

**A meeting of the Wolverhampton Clinical Commissioning Group Governing Body**

**will take place on Tuesday 10th October 2017 commencing at 1.00 pm**

**at Wolverhampton Science Park, Stephenson Room**

**A G E N D A**

	<b>1</b>	Apologies for absence		
	<b>2</b>	Declarations of Interest		
	<b>3</b>	Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing Body held on 12 September 2017		1 - 10
	<b>4</b>	Matters arising from the minutes		
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	<b>11</b>	Joint Committee Terms of Reference and approach to statutory duties	Mr P McKenzie	109 - 122
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	<b>16</b>	Quality and Safety Committee	Dr R Rajcholan	<i>report attached separately</i>
	<b>17</b>	Finance and Performance Committee	Mr T Gallagher	213 - 248
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	<b>26</b>	Black Country and West Birmingham Commissioning Board minutes		317 - 322
	<b>27</b>	Any Other Business		
	<b>28</b>	Members of the Public/Press to address any questions to the Governing Body		
		<b>Date and time of next meeting ~</b> Tuesday 14 November 2017 – Governing Body Board Meeting		



**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

Minutes of the Governing Body Meeting held on Tuesday 12 September 2017  
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

<b>Attendees ~</b>	
Mr J Oatridge	Chairman (Interim)
<b>Clinical ~</b>	
Dr D Bush	Board Member
Dr M Kainth	Board Member
Dr J Morgans	Board Member
Dr R Rajcholan	Board Member
Dr S Reehana	Board Member (interim)
<b>Management ~</b>	
Ms M Garcha	Director Nursing and Quality
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
<b>Lay Members/Consultant</b>	
Mr P Price	Lay Member
Ms P Roberts	Lay Member
Mr L Trigg	Lay Member

<b>In Attendance</b>	
Ms H Cook	Engagement, Communications and Marketing Manager (part)
Ms T Cresswell	Health Watch representative
Mr S Forsyth	Head of Quality and Safety (observer)
Ms K Garbutt	Administrative Officer
Mr M Hastings	Associate Director of Operations
Mr P McKenzie	Corporate Operations Manager
Mr V Middlemiss	Head of Contracts and Procurement (part)
Mr S Parvez	Patient Safety Manager (observer)

**Apologies for absence**

Apologies were received from Mr D Watts.

**Declarations of Interest**

WCCG.1884        There were no declarations of interest made.

RESOLVED: That the above is noted.

**The Wolverhampton Integrated Respiratory Lifestyle Project (TWIRL) video**

WCCG.1885        Ms Roberts introduced the TWIRL project which started in July 2016 for a period of 12 months. This gives an opportunity for patients to leave their homes each week and meet other patients and clinicians. After the video Ms Roberts added that the project continues to run on a weekly basis. In order for this to continue meetings are currently taking place relating to funding and the running of the group. She added this has been a very successful project.

Mr Oatridge hoped that the sustainability will be there in the future for the project to continue. Ms H Ryan requested feedback from these meetings in order that they may be promoted within GP practices. Ms H Cook confirmed this will take place.

RESOLVED: That the above is noted.

Ms H Cook left

**Minutes**

WCCG.1886        **WCCG.1844 Chief Office Report**

The second sentence should read “He pointed out Joint Commissioning within the report”

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 11 July 2017 be approved as a correct record subject to the above amendments.



### **Matters arising from the Minutes**

WCCG.1887            There were no matters arising from the minutes.

RESOLVED: That the above is noted

### **Committee Action Points**

WCCG.1888            RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

### **Chief Officer Report**

WCCG.1889            Dr H Hibbs presented the report. She pointed out that Angela Poulton is the newly appointed Programme Director for the Joint Commissioning collaboration. Dr David Hegarty will chair the Clinical Leadership Group and the other clinical leads will be announced soon. The Sustainability and Transformation Plan (STP) leadership group met on the 21 August 2017 and at that meeting signed off the final version of the Memorandum of Information which is enclosed for information.

Work continues around developing plans for our Local Place Based commissioning solutions. Discussions are ongoing between ourselves, our local GP practices and the providers. We are waiting to hear what further support NHS England will be able to provide to our local system development.

Dr Hibbs pointed out that Claire Murdoch, the National Director of Mental health for NHS England, came to visit us in Wolverhampton on the 9 August 2017. She was impressed with the level of work that we are undertaking.

Vocare Limited commenced delivery of the Urgent Care Centre in April 2016. Since this date, Wolverhampton Clinical Commissioning Group (WCCG) has become aware of a number of concerns. Following a visit by the Care Quality Commission (CQC) the centre was rated as inadequate. Enhanced surveillance will continue for the foreseeable future.

Ms T Cresswell asked what engagement plans are in place regarding the STP. Dr Hibbs confirmed there is a nominated engagement lead from Sandwell CCG and an engagement plan with members of the public is being drawn up. Dr Hibbs confirmed the Governing Body will continue to be updated.

RESOLVED: That the above is noted.

## **Emergency, Preparedness, Resilience and Response (EPRR)**

WCCG.1890 Mr M Hastings presented the report which is to assure the Governing Body on the EPRR status in WCCG. The CCG is currently meeting all for EPRR for both local and regional assurance.

Based on the 2016/17 EPRR Core standards self-assessment WCCG maintains its substantially compliant assessment and has identified the areas for progression in the work programme presented at the September 2016 meeting. A further report for information will go to the September Governing Body Board Development meeting. Mr Hastings pointed out that nationally the up to date core standards have yet to be released by NHS England. The CCG has however been made aware that the “deep dive” for 2017/18 will be Governance. Mr Oatridge added that due to changes over the next few weeks with the Governing Body new members will need to be informed of any information.

RESOLVED: That the above is noted.

## **Board Assurance Framework**

WCCG.1891 Mr McKenzie stated that following the update to the Governing Body in July 2017, further work has been undertaken in line with the recommendations from the 2016 Internal Audit Report into the CCG’s Risk Management arrangements.

Mr V Middlemiss arrived

Mr McKenzie pointed out the Corporate Risk Register developed for the Governing Body meeting in July 2017 has been updated with 5 further risks identified and a number of risk scores being updated. Full details are shown in Appendix 2 of the report. Mr P Price stated that this is reassuring that good progress has taken place. At the Quality and Safety Committee a live exercise has been taking place reviewing the risks which is very useful and suggested this could be cascaded to other committees.

As the work progresses the CCG’s Risk Management Strategy will be revised and brought forward for endorsement by the Quality and Safety Committee in due course. Ms Roberts pointed out the need to see tracking and progress for each risk. Ms Garcha confirmed this was discussed at the Quality and Safety Committee with the possibility of a small investment being made into purchasing the appropriate software. Overall the Governing Body agreed that good progress had been made around this work.

RESOLVED: That the above is noted.

## **Procurement Policy**

WCCG.1892 Mr V Middlemiss stated this is an updated Procurement Policy for Healthcare Services and requested formal approval of the amended version. He highlighted the key points contained within the report. Mr L Trigg referred to page 13 of the policy in connection with the protected characteristics. One characteristic has not been included “marriage and civil partnership”. This was an omission.

A discussion took place around section 5 within the policy. Dr Hibbs explained that it is difficult to include for every eventuality and we need to retain some flexibility.

RESOLVED: That the Governing Body approved the Procurement Policy, to include the protected characteristic “marriage and civil partnership” indicated on page 13.

Mr V Middlemiss left

## **Commissioning Committee**

WCCG.1893 Dr Morgans gave a brief summary of the July and August reports. He highlighted the primary Care in-Reach Team. The Commissioning Committee supported the Programme Board to extend the scheme to cover all the 20 homes with the highest number of unplanned admissions. This would be funded from September 2017 to March 2018.

He referred to the Atrial Fibrillation Business case which will be discussed at the private Governing Body meeting.

RESOLVED: That the above is noted.

## **Quality and Safety Committee**

WCCG.1894 Ms Garcha gave an overview of the report. She went through the key areas on page 2 of the report. Full details are contained within the report. She also confirmed a discussion relating to Vocare will be discussed at the private meeting.

Dr Morgans pointed out that the Royal Wolverhampton Trust (RWT) has been named in the Sunday papers as appearing to have excess mortality.

**Clinical Commissioning Group**

Ms Garcha stated that RWT have an internal review tool regarding quality of care and mortality and that the CCG are represented on their mortality review assurance group. Dr Morgans added that the CCG need assurance this is being investigated. Ms Garcha said the trust has commissioned several external independent reviews which we will be sited on and will feed back to the Governing Body. Ms Roberts referred to page 7 of the report and asked which hospital the Never Events took place. Ms Garcha confirmed 2 were at Cannock Hospital and one at RWT. Mr Oatridge expressed his concerns regarding the number of never events and the number of wrong side surgery. He has received a communication from the Chairman at RWT, however the CCG are not happy with the reply and a subsequent response will be submitted to the Chairman.

Mr Oatridge stated that the Quality and Safety Committee is a good and effective committee and active work is going on regarding issues which are raised.

RESOLVED: That the above is noted.

**Finance and Performance Committee**

WCCG.1895

Mr T Gallagher presented the reports from July and August. He referred to page 3 of the July report. We are meeting our financial targets as highlighted in green. He pointed out the table on page 4 which highlights year to date performance. We are managing the Quality, Innovation, Productivity and Prevention (QIPP) non delivery within other programme costs.

Mr Gallagher referred to the August report and pointed out the finance position indicated in the table on page 3 of the August report. The CCG is continuing to recurrently overspend approximately £800k forecast outturn which is offset by non-recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP for next financial year which will have to increase to approximately £12m. Page 5 of the report indicates how we report to the Governing Body through RAG rating. Performance compared to previous months has shown an improvement as indicated in the table on page 13 of the report.

RESOLVED: That the above is noted.

**Audit and Governance Committee**

WCCG.1896

Mr P Price gave a brief overview of the report. He pointed out the briefing on the recent cyber-attack.

RESOLVED: That the above is noted.

### **Remuneration Committee**

WCCG.1897 Mr Price gave a brief overview of the report pointing out that the performance related pay for officers will be considered in the autumn.

RESOLVED: That the above is noted.

### **Primary Care Joint Commissioning Committee**

WCCG.1898 Ms Roberts presented the report. She pointed out the Pharmacy First Scheme. The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018.

She pointed out the Friends and Family Tests. It was noted that overall practices with no data has improved on last month which shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis.

RESOLVED: That the above is noted.

### **Primary Care Strategy Committee**

WCCG.1899 Mr Marshall gave an overview of the report. He pointed out the Bank Holiday opening on Monday 28 August 2017. Not all practices took part and this is currently being worked on. Dr D Bush stated that Saturday morning opening is very new and patients will need to be made aware of this in the future.

Mr Marshall stated that all practice groups are collaboratively developing a Home Visiting proposal. Referral and access criteria are currently being developed, and the skill mix needs is being explored.

RESOLVED: That the above is noted.

### **Communication and Engagement update**

WCCG.1900 Ms Roberts presented the report. The Annual General Meeting took place on the 26 July 2017 with over 90 people in attendance. She referred to the Sickle Cell and Thalassaemia engagement event. The results of this will be discussed at the private Governing Body meeting.

RESOLVED: That the above is noted.

### **Minutes of the Quality and Safety Committee**

WCCG.1901          RESOLVED: That the minutes are noted.

### **Minutes of the Commissioning Committee**

WCCG.1902          RESOLVED: That the minutes are noted.

### **Minutes of the Finance and Performance Committee**

WCCG.1903          RESOLVED: That the minutes are noted..

### **Minutes of the Primary Care Joint Commissioning Committee**

WCCG.1904          RESOLVED: That the minutes are noted.

### **Minutes of the Primary Care Strategy Committee**

WCCG.1905          RESOLVED: That the minutes are noted.

### **Minutes of the Audit and Governance Committee**

WCCG.1906          RESOLVED: That the minutes are noted.

### **Black Country and West Birmingham Commissioning Board minutes**

WCCG.1907          Mr Oatridge pointed out that we are now receiving the Black Country Commissioning Board minutes.

RESOLVED: That the minutes are noted.

### **Health and Wellbeing Board Minutes**

WCCG.1908          RESOLVED: That the report is noted.

### **Any Other Business**

WCCG.1909          Ms Cresswell reported that Dr Isabel Gillis has now stood down from Chair of Healthwatch with effect from the end of September 2017. Healthwatch are currently recruiting a new Chair.

Mr Oatridge reported that Ms Pat Roberts and Ms M Garcha are retiring from the CCG. Mr Oatridge thanked Ms Roberts for all her work and support to the CCG. She has been a lay member and on the Governing

Body for 5 years. She has moved the whole communication and engagement process really well, been very proactive and enthusiastic. She has also taken on the role for Primary Care Commissioning from NHS England to the CCG. Ms Roberts is valued as a colleague and we wish her all the very best for the future. Ms Roberts thanked all and pointed out that Ms T Cresswell was a member of the team at the beginning of the CCG. Ms Roberts thanked everybody she has enjoyed working for the CCG.

Mr Oatridge also thanked Ms Garcha for all her work. She has helped to develop the Quality and Safety agenda. Dr Hibbs thanked Ms Garcha she has been a strong member of the Executive team and the Governing Body. She has had a long and fulfilled career with the NHS over the years. A big thank you from the Governing Body and Executive team.

RESOLVED: That the above is noted.

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

WCCG.1910

#### **Question**

A member of the public explained his late wife suffered from Emphysema. She received excellent care from the staff at RWT. He stated on numerous occasions he requested an oxygen cylinder but was informed his wife was not ill enough.

#### **Answer**

Mr Oatridge thanked him for his question. Dr Hibbs reported numerous people are living with respiratory disease and the CCG are looking at how the end of life services respond to their needs. Dr Hibbs stated she would see him outside the meeting for further discussion.

#### **Question**

It was pointed out that the difficulties when travelling on a bus when attending the Heart and Lung Department at RWT. He has requested a bus stop at this department in order to avoid any unnecessary walking.

#### **Answer**

Ms Roberts stated this will be looked at in an engagement meeting.

RESOLVED: That the above is noted.

**Date of Next Meeting**

WCCG.1911      The Board noted that the next meeting was due to be held on **Tuesday 10 October 2017** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.25 pm

Chair.....

Date .....

DRAFT



**Wolverhampton Clinical Commissioning Group Governing Body**

**10 October 2017**

<b>Date of meeting</b>	<b>Minute Number</b>	<b>Action</b>	<b>By When</b>	<b>By Whom</b>	<b>Status</b>
11.7.17	WCCG.1848	Better Care Fund – the final version of the plan to be presented to the Governing Body	October 2017	Andrea Smith	

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**WOLVERHAMPTON CCG**  
**GOVERNING BODY**  
**10 OCTOBER 2017**

**Agenda item 6**

<b>TITLE OF REPORT:</b>	Chief Officer Report
<b>AUTHOR(s) OF REPORT:</b>	Dr Helen Hibbs – Chief Officer
<b>MANAGEMENT LEAD:</b>	Dr Helen Hibbs – Chief Officer
<b>PURPOSE OF REPORT:</b>	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Sally Roberts will be joining the CCG in the New Year as Executive Director of Nursing and Quality. Sally has extensive nursing, quality and board level experience and will be a great asset to the team in Wolverhampton.</li> <li>Primary Care Estates – Cohort 2 funding from the Estates and Technology Transformation Fund has been allocated to three significant projects across the City.</li> </ul>
<b>RECOMMENDATION:</b>	That the Governing Body note the content of the report.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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	
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## **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 (CCG).

## **2. CHIEF OFFICER REPORT**

### **2.1 Primary Care**

- 2.1.1 The Primary Care Operational Management Group met on 18 September 2017 with representatives from Public Health, NHS England and the CCG in attendance. The Group noted that the Friends and Family results for Wolverhampton are over double the West Midlands UK average and that the upcoming rollout of MJog will further improve response rates. The Group also received an update around the Collaborative Contract Review Visits, it was stated that the visits have been well received by Practices and the majority of the actions identified are being completed within 28 working days.

- 2.1.2 The Primary Care Strategy Committee (PCSC) met last week to review progress against the two major programmes of work i.e. Primary Care Strategy Implementation and GP Five Year Forward View Implementation Plan. The Committee concluded that both programmes were progressing well with many controls that are evidently working well to support the successful delivery of the programme. The Committee intend to reduce the frequency of meetings from October 2017 onwards, meetings will be held quarterly. There is a separate report of the PCSC that is also included on this meeting's agenda that contains further detail on discussions that took place at the September 2017 meeting.

- 2.1.3 Meetings continue with NHS England around the possibility of designing an accountable system in Wolverhampton. It has been widely recognised that we have already done a lot of good work to redesign some of our community and emergency pathways. Further work will be an extension of this to increasingly meet the needs of patients in their own homes where possible.

- 2.1.4 GP leads have been nominated from each of the GP groupings and from the Local Medical Committee and they will be working with colleagues from across the City to design possible solutions for an accountable system going forwards.

### **2.2 Estates**

- 2.2.1 Good progress is being made with GP Estates. Cohort 2 funding from the Estates and Technology Transformation Fund has been allocated to three significant projects across the City, based upon bids made by the practices and a prioritisation exercise undertaken by estates professionals. The funding needs to be spent by 31 March 2018 and all of the supported bidders are able to do this. The Estates team, which sits within the CCG Operations Directorate are in discussions with NHS England regarding the next round of funding; the process for applying for this is currently being finalised.

### **2.3 Executive Nurse Recruitment**

2.3.1 As Manjeet Garcha our Executive Director of Nursing and Quality is leaving the CCG, we have been recruiting to the vacant post. I am delighted to announce that Sally Roberts will be joining the CCG in the New Year. Sally has extensive nursing, quality and board level experience and will be a great asset to the team in Wolverhampton.

### **2.4 Lay Member Recruitment**

2.4.1 Following a period of national advertisement, interviews for the role of Lay Member for Patient and Public Involvement were recently conducted by the Chief Officer, Interim Chair and the Corporate Operations Manager. The standard of applications was extremely high and a number of strong candidates were interviewed. I expect to be able to make an announcement soon about the successful candidate and when they will be able to join the Governing Body.

### **2.5 Health Service Journal Awards**

2.5.1 The CCG are pleased to have been shortlisted for CCG of the year. This is a recognition of the hard work done by our excellent staff in the CCG. A presentation was given to the judges in London earlier this month and we will find out the outcome next month.

### **2.6 Sustainability and Transformation Plan (STP)**

2.6.1 Work continues on the Black Country STP and Wolverhampton continue to lead on the mental health work stream. One piece of work that is currently being explored is a STP wide workforce plan and I am involved in the small group who are scoping this piece of work.

### **2.7 Vocare Update**

2.7.1 The CCG continues to work closely with Vocare, the Urgent Care Centre provider, while the improvements identified by the CCG and Care Quality Commission (CQC) are implemented. To ensure robust governance and scrutiny, the CCG has established regular Vocare Improvement Board meetings where progress to deliver the highest priorities is closely monitored. In addition, the CCG maintain regular contract / quality review meetings where the day to day operations of the urgent care centre are scrutinised. CCG Governing Body members are kept fully briefed on the situation and receive regular reports on progress against the agreed actions and timescales for delivering the improvements.

2.7.2 The CCG is pleased with the progress that Vocare have made to date and are hopeful that continued progress will be made over the coming 3-6 months in line with CCG and CQC deadlines.

### **2.8 IM&T Update**

2.8.1 Wolverhampton CCG, in partnership with Royal Wolverhampton Trust, are upgrading the existing Wolverhampton shared care record solution. The data migration to the upgraded solution started on the 25 September 2017 and should be completed within a month. The upgrade will improve the user experience and also unlock additional features. A new feature

will be the provision of a shared End of life care plan (Electronic Palliative Care Co-ordination Systems - EPaCCS) which will be accessible to all services treating end of life patients.

## 2.9 Presentation of our Work Locally

2.9.1 A joint presentation with Royal Wolverhampton NHS Trust was given to the Chief Executives and Accountable Officers across the West Midlands. The same presentation was given at a Kings Fund event in London.

2.9.2 This presentation recognises some of the joint working that we have done in the City particularly around reducing emergency admissions and increasing community services

## 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:** 3 October 2017

**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Dr Helen Hibbs</b>	<b>03/10/17</b>



**WOLVERHAMPTON CCG**
**Governing Body Meeting, Tuesday 10th<sup>th</sup> October 2017**
**Agenda item 7**

<b>Title of Report:</b>	<b>Core Standards Assurance - Emergency Preparedness, Resilience and Response (EPRR)</b>
<b>Report of:</b>	Mike Hastings, Director of Operations
<b>Contact:</b>	Tally Kalea, Commissioning Operations Manager
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To give the Governing Body assurance that the CCG is compliant with EPRR core standards assessed as: substantially compliant and to sign off the 2017/2018 work plan.
<b>Public or Private:</b>	Public
<b>Relevance to CCG Priority:</b>	Planning
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	Resilient plans are in place for EPRR
<ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long Term and Short Term)</li> </ul>	The CCG and its peer organisations are aware of and assured by one another's EPRR plans.

## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. Whilst designated a Category 2 responder with limited responsibilities by the Civil Contingencies Act 2004 (CCA) CCGs have a far wider role, and responsibilities identified by the NHS England EPRR Framework and NHS England EPRR Core Standards. The Core Standards assessment template requires all NHS organisations to assess EPRR compliance on a RAG (Red; Amber; Green) traffic light basis, with accompanying evidence and narrative.
- 1.2. Whilst the NHS England EPRR Framework specifically details roles and responsibilities WCCG also has a requirement to be compliant with the NHS England EPRR Core Standards and submit an annual self-assessment to NHS England.
- 1.3. A report was brought to the Governing Body in September 2017 which outlined the robust EPRR plans in place for the CCG. The report detailed that the Business Continuity training programme had been completed for WCCG.
- 1.4. There was a requirement for the CCG to submit annual EPRR Core Standards with a deep dive in governance during September 2017. Part of the requirement was Governing Body sign off before submission.

## **2. MAIN BODY OF REPORT**

- 2.1. Following a discussion with Peter Jefferson (EPRR Locality lead for Birmingham, Solihull and the Black Country, NHSE) due to the late publishing of the guidance, It was agreed the Core Standards submission would be presented and signed off at the October 2017 Governing Body.
- 2.2. WCCG continues to update all plans in accordance with the national guidance received from NHSE; these include robust Business Continuity Plans, Major Incident Response Plans and Departmental Service Level Plans. The robustness of these plans were tested during the cyber-attack in May 2017.
- 2.3. The WCCG 2017 EPRR self-assessment, contained at Appendix 1, summarises the preparedness against 38 specific standards with an additional 6 specific to Governance. The WCCG 2017 EPRR Core Standards self-assessment shows the following:



RAG Rating	EPRR Core Standards	Governance Standards
Red	0	0
Amber	1	1
Green	37	5

- 2.4. The strategic EPRR priorities outlined for 2017/18 are assessed as ‘substantially compliant’ with the statutory requirements with a specific focus on business continuity plans, a command post exercise and further development of training for key CCG staff. These form the basis of an EPRR work programme presented to the Operations Board and attached within the Appendices (Appendix 2).
- 2.5. The CCG Major Incident Response Plan was updated and reviewed in June 2017 and satisfactory sign off was gained by the Accountable Emergency Officer (AEO)
- 2.6. The CCG has delivered specific training to key identified individuals via the EPRR lead and NHSE Regional Support Team and so, has increased the Green rated elements of the standards since the last submission.
- 2.7. A further review of the Core Standards will be carried out as a priority in the first quarter of 2018 with a view to preparing for the next submission to NHSE in June/July 2017. It is proposed that a further report is presented to the Governing Body following this review.

### **3. RISKS AND IMPLICATIONS**

#### **Key Risks**

- 3.1. Whilst the EPRR Core Standards is important it doesn’t capture the entire EPRR agenda. In addition to the work detailed above work is being delivered around the Prevent agenda, urgent care support and crisis communications.
- 3.2. The overall aim is to ensure WCCG is a resilient and capable organisation that plans to deliver over and above minimal compliance standards and embed resilience across its service delivery area.
- 3.3. The loss of the Public Health EPRR Lead presents a small risk to the review of the standards although prior planning by the CCG leave mitigates this.

#### **Quality and Safety Implications**

- 3.4. At the present time WCCG is well placed in terms of its level of preparedness and planning and compares favourably amongst other CCGs in the NHS England locality area.



### ***Legal and Policy Implications***

3.5. Failure to progress would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy, as the commissioning organisation, and, in extremis, as the tactical tier for supporting NHS England in a major incident environment.

## **4. RECOMMENDATIONS**

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Sign off** 2016/17 Core standards & 2017/18 work programme

**Name:** Mike Hastings  
**Job Title:** Director of Operations  
**Date:** 10/10/2017

### **ATTACHED:**

EPRR Core Standards (appendix 1)  
2017/2018 Training plan (appendix 2)



**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/a</b>	
Public/ Patient View	<b>N/a</b>	
Finance Implications discussed with Finance Team	<b>N/a</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/a</b>	
Medicines Management Implications discussed with Medicines Management team	<b>N/a</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/a</b>	
Information Governance implications discussed with IG Support Officer	<b>N/a</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/a</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>M Hastings</b>	<b>24/02/2016</b>



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The attached EPRR Core Standards spreadsheet has 6 tabs:

**EPRR Core Standards tab:** with core standards nos 1 - 37 (green tab)

**Governance tab:**-with deep dive questions to support the EPRR Governance'deep dive' for EPRR Assurance 2017 -18(blue) tab)

**HAZMAT/ CBRN core standards tab:** with core standards nos 38- 51. Please note this is designed as a stand alone tab (purple tab)

**HAZMAT/ CBRN equipment checklist:** designed to support acute and ambulance service providers in core standard 43 (lilac tab)

**MTFA Core Standard:** designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

**HART Core Standards:** designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V50. The following changes have been made :

- Inclusion of EPRR Governance questions to support the 'deep dive' for EPRR Assurance 2017-18

	Core standard	Clarifying information	CCOs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
<b>Governance</b>								
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		Y	• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas	WCCG AEO is Mike Hasting (Director of Operations).			
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessments - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	Y	• Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.	WCCG has an annual work program, encompassing both EPRR and BC. The work program is based around LRF, LHRP, Wolverhampton and corporate risk registers and is reviewed in light of any changes to either risk, threat, incident learning or guidance.			
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology. • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation	Y		WCCG has both EPRR and BC policies that are in line with, and reviewed against both NHS and statutory requirements. Policies are reviewed on an annual basis.			
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y		WCCG receives regular reports on EPRR through both Board and Quality & Safety Committee throughout the year. In addition the WCCG Operations Board also receives reports on an ad hoc basis.			
<b>Duty to assess risk</b>								
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites)	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans • Sharing appropriately once risk assessment(s) completed	WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City			
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc. Other relevant parties could include COMAH site partners, PHE etc.	Y		WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City			
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.		Y		Locally identified risks are considered and analysed by the risk assessment group of the LRF			
<b>Duty to maintain plans – emergency plans and business continuity plans</b>								
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan)) corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Y	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses • identify locations which patients can be transferred to if there is an incident that requires an evacuation; • outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation; • take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres; • include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required; • make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support • ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. • for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	MIRP updated BC Policy updated. Corporate BIA completed with summary of MTPD for all services. Service level BIAs and BC plans			
9	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	HAZMAT/ CBRN - see separate checklist on tab overleaf Severe Weather (heatwave, flooding, snow and cold weather) Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions) Mass Countermeasures (eg mass prophylaxis, or mass vaccination) Mass Casualties Fuel Disruption	Y		Heatwave and cold weather plans in place. Tied into BC Plan flu plan completed			
10			Y					
11			Y					
12			Y					
13			Y					
14			Y					
15			Y		CCG unlikely to be classed as priority user under NEP. F as no delivery of direct patient care. Currently IT policy allows for home working for staff for avoidance of travel where appropriate.			
16		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Y		Surge and escalation plans in place. Tied into networks at level appropriate.			
17		Infectious Disease Outbreak	Y		Service specification in place. Work ongoing re meds management and social prescribing			
18		Evacuation	Y		Contained within building provider's plans and responsibilities			
19		Lockdown	Y					
20		Utilities, IT and Telecommunications Failure	Y		Contracts/SLAs with IT and building providers around service expectations			
21		Excess Deaths/ Mass Fatalities	Y					
22		having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab	Y					
23		firearms incidents in line with National Joint Operating Procedures: - see MTF A core standard tab	Y					
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	• Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	Y	• Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	MIRP, and supporting documents, all prepared in line with national guidance and against good practice. Plans reviewed annually as a minimum and in line with any changes to legislation, organisation or guidance.			
25	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	Y	• Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.	MIRP contains triggers, MI declaration info and is supported by 24/7 CCG on call rota across the BC			
26	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	Y		WCCG has service level BC Plans			
27	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Y					
28	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		Y	• Specify who has been consulted on the relevant documents/ plans etc.	WCCG plans are consulted, both internally and externally, as required by each plan.			
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.	Y		WCCG has a debrief policy for incidents and has access to a trained debriefer via the council			
<b>Command and Control (C2)</b>								
30	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	WCCG has a switchboard that receives all calls during operational hours. There is a SPOC (Sandwell GH) that has Directors on call access			
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Y	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold), for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	WCCG on call staff have either attended, or are scheduled to attend both SLC and EOT Training. In addition a modular training system is being developed with NHS colleagues and			
32	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logistic .	This should be proportionate to the size and scope of the organisation.	Y	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required.	WCCG MIRP includes action cards for all roles incl. logistic and provider liaison .			



Core standard		Clarifying information	CCGs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y		WCCG has trained loggists supported by MIRP Action card			
34	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.		Y		MIRP contains information recording and reporting templates.			
35	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials						
36	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident						
<b>Duty to communicate with the public</b>								
37	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	<p>Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about:</p> <ul style="list-style-type: none"> <li>- Any immediate actions to be taken by responders</li> <li>- Actions the public can take</li> <li>- How further information can be obtained</li> <li>- The end of an emergency and the return to normal arrangements</li> </ul> <p>Communications arrangements/ protocols:</p> <ul style="list-style-type: none"> <li>- have regard to managing the media (including both on and off site implications)</li> <li>- include the process of communication with internal staff</li> <li>- consider what should be published on intranet/internet sites</li> <li>- have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.</li> </ul>	Y	<ul style="list-style-type: none"> <li>• Have emergency communications response arrangements in place</li> <li>• Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies)</li> <li>• Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders</li> <li>• Using lessons identified from previous information campaigns to inform the development of future campaigns</li> <li>• Setting up protocols with the media for warning and informing</li> <li>• Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'.</li> <li>• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes.</li> <li>• Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work.</li> </ul>	WCCG has a crisis comms plan supported by CSU including a 24/7 OOH response capability. WCCG also engaged with Healthwatch to explore enhanced comms to service users in the event of an incident			

	Core standard	Clarifying information	CCGs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale	
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Voice & data included in SLA with Acute Trust and covered by SLA and DR. CCG supported by duplicate, resilient data lines.				
<b>Information Sharing – mandatory requirements</b>									
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Y	• Where possible channelling formal information requests through as small as possible a number of known routes. • Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. • Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). • Social networking tools may be of use here.	WCCG signed up to LRF info sharing protocol. Data shared as appropriate for incidents on secure NHS mail. Based on non-statutory CCS guidance				
<b>Co-operation</b>									
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Y	• Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate.	Representation at LRF through LHRP				
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	• Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups	Representation and engagement at LRF, LHRP WRG and others				
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Y	• Taking lessons learned from all resilience activities	Mutual aid agreement as contained in Mutual Aid handbook				
43	Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.			• Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives					
44	Arrangements outline the procedure for responding to incidents which affect two or more regions.			• Establish mutual aid agreements					
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y	• Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues	MIRP includes coordination role at level 3 incidents				
46	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared			• Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area					
47	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months								
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y		AEO, or representative, attends LHRP meetings				
<b>Training And Exercising</b>									
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	• Staff are clear about their roles in a plan • A training needs analysis undertaken within the last 12 months • Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. • Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate • Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective • Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	Y	• Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs.	On call staff attended on call training. EPRR training delivered on an ongoing basis. Modular EPRR training package being developed for CCG staff.				
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	• Exercises consider the need to validate plans and capabilities • Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. • Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. • If possible, these exercises should involve relevant interested parties. • Lessons identified must be acted on as part of continuous improvement. • Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	Y	• Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	Work programme to include exercises to validate new and existing plans (BC and MIRP plan)				
51	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y		WCCG staff participate fully in exercises				
52	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y		Central record of training delivered and Self-Assessment (SA) document drafted.	SA to be sent out to all on call staff for completion, records			

Core standard		Clarifying information	CCGs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
<b>2017 Deep Dive</b>								
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> <li>The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months</li> <li>The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's public Board/Governing Body report</li> <li>Organisation's public website</li> </ul>	To be signed off at October 17 governing body but has been signed off at CCG exec level meeting on 14/09/17 and SMT held on 19/09/17			
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> <li>There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's Annual Report</li> <li>Organisation's public website</li> </ul>	15/16 submission compliance published on CCG public facing website and 16/17 results will be signed off at Governing Body once received and also added to public facing website			
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> <li>The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio.</li> <li>The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report</li> <li>The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body</li> <li>The organisation has a formal and established process for keeping the Non-executive</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's Annual Report</li> <li>Organisation's public Board/Governing Body report</li> <li>Organisation's public website</li> <li>Minutes of meetings</li> </ul>	Current interim non exec chair does not formally have this within their portfolio. New Chair will have this within portfolio (appointment due November 17)	include EPRR portfolio as part of non exec GB chair's role		
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> <li>The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	Operational management group meets Monthly where Accountable Officer (AO) and AEO are both present. Regular updates are also taken to Quality and Safety Committee			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> <li>The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program.</li> <li>The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	Operational management group meets Monthly where Accountable Officer (AO) and AEO are both present. Regular updates are also taken to Quality and Safety Committee			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> <li>The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings</li> <li>The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	Both AO and AEO invited to LHRP - Alternate attendance			

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)			Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental health care providers	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information						Evidence of assurance			
<b>Preparedness</b>											
53	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control			
54	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	Y	• Site inspection • IT system screen dump			
55	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Y	Y	Y	Y	Y	• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)			
56	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y			• Resource provision / % staff trained and available • Rota / rostering arrangements			
57	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y	• Provision documented in plan / procedures • Staff awareness			
<b>Decontamination Equipment</b>											
58	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: <a href="http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf">http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf</a> ) • Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a>	Y	Y	Y	Y	Y	• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))			
59	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y						
60	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y						
61	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y						
62	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Y						
<b>Training</b>											
63	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Y		Y						
64	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a>	Y	Y	Y	Y	Y	• Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme			
65	The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.		Y		Y						
66	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	• Including, where appropriate, Initial Operating Response (IOR) and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a> • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: <a href="http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf">http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf</a> )	Y	Y	Y	Y	Y				

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
<b>EITHER: Inflatable mobile structure</b>			
E1	Inflatable frame		
E1.1	Liner		
E1.2	Air inflator pump		
E1.3	Repair kit		
E1.2	Tethering equipment		
<b>OR: Rigid/ cantilever structure</b>			
E2	Tent shell		
<b>OR: Built structure</b>			
E3	Decontamination unit or room		
<b>AND:</b>			
E4	Lights (or way of illuminating decontamination area if dark)		
E5	Shower heads		
E6	Hose connectors and shower heads		
E7	Flooring appropriate to tent in use (with decontamination basin if needed)		
E8	Waste water pump and pipe		
E9	Waste water bladder		
<b>PPE for chemical, and biological incidents</b>			
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		
<b>Ancillary</b>			
E12	A facility to provide privacy and dignity to patients		
E13	Buckets, sponges, cloths and blue roll		
E14	Decontamination liquid (COSHH compliant)		
E15	Entry control board (including clock)		
E16	A means to prevent contamination of the water supply		
E17	Poly boom (if required by local Fire and Rescue Service)		
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		
E20	Waste bins		
	Disposable gloves		
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		
E22	FFP3 masks		
E23	Cordon tape		
E24	Loud Hailer		
E25	Signage		
E26	Tabbards identifying members of the decontamination team		
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
<b>Radiation</b>			
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)		
E29	Hooded paper suits		
E30	Goggles		
E31	FFP3 Masks - for HART personnel only		
E32	Overshoes & Gloves		





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## Emergency Preparedness, Resilience and Response (EPRR) Timeline 17/18

October 2017	Planning for live command post exercise GB sign core standards submission off
December 2017	Tactical Plans for BC Develop improved training log (wcc) Update GB on core standards result
January 2018	Potential exercise date (?) Post exercise lessons learned/ Review Plans (all)
February 2018	Update Governing body on EPRR
March 2018	TNA for EPRR staff/Arrange required training
May 2018	Update BC plans
June 2018	Update MIRP/ Core standards submission

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**WOLVERHAMPTON CCG**

**Governing Body**  
**10<sup>th</sup> October 2017**

**Agenda item 8**

<b>TITLE OF REPORT:</b>	Better Care Fund Programme 2017-2019 Plan
<b>AUTHOR(s) OF REPORT:</b>	Andrea Smith
<b>MANAGEMENT LEAD:</b>	Steven Marshall
<b>PURPOSE OF REPORT:</b>	<ul style="list-style-type: none"> <li>• To update Governing Body on the submission of the Wolverhampton BCF 2017-19 plan and feedback received to date.</li> <li>• To inform Governing Body of progress in the development of a Risk Share and subsequent Section 75 agreement for the BCF Pooled budget.</li> </ul>
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• BCF plan was submitted on deadline of 11<sup>th</sup> September. Due to requests from NHSE to revise the DTOC trajectory, subsequent discussions were held with City of Wolverhampton Council and Royal Wolverhampton Trust, and in agreement with NHSE a further version of the plan was submitted on 13<sup>th</sup> September 2017.</li> <li>• Early feedback is that the following Stage 1 assurance the recommendation is that the plan is "Approved". We now have to wait for national assurance and feedback.</li> <li>• Discussions are ongoing with City of Wolverhampton Council with regard to the Risk Share agreement to support the Pooled budget.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• That Governing Body receive the final version of the BCF Plan 2017-19, noting the change to the DTOC trajectory.</li> <li>• That discussion takes place regarding the direction of travel of the Risk Share agreement.</li> </ul>
<b>LINK TO BOARD</b>	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for

<b>ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	Further information]
1. Improving the quality and safety of the services we commission	Within the BCF programme we continually aim to improve the quality and safety of the services we commission by reviewing current pathways and processes and developing integrated health and social care pathways where this will improve both the quality and the patient experience.
2. Reducing Health Inequalities in Wolverhampton	The BCF programme strives to ensure that health inequalities are reduced across the City. The plan is based on data and evidence which allows us to understand the health inequalities that we are aiming to address
3. System effectiveness delivered within our financial envelope	The Better Care fund programme is supported by a pooled budget with the City of Wolverhampton Council. The pooling of resources gives us the opportunity to use our resources more effectively together

***N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.***

## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. This report is aimed at providing the Governing Body with the Final Version of the Wolverhampton BCF Plan 2017-19 (attached). The plan was submitted on the deadline of 11<sup>th</sup> September however due to requests from NHSE to revise the DTOC trajectory a further version was submitted on 13<sup>th</sup> September 2017 (with agreement from NHSE).
- 1.2. Early feedback from the regional team is that the Plan was considered “Strong” during Stage 1 Assurance and the recommendation to the national team is that it is “Approved”. Whilst there were a couple of potential areas that we may be asked for clarification on it was not thought they were of concern enough to warrant conditions being attached to the approval.
- 1.3. The report also seeks to provide information regarding Risk Share and Section 75 agreement 2017-19 to support the BCF Pooled budget.



## 2. Revised DTOC Target

2.1. In July NHSE published DTOC targets with a recommendation that each area had to submit a trajectory to meet the target by November 2017. Many Local Authority areas expressed some anxiety around the short timeframe expected to deliver the target and raised their concerns with both NHSE and the Local Government Association (LGA). Following discussions between WCCG, CWC and RWT, in Wolverhampton we submitted a trajectory that met the NHSE target by March 2018, articulating a pragmatic approach that all parties felt was achievable. This trajectory is shown below:-

<b>Selected Health and Well Being Board:</b>												
<b>Wolverhampton</b>												
<b>Data Submission Period:</b>												
<b>2017-18</b>												
<b>DTOC Metric Plans</b>												
<a href="#">&lt;&lt; Link to the Guidance tab</a>												
<b>Delayed Transfers of Care</b>												
	<b>17-18 plans</b>											
	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
<b>NHS attributed delayed days</b>	0.0	0.0	0.0	286.7	258.0	258.0	250.8	254.1	262.6	262.6	237.2	262.6
<b>NHS Walsall CCG</b>				10.0	9.0	9.0	9.0	8.9	9.2	9.2	8.3	9.2
<b>NHS Wolverhampton CCG</b>				268.1	241.3	241.3	234.1	237.6	245.5	245.5	221.7	245.5
<b>Select any additional CCGs (if required)</b>												
<b>NHS Dudley CCG</b>				4.0	3.6	3.6	3.6	3.6	3.7	3.7	3.3	3.7
<b>NHS South East Staffs and Seisdon Peninsular CCG</b>				4.6	4.1	4.1	4.1	4.1	4.2	4.2	3.8	4.2
<b>Social Care attributed delayed days</b>				330.9	304.5	279.2	256.0	234.8	215.3	197.4	181.0	166.0
<b>Jointly attributed delayed days</b>				63.0	63.0	63.0	63.0	67.5	69.8	69.8	63.0	65.2
<b>Total Delayed Days</b>	0.0	0.0	0.0	680.6	625.5	600.2	569.8	556.4	547.7	529.8	481.2	493.8
<b>Population Projection (SNPP 2014)</b>	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	199,465	199,465	199,465
<b>Delayed Transfers of Care (delayed days) from hospital</b>	0.0	0.0	0.0	342.6	314.8	302.1	286.8	280.0	275.6	265.6	241.2	247.6



2.2. Ahead of the BCF Plan submission on the 11<sup>th</sup> September the CCG was contacted by NHSE and advised to revise the trajectory in order to meet the November deadline. Following discussions with NHSE, RWT and CWC colleagues the trajectory was amended.

2.3. The revised trajectory is shown below:-

Delayed Transfers of Care												
17-18 plans												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	286.7	258.3	235.1	214.9	191.6	208.8	226.7	249.8	262.7
NHS Walsall CCG				10.0	9.0	9.0	9.0	8.9	9.2	9.2	8.3	9.2
NHS Wolverhampton CCG				268.1	241.6	218.4	198.2	175.0	191.7	209.6	234.4	245.6
<b>Select any additional CCGs (if required)</b>												
NHS Dudley CCG				4.0	3.6	3.6	3.6	3.6	3.7	3.7	3.3	3.7
NHS South East Staffs and Seisdon				4.6	4.1	4.1	4.1	4.1	4.2	4.2	3.8	4.2
Social Care attributed delayed days				330.9	304.5	279.2	256.0	234.8	215.3	197.4	181.0	166.0
Jointly attributed delayed days				63.0	63.0	63.0	63.0	67.5	69.8	69.8	63.0	65.2
<b>Total Delayed Days</b>	0.0	0.0	0.0	680.6	625.8	577.3	533.9	493.9	493.9	493.9	493.9	493.9
<b>Population Projection (SNPP 2014)</b>	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	199,465	199,465	199,465
<b>Delayed Transfers of Care (delayed days)</b>	0.0	0.0	0.0	342.6	315.0	290.6	268.7	248.6	248.6	247.6	247.6	247.6

2.4 As Managing Transfers of Care is a condition (National Condition 4) within the Better Care Fund Programme, a multi organisation Task and Finish Group has been set up to manage the implementation of the 8 High Impact Changes aligned to the Condition. The 8 High Impact changes are:-

- Early Discharge Planning
- Systems to monitor patient flow



- Multi-disciplinary, multi-agency discharge teams (inc. voluntary and community sector)
- Home First Discharge to Assess
- Seven Day Services
- Trusted Assessors
- Focus on choice
- Enhancing health in care homes

Delivery of these high Impact Changes is seen to be the key mechanism through which the DTOC targets will be achieved. Progress will be reported to BCF Programme Board and A&E Delivery Board.

### 3. Risk Share Agreement

- 3.1 The content of the Pooled budget has been agreed for 2017/18 at £69.208m, this is broken down as demonstrated in the table below:-

Work streams	CCG Funded services £k	Council Funded services £k	Total Services £k
Adult Community Services <b>(Note: includes iBCF Funding within Council Funded services)</b>	28,586	25,828	54,414
Dementia	2,627	282	2,909
Mental Health	5,313	2,810	8,123
CAMHS	739	345	1,084
Ring Fenced Capital Grants – DFG	0	2,678	2,678
<b>Total</b>	<b>37,265</b>	<b>31,943</b>	<b>69,208</b>
Care Act Funding	<b>713</b>		<b>713</b>

- 3.2 Discussions are ongoing with regard to the Risk Share agreement that supports the BCF Pooled Budget.
- 3.3 Regular meetings are being scheduled between Steven Marshall, Director of Strategy and Transformation and Tony Gallagher, Director of Finance WCCGG with colleagues at CWC to reach an agreement ahead of the submission date of 30<sup>th</sup> November 2017.

### 4. CLINICAL VIEW

- 4.1. The plan was circulated for comment and input to CCG clinical reference group, BCF Programme Board, RWT and BCPFT

## **5. PATIENT AND PUBLIC VIEW**

- 5.1. The plan was circulated for comment and input to Healthwatch and to Wolverhampton Voluntary Sector Council

## **6. KEY RISKS AND MITIGATIONS**

- 6.1 A key risk is the content of the Pooled budget (section 75 agreements) in particular the amount of resource that the each party will put into the pool, and the level of risk that the each party will under write as a result of over / under performance

## **7. IMPACT ASSESSMENT**

### ***Financial and Resource Implications***

- 7.1. The Pooled budget is currently under development and once finalised a new Section 75 agreement will be produced.

### ***Quality and Safety Implications***

- 7.2. Quality and Safety implications are identified on a project by project basis. Quality Impact Assessments are completed for each project.

### ***Equality Implications***

- 7.3. Equality implications are identified on a project by project basis. Quality Impact Assessments are completed for each project.

### ***Legal and Policy Implications***

- 7.4. Legal advice will be sought in the development of the Section 75 agreement and Information Governance leads are involved in the programme to ensure that relevant policies are adhered to.

### ***Other Implications***

- 7.5. N/A

**Name: Andrea Smith**



**Job Title: Head of Integrated Commissioning**

**Date: 25<sup>th</sup> September 2017**

**ATTACHED:**

Final BCF Plan  
DTCO Trajectory  
BCF Planning Template

**RELEVANT BACKGROUND PAPERS**

Integration and Better Care Fund Policy Framework 2017-19  
High Impact Change Model, Managing Transfers of Care  
The Improved Better Care Fund Grant Determination 2017-18

**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>CRG</b>	Throughout the development of the plan
Public/ Patient View	<b>Health watch</b>	Throughout the development of the plan
Finance Implications discussed with Finance Team	<b>Lesley Sawrey/Tony Gallagher</b>	
Quality Implications discussed with Quality and Risk Team	<b>Steven Forsyth</b>	June 2017
Equality Implications discussed with CSU Equality and Inclusion Service	<b>Juliet Herbert</b>	June 2017
Information Governance implications discussed with IG Support Officer	<b>Applicable for individual projects</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>Peter McKenzie</b>	June 2017
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>Mike Hastings (estates)</b>	June 2017
Any relevant data requirements discussed with CSU		



Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Andrea Smith</b>	



**WOLVERHAMPTON CCG**
**GOVERNING BODY**  
**10 OCTOBER 2017**
**Agenda item 9**

<b>TITLE OF REPORT:</b>	<b>NHS England Consultation on Items which should not routinely be prescribed in Primary Care</b>
<b>AUTHOR(s) OF REPORT:</b>	David Birch, Head of Medicines Optimisation
<b>MANAGEMENT LEAD:</b>	David Birch, Head of Medicines Optimisation
<b>PURPOSE OF REPORT:</b>	This report confirms the Governing Body response to the NHS England consultation on developing guidance for CCGs on items which should not routinely be prescribed in Primary Care
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public. The response will be upload to the consultation website
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• NHS England have begun a consultation exercise on developing guidance for CCGs on items that should not be routinely prescribed in Primary Care</li> <li>• The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed to ensure that best value is obtained from prescribing budgets.</li> <li>• The Consultation is public and NHS England have suggested that members of the public should contact their local CCG in order to help shape their response.</li> </ul>
<b>RECOMMENDATION:</b>	<p>That the Governing Body</p> <p>1) agree the draft response will be brought to the October meeting of the Governing Body</p>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we	The report seeks to gain Governing Body views on potential patient engagement on the consultation response to ensure

commission	they are effectively taken into account.
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	The consultation will result in guidance to the CCG on prescribing which will aim to support the management of the prescribing budget.

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. NHS England are undertaking a national consultation on the development of guidance for CCGs on items which should not be routinely prescribed in primary care.
- 1.2. The consultation is taking place for three months which begun in July 2017 and is available on the NHS England website  
<https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/>

## 2. CCG RESPONSE

- 2.1. The consultation was discussed at the September Governing Body meeting which has led to the development of the draft CCG response as written in this report. The response must be owned and signed off by the Governing Body at its October meeting.
- 2.2. The draft response is written as follow:

### **What capacity are you responding?**

Clinical Commissioning Group

**Name** Wolverhampton CCG

### **Have you read the *document Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs?***

Yes

### **Equality and Health Inequalities**

NHS England has legal duties which require giving due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of

opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and having regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An initial Equality and Health Inequalities Assessment (EHIA) has been carried out on these proposals and this can be read here. Further information on our duties can be read at <https://www.england.nhs.uk/about/equality/>

**Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?**

No

**Do you feel there is evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from BME communities?**

Yes

Please provide further information on why you think this might be the case

Patients on low incomes may be unable to afford to purchase medicines available over the counter. In particular rubefaciants have high levels of patient acceptability locally and were previously promoted by national and local prescribing advisers as a means to control costs of topical NSAIDs in the early days of prescribing advice.

**Section 3: How will the guidance be updated and reviewed?**

**Thinking about the process for future update and review of the guidance:**

**How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?**

No coment

**Section 4: Proposals for CCG commissioning guidance**

**Please select which items you would like to share your views on (please select)?**

All

**Co-proxamol**

**Do you agree with the proposed recommendations for Co-proxamol?**

Agree

### **Dosulepin**

**Do you agree with the proposed recommendations for Dosulepin?**

Agree

### **Prolonged-release Doxazosin**

**Do you agree with the proposed recommendations for Prolonged-release Doxazosin?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Immediate Release Fentanyl**

**Do you agree with the proposed recommendations for Immediate Release**

**Fentanyl?**

Agree

### **Glucosamine and Chondroitin**

**Do you agree with the proposed recommendations for Glucosamine and Chondroitin?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Herbal Treatments**

**Do you agree with the proposed recommendations for herbal treatments?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

**Homeopathy**  
**Do you agree with the proposed recommendations for homeopathy?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Lidocaine Plasters**

**Do you agree with the proposed recommendations for Lidocaine Plasters?**

Agree

### **Liothyronine**

**Do you agree with the proposed recommendations for Liothyronine?**

Agree

### **Lutein and Antioxidants**

**Do you agree with the proposed recommendations for Lutein and Antioxidants?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Omega-3 Fatty Acid Compounds**

**Do you agree with the proposed recommendations for Omega-3 Fatty Acid Compounds?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Oxycodone and Naloxone combination product**

**Do you agree with the proposed recommendations for oxycodone and naloxone?**

Agree

### **Paracetamol and Tramadol Combination Product**

**Do you agree with the proposed recommendations for Paracetamol and Tramadol Combination product?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Perindopril Arginine**

**Do you agree with the proposed recommendations for Perindopril Arginine?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Rubefaciants (excluding topical NSAIDs)**

**Do you agree with the proposed recommendations for Rubefaciants (excluding topical NSAIDs)?**

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

### **Once Daily Tadalafil**

**Do you agree with the proposed recommendations for Once Daily Tadalafil?**

Disagree

Add that if, in exceptional circumstances, there is a clinical need to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional

### **Travel Vaccines**

**Do you agree with the proposed recommendations for Travel Vaccines?**

Disagree

Await the outcome of the PHE review of all travel vaccines currently available on the NHS to assess their appropriateness for prescribing on the NHS

### **Trimipramine**

**Do you agree with the proposed recommendations for Trimipramine?**

Agree

**Section 5: Items that are prescribed in primary care and are available over the counter**



**Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter.**

This CCG supports access to treatment of self-limiting conditions for patients on low income via a national community pharmacy minor ailments scheme. Community pharmacists are well placed to help reduce primary care workload and educate patients on self-care. The Department of Health should do all their power to make sure that the NHS does not pay any more for these medicines than a patient would pay over the counter. It should also seek to remove the VAT on medicines supplied under a national minor ailments scheme. This CCG firmly believes that a commissioning policy is not the correct means of restricting access to over the counter products. If NHSE wishes to proceed on this basis they should add these OTC products to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract. This would put the restrictions on a firm legal basis. This CCG does not wish to see itself exposed to a legal challenge for restricting access to these medicines. The CCG can only guide and seek to persuade GPs to re-educate patients on self-care and transfer this type of work to community pharmacy.

In addition this CCG does not want to see our GPs members being placed at clinical or legal risk for not prescribing the items included in the scope of this consultation where the exceptional use criteria are not in place.

Any savings as a result of an NHS blacklist approach should be available for use locally and not retained centrally.

This CCG also has concerns exist about the unintended consequence of increasing the use of prescribing more expensive treatments. Restricting access to OTC treatments may not reduce workload as patients may still seek a GP diagnosis rather than going to a community pharmacy first. This may lead to the prescribing of stronger prescription only pain killers that are available on the NHS.

**Do you agree with our proposed criteria to assess items for potential restriction? These criteria are:**

**Legal Status** i.e. is it prescription only, or is it available over the counter in pharmacies and/or any retail outlet?

**Indication** i.e. what condition is it used to treat?

**Background** i.e. a general narrative on the drug incl. pack size, tablet size, whether administered orally etc.

**Patent Protection** i.e. is the drug still subject to a patent?

**Efficacy** i.e. is it clinically effective?

**Safety** i.e. is the drug safe?

**Alternative treatments and exceptionality for individuals** i.e. do alternatives exist and if so, who would they be used for?

**Equalities and Health Inequalities** i.e. are there groups of people who would be disproportionately affected?

**Financial implications, comprising:**

**Commissioning/funding pathway** i.e. how does the NHS pay for the drug?

**Medicine Cost** i.e. how much does the drug cost per item?

**Healthcare Resource Utilisation** i.e. what NHS resources would be required to implement a change?

**Annual Spend** i.e. what is the annual spend of the NHS on this item?

**Unintended consequences**

Agree to all

Also include inclusion in NICE guidance or clinical knowledge summaries

**Are there individual products, which are either clinically ineffective or available over the counter which you believe should be prioritised for early review? Please give detailed reasons for your response.**

All appear equally important

### **3. CLINICAL VIEW**

3.1. The views of the Clinical Members of the Governing Body are being sought through discussion of this paper and they will contribute to the final response.

#### **4. PATIENT AND PUBLIC VIEW**

- 4.1. The consultation is seeking public and patient views on this matter and the CCG has made available the link to the consultation on its website.

#### **5. KEY RISKS AND MITIGATIONS**

- 5.1. The exact risks and impact of any guidance on items which should not be prescribed will not be known until it is published and assessed. There is the potential for damage to the CCGs reputation should guidance and subsequent CCG decisions lead to items which are currently prescribed no longer being available. There may also be a risk that alternative, more expensive items are prescribed as a result.
- 5.2. The potential risks, particularly to the CCG's reputation could be mitigated by the CCG responding to the consultation with a robust reasoned response.

#### **6. IMPACT ASSESSMENT**

##### ***Financial and Resource Implications***

- 6.1. There is no immediate impact of the consultation; there may be a financial impact from any guidance published as a result.

##### ***Quality and Safety Implications***

- 6.2. There are no quality and safety implications arising from this report.

##### ***Equality Implications***

- 6.3. There may be equality implications arising from the impact of the guidance when it is published. NHS England will be required to consider this as the guidance is developed.

##### ***Legal and Policy Implications***

- 6.4. The consultation will support the drafting of NHS England Commissioning guidance for the CCG, which the CCG will need to have regard to in developing it's own policies and commissioning decisions.

##### ***Other Implications***

- 6.5. The guidance will impact on Medicines Optimisation and the prescribing budget, details of which will not be available until the guidance is published.

**Name** David Birch  
**Job Title** Head of Medicines Optimisation  
**Date:** 26 September 2017

**ATTACHED:**

NHS England Consultation Document Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs

**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	Sought via Paper	28/9/17
Public/ Patient View	Via access to the on line consultation	30/08/2017
Finance Implications discussed with Finance Team	N/a at this stage	
Quality Implications discussed with Quality and Risk Team	N/a at this stage	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a at this stage	
Information Governance implications discussed with IG Support Officer	N/a at this stage	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a at this stage	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a at this stage	
Any relevant data requirements discussed with CSU Business Intelligence	N/a at this stage	
<b>Signed off by Report Owner (Must be completed)</b>	<b>David Birch</b>	<b>28/9/2017</b>

**WOLVERHAMPTON CCG**
**Governing Body**  
**10 October 2017**
**Agenda item 10**

<b>TITLE OF REPORT:</b>	Update report: Equality and Inclusion
<b>AUTHOR(s) OF REPORT:</b>	Juliet Herbert – Equality and Inclusion Business Partner
<b>MANAGEMENT LEAD:</b>	Manjeet Garcha
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body with information and assurance that the CCG are progressing their equality requirements in key areas.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<p>Demonstrate how the CCG are progressing their equality requirements in key areas:</p> <ul style="list-style-type: none"> <li>- Equality Delivery System2 (EDS2) Action Plan</li> <li>- Equality Analysis training</li> <li>- Equality Objectives</li> <li>- Equality Strategy</li> <li>- Workforce Race Equality Standard (WRES) Template and Action plan</li> </ul>
<b>RECOMMENDATION:</b>	The Governing Body are asked to note the contents of the report and the sound progress being made
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<p>Equality, Inclusion and Human Rights (EIHR) are relevant to the 3 strategic aims of the CCG as their provision centres around services/patients.</p> <p>EIHR primary focus is centred on the safety and protection of people who maybe service users/patients that fall into protected groups according to the Equality Act (2010).</p>

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<p>1. Improving the quality and safety of the services we commission</p>	<p><u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p><u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p><u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p><u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p><u>Continue to meet our Statutory Duties and responsibilities</u> 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</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>



## 1. Equality Delivery System2 (EDS2) Action Plan

### Introduction

- 1.1. The EDS2 for NHS organisations was formally launched November 2011. Following an evaluation of the implementation of the EDS in 2012, the EDS was refreshed and the EDS2 was launched 2013. EDS2 is a generic tool designed for both NHS commissioner and NHS provider.
- 1.2. At the heart of the EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves, which relates to the progress they are making against the outcomes. These outcomes relate to issues that matter to people who use, and work in the NHS. They are grouped under four goals:
  1. Better health outcomes
  2. Improved patient access and experience
  3. A representative and supported workforce
  4. Inclusive leadership
- 1.3. At the 14 March 2017 Governing Body meeting the EDS2 portfolio was agreed and signed off and subsequently published on the CCG website on the 28 March 2017, well within the legal deadline.
- 1.4. As part of the review of performance for people with characteristics protected by the Equality Act 2010, the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'Developing' to 'Achieving'. **Appendix 1** confirms the activity so far.

## 2. Equality Analysis Training

- 2.1. Following the development, refresh and implementation of the:
  - Equality analysis process map
  - Equality Preliminary Appraisal Form
  - Full EIA form
  - Revised Guidance

As agreed at the July 2017, Quality and Safety Committee, training dates for staff have now been scheduled for:

- Monday 30 October 2017
- Monday 6 November 2017



- Wednesday 15 November 2017

## 2.2 Equality Objectives

2.3 There are currently 9 equality objectives:

1. To ensure that Leadership and Governance arrangements persist in offering high level assurance of equality.
2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).
3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.
4. To apply Goals 1 and 2 of the Equality Delivery System to an average of at least three patient pathways for each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership).
5. To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.
6. To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on Equality Analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.
7. To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes.
8. To ensure that Equality and Diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.
9. Improve accessibility of information and communication for people from statutorily 'protected groups' and other disadvantaged

2.4 These have been reviewed, closed down and will be published on the CCG website. The new objectives will be developed and published March 2018 as part of the new Equality Strategy. **Appendix 2** provides a full update of the equality objectives progress.

## 2.5 Equality Strategy

2.6 The new Regulations (**Appendix 3**; regs 4 & 5) where the reporting schedule for publication of information and equality objectives has been changed to 30<sup>th</sup> March annually, and the usual up to 4 years for Equality Objectives.



2.7 As Wolverhampton CCG has aligned their equality objectives with their strategy (generally good practice), the update of the strategy, linking to the CCG's future priorities (2018 onwards) and the 2017 EDS2 portfolio can inform the development of the new objectives. Therefore, equality objectives become informed by the most up-to-date direction of the CCG and evidence of their current EIHR practice. Therefore the following timeline will be followed to support the CCG align its activities with the new timeline.

**Publication of Information (use of EDS2)**

- data/information cut off 31<sup>st</sup> Dec 17
- publication by 30<sup>th</sup> March 18

**Equality Objectives:**

- Close down of current & development of new between now and 31<sup>st</sup> Dec 17
- Publication of new (with year 1 action plans) by 30<sup>th</sup> March 18
- This should include the new strategy

**2.8 Workforce Race Equality Standard (WRES)**

2.9 NHS England has released updated Technical Guidance (March 2017) for the implementation of WRES. This guidance sets out the over-arching purpose of the WRES and the responsibilities of both Commissioner and Provider organisations.

2.10 The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators;
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and;
- to improve BME representation at the Board level of the organisation;

2.11 Since April 2015, the WRES has been included in the full length NHS Standard Contract only, which is mandated for use by NHS commissioners when commissioning non-primary health services. The Contract requires all providers (NHS and independent organisations) of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES.

2.12 Service Condition 13.6 of the NHS Standard Contract 2017/18 and 2018/19 state the following in relation to the WRES:

*'The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.'*



- 2.13 Schedule 6A of the NHS Standard Contract requires that providers report annually on their compliance with the WRES.
- 2.14 Wolverhampton have completed their WRES template **Appendix 4**
- 2.15 Due to the size of the workforce (easily identifiable information), the CCG have taken a different approach this year and published a statement of commitment to the WRES which can be viewed by clicking on this link <https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2016>, and scrolling down.
- 2.16 An action plan will be developed to address any gaps identified on the WRES template and as this information has only recently become available the action plan will be developed imminently.

### **3 CLINICAL VIEW**

- 3.8 The clinical view has been taken into account for every commissioning decision, therefore already considered.

### **4 PATIENT AND PUBLIC VIEW**

- 4.8 None for this report.

### **5 KEY RISKS AND MITIGATIONS**

- 5.8 Not publishing the equality objective closedown information October 2017, would mean that the CCG aren't compliant with the legal requirements of part of the PSED.

### **6 IMPACT ASSESSMENT**

#### ***Financial and Resource Implications***

- 6.8 None for this report.

#### ***Quality and Safety Implications***

- 6.9 The implications on Quality and Safety are intrinsic to the report.

#### ***Equality Implications***

- 6.10 Equality implications are intrinsic to the report.

**Legal and Policy Implications**

6.4 Equality Objectives are part of the PSED which is a statutory duty of the Equality Act 2010. Any breaches of the duty could leave the CCG decision makers vulnerable to legal challenge.

**Other Implications**

6.5 None

**Name:** Juliet Herbert

**Job Title:** Equality & Inclusion Business Partner

**Date:** 11 July 2017

**ATTACHED:**

Appendices

1. EDS2 Action plan progress
2. Equality Objective close down report
3. Legislation change in timeline
4. WRES Template for Wolverhampton

**RELEVANT BACKGROUND PAPERS**

(Including national/CCG policies and frameworks)

**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.**

	<b>Details/ Name</b>	<b>Date</b>
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	N/A	



Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	N/A	



# EQUALITY DELIVERY SYSTEM 2 (EDS2)

- Introduction
- Executive Summary
  - Reminders
- CCG approach

## Action Plan 2017-2020



## Introduction

The **Equality Delivery System2 (EDS2) framework** was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS has four goals, supported by 18 outcomes.

The Equality Act 2010 requires NHS Clinical Commissioning Groups (CCGs) to annually publish information which demonstrates progress the CCG is making in continuing to comply with the Act. The EDS2 framework identifies four over-arching goals to support NHS organisations to structure their action plans, these are:

- **Goal 1:** Better health outcomes for all
- **Goal 2:** Improved patient access and experience
- **Goal 3:** A representative and supported workforce
- **Goal 4:** Inclusive leadership.

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (national and ethnic origin)
- Religion or belief
- Sex
- Sexual orientation

Other disadvantaged groups include people who are:

- Homeless
- Live in poverty
- Stigmatised groups i.e. prostitution
- Misuse drugs
- Geographically isolated

These groups may have specific relevance to Wolverhampton demographics and should be included with the protected characteristic only when proportionate and relevant.

## Executive Summary

NHS organisations should make the EDS2 work for them, and adapt its processes and content to suit their local needs and circumstances.

Wolverhampton CCG took the following steps:

- senior management confirmed their commitment to the requirements of the EDS2 as part of a full discussion at their Governing body;
- identified key internal stakeholders to be involved;
- assembled their evidence using the internal stakeholders;
- the Equality & Inclusion Business Partner was used as the single point of contact for identified evidence and completed the EDS2 portfolio of evidence;
- the final portfolio of evidence was signed-off by the governing body;
- the Equality & Inclusion Business Partner organised the publication of the portfolio of evidence, to meet the 31 March 2017 deadline;

The EDS2 overall rating:

Undeveloped	Developing	Achieving	Excelling
Undeveloped if there is <b>no evidence</b> one way or another for any protected group of how people fare; <b>or</b> Undeveloped if evidence shows that the majority of people in only <b>2 or less protected groups</b> fare well	Developing if evidence shows the majority of people in <b>3 to 5 protected groups</b> fare well.	Achieving if evidence shows the majority of people in <b>6 to 8 protected groups</b> fare well.	Excelling if evidence shows the majority of people in <b>all 9 protected groups</b> fare well.

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WCCG's rating is 'Developing'. This means the assembled evidence showed in the majority of Wolverhampton people two - three protected groups fare well.

As part of the review of their performance for people with characteristics protected by the Equality Act 2010, senior management have agreed that there needs to be a dedicated focus for moving the CCG from 'Developing' to 'Achieving'. This would mean evidence shows the majority of people in four protected groups fare well.

## Reminders

### Human Rights

Human rights and principles of equality should never be a secondary consideration in the provision of NHS services or in the development of the workforce. The five principles are referred to as FREDA:

- **F**airness – at the heart of recruitment and selection processes (Goal 3)
- **R**espect – making sure complaints are dealt with respectfully (Goal 2)
- **E**quality – underpins commissioning (Goal 1)
- **D**ignity – core part of patient care and the treatment of staff (Goal 2 & 3)
- **A**utonomy – people should be involved as they wish to be in decisions about their care (Goal 2)  
*(Goal 4 would be a golden thread as part of all outcomes)*

These have been developed and embedded in the NHS constitution as principles that all NHS organisations should operate by.

### The Public Sector Equality Duty (PSED)

Using the EDS2 will help organisations respond to the PSED, and demonstrate their continued activities to meet the requirements to:

- eliminate unlawful discrimination;
- advance equality of opportunity between different groups and;
- foster good relations between different groups;

### Equality Delivery System for the NHS

The goals and outcomes of EDS2		
Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination



## Articles of the European Convention on Human Rights

The key human rights articles have been considered:

- Article 2 Right to life
  - Article 3 Freedom from torture and inhuman or degrading treatment
  - Article 4 Freedom from slavery and forced labour
  - Article 5 Right to liberty and security
  - Article 6 Right to a fair trial
  - Article 7 No punishment without law
  - Article 8 Respect for your private and family life, home and correspondence
  - Article 9 Freedom of thought, belief and religion
  - Article 10 Freedom of expression
  - Article 11 Freedom of assembly and association
  - Article 12 Right to marry and start a family
  - Article 14 Protection from discrimination in respect of these rights and freedoms
- 
- Protocol 1, Article 1 Right to peaceful enjoyment of your property
  - Protocol 1, Article 2 Right to education
  - Protocol 1, Article 3 Right to participate in free elections
- 
- Protocol 13, Article 1 Abolition of the death penalty

## Wolverhampton CCG Equality Objectives

1. To ensure that Leadership and Governance arrangements persist in offering high level assurance of equality.
2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).
3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.
4. To apply Goals 1 and 2 of the Equality Delivery System to an average of at least three patient pathways for each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership).
5. To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.
6. To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on Equality Analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.
7. To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes.
8. To ensure that Equality and Diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.
9. Improve accessibility of information and communication for people from statutorily 'protected groups' and other disadvantaged

## Vision







“Our vision is to provide the right care in the right place at the right time for all of our population. Our patients will experience seamless care, integrated around their needs and they will live longer with an improved quality of life”

## CCG Approach

An action plan has been developed which will be presented by the CCG Executive Lead for equality to the governing body, for sign-off and agreement to implement. The action plan will set out how the CCG will progress from an EDS2 regarding of ‘Developing’ to an EDS2 grading of ‘Achieving’. The action plan will be driven by the CCG in order to fully benefit from what learning will take place. The Equality & Inclusion Business Partner will provide expert advice, guidance and support (where appropriate and or relevant).





Wolverhampton CCG wants everybody to receive the highest quality and appropriate care for their needs, delivered from the right service, when the patient needs it.

**Action Plan 2017 – March 2018: EDS2 – Progression from ‘Developing’ to ‘Achieving’.**

1. Better health outcomes						Rag Rating
The NHS should achieve improvements in patient health, patient safety and public health for all, based on comprehensive evidence of needs and results						 Please fill the box with relevant colour
No.	Action	Deadline	Responsible Officer	Outcome/Impact	Updates/Comments	
1.	Review and update: <ul style="list-style-type: none"> <li>Commissioning process</li> <li>Procurement process</li> <li>Equality Analysis process</li> <li>Contract requirements and process</li> </ul>	Nov 2017	Equality & Inclusion Business Partner (EIBP) Leads for each area	To demonstrate and evidence ‘due regard’ from a potential and risk perspective, clinical quality, ensuring EA’s are integral to other processes. This will provide better foundations for assurance both internally and externally.	With the exception of the Commissioning process all reviews have started and should be completed by the deadline.	
2.	Training: <ul style="list-style-type: none"> <li>Deliver Equality Analysis training</li> <li>Deliver Equality, diversity and inclusion training</li> </ul>	March 2018	EIBP	Staff will be equipped and understand expectations on them.	Equality Analysis Training has been booked – Monday 30 October 2017, Monday 6 November 2017 and Wednesday 15 November 2017  Awaiting confirmation from Human Resources Business Partner (HRBP) if E&D Training is part of updated ESR system or whether face-to-face needs to be delivered.	
3.	Intranet <ul style="list-style-type: none"> <li>Ensure the equality space on intranet is aligned with actions 1 &amp; 2,</li> </ul>	Dec 2017	EIBP	Commissioners will have a dedicated space that is informative and supportive.	This work and started and will be completed by the deadline	
4.	Pilot reviewed approaches – see action 1	Nov 2017 to March 2018	EIBP Leads for each area	Ensure every opportunity is provided to get things right and it starts the process of beginning to move from developing to achieving.	This work will start as soon as the action 1 is completed	
5.	Embed EDS2 evidence in CCG business practice	March 2018	EIBP Leads for each area	The CCG’s progress is continuous and an integral part of day-to-day activity.		

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Performance Monitoring	Protected Characteristic (Please Tick)	Equality Objective (Please Tick)	Human Rights (Please Tick)				Are there any risks?	Comments
	Age	✓	Objective 1	Article 2	✓	Article 11		
	Disability	✓	Objective 2	Article 3	✓	Article 12		
	Gender Re-assignment	✓	Objective 3	Article 4		Article 14	✓	
	Marriage & Civil Partnership	✓	Objective 4	Article 5	✓			
	Pregnancy & Maternity	✓	Objective 5	Article 6		Protocol 1, Article 1		
	Race	✓	Objective 6	Article 7		Protocol 1, Article 2		
	Religion or belief	✓	Objective 7	Article 8	✓	Protocol 1, Article 3		
	Sex	✓	Objective 8	Article 9		Protocol 13, Article 1		
Sexual Orientation	✓	Objective 9	Article 10					








Key	
	Overdue
	Started not complete
	Completed
	Planned Work

2. Improved patient access and experience						Rag Rating
The NHS should improve accessibility and information, delivering the right services that are targeted, useful and useable in order to improve patient experience						<span style="color: red;">■</span> <span style="color: yellow;">■</span> <span style="color: green;">■</span> <span style="color: blue;">■</span>
No.	Action	Deadline	Responsible Officer	Outcome/Impact	Updates/Comments	Please fill the box with relevant colour
1.	Ensure all relevant teams are collecting equality and diversity data	March 2018		To demonstrate and evidence 'due regard' of what protected groups fare well.		
2.	Agree protected characteristics to be monitored by providers, with an annual review	Sept 2017		The CCG can for its relevant providers, demonstrate and evidence 'due regard' of what protected groups fare well.	As part of the contract equality monitoring, new separate guidance documents for the Contracts Team and the Provider have been drawn up in line with the contract changes that took place for April 2017. This included specific criteria for Schedule 6 which outlines the required information/evidence from providers to provide the CCG with assurances around compliance.	
3.	Review: Provider implementation of Accessible Information Standard	March 2018		The CCG are system leaders and a good source of support for providers.		
4.	Set up a specific Diversity Group linked to existing groups	March 2018	EIBP Supported by: Communications and Participation Lead	The CCG will have a dedicated forum to support equality analysis, communications and engagement activities.		

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Performance Monitoring	Protected Characteristic (Please Tick)	Equality Objective (Please Tick)	Human Rights (Please Tick)			Are there any risks?	Comments
	Age	✓	Objective 1	Article 2	✓	Article 11	
Disability	✓	Objective 2	Article 3	✓	Article 12		
Gender Re-assignment	✓	Objective 3	Article 4		Article 14	✓	
Marriage & Civil Partnership	✓	Objective 4	✓	Article 5	✓		
Pregnancy & Maternity	✓	Objective 5	✓	Article 6	Protocol 1, Article 1		
Race	✓	Objective 6		Article 7	Protocol 1, Article 2		
Religion or belief	✓	Objective 7		Article 8	Protocol 1, Article 3		
Sex	✓	Objective 8		Article 9	Protocol 13, Article 1		
Sexual Orientation	✓	Objective 9		Article 10	✓		


Key	
Red	Overdue
Amber	Started not complete
Green	Completed
Blue	Planned Work

3. A representative and supported workforce						Rag Rating
The NHS should support the diversity of its workforce (whether paid or non-paid) to improve the quality of their working lives, enabling them to better respond to the needs of patients and local communities						 Please fill the box with relevant colour
No.	Action	Deadline	Responsible Officer	Outcome/Impact	Updates/Comments	
1.	The CCG can undertake detailed analysis of its' workforce	March 2018	EIBP Supported by Mike Hastings	The CCG can carry out detailed analysis of its' workforce profile by protected characteristic and demonstrate and evidence 'due regard' of what protected groups fare well.	This has been completed for 2016/2017. Work currently underway to ensure a desegregated analysis by protected groups can be carried out 2017/2018	
2.	The CCG is confident that their internal and external recruitment processes are equitable	March 2018	EIBP Supported by HRBP and Mike Hastings	The CCG can carry out detailed analysis of its' workforce profile by protected characteristic and demonstrate and evidence 'due regard' of what protected groups fare well.		
3.	Assess how best the detailed analysis can inform staff development programmes that are linked to organisational development and the organisational development (OD) strategy.	March 2018	EIBP Supported by: HRBP, OD and Mike Hastings	The CCG can carry out detailed analysis of its' workforce profile by protected characteristic to demonstrate and evidence what protected groups fare well.		
4.	Assess how best the staff survey can inform the quality of working lives.	March 2018	EIBP Supported by Mike Hastings	The CCG can carry out detailed analysis of its' workforce profile by protected characteristic and demonstrate and evidence 'due regard' of what protected groups fare well.		
5.	Review training/learning and development policies, practice and procedure	March 2018	EIBP Supported by HRBP	Assess equality of opportunity and demonstrate and evidence 'due regard' of what protected groups fare well.		
6.	Equality and inclusion updates are part of the Staff Briefings	March 2018	EIBP Supported by Communications	All staff including protected groups have a voice and can actively contribute to the equalities agenda.		





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Performance Monitoring	Protected Characteristic (Please Tick)		Equality Objective (Please Tick)		Human Rights (Please Tick)			Are there any risks?	Comments
	Age	<input checked="" type="checkbox"/>	Objective 1		Article 2	<input checked="" type="checkbox"/>	Article 11		
Disability	<input checked="" type="checkbox"/>	Objective 2		Article 3	<input checked="" type="checkbox"/>	Article 12			
Gender Re-assignment	<input checked="" type="checkbox"/>	Objective 3		Article 4	<input checked="" type="checkbox"/>	Article 14	<input checked="" type="checkbox"/>		
Marriage & Civil Partnership	<input checked="" type="checkbox"/>	Objective 4	<input checked="" type="checkbox"/>	Article 5	<input checked="" type="checkbox"/>				
Pregnancy & Maternity	<input checked="" type="checkbox"/>	Objective 5	<input checked="" type="checkbox"/>	Article 6		Protocol 1, Article 1			
Race	<input checked="" type="checkbox"/>	Objective 6	<input checked="" type="checkbox"/>	Article 7	<input checked="" type="checkbox"/>	Protocol 1, Article 2			
Religion or belief	<input checked="" type="checkbox"/>	Objective 7	<input checked="" type="checkbox"/>	Article 8	<input checked="" type="checkbox"/>	Protocol 1, Article 3			
Sex	<input checked="" type="checkbox"/>	Objective 8		Article 9	<input checked="" type="checkbox"/>	Protocol 13, Article 1			
Sexual Orientation	<input checked="" type="checkbox"/>	Objective 9		Article 10	<input checked="" type="checkbox"/>				

Key	
	Overdue
	Started not complete
	Completed
	Planned Work

4 Inclusive leadership						Rag Rating
NHS organisations should ensure that equality is everyone's business with everyone taking an active role						 Please fill the box with relevant colour
No.	Action	Deadline	Responsible Officer	Outcome/Impact	Updates/Comments	
1.	Formalise Equality Champions	March 2018	EIBP	The CCG has senior staff and leaders to promote equality and inclusive practice internal and externally to the CCG		
2.	Enhance and formalise equality considerations made through the governance processes	March 2018	EIBP Supported by CCG Governance Officer	Raising the profile of CCG leaders and senior staff are delivering their commitment to inclusive practice  Demonstrate what CCG leaders and senior staff are doing to empower the system to be inclusive		
3.	Develop communication opportunities for CCG Leaders and Senior Staff to share outcomes of delivering their commitment to inclusive practice and empowering the systems and processes to be inclusive.	March 2018	EIBP Supported by CCG Governance Officer	Evidence raising the profile of CCG leaders and senior staff are delivering their commitment to inclusive practice  Evidence demonstrate what CCG leaders and senior staff are doing to empower the system to be inclusive		

Page 71  Performance Monitoring	Protected Characteristic (Please Tick)	Equality Objective (Please Tick)	Human Rights (Please Tick)				Are there any risks?	Comments
	Age	✓ Objective 1	Article 2	✓	Article 11			
	Disability	✓ Objective 2	Article 3	✓	Article 12			
	Gender Re-assignment	✓ Objective 3	Article 4	✓	Article 14		✓	
	Marriage & Civil Partnership	✓ Objective 4	Article 5	✓				
	Pregnancy & Maternity	✓ Objective 5	Article 6		Protocol 1, Article 1			
	Race	✓ Objective 6	Article 7	✓	Protocol 1, Article 2			
	Religion or belief	✓ Objective 7	Article 8	✓	Protocol 1, Article 3			
	Sex	✓ Objective 8	Article 9	✓	Protocol 13, Article 1			
	Sexual Orientation	✓ Objective 9	Article 10	✓				

Key	
	Overdue
	Started not complete
	Completed
	Planned Work

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# Equality Objectives Closedown

October 2017

## Context

An area of compliance with the **Public Sector Equality Duty (PSED)**, requires Clinical Commissioning Groups (CCGs) to demonstrate 'due regard' to the three aims of the duty:

- eliminate unlawful discrimination;
- advance equality of opportunity between different groups and;
- foster good relations between different groups;

Due regard means that the CCG has given consideration to issues of equality and discrimination in any decision that may be affected by them. This process of consideration is:

- undertake prior to a decision;
- undertake with an 'open mind';
- continues throughout a project;
- focuses on the effects of a decision and actions to address the affects;

This is a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

One of the specific requirements that relates to the **PSED** information below is as follows:-

- prepare and publish specific and measurable equality objectives at least every four years;

The primary purpose of the objectives is to focus organisations on the outcomes to be achieved through advancing equality, rather than the written documents and processes to evidence legal compliance.

To be a trusted and inclusive organisation, Wolverhampton CCG must in both its commissioning activities and as an employer be able to demonstrate and evidence 'due regard' in compliance with the PSED as set out in the Equality Act 2010.

The main purpose of this report is to show what progress has been made and also close down the current equality objectives that have come to the end of their four year term, in readiness for the new equality objectives for the next four years, understanding if there is any activities that need to be moved forward to the new objectives due to be published March 2018 as part of the new legislative timeline.



## Equality Objectives

1. To ensure that Leadership and Governance arrangements persist in offering high level assurance of equality.
2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).
3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.
4. To apply Goals 1 and 2 of the Equality Delivery System to an average of at least three patient pathways for each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership).
5. To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.
6. To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on Equality Analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.
7. To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes.
8. To ensure that Equality and Diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.
9. Improve accessibility of information and communication for people from statutorily 'protected groups' and other disadvantaged

## Equality Objectives Action Plan – 2016

Actions	Narrative on Progress	Update	RAG Rating
<b>1. To ensure that leadership and governance arrangements persist in offering high level assurance of equality.</b>			<b>Key</b>
1.1 Review: <ul style="list-style-type: none"> <li>- Project Definition document</li> <li>- Project Scoping Document</li> <li>- Project Preliminary Appraisal document</li> <li>- Equality Impact Assessment document</li> <li>- Equality Impact Assessment Guidance</li> </ul>	This activity was 2 fold to achieve the desired outcome. To enhance the current provisions around embedding equality requirements into commissioning. Firstly, the documents were reviewed to provide assurances that equality and inclusion are integral, as well as the governance arrangements. The reviewed process and governance arrangements were implemented on the 1 April 2016, to be reviewed within 3 months.	The 3 month review identified no real issues with the revised documentation and process. It did identify that more work needs to be done around demographic data and information about Wolverhampton and this has been rectified by the Joint Strategic Needs Analysis (JSNA).	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="background-color: red; color: white; padding: 2px;">R</div> <div style="background-color: yellow; color: black; padding: 2px;">A</div> <div style="background-color: green; color: white; padding: 2px;">G</div> </div> <div style="background-color: green; color: white; text-align: center; padding: 10px; margin-top: 5px;"><b>Green</b></div>
1.2 Create an ethos of ownership of the process and legal obligations, to ensure 'due regard' can be demonstrated in both practice and process	Secondly, in principle both the Senior Management Team (SMT) and the Governing Body have agreed to adopt the 'Brown Principles' as an integral part of decision making. This will provide further assurance that equality considerations are seamlessly embedded within the core business of the organisation.	This work will be furthered as part of the <b>'Improvement and assessment framework'</b> activity, but still requires clarity and documentary evidence	<div style="background-color: yellow; color: black; text-align: center; padding: 10px; margin: 5px;"><b>Amber</b></div>
<b>2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting).</b>			
2.1 Equality requirements embedded into contracts of the CCG's large providers initially.	Criteria developed and implemented by contract managers. This provides assurance of meeting NHS Constitution, NHS Standard Contracts, NHS Outcomes Framework and Public Sector Equality Duty (PSED), as set out in the Equality act 2010.	As part of the contract equality monitoring, new separate guidance documents for the Contracts Team and the Provider have been drawn up in line with the contract changes that took place for April 2017. This included specific criteria for Schedule 6 which outlines the required information/evidence from providers to provide the CCG with assurances around compliance.	<div style="background-color: green; color: white; text-align: center; padding: 10px; margin: 5px;"><b>Green</b></div>

Actions	Narrative on Progress	Update	RAG Rating
<b>2. Equality approaches are effectively included in key mechanisms of commissioning (such as business case development, procurement, contracting) – Continued.</b>			<b>Key</b>
2.2 Carry out monitoring of large providers to ensure they are meeting PSED on behalf of the CCG.	Investigations of websites, Equality Delivery System2 (EDS2) activity and Workforce Race Equality Standard (WRES) have been carried out to ensure compliance, that CCG providers are meeting their own equality duties. This work is completed but has identified further work is required with some providers specifically on websites. This will be addressed as part of future actions.	Continue with review of all providers, this will be a continuous annual review.	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="background-color: red; color: white; padding: 2px 5px;">R</span> <span style="background-color: yellow; color: black; padding: 2px 5px;">A</span> <span style="background-color: green; color: white; padding: 2px 5px;">G</span> </div> <div style="background-color: green; color: white; text-align: center; padding: 10px; font-weight: bold; margin-top: 5px;">Green</div>
2.3 Ensure Commissioners carry out Equality Impact & Risk Assessments (EI&RA).	This is carried as and when providing assurance that all services commissioned or decommissioned will have considered equality impact on services, policy, practice or procedures and any action plan that needs to put in place to mitigate inequalities.	This is linked to the 1.1  Training has been scheduled for further assurance of consistency - October/November 2017	<div style="background-color: green; color: white; text-align: center; padding: 10px; font-weight: bold;">Green</div>
2.4 Complete a statement of intent and complete the WRES template for the CCG, as required by NHS England.	Completed by the October 2017 Deadline	Compliance checks of large providers are being carried out.	<div style="background-color: yellow; color: black; text-align: center; padding: 10px; font-weight: bold;">Amber</div>
<b>3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.</b>			
3.1 Refresh all EI&RA documentation.	This will provide assurances of a robust process as part of the enhanced governance arrangements and compliance and systematically support the reduction of inequalities and provide further evidence and demonstration of compliance.	This is linked to the 1.1	<div style="background-color: yellow; color: black; text-align: center; padding: 10px; font-weight: bold;">Amber</div>

Actions	Narrative on Progress	Update	RAG Rating
<b>3. Equality Analysis becomes part of our organisational processes so that projects, policies, strategies, business cases, specifications and contracts have all been developed in consideration of equality, diversity and human rights issues.</b>			<b>Key</b>
3.2 Deliver EI&RA training	Training delivered, mop-up sessions due to be delivered before the end of April 2016 to capture staff who were unable to attend previous training. All staff will be fully aware of their role and responsibilities as part of this process, and become competent to complete EI&RA.	Training has been scheduled for further assurance of consistency - October/November 2017	<div style="display: flex; justify-content: space-around;"> <span style="background-color: red; color: white; padding: 2px;">R</span> <span style="background-color: yellow; color: black; padding: 2px;">A</span> <span style="background-color: green; color: white; padding: 2px;">G</span> </div> <div style="background-color: green; color: white; text-align: center; padding: 5px; margin-top: 5px;"><b>Green</b></div>
<b>4. To apply Goals 1 and 2 of the Equality Delivery System to an average of at least three patient pathways for each year of the strategy, and to demonstrate year on year improvements for Goals 3 and 4 (Staff and Leadership)</b>			
4.1 Implement the EDS2 across the organisations commissioning activity and staff focussed.	The CCG completed self-assessment and grading on Goal 3 – A representative and supported workforce. The CCG have decided to review the EDS2 methodology and process into to develop a productive approach to EDS2.	The EDS2 Portfolio focussing on all 4 goals and across the whole CCG has been published on the CCG website.	<div style="background-color: green; color: white; text-align: center; padding: 5px;"><b>Green</b></div>
<b>5. To regularly review and update the strategic action plan and equality objectives (on at least an annual basis) to ensure that it is providing appropriate targets for development and improvement.</b>			
5.1 Present assurance reports to CCG Quality & Safety Committee and SMT.	Assurance reports have been represented. The complete strategy is due to be refreshed 2017.	The Equality and Inclusion Annual Report are scheduled on Quality and Safety Committee, SMT and Governing Body. Equality reports also go to other Boards as and when required.	<div style="background-color: green; color: white; text-align: center; padding: 5px;"><b>Green</b></div>

Actions	Narrative on Progress	Update	RAG Rating
<b>6. To ensure all CCG staff receive basic training to ensure awareness of Equality Act 2010 responsibilities and the NHS Constitution, and that specific training on Equality Analysis and the Equality Delivery System is targeted to all staff who are involved in these processes.</b>			<b>Key</b>
6.1 Design and deliver Equality Act workshop training for staff, SMT/Governing body/Clinical networks	This will provide assurances that all staff and other professional stakeholders are aware of their responsibilities under the Equality Act 2010 and Human Rights, and will be able to apply this in their daily work practices. Planning is currently taking place.	Awaiting confirmation from Human Resources Business Partner (HRBP) if E&D Training is part of updated ESR system or whether face-to-face needs to be delivered.	<div style="display: flex; justify-content: space-around;"> <span style="background-color: red; color: white; padding: 2px;">R</span> <span style="background-color: orange; color: white; padding: 2px;">A</span> <span style="background-color: green; color: white; padding: 2px;">G</span> </div> <div style="background-color: orange; color: white; text-align: center; padding: 5px; margin-top: 5px;">Amber</div>
<b>7. To ensure that Equality and Diversity forms an ongoing part of our leadership and organisational development programmes</b>			
7.1 Equality and diversity requirements are incorporated where relevant and appropriate into leadership programme via organisational developments plans.	Map out equality work against organisational development plan activities. This will improve equality sensibility at senior management and Board level.	<p>Linked to 6.1 Formalise Equality Champions</p> <p>Enhance and formalise equality considerations made through the governance processes</p> <p>Develop communication opportunities for CCG Leaders and Senior Staff to share outcomes of delivering their commitment to inclusive practice and empowering the systems and processes to be inclusive.</p>	<div style="background-color: orange; color: white; text-align: center; padding: 10px;">Amber</div>
<b>8. To ensure that equality and diversity approaches are fully included in our engagement of people who use services and in our work with strategic partners and other stakeholders.</b>			
8.1 Develop an Equality & Diversity group that has a membership inclusive of the 9 protected characteristics.	The terms of reference have been developed and circulated to potential members. This will enhance E&D links with CCG programme of engagement and involving local communities in planning, developing, and delivery of services.	This forms part of joint working with Communications and Engagement Team.	<div style="background-color: green; color: white; text-align: center; padding: 10px;">Green</div>

Actions	Narrative on Progress	Update	RAG Rating
<b>9. Improve accessibility of information and communication for people from statutorily 'protected groups' and other disadvantaged groups.</b>			<b>Key</b>
9.1 WCCG to ensure that all its information can be provided in an accessible format for patients and communities.	CCG is able to provide communication on all its commissioning activity and health programmes in an accessible form for the benefit of its population. The Communications and Engagement Team have an established system.	This forms part of joint working with Communications and Engagement Team.	<div style="display: flex; justify-content: space-around;"> <span style="background-color: red; color: white; padding: 2px;">R</span> <span style="background-color: yellow; color: black; padding: 2px;">A</span> <span style="background-color: green; color: white; padding: 2px;">G</span> </div> <div style="background-color: green; color: white; text-align: center; padding: 5px; margin-top: 5px;"><b>Green</b></div>



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**Date:** **October 2017**

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*Draft Order laid before Parliament under section 208 of the Equality Act 2010, for approval by resolution of each House of Parliament.*

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D R A F T   S T A T U T O R Y   I N S T R U M E N T S

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**2017 No. 0000**

**EQUALITY**

**The Equality Act 2010 (Specific Duties and Public Authorities)  
Regulations 2017**

*Made* - - - - - *2017*

*Coming into force* - - - - - *31st March 2017*

These Regulations are made in exercise of the powers conferred by sections 151(1), 153(1), 154(2) and 207(4) of the Equality Act 2010(a).

The Secretary of State has consulted the Commission for Equality and Human Rights in accordance with sections 152(1), 153(4) and 154(4) of that Act; and the Welsh Ministers in accordance with section 152(1) and 154(3) of that Act so far as these Regulations relate to relevant Welsh authorities and cross-border Welsh authorities.

In accordance with section 151(8) of that Act, the Secretary of State considers that the extension of the application of section 149 relates to persons by whom a public function is exercisable.

In accordance with section 208(2) and (4), (5)(f) and (8) of that Act, a draft of this instrument was laid before Parliament and approved by a resolution of each House of Parliament.

The Secretary of State, in exercise of those powers, makes the following Regulations:

**Citation, commencement and interpretation**

**1.**—(1) These Regulations may be cited as the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and come into force on 31st March 2017.

(2) In these Regulations—

“the Act” means the Equality Act 2010;

“the 1996 Act” means the Employment Rights Act 1996(b);

“the 2011 Regulations” means the Equality Act 2010 (Specific Duties) Regulations 2011(c);

“employment” and related expressions have the meaning given in regulation 2;

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(a) 2010 c. 15.  
(b) 1996 c. 18.  
(c) S.I. 2011/2260.

“English local authority” has the same meaning as in section 162 of the Education and Inspections Act 2006(a);

“maintained school” has the same meaning as in section 20(7) of the School Standards and Framework Act 1998(b).

### **Meaning of “employment”**

2.—(1) In these Regulations, “employment” means—

(a) employment under a contract of employment, a contract of apprenticeship or a contract personally to do work, and

(b) Crown employment (within the meaning of section 191(3) of the 1996 Act(c)).

(2) Section 191(4) of the 1996 Act(d) applies for the purposes of these Regulations as it applies for the purposes set out in that subsection.

(3) For the purposes of these Regulations, an employee of an English local authority at a maintained school is to be treated as an employee of the governing body of that school.

(4) These Regulations apply to service in the armed forces as they apply to employment by, (or in the case of Crown employment, under or for the purposes of) a public authority, and for that purpose, references to terms of employment, or to a contract of employment, are to be read as including references to terms of service.

(5) For the purposes of these Regulations, the holding, otherwise than under a contract of employment, of the office of constable, or of an appointment as a police cadet, is to be treated as employment by the relevant officer (and for that purpose, references to terms of employment, or to a contract of employment, are to be read as including references to terms of service).

(6) In paragraph (4)—

(a) “constable” does not include a special constable;

(b) “police cadet” means a person appointed to undergo training with a view to becoming a constable;

(c) “relevant officer” means—

(i) in relation to a member of a police force or a police cadet appointed for a police area, the chief officer of police;

(ii) in relation to any other person holding the office of constable or an appointment as a police cadet, the person who has the direction and control of the body of constables or cadets in question.

### **Gender pay gap reporting**

3. Schedule 1 to these Regulations (which imposes obligations on public authorities to publish gender pay gap information relating to employees) has effect.

### **Publication of information**

4.—(1) Each public authority listed in Schedule 2 to these Regulations must publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act.

(2) The public authority must publish the information required by paragraph (1)—

(a) not later than 30th March 2018; and

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(a) 2006 c. 40. There are amendments to section 162, not relevant here.

(b) 1998 c. 31. Section 20 was amended by S.I. 2010/1158. There are further amendments to the section, not relevant here.

(c) 1996 c. 18.

(d) Section 191(4) was amended by paragraph 34(2) and (3) of Schedule 1, and paragraph 1 of Schedule 2, to the Employment Relations Act 2004 (c. 24).

(b) subsequently at intervals of not greater than one year beginning with the date of last publication.

(3) The information a public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—

- (a) its employees;
- (b) other persons affected by its policies and practices.

(4) Paragraph (3)(a) does not apply to a public authority with fewer than 150 employees.

### **Equality objectives**

**5.**—(1) Each public authority listed in Schedule 2 to these Regulations must prepare and publish one or more objectives it thinks it should achieve to do any of the things mentioned in paragraphs (a) to (c) of section 149(1) of the Act.

(2) The objectives must be published—

- (a) not later than 30th March 2018 (subject to regulation 9(2)); and
- (b) subsequently at intervals of not greater than four years beginning with the date of last publication.

(3) An objective published by a public authority in compliance with paragraph (1) must be specific and measurable.

### **Manner of publication**

**6.**—(1) The requirements in regulations 4 and 5 to publish information are requirements to publish the information in a manner that is accessible to the public.

(2) A public authority may comply with the requirements to publish information in regulation 4 or 5 by publishing the information within another published document.

### **Monitor and the NHS Trust Development Authority**

**7.** Monitor(a) and the NHS Trust Development Authority(b) may jointly comply with the obligations imposed by these Regulations as if they were a single public authority.

### **Amendment of Schedule 19 to the Act**

**8.** Schedule 3 to these Regulations (which amends Parts 1 and 2 of Schedule 19 to the Act) has effect.

### **Revocation, saving and transitional provision**

**9.**—(1) The 2011 Regulations are revoked (subject to paragraph (3)).

(2) Where a public authority has, within the period of four years ending with 30th March 2018, published equality objectives in compliance with regulation 3(1) of the 2011 Regulations—

- (a) regulation 5(2)(a) does not apply; and
- (b) regulation 5(2)(b) is to be read as if—
  - (i) the word “subsequently” were omitted, and

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(a) Monitor is a body corporate previously called the Independent Regulator of NHS Trusts, renamed Monitor by section 61 of the Health and Social Care Act 2012 (c. 7).

(b) The NHS Trust Development Authority is a Special Health Authority established under section 28 of the National Health Service Act 2006 (c. 41).

- (ii) the “date of last publication” referred to the date of last publication under regulation 3 of the 2011 Regulations.

(3) Where—

- (a) immediately before the commencement date a public authority is required by regulation 2 of the 2011 Regulations to publish the information referred to in paragraph (1) of that regulation,
- (b) that information is required to be published on or before 6 April 2017, and
- (c) the information is not published before the commencement date in a form and manner that complies with regulations 2 and 4 of those Regulations,

regulations 2 and 4 are to continue to have effect on and after the commencement date in so far as they relate to the publication of that information by that authority.

	<i>Name</i>
	Secretary of State for Education and Minister for Women and Equalities
Date	Department for Education

## SCHEDULE 1

Regulation 3

### Gender pay gap reporting

**1.—(1)** In this Schedule—

“bonus pay” has the meaning given in paragraph 4;

“full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave;

“hourly rate of pay” has the meaning given in paragraph 6;

“ITEPA 2003” means the Income Tax (Earnings and Pensions) Act 2003(a);

“leave” includes—

- (a) annual leave;
- (b) maternity, paternity, adoption, parental or shared parental leave;
- (c) sick leave; and
- (d) special leave;

“ordinary pay” has the meaning given in paragraph 3;

“pay period” has the meaning given in paragraph 5(1);

“piecework” means work in respect of which an employee is entitled to be paid by reference to a number of pieces made or processed, or a number of tasks performed, instead of by reference to a period of time worked;

“relevant employee” means a person who is employed by, (or in the case of Crown employment, under or for the purposes of) the relevant public authority on the snapshot date;

“relevant pay period” has the meaning given in paragraph 5(2);

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(a) 2003 c. 1.

“relevant public authority” means a public authority listed in Schedule 2 to these Regulations which has 250 or more employees on the snapshot date;

“snapshot date” means the 31st March in the year to which the information required by paragraph 2 relates.

(2) For the purposes of this Schedule, the amount of an employee’s ordinary pay or bonus pay is to be calculated before deductions made at source (for example deductions in relation to income tax).

### **Duty to publish annual information relating to pay**

2.—(1) A relevant public authority must publish, for 2017 and each subsequent year, the following information—

- (a) the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees (see paragraph 8);
- (b) the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees (see paragraph 9);
- (c) the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees (see paragraph 10);
- (d) the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees (see paragraph 11);
- (e) the proportions of male and female relevant employees who were paid bonus pay (see paragraph 12); and
- (f) the proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands (see paragraph 13).

(2) The relevant public authority must publish the information required by sub-paragraph (1) within the period of 12 months beginning with the snapshot date.

(3) In compiling the information required by sub-paragraph (1), a relevant public authority is not required to include data relating to a relevant employee if—

- (a) the employee is employed under a contract personally to do work, and
- (b) the public authority does not have, and it is not reasonably practicable for the public authority to obtain, the data.

### **Meaning of “ordinary pay”**

3.—(1) In this Schedule, “ordinary pay” means (subject to sub-paragraph (2))—

- (a) basic pay;
- (b) allowances;
- (c) pay for piecework;
- (d) pay for leave; and
- (e) shift premium pay.

(2) “Ordinary pay” does not include—

- (a) remuneration referable to overtime;
- (b) remuneration referable to redundancy or termination of employment;
- (c) remuneration in lieu of leave; or
- (d) remuneration provided otherwise than in money.

(3) In sub-paragraph (1)—

- (a) “allowances” includes any sum paid with respect to—
  - (i) any duty of the employee, such as a duty in connection with the role of fire or bomb warden, that is ancillary to the main duties of the employee’s employment;

- (ii) the location of the employment in a particular area;
- (iii) the purchase, lease or maintenance of a vehicle;
- (iv) the recruitment and retention of an employee; or
- (v) the purchase, lease or maintenance of an item;

but excludes any payment to reimburse expenditure wholly and necessarily incurred by the employee in the course of his or her employment;

- (b) “shift premium pay” means the difference between basic pay and any higher rate paid by the public authority for work during different times of the day or night.

### **Meaning of “bonus pay”**

4.—(1) In this Schedule, “bonus pay” means (subject to sub-paragraph (2)) any remuneration that—

- (a) is in the form of money, vouchers, securities, securities options or interests in securities, and
- (b) relates to profit sharing, productivity, performance, incentive or commission.

(2) “Bonus pay” does not include—

- (a) ordinary pay;
- (b) remuneration referable to overtime; or
- (c) remuneration referable to redundancy or termination of employment.

(3) For the purpose of sub-paragraph (1), remuneration in the form of securities, securities options and interests in securities, is to be treated as paid to the employee at the time, and in the amounts in respect of which, the securities, securities options and interests in securities give rise to (or would give rise to, if the employee were an employee for the purposes of Part 2 of ITEPA 2003 (employment income))—

- (a) any taxable earnings within the meaning of section 10(2) of ITEPA 2003(a); or
- (b) any taxable specific income within the meaning of section 10(3) of ITEPA 2003(b).

(4) In this paragraph “securities”, “securities options” and “interests in securities” have the same meaning as in section 420 of ITEPA 2003(c).

### **Meaning of the “pay period” and the “relevant pay period”**

5.—(1) In this Schedule, “pay period”, in relation to a relevant employee, means—

- (a) the period in respect of which the relevant public authority pays the employee basic pay, whether weekly, fortnightly, monthly or any other period, or
- (b) if the relevant public authority does not pay the employee basic pay, the period in respect of which the public authority most frequently pays the employee one of the elements of ordinary pay mentioned in paragraph 3(1)(b) to (e).

(2) In this Schedule, the “relevant pay period” means the pay period within which the snapshot date falls.

### **Meaning of “hourly rate of pay”**

6.—(1) The “hourly rate of pay” in relation to a relevant employee, is to be determined as follows—

*Step 1*

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(a) Section 10(2) was amended by paragraph 4(2) of Schedule 7 to the Finance Act 2008 (c. 9).  
 (b) Section 10(3) was amended by paragraph 6(2) of Schedule 2 to the Finance Act 2011 (c. 11).  
 (c) 2003 c. 1. Section 420 was substituted by paragraph 2(1) of Schedule 22 to the Finance Act 2003 (c. 14).

Identify all amounts of ordinary pay and bonus pay paid to the employee during the relevant pay period.

*Step 2*

Where an amount identified under Step 1 is an amount of ordinary pay, exclude any amount that would normally fall to be paid in a different pay period.

*Step 3*

Where an amount identified under Step 1 is an amount of bonus pay, and is paid in respect of a period (“the bonus period”) which is not the same length as the relevant pay period, divide the amount by the length of the bonus period (in days) and multiply it by the length of the relevant pay period (in days).

*Step 4*

Add together the amounts identified under Step 1 (as adjusted, where necessary, under Steps 2 and 3).

*Step 5*

Multiply the amount found under Step 4 by the appropriate multiplier (see sub-paragraphs (2) and (3)).

*Step 6*

Divide the amount found under Step 5 by the number of working hours in a week for that employee (see paragraph 7).

(2) In this paragraph, “the appropriate multiplier” means 7 divided by the number of days in the relevant pay period.

(3) In determining for the purposes of this paragraph the number of days in the relevant pay period or bonus period where those periods are (or are determined by reference to) a month or a year—

- (a) a month is treated as having 30.44 days;
- (b) a year is treated as having 365.25 days.

**Employee’s working hours in a week**

7.—(1) The number of working hours in a week for a relevant employee, for the purposes of Step 6 in paragraph 6, is to be determined as follows.

(2) Subject to sub-paragraph (6), where an employee has normal working hours that do not differ from week to week or over a longer period, the number of working hours in a week for a relevant employee is the number of the normal working hours in a week for that employee under the employee’s contract of employment, or terms of employment, in force on the snapshot date.

(3) Subject to sub-paragraph (6), where the employee has no normal working hours, or the number of the normal working hours differs from week to week or over a longer period, the number of working hours in a week for the employee is—

- (a) the average number of working hours calculated by dividing by twelve the total number of the employee’s working hours during the period of twelve weeks ending with the last complete week of the relevant pay period, or
- (b) where the employee has not been at work for a sufficient period, or for some other reason the public authority is not reasonably able to make the calculation under paragraph (a), a number which fairly represents the number of working hours in a week having regard to such of the considerations specified in sub-paragraph (5) as are appropriate in the circumstances.

(4) In calculating the average number of working hours for the purposes of sub-paragraph (3)(a), no account is to be taken of a week in which no hours were worked by the employee, and hours worked in earlier weeks must be brought in so as to bring up to twelve the number of weeks of which account is taken.

(5) The considerations referred to in sub-paragraph (3)(b) are—

- (a) the average number of working hours in a week which the employee could expect under the employee’s contract of employment, or terms of employment; and
- (b) the average number of working hours of other employees engaged in comparable employment with the same public authority.

(6) Where the employee is paid on the basis of piecework, the number of working hours in a week for the employee is the number of hours of output work for that employee in the week during the relevant pay period within which the snapshot date falls, determined in accordance with Chapter 4 of Part 5 of the National Minimum Wage Regulations 2015(a).

(7) In its application by virtue of sub-paragraph (6), Chapter 4 of Part 5 of the National Minimum Wage Regulations 2015 has effect as if—

- (a) references to a worker were references to an employee, and
- (b) references to a pay reference period were references to a week.

(8) In this paragraph, “working hours”—

- (a) includes hours when an employee is available, and required to be available, at or near a place of work for the purposes of working unless the employee is at home, and
- (b) excludes any hours for which an employee is entitled to overtime pay.

(9) In sub-paragraph (8), hours when an employee is “available” only includes hours when the employee is awake for the purposes of working, even if an employee by arrangement sleeps at or near a place of work and the employer provides suitable facilities for sleeping.

**Difference in mean hourly rate of pay**

8. The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees must be expressed as a percentage of the mean hourly rate of pay of male full-pay relevant employees and is to be determined as follows—

$$\frac{(A - B)}{A} \times 100$$

where—

- A is the mean hourly rate of pay of all male full-pay relevant employees; and
- B is the mean hourly rate of pay of all female full-pay relevant employees.

**Difference in median hourly rate of pay**

9. The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees must be expressed as a percentage of the median pay of male full-pay relevant employees and is to be determined as follows—

$$\frac{(A - B)}{A} \times 100$$

where—

- A is the median hourly rate of pay of all male full-pay relevant employees; and
- B is the median hourly rate of pay of all female full-pay relevant employees.

**Difference in mean bonus pay**

10.—(1) The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees must be expressed as a percentage of the mean bonus pay paid to male relevant employees and is to be determined as follows—

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(a) S.I. 2015/621.



$$\frac{(A - B)}{A} \times 100$$

where—

A is the mean bonus pay paid during the relevant period to male relevant employees who were paid bonus pay during that period; and

B is the mean bonus pay paid during the relevant period to female relevant employees who were paid bonus pay during that period.

(2) In this paragraph, “the relevant period” means the period of 12 months ending with the snapshot date.

#### **Difference in median bonus pay**

**11.**—(1) The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees must be expressed as a percentage of the median bonus pay paid to male relevant employees and is to be determined as follows—

$$\frac{(A - B)}{A} \times 100$$

where—

A is the median bonus pay paid during the relevant period to male relevant employees who were paid bonus pay during that period; and

B is the median bonus pay paid during the relevant period to female relevant employees who were paid bonus pay during that period.

(2) In this paragraph, “the relevant period” means the period of 12 months ending with the snapshot date.

#### **Proportion of male and female employees who were paid bonus pay**

**12.**—(1) The proportion of male relevant employees who were paid bonus pay must be expressed as a percentage of male relevant employees and as is to be determined as follows—

$$\frac{A}{B} \times 100$$

where—

A is the number of male relevant employees who were paid bonus pay during the relevant period; and

B is the number of male relevant employees.

(2) The proportion of female relevant employees who were paid bonus pay must be expressed as a percentage of female relevant employees and is to be determined as follows—

$$\frac{A}{B} \times 100$$

where—

A is the number of female relevant employees who were paid bonus pay during the relevant period; and

B is the number of female relevant employees.

(3) In this paragraph, “the relevant period” means the period of 12 months ending with the snapshot date.

### **Proportion of male and female employees according to quartile pay bands**

**13.—**(1) The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands is to be determined as follows.

*Step 1*

Determine the hourly rate of pay for each full-pay relevant employee and then rank those employees in order from lowest paid to highest paid.

*Step 2*

Divide the employees, as ranked under Step 1, into four sections, each comprising (so far as possible) an equal number of employees, to determine the lower, lower middle, upper middle and upper quartile pay bands.

*Step 3*

The proportion of male full-pay relevant employees within each quartile pay band must be expressed as a percentage of the full-pay relevant employees within that band as follows—

$$\frac{A}{B} \times 100$$

where—

A is the number of male full-pay relevant employees in a quartile pay band; and

B is the number of full-pay relevant employees in that quartile pay band.

*Step 4*

The proportion of female full-pay relevant employees within each quartile pay band must be expressed as a percentage of the full-pay relevant employees within that band as follows—

$$\frac{A}{B} \times 100$$

where—

A is the number of female full-pay relevant employees in a quartile pay band; and

B is the number of full-pay relevant employees in that quartile pay band.

(2) Where employees receiving the same hourly rate of pay fall within more than one quartile pay band, the public authority must (so far as possible) ensure that, when ranking the employees under Step 1, the relative proportion of male and female employees receiving that rate of pay is the same in each of those pay bands.

### **Manner of publication**

**14.—**(1) The requirement in paragraph 2(1) to publish information is a requirement that that information be published on the public authority's website—

(a) in a manner that is accessible to all its employees and to the public; and

(b) for a period of at least three years beginning with the date of publication.

(2) A relevant public authority must also publish the information required by paragraph 2(1) on a website designated for that purpose by the Secretary of State.

(3) Where the relevant public authority comprises one of the armed forces, the information required by paragraph 2(1) may be published by a government department on its behalf.

(4) Where a government department publishes information by virtue of sub-paragraph (3), the reference in sub-paragraph (1) to the public authority's website is to be read as a reference to that government department's website.

## Public authorities required to publish information

### Armed Forces

Any of the armed forces other than any part of the armed forces which is, in accordance with a requirement of the Secretary of State, assisting the Government Communications Headquarters.

### Broadcasting

The British Broadcasting Corporation (“BBC”), except in respect of functions relating to the provision of a content service (within the meaning given by section 32(7) of the Communications Act 2003<sup>(a)</sup>); and the reference to the BBC includes a reference to a body corporate which—

- (a) is a wholly owned subsidiary of the BBC,
- (b) is not operated with a view to generating a profit, and
- (c) undertakes activities primarily in order to promote the BBC’s public purposes.

The Channel Four Television Corporation, except in respect of—

- (a) functions relating to the provision of a content service (within the meaning given by section 32(7) of the Communications Act 2003), and
- (b) the function of carrying on the activities referred to in section 199 of that Act<sup>(b)</sup>.

The Welsh Authority (as defined by section 56(1) of the Broadcasting Act 1990<sup>(c)</sup>), except in respect of functions relating to the provision of a content service (within the meaning given by section 32(7) of the Communications Act 2003).

### Civil liberties

The Commission for Equality and Human Rights.

The Information Commissioner.

### Court services and legal services

The Children and Family Court Advisory and Support Service.

The Judicial Appointments Commission.

The Legal Services Board.

### Criminal justice

The Criminal Cases Review Commission.

Her Majesty’s Chief Inspector of Constabulary.

Her Majesty’s Chief Inspector of the Crown Prosecution Service.

Her Majesty’s Chief Inspector of Prisons.

Her Majesty’s Chief Inspector of Probation for England and Wales.

The Parole Board for England and Wales.

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(a) 2003 c. 21.

(b) Section 199 was amended by section 22(2) of the Digital Economy Act 2010 (c. 24).

(c) 1990 c. 42. Section 56(1) was amended by Schedule 19(1) of the Communications Act 2003 (c. 21).

A probation trust established by an order made under section 5(1) of the Offender Management Act 2007(a).

The Youth Justice Board for England and Wales.

## **Education**

The governing body of an educational establishment maintained by an English local authority (within the meaning of section 162 of the Education and Inspections Act 2006(b)).

The governing body of an institution in England within the further education sector (within the meaning of section 91(3) of the Further and Higher Education Act 1992(c)).

The governing body of an institution in England within the higher education sector (within the meaning of section 91(5) of that Act)(d).

The Higher Education Funding Council for England.

A local authority in England with respect to the pupil referral units it establishes and maintains by virtue of section 19 of the Education Act 1996(e).

The proprietor of a City Technology College, City College for Technology of the Arts, or an Academy.

The Student Loans Company Limited.

## **Environment, housing and development**

The Environment Agency.

The Homes and Communities Agency.

Natural England.

## **Health, social care and social security**

The Care Quality Commission.

A clinical commissioning group established under section 14D of the National Health Service Act 2006(f).

Health Education England.

The Health Research Authority.

The Health and Social Care Information Centre.

Monitor.

An NHS foundation trust within the meaning given by section 30 of the National Health Service Act 2006(g).

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(a) 2007 c. 21.

(b) 2006 c. 40.

(c) 1992 c. 13. Section 91(3) was amended by paragraph 13(2) of Schedule 8 to the Apprenticeships, Skills, Learning and Children Act 2009 (c. 22).

(d) Section 91(5) was amended, in relation to Wales, by paragraph 4 of the Schedule to the Higher Education (Wales) Act 2015 (anaw. 1.), which is not yet commenced.

(e) 1996 c. 56. Section 19 was amended by section 3 of the Children, Schools and Families Act 2010 (c. 26). There are further, uncommenced, amendments to section 19 in paragraph 1 of Schedule 3, and paragraph 1 of Schedule 4 to that Act. Section 19 was also amended by section 101 of the Education and Inspections Act 2006; by section 47 of the Education Act 1997 (c. 44); and by S.I. 2010/1158 and 2007/1507.

(f) 2006 c. 41. Section 14D was inserted by section 25(1) of the Health and Social Care Act 2012 (c. 7).

(g) Section 30 was amended by section 159(1) of the Health and Social Care Act 2012.

An NHS trust established under section 25 of that Act.

The National Health Service Commissioning Board.

The National Institute for Health and Care Excellence.

A Special Health Authority established under section 28 of the National Health Service Act 2006<sup>(a)</sup>.

**Industry, business, finance etc.**

The Advisory, Conciliation and Arbitration Service.

The Bank of England, in respect of its public functions.

The Board of the Pension Protection Fund.

The Civil Aviation Authority.

The Coal Authority.

The Construction Industry Training Board.

The Engineering Construction Industry Training Board.

The Financial Conduct Authority.

The National Audit Office.

The Nuclear Decommissioning Authority.

The Office for Budget Responsibility.

The Office of Communications.

The Oil and Gas Authority.

The Prudential Regulation Authority.

**Local government**

A body corporate established pursuant to an order under section 67 of the Local Government Act 1985<sup>(b)</sup>.

A combined authority established by an order made under section 103(1) of the Local Democracy, Economic Development and Construction Act 2009<sup>(c)</sup>.

The Common Council of the City of London in its capacity as a local authority or port health authority.

The Council of the Isles of Scilly.

A county council or district council in England.

An economic prosperity board established by an order made under section 88(1) of the Local Democracy, Economic Development and Construction Act 2009<sup>(d)</sup>.

A fire and rescue authority constituted by a scheme under section 2 of the Fire and Rescue Services Act 2004, or a scheme to which section 4 of that Act applies, for an area in England.

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(a) Section 28 was amended by paragraph 13 of Schedule 4 to the Health and Social Care Act 2012.

(b) 1985 c. 51.

(c) 2009 c. 20. Section 103 was amended by sections 12(2) and 14(2) of the Cities, Local Government and Devolution Act 2016 (c. 1).

(d) Section 88 was amended by section 11(2) of the Cities, Local Government and Devolution Act 2016.

The Greater London Authority.

A joint committee constituted in accordance with section 102(1)(b) of the Local Government Act 1972(a) for an area in England.

A London borough council.

The London Fire and Emergency Planning Authority.

A National Park authority established by an order under section 63 of the Environment Act 1995(b) for an area in England.

A Passenger Transport Executive for an integrated transport area in England (within the meaning of Part 2 of the Transport Act 1968(c)).

Transport for London.

### **Ministers of the Crown and government departments**

A government department other than the Security Service, the Secret Intelligence Service or the Government Communications Headquarters.

A Minister of the Crown.

### **Parliamentary and devolved bodies**

The National Assembly for Wales Commission (Comisiwn Cynulliad Cenedlaethol Cymru).

The Scottish Parliamentary Corporate Body.

### **Police**

The British Transport Police Force.

A chief constable of a police force maintained under section 2 of the Police Act 1996.

The Chief Inspector of the UK Border Agency.

The Civil Nuclear Police Authority.

The College of Policing.

The Commissioner of Police for the City of London.

The Commissioner of Police of the Metropolis.

The Common Council of the City of London in its capacity as a police authority.

The Independent Police Complaints Commission.

The Mayor's Office for Policing and Crime established under section 3 of the Police Reform and Social Responsibility Act 2011(d).

A police and crime commissioner established under section 1 of that Act.

### **Regulators**

The Disclosure and Barring Service.

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(a) 1972 c. 70. There are amendments to the section, not relevant here.

(b) 1995 c. 25.

(c) 1968 c. 73.

(d) 2011 c. 13.

The Gambling Commission.  
The Gangmasters and Labour Abuse Authority.  
The General Council of the Bar, in respect of its public functions.  
The Health and Safety Executive.  
The Law Society of England and Wales, in respect of its public functions.  
The Office for Nuclear Regulation.  
The Pensions Regulator.  
The Security Industry Authority.

### **Transport**

High Speed Two (HS2) Limited(a).  
Highways England Company Limited(b).  
Network Rail Limited(c).

## SCHEDULE 3

Regulation 8

### Amendments to Schedule 19 of the Act

1. Part 1 of Schedule 19 to the Act (public authorities: general) is amended in accordance with paragraphs 2 to 6.

2. Under the heading “Industry, business, finance etc”—

- (a) omit “The Competition and Markets Authority.”;
- (b) insert in the appropriate places—
  - ““The Board of the Pension Protection Fund.”
  - “The Coal Authority.”
  - “The Construction Industry Training Board.”
  - “The Engineering Construction Industry Training Board.”
  - “The Nuclear Decommissioning Authority.”
  - “The Oil and Gas Authority.””

3. Under the heading “Local government”—

- (a) omit “The Standards Board for England.”;
- (b) insert at the end of the entries under that heading—
  - ““A combined authority established by an order made under section 103(1) of the Local Democracy, Economic Development and Construction Act 2009.”(d)
  - “An economic prosperity board established by an order made under section 88(1) of the Local Democracy, Economic Development and Construction Act 2009.”

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(a) A company formed and registered under the Companies Acts with the registration number 06791686.  
(b) A company formed and registered under the Companies Acts with the registration number 09346363.  
(c) A company formed and registered under the Companies Acts with the registration number 04402220.  
(d) 2009 c. 20. There are amendments to the section, not relevant here.

“An urban development corporation established by an order made under section 135 of the Local Government, Planning and Land Act 1980.””(a)

4. Under the heading “Other educational bodies”, for “The proprietor of a City Technology College, a City College for Technology or the Arts, or an Academy.”, substitute “The proprietor of a City Technology College, a City College for Technology of the Arts, or an Academy.”.

5. Under the heading “Regulators”—

(a) omit—

““The Association of Authorised Public Accountants, in respect of its public functions.”; and

“The Association of International Accountants, in respect of its public functions.””;

(b) for “The Association of Certified Chartered Accountants, in respect of its public functions.”, substitute “The Association of Chartered Certified Accountants, in respect of its public functions.”;

(c) insert in the appropriate places—

““The Disclosure and Barring Service.”

“The Gambling Commission.”

“The Gangmasters and Labour Abuse Authority.”

“The General Optical Council, in respect of its public functions.”

“The General Osteopathic Council, in respect of its public functions.”

“The General Pharmaceutical Council, in respect of its public functions.”

“The Health and Care Professions Council, in respect of its public functions.”

“The Independent Monitor appointed under section 119B of the Police Act 1997.””(b)

“The Pensions Regulator.”

“The Security Industry Authority.””

6. After the entries for “Regulators”, insert—

**“Transport**

High Speed Two (HS2) Limited.

Highways England Company Limited.

Network Rail Limited.”.

7. Part 2 of Schedule 19 to the Act is amended in accordance with paragraphs 8 and 9.

8. Under the heading “Other public authorities”, for “The Care Council for Wales or Cyngor Gofal Cymru.”, substitute “Social Care Wales or Gofal Cymdeithasol Cymru.””(c)

9. Until section 67(3) of the Regulation and Inspection of Social Care (Wales) Act 2016 comes fully into force, the reference to Social Care Wales or Gofal Cymdeithasol Cymru inserted by paragraph 8 has effect, to the extent that section 67(3) is not in force, as a reference to the Care Council for Wales or Cyngor Gofal Cymru.

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(a) 1980 c. 65. Section 135 was amended by section 179(4) of the Leasehold Reform, Housing and Urban Development Act (c. 28), and by section 167(2) and (3) of the Housing and Planning Act 2016 (c. 22).

(b) 1997 c. 50. Section 119B was added by section 28 of the Safeguarding Vulnerable Groups Act 2006 (c. 47) and amended by paragraph 111(4) of Schedule 9 and paragraph 1 of Schedule 10 to the Protection of Freedoms Act 2012 (c. 9); and by S.I. 2012/3006. There are further amendments to the section, not relevant here.

(c) The Care Council for Wales was renamed Social Care Wales by section 67 of the Regulation and Inspection of Social Care (Wales) Act 2016 (anaw. 2). Section 67 was commenced for certain purposes only by S.I. 2016/713.



## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations impose specific duties, including gender pay gap reporting requirements, on the public authorities listed in Schedule 2 to the Regulations. The purpose of the duties is to enable the better performance by the authority of the public sector equality duty imposed by section 149(1) of the Equality Act 2010 (c. 15) (“the Act”). That section requires public authorities to have due regard, in the exercise of their functions, to specified equality aims.

Regulation 2 makes provision as to the meaning of “employment” and related expressions for the purposes of the Regulations.

Regulation 4 requires the public authorities listed in Schedule 2 to publish annual information to demonstrate compliance with the section 149(1) duty. Regulation 5 requires the same public authorities to publish equality objectives at four-yearly intervals. Regulation 6 sets out the way in which the information must be published. Regulations 4 and 5 both require the information to be first published not later than 30th March 2018.

Regulation 7 enables two of the public authorities listed in Schedule 2, Monitor and the NHS Trust Development Authority, to jointly comply with the obligations imposed by the Regulations, as if they were a single public authority. This reflects arrangements by which the two statutory bodies are brought together in a single operational organisation called NHS Improvement.

The requirements in regulations 4 to 6 reproduce requirements in the Equality Act 2010 (Specific Duties) Regulations 2011 (“the 2011 Regulations”), which are revoked by regulation 9(1). Regulation 9(2) makes transitional provision, so that if public authorities have published equality objectives in compliance with the 2011 Regulations during the four years ending with 30th March 2018, they are not required to publish such objectives again until four years from the date of last publication under the 2011 Regulations. Regulation 9(3) makes a saving provision.

Regulation 3 and Schedule 1 impose new requirements for public authorities listed in Schedule 2 to the Regulations, if they have 250 or more employees, to publish information relating to the gender pay gap in their organisation. In particular, public authorities are required to publish the difference between the average hourly rate of pay paid to male and female employees; the difference between the average bonus paid to male and female employees; the proportions of male and of female employees who receive bonuses; and the relative proportions of male and female employees in each quartile pay band of the workforce.

Schedule 2 to the Regulations sets out the public authorities to which the obligations in these Regulations apply. This updates and consolidates the lists in Schedules 1 and 2 of the 2011 Regulations.

Schedule 3 to the Regulations amends Parts 1 and 2 of Schedule 19 to the Act (public authorities subject to the public sector equality duty).

This instrument has no impact on the costs of business, charities or voluntary bodies. No specific impact assessment has been carried out on the effect that this instrument will have on the costs of the public sector, but an impact assessment prepared for the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 (which impose very similar gender pay gap reporting requirements) is published with the Explanatory Memorandum for that instrument on [legislation.gov.uk](http://legislation.gov.uk). A hard copy of that full impact assessment can be obtained from the Government Equalities Office, Sanctuary Buildings, 20 Great Smith Street, SW1P 3BT.

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£6.00

UK201701188 01/2017 19585

<http://www.legislation.gov.uk/id/ukdsi/2017/9780111153277>

ISBN 978-0-11-115327-7



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# Workforce Race Equality Standard

## REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

Date of report: month/year

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Name and title of Board lead for the Workforce Race Equality Standard

Name and contact details of lead manager compiling this report

Names of commissioners this report has been sent to (complete as applicable)

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Unique URL link on which this Report and associated Action Plan will be found

This report has been signed off by on behalf of the Board on (insert name and date)

# Report on the WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

### b. Any matters relating to reliability of comparisons with previous years

Page 104

## 2. Total numbers of staff

### a. Employed within this organisation at the date of the report

### b. Proportion of BME staff employed within this organisation at the date of the report

# Report on the WRES indicators, continued

## 3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Page 105

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

## 4. Workforce data

a. What period does the organisation's workforce data refer to?

# Report on the WRES indicators, continued

## 5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>For each of these four workforce indicators, compare the data for White and BME staff</b>				
Page 106	1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.				
	Relative likelihood of staff being appointed from shortlisting across all posts.				
	3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.				
	4 Relative likelihood of staff accessing non-mandatory training and CPD.				



# Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White BME	White BME		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White BME	White BME		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White BME	White BME		
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White BME	White BME		
	<b>Board representation indicator</b> For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.				

**Note 1.** All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

**Note 2.** Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

Page 108

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

Click to lock all form fields  
and prevent future editing



**WOLVERHAMPTON CCG**
**GOVERNING BODY**  
**10 October 2017**
**Agenda item 11**

<b>TITLE OF REPORT:</b>	Black Country Joint Commissioning Committee – Terms of Reference and approach to managing CCG statutory duties
<b>AUTHOR(s) OF REPORT:</b>	Peter McKenzie, Corporate Operations Manager
<b>MANAGEMENT LEAD:</b>	Peter McKenzie, Corporate Operations Manager
<b>PURPOSE OF REPORT:</b>	To ask the Governing Body to consider the Joint Committee's emerging approach to managing the CCG's Statutory Duties in a collaborative commissioning environment and to agree the Joint Committee's Terms of Reference.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The Joint Committee have tasked their Governance Task and Finish Group with considering the implications of Joint Commissioning arrangements on CCG Statutory duties.</li> <li>• The Group presented a paper to the Joint Committee, the details of which are outlined.</li> <li>• The Joint Committee has also suggested further amendments to it's Terms of Reference, details of which are attached for approval.</li> </ul>
<b>RECOMMENDATION:</b>	<p>That the Governing Body:-</p> <ul style="list-style-type: none"> <li>• Considers the approach to the delivery of CCG Statutory Duties</li> <li>• Approves the changes to the Joint Committee's Terms of Reference.</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
3. System effectiveness delivered within our	<u>Continue to meet our Statutory Duties and responsibilities</u> The Joint Committee is inviting the CCG to consider approaches to the delivery of the CCG's Statutory duties in a



financial envelope	changing commissioning landscape
--------------------	----------------------------------

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. CCGs are statutory bodies, established by the Health and Social Care Act 2012, with a range of powers and duties defined in both primary and secondary legislation. NHS England has produced a list of around 215 powers and duties that apply to CCGs and new approaches to commissioning will need to consider how these duties will be delivered under new arrangements.
- 1.2. The Black Country and West Birmingham Joint Commissioning Committee has been set up to establish a single commissioning view in line with the STP arrangements for key services across the four CCGs. This will work in concert with place based models of commissioning in each of the four localities which may result in the development of Accountable Care Systems (ACSs) and Accountable Care Organisations (ACOs).
- 1.3. As the nature of commissioning changes to a split between place based commissioning within each CCG and strategic Black Country & West Birmingham level commissioning, the delivery of commissioning functions will change but the CCGs as the statutory bodies will retain accountability for statutory duties. This means that Governance structures for both place based and Joint Committee commissioning will need to take account of how CCGs will gain assurance that functions are being delivered in a manner consistent with CCG's Statutory Duties.
- 1.4. The four CCGs in the Black Country and West Birmingham have similar governance structures, through which their commissioning functions and statutory responsibilities are delivered. There are between 18 – 20 voting members on each Governing Body and each CCG has a committee structure for the delegation of its duties which includes Finance, Quality, Commissioning, Primary Care, Remuneration and Audit with some minor variations

## 2. STATUTORY DUTIES

- 2.1. The Governance Task and Finish group has reviewed the list of statutory duties and sought to summarise them into three categories:-
  - **Explicit Duties** – Things that CCGs must do. Duties in this category include requirements for CCGs to have a Governing Body, publish a constitution and meet accounting duties.

- **‘Behavioural’ Duties** – Provisions setting out how CCGs should act in discharging their functions. Duties in this category include the requirements for CCGs to ensure they enable patient choice and act efficiently, economically and effectively.
  - **Specific Duties** – Provisions relating to specific areas of commissioning or detailed legislation. This includes specific duties for CCGs in relation to areas such as learning disabilities and mental health.
- 2.2. The list of statutory duties (particularly those setting out how the CCG will act) will need to be considered as the Joint Committee’s task and finish groups determining commissioning and contracting arrangements and collaborative working draw up their future proposals. The list starts to give a framework for assurance that the CCGs can build into the delegation agreement.
- 2.3. Currently, the CCGs themselves will have internal arrangements to ensure that these duties are being met and are required to confirm these arrangements in their Annual Governance Statement. As proposals for services and functions that will be delivered through the joint committee (and through the place based models), details of how these duties will be met will need to be considered. Dividing the duties into these categories has allowed the Task and Finish group to begin to consider a range of approaches to responding to these duties.
- 2.4. For the majority of the identified **Explicit Duties**, the CCGs themselves will need to continue to have arrangements to deliver them, as the CCGs will be the only body that is able to do. This particularly applies to those duties which set out the CCG’s structure and governance arrangements, those associated with being a public body and also to those duties which set out requirements for external reporting. There are some of the explicit duties that the CCG will require the support of the Joint Committee (or more specifically its supporting infrastructure) and place based vehicles to deliver - such as responding to Freedom of Information Requests and Emergency Planning obligations.
- 2.5. It is the **Behavioural Duties** that may well see a significant difference in how they are delivered. For example, currently the CCGs will directly commission services from providers, ensuring through service specifications that the requirements to build in patient choice are adequately delivered where appropriate. If services are commissioned through the Joint Committee (or through a place based vehicle) the CCGs will be a step removed from the process and will need a mechanism to gain assurance that these duties are being discharged appropriately.

- 2.6. The consequence of this for CCGs is that they will need to recognise that, in considering the scope of services to be commissioned at a place based and strategic level, explicit choices will need be made about how these behavioural duties will be delivered. For example, if the CCG chose to commission diabetes services on a population basis through an ACO arrangement, rather than the CCG specifying in detail how services will be delivered through a commissioning process consistent with relevant duties (including those relating to patient choice, the NHS constitution etc.), the ACO will have responsibility for managing the population's needs to ensure the outcomes required by the CCG are delivered. The CCG will then need to have arrangements in place to gain assurance that those duties relating to the commissioning process are being delivered.
- 2.7. For the place based vehicles, it is likely that this assurance mechanism will be through the contract with any new entities that are formed to deliver new models of care. Nationally a whole population budget based contract is being developed for accountable care organisations, including within it the scope for some statutory duties to be contracted for by the CCG from its place based providers. This will need to specify how these arrangements will deliver relevant duties with the detail of this being determined locally in each area. For the Joint Committee, the assurance mechanisms will need to be articulated in the delegation agreement that is developed between the CCGs. This will need to spell out how the Joint Committee will provide assurance to the CCGs that is acting in a way that is consistent with the relevant duties, including details of specific reporting requirements and the timescales involved.
- 2.8. The **Specific Duties** associated with individual services and functions will need to be taken into account as proposals for where these areas will be commissioned and delivered are developed. For areas where the Joint Committee will be lead for commissioning services with such duties and powers associated there will need to be assurance arrangements in line with the behavioural duties, either as part of the wider assurance process or a more bespoke arrangement. In addition, where the Joint Committee will be delivering CCG functions under specific legislation, this will need to be reflected in the delegation agreement itself.

### 3. ASSURANCE ARRANGEMENTS

- 3.1. The Joint Committee will need to consider how it manages risks, either on behalf of or in conjunction with the CCG's overall arrangements and also how it will provide assurance around Conflict of Interest issues.

- 3.2. As part of developing these assurance arrangements, the CCG Audit Committee Chairs have been considering how they might work together in response to the formation of the Joint Committee. The proposal is that a Joint Governance Forum for the respective members of the four CCG's Audit Committees should be formed. This forum will provide an opportunity to exchange information and allow constructive debate on developing proposals to enable the four respective audit committees to be aligned in the approach they take for joint commissioning arrangements that can feed into the Joint Committee's work and complement assurance arrangements within the CCGs themselves. The Audit and Governance Committee will be asked to consider this at its next meeting.

#### **4. NEXT STEPS**

- 4.1. The Joint Committee has invited the four CCGs to consider the issues as set out in this paper to support local determination of place based models of care, recognising that it is for the CCGs themselves to decide how they align the delivery of their statutory duties. This recognises that the CCGs themselves will retain both accountability and responsibility for delivery of those statutory duties described as 'Explicit' and that assurance mechanisms will need to be in place for the CCGs to be accountable for 'Behavioural' and 'Specific' duties where delivery sits with either the Joint Committee or Place based models of care.
- 4.2. Further work is being undertaken by all of the Joint Commissioning Committee Task and Finish groups to ensure that all of the relevant CCG statutory duties have been effectively recognised and correctly categorised. This work will continue and will inform the on-going development of proposals for collaborative commissioning.
- 4.3. The Governing Body is also asked to consider the latest draft of the Joint Commissioning Committee's Terms of Reference, which have been amended to provide consistency around the name of the Joint Committee and some further changes following comments from the newly appointed Programme Director.

#### **5. CLINICAL VIEW**

- 5.1. Not Applicable.

#### **6. PATIENT AND PUBLIC VIEW**

- 6.1. Not Applicable.



## 7. KEY RISKS AND MITIGATIONS

- 7.1. This paper articulates the need for the CCG to consider how it will gain assurance around the delivery of its statutory duties in circumstances where its commissioning functions are delivered on its behalf. Whilst there are no specific risks associated with this identified at the moment, proposed approaches will need to mitigate against risks that statutory duties will not be met.

## 8. IMPACT ASSESSMENT

### *Financial and Resource Implications*

- 8.1. There are no specific financial implications associated with this report.

### *Quality and Safety Implications*

- 8.2. There are no specific Quality and Safety implications arising from this report.

### *Equality Implications*

- 8.3. There are no specific Equality implications arising from this report.

### *Legal and Policy Implications*

- 8.4. This report sets out the outline approach to dealing with CCG statutory duties in a joint commissioning arrangement.

### *Other Implications*

- 8.5. There are no other implications associated with this report.

<b>Name</b>	Peter McKenzie
<b>Job Title</b>	Corporate Operations Manager
<b>Date:</b>	September 2017

## ATTACHED:

Joint Commissioning Committee Terms of Reference

## RELEVANT BACKGROUND PAPERS

CCG Statutory duties (NHS England compiled list)



### 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.**

	<b>Details/ Name</b>	<b>Date</b>
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	Report Author	27/09/17
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Peter McKenzie</b>	<b>27/09/17</b>



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INSERT LOGO FOR EACH CCG

## Black Country & West Birmingham Joint Commissioning Committee (Joint Commissioning Committee)

### Terms of Reference – Version D7.0

#### AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
D1.0	31 March 2017	Emma Smith proposed TOR template
D1.0	3 April 2017	Peter McKenzie & Sara Saville submitted amends
D2.0	4 April 2017	Presented back to T&FG for comment
D2.0	4 April 2017	Michelle Carolan provided comments
D3.0	5 April 2017	Amended following Task and Finish Group meeting
D4.0	20 April 2017	Amended following BCWBJC
D5.0	12 July 2017	Amended following feedback from CCG GB
D6.0	1 Aug 2017	Amended following feedback from JCC and project manager comments
D7.0	19 Sept 2017	Amended for consistent use of Joint Commissioning Committee

#### REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Emma Smith	31 March 2017	Governance Support Manager	D1.0
Sara Saville	31 March 2017	Head of Corporate Governance	D1.0
Peter McKenzie	3 April 2017	Corporate Operations Manager	D1.0
Michelle Carolan	4 April 2017		D2.0
BCWBJC	20 April 2017	AOs of the Black Country and West Birmingham CCGs	D4.0
Four CCG GB	12 July 2017	GB members	D5.0

#### APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

## **Black Country & West Birmingham Joint Commissioning Committee – Terms of Reference**

### **1. Introduction & Purpose**

- 1.1 The Black County & West Birmingham Joint Commissioning Committee (the 'Joint Commissioning Committee') is established in accordance with paragraph 6.4.4 of NHS Dudley Clinical Commissioning Group's (CCG) constitution, paragraph 6.5.4 of NHS Wolverhampton CCG constitution, paragraph 6.6.4 of NHS Sandwell & West Birmingham CCG constitution and paragraph 5.10.4 of NHS Walsall CCG constitution.
- 1.2 The purpose of the Joint Commissioning Committee is to establish a single commissioning view in line with the Sustainable Transformation Plan (STP) arrangements for key services across the Black Country and West Birmingham through the creation of a Joint Commissioning Committee of the four CCGs.
- 1.3 Individual CCGs will remain accountable for meeting their statutory duties. Each CCG has nominated its representative members and the Joint Commissioning Committee will have delegated authority from each CCG to make binding decisions on behalf of each CCG.
- 1.4 Currently the STP has no formal authority or governance and the Joint Commissioning Committee will provide a basis for coordinated collective action to commission the arrangements in the plan.
- 1.5 It is a committee comprising representatives of the following organisations:
- Wolverhampton CCG,
  - Sandwell & West Birmingham CCG,
  - Dudley CCG and
  - Walsall CCG
- 1.6 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Joint Commissioning Committee and will have effect as if incorporated into the constitution.

### **2. Membership**

- 2.1 Each member of the Committee as defined in Paragraph 2.2 shall have one vote. There will be one vote, per role, per organisation. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.
- 2.2 Each of the four CCGs shall nominate four members of the Joint Commissioning Committee from their Governing Body, which will be their Chair, and Accountable Officer, one Chief Finance Officer and one lay member. Each of the four CCGs will nominate one lay member from their Governing Body as their fourth member.
- 2.3 NHS England lead for commissioning specialised services will be a co-opted member to support the committee's work on developing proposals for the commissioning specialised services – using the 'seat at the table' model.
- 2.4 The Joint Commissioning Committee will be clinically led, with the Chair being taken by one of the CCG Chair members and will rotate amongst them every six months in line with a schedule determined by the committee.
- 2.5 The Vice Chair of the Joint Commissioning Committee will be elected from amongst the Chairs who will deputise for the Chair of the Joint Commissioning Committee as required.
- 2.6 Other representation that will normally be in attendance (members but non-voting) will

include:

- Programme Manager
- Communications Lead
- Administration support

2.6 Governing Body elected GPs, Clinical Executives, Executive Nurses, Other NHS England representation, other GP members or employees of the CCG (not already listed in the membership) may be asked to attend the committee for the purposes of specific agenda items. This will be in an advisory and non-voting capacity. NHS England's National Statutory Guidance on "Managing Conflicts of Interest" will be observed and complied with at all times.

### **3. Administrative Support**

3.1 The Chair of the Joint Commissioning Committee will be responsible for arranging administrative support for meetings of the Committee. This will include circulating the agenda and papers for the meeting five clear working days in advance of the meeting, taking minutes and actions of the meeting.

3.2 The Programme Manager shall be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

### **4. Quorum**

4.1 A meeting of the Joint Commissioning Committee will be quorate provided that at least five members comprising of the following are present:

- Chair or Vice Chair
- One member from each CCG
- One Accountable Officer
- One Chief Finance Officer
- One lay member

### **5. Frequency of meetings**

5.1 The Joint Commissioning Committee will formally meet on a monthly basis. There may be a need for the Committee to meet informally from time to time. Any informal meetings will support the work of the Committee and will have no delegated decision-making authority.

5.2 Meetings of the Joint Commissioning Committee shall ordinarily be held in public and the agenda and supporting papers will be made available for public inspection. The Joint Commissioning Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest be reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

5.3 The Joint Commissioning Committee will also meet in 'shadow form' whilst its terms of reference are considered by the constituent CCGs and until it has delegated decision making authority for specified commissioning services. Meetings during this period will be held in private session.

### **6. Remit Duties and Responsibilities**

6.1 The Joint Commissioning Committee's specific responsibilities will be delegated to it by each

of the four constituent CCGs and will, where appropriate, be reflected in each CCG's Scheme of Reservation and Delegation. The committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision making.

- 6.2 The responsibilities of the Joint Commissioning Committee will be reviewed regularly as the single commissioning view for the Black Country and West Birmingham develops. The Joint Commissioning Committee's initial responsibilities will be:-
- To make binding decisions on those matters delegated to the Joint Commissioning Committee on behalf of the CCG
  - To make recommendations to the four CCGs on the scope of services that should be commissioned at a Black Country and West Birmingham system level;
  - To organise, on behalf of the four CCGs, the joint commissioning of Specialised Services across the Black Country and West Birmingham with NHSE;
  - To have oversight of the commissioning of acute and mental health services that have been established as being within the scope of services commissioned at system level, which will include:-
    - Mapping financial risks across the system;
    - Identifying Clinical priorities for transformation;
  - To establish and manage a transformation programme to support the development of a single commissioning view for the Black Country and West Birmingham;
  - To develop an Organisational Development plan across the four CCGs to recommend to the four CCGs that identifies the immediate benefits from shared working and supports the implementation of the transformation plan; and
  - To make recommendations for the deployment of resources to support the implementation of the Transformation Programme.
- 6.3 The Joint Commissioning Committee will be supported in its work by a Clinical Leadership Group to advise on clinical strategy. The Joint Commissioning Committee will determine the Clinical Leadership Groups ToR. The Clinical Leadership Group will comprise of lead clinicians from across the STP area. The Clinical Leadership Group has no delegated authority, but will, by virtue of the clinical knowledge and expertise of the membership have a voice of authority to make recommendations and support the clinical leadership of the Joint Commissioning Committee.
- 6.4 The Joint Commissioning Committee will have the power to establish any task and finish group and determine the ToR for this so long as it is in line with the responsibilities given to the Joint Commissioning Committee.
- 7. Managing Conflicts of Interest**
- 7.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The Joint Commissioning Committee is required to manage any conflicts of interest through a transparent and robust system. A lay member will act as a conduit and safe point of contact for anyone with concerns relating to conflicts of interest and provide advice and judgement in the management of conflicts. In the event that the Chair and Vice Chair are conflicted the lay member will Chair the meeting or part of. Members of the Joint Commissioning Committee are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair of the Committee will be provided with the latest Declaration of Interest register at each meeting and will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.
- 7.2 It is imperative that members of relevant CCGs ensure complete transparency in any decision-making processes through robust record-keeping. Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes; who has

the interest, the nature of the interest and why it give rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

## **8. Relationship with CCG Governing Body**

- 8.1 The Joint Commissioning Committee is accountable to the each retrospective governing body to ensure that it has effectively discharging its functions.
- 8.2 All CCG governing body meetings will receive a copy of the Joint Commissioning Committee meetings minutes. The Joint Commissioning Committee will also make any recommendations or decisions reserved for the governing body directly.
- 8.3 Establish Task and Finish Groups as required which will report directly to the Joint Commissioning Committee.

## **9. Review of Joint Committee Effectiveness**

- 9.1 The Joint Commissioning Committee will annually self-assess and report to the respective governing bodies and on its performance in the delivery of its objectives.
- 9.2 The Joint Commissioning Committee's terms of reference and duties will be reviewed regularly, including at the point of Chair rotation and in line with any defined milestones in the Joint Commissioning Committee's transformation plan. This will ensure that the Joint Commissioning Committee reflects any changes as the STP develops.
- 9.3 Any changes to the terms of reference will be approved by the respective governing bodies.

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**WOLVERHAMPTON CCG**
**Governing Committee Meeting**  
**10<sup>th</sup> October 2017**
**Agenda item 12**

<b>TITLE OF REPORT:</b>	CAMHS transformation refresh 2017 – 2020
<b>AUTHOR(s) OF REPORT:</b>	Mags Courts
<b>MANAGEMENT LEAD:</b>	Steven Marshall
<b>PURPOSE OF REPORT:</b>	To present the first draft of the CAMHS transformation plan refresh.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is for the public domain as it articulates the direction of travel for the CAMHS transformation and the distance travelled since the original plan was presented in 2015.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Brief description of the progress made</li> <li>• Difficulties with meeting CYP IAPT training trajectories.</li> <li>• Proposed funding for CAMHS transformation going forward</li> </ul>
<b>RECOMMENDATION:</b>	To endorse the approach set out in the paper and to discuss any further changes required for the refresh to be submitted to NHS England by 31 <sup>st</sup> of October 2017.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The refresh of the CAMHS transformation plan submitted in 2015 will demonstrate the journey travelled for Children and Young People Mental Health services in Wolverhampton, gaps that have been identified and filled and pathways developed as a result of collaborative commissioning with CWC and/or Specialist NHS commissioning.
2. Reducing Health Inequalities in Wolverhampton	The refresh of the CAMHS transformation plan will demonstrate increase access to Mental Health services for the children and young people of Wolverhampton across the system.

<p>3. System effectiveness delivered within our financial envelope</p>	<p>The CAMHS transformation refresh when complete will demonstrate how funding in the future will be allocated to ensure that it is used in an effective manner and will benefit a range of children and young people across the city of Wolverhampton.</p>
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## 1. BACKGROUND AND CURRENT SITUATION

1.1 The CAMHS transformation plan was originally submitted to NHS England in 2015 and its aims were to transform our local system by developing care pathways, services and initiatives across health, education, criminal justice and social care with a unified set of values. The vision was to deliver early intervention and prevention services, close treatment gaps and deliver a dynamic whole system of care pathways and processes that were fully aligned across all agencies, partners and stakeholders. Full alignment across the agencies would ensure that our ‘whole system’ can respond pro-actively to the needs of the child, their family and community and to facilitate and enable resilience, growth and achievement.

1.1. The vision of the original plan was to use the additional Future in Mind funding to transform mental health services for children and young people by building capacity and capability at critical points across the system so that by 2021 measurable progress could be demonstrated towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health outcomes in Wolverhampton.

1.2. Whilst progress has been made in many areas identified in the original plan, there is still a distance to travel to ensure that children and young people in Wolverhampton are able to access the Emotional Mental Health and Wellbeing services as well as specialist CAMHS that they require and at the appropriate time. This refreshed plan aims to provide the narrative around the distance travelled from the initial plan, current services and work still to be undertaken. It will articulate impacts and outcomes of additional funding, challenges which still present areas of concern within the system and actions to be taken to mitigate against them.

## 2. MAIN BODY OF THE REPORT

2.1. NHS England has asked each CCG to refresh the CAMHS transformation plan which was submitted in October 2015. NHS England has provided specific Key Lines of Enquiries which must be addressed to ensure that the plan meets NHS England requirements. It is also important to ensure that the refresh also meets the Improvement and Assessment Framework for the CCG to ensure that all



performance measurements are addressed when the refresh is completed and submitted.

- 2.2. The initial plan was given a RAG rating of red in the areas of data, CYP IAPT, workforce, collaborative commissioning and Impact & outcomes. There were several areas that were given a RAG rating of amber and these were Early Intervention in Psychosis, Local Transformation Plan ambition and Transparency and governance. It must be noted that most CCGs scored badly in the workforce section. Also with the progress which has been made regarding the STP and the mental health workstreams, the CAMHS commissioners in the Black Country (Wolverhampton, Dudley, Sandwell and Walsall) are going to work together on the workforce section of the plan. This work is also supported by the fact that the providers of services to the four CCGs who are represented by the STP are all coming together as part of Trusts Coming Together (TCT). This is a new development from the time when the original plan was devised and it has been referenced in the new CAMHS transformation refresh 2017.
- 2.3. The first draft of the CAMHS transformation plan refresh is provided with this paper. It is still in draft format as additional work is required to ensure that all Key lines of enquiries (KLOEs) are addressed. NHS England offered support to the region via Associate Solutions and Wolverhampton CCG was keen to accept this support. A day was booked for the 25<sup>th</sup> of September 2017 at the science park with a range of stakeholders to look at ensuring that pathways have been agreed for all services to ensure it is clear how children and young people are able to access the service they require. This had not been agreed to date amongst all potential providers and stakeholders. The outputs from this day have been used to further support the plan and as a result it is felt that the THRIVE model should be used as a clear view of all of our services and how they interconnect. This is documented in the refresh on page 27.

### 3. **CLINICAL VIEW**

- 3.1. The Emotional Mental Health and Wellbeing service which is funded solely by the CCG as a pilot scheme has been in operation since September 1<sup>st</sup> 2017 and will be used as a test and learn model to support the joint procurement with the City of Wolverhampton Council of the Emotional Mental Health and Wellbeing service from April 1<sup>st</sup> 2018. The providers of this service are keen to demonstrate that it will impact on the specialist CAMH services with the children and young people being referred in being able to see the right professional, first time, and in the right place.

#### 4. **PATIENT AND PUBLIC VIEW**

- 4.1. There has been a great deal of frustration across the current service system, due to lack of provision with referrers disgruntled with an inability to find solutions to current problems, and dissatisfaction amongst mental health providers unable to deliver services to children and young people clearly in need. Children, young people and their families and carers have been unhappy with the difficulties accessing the CAMH services although they often report that once seen by CAMHS professionals the service is good. This level of frustration is also felt by those working in schools either in pastoral care or in actual teaching. It is seen that as part of the overall workforce development strategy from HeadStart school staff will be supported to develop their skills in supporting children and young people with emotional mental health and wellbeing issues at a universal level and recognise when they need to refer for further more targeted and specialist intervention.

#### 5. **KEY RISKS AND MITIGATIONS**

- 5.1. The risks of delivering against the CAMHS transformation plan refresh is the ability to recruit suitably qualified individuals who can meet the competencies required to deliver the services in the timescale. Children and young people's needs are changing over time and more adult difficulties are presenting with staff involved with Children and Young People services needing to have a full understanding of these areas. The CCG can support its commissioned providers to be employers of choice in the area to improve recruitment and retention of staff and ensure that all vacancies are filled quickly and effectively.

#### 6. **IMPACT ASSESSMENT**

##### ***Financial and Resource Implications***

- 6.1. The table below sets out the indicative amounts for the monies from recent announcements for CYP MH that are now within the baselines of the CCG budget, and to which the requirement in the Planning Guide to continue to deliver CYP MH Transformation Plans including community based Eating Disorders refer. This demonstrates the investment that Wolverhampton CCG will make to impact on CYP MH services in the coming years. This is in addition to the £124,000 investment which was made recurrent in 2016/17 on top of the original investment in 2015 of £501,000. Some of the investment for this year, 2017/18, £100,000 has been allocated to the Emotional Mental Health and Wellbeing Service initially as a single funded pilot service but from April 2018 it will be a jointly procured service with the

local authority of which both commissioning services will be providing funds. This supports the drive for the CCG to meet Mental Health Investment Standard (previously known as parity for esteem for mental health).

2017/18 Plan Figure	2018/19 Plan Figure	2019/20 Plan Figure	2020/21 Plan Figure	2021/22 Plan Figure
105,660	107,667	109,713	112,675	114,703
	145,000	147,755	151,745	154,476
		100,000	102,700	104,549
			197,000	200,546
105,660	252,667	357,468	564,120	574,274

## 6.2. Potential Wolverhampton CCG Funding which could be used to transform Children and Young People's Mental Health 2017 – 2021.

Year Plan Figure	Available from Where?	Service to be invested in
2017/18 £105,660	Growth monies from Future in Mind - £5,660 to be used for spot purchasing HSB assessments	£100,000 to be invested in Emotional Mental Health & Wellbeing – recurrent
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional	£70,000 Possible for STP crisis – recurrent £66,000 Possible online digital counselling service – recurrent £27,000 PRU CAMHS link worker – recurrent if evaluation is successful. <sup>1</sup>
2017/19 £262,500	This funding has been ear marked for CYP IAPT training/backfill this needs to be arranged either by finding courses or staff who can be recruited to train	CYP IAPT services
2019/20 £100,000	When all services that have been invested in are taken into account at full year effect, there is approximately £70,000 for investment in other services.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP

<sup>1</sup> It is acknowledged that this amount is in excess of that agreed at beginning of year but it is only £3,000 and this can be found via savings on CCG's contributions to EPP placements following change in way funding is agreed.

2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. . Also some of this funding will have to be identified to undertake additional CYP IAPT training.
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- 6.3. The above table documents proposals for how the additional funding for Children and Young People’s Mental Health could be used every year up until 2020/2021. This proposal assumes that there will not be any additional requests for funding following a submission of a bid to NHS England for CYP MH services.
- 6.4. NHS England have also provided some funding, although limited, for CYP IAPT training backfill as well as the courses themselves neither of which will be available from next year and there will be no further funding available going forward. There is also a need for the CCG to meet its trajectories for training for CYP IAPT amongst the services it commissions which will impact on improving access for Children and young people to evidence based interventions. This has the potential to impact on the resources available at the CCG for actual services as NHS England will no longer be providing funding towards the backfill for providers who send staff on the training. However, it will improve the quality of the services provided as it will ensure access to evidence based interventions.

**Quality and Safety Implications**

- 6.3. Refreshing the CAMHS transformation plan will ensure that the quality and safety of the services are taken into account, increasing the access to a range of Emotional Mental Health and wellbeing services as well as specialist CAMHS for children and young people in the city of Wolverhampton, ensuring they are seen at the right place, at the right time and by the right professionals. This refresh will ensure that there is a reduction in the number of inappropriate referrals to the specialist CAMH services, with the provision of the new Emotional Mental Health and Wellbeing service. There will also be clear pathways across services commissioned by specialist commissioning including tier 4 inpatient provision and Criminal Justice. Provision of CYP IAPT training across the children’s workforce will improve Children and young people’s access to evidence based interventions as well as increasing





their participation in their treatment and the services. This will impact on the quality and safety of the services commissioned.

### ***Equality Implications***

- 6.4 Equalities will be featured in any re-modelling and re-commissioning of services. Due consideration will be given to protected characteristics during the re-modelling and re-commissioning of services.

### ***Legal and Policy Implications***

- 6.5 One of the difficulties that may exist in the future is if a decision is taken for services to be tendered to ensure that the CAMHS transformation plan refresh is delivered against. This is likely to have legal implications and with the possibility of policy implications if it is a new provider who is providing the services.

### ***Recommendation***

- 6.6 The LTP needs to be signed off by a number of committees and boards across the system before it is submitted to NHS England on October 31<sup>st</sup> 2017. Although this version is not in its final stage, it is anticipated that the approach to completion will remain, with the exception of the additional items needed to ensure it is completed to the appropriate level and support both the submission criteria and the CCG Improvement and Assessment Framework. The request for the governing body at this time is to sign the report off with the intention that the final report will return to the next Governing Body which will be after the submission date.

**Name** Mags Courts  
**Job Title** Children's Commissioning Manager  
**Date:** 1<sup>st</sup> October 2017

### **ATTACHED:**

CAMHS Transformation Plan Refresh 2017 – 2020  
Key Lines of Enquiry Document

### 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>A. Hadley</b>	<b>30.08.2017</b>
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mags Courts</b>	<b>01.10.17</b>





## Guidance for the 2017/18 Refresh of the Children & Young People's Mental Health

### Rationale

This guidance supports the refresh of Children & Young People's Mental Health & Wellbeing (CYP MH&W) Enquiry (KLoEs) developed in 2015 to support the original LTPs and the refresh in 2016.

LTPs were first submitted in September 2015. LTPs set out local areas' joint responses to Future in Mind 2015. CCGs have received a total of £149M in 2016-17 and will receive £170m in 2017-18. The requirement to be used, was set out in the Planning Guidance and in Implementing the Five Year Forward View for Mental Health progress from the initial submission in 2015.

The aim is to confirm that there is transparent commitment and local engagement in 2017/18 to deliver in future years.

The guidance continues to use the format of the 2016/17 Mental Health Interim Assurance Audit for Children & Young People backed by a substantive and transparent commitment with system-wide partners which is reflected in the first CYP MH&WB LTP in 2015. It will also identify and confirm the basis of the assessment of assurance.

The guidance will provide a clear view of progress and commitments to the 17/18 CYP MH&WB delivery assurance audit.

Please note that the guidance is to be used as a supportive tool for regions, clinical networks and CCGs; the guidance below is to be used only for guidance and highlight areas where plans are sufficiently robust and developed. **A good joint plan will identify:** the aim; the pathways concerned; the partners involved with a joint commitment (transfer); time scale; benefits and outcomes and; risk assessment and potential barriers.

#### Ratings Key:

**Fully confident:** Objective clearly identified and delivered. All requirements in place.

**Partially confident:** Objective not clearly identified, some requirements in place or plans/actions require

**Not confident:** Objective not identified or no confidence that actions will result in requirements being a



Will the LTP be both refreshed <i>and</i> republished by the deadline of 31 October 2017 with checked URLs
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs (CCGs are requested to provide a paragraph on alignment)
If the plan is not refreshed by the deadline - has the CCG confirmed that a progress position statement on the refresh is on their website
Does the LTP include a baseline (15/16) actual for 2016-17 and planned trajectories which include: <ul style="list-style-type: none"> <li>- finance (including identification of, at least, the additional investment flowing from this LTP's share of Budget allocations and performance to date)</li> <li>- staffing (WTE, skill mix, capabilities);</li> <li>- activity (e.g. referral made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with clear year on year targets and performance to date for improving access and capacity to evidence based interventions</li> </ul>
Does the refreshed LTP clearly evidence engagement with a wide variety of relevant organisations, including children, young people and their parents/carers from a range of diverse backgrounds including groups and communities with a heightened vulnerability to developing a MH problem and aligned to key findings of the JSNA, youth justice and schools & colleges? Does it evidence their participation in: <ul style="list-style-type: none"> <li>- governance</li> <li>- needs assessment</li> <li>- service planning</li> <li>- service delivery and evaluation</li> <li>- treatment and supervision</li> </ul>
Has the LTP been signed off by the Health and Wellbeing Board and other relevant partners, such as specialist commissioning, local authorities including Directors of Children's Services and local safeguarding children's boards, Children's Partnership arrangements and local participation groups for CYP and parents/carers ?
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?
Does the plan clearly evidence outcomes of existing services including achievements and challenges, alongside a coherent statement of strategic priorities, areas where further development is needed and future commissioning focus?
Are there clear mechanisms and KPIs to track progress, that are shown over the plans period? i.e.. show yr1, 2, 3 etc.
Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format for children and young people, parents, carers those with a learning disability and those from sectors and services beyond health, with all key investment and performance information from all commissioners and providers within the area?
Does it include specific plans to improve local services?
<b>2. Understanding Local Need</b>
Is there clear evidence that the plan was designed and built around the needs of all CYP and families locally who may have or develop a MH problem, with particular attention to groups and communities with a known heightened prevalence of MH problems?
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?
Does the plan make explicit how health inequalities are being addressed?
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?
<b>3. LTP Ambition 2017-2020</b>
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England specialist commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups ?
Does the plan have a vision as to how delivery will be different in 2020 and how this will be evidenced ?
Does the LTP align with the deliverables set out in the 5YFV for Mental Health ?
Does the plan address the whole system of care including:

- early prevention and early intervention including universal setting, schools and primary care
- early help provision with local authorities
- routine care
- crisis care and intensive interventions
- identifying needs, care and support for groups with particular needs and who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, looked after children , children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary from one area to another.
- inpatient care?
- specialist care e.g. eating disorders

**Does the LTP include sustainability plans going forward beyond 2020/21 ?**

**Where New Models of Care are been tested - is there a commitment to continue to invest LTP monies beyond the pilot?**

#### **4. Workforce**

**Does the LTP include a multi-agency workforce plan?**

**Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?**

**Does the workforce plan include CPD and continued participation in CYP IAPT training programmes**

**Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place ?**

**Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?**

#### **5. Collaborative and Place Based Commissioning**

**Does the LTP include joint place based plans (between CCGs and specialised commissioning) to: develop a local seamless in-patient CYP MHS pathway across appropriate footprint - demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?**

**Is the role of the STP reflected in joint place plans?**

**Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?**

**Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services? This should include during their stay in secure settings, transition in and out of secure settings, and in and out of community services, whether continuing in children and young people services or moving into adult services.**

#### **6. CYP Improving Access to Psychological Therapies (CYP IAPT)**

**Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include:**

- collaboration and participation
- evidence-based practice
- routine outcome monitoring with improved supervision

**If not a CYP IAPT member, are there plans in place to join a CYP IAPT learning collaborative?**

**Is there a commitment to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health ?**

**Is there sustainability plans for CYP IAPT learning collaboratives in preparation for central funding coming to an end ?**

#### **7. Eating Disorders**

**Does the LTP identify current baseline performance against the new Eating Disorder access and waiting time standards ahead of measurement beginning from 2017/18?**

**Does the plan clearly state which CCGs are partnering up in the eating disorder cluster?**

Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?

Is the CEDS signed up to a national quality improvement programme?

## 8. Data

Does the LTP set out baseline and incremental increase in number of CYP accessing care, number of existing staff being trained and numbers of new staff recruited to deliver EB interventions? - is there evidence of progress against set trajectories ?

Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to flow data for key national metrics in the MH Services Data Set? MHSDS) Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?

Is there evidence of the use of local/regional data reporting template(s) to enhance local data?

## 9. Urgent & Emergency (Crisis) Mental Health Care for CYP

Does the LTP identify an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families

Is there evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes ?

## 10. Integration

Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?

Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care? Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or those with historically poor access to MH services or particular issues accessing MH services, be it cultural, communication-based, etc.)

Does the LTP include work underway with Adult MHS to link to liaison psychiatry ?

## 11. Early Intervention in Psychosis (EIP)

Does the LTP identify an EIP service delivering a full age-range service, including all CYP, experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?

If so, does this include the full pathway for all CYP, including those who present to the specialist CYP MH service? Is there a commitment to specifically monitor CYP access?

## 12. Impact and Outcomes

The LTP is a five-year plan of transformation. Do you have:

- a transformation road map
- examples of projects which are innovative and key enablers for transformation;
- examples of how commissioning for outcomes is taking place?

## 13. Other Comments

Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce , procurement of new services not being successful or delayed?

Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as 'best practice'?

Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?

Does the plan show how funding will be allocated throughout the years of the plan ?

If there are risks does it highlight this within the plan?

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**Wolverhampton CAMHS  
Transformation Plan Refresh  
2017 – 2020**

# Wolverhampton CAMHS Transformation Plan Refresh 2017 – 2020

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## Version Control

Date	Comments
02.10.17	First Draft (Mags Courts) version 4



## Foreword

Our Children and Young people represent our future. For every member of the population whether a parent, grandparent, aunt, uncle other relative or family friend the health and wellbeing of our children is of paramount importance to us. Great strides have been made in protecting the physical health of our young people in this country but sadly some of the protection required for their emotional wellbeing lags behind. Whilst there have been many improvements in mental health services provided for children and young people there still remain gaps in both provision and timeliness of access to services. Too often children, young people and their families are unable to access early support which could help them through a difficult point in their lives and could potentially cure mental health problems at an early stage. This lack of access to early intervention means too many families have to deal with the very difficult problems encountered by a child or young person suffering from a mental health crisis and the ongoing life difficulties this then presents for them.

In Wolverhampton our local transformation plan looks to ensure that our mental health services for children and young people are fit for the future and provide the extensive range of care pathways and services spanning health, social care, education and the criminal justice system. We are committed to ensuring there are no gaps in provision and that entry points to services are both timely and easy to navigate. This refresh of the original plan outlines the excellent and extensive work to date and some of the outstanding challenges which we face as a system to achieve our vision of seamless comprehensive services.

As we look to the future we acknowledge that there is more to be done and that the resource which we have needs to be used as effectively as possible. We will work with our colleagues across the Black Country to provide better services for those requiring more specialised provision and also to ensure that children having to be placed in mental health beds a long way from their homes is a thing of the past. Locally we will improve access to and take up of resilience training, counselling and talking therapies. As well as reviewing the statutory services there is more work to be done aligning the extensive work done by our voluntary sector organisations and as we embrace the digital age we will ensure more on line services and interventions are available.

In Wolverhampton we have worked extensively with our young people and their families in a culture of co-production and we increasingly know what works for them and what doesn't. We are aiming for a whole system approach focusing on prevention of mental ill health, early intervention and recovery. This plan refresh outlines our current position on an essential and pressing journey.

Helen Hibbs, Chief Accountable Officer, Wolverhampton CCG

## 1. Introduction

The Wolverhampton CAMHS Local Transformation Plan (2015-2020) was developed by Wolverhampton Clinical Commissioning Group along with our partners in response to the publication of Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing (report of the government's Children and Young People's Mental Health Taskforce in 2015). The aims of our transformation plan (2015 - 2020) were to transform our local system by developing care pathways, services and initiatives across health, education, criminal justice and social care with a unified set of values. The vision was to deliver early intervention and prevention services, close treatment gaps and deliver a dynamic whole system of care pathways and processes that were fully aligned across all agencies, partners and stakeholders. Full alignment across the agencies would ensure that our 'whole system' could respond pro-actively to the needs of the child, their family and community and to facilitate and enable resilience, growth and achievement.

The vision of the original plan was to use the additional Future in Mind funding to transform mental health services for children and young people by building capacity and capability at critical points across the system so that by 2021 measurable progress could be demonstrated towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in Wolverhampton.

Whilst progress has been made in many areas identified in the original plan, there is still a distance to travel to ensure that children and young people in Wolverhampton are able to access the Emotional Mental Health and Wellbeing services as well as specialist CAMHs that they require and at the appropriate time. This refreshed plan aims to provide the narrative around the distance travelled from the initial plan, current services and work still to be undertaken. It will articulate impacts and outcomes of additional funding, challenges which still present areas of concern within the system and actions to be taken to mitigate against them.

## 2. Transparency & Governance

*The LTP will be refreshed and republished by the deadline of 31<sup>st</sup> October 2017 and is accessible via xxxxxxxxx.* Wolverhampton's Local Transformation Plan (LTP) is aligned to the Black Country's Sustainability and Transformation Plan (STP). The Black Country STP for Mental Health and Learning Disability services focuses on the collaboration between providers and commissioners to improve care and outcomes for Mental Health & Learning Disability service users, including Children, Young people and their families. Identified priorities for the STP is to work as 'one NHS commissioner' across the Black Country to look at the integration of a number of specialist services across the region for example CAMHS, Eating Disorders, Psychiatric Liaison, ASD / ADHD, personality disorder and criminal justice services. The four CCGs of the Black Country (Wolverhampton, Dudley, Walsall and Sandwell

and West Birmingham) have worked together to recently submit a bid for a Mental Health Crisis and Intensive Community Support service working across the Black Country with a view to demonstrate our commitment to achieving 'Mental Health Investment Standard (formerly known as parity of esteem)' across our footprint, including equity of access to evidence based care and treatment, equity of status in the measurement of mental health outcomes (i.e. including the April 2017 MHSDS) and equity of funding in terms of the CCG Mental Health Investment Standard. The STP refers to sharing of best practice and aligning to the work of other agencies to reduce variation; improve access, choice, quality and efficiency; and collaborate to develop new highly specialised services in the Black Country and West Birmingham e.g. Children's Tier 4. The Black Country STP can be found at [http://sandwellandwestbhamccg.nhs.uk/images/161020\\_Black\\_Country\\_STP\\_-\\_October\\_Submission\\_V0\\_8\\_clean.pdf](http://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf) The CCGs who form the Black Country STP have been tasked with co-designing, agreeing and delivering a pathway based suite of designed and specified services for CAMHS common to all 4 areas of the STP footprint e.g. Crisis and home intervention, core CAMHS, Eating disorders (which is all age) and Learning disabilities. Early Intervention in Psychosis is also being addressed as an all age pathway across the STP. Work is almost complete on development of the joint service specification for the all age Eating Disorders service and Crisis and home intervention service with work started on the development of the service specification for Core CAMHS and Learning Disabilities.

In 2015/16, Future in Mind provided additional funding of £501,000 towards CAMH services in Wolverhampton. An additional £124,000 was invested in 2016/17 which was made recurrent to support a waiting list initiative and reduce the waiting times for Children and Young People who require specialist services. The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the aims set out in the LTP. However, in line with the vision of Future in Mind, agencies in Wolverhampton should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2017 /18 onwards is identified below.

2017/18 Plan Figure	2018/19 Plan Figure	2019/20 Plan Figure	2020/21 Plan Figure	2021/22 Plan Figure
105,660	107,667	109,713	112,675	114,703
	145,000	147,755	151,745	154,476
		100,000	102,700	104,549
			197,000	200,546
105,660	252,667	357,468	564,120	574,274

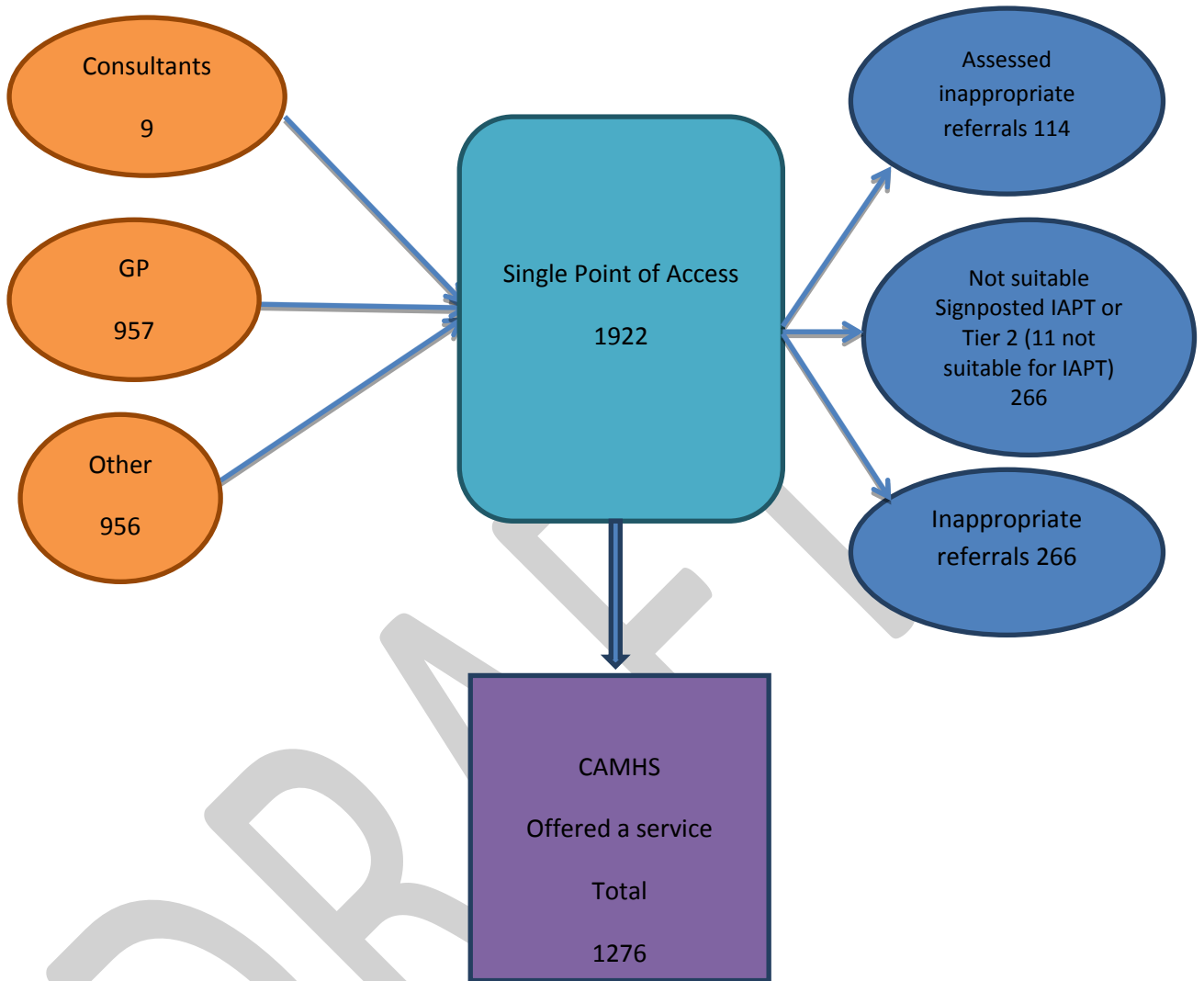
Most of this year's additional funding is being used to address the gap in the old 'tier 2' service, now to be known as the Emotional Mental Health and Wellbeing services, which is being funded by the CCG initially but moving forwards, will be procured jointly with the Local authority from April 2018. With the bid made from the Black

Country for a Mental Health Crisis and Intensive Community Support Service, it is anticipated that £70,000 (recurrent) of the £145,000 will need to be set aside from funding for 2018/19 should the bid be successful, to provide the additional funding from each CCG in the STP required in addition to that to be provided by NHS England.

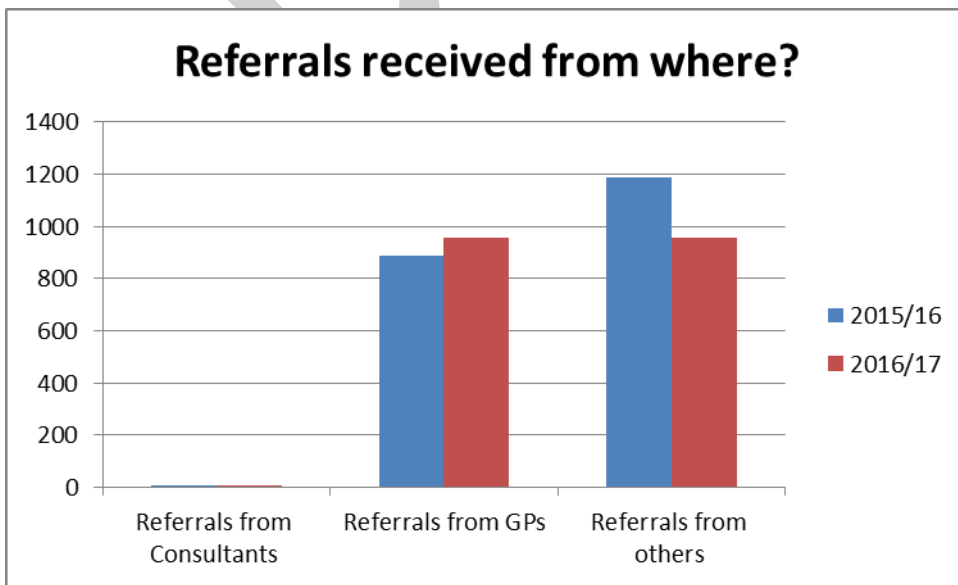
The increase in funding which has been identified for the next 3 years will be used to support increasing the access numbers for Children and Young people across the city of Wolverhampton in Emotional Mental Health and wellbeing services which will include specialist CAMHS. This will include consideration for an online counselling offer which to date has not been available within Wolverhampton. Some of the funding will possibly be available to ensure the PRU CAMHS link worker post is made permanent if an increase in accessibility into Children and Young People Mental Health service is seen and the assumptions made for the service are found to be accurate.

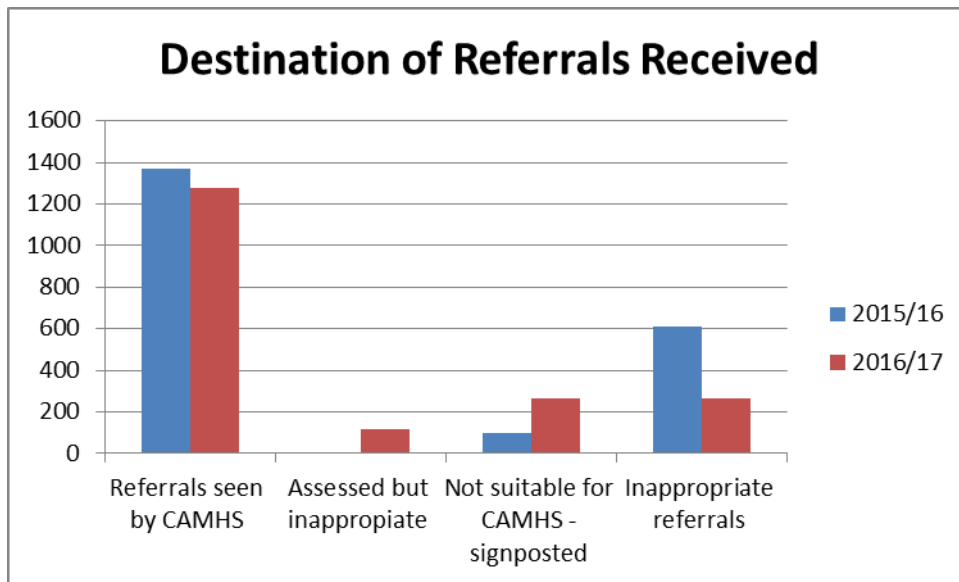
*Staffing information is to be provided by Sarah Hogan*

## Referrals into Specialist CAMHS (BCPFT) received 2016/17



## Comparison of data received from 2015/16 – 2016/17 for Specialist CAMHS





Although it can be seen from the referrals over the last two years that there has been a decrease in the number of referrals received, there has been a decrease in the number of inappropriate referrals and less children and young people are offered an assessment and then not provided with treatment, having been assessed as inappropriate. These figures clearly illustrate that the gap identified in the original LTP is still prevalent and has been a driver for Wolverhampton CCG and City of Wolverhampton Council looking to procure a joint service at the Emotional Mental Health and Wellbeing service which will begin in April 2018.

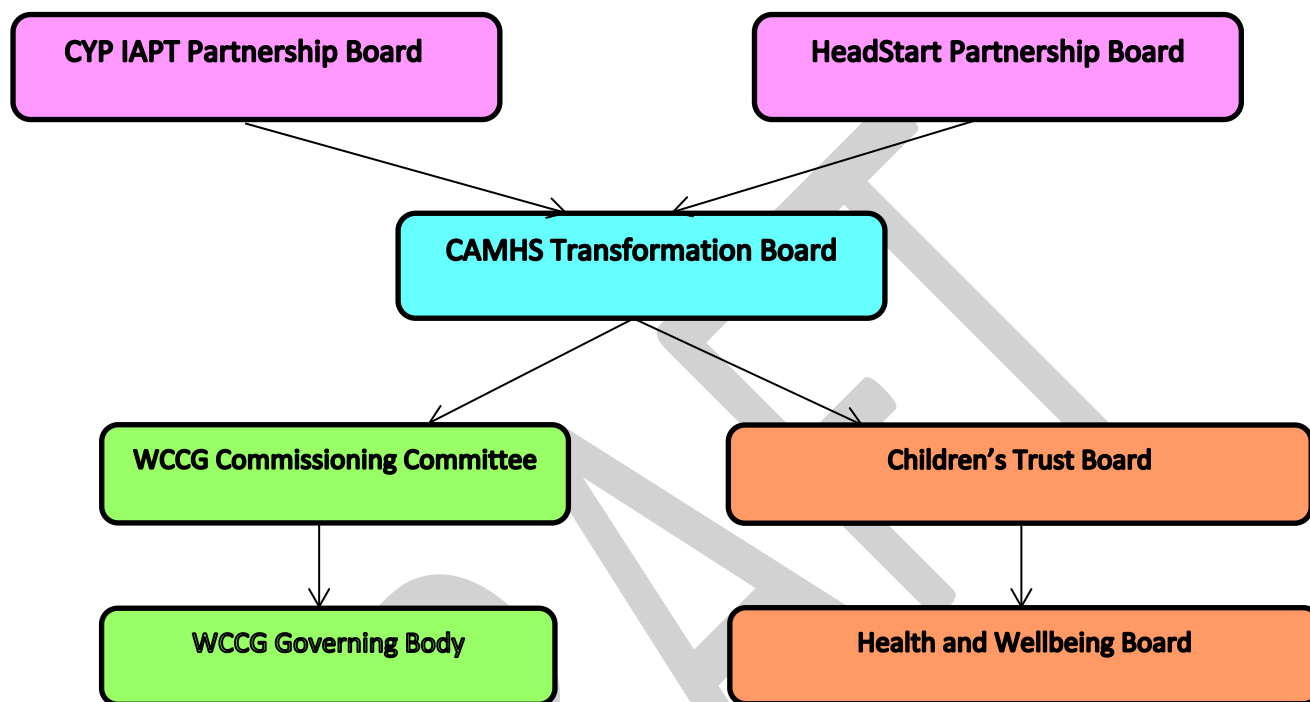
#### Data available from BCPFT for 2016/17

2016/17	Q1	Q2	Q3	Q4
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%
Number of contacts to CAMHS	3017	2818	3053	3421
Number of referrals received by CAMHS	546	562	493	529

The transformation plans were developed and shaped through extensive consultation with Children, Young People and parents/carers, as well as stakeholders. This has been an on-going process since early 2015 and continues through discussions with Children in Care Council and Youth Council as well as HeadStart Partnership board, Voice4Parents and engagement sessions with pupils in different mainstream secondary schools. The Refugee and Migrant Council has also been actively involved in developing a joint bid between the CCG and City of Wolverhampton Council for additional support for Unaccompanied Asylum Seekers as Children and as a result ensuring that this specific cohort of young People's needs are given consideration in the city when taking mental health needs into account. Engagement has occurred with the Liaison and Diversion team to ensure that their services dovetail with the Youth Offending Team and specialist CAMHS

and ensure that the services commissioned via Youth and Justice are clearly identifiable as part of this refresh and taken into account when transforming the system for CAMHS.

**Governance for the Wolverhampton Children and Young People’s Mental Health Transformation Plan Refresh:**



The CYP IAPT partnership board which is in the embryonic stage and the HeadStart partnership board feed into the CAMHS transformation board providing input into governance, needs assessment and service planning. The CAMHS transformation Board has terms of reference available. Children, Young People and their parents/carers will be involved with service delivery and evaluation when the principles of CYP IAPT are embedded within services as it focuses on improving user participation in treatment, service design and delivery as one of its main tenets.

The first draft of the CAMHS transformation refresh plan will be presented at Children’s Trust board on 20<sup>th</sup> September 2017 and the Commissioning Committee on the 28<sup>th</sup> of September 2017. Both of these committees have approved the direction of travel for the LTP to date and have agreed that the final plan will be presented to them at the next opportunity. The final draft will be presented to the Health and Wellbeing board on 18<sup>th</sup> of October 2018 and the governing body of Wolverhampton CCG on 10<sup>th</sup> of October 2017.

*Mechanisms and KPIs are to be developed to track progress over the plan period.*



The refreshed LTP will be published on local websites – URLs to be obtained the week before the submission is made W/C 23<sup>rd</sup> October 2017

### 3. Understanding Local Need

From the ‘2014 Mid-Year Population Estimates Additional Resources’ Wolverhampton has a total population of 252,987 with 63,848 (25%) of the city’s population aged 0-19. This is a higher percentage compared to England’s average, where 23.9% of the population fall within this age category. The number of children aged 0-19 years is projected to increase to 68,300 by 2037, representing a net gain of about 8.6%. Sixty eight per cent of Wolverhampton residents are from a white ethnic background with the remaining 32% of residents belonging to black minority ethnic backgrounds (BME). Wolverhampton has high numbers of new arrivals arriving into the City each year including traveller families (estimated 2700 families in 2012). (In terms of levels of deprivation, Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Nearly one third of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in what is considered a deprived area. ) Wolverhampton currently has a Looked After Children’s population of 627 children and young people, 259 of these are located within the city boundaries.

**Comment [CM1]:** Need to include numbers for unaccompanied asylum seekers

Based on wider mental health promotion evidence, the Centre of Mental Health’s methodology for assessing emotional and mental health needs across the spectrum has been applied – see Figure 4. This formula aims to provide potential numbers for those children and young people who may require the different levels of service across the system and give assurance to commissioners whether sufficient services are commissioned or planned to be commissioned. It will also identify if there is an area of unmet need and if so, where it is and how it can be met?

CYP’s mental health needs	Description of CYP needing help	% of CYP	Potential Numbers of CYP (2014)	Responsible organisations
Universal needs	All CYP and families need resources and assistance to build strong mental health in children.	100%	63,848	Whole service system
Targeted or early help needs	Some CYP need extra help to build resilience because they face greater exposure to risk. Some CYP also have deteriorating mental health and need early help to deescalate and restore good wellbeing.	15%	9,577	Whole service system
Children with less complex diagnosable needs	Some CYP will have less complex and risky diagnosable level needs	7%	4,469	School counselling, voluntary sector, evidence based counselling, primary mental



				health support
Children with complex and more risky needs	Very complex or high risk diagnosable mental health needs	1.85%	1,181	Specialist CAMHS and services seeking to avoid further escalation
Children with highly risky, complex or specialist needs	Some CYP will have highly complex, concerning and specialist diagnosable mental health needs.	0.075%	47	Inpatient settings, broader service system

**Figure 1: Centre of Mental Health’s methodology for assessing emotional and mental health needs**

Emerson and Hatton (2004) showed age related prevalence for learning disabilities for 5-9 year olds as 0.96%, for 10-14 year olds as 2.26% and for 15-19 year olds as 2.67%<sup>1</sup>. When these rates are applied to the Wolverhampton population, it is estimated that in the city we have 150 children aged 5-9 years, 320 children aged 10-14 years, and 425 young people aged 15-19 years who have a learning disability. The prevalence for mental health associated with learning disabilities is reported as 40% and this is even higher in those with severe learning disabilities. Application of this to the estimated number of children and young people with learning disabilities in the Wolverhampton population shows that we are likely to have 20 children aged 5-9 years, 128 children aged 10-14 years, and 170 young people aged 15-19 years with learning disabilities who could also have mental health problems. Inspire is the local Learning Disabilities Mental Health service provided by Black Country Partnership Foundation NHS Trust which provides support to this cohort of young people. Wolverhampton CCG and City of Wolverhampton Council both jointly commission this service.

A number of sources of evidence suggest that a number of equalities and demographic factors can have a significant effect on the local need within Wolverhampton and the uptake of mental health for children and young people which include:

- high numbers of Black and Minority Ethnic communities
- parents in prison or in contact with the criminal justice system
- social deprivation and high levels of unemployment
- high rates of housing and homelessness
- refugees and asylum seekers (new arrivals, including CYP who are unaccompanied)

<sup>1</sup> Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2004.

- children and young people with long term conditions/physical and/or learning disabilities
- lesbian, gay, bisexual and transgender people (LGBT)
- children and young people who are questioning their sexual orientation and/or gender (LGBTQI)
- substance misuse
- people of all ages with neurodevelopmental conditions such as Autism and ADHD
- children and young people who are victims of violence, abuse and crime including domestic violence and bullying
- Mental health needs of pre and post natal mothers, people with co-morbid substance misuse and people with learning disabilities.

Currently there is a gap in provision at the Emotional Mental Health and Wellbeing service level (previously called 'tier 2 services') which was identified as part of the initial LTP. Given the number of priorities that were identified as part of the initial LTP, which needed addressing quickly, plugging this gap has taken longer than the city's commissioners would have liked. However, the CCG has provided £100,000 in 2017 towards a pilot service at the Emotional Mental Health and Wellbeing service level to plug the existing gap whilst developing a jointly procured service with the local authority which will be procured recurrently from April 2018. HeadStart will also provide some funding towards this service on a non-recurrent basis for two years from 2018 to ensure they are commissioning targeted support for their agreed population as per the phase three bid. HeadStart is also using some of its funding to support the capacity and capability building and community empowerment to support transformational system change across the city. The training programmes for Emotional Mental health and Wellbeing, using a test and learn model and train the trainer approach for sustainability going forwards will be available across all stakeholder organisations including schools, voluntary/community groups and statutory services.

The joint Wolverhampton Autism Strategy 2016 – 2021 identified the need to develop a clear and consistent pathway including post diagnostic support across the ages which is to be addressed across all services this year and ensure all appropriate services are inputting into NICE compliant services as part of an all age pathway. In Green H et al (2005) it was identified that just under one third (30%) of Children and young people diagnosed with ASD had another clinically recognisable mental disorder; 16% had an emotional disorder, usually an anxiety disorder; and 19% had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour<sup>2</sup>. It is important to consider this cohort of children and young people to ensure that the mental Health difficulties which impact on their ability to function are addressed as part of the Future in Mind funding going forward as well as taking the work of the Transforming Care Programme into account.

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<sup>2</sup> <http://content.digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf>

Work has been undertaken as part of the Strengthening Families hubs to develop clear processes and competencies for all staff and it will be necessary to ensure that this work dovetails into the CAMHS transformation plan to give assurance that all stakeholders in the city know what services are available and appropriate for Children, Young People and their families and when as well as how they can be accessed.

The LTP is addressing health inequalities by Wolverhampton commissioners (both City of Wolverhampton Council and Wolverhampton CCG) and providers working closely together to reduce the health inequalities identified in a previous chapter, through a range of specific and integrated interventions by aligning different services across the system. Specifically, the service system recognises the important role that maternity services, primary care and early years support plays in building strong family mental health and emotional wellbeing – supporting early identification and treatment for parents with poor mental health, helping early maternal/infant communication and promoting healthy attachment and child development. The LTP seeks to build capacity in parents, children and young people so that they can promote and preserve wellbeing and also know how to help themselves or where to go if they need extra help. (Department of Health, 2015) These sentiments are also expressed in the HeadStart phase 3 bid for Big Lottery funding which refers to educating, engaging and empowering ‘young people, their families and their communities to be aspirational, resilient and self-supporting’.

The LTP also recognises the important role that whole-school approaches play in supporting children and young people’s mental health and attainment, supported by the work of HeadStart in schools and draws together and relies on coordinated multi-agency (whole system) activity to:

- promote mental health in children, young people and families right from the first spark of life and providing continuity through age-related transitions
- strengthen protective factors and assets that build strong child and youth mental health and reducing influences that compromise a child’s healthy social and emotional development
- help children build resilience to cope with and manage inevitable setbacks
- provides extra help to children struggling developmentally, socially or emotionally de-escalating difficulties early and emotional ranges
- intervenes as early possible to support those presenting with diagnosable difficulties
- provides a clear gateway with trouble-free access to an easy to understand offer of help for all children, young people and families.
- commit to an ‘invest to save’ approach: recognising that inadequate early investment stores up problems for all sectors later on, damaging children’s outcomes, reducing quality of life and building up later crisis costs (Knapp, et al., 2011)
- has an effective and child/youth/family/carer friendly service design - providing ‘the right help at the right time in the right place’

- ensures equal Mental Health Investment Standard (formerly known as parity of esteem) for mental and physical health (Department of Health, 2015)
- minimises the chances of children falling between the gaps of systems of care – particularly during adolescence which is the peak age for escalating mental illness
- works together to achieve best outcomes for all children - regardless of gender, sexuality, ethnicity, religion, class and disability (recognising that some families, children and young people face greater risk adversity and need more help).

Wolverhampton Clinical Commissioning Group and the City of Wolverhampton Council are in the process of expressing an interest to become a part of the Mental Health Services and Schools Link Programme 2017-18. If we are successful, it will support another gap that exists within the city in building capacity within our colleges, as well as those schools who are not located within the HeadStart areas. It will support the work already being undertaken as part of the Healthy Child programme and PHSE within the schools and colleges and help these schools to use evidence based approaches. The Mental Health Services and Schools Link Programme 2017-18 will support a reduction in health inequalities across the city by helping to develop a confident and skilled school workforce supported by effective multi-agency information sharing and joint commissioning, which will impact on the whole service system. It is known that the workforce should be working at different stages of the life span and across sectors, including education, working to common outcomes and backed up by a clear shared understanding of roles and responsibilities which will again impact on how young people and their emotional mental health and wellbeing is managed. This program will support the workforce to develop competencies in understanding, promoting and preserving health, emotional wellbeing and behaviour.

The local service offer has been developed in collaboration with parents, children and young people and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive what they need at the point of service, thus reducing the chances of receiving inequitable health services. There is capacity to spot purchase individual interventions that are child specific if a service is not available within the city and the suggestion is evidence based and supported by professionals involved in the child/young person's care.

#### **4. LTP Ambition 2017-2020**

The main ambition of the original LTP was to re-balance activity across Tiers 1–4 by closing gaps, pump priming safe, sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to reduce numbers of children and young people requiring interventions at tiers 3–4 in the short, medium and longer term. This was envisaged to involve all services across the city where impact would be seen for a Child/Young Person's emotional mental health and wellbeing. The ambition for the services commissioned is to

increase the number of children and young people accessing community Mental Health services which were NHS funded. The figures underneath are the expected population numbers of children and young people in Wolverhampton with a diagnosable Mental Health condition receiving treatment from an NHS funded community service as per the Centre of Mental Health’s methodology.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given population figures for 2014, numbers expected to be in NHS funded community MH services in Wolverhampton	1582	1695	1808	1921	1978

**Figure 2: Centre of Mental Health’s methodology used to apply the percentages expected for CYP in Wolverhampton who should be accessing NHS funded community mental health services.**

Since the development of the initial LTP, the City of Wolverhampton Council has invested in developing Strengthening Family hubs and has commissioned an Intensive Therapeutic Family Support service which has impacted on a universal level and a universal plus level across the city with the Children, Young People and Families the services have worked with. Headstart programmes, also working at a universal level but in specific areas of the city and with certain age ranges, have been developed to promote, protect and preserve the mental wellbeing of 10-16 year olds across our city, by inspiring them to dream big, supporting them to maintain motivation and control, and equipping them with the skills to cope with setbacks and adversity. These programmes again work on the universal offer within a system wide CAMHS transformation plan.

The original LTP talked about placing the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention in an integrated system across the NHS, local authority children’s services, education (schools and colleges), public health, voluntary and community, and youth justice sectors. The HeadStart workforce development strategy discusses its role in building capacity and capability of leadership teams and teachers to support whole school transformation to support the mental wellbeing of their students, through models of good practice being shared through school to school networks to extend the reach of HeadStart beyond its scope. We have expressed an interest in joining the Mental Health Services and Schools Link Programme 2017-18 which will support this strategy of increasing skills in colleges and schools that do not meet the criteria for HeadStart.

The CAMHS commissioners from the Black Country (STP footprint) have met with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS which supports the STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous Accountable Care organisation bid failed but the plan was to retain the finances within the CCG as reductions were made in the need for Children and young people to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Organisation to again alter the model and prevent admission. The Black Country CAMHS commissioners are scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development of local services. Currently all Children and Young People with ASD or LD, where there is a suggestion that an admission to hospital may be required, require a Pre-admission Care, Education and Treatment Review (CETR) which involves all professionals across the system who know the young person including Education, Health and Social Care as well as NHS England specialist commissioning, an independent clinician and an patient expert by experience. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, these can be arranged/commissioned as a matter of urgency to prevent admission.

**Comment [CM2]:** Sent e mail to NHS England to confirm this

Part of the LTP ambition was to reduce the gaps in provision across the system and as a result Wolverhampton CCG has commissioned the third sector to provide the Emotional Mental Health and Wellbeing Service (or the services previously known as tier 2) as a pilot service from September 2017 until March 2018 to meet the needs on a short term basis. From April 2018, this service will be jointly procured by the City of Wolverhampton Council and Wolverhampton CCG on a recurrent basis at an initial cost of £225,000 whilst HeadStart will be contributing £125,000 to the service for potentially three years only, whilst their funding lasts. This fixed term HeadStart funding will be used to support the sustainability of the new model of provision for the services going forward. The City of Wolverhampton Council will lead on the procurement of the service. Within primary care, the Five Year Forward View for Mental Health reported that there would be a need for 70,000 more children and young people across the country to be able to have access to evidenced based interventions and with a greater focus on early intervention and prevention. Provision of the Emotional Mental Health and Wellbeing service will enable Primary care to refer to these services and therefore increase the access for Children and Young People.

Another ambition of the LTP was to develop care pathways, particularly in relation to Youth and Justice which has not necessarily been clear in the intervening years. Liaison and Diversion currently review any young people who are in custody aged 18 years and under to assess if they have any emotional mental health issues. If further

intervention is required, there is capacity for this service to see the children and young people as outreach for a fixed short period of time and either discharge or transfer to the specialist CAMHS team. If Liaison and Diversion do not think they can offer a fixed term intervention or more specialist intervention is required, the children and young people are referred to CAMHS. The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. However, work needs to be undertaken to ensure that work within the Liaison and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways do not appear to be fully developed to an extent where people have confidence in the arrangements and this is to be completed in the coming year. It is felt that the pathways have partially been defined but not with enough clarity after the child/young person has been seen by Liaison and Diversion.

HeadStart's workforce development plan will support schools and colleges to up skill their staff by developing skills in supporting Children and Young People with their Emotional Mental Health and Wellbeing across the city. This will support the early prevention and early intervention services in Wolverhampton. Provision of the Emotional Mental Health services will ensure that Children and Young People will be able to access services earlier as and when required and provide routine care. The plan for services going forward is to have the Children and Young People Improving Access to Psychological Therapy (CYP IAPT) principles embedded to include;

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improve user participation in treatment, service design and delivery.
- Improve access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- And train managers and service leads in change, demand and capacity management.

The Five Year Forward View for Mental Health identified that improving outcomes for children and young people required a joint-agency approach, including action to intervene early and build resilience as well as improving access to high quality evidence-based treatment for children and young people, their families and carers. The City of Wolverhampton Council and Wolverhampton CCG senior leaders with particular responsibility for children work collaboratively to identify needs across the city provide resources if necessary and commission relevant and appropriate services, ensuring quality and removing duplication. This is evident in the new Emotional Mental Health and Wellbeing service that is to be procured jointly from April 2018 to support the early intervention and build resilience. In addition to the ambitions and priorities set by the original LTP, Wolverhampton CCG must also meet the priorities set by the Five Year Forward View for Mental Health by 2020/21. These include:



## **1. A 7 day NHS - right care, right time, right quality.**

Wolverhampton's ambition is that Children and Young People facing a crisis should have access to mental health care 7 days a week, 24 hours a day in the same way that they are able to get access to urgent physical health care. It is also anticipated that Children and Young People from 14 years plus, experiencing a first episode of psychosis should have access to a NICE-approved care package within 2 weeks of referral by 2020/21.

Inequalities in access to early intervention and crisis care are a priority identified in the Five Year Forward View for Mental Health. Traditionally service users in CAMHS has been under-represented by children and young people with BAME backgrounds with 80% of referrals into CAMHS from White British backgrounds according to the analysis completed from the initial CAMHS local transformation plan. This will be addressed as part of the data requested from all services who provide intervention for Children, Young People and their Emotional Mental Health and specialist CAMHS. There is anecdotal evidence that some of the voluntary sector organisations have been able to target the 'harder to reach populations of the city' and the lessons they have learned from increasing their reach should be disseminated to other organisations across the city.

Waiting time standards for early intervention in psychosis have come into effect from April 2016 and one for Children and Young People with Eating Disorders has been developed this year with waiting time standards proposed for the Emotional Mental Health and Wellbeing service. It is the ambition of Wolverhampton CCG that these waiting time standards will be met by our commissioned providers by 2020/21.

## **2. An integrated mental and physical health approach**

By 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are available to Wolverhampton service users.

*Sarah Fellows to be asked for a paragraph regarding this statement*

## **3. Promoting good mental health and preventing poor mental health—helping people lead better lives as equal citizens.**

By 2020/21, the NHS has prioritised at least 70,000 more children and young people across England having access to high-quality mental health care when they need it. This requires greater emphasis being placed on prevention,



early identification and evidence-based care, thus reducing the need for Children and Young People to wait for specialist intervention. In turn, this will build capacity and capability across the system so that by 2020/21 we will secure measurable improvements in children and young people's mental health outcomes.

An investment in training has occurred from Health Education England to commission new training places and deliver the CYP IAPT programme. This will ensure that all those working with Children and Young People can identify mental health problems and know what to do, along with the roll-out of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across England by 2018. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above. Currently the standard for being seen in CAMHS is that no child/Young Person should wait longer than 18 weeks.

In addition, some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system. Joint work between the local Authority and CCG is to be undertaken on improving the service provided to Looked after Children, adopted and care leavers which will be completed by the end of March 2018. Although Black Country Partnership Foundation NHS Trust provides a service to the Looked after Children, it is not specifically commissioned and therefore pathways and access are not necessarily clear to those working in the area. The CCG is keen to develop clear pathways for those who are within the justice system and this will be completed by October 2017 which will incorporate Liaison and Diversion, specialist CAMHS, YOT CAMHS worker and also the current pilot project for the CAMHS link worker located in the Pupil Referral Units (PRU). Potentially the pathway will also include the new Emotional Mental Health and Wellbeing pathway. The CAMHS link worker in the PRUs is an innovative post which is a pilot project are to support identifying Children and Young People earlier who have mental health issues that may be impacting on their ability to succeed in education and potentially reduce re-offending. The post is considered a 'test and learn model' with the opportunity to evaluate the impact on increasing access to early mental health intervention and outcomes for these children and young people who may have come in contact with the Youth and Justice system as well as improving their journey through the clinical pathway.

It is anticipated that by 2020/21, CCGs will be required to publish a range of benchmarking data to provide transparency about mental health spending and performance. As part of this refresh the CCG has detailed its intended spend on CYP MH up until 2020/21 in the transparency and governance section of this refresh. We currently receive a range of data from our providers as part of contract management. As part of the Childrens Trust board and monthly CCG and Provider's Contract Review Meetings, the provider's performance of the services are discussed

on a regular basis with data provided which includes a range of necessary quality data to ensure that the provider is meeting its CCG requirements as well as activity. As part of the Childrens Trust Board performance dataset, the Trust provides data for the following:

1. The percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks?
2. Number of contacts in CAMHS
3. Number of referrals received by CAMHS

An additional performance measure is going to be requested for the same dataset from the Voluntary sector for the number of Children and Young People who are being seen within the Emotional Mental Health and Wellbeing Service. There is a range of data that is requested from the Trust as part of performance data on a monthly basis and potentially this could be published in the future. This is available at appendix 1 at the end of this refresh.

An ambition of the LTP was that Core CAMH services are available for Children and Young People who require specialist CAMHS and that those children and young people who are referred into this service will be seen within 18 weeks. Going forward the service specification will require that the services provided will be evidenced based and use the principles of CYP IAPT to ensure Routine Outcome measures are embedded and used in the services. Currently the service is available as a Monday to Friday service from 9.00 to 17.00. Following the introduction of the Emotional Mental Health and Wellbeing service, it is anticipated that fewer referrals will be refused by CAMHS as the Emotional Mental Health and Wellbeing service will pick them up and ensure the specialist service is receiving more appropriate referrals. When the Emotional Mental Health and Wellbeing service is jointly procured by the CCG and local Authority, a Single Point of Access (SPA) will be developed between this service and specialist CAMHS, which will initially be co-located with CAMHS with virtual links developed between the SPA and the MASH (Multi Agency Safeguarding Hub). This will ensure that the appropriate services accept the referral and meet the needs of the child/young person and their family.

The original LTP also identified that the Crisis care and intensive services needed additional funding to support availability 7 days a week and with increased opening hours. Additional funding was invested in the service which now has staff available who visit 7 days a week from 8.00am to 8.00pm although there is a drive from the five Year Forward View paper that this is extended to cover 24 hours a day, 7 days a week. Currently there is a CAMHS psychiatrist who is available on call across Wolverhampton and Sandwell to meet the needs of Children and Young People in crisis across these two CCGs, 24 hours a day, and 7 days a week. However, with Black Country Partnership NHS Foundation Trust, our current provider and Dudley and Walsall Mental Health Trust along with Birmingham Community Healthcare NHS Trust in the Black Country joining forces as Trusts Coming Together (TCT) and commissioners working as 'One Commissioner' an opportunity will exist to extend

this crisis care and intensive service to a 7 day service; 24 hours a day on an STP footprint. This crisis service will also be supported by the bid submitted across the STP footprint for the Mental Health Crisis and Intensive Community Support Service.

Another ambition of the original LTP was to identify the gaps and provide a service to meet those needs either as a commissioned service or one which could be spot purchased as required. The CCG and City of Wolverhampton Council are currently working together on a strategy for managing Harmful sexualised behaviour across the city. This has been identified as a gap in provision, for training, assessment and intervention. There has been a slight increase in the number of Children and Young People in care, who have been identified as perpetrators of sexual abuse, usually as a result of abuse and trauma in their earlier lives. In these instances, the CCG has spot purchased an independent expert to provide a full assessment of needs particularly in relation to the therapy required when the young person is in care. This assessment then provides support towards the intervention required and expected outcomes of interventions. In turn, this allows the mental health professionals, in conjunction with the social worker, to assure that suitable interventions are being undertaken with the young person and that the young person is making progress to reduce the risk of engaging in further harmful sexualised behaviour as they grow older. Specialist CAMHS do support children and young people who have experienced trauma. The local authority has procured a service for Intensive therapeutic family support to prevent admissions to care which has been producing good outcomes for those families who have been engaging with the service. The main role of the Key team, a jointly funded service between the City of Wolverhampton Council and the CCG has been to prevent admission to care/admission to hospital using a less medical model than is seen in other services. It uses a range of professionals to meet the varied needs of the children and young people on their caseload. All of the children and young people who have been accepted to the Key team caseloads have primary mental health diagnoses. Children with learning disabilities are seen within the Inspire service in Wolverhampton which is also jointly funded by the CCG and City of Wolverhampton Council. Liaison and Diversion as well as the CAMHS worker in YOT will support those who are at risk of entering the justice system or have actually entered the service. The CAMHS link worker for the PRUs, which is a pilot project for this academic year, will look to support those children and young people who are at risk of entering the youth justice system and will support the pathways which are in place, whilst looking to increase access to mental health services.

The recent bid for the Black Country STP Mental Health Crisis and Intensive Community Support Service supports the drive to bring care closer to home and prevent hospital admissions which is one of the underlying aims of the original Local Transformation Plan and which will further support work which has already been progressing in this area. The pre-admission Care, Education and Treatment Reviews (CETRs) for Children and Young People with diagnoses of Autism Spectrum Disorder or Learning Disabilities support the process of reducing hospital admissions as it allows individual commissioning to be undertaken to support a

child/young person to remain at home with more intensive support than is commissioned as part of the universal offer. It is hoped that in future the funding from specialist commissioning for NHS England will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child/young person's needs and continue allowing them to remain at home.

The Eating Disorders service is now an all age service with a significant amount of funding put into this service since the inception of the LTP in 2015. There is now a psychiatrist employed who has a specialist interest in Eating Disorders. The trust are looking to become a member of the Community Eating Disorder Service National Quality Improvement programme in the coming year. Early intervention for psychosis has also become an all age service and has demonstrated marked improvement in reaching the NHS target of accessing a NICE-approved care package within 2 weeks of referral by 2020/21 for those children and young people experiencing a first episode of psychosis.

Wolverhampton CCG has already funded, as part of the investment from Future in Minds Monies, additional resource into the Crisis and Home Intervention Treatment Team, which included the place of safety based at Penn Hospital and also additional funding into the all age Community Eating Disorders service. The Eating Disorder service consists of a multidisciplinary team of specialists which offers a particular blend of expertise and skill that enables the provider Trust to offer differentiated and individually tailored support, taking account of co-morbidities and complications. The multidisciplinary teams comprises of Consultant Psychiatrists, Dietitian, Specialist Nurse, Occupational Therapist, Systemic Family Therapist, Clinical Psychologist and Counselling Psychologist. Their training and expertise allows the team to take generic roles with less complex clients or adopt their specific professional roles when complexity demands it. It is envisaged that this funding for these services will be continued whilst it is meeting the outcomes for the Children and Young People involved and they continue to impact on the numbers requiring admission. If these outcomes are not met, there may be an opportunity to alter the specification to ensure appropriate services are being commissioned to meet the needs.

From the LTP, one of the ambitions was to investment in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: WOLVERHAMPTON school peer support and mental health resilience training programmes whilst also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs. With the success of the bid for phase 3 of Headstart funding from Big Lottery, these posts are now in place and have been recruited to on a substantive basis. However, they have only been in post for 3 months and it is still difficult to see the progress they have made towards the original aims of their establishment. This will be evaluated initially 6 months from their start date to confirm progress against the original objectives. However, it must be acknowledged

that HeadStart is a test and learn model and is only beginning this academic year to develop the roll out of their programmes where the impact of the CAMHS link workers can be seen. The role of the CAMHS link worker is captured in appendix 6 at the end of this document.

Another area of concern when the LTP was originally submitted was the Mental health support for those Children and Young People who meet the criteria for Tripartite funded placements External Placement Panels (EPP). These young people are considered to be the most vulnerable and have the most complex needs; usually with the most expensive placements and concerns have been raised that their outcomes were amongst the poorest. A post was established to support this EPP process from the specialist CAMHS team who would provide clinical expertise to support the social worker to identify the mental health needs of the young people, specifying the mental health interventions that are appropriate and are NICE compliant to meet the needs of the young person and setting outcomes for the interventions. The successful candidate will be able to measure whether the placement has met the needs of the young person and supported them to step down or up placements as required to ensure their development in these complex placements supports them to become functional adults. It may be that the CAMHS person in this post will support the young person to transition to the appropriate mental health team in the future with a clear need identified.

Since the LTP was first submitted, some consideration has been given to the specialist commissioning for Youth and Justice and how the LTP could support an increase in reaching children and young people who are at risk of offending or re-offending and who may have mental health disorders which have not been identified. A CAMHS link workers post has been established for the PRUs as a pilot project to establish if it increase the number of mental health assessments that are undertaken within these areas and support the education team with a holistic approach, referring into specialist CAMHS if required.

Funding for these CAMHS link worker for HeadStart and EPP post has been confirmed as recurrent. The CAMHS link worker for the PRUs has been confirmed as a fixed term contract for a year which will overarch the academic year and will be evaluated at the end of this year with potentially further funding available if it is seen to be successful and meeting the outcomes proposed.

## **5. Workforce**

The Five Year Forward View for Mental Health reported that by 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand to increase reach for Children and Young People. It also suggested that by 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 current staff being trained by 2020/21 in addition to the additional therapists above across England. It has been identified that as soon as a member of staff in a service has been trained in CYP IAPT then

the service can adopt the outcome measures to demonstrate the improvement in the child's mental health outcomes.

Wolverhampton has commissioned a pilot service for Emotional Mental Health and Wellbeing service to meet the needs of the city whilst arranging for the joint procurