CCG has received 247 requests for information and have responded to 237 of them which was a few less than last year (8 awaiting response and two requestors failed to respond to requests from the CCG for further clarification). During the year, only two requests had not been responded to within the statutory timescale (less than 1%) due to unavoidable staff absence due to sickness and credit was given to Vijay Patel for working with this.

Mr Price commented that 99% was excellent and asked if there was any expectation to hit 100%.

Mr McKenzie replied that this continued to be the aim since taking FOI requests back from CSU where it was 66% this is really good and added that they have worked really hard to get to this and highlighted the positive work by staff across the organisation to respond to requests.

QSC/19/039.4 DRAFT Committee Annual Report (Item 7.4)

The above report was previously circulated and noted by the Committee.

Mr McKenzie presented the DRAFT Committee Annual Report and advised that this is an end of year process to ensure that the Committee is undertaking its duty stated in the terms of reference, they were set out in themes. Aims to set out core themes for the committee and will then go to the Governing Body in May.

Mrs Roberts advised that there were a few names in the membership that needed removing and she would give the changes to Mrs Hough to send through.

ACTION: Mrs Hough

Mr McKenzie left the meeting.

QSC/19/039.5 Quality Assurance in CHC Report (Item 7.5)

The above report was previously circulated and noted by the Committee.

Ms Danks presented the Quality Assurance in CHC Report and advised that the new figures are the newly eligible patients and added that fast tracks have reduced dramatically. The team are reporting to NHSE giving the narrative and want to give assurance to the committee.

The process on discharge from hospital to align with the D2A process has been amended. Individuals will follow one of the three D2A pathways and a checklist, if required, will be completed in either the individual's home or a care home.

Quality Premium – They are meeting the quality premium target and last month was also met. This requires 80% of full CHC assessments to be completed within 28 day timescale and less than 15% of CHC full assessments to be completed in an acute setting.

Personal Health Budgets (PHB) – They are amending the process slightly with a simple leaflet that outlines the basics of PHB and this is provided to all individuals who are eligible for CHC at home.

Team – The team is now fully in place for both administrative and nursing staff. There are dates in the diary in May to move the data from spreadsheet to a web based system.

Children and Young People – The team have learned a lot from this and have tightened up the processes, there is now a check list for the nurses to use to cover all basis.

Mrs Roberts added that a lot of work has been done by the team especially around fast track, there has been a lot of education and support from the team into trust and has been well received. There has been a complaint about a foster carer of a young person with regards to capacity and information perspective the team have had to manage that and they worked really well. However, there is a gap in transitional services for children and young people.

Ms Danks advised that she was at a meeting with NHSE on Friday across the STP and they gave some helpful information.

Mrs Roberts stated that at the regional Director of Nurses meeting they talked about DTOC and stranded patients, work is being done around this.

Mr Price commented about the personal health budget and enquired as it had increased will it continue next year too.

Ms Danks replied that no it won't as it is counted cumulatively and they will encourage them to have a more bespoke package, our numbers have been very static and will hopefully continue and added that they review it regularly. She advised that she is looking to bring patient journey stories to the committee going forward.

Dr Rajcholan asked if the GPs had been informed.

Ms Danks replied that yes they had been informed at staff briefings and feedback from GPs is that this is good news for them.

Dr Rajcholan also asked whether the district nurse team leaders were aware of this as if there is pressure from GPs if a patient dies after discharge and also the GPs are being asked if they can visit the patient to see if they are still end of life.

Ms Danks replied that they have been informed and patients can be referred to her team, they can go out and do a visit to review a patient's care. They are getting feedback from DN team leaders.

Ms Danks left the meeting.

QSC/19/039.6 Quarterly CQUIN Report (Item 7.6)

The above report was previously circulated and noted by the Committee.

This report was for information purposes it was a quarterly report for quarter 3 and the next report will be the end of year report.

Mrs Roberts advised that RWT wont achieve part b of the sepsis CQUIN and BCPFT have had a 2% increase on the tobacco/smoking CQUIN.

QSC/19/039.7 Review of Formal and Informal Complaints 2018/2019 (Item 7.7)

The above report was previously circulated and noted by the Committee.

Mrs Roberts presented the Formal and Informal Complaints report for 2018/2019 and advised that it was complaints made about the CCG. There has been a radical transformation since she joined the CCG last year as 60% of activity was complaints, they have since changed the process and either the caller leaves a message on an answer or they write/email and then the team can direct them accordingly. It is now very clear that if the complaint is to do with the provider they direct them to the trust. A lot of letters come here from local MPs and can normally be joined up. The CCG has received 15 formal complaints which was a slight increase on last year (11). Categories are mainly to do with continuing care and the information given initially is the most important. However, there is more work to do there. With regards to POLCV the GPs respond rapidly.

Individual Funding Request Related Complaints – There were 14 complaints received and 12 were not upheld, 1 partly upheld and 1 upheld. This is a good outcome for learning.

Provider Complaints Sent to the CCG in the First Instance – There were 37 'other provider' complaints which are also being dealt with.

Informal Complaints – This is part of the triangulation and a soft process is utilised.

Primary Care Complaints – These are made through NHSE.

The Committee **noted** the report.

Ms McKie asked if there are some complaints sent from Healthwatch and wondered if there was anything from commissioning committee.

Mrs Roberts replied that they get Healthwatch complaints come through on email.

Mr Barlow asked what happens with the soft intelligence.

Mrs Roberts replied that they are discussed at CQRM under Any Other Business; she meets the team regularly to discuss complaints.

Mr Price asked if we also received compliments.

Mrs Roberts replied that CHC do and they are included in the annual report.

QSC/19/040 Risk Review

QSC/19/040.1 Quality and Safety Risk Register (Item 8.1)

The above report was previously circulated and noted by the Committee.

The risks had been discussed previously in the meeting and there were no others discussed.

QSC/19/040.2 Tolerate or Treat Risk Review (Item 8.2)

The above report was previously circulated and noted by the Committee.

Mr Strickland advised that this was part of the CCGs management of process and added that they are asking each of the committees to identify any gaps on their risks. They went through each of the risks to identify if they were to be Tolerate or Treat, the outcome was as follows:

Probert Court – Treat
Cancer – Treat
Mortality – Treat
Maternity – Tolerate – The Committee is monitoring this risk.

This will be undertaken on a quarterly basis going forward.

Mr Strickland left the meeting.

QSC/19/041 Feedback from Associated Forums

QSC/19/041.1 Area Prescribing Committee (Item 9.1)

The Area Prescribing Committee minutes from 15th January 2019 were received for information/assurance.

QSC/19/041.2 Commissioning Committee (Item 9.2)

The Commissioning Committee minutes from 28th February 2019 were received for information/assurance.

QSC/19/041.3 Governing Body Minutes (Item 9.3)

The Governing Body minutes from 12th February 2019 were received for information/assurance.

QSC/19/041.4 Health and Wellbeing Together Minutes (Item 9.4)

The Health and Wellbeing Together minutes from 23rd January 2019 were received for information/assurance.

QSC/19/041.5 Primary Care Operational Management Group (Item 8.2)

The Primary Care Operational Management Group minutes from 6th February 2019 were received for information/assurance.

QSC/19/042 Items for Escalation/Feedback to CCG Governing Body

- Red Rags for quality report
- IG final update
- Complaints
- CDOP
-

QSC/19/043 Any Other Business

QSC/19/043.1 Secondary Care Consultant

Mrs Roberts commented on the secondary care consultant for this Committee and advised that she had met with somebody yesterday with Mr McKenzie who would hopefully be supporting the CCG.

QSC/19/043.2 Report for Black Country Child Death Review Stakeholder Organisations

There are national requirements around this and Mrs Roberts advised that they have received some monies from NCB for an early adopters scheme and have an independent person to review the deaths. There are options on how this is to be taken forward and it now sits with the CCG and Public Health. The proposal is that the Black Country will be split into two with the Black Country South being Sandwell and Dudley and Black Country North being Walsall and Wolverhampton.

Mr Strickland left the meeting.

E-CDOP Software - They will need additional support so are looking at a co-ordinator as they will need to work on e-CDOP software.

The preferred option is as discussed from April 2019 and is still the case. The financial implications is around £84,800.00 but will split eight ways with each geographical patch and CCG and Public Health. Mrs Roberts stated that they support this in principal and will bring a plan to the Committee in the future.

Dr Rajcholan commented on section 5.5 where is stated:

It is recognised that there are noticeable differences between how the North and South CDOPs operate and are currently resourced.

Ms McKie stated that it is very diverse across the different patches. Number of staff across the Black Country is 1 WTE administrator and a CDOP co-ordinator.

The Committee **agreed** in principal.

QSC/19/044 Date of Next Meeting: Tuesday 14th May 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.25pm

Signed: Date:
Chair

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 30th April 2019
Science Park, Wolverhampton**

Present:

Dr M Asghar	Governing Body GP (part meeting)
Dr D Bush	Governing Body GP, Finance and Performance Lead
Mr T Gallagher	Director of Finance
Mr J Green	Chief Finance Officer
Mr M Hastings	Director of Operations
Mr L Trigg	Independent Committee Member (Chair)
Mr S Marshall	Director of Strategy and Transformation (part meeting)

In attendance

Mrs L Sawrey	Deputy Chief Finance Officer
Mr V Middlemiss	Head of Contracting and Procurement
Mrs H Pidoux	Business Operations Support Manager
Mrs J Jones	Chair of BSOL CCG Finance and Performance Committee (observer)

1. Apologies

There were no apologies submitted.

2. Declarations of Interest

FP.368 There were no declarations of interest.

3. Minutes of the last meetings held on 26th March 2019

FP.369 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

- FP.370 Item 144 (FP.361) – CYP receiving treatment from NHS funded community services – it was queried whether the submission from the Trust was just for the Trust. To be confirmed - details to be circulated by email following the meeting
- Item 143 (FP.352) – Update on two 52 week RTT breaches at Guys & St Thomas' NHS FT and Imperial College Healthcare NHS Trust to be given at next meeting – the two patients were no longer breaching as one had

received treatment and the other had declined treatment when offered. –
action closed

5. Matters Arising from the minutes of the meeting held on 26th March 2019

FP.371 There were no matters arising to discuss from the last meeting.

6. Review of the Risk Register

FP.372 There were no changes to be made to the risk register. The risks of the 2019/20 financial year will be reflected going forward.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken

7. Contract and Procurement Report

FP.373 Mr Middlemiss presented the key points as follows:

Royal Wolverhampton NHS Trust

- The scope of acute Dermatology services to remain at RWT had been agreed as Cancer and Paediatrics. All adult non-cancer work will transfer to the community as part of the procurement process, with effect from 1st December 2019.

The Trust had claimed that the service changes potentially leave them with £1m of stranded costs. The CCG had requested that this is substantiated. Detailed TUPE information is still required, however, a decision had been made to publish without this and the procurement went 'live' on Friday 26th April 2019.

It was noted that the Commissioning Committee had given approval for the procurement to commence with the caveat that the CCG can withdraw from or delay the procurement any time up until the contract is signed, if it is not financially viable, due to the level of stranded costs.

- 2019/20 Planning Round - Finance and activity had been agreed at a value of circa £207m, this included both acute and community contract elements. Since the report had been written, agreement had been achieved for all other associates to the RWT contract which meant that the contract can be signed.

Black Country Partnership foundation Trust (BCPFT)

- Improving Access to Psychological Therapies (IAPT) target - The Trust achieved 18.5% against the target of 19%. Data validation is taking place as some data was delayed. It was highlighted that the target increases to

22% in 2019/20, a significant increase, and is scheduled to rise to 25% in 2010/21. The CCG had made additional investment into these services to support achievement of the stepped target and this would be closely monitored. There are concerns regarding data recording which requires improvement.

- 2019/20 Planning Round – The final contract values had been agreed and the contract was signed on deadline date with nothing outstanding.
- A separate contract has been agreed and signed for TCP/LD services. This is led by Wolverhampton CCG and includes Dudley, Walsall and Sandwell & West Birmingham CCG as associates to the contract. The total annual contract value for this contract is £14,377,144 including CQUIN (across the STP area) and £2,404,224 of that is for Wolverhampton.
- Peri-natal Services – it had been agreed to have separate contracts for Perinatal Services with Dudley and Walsall Mental Health Trust and Birmingham and Solihull Mental Health Trust. The funding for these services is a separate allocation and the services are being managed as part of the West Midlands Alliance, which Wolverhampton CCG leads on.

Nuffield

- contract negotiations had concluded and the contract value for 2019/20 had been agreed as circa £3.9m. This is a significant level of increase from 2018/19, in the order of £800k. The latest RTT figures currently show that Nuffield are achieving the target. The CCG needs to ensure that Nuffield are prioritising the right patients in order to maximise their RTT performance and the contract will be monitored accordingly.

Urgent Care/Ambulance/Patient Transport

Vocare – Urgent Care Centre

- Both parties are close to an agreement of a total of £2.75m (awaiting confirmation from Vocare), which is within affordability in the Long Term Financial Plan. The only outstanding issue that remains is to agree CQUIN schemes for the forthcoming year.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

- A six month extension to the NEPTS contract had been agreed with WMAS, which ensured continuity of the service until April 2020. This enables 12 months to conduct a procurement which is a lower risk than the 6

month timeframe if the extension had not been agreed. A procurement process is underway which is being led by Dudley CCG, supported by the CSU.

Resolved: The Committee;

- Noted the contents of the report.

8. Monthly Performance Report

FP.374 Mr Hastings reported the following key points;

Royal Wolverhampton NHS Trust (RWT)

- Referral to Treatment – performance for February was 89.8% against the national target of 92%. Until December the Trust had been on track to achieve the national requirement to sustain or reduce RTT waiting list size against the March 18 baseline, as at February this was exceeded. Changes to how the waiting list is managed had added additional patients to the list.
- Diagnostics – the target had been achieved in February, the first time since August 2018.
- A&E – performance achieved 88.4% in February meaning the PSF trajectory target of 90.7% was not reached. Although this was short of the national target of 95%, nationally only 6 acute trusts out of 136 achieved the national standard with RWT ranked at 39th. Black Country STP performance achieved 84.8%
- Cancer – the increase in Breast cancer referrals following the Breast Cancer Awareness Campaign in October is being sustained. Work is ongoing with Public Health to identify the reasons for this. The rise is reflected regionally and nationally and, as yet, there are no obvious causes of the sustained increase in the level of referrals. Any findings will be shared with the Trust to aid their planning. The Trust is able to see a maximum of 380 patients including additional capacity and waiting list initiative. In March 460 patients were referred to the service.

The Trust's long term plans were queried and it was clarified that the Trust is trying to bring in more diagnostic capacity. However, this creates issues with the level of staffing available if there is an increase in diagnostics. It was highlighted that work is ongoing across the Black Country to assess demand and capacity issues.

The recovery plan is refreshed regularly including timescales to recovery. It was noted that improvements have been seen in Urology.

It was suggested that the numbers being seen is added to the report in future to add context.

- Electronic Discharge Summary – with the exception of Assessment Units, which had seen a decrease in performance, the target is being achieved, 96.56% against 95%. Assessment Units have failed to achieve

target since July 2017 and a new stretch target had been agreed for 2019/20 as part of the contract planning rounds.

- Delayed Transfers of Care – target had been achieved for all delays including social care supported by work with Black Country Partnership Foundation Trust (BCPFT) and Continuing Health Care.
- Infection Prevention - hand hygiene compliance had seen an increase in February, however remains below target. The Trust had stated that performance had been impacted by TUPE transfer of staff due to different completion requirements of training modules. This will be raised at the next Clinical Quality Review meeting.

Black Country Partnership Foundation Trust

- IAPT Access - Early indications are that the Year End performance is currently at 18.54%, below the 19% target.
- Commissioner Mixed Sex Accommodation Breaches – 1 breach was identified for the CCG during February 2019 at Sandwell and West Birmingham Hospital. Discussion had identified that the Trust had previously incorrectly reported data to the national collection, this has now been rectified in line with national policy and guidance. The overall number of Sandwell breaches continues to fall with an expectation of zero by end of March 19.

Resolved: The Committee

- Noted the updates.

9. Finance Report

FP. 375 Mr Gallagher introduced the report relating to Month 12 March 2019, which reflected the provisional (unaudited) Annual Accounts;

- All financial metrics are being met
- Month 12 Forecast Outturn reported a small surplus of £42k in excess of the Control Total of £9.986m
- Delivery of QIPP had required the utilisation of contingency and 1% reserve
- Royal Wolverhampton Trust Month 11 data indicated a forecast over-performance

Steven Marshall joined the meeting

- Reporting an end of year position of £757k underspend within Delegated Primary Care as claims in respect of QOF, maternity and sickness claims and development are less than planned.
- The Acute over performance of £2.6m includes both contractual and out of contract spend, £850k of which is offset by earmarked reserves reducing the variance to £1.777m

Resolved: The Committee noted the update given.

10. Additions/updates to Risk Register

FP.376 A risk to be added relating to the stranded costs associated with the Community Dermatology Service procurement. Mr Middlemiss agreed to liaise with Mr Strickland,

Resolved: The Committee;

- Noted that the risk relating to stranded costs associated with the Community Dermatology Service procurement will be added to the Committee Risk Register.

11. Any other Business

FP.377 There were no items to discuss under any other business.

12. Date and time of next meeting

FP.378 Tuesday 25th June 2019 at 3.15pm, CCG Main Meeting Room

Signed:

Dated:

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7 May 2019 at 2.00pm**

PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU

MEMBERS ~**Wolverhampton CCG ~**

Name	Position	Present
Sue McKie	Chair (voting)	Yes
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes

NHS England ~

Bal Dhani	Contract Manager	No
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	Yes
Jeff Blankley	Chair of Wolverhampton LPC	No

In attendance ~

Dr Helen Hibbs	Accountable Officer (WCCG)	No
Mike Hastings	Director of Operations (WCCG)	No
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Tony Gallagher	Director of Finance	Yes

Welcome and Introductions

WPCC500 Ms McKie welcomed attendees to the meeting.

Apologies

WPCC501 Apologies were submitted on behalf of Dr M Kainth, Dr D Bush, Jeff Blankley, Sarah Gaytten, Tracy Cresswell (Healthwatch), Mike Hastings, Sally Roberts and Helen Hibbs.

It was noted that Sarah Gaytten had given her intention to resign as patient representative. Sarah was thanked for her work as a patient representative.

Declarations of Interest

WPCC502 Drs Reehana and Mehta declared that as a GP they had a standing interest in all the items relating to primary care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 2nd April 2019

WPCC503 The minutes of the meeting held on 2 April 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC504 There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC505 **Minute No: WPCC452 (Action 30) – Primary Care Strategy Update.** A verbal update was provided at today's meeting. Draft Strategy to be submitted to June 19 committee.

Minute No: WPCC468 (Action 31) – Primary Care Networks. A report was presented to committee. Agenda item 8a, minute no: WPCC510

Minute No: WPCC491 (Action 32) – Primary Care Reports. As the revised Friends and Family (FFT) data was emailed to members on 08/04/19, this action was closed.

Minute No: WPCC496 (Action 33) – Primary Care Networks. A report was presented to committee to sight them on the geographical options of Primary Care Networks (PCNs), agenda item 8a, minute no: WPCC510

Minute No: WPCC497 (Action 34) – Audit Report & Action Plan. Action closed as the patient list sizes will be presented to the Private Primary Care Commissioning committee on a quarterly basis going forward.

Minute No: WPCC499 (Action 35) – NHS Benchmarking Network. Report deferred until July meeting.

Primary Care Quality Report

WPCC506 Ms Corrigan presented the report, providing an overview of activity in primary care. The following points were noted:-

- Work was beginning early to look at the Flu vaccine programme in light of last year's issues. Everyone had ordered flu vaccine early and there was plenty in the system to go around. The Local Medical Committee (LMC) had said the vaccines may be available from the end of September. Flu vaccine training was being arranged for the end of July for nurses and healthcare assistants.
- With regard to Quality matters, there had been a slow response from practices but was now up-to-date with new ones coming through and the previous problem resolved. One matter was outstanding, from an optician, which required an NHS number, but as opticians don't have access to NHS numbers it will be closed.
- Two Serious incidents were currently being reviewed by practices. One provided a root cause analysis (RCA) and although the other was a near miss, the practice also provided a RCA. These are on-going and will go to scrutiny before referral to the NHS England Performers Information Gathering Group (PIGG).
- Complaints: awaiting Q4 data due in June
- Started afresh with the Friends and Family Test (FFT). The uptake was much better than both the national and regional average at 1.8% - 2.3%. It can vary month to month but seems to be connected to SMS texts availability of system on the tablet. The Qualitative data is not available as NHS England does not collect it, however practices do collect it and they use it to try and make improvements discussing matters at Patient Participation Groups, displaying on surgery noticeboards and through comments sheets in practice.
- Ratings were slightly lower than the national average of people saying they would recommend their GP but this was possibly because the uptake in Wolverhampton is so much higher so it was felt this was a realistic reflection of what patients thoughts on the service actually were.
- CQC: Two practices require improvement and are both being managed locally. One has merged with another practice and one is being managed by the VI team with no reports of any problems or requests for support. Awaiting re-inspection and new report from CQC.
- Workforce development: Looking at developing something for healthcare staff who are resident in the UK and Black Country but not actually

working because they have come from overseas. Dr Reehana is involved looking at the GP side and Mrs Corrigan is working with the LMC. The Sustainability and Transformation Partnership (STP) are currently considering a practice nurse retention programme similar to the GP retention scheme. They are looking at induction and inceptorship, portfolio careers mentorship and retirement planning.

- Healthcare apprenticeships: Currently there are five people interested. They are either working in practice as new healthcare assistants or are staff working on reception who want to move across. Funding received from NHS England and expanding into nursing associate apprenticeship with three people already showing a tentative interest. Awaiting workforce numbers from NHS digital which are due next month.
- The 10 point plan around the practice nurse strategy that was presented to committee last month, is due to go to the clinical leads group next Thursday for approval at STP level and other CCGs are to take it through their own Primary Care Commissioning committees. Once approved will be able to plan the launch, hopefully for June time.
- The current Training Hub arrangements across the Black Country are under review. Health Education England (HEE) are leading the process and will seek approval from the STP on the preferred model for the future. The STP are keen to introduce a Training Academy and this is being explored by the Joint Commissioning Committee. Further meeting scheduled on 28 May where HEE are likely to share a Terms of Reference with a view to introducing a STP Training Hub Board. SS has suggested that this board and that required by NHS England for the GPFV are combined, a response is awaited. A local meeting among training hubs is also scheduled for 16th May.

RESOLVED:

- 1) That the update be noted.

Primary Care Operational Management Group Update

WPCC507 Committee agreed that the report was read and there were no specific comments other than a typo on front page, AMPS should read APMS.

RESOLVED:

- 1) That the update be noted.

Primary Care Contracting Update

WPCC508 Ms Shelley provided an update

The APMS contract transition, now in its second month with Health & Beyond, was going well and there was a meeting planned for next week to review status and identify action plans. The process had gone smoothly despite teething problems.

The Consultation on the closure of Tettenhall Medical Practice, Wood Road

branch commenced today.

RESOLVED: That the update was noted.

Primary Care Strategy Update

WPCC509 Mr Marshall deferred the report to Mrs Southall to present.

Mrs Southall stated that the Primary Care strategy was to be fully reviewed although much of it would be predetermined by the NHS 10 year plan. The draft strategy would be shared with GP colleagues and other stakeholders initially for comment then presented to committee at the beginning of June.

An engagement event is planned in Wolverhampton for 23rd May to capture final input from patients and members of public in relation to the STP strategy but will focus on primary care at place-based level.

The chair suggested to be mindful of how the information is communicated in particular with the use of acronyms.

RESOLVED: That the update was noted

Primary Care GP Networks & DES (& Map)

WPCC510 Mrs Southall circulated a map with a detailed report for committee to view.

Members meeting discussions had taken place on 3rd April, where practices and practice managers reviewed the different guidance in place to assist the practices in coming together as Primary Care Networks (PCNs).

The report included the presentation of what was covered which was very well received and fostered much debate and group discussion. It culminated in being able to identify some practices who were prepared to move to help the networks form more sensibly within their immediate geography.

Networks are now preparing in anticipation of the application deadline of 15th May 2019.

A situation report was submitted to NHS England on 30th April to confirm the network formations and numbers in order that they had a good understanding of what state each network was at with regard to the appointment of their clinical director.

A members meeting focused on a plethora of guidance with the most topical subject being the Direct Enhanced Service (DES) as this is where funding is coming from for network formation and importantly by 30th June each network is required to have a fully completed network agreement.

A CCG panel meeting on 16th May will consider each application and will confirm outcomes and notify partners. It was hoped that all applications would be approved.

NHS England will be holding a networks commissioner event on 17th May, which the Primary Care team will attend and CCGs will have to confirm network coverage by 21st May.

NHS England, CCGs and LMC will be required to resolve local disputes by early June and network DES will go live on 1st July.

New roles will be identified in the formation of the PCNs, for example, clinical pharmacists and social prescribers. Funding for social prescribers will be available from 1st July. Currently in the process of identifying what the preferred model for social prescribing link workers will be.

An engagement event for social prescribing is to be arranged with PCN leads and existing service providers to build on what is already in place and to complement the additional cohort of link workers, so as not to jeopardise the existing good work.

Group Leads and members have been actively involved in discussions and patients were advised about this particular area of development at the Patient Participation Group (PPG) chair's meeting back in March.

Risks identified of possible overlap between some of the groups as indicated by the map. The impact from a financial perspective is that the funding for the Direct Enhanced Service (DES) is expected to be funded by the CCG however this was known early on and so planned to make the money available to avoid cost pressure.

Quality & Safety have been actively involved in the discussions. No Quality Impact Assessment (QIA) has been undertaken pending the formalisation of the networks.

The map highlighted two potential networks and attempted to balance geographical factors with building on previous good working that has taken place across the city.

Discussion ensued about the different groups within the potential networks and the need for PCNS to have between 30,000 and 50,000 patients. Some of the existing groupings would need to divide in order to meet this requirement and the Vertical Integration (VI) Group configuration would therefore potentially result in a network with less than 30,000 patients. The committee was advised that groups in this position could be approved in exceptional circumstances, particularly if there was the potential for growth.

It was asked that should a group with significantly below numbers be approved, and there was no growth, what would be the likely impact. It was noted that community services would be serving a potentially smaller population but there was some mitigation in that there were practices nearby however, until the discussions with the Trust had taken place as to as to how they are going to organise community services, it was hard to say.

A question was raised as to whether the cost for the medical Director for each of the PCNs would come from CCG baseline budgets. It was

confirmed that it would be part funded by NHS England and the remainder through the network DES but this could be reduced if one network and two neighbourhoods had the same clinical director. The VI group were still considering whether to make an application for one network made up of 2 neighbourhoods or one network, if one network there would be two outlying practices or significant overlap.

The report provided assurance to the committee that the CCG is moving in the right direction and working toward the NHS England timelines. Once the panel meeting had taken place on 16th May, a further update would be provided to committee in June and the committee will be kept informed month on month on the pace of development.

The Committee was asked to confirm which network map they supported, they concurred that 6 Networks (VI comprising of 2 neighbourhoods) was their preferred option.

RESOLVED: That the update was noted

Spirometry Service

WPCC511 Mrs Southall presented the report on behalf of Ms Morrissey. The report was compiled as a result of the suggestion to provide a Spirometry service at network level in the community.

Currently the service was purchased from Royal Wolverhampton Trust (RWT) and was a time-limited service commissioned on a 12-month basis.

The Association for Respiratory Technology and Physiology (ARTP) spirometry qualification is the recognised competency requirement for practitioners undertaking spirometry within the healthcare setting.

The Care Quality Commission (CQC) also expected practices to be able to demonstrate that staff performing the activity are duly competent in accordance with the CQC competency framework and that this should also be reflected in their CQC registration.

The recommendation was for Committee to consider the business case to provide a quality assured spirometry service through Primary Care networks (PCNs) as opposed to buying this service from the Trust.

The report had been presented to programme board on a couple of occasions, where amendments were suggested with a view for committee to make the decision to approve the provision for taking forward

The business case provided detail of the number of patients being cared for. The total number of patients referred into Royal Wolverhampton Trust up to 2nd November 2018 was 537 with a projected total by 31st March of 863. The report also provided anticipated numbers by practice group.

The committee were given 3 options to consider:

- Option 1 to stay the same with the service procured from Royal Wolverhampton Trust (RWT).
- Option 2 to develop a quality assured spirometry service within primary care giving PCNs the opportunity to own and deliver a developing service at scale for their practice and patient cohorts enabling them to develop the local workforce in line with the GP forward view.
- Option 3 to develop a quality assured spirometry service for individual GP practices. The concern with this last option would be that the throughput might not be significant at individual practice level for staff to maintain competencies. An email had been received from Dr Kainth to say that he agreed the service was needed in primary care but he did not think it needed to be a network function but as earlier this was discounted due to the heavy regulation and maintaining competencies

There were no significant risks but a number of benefits, not least that the cost of providing the service at network level would be almost halved at just over £100,000

A question was raised that if additional tests provided additional diagnosis would treatment costs subsequently increase. It was felt as the treatment for COPD mainly consisted of pulmonary rehabilitation such as stopping smoking and undertaking exercise, the cost of treatment was not particularly high but the avoidance of admissions would be significant. Three days in-patient can cost around £2500.

The recommendation for committee was for agreement to commit to the financial resource to enable care to be delivered closer to home.

It was acknowledged that training would need to take place as although some nurses were already competent others would need to be brought up to the same standard. The plan was that RWT would continue to provide the service in the first part of year with more activity in general practice from the second half of the year and with the full service being delivered from PCNs from April 2020.

The committee approved for the service to be taken forward at PCN level and for the financial resource to be committed.

RESOLVED: That the update was noted

Financial Position Q4 2018/19

WPCC512 Mr Gallagher presented a report which detailed the financial outturn for 2018/19 which he advised was still subject to audit.

At section 3 it was stated that the delegated primary care underspend of £776,000 comprised mainly of premises £351,000; QOF non- achievement £74,000 and enhanced services delegated £111,000.

In meeting the underspend the CCG had made a provision around Showell

Park list sizes and a challenge around application in reduction of the Personal Medical Service (PMS) premium of around £400,000.

As a result of the underspend, consideration had been given to bringing forward 2019/20 developments but given the timing of the identification of the underspend this would have been challenging.

Going forward the aim was to identify how much of the underspend was recurrent in order to identify and make available a development pot for to pilot more schemes or to bring forward schemes.

It was recognised that Investment in Primary Care was required to bring about transformational change. The 2017/18 financial year was a learning exercise due to it being the first year of primary care delegation and the question for the CCG this year was should it set the budget at 100% or should it acknowledge that circa 95% will be achieved with the remainder being put into a development pot.

The finance director then talked through the detail in the body of the report raising significant points.

As prescribing was one of the key areas for Quality, Innovation, Productivity and Prevention (QIPP) it was felt important to note not only the savings on drug values but also on volume of drugs being prescribed and that reduction in numbers of drugs being prescribed helped to support the QIPP value reductions.

It was recognised that the report showed areas where investment in Primary Care had been made but for future reports it was felt it would be beneficial to include more granular analysis, , in regards to why investment was made and to view variances in particular areas and suggest areas for development of future schemes.

A question was raised as to how the underspend of £776,000 compared to the previous year. It was acknowledged that the underspend was a combination of the 2017/18 and 2018/19 financial years as 2017 was the first year of delegation. Now that 2 years' worth of information was available it would enable the CCG to determine how much flexibility there is for future developments or to bring projects forward.

A question was raised as to whether the budget for this financial year was planned to be spent recognising the increase in budget. It was felt that although great progress had been made in terms of plans, identification of the repeat underspend would need to take into account any potential slippage against those plans and whether there were any other plans.

It was agreed to plan expenditure profiles in the event of slippage against any schemes and if wanted them to come to committee to give notice and bring earlier rather than later.

RESOLVED: That the update was noted

Any Other Business

WPCC513 There was no further business.

Date of Next Meeting

WPCC514 **Tuesday 4th June at 2.00pm in PA025 Marston Room, Ground Floor,
Technology Centre, University of Wolverhampton Science Park WV10
9RU**

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 4 June 2019 at 2.00pm**

PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse & Director of Quality (voting)	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Sue McKie	Chair (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No

NHS England ~

Bal Dhami	Senior Contracts Manager – Primary Care, NHSE	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chair of Wolverhampton LPC	No

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Dawn Bowden	Quality Assurance Co-ordinator (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Administrator (WCCG)	Yes

Welcome and Introductions

WPCC515 Mr Trigg (Vice Chair) welcomed attendees to the meeting and introduced Dawn Bowden who was presenting the Primary Care Quality Report on behalf of Liz Corrigan.

Apologies

WPCC516 Apologies were received from –
Sue McKie, Committee Chair
Helen Hibbs, WCCG Chief Officer
Tony Gallagher, WCCG Director of Finance
Liz Corrigan, Primary Care Quality Assurance Co-ordinator
John Denley, Director of Public Health, City of Wolverhampton Council
Jeff Blankley, Chair of Wolverhampton LPC
Dr B Mehta, Wolverhampton LMC
Dr M Kainth, Locality Chair/GP
Dr D Bush, Locality Chair/GP
Tracy Cresswell, Healthwatch Wolverhampton

Declarations of Interest

WPCC517 No declarations of interest were made.

Minutes of the Meeting held on the 7th May 2019

WPCC518 The minutes of the meeting held on 7th May 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from Previous Minutes

WPCC519 There were no matters arising from the previous minutes.

RESOLVED: That the above was noted.

Committee Action Points

WPCC520 **Action 30 (Minute No: WPCC452) – Primary Care Strategy Update**
Delegated authority was granted 14th March by Governing Body for Primary Care Commissioning committee to approve the draft Primary Care Strategy. On the agenda for the meeting. Action closed.

Action 31 (Minute No: WPCC468) – Primary Care Networks
On the agenda for the meeting. Action closed.

Action 35 (Minute No: WPCC499) – NHS Benchmarking Network-Primary Care 2018.
On the agenda for the private meeting. Action closed.

Primary Care Update Reports:

Primary Care Quality Report

The following highlights from the report were given:-

- WPCC521
- The serious incident referred to on page 2 had since been reviewed and closed and will be logged with NHS England Performers Information Gathering Group (PIGG).
 - There were 4 incidents for the next PIGG meeting.
 - The Friends and Family Test (FFT) had seen an increased uptake this year, which, it was felt, was due to the new texting system.
 - A new action plan was in place for collaborative contracting visits.
 - Work was on-going for the Practice nurse retention programme and there would be regular meetings across the STP about the Training Hubs.

RESOLVED: That the report and highlights above were noted.

Primary Care Operational Management Group Update

The following highlights from the report were given:-

- WPCC522
- The closure of Tettenhall Medical Practice's branch site at Wood Road was currently in mid-patient consultation. Arden & GEM Commissioning Support Unit (AGCSU) had supported the consultation and patient feedback so far had been good.
 - Estates & Technology Transformation (ETTF) funded building work at Newbridge surgery was fast approaching completion. Work at the East Park site had commenced and completion was expected to take 6 months. Comms would be going out in relation to this.
 - Wolverhampton CCG was supporting NHS England with national Contract Variations. The City of Wolverhampton Contracting team were liaising with individual practices.
 - The NHS England Policy Guidance Manual had been updated and shared across the CCG.
 - A new system of bookable space within Primary care would be introduced by the Estates team to minimise some of the existing issues, in particular around non-GMS services running out of GP Practices and confusion between practices on claiming.

RESOLVED: That the update was noted.

Primary Care Contracting Update

- WPCC523
- The report provided an update on the QOF Post Payment Verification for 17/18 concluding it had been a satisfactory process with no specific concerns or issues and was well supported by GP assessors. It will be repeated for QOF 18/19, reviewing different disease areas.

- Ms Shelley provided an update on the consultation of the closure of Tettenhall Wood Surgery and advised that the next drop-in session would be 3 July 2019, with a further 2 additional drop-in sessions proposed for patients and members of the public. There had been an extremely high response to the online survey and from earlier drop-in sessions and although patients were not particularly happy about the proposed closure of the surgery, they had provided much positive feedback about the surgery and the services they provided.
- There had been some queries raised at Audit and Governance committee around the contract management and review process, which is a rolling programme. The concern was that a number of practices had not yet been seen in the 3 years since it began. It was advised that this was a result of resources within the team and had since been addressed with the addition of two staff members to the process (one of which was Ms Shelley). It was confirmed that there were 11 practices still to see and that these would be completed by the end of July.

A query was raised about the media interest surrounding the closure of Wood Road Surgery and it was acknowledged that the Express & Star had run a piece in their newspaper when the letters first went out to patients. Following one of the drop in sessions, the Express and Star also wanted to know the reasons for the closure and had focused on Property Services and the increases in charges. A response to this had been provided by the CSU. There was a further piece in the Express and Star and on social media around councillors demanding answers. It was felt that Practices, like any other independent business, would need to make these sort of decisions faced with a fall in profits. Mr Marshall stated that he was due to attend a meeting with local councillors tomorrow, 5th June, which was more about the CCG's influence on these sort decisions and whether a new buyer could be found.

RESOLVED: That the update was noted.

Primary Care GP Networks

WPCC524

- The report provided the outcomes of decisions made in response to the Primary Care Network application process considered at CCG Panel on 16th May 2019. It defined the configuration of each of the networks including the name of the Clinical Director and which practices were within each network and provided assurance that signatures had been obtained from all practices.
- The network Direct Enhanced Service (DES) required that a number of items be submitted as part of the application process and the panel were able to approve four applications on 16th May. There were queries around the other two applications but these were subsequently resolved meaning the CCG was able to ensure at 21st May that there were six networks approved for Wolverhampton.
- Assurance was provided by NHS England on 21st May to confirm the outcome of panel decisions and a subsequent repeat submission had

occurred on 4 June confirming there were no subsequent changes since 21st May.

- Group Leads meet presently at monthly intervals and these meetings will change to clinical directors meetings from July, a draft terms of reference has been prepared in readiness and is awaiting sign off by the Executive Team. A series of assurance statements have been prepared, which clinical directors will be required to support the CCG in achieving. The assurance statements have been defined by NHS England and are a series of statements required to report on a quarterly basis on behalf of Wolverhampton but also as part of the wider STP and constitute the minimum expectations for Primary Care Networks. Locally there will be a task and finish group that forms part of the Primary Care Strategy governance and associated work programme.
- Network agreement and milestone dates were provided on page 3. Currently, the CCG was at the stage where a large number of practices were signing up to the DES via the national system and variations were being made to GMS, PMS and APMS contracts in conjunction with colleagues at NHS England.
- The practices within each of the networks were actively working together, with the clinical directors, to develop detailed network agreements. There were a number of schedules that formed the basis for the network agreement and were due to be submitted to the CCG later in June ahead of the national submission date to NHSE. This would enable the CCG to review the content to ensure it was pitched at the right level with priorities clearly defined. Networks would be required to publish their development plans in July.
- A number of new roles were being phased in, the first being Social Prescribing Link workers. An initial workshop took place in May. A further session was planned for June. A similar approach would be adopted for Clinical Pharmacists and other roles in conjunction with Clinical Directors.
- The maturity assessment within the paper complemented the network formation and provided an indication of where all the networks were on an aggregate basis for Wolverhampton and demonstrated progression made based on work done over 2 - 3 of years putting us in a very good place within the STP to achieve the required standards by next Summer.

A query was raised about why some of the assurance statements were listed in white such as the evaluation of high impact activity. It was confirmed that the evaluation had been prepared for consideration and was a piece of work taking place not only in Wolverhampton but across the STP and that the data analytics meeting was not due to take place until week commencing 10th June 2019. The preparatory work had been done and just needed to ensure the data provisions were in place for July when the networks would go live.

A question was asked regards the PCN Maturity Assessment, whether there were plans in place to deal with the items with exclamation marks. It was confirmed that these items would form the basis of the Primary Care Networks Development Plan and the CCGs Task and Finish Group and would be linked

to each of the network agreements being developed. The network agreements would indicate the areas of work for focus within the programme of work and it was hoped to be able to confirm these at the next committee in July.

The hard work involved was acknowledged by the committee and it was felt that the whole process had been really well managed from a CCG perspective.

It was highlighted that since the report the national guidance had been updated by NHS England and there were some slight amendments around practices joining networks across borders provided all parties were harmonious and agreeable. It was queried if this would open up the opportunity for challenge and potentially it could, however discussions that had taken place with neighbouring commissioners had concluded with a stance Staffordshire Practices would remain within their STP/ICS footprint.

RESOLVED: That the update was noted.

Primary Care Strategy (Wolverhampton)

With regard to the Wolverhampton Primary Care strategy, the first draft had been prepared on behalf of the CCG by the CSU and was a working draft that would be developed & strengthened further. Feedback from a public engagement event that took place on 23rd May 2019 would be incorporated. It was intended to have a wider debate at the forthcoming members meeting in order to ensure that the content, particularly the vision and priorities were mutually agreed with Clinical Directors and the document flowed accordingly. A further iteration, anticipated for the August committee, will be shared for final comment.

WPCC525 A query was raised about workstreams as the strategy listed separate workstreams for practices as providers and PCNs. It was felt that focusing on PCNs as providers would be the way forward however it was acknowledged that the two elements existed. The network task and finish group would support provision at scale, linking into the assurance statements, and the practices as providers workstream would focus on the activities taking place at practice level e.g. QOF activity, QOF+ with the assurances around GMS, PMS and AMPS contract provisions. Mr McKenzie felt there was potential for overlap, which was acknowledged as an area for review as the programme of work developed.

RESOLVED: That the update was noted.

Primary Care Strategy (STP)

WPCC526

- The committee had been granted delegated authority by the Governing Body to approve the Primary Care Strategy in principle. This was due to the time constraints placed on the STP to submit the strategy by 20 June 2019.

- The strategy was considered by the committee and recognition given to the fact it was a draft. Comments would be received up to 14 June before the final draft version be submitted to NHS England on 20 June. The committee agreed the strategy in principle but confirmed their expectation to be kept apprised of developments and requested sight of the final draft version and any feedback and amendments.
- Clarity was sought on how the STP Strategy related to the CCG Strategy and whether the STP Strategy created limits within which the CCG Strategy should work. It was confirmed that NHS England had advocated, as part of the long-term plan, that the STP would have its own strategy and this would be prepared based on the template issued. The STP strategy aggregated the Black Country position and presented an overall position and direction of travel for the future. The local CCG strategy would include more detail on local place-based primary care services and the needs of the local population and the vision for primary care in Wolverhampton.

The STP strategy had been developed in a very short timescale. Originally, it was required for the Autumn of 2019 however at the end of April 2019, NHS England had issued a template requesting completion and submission by 20th June. Today's submission was by no means the final version and it was recognised there were areas that needed strengthening but the aim was to get the document out so that committees had sight of it, giving them chance to comment before the submission deadline. Due to the short timelines it was reiterated that comments would need to be submitted by next Friday 14th June so that they could be considered and incorporated into the final draft for 20th June. NHS England would then provide feedback and there would be a short window of opportunity for final amendments to be made before re-submission.

The Chair asked for clarification of who would do the actual sign-off of the final Strategy. It was defined that this committee needed to be comfortable with the content within the strategy and that similar conversations were taking place in each of the CCGs and STP Joint Commissioning Committee.

It was acknowledged that the template provided did not flow particularly well. Some priorities needed to be cross-referenced with the STP operating plan and clinical strategy to ensure a consistent message.

The Committee agreed to support the first draft of the document in principle. Feedback on progress would be submitted to committee before the next meeting and following submission to NHS England.

RESOLVED: That the update was noted.

Quarterly Primary Care Assurance Report

WPCC527 The Primary Care Assurance Pack was presented for committee assurance and had been considered at Milestone Review Board in April and accepted in principle. The Milestone Review Board had raised a number of queries as

detailed on the cover sheet of the report. It was acknowledged that some of the information in the report was now a bit outdated, in particular the Primary Care Networks map and the QOF+ document which had since been improved and finalised. The Milestone Review Board were able to accept the content and the assurance that was provided with the caveats around the queried items that would be worked up further.

RESOLVED: That the update was noted.

Any Other Business

WPCC528 There was no further business raised by Committee.

Date of Next Meeting

WPCC529 **Tuesday 2nd July at 2.00pm in PA125 Stephenson Room, 1st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU**

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

Minutes of the Primary Care Commissioning Committee (PUBLIC)

Tuesday 4 June 2019 at 2.00pm

PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse & Director of Quality (voting)	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Sue McKie	Chair (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No

NHS England ~

Bal Dhani	Senior Contracts Manager – Primary Care, NHSE	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	No
Jeff Blankley	Chair of Wolverhampton LPC	No

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Dawn Bowden	Quality Assurance Co-ordinator (WCCG)	Yes
Diane North	Primary Care Commissioning Committee Administrator (WCCG)	Yes

Welcome and Introductions

WPCC515 Mr Trigg (Vice Chair) welcomed attendees to the meeting and introduced Dawn Bowden who was presenting the Primary Care Quality Report on behalf of Liz Corrigan.

Apologies

WPCC516 Apologies were received from –
Sue McKie, Committee Chair
Helen Hibbs, WCCG Chief Officer
Tony Gallagher, WCCG Director of Finance
Liz Corrigan, Primary Care Quality Assurance Co-ordinator
John Denley, Director of Public Health, City of Wolverhampton Council
Jeff Blankley, Chair of Wolverhampton LPC
Dr B Mehta, Wolverhampton LMC
Dr M Kainth, Locality Chair/GP
Dr D Bush, Locality Chair/GP
Tracy Cresswell, Healthwatch Wolverhampton

Declarations of Interest

WPCC517 No declarations of interest were made.

Minutes of the Meeting held on the 7th May 2019

WPCC518 The minutes of the meeting held on 7th May 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from Previous Minutes

WPCC519 There were no matters arising from the previous minutes.

RESOLVED: That the above was noted.

Committee Action Points

WPCC520 **Action 30 (Minute No: WPCC452) – Primary Care Strategy Update**
Delegated authority was granted 14th March by Governing Body for Primary Care Commissioning committee to approve the draft Primary Care Strategy. On the agenda for the meeting. Action closed.

Action 31 (Minute No: WPCC468) – Primary Care Networks
On the agenda for the meeting. Action closed.

Action 35 (Minute No: WPCC499) – NHS Benchmarking Network-Primary Care 2018.
On the agenda for the private meeting. Action closed.

Primary Care Update Reports:

Primary Care Quality Report

The following highlights from the report were given:-

- WPCC521
- The serious incident referred to on page 2 had since been reviewed and closed and will be logged with NHS England Performers Information Gathering Group (PIGG).
 - There were 4 incidents for the next PIGG meeting.
 - The Friends and Family Test (FFT) had seen an increased uptake this year, which, it was felt, was due to the new texting system.
 - A new action plan was in place for collaborative contracting visits.
 - Work was on-going for the Practice nurse retention programme and there would be regular meetings across the STP about the Training Hubs.

RESOLVED: That the report and highlights above were noted.

Primary Care Operational Management Group Update

The following highlights from the report were given:-

- WPCC522
- The closure of Tettenhall Medical Practice's branch site at Wood Road was currently in mid-patient consultation. Arden & GEM Commissioning Support Unit (AGCSU) had supported the consultation and patient feedback so far had been good.
 - Estates & Technology Transformation (ETTF) funded building work at Newbridge surgery was fast approaching completion. Work at the East Park site had commenced and completion was expected to take 6 months. Comms would be going out in relation to this.
 - Wolverhampton CCG was supporting NHS England with national Contract Variations. The City of Wolverhampton Contracting team were liaising with individual practices.
 - The NHS England Policy Guidance Manual had been updated and shared across the CCG.
 - A new system of bookable space within Primary care would be introduced by the Estates team to minimise some of the existing issues, in particular around non-GMS services running out of GP Practices and confusion between practices on claiming.

RESOLVED: That the update was noted.

Primary Care Contracting Update

- WPCC523
- The report provided an update on the QOF Post Payment Verification for 17/18 concluding it had been a satisfactory process with no specific concerns or issues and was well supported by GP assessors. It will be repeated for QOF 18/19, reviewing different disease areas.

- Ms Shelley provided an update on the consultation of the closure of Tettenhall Wood Surgery and advised that the next drop-in session would be 3 July 2019, with a further 2 additional drop-in sessions proposed for patients and members of the public. There had been an extremely high response to the online survey and from earlier drop-in sessions and although patients were not particularly happy about the proposed closure of the surgery, they had provided much positive feedback about the surgery and the services they provided.
- There had been some queries raised at Audit and Governance committee around the contract management and review process, which is a rolling programme. The concern was that a number of practices had not yet been seen in the 3 years since it began. It was advised that this was a result of resources within the team and had since been addressed with the addition of two staff members to the process (one of which was Ms Shelley). It was confirmed that there were 11 practices still to see and that these would be completed by the end of July.

A query was raised about the media interest surrounding the closure of Wood Road Surgery and it was acknowledged that the Express & Star had run a piece in their newspaper when the letters first went out to patients. Following one of the drop in sessions, the Express and Star also wanted to know the reasons for the closure and had focused on Property Services and the increases in charges. A response to this had been provided by the CSU. There was a further piece in the Express and Star and on social media around councillors demanding answers. It was felt that Practices, like any other independent business, would need to make these sort of decisions faced with a fall in profits. Mr Marshall stated that he was due to attend a meeting with local councillors tomorrow, 5th June, which was more about the CCG's influence on these sort decisions and whether a new buyer could be found.

RESOLVED: That the update was noted.

Primary Care GP Networks

WPCC524

- The report provided the outcomes of decisions made in response to the Primary Care Network application process considered at CCG Panel on 16th May 2019. It defined the configuration of each of the networks including the name of the Clinical Director and which practices were within each network and provided assurance that signatures had been obtained from all practices.
- The network Direct Enhanced Service (DES) required that a number of items be submitted as part of the application process and the panel were able to approve four applications on 16th May. There were queries around the other two applications but these were subsequently resolved meaning the CCG was able to ensure at 21st May that there were six networks approved for Wolverhampton.
- Assurance was provided by NHS England on 21st May to confirm the outcome of panel decisions and a subsequent repeat submission had

occurred on 4 June confirming there were no subsequent changes since 21st May.

- Group Leads meet presently at monthly intervals and these meetings will change to clinical directors meetings from July, a draft terms of reference has been prepared in readiness and is awaiting sign off by the Executive Team. A series of assurance statements have been prepared, which clinical directors will be required to support the CCG in achieving. The assurance statements have been defined by NHS England and are a series of statements required to report on a quarterly basis on behalf of Wolverhampton but also as part of the wider STP and constitute the minimum expectations for Primary Care Networks. Locally there will be a task and finish group that forms part of the Primary Care Strategy governance and associated work programme.
- Network agreement and milestone dates were provided on page 3. Currently, the CCG was at the stage where a large number of practices were signing up to the DES via the national system and variations were being made to GMS, PMS and APMS contracts in conjunction with colleagues at NHS England.
- The practices within each of the networks were actively working together, with the clinical directors, to develop detailed network agreements. There were a number of schedules that formed the basis for the network agreement and were due to be submitted to the CCG later in June ahead of the national submission date to NHSE. This would enable the CCG to review the content to ensure it was pitched at the right level with priorities clearly defined. Networks would be required to publish their development plans in July.
- A number of new roles were being phased in, the first being Social Prescribing Link workers. An initial workshop took place in May. A further session was planned for June. A similar approach would be adopted for Clinical Pharmacists and other roles in conjunction with Clinical Directors.
- The maturity assessment within the paper complemented the network formation and provided an indication of where all the networks were on an aggregate basis for Wolverhampton and demonstrated progression made based on work done over 2 - 3 of years putting us in a very good place within the STP to achieve the required standards by next Summer.

A query was raised about why some of the assurance statements were listed in white such as the evaluation of high impact activity. It was confirmed that the evaluation had been prepared for consideration and was a piece of work taking place not only in Wolverhampton but across the STP and that the data analytics meeting was not due to take place until week commencing 10th June 2019. The preparatory work had been done and just needed to ensure the data provisions were in place for July when the networks would go live.

A question was asked regards the PCN Maturity Assessment, whether there were plans in place to deal with the items with exclamation marks. It was confirmed that these items would form the basis of the Primary Care Networks Development Plan and the CCGs Task and Finish Group and would be linked

to each of the network agreements being developed. The network agreements would indicate the areas of work for focus within the programme of work and it was hoped to be able to confirm these at the next committee in July.

The hard work involved was acknowledged by the committee and it was felt that the whole process had been really well managed from a CCG perspective.

It was highlighted that since the report the national guidance had been updated by NHS England and there were some slight amendments around practices joining networks across borders provided all parties were harmonious and agreeable. It was queried if this would open up the opportunity for challenge and potentially it could, however discussions that had taken place with neighbouring commissioners had concluded with a stance Staffordshire Practices would remain within their STP/ICS footprint.

RESOLVED: That the update was noted.

Primary Care Strategy (Wolverhampton)

With regard to the Wolverhampton Primary Care strategy, the first draft had been prepared on behalf of the CCG by the CSU and was a working draft that would be developed & strengthened further. Feedback from a public engagement event that took place on 23rd May 2019 would be incorporated. It was intended to have a wider debate at the forthcoming members meeting in order to ensure that the content, particularly the vision and priorities were mutually agreed with Clinical Directors and the document flowed accordingly. A further iteration, anticipated for the August committee, will be shared for final comment.

WPCC525 A query was raised about workstreams as the strategy listed separate workstreams for practices as providers and PCNs. It was felt that focusing on PCNs as providers would be the way forward however it was acknowledged that the two elements existed. The network task and finish group would support provision at scale, linking into the assurance statements, and the practices as providers workstream would focus on the activities taking place at practice level e.g. QOF activity, QOF+ with the assurances around GMS, PMS and AMPS contract provisions. Mr McKenzie felt there was potential for overlap, which was acknowledged as an area for review as the programme of work developed.

RESOLVED: That the update was noted.

Primary Care Strategy (STP)

WPCC526

- The committee had been granted delegated authority by the Governing Body to approve the Primary Care Strategy in principle. This was due to the time constraints placed on the STP to submit the strategy by 20 June 2019.

- The strategy was considered by the committee and recognition given to the fact it was a draft. Comments would be received up to 14 June before the final draft version be submitted to NHS England on 20 June. The committee agreed the strategy in principle but confirmed their expectation to be kept apprised of developments and requested sight of the final draft version and any feedback and amendments.
- Clarity was sought on how the STP Strategy related to the CCG Strategy and whether the STP Strategy created limits within which the CCG Strategy should work. It was confirmed that NHS England had advocated, as part of the long-term plan, that the STP would have its own strategy and this would be prepared based on the template issued. The STP strategy aggregated the Black Country position and presented an overall position and direction of travel for the future. The local CCG strategy would include more detail on local place-based primary care services and the needs of the local population and the vision for primary care in Wolverhampton.

The STP strategy had been developed in a very short timescale. Originally, it was required for the Autumn of 2019 however at the end of April 2019, NHS England had issued a template requesting completion and submission by 20th June. Today's submission was by no means the final version and it was recognised there were areas that needed strengthening but the aim was to get the document out so that committees had sight of it, giving them chance to comment before the submission deadline. Due to the short timelines it was reiterated that comments would need to be submitted by next Friday 14th June so that they could be considered and incorporated into the final draft for 20th June. NHS England would then provide feedback and there would be a short window of opportunity for final amendments to be made before re-submission.

The Chair asked for clarification of who would do the actual sign-off of the final Strategy. It was defined that this committee needed to be comfortable with the content within the strategy and that similar conversations were taking place in each of the CCGs and STP Joint Commissioning Committee.

It was acknowledged that the template provided did not flow particularly well. Some priorities needed to be cross-referenced with the STP operating plan and clinical strategy to ensure a consistent message.

The Committee agreed to support the first draft of the document in principle. Feedback on progress would be submitted to committee before the next meeting and following submission to NHS England.

RESOLVED: That the update was noted.

Quarterly Primary Care Assurance Report

WPCC527 The Primary Care Assurance Pack was presented for committee assurance and had been considered at Milestone Review Board in April and accepted in principle. The Milestone Review Board had raised a number of queries as

detailed on the cover sheet of the report. It was acknowledged that some of the information in the report was now a bit outdated, in particular the Primary Care Networks map and the QOF+ document which had since been improved and finalised. The Milestone Review Board were able to accept the content and the assurance that was provided with the caveats around the queried items that would be worked up further.

RESOLVED: That the update was noted.

Any Other Business

WPCC528 There was no further business raised by Committee.

Date of Next Meeting

WPCC529 **Tuesday 2nd July at 2.00pm in PA125 Stephenson Room, 1st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU**

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7 May 2019 at 2.00pm**

PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Sue McKie	Chair (voting)	Yes
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse (voting)	No
Dr David Bush	Locality Chair / GP (non-voting)	No
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes

NHS England ~

Bal Dhani	Contract Manager	No
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	No
Dr B Mehta	Wolverhampton LMC	Yes
Jeff Blankley	Chair of Wolverhampton LPC	No

In attendance ~

Dr Helen Hibbs	Accountable Officer (WCCG)	No
Mike Hastings	Director of Operations (WCCG)	No
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Tony Gallagher	Director of Finance	Yes

Welcome and Introductions

WPCC500 Ms McKie welcomed attendees to the meeting.

Apologies

WPCC501 Apologies were submitted on behalf of Dr M Kainth, Dr D Bush, Jeff Blankley, Sarah Gaytten, Tracy Cresswell (Healthwatch), Mike Hastings, Sally Roberts and Helen Hibbs.

It was noted that Sarah Gaytten had given her intention to resign as patient representative. Sarah was thanked for her work as a patient representative.

Declarations of Interest

WPCC502 Drs Reehana and Mehta declared that as a GP they had a standing interest in all the items relating to primary care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 2nd April 2019

WPCC503 The minutes of the meeting held on 2 April 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC504 There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC505 **Minute No: WPCC452 (Action 30) – Primary Care Strategy Update.** A verbal update was provided at today's meeting. Draft Strategy to be submitted to June 19 committee.

Minute No: WPCC468 (Action 31) – Primary Care Networks. A report was presented to committee. Agenda item 8a, minute no: WPCC510

Minute No: WPCC491 (Action 32) – Primary Care Reports. As the revised Friends and Family (FFT) data was emailed to members on 08/04/19, this action was closed.

Minute No: WPCC496 (Action 33) – Primary Care Networks. A report was presented to committee to sight them on the geographical options of Primary Care Networks (PCNs), agenda item 8a, minute no: WPCC510

Minute No: WPCC497 (Action 34) – Audit Report & Action Plan. Action closed as the patient list sizes will be presented to the Private Primary Care Commissioning committee on a quarterly basis going forward.

Minute No: WPCC499 (Action 35) – NHS Benchmarking Network. Report deferred until July meeting.

Primary Care Quality Report

WPCC506 Ms Corrigan presented the report, providing an overview of activity in primary care. The following points were noted:-

- Work was beginning early to look at the Flu vaccine programme in light of last year's issues. Everyone had ordered flu vaccine early and there was plenty in the system to go around. The Local Medical Committee (LMC) had said the vaccines may be available from the end of September. Flu vaccine training was being arranged for the end of July for nurses and healthcare assistants.
- With regard to Quality matters, there had been a slow response from practices but was now up-to-date with new ones coming through and the previous problem resolved. One matter was outstanding, from an optician, which required an NHS number, but as opticians don't have access to NHS numbers it will be closed.
- Two Serious incidents were currently being reviewed by practices. One provided a root cause analysis (RCA) and although the other was a near miss, the practice also provided a RCA. These are on-going and will go to scrutiny before referral to the NHS England Performers Information Gathering Group (PIGG).
- Complaints: awaiting Q4 data due in June
- Started afresh with the Friends and Family Test (FFT). The uptake was much better than both the national and regional average at 1.8% - 2.3%. It can vary month to month but seems to be connected to SMS texts availability of system on the tablet. The Qualitative data is not available as NHS England does not collect it, however practices do collect it and they use it to try and make improvements discussing matters at Patient Participation Groups, displaying on surgery noticeboards and through comments sheets in practice.
- Ratings were slightly lower than the national average of people saying they would recommend their GP but this was possibly because the uptake in Wolverhampton is so much higher so it was felt this was a realistic reflection of what patients thoughts on the service actually were.
- CQC: Two practices require improvement and are both being managed locally. One has merged with another practice and one is being managed by the VI team with no reports of any problems or requests for support. Awaiting re-inspection and new report from CQC.
- Workforce development: Looking at developing something for healthcare staff who are resident in the UK and Black Country but not actually

working because they have come from overseas. Dr Reehana is involved looking at the GP side and Mrs Corrigan is working with the LMC. The Sustainability and Transformation Partnership (STP) are currently considering a practice nurse retention programme similar to the GP retention scheme. They are looking at induction and inceptorship, portfolio careers mentorship and retirement planning.

- Healthcare apprenticeships: Currently there are five people interested. They are either working in practice as new healthcare assistants or are staff working on reception who want to move across. Funding received from NHS England and expanding into nursing associate apprenticeship with three people already showing a tentative interest. Awaiting workforce numbers from NHS digital which are due next month.
- The 10 point plan around the practice nurse strategy that was presented to committee last month, is due to go to the clinical leads group next Thursday for approval at STP level and other CCGs are to take it through their own Primary Care Commissioning committees. Once approved will be able to plan the launch, hopefully for June time.
- The current Training Hub arrangements across the Black Country are under review. Health Education England (HEE) are leading the process and will seek approval from the STP on the preferred model for the future. The STP are keen to introduce a Training Academy and this is being explored by the Joint Commissioning Committee. Further meeting scheduled on 28 May where HEE are likely to share a Terms of Reference with a view to introducing a STP Training Hub Board. SS has suggested that this board and that required by NHS England for the GPFV are combined, a response is awaited. A local meeting among training hubs is also scheduled for 16th May.

RESOLVED:

- 1) That the update be noted.

Primary Care Operational Management Group Update

WPCC507 Committee agreed that the report was read and there were no specific comments other than a typo on front page, AMPS should read APMS.

RESOLVED:

- 1) That the update be noted.

Primary Care Contracting Update

WPCC508 Ms Shelley provided an update

The APMS contract transition, now in its second month with Health & Beyond, was going well and there was a meeting planned for next week to review status and identify action plans. The process had gone smoothly despite teething problems.

The Consultation on the closure of Tettenhall Medical Practice, Wood Road

branch commenced today.

RESOLVED: That the update was noted.

Primary Care Strategy Update

WPCC509 Mr Marshall deferred the report to Mrs Southall to present.

Mrs Southall stated that the Primary Care strategy was to be fully reviewed although much of it would be predetermined by the NHS 10 year plan. The draft strategy would be shared with GP colleagues and other stakeholders initially for comment then presented to committee at the beginning of June.

An engagement event is planned in Wolverhampton for 23rd May to capture final input from patients and members of public in relation to the STP strategy but will focus on primary care at place-based level.

The chair suggested to be mindful of how the information is communicated in particular with the use of acronyms.

RESOLVED: That the update was noted

Primary Care GP Networks & DES (& Map)

WPCC510 Mrs Southall circulated a map with a detailed report for committee to view.

Members meeting discussions had taken place on 3rd April, where practices and practice managers reviewed the different guidance in place to assist the practices in coming together as Primary Care Networks (PCNs).

The report included the presentation of what was covered which was very well received and fostered much debate and group discussion. It culminated in being able to identify some practices who were prepared to move to help the networks form more sensibly within their immediate geography.

Networks are now preparing in anticipation of the application deadline of 15th May 2019.

A situation report was submitted to NHS England on 30th April to confirm the network formations and numbers in order that they had a good understanding of what state each network was at with regard to the appointment of their clinical director.

A members meeting focused on a plethora of guidance with the most topical subject being the Direct Enhanced Service (DES) as this is where funding is coming from for network formation and importantly by 30th June each network is required to have a fully completed network agreement.

A CCG panel meeting on 16th May will consider each application and will confirm outcomes and notify partners. It was hoped that all applications would be approved.

NHS England will be holding a networks commissioner event on 17th May, which the Primary Care team will attend and CCGs will have to confirm network coverage by 21st May.

NHS England, CCGs and LMC will be required to resolve local disputes by early June and network DES will go live on 1st July.

New roles will be identified in the formation of the PCNs, for example, clinical pharmacists and social prescribers. Funding for social prescribers will be available from 1st July. Currently in the process of identifying what the preferred model for social prescribing link workers will be.

An engagement event for social prescribing is to be arranged with PCN leads and existing service providers to build on what is already in place and to complement the additional cohort of link workers, so as not to jeopardise the existing good work.

Group Leads and members have been actively involved in discussions and patients were advised about this particular area of development at the Patient Participation Group (PPG) chair's meeting back in March.

Risks identified of possible overlap between some of the groups as indicated by the map. The impact from a financial perspective is that the funding for the Direct Enhanced Service (DES) is expected to be funded by the CCG however this was known early on and so planned to make the money available to avoid cost pressure.

Quality & Safety have been actively involved in the discussions. No Quality Impact Assessment (QIA) has been undertaken pending the formalisation of the networks.

The map highlighted two potential networks and attempted to balance geographical factors with building on previous good working that has taken place across the city.

Discussion ensued about the different groups within the potential networks and the need for PCNS to have between 30,000 and 50,000 patients. Some of the existing groupings would need to divide in order to meet this requirement and the Vertical Integration (VI) Group configuration would therefore potentially result in a network with less than 30,000 patients. The committee was advised that groups in this position could be approved in exceptional circumstances, particularly if there was the potential for growth.

It was asked that should a group with significantly below numbers be approved, and there was no growth, what would be the likely impact. It was noted that community services would be serving a potentially smaller population but there was some mitigation in that there were practices nearby however, until the discussions with the Trust had taken place as to as to how they are going to organise community services, it was hard to say.

A question was raised as to whether the cost for the medical Director for each of the PCNs would come from CCG baseline budgets. It was

confirmed that it would be part funded by NHS England and the remainder through the network DES but this could be reduced if one network and two neighbourhoods had the same clinical director. The VI group were still considering whether to make an application for one network made up of 2 neighbourhoods or one network, if one network there would be two outlying practices or significant overlap.

The report provided assurance to the committee that the CCG is moving in the right direction and working toward the NHS England timelines. Once the panel meeting had taken place on 16th May, a further update would be provided to committee in June and the committee will be kept informed month on month on the pace of development.

The Committee was asked to confirm which network map they supported, they concurred that 6 Networks (VI comprising of 2 neighbourhoods) was their preferred option.

RESOLVED: That the update was noted

Spirometry Service

WPCC511 Mrs Southall presented the report on behalf of Ms Morrissey. The report was compiled as a result of the suggestion to provide a Spirometry service at network level in the community.

Currently the service was purchased from Royal Wolverhampton Trust (RWT) and was a time-limited service commissioned on a 12-month basis.

The Association for Respiratory Technology and Physiology (ARTP) spirometry qualification is the recognised competency requirement for practitioners undertaking spirometry within the healthcare setting.

The Care Quality Commission (CQC) also expected practices to be able to demonstrate that staff performing the activity are duly competent in accordance with the CQC competency framework and that this should also be reflected in their CQC registration.

The recommendation was for Committee to consider the business case to provide a quality assured spirometry service through Primary Care networks (PCNs) as opposed to buying this service from the Trust.

The report had been presented to programme board on a couple of occasions, where amendments were suggested with a view for committee to make the decision to approve the provision for taking forward

The business case provided detail of the number of patients being cared for. The total number of patients referred into Royal Wolverhampton Trust up to 2nd November 2018 was 537 with a projected total by 31st March of 863. The report also provided anticipated numbers by practice group.

The committee were given 3 options to consider:

- Option 1 to stay the same with the service procured from Royal Wolverhampton Trust (RWT).
- Option 2 to develop a quality assured spirometry service within primary care giving PCNs the opportunity to own and deliver a developing service at scale for their practice and patient cohorts enabling them to develop the local workforce in line with the GP forward view.
- Option 3 to develop a quality assured spirometry service for individual GP practices. The concern with this last option would be that the throughput might not be significant at individual practice level for staff to maintain competencies. An email had been received from Dr Kainth to say that he agreed the service was needed in primary care but he did not think it needed to be a network function but as earlier this was discounted due to the heavy regulation and maintaining competencies

There were no significant risks but a number of benefits, not least that the cost of providing the service at network level would be almost halved at just over £100,000

A question was raised that if additional tests provided additional diagnosis would treatment costs subsequently increase. It was felt as the treatment for COPD mainly consisted of pulmonary rehabilitation such as stopping smoking and undertaking exercise, the cost of treatment was not particularly high but the avoidance of admissions would be significant. Three days in-patient can cost around £2500.

The recommendation for committee was for agreement to commit to the financial resource to enable care to be delivered closer to home.

It was acknowledged that training would need to take place as although some nurses were already competent others would need to be brought up to the same standard. The plan was that RWT would continue to provide the service in the first part of year with more activity in general practice from the second half of the year and with the full service being delivered from PCNs from April 2020.

The committee approved for the service to be taken forward at PCN level and for the financial resource to be committed.

RESOLVED: That the update was noted

Financial Position Q4 2018/19

WPCC512 Mr Gallagher presented a report which detailed the financial outturn for 2018/19 which he advised was still subject to audit.

At section 3 it was stated that the delegated primary care underspend of £776,000 comprised mainly of premises £351,000; QOF non- achievement £74,000 and enhanced services delegated £111,000.

In meeting the underspend the CCG had made a provision around Showell

Park list sizes and a challenge around application in reduction of the Personal Medical Service (PMS) premium of around £400,000.

As a result of the underspend, consideration had been given to bringing forward 2019/20 developments but given the timing of the identification of the underspend this would have been challenging.

Going forward the aim was to identify how much of the underspend was recurrent in order to identify and make available a development pot for to pilot more schemes or to bring forward schemes.

It was recognised that Investment in Primary Care was required to bring about transformational change. The 2017/18 financial year was a learning exercise due to it being the first year of primary care delegation and the question for the CCG this year was should it set the budget at 100% or should it acknowledge that circa 95% will be achieved with the remainder being put into a development pot.

The finance director then talked through the detail in the body of the report raising significant points.

As prescribing was one of the key areas for Quality, Innovation, Productivity and Prevention (QIPP) it was felt important to note not only the savings on drug values but also on volume of drugs being prescribed and that reduction in numbers of drugs being prescribed helped to support the QIPP value reductions.

It was recognised that the report showed areas where investment in Primary Care had been made but for future reports it was felt it would be beneficial to include more granular analysis, , in regards to why investment was made and to view variances in particular areas and suggest areas for development of future schemes.

A question was raised as to how the underspend of £776,000 compared to the previous year. It was acknowledged that the underspend was a combination of the 2017/18 and 2018/19 financial years as 2017 was the first year of delegation. Now that 2 years' worth of information was available it would enable the CCG to determine how much flexibility there is for future developments or to bring projects forward.

A question was raised as to whether the budget for this financial year was planned to be spent recognising the increase in budget. It was felt that although great progress had been made in terms of plans, identification of the repeat underspend would need to take into account any potential slippage against those plans and whether there were any other plans.

It was agreed to plan expenditure profiles in the event of slippage against any schemes and if wanted them to come to committee to give notice and bring earlier rather than later.

RESOLVED: That the update was noted

Any Other Business

WPCC513 There was no further business.

Date of Next Meeting

WPCC514 **Tuesday 4th June at 2.00pm in PA025 Marston Room, Ground Floor,
Technology Centre, University of Wolverhampton Science Park WV10
9RU**

**Wolverhampton Clinical Commissioning Group
Audit and Governance Committee**

Minutes of the meeting held on 23 April 2019 commencing at 11.00am
In Armstrong Room, Science Park, Wolverhampton

Attendees:

Members:

Mr P Price	Chairman/Governing Body Member
Mr D Cullis	Independent Lay Member
Mr J Oatridge	Deputy Chair of the Governing Body and Audit and Governance Committee
Mr L Trigg	Lay Member/Governing Body Member

In Regular Attendance:

Mr P McKenzie	Corporate Operations Manager, WCCG
Miss M Patel	PA to Chief Officer and Chair of Governing Body, WCCG (minute taker)

In Attendance:

Ms A Breadon	Partner, PwC (Partial meeting)
Mr A Kay	Head of Financial Resources, WCCG
Mr T Gallagher	Director of Finance, WCCG
Mr S Grayson	Head of Computer Audit and Local Security Management Specialist, CW Audit Services (Partial meeting)
Mr J Green	Chief Finance Officer, Sandwell and West Birmingham CCG and WCCG
Mr J McLarnon	Manager, External Audit, Grant Thornton
Mr M Stocks	Partner, External Audit, Grant Thornton

Apologies for attendance:

AGC/19/23 Apologies were received from Dr H Hibbs, Dr S Reehana, Ms R Bajaj, Mr N Mohan, Ms T Putwa, Ms J Watson

Declarations of Interest

AGC/19/24 There were no declarations of interest.

Minutes of the last meeting held on 19 February 2019

AGC/19/25 The minutes of the last meeting were agreed as a true record.

Matters arising (not on resolution log)

AGC/19/25 There were no matters arising.

Resolution Log

AGC/19/26

The resolution log was discussed as follows;

- Item 141 (AGC/19/06) – Internal Audit Progress Report - Further information requested from the Internal Audit team about the request for the additional 5 days of work – These days were required for the work required to complete the mandatory review into Delegated Commissioning.
- Item 142 – (AGC/19/08) – Follow Up Report – Note that Mr Gallagher would chase managers with incomplete actions in the first instance and if still not completed managers would be asked to attend Audit and Governance Committee to talk through the delay – conversations had taken place. Closed.
- Item 143 – (AGC/19/09) - Primary Care Strategy and GP 5 Year Forward +View - Internal Audit questionnaire results to be discussed at the Primary Care Commissioning Committee – This had been added to the agenda and discussed. An action plan was also in place. Closed.
- Item 144 – (AGC/19/10) - External Audit Plan – To look at wording around mortality - Received and circulated to Audit and Governance Committee members. Closed.
- Item 145 – (AGC/19/12a) - Risk Register Reporting/Board Assurance Framework including GBAF and Risk Register - Mr Gallagher to speak with Ms Watson around resilience around Brexit being included in the Internal Audit plan – Mr Gallagher had spoken with Ms Watson and it was in the plan for next year and checked if it needed to be prioritised.
- Item 146 – (AGC/19/12b) - Risk Register Reporting/Board Assurance Framework including GBAF and Risk Register - An agenda item to be put on the GB Development Session around the process for de-risking risks – Added to the forward planner for development session either June/July 2019.
- Item 147 – (AGC/19/12c) - Risk Register Reporting/Board Assurance Framework including GBAF and Risk Register – Mr Price asked for Senior Managers to attend Audit and Governance meetings which specific area deep dives were discussed – The next deep dive would be under Primary Care so a Senior Manager would be asked to attend the July Audit and Governance Meeting. Mr McKenzie was asked to note the dates of the Deep Dives in order to ensure that they were added to the relevant Audit and Governance Meetings.
- Item 148 – (AGC/19/13) - Governance Statement - Effectiveness questionnaire to be sent out to lay members for completion and then to be discussed at next Audit and Governance Committee – The questionnaires had been circulated and comments received. Closed.
- Item 149 – (AGC/19/15) - Counter Fraud Progress Report - Ms Putwa to speak with Mr Mohan if any further information could be shared with the Committee regarding the live investigation that was currently taking place and a timetable for when this information could be received by the Governing Body – Update

will be given when possible.

- Item 150 – (AGC/19/16) - Draft Counter Fraud Plan – Ms Putwa to speak to Mr Mohan about the fact that there were no proactive exercises mentioned in the workplan – Update at next meeting.
- Item 151 – (AGC/19/19) - Suspension, Waiver and Breaches of SO/PFPS – Mr Allen and Mr Gallagher to provide further detail around the retrospective order of 45k for commissioning services – This was due to an invoice being sent through and paid without a purchase order. Closed.
- Item 152 –(AGC/19/21) - Any other Business - Members asked to send through up to date contact details for regular attendees. If attendees were sending representatives it was asked that they forward on papers internally – As no updates had been received it was taken that the current list was correct. Closed.

Local Security Management Update

AGC/19/27

Mr Grayson presented to the committee the proposed plan of work for 2019/2020 in relation to Security Management. The plan followed the format of those used in previous years.

Questions asked by committee members as below:

- Where and when were security risk assessments conducted?
 - The assessments were conducted every couple of years as opposed to on a yearly basis. Lone worker assessment and also calls of an abusive nature were looked at.
- Was Health and Safety covered?
 - No, this did not fall under this remit of work.
- Were nurse assessors and those visiting nursing homes looked at under the assessments?
 - Yes. There were specific audit programmes that could be used to aid this work.
- Could a summary of the work be shared with the committee?
 - Following discussions it was agreed that reports would be received on a 6 monthly basis along with an end of year report.

RESOLUTION: The Committee:

- Accepted the plan for future work.
- That 6 monthly and an end of year report would be produced for the Audit and Governance Committee going forward.

Mr Grayson left the meeting.

External Audit Progress Report

AGC/19/28

Mr McLarnan presented the External Audit Progress Report to the Audit and Governance Committee which included a summary of interim audit

work, a final timeline of audit deliverables and also an identified risk around performance of cancer and mortality.

Mr Stocks advised to the committee that the Department of Health would soon be asking for an audit to be conducted by External Audit on Mental Health in around August/September 2019 time. This would be a very detailed audit and it was asked that the cooperation of the Finance team based at the CCG would be appreciated. Mr Green asked if more information could be shared as soon as it was received in order for teams to prepare.

The External Audit Team were asked if they could ensure that the final report was more granular with regards to testing measures. They also confirmed that maturity level had been set at 2% of gross expenditure which equated to £8million.

RESOLUTION: The Committee:

- Noted and accepted the report.
- More granular information would be provided in the final report around testing measures.

Risk Register Reporting/Board Assurance Framework including GBAF and Risk Register

AGC/19/29

Mr McKenzie presented the committee with the latest quarterly update on the Risk Register and Board Assurance Framework. The latest version would be reviewed at the Governing Body Meeting in May 2019.

The report included programmes of work that were being conducted by the Risk Team including the scheduled deep dive around Primary Care and ensuring that work continued to be reviewed and tailored for the needs to the CCG.

The Committee were all in agreement that the discussion around risk appetite at committees were positive and that there was a strong culture of risk being discussed.

Mr Oatridge advised that cancer and mortality were discussed at the Quality and Safety Committee and that milestones of reporting were being pursued with people being held accountable for deadlines. The Medical Director from RWT had also attended a Governing Body Meeting to give assurance around mortality process at the Trust.

RESOLUTION: The Committee:

- Noted and accepted the report.

Ms Breedan arrived.

Cyber Security

AGC/19/30

Mr Oatridge shared with the committee a presentation on Cyber Security

which he had seen at a recent Audit Chairs Forum.

The presentation covered areas such as:

- Progress across the cyber programme
- Responsibilities and accountabilities of CCGs
- Assurances that CCGs should be seeking
- How issues are escalated
- Top 10 risks
- Support package for CCGs

Mr Oatridge asked how the CCG looked at GPs compliance with the Information Governance (IG) Toolkit. Mr McKenzie advised that the CCG was now responsible for commissioning IG support services for GPs which included support for completing the Data Protection and Security Toolkit. from the old IG Toolkit. Functions were being worked on and once this was developed more information would be provided to the Committee in due time.

The Committee felt that it would be beneficial for the CCG to look at the 10 cyber risks and see how the organisation was performing against them. The Committee asked if a report could be brought back once this had been completed.

RESOLUTION: The Committee:

- Noted the report.
- Mr McKenzie to bring back a report of the organisations performance against the 10 cyber risks once completed.

Delegated Commissioning Final Report

AGC/19/31 Ms Breedon presented a report on the delegated commissioning final report.

There was one medium risk identified around practice visits not being completed on time. Mr Price asked if further information could be provided to be shared with the Quality and Safety Committee. Mr Cullis asked that in addition to this that testing results could also be shared.

RESOLUTION: The Committee:

- Noted the report.
- Internal Audit to provide further information around the medium risk identified around incomplete deadlines for practice visits and the testing used.

Risk Management Report

AGC/19/32 The Risk Management report was rated as low risk.

Whilst the risk management survey was deemed to be positive overall, there were 5 returns from members of staff that stated that they did not consult/amend the risk register relevant to their specific project/area. The Committee felt that this should be looked and that staff were reminded that they should be doing this.

RESOLUTION: The Committee:

- Noted the report.
- Staff reminded to look at their relevant risk registers and update them.

Draft Internal Audit Annual Report including the Draft Head of Internal Audit Opinion

AGC/19/33

A draft Audit Opinion had been submitted at present as generally satisfactory with some improvements required and a final opinion would be issued once the DPA and Stakeholder reports had been received.

RESOLUTION: The Committee:

- Noted the report.

Draft Internal Audit Plan for 2019/2020

AGC/19/34

Comments that had previously been sent to Internal Audit by Committee members had now been incorporated into the plan including Brexit planning. As the plan was quite substantial the number of days allocated would increase from what has been set aside in previous years.

The Committee discussed the use of the allocated days for work. They also asked that the work around the Better Care Fund was looked at every two years.

A question was raised around the Board Assurance Framework and where it was getting its assurance from. It was not clearly shown if it was from internal or external audit. Mr McKenzie was asked if this could be added to the document.

RESOLUTION: The Committee:

- Noted the report.
- Mr McKenzie to add a line in the Board Assurance Framework to show which audit function was sending assurance around certain areas.

Counter Fraud Annual Report 2018/2019

AGC/19/35

The Counter Fraud Annual report contained information that had been received during the year.

The self- review toolkit had been submitted by Mr Gallagher and Mr Price

ahead of schedule.

RESOLUTION: The Committee:

- Accepted the report.

Draft Governance Statement

AGC/19/36 Mr McKenzie presented the latest version of the draft governance statement to the Committee.

The document would be further updated once the internal audit opinion had been received.

The final draft would be presented to the next committee meeting.

RESOLUTION: The Committee:

- Noted the report.
- The final draft would be presented at the next Audit and Governance Committee Meeting.

Draft Committee Annual Report

AGC/19/37 The draft Audit and Committee Annual Report was shared with the committee in line with its Terms of Reference. The Committee is required to review its effectiveness on an annual basis and then presented to the Governing Body detailing work completed through the year.

The Review of Effectiveness was measured against the below five principles:

- The Role of the Committee
- Membership, Independence, Objectivity and Understanding
- Skills
- Scope of Work
- Communications

The Chair said that it would be useful to show the actions that had been taken against the effectiveness review in the annual report. The Chair asked that this was brought back to the July Audit and Governance Committee Meeting.

RESOLUTION: The Committee:

- Noted the report.
- Mr McKenzie to show actions against the effectiveness review in the annual report.
- Miss Patel to add this to the July Audit and Governance Committee agenda.

Feedback to and From the Audit and Governance Committee and Wolverhampton CCG Governing Body Meetings and National Audit Chairs Meeting

AGC/19/38 Mr Price advised Committee members that the Governing Body had approved the dementia strategy and that the Medical Director from the Royal Wolverhampton Hospital Trust had attended to assure them about the Trusts approach towards mortality.

The Committee felt that it would be beneficial to feedback from this committee to the Governing Body around the Cyber Security presentation that Mr Oatridge had shared.

RESOLUTION: The Committee:

- Noted the update.
- That Mr Oatridge gave a verbal update around cyber security to Governing Body members.

Draft Final Account and their Preparation

AGC/19/39 Mr Gallagher and Mr Kay presented tabled draft annual accounts to committee members. The date of submission was on 24 April 2019 with the final submission due on the 29 May 2019.

The report showed a comparison between this year (2018/2019) and last year (2017/018).

Mr Kay and Mr Green were asked to look at the wording on page 14 of the document with regard to the sentence 'The next actuarial valuation is to be carried out as at 31 March 2016 and I currently being prepared'.

Mr Price asked if a further explanation could be given around why there had been an increase in expenditure from 23 in 2017/2018 to 382 in 2018/2019 with regards to Other Professional Fees under Operating Expenses.

RESOLUTION: The Committee:

- Noted the update.
- Mr Kay and Mr Green were asked to look at the wording on page 14 of the document with regard to the sentence 'The next actuarial valuation is to be carried out as at 31 March 2016 and I currently being prepared'.
- Mr Kay to provide further explanation could be given around why there had been an increase in expenditure from 23 in 2017/2018 to 382 in 2018/2019 with regards to Other Professional Fees under Operating Expenses.

Losses and Compensation Payments – Quarter 4 2019/2020

AGC/19/40 The update for this agenda had been included in the Draft Final Accounts.

RESOLUTION: The Committee:

- Noted the above.

Suspension, Waiver and Breaches of SO/PFPS

AGC/19/41 An update would be given at the next meeting.

RESOLUTION: The Committee:

- Added to 21 May 2019 agenda for an update.

Receivable/Payable Greater than £10,000 and over 6 months old

AGC/19/42 An update would be given at the next meeting.

RESOLUTION: The Committee:

- Added to 21 May 2019 agenda for an update.

Any Other Business

AGC/19/43 There were no items to discuss under Any Other Business.

Date and time of next meeting

AGC/19/44 Tuesday 21 May 2019 at 11am at Wolverhampton Science Park

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Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 11th April 2019

Members:

Dr Salma Reehana – Chair, Wolverhampton CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Anand Rischie – Chair, Walsall CCG
Dr David Hegarty – Chair, Dudley CCG
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Chief Finance Officer Walsall CCG
Julie Jasper – Lay Member, Sandwell and West Birmingham CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Alastair McIntyre – Portfolio Director, Black Country and West Birmingham STP
Deborah Rossi – Transition Director, Black Country and West Birmingham CCGs
Helen Cook – Communications, Wolverhampton CCG
Jackie Eades – Executive Assistant, Walsall CCG (Note Taker)
Jonathan Fellows – Independent Chair, Black Country and West Birmingham STP
Peter McKenzie – Corporate Operations Manager, Wolverhampton CCG
Prof Simon Brake – Chief Officer, Walsall CCG
Steven Marshall – Director of Strategy and Transformation, Wolverhampton CCG

Apologies:

Paula Furnival – Director of Adult Social Care, Walsall MBC
Jim Oatridge – Lay Member, Wolverhampton CCG
Peter Price – Lay Member, Wolverhampton CCG
Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Charlotte Harris – Note Taker, Black Country and West Birmingham STP

1. INTRODUCTION

- 1.1 Welcome and introductions as above.
- 1.2 Apologies noted as above.
- 1.3 There were no declarations of Interest.
- 1.4 The minutes of the meeting held on the 14th March 2019 were agreed as an accurate record.
- 1.5 The action log was reviewed and actions confirmed as delivered or others taken within the agenda.
- 1.6 Action 133 closed on the agenda.
- 1.7 Actions 140, 141, 142 have a May timescales and remain on the log.
- 1.8 Action 143 was discussed and the action has been re-allocated and amended for Dr Helen Hibbs to take forward an exercise to map all current Specialised Services, understand which services could be delegated and identify the risks from the direction of travel for Specialised

Services. Dr Helen Hibbs also to discuss Specialised Services with Alison Tonge. It was agreed that the proposal will be presented to the JCC members not the Clinical Leadership Group in 3 months' time.

1.9 Action 144, has been deferred.

1.10 Action 145, on the agenda, agreed to have an Brexit update in September 2019, sooner if there are any major changes. Prof Simon Brake gave his update which was scheduled for 6.6 on the agenda. The report was written prior to the announcement of the 31st October extension. All CCGs are engaged in regular assurance and preparedness reporting with NHS England and Improvement. There is a level of risk around social care arrangements both locally and nationally.

2. CCG TRANSITION BOARD

2.1 The Transition Director, Deborah Rossi, introduced herself and stated that the Transition Board Memorandum of Understanding will be discussed and hopefully ratified at today's Transition Board. This will then be submitted to all 4 CCGs to sign off at their Governing Body meetings.

3. CLINICAL LEADERSHIP GROUP (CLG) UPDATE

3.1 Prof Nick Harding updated members on ongoing discussions from the CLG.

3.2 Laura Broster presented Personalised Care; there will be 2 sites.

3.3 The CLG is working with Aston University looking at the potential for a Leadership Academy.

3.4 Richard Beeken, CEO of Walsall Healthcare NHS Trust is developing a piece of work around Provider Sustainability Reviews.

3.5 Breast Cancer referral templates are being reviewed.

3.6 The national cardiovascular programme; discussions remain ongoing to establish if this should be undertaken on a STP footprint.

3.7 There have been discussions on whether another Stroke review is necessary for the Black Country.

3.8 Thrombectomy providers need to look at the service available now and where we want to be in 5 years; collaborative working is key.

3.9 The West Midlands Quality Review Service is undertaking a workforce review; this work could be the lever to assist in getting the providers to work together.

Action: Dr Helen Hibbs to share the West Midlands Quality Review Service workforce review information with the JCC members.

4. FORMALLY DELEGATED AREAS

Steven Marshall joined the meeting.

4.1 Transforming Care Partnership

4.1.1 There is a significant challenge for the Black Country in understanding why there are a higher number of admissions and work on how to reduce the number of admissions. There has been funding announced for next year which we will probably have to bid for. There is a recruitment

process underway; Alan Bailey has been recruited as the TCP Children's Case Manager. Funding has been found to employ further social workers and the interviews for the Programme Director are scheduled for 12th April 2019. Clinical Leadership events are being arranged. There was a discussion on the perception of how important this TCP work is by other Mental Health providers. There has been a community led service running in Wolverhampton and there have been no admissions although this service has taken a while to embed it is working. The Clinical model will be discussed at the CLG and it was noted that Local Authorities need to be held to account for their failures.

4.2 Mental Health – Core 24 Commissioning

- 4.2.1 The Core 24 specification has been agreed although there is a challenge by Walsall around the provision for Dementia patients attending A&E.
- 4.2.2 At Sandwell and West Birmingham's A&E Delivery Board, there was a discussion around this not fitting with arrangements for Midland Met Hospital in 2022. Discussion are continuing and it was agreed to put the Core 24 arrangements in place which can be reviewed and if necessary a 6-month notice period can be activated.
- 4.2.3 CAMHS Tier 4 model review to prevent Tier 4 admissions using a Tier 3+ scheme. Steven Marshall has been asked to seek agreement from each CCG to contribute on a STP basis a share of £50k. This was agreed.

5. RISK REGISTER

- 5.1 Peter McKenzie joined the membership of the JCC and updated members on the work being undertaken to align the risks that have already been identified. The next steps will be for the members to review all the risks. Members were happy with this approach.

6. MATTERS OF COMMON INTEREST

6.1 Place Based Update – Dudley

- 6.1.1 Paul Maubach informed members of the progress of the MCP. There have been several meetings between the Partnership Providers and the Regulators. The regulators have recommended the re-purposing the Mental Health Trusts into becoming the MCP. NHS Improvement have asked for a transition review to compare the MCP model and the option of doing nothing. The closing date for the applications for a MCP Chair is next week; interviews will be held in May. The merger between the Mental Health Trusts and MCP need to be simultaneous. In terms of the Primary Care Networks, the contract for these will be merged with the integrated agreements.

6.2 Performance and Assurance Return

- 6.2.1 The performance and transformation report was noted and Alastair McIntyre highlighted areas where performance targets are not being met. There are currently 88 transformation assurance statements for 2019/20 that will require sign off, some with caveats.
- 6.2.2 Backfill has been appointed for Helen Black, NHS England, whilst on maternity leave; more information at the next meeting.
- 6.2.3 Dr Helen Hibbs stressed that work is being undertaken in Wolverhampton to address the backlog in 2 Week Waits for breast cancer referrals. A referral data quality review is being carried out. Prof Nick Harding stated that the NICE guidance has changed and this may have impacted on the numbers of referrals being made. The use of a community referral service to screen the referrals prior to them being sent to the hospital was discussed as this had worked for other specialities.

6.3 Primary Care Networks (PCNs)

- 6.3.1 For Dudley – there will be 6 PCNs although talks are still ongoing with the membership.
- 6.3.2 For Walsall – there are 7 PCNs; an early pilot scheme has commenced and 7 clinical leads have been identified. All are geographical. The Governing Body recommended that all 7 clinical leads sit on the Provider Board for the ICS.
- 6.3.3 For Sandwell and West Birmingham – work is ongoing; there are 12 at the moment. This may be reduced.
- 6.3.4 For Wolverhampton – there will be 6 PCNs established (still to be confirmed).
- 6.3.5 Practices cannot be in 2 PCNs. All CCGs must ensure that their PCN clinical leads are giving consistent messages around geography and cross border issues. Sarah Southall has written some guidance that has been shared.
- 6.3.6 Dr Helen Hibbs stated that the Primary Care Strategy on an STP level needs to be written by end of June. It was agreed that all clinical leads work together to develop their PCNs without interrupting patient care. There is funding available for OD and the setting up of a Primary Care Academy has been discussed to future proof the Leadership. Paul Maubach stated that the development of an Academy has been discussed at the Population Health Management meetings.

ACTION: Paul Maubach and Alastair McIntyre to meet with David Frith to discuss the proposal for a Black Country Academy, (Based on the Surrey Heartlands model).

6.4 STP Infrastructure Paper update

- 6.4.1 Matthew Hartland tabled the STP infrastructure proposal and asked for an agreement in principle which will then be taken forward to the next STP Partnership Board on Monday 15th April. There was discussion around the posts required, posts already allocated which are being carried out as part of their day to day role, what the contributions would be if payment in kind was not available and what is already allocated. This paper was agreed in principle.

STP INFRASTRUCTURE PROPOSAL		
1. Cash contributions	1,102,846	
2. In-kind posts from Providers/CCG's	466,199	
3. Backfill absorbed	356,447	
4. Externally funded	80,000	
Total STP Resource	2,005,492	
Cash - STP wide	605,846	
Cash - CCG only	493,000	
	1,102,846	
Distribution:		Note - if 'In-Kind' to be cash paid
Providers:		
Black Country Partnership	16,721	29,504
Dudley Group	60,695	107,094
Dudley & Walsall MHT	11,430	20,168
Royal Wolverhampton	92,307	162,872
Sandwell & West Birmingham	82,141	144,935
Walsall Healthcare	41,628	73,451
Sub-total	304,923	538,023
CCG's		
Dudley CCG	180,869	233,707
Sandwell & West Birmingham CCG	297,486	384,391
Walsall CCG	164,656	212,757
Wolverhampton CCG	154,912	209,167
Sub-total	797,923	1,081,023
Total Cash Requirement	1,102,846	1,569,045

6.5 Midland Metropolitan Hospital (MMH) Update

- 6.5.1 Andy Williams gave an update stating that the hospital was on course for mobilisation in 2022/23 although there needs to be more focus on the practical aspects of opening the hospital

rather than on the structure. There is a red risk around the resolution of Sandwell and West Birmingham's boundary issues colliding with the opening of MMH which could destabilise the system. There appears to be a disconnect of repatriation plans between Sandwell Acute Trust and Dudley. Paul Maubach suggested developing a combined CCG plan to get the mobilisation delivered.

ACTION: Midland Metropolitan Hospital to be added to the agenda for May's meeting with a longer time slot to ensure a full depth conversation.

7. FEEDBACK FROM GOVERNING BODIES

7.1 No update given.

8. UPDATE FROM STP

8.1 Dr Helen Hibbs met with Dale Bywater to discuss all the STPs in the system that he has responsibility for.

9. ANY OTHER BUSINESS

9.1 **ACTION: Staff survey results for all CCGs to be added to May's agenda.**

10. DATE OF NEXT MEETING

Thursday 9 May, TO51, Dudley CCG, Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, DY5 1RU

JCC Action Log

No.	Date	Action	Lead	Deadline	Status Update
140	14 th Mar 2019	CCGs to meet and discuss the models under consideration in the four places and look at how these build to a sustainable ICS and ensure sustainability when trying to establish acute collaboration.	Alastair McIntyre Matthew Hartland	31 st May 2019	
143	14 th Mar 2019	Dr Helen Hibbs to take forward an exercise to map all current Specialised Services, understand which services could be delegated and identify the risks from the direction of travel for Specialised Services. Dr Helen Hibbs also to discuss Specialised Services with Alison Tonge.	Dr Helen Hibbs	End of July 2019	
146	11 th Apr 2019	Dr Helen Hibbs to share the West Midlands Quality Review Service workforce review information with JCC members	Dr Helen Hibbs	9 th May 2019	
147	11 th Apr 2019	Paul Maubach and Alastair McIntyre to meet with David Frith to discuss the proposal for a Black Country Academy, (based on Surrey the Heartlands model).	Paul Maubach Alastair McIntyre	9 th May 2019	

141	14 th Mar 2019	Alastair McIntyre to confirm the workshop with Toby Lewis for Senior Responsible Officers regarding Midland Metropolitan Hospital assumptions and activity flows.	Alastair McIntyre	31 st May 2019	Completed – occurring on 31 May 2019
142	14 th Mar 2019	The Black Country and West Birmingham STP and Birmingham and Solihull STP Board to Board to be arranged regarding the Midland Metropolitan Hospital being financially and clinically sustainable.	Dr Helen Hibbs Jonathan Fellows	31 st May 2019	Completed – occurring on 12 June 2019
148	11 th Apr 2019	Midland Metropolitan Hospital to be added to the agenda for May's meeting with a longer time slot to ensure a full in depth conversation	Charlotte Harris	9 th May 2019	Completed
149	11 th Apr 2019	Staff survey results for all CCGs to be added to May's agenda	Charlotte Harris	9 th May 2019	Completed



Health and Wellbeing Together Minutes - 10 April 2019

Attendance

Members of Health and Wellbeing Together

Councillor Roger Lawrence (Chair)	Leader of the Council
Dr Helen Hibbs (Vice Chair)	Chief Officer, Wolverhampton CCG
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Helen Child	Third Sector Partnership
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Councillor Hazel Malcolm	Cabinet Member for Public Health and Wellbeing
Councillor Sandra Samuels OBE	Cabinet Member for Adult Services
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
David Watts	Director of Adult Services

In Attendance

Brendan Clifford	Black Country DASS
Susan Eagle	Commissioning Officer
Sarah Fellowes	Wolverhampton CCG
Madeleine Freewood	Development Manager
Shelley Humphries	Democratic Services Officer
Councillor Jasbir Jaspal	Chair of Health Scrutiny Panel
Neeraj Malhotra	Consultant in Public Health
Amanda Newbold	Head of School Improvement
Anthony Walker	Homelessness Strategy and External Relationships Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies were received from Councillor Paul Sweet, Kate Martin, Chief Superintendent Andy Beard and Lesley Writtle.
- 2 **Notification of substitute members**
There were no notifications of substitute members.

3 **Declarations of interest**

There were no declarations of interest made.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting held on 23 January 2019 be approved as a correct record and signed by the Chair.

5 **Matters arising**

In respect of Minute 9 it was noted that, following the Joint Health and Wellbeing Strategy consultation, an email that thanked participants for their contribution was sent to all 288 respondents who had provided an email address in order to be updated about the roll-out of the strategy. It was noted that programmes such as the Walking for Health campaign had been bolstered by this support.

6 **Health and Wellbeing Together Forward Plan 2018 - 2019**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2018 – 2019.

It was proposed, in accordance with the Terms of Reference agreed at the July meeting of Health and Wellbeing Together, that a Strategy Day be arranged to identify future priorities. It was agreed that the meeting of Health and Wellbeing Together scheduled for 3 July 2019 be extended to accommodate.

It was also agreed that the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.

Resolved:

1. That the Health and Wellbeing Together Strategy Day be scheduled for 3 July 2019.
2. That the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.
3. That the Health and Wellbeing Together Forward Plan 2018 – 2019 be noted.

7 **Joint Dementia Strategy for Wolverhampton 2019 - 2024**

David Watts, Director of Adult Services presented the Joint Dementia Strategy for Wolverhampton 2019 – 2024 report and highlighted salient points. The report outlined that the strategy had been developed following the extensive work of a multi-agency working group which had involved representatives from the voluntary and community sector as well as carers of people living with dementia.

Attention was drawn to the five areas of focus which represented different stages of the journey of care for a person affected by dementia; Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well. It was reported that the working group had been established to develop and improve ways to provide support around these five themes. It was noted that an action plan was required to underpin the work and Better Care workstreams would be established.

The Joint Dementia Strategy for Wolverhampton 2019 – 2024 and the work of all the partners involved was commended by Board members. It was noted that there had been good use of the Joint Strategic Needs Assessment (JSNA) and the work

undertaken around dying with dignity which supported the Integrated Care; Frailty and End of Life priority was also commended.

It was highlighted that continued partner involvement and a focus on sustainability would be necessary to ensure that the support for people living with dementia was constantly maintained and that the Living Well priority was also supported.

Resolved:

1. That the Joint Dementia Strategy 2019 – 2024 for Wolverhampton be approved.
2. That the topic specific Joint Strategic Needs Assessment for Dementia in Wolverhampton be approved.

8 **No Recourse to Public Funds - Request for Numbers**

Neeraj Malhotra, Consultant in Public Health presented the briefing note on No Recourse to Public Funds (NRPF) – Request for Numbers. It was noted that the information contained within the briefing note had been collated in response to a request from Health and Wellbeing Together in October 2018 following the presentation of the draft NRPF Protocol. The figures represented the number of people with no recourse to public funds residing within the City and an update was also provided on the draft protocol.

It was noted that there is a considerable difference between the data that had been extracted from social care sources and the Refugee and Migrant Centre. It was highlighted the two different data sources were not comparing 'like with like' as one set of data provided a current snapshot whilst the other covered a 12-month period.

The data indicated that a very large proportion of people with NRPF status were able to manage without Council support and they had established their own support networks through either community links or extended family. It was noted that in some instances, local churches donate collections from their congregations to members of the community who have NRPF status.

It was noted that future data gathering 'soft intelligence' from the voluntary sector to enable the partnership to monitor numbers as well as trends. It was suggested that approaching other sources such as schools and West Midlands Police may be beneficial to gather further information on figures.

It was reported that the training accompanying the launch of the NRPF Protocol had been unavoidably delayed. This was due to some essential revisions that needed to be made to the Protocol relating to how the Council should be notified about people with NRPF status. The training will be re-scheduled to commence after April 2019 and will be offered to elected members as well as other stakeholders.

It was suggested that timeliness with which applications were dealt with by the Home Office or the numbers of people with NRPF status moving in and out of borough may also have had some effect on gathering realistic figures.

Cases of people with NRPF status who were in employment yet had no fixed abode were discussed. It was suggested that these people may be working 'cash in hand' and it was noted that they may be at risk of exploitation.

A concern was raised in respect of people with NRPf status who were at risk of eviction from rental properties due to rent payment difficulties and it was clarified that these were being dealt with on a case by case basis. It was added that legal aid funding was available and Helen Child, Third Sector Partnership representative offered to provide any advice on request on behalf of the Citizens Advice Bureau.

It was noted that it was positive that many people with NRPf status had sought support within the community as it was beneficial for communities to become as self-sufficient as possible.

In respect of children from families with NRPf status, it was highlighted that Wolverhampton was in a strong position compared with many other local authorities. It was noted that child in need assessments provided robust support to families throughout the immigration process.

Resolved:

1. That the information on numbers of No Recourse to Public Funds in the City of Wolverhampton be noted.
2. That the update on the multi-agency protocol and accompanying training be noted.

9 **Homelessness Prevention Strategy 2018 - 2022**

Anthony Walker, Homelessness Strategy and External Relationships Manager presented the Homelessness Prevention Strategy 2018 – 2022. The report outlined that the strategy had been developed to incorporate new duties following the introduction of the Homelessness Reduction Act (HRA). It was noted that difficulties had been experienced due to factors such as fluctuating property prices and the nature of accommodation.

The Strategy placed a focus on four key elements identified as: Homelessness Prevention; Tackle Rough Sleeping; Vulnerability and Health and Responding to the Local Housing Market. Approval was sought for an implementation plan to be developed to deliver these themes and for a multi-agency steering group to be established to oversee the plan.

A concern was raised regarding the risks of unscrupulous landlords, however assurance was given that the Authority had been working closely with landlords to ensure quality and an Eviction Officer had recently been appointed to assist with illegal evictions. It was suggested that the introduction of Universal Credit had been off-putting for some landlords as there was a risk of rent either being paid late or falling into arrears.

There had been reported a sharp increase in rough sleepers in recent years, however positive steps had been taken to reduce these numbers and it was noted that the City of Wolverhampton had been nominated for several awards for this work.

Concern was expressed in respect of accessibility of health provision, however it was reported that engagement was key. Once engaged, access to health provision was considered good, especially once the availability of walk-in centres was made known.

In response to a query, it was clarified that Wolverhampton Homes delivered a considerable portion of temporary accommodation as well as some being provided

by Housing First, however it was agreed that permanent and sustainable housing solutions that were key.

The work undertaken on the strategy was commended and the importance of the progress was highlighted due to the impact homelessness had on mental health and quality of life as well as the effects felt by families with children.

The development of the action plan and multi-agency steering group were both approved. It was requested that partners from multiple sectors become involved in the steering group and that any organisations contact Anthony Walker, Homelessness Strategy and External Relationships Manager to express interest.

Resolved:

1. That the development of a new action plan for the delivery of the Homelessness Prevention Strategy 2018-2022 be approved.
2. That the development of a multi-agency steering group to oversee the Homelessness prevention Strategy 2018-2022 be approved.
3. That the findings of the Homelessness Prevention Strategy 2018-2022 be noted.

10

Developing the Health and Wellbeing Dimension in All Policies

Brendan Clifford, Black Country DASS presented the Developing the Health and Wellbeing Dimension in All Policies. The report outlined progress made by City of Wolverhampton Council in embedding health and wellbeing implications into all decision-making processes.

In order to inform decisions, a 'health and wellbeing implications' heading had been added to all City of Wolverhampton reports templates. It was noted that the development of training material/ short guidance notes would further enhance corporate awareness of how decision making across all Council directorates can impact on the health and wellbeing of citizens.

It was also highlighted that the use of interactive dashboards to inform live decision making as part of the development of a 'JSNA interactive' toolkit would enable health and wellbeing data to proactively inform corporate decision-making processes.

Members of Health and Wellbeing Together were asked to identify methods of considering health and wellbeing implications in their own decision-making.

Resolved:

- That the Developing the Health and Wellbeing Dimension in all Policies report be noted.

11

Wolverhampton Clinical Commissioning Group (CCG) and Black Country and West Birmingham Sustainability and Transformation Partnerships (STP) Operating Plans

Dr Helen Hibbs, Chief Officer, Wolverhampton CCG presented the Wolverhampton CCG and Black Country and West Birmingham STP Operating Plans report. The report outlined that the attached STP wide Operating Plan was submitted in accordance with national guidance however Wolverhampton CCG Executive Team had taken the decision to produce a local operation plan for assurance.

Board members were advised that the transition from the STP to the new Integrated Care System was planned to take place across the Black Country and Birmingham over the next year as part of the National Health Service's Long-Term Plan.

A brief description of the architecture of the new system was provided:

Patient:

End user requiring easy access to quality services in a timely manner.

General Practitioners (GPs):

Arranged into networks of practices serving around 30 – 50,000 patients.

Wolverhampton was reported to be in a good position already as this way of working was already in place.

Place:

This was the Integrated Care System area and covered Wolverhampton.

Attention was drawn to the proposed priority areas around which the plan would focus: Primary Care; Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care; Cardiovascular Disease; Clinical Support Services; Musculoskeletal Conditions; Respiratory Diseases and Frailty.

It was highlighted that workforce retention was the biggest issue faced at present. A programme had been developed known as the GP Intensive Support Site Scheme which focused on this area. Work had been undertaken to improve retention by offering GPs portfolio careers to include opportunities to work with the Acute Trust or as managers as well as coaching opportunities. It was noted that the new GP networks would enable GPs to feel less isolated in their work and enhanced training for pharmacists to work around long-term care and medicine would take pressure off GPs, freeing them to concentrate on diagnostics. A request was made to provide an update on this work at a future meeting.

Concerns were raised in respect of low prostate cancer screening uptakes. It was noted that a campaign to encourage an increased uptake would be beneficial to ensure a better chance of early treatment. Caution was advised as attempting to treat or operate too early may cause more harm than good, therefore it was important to push for raised awareness of the condition and risks involved as well. It was suggested that ensuring that GPs investigate if patients had a family history of the condition during health checks.

It was highlighted that an improved test may be required which was reliable and acceptable to the general population to carry out. It was noted that prostate specific antigen (PSA) blood tests often caused unnecessary alarm as any enlarged tissue may be benign rather than malignant and the sample tests had been unpleasant to undertake. Normal practice for the local authority was to associate with national campaigns.

Resolved:

1. That an update on the NHS staff retention programme be provided at a future Health and Wellbeing Together meeting.

2. That the Wolverhampton Clinical Commissioning Group and Black Country and West Birmingham Sustainability and Transformation Partnerships Operating plans be noted.

12 **Progress on the Early Years Strategy**

Amanda Newbold, Head of School Improvement delivered a presentation on the Progress of the Early Years Strategy. It was outlined that the Early Years Strategy was launched in May 2017. The responsibility for the Early Years Service then moved to Education in April 2018 and in January 2019, the Early Years Team joined up with the School Improvement Team.

Following the public release of the information, it was reported that a grant of £516,400 had been awarded to City of Wolverhampton Council by the Early Outcomes Fund and it was planned to use this funding to secure good early language outcomes for children. It was also reported that a grant of £271,200 had been awarded by the Early Years Professional Development Fund to aid in fulfilling the improvement in children's early language, literacy and numeracy with specialist training.

It was reported that, following an announcement in April 2018, the Department for Education had developed a peer review model to improve local early years systems.

The Early Intervention Foundation (EIF) had been commissioned to produce self-assessment tools to measure progress for improving outcomes for children in the early years which focused on speech, language and communication skills. It was outlined that the audit tools which had been developed were to be utilised in a self-evaluation taking place between 8 April and 8 May 2019. This was to be followed up by a stakeholder event on 17 May 2019 which was to be facilitated by the EIF to identify priorities and areas of interest for the Peer Challenge.

It was noted that the DfE funded Peer Challenge was to take place from 25 – 26 June 2019 which would be followed by a mini review 12 months later to assess progress made and further developmental ideas.

It was reported that an Early Years Steering Group had been established and was to meet monthly until the Peer Review and quarterly thereafter to maintain oversight of the Strategy. It was noted that further learning and evaluation events and action plan revisions were to be scheduled over the next two years. Annual reviews of the Strategy had been planned and it was noted that the findings from the May 2019 review would be presented at the June meeting of the Children and Families Together Board.

It was also reported that findings had shown that many children starting in Reception class were as much as 18 months behind their peers. In response to this, access had been increased to two-year checks. Steps had also been taken to ensure the best start for children by developing a 'Ready for Nursery' check.

Resolved:

That further Early Years updates be provided to Health and Wellbeing Together as required.

13

Any other business

The Chair took the opportunity on behalf of Health and Wellbeing Together to offer thanks to and commend the contributions of Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust who had stepped down as Chair at the end of March 2019.

Dr Helen Hibbs, Vice Chair also took the opportunity to offer thanks to the Chair of Health and Wellbeing Together, Councillor Roger Lawrence, on behalf of the Board and commend his commitment and contributions to the work of Health and Wellbeing Together as Chair.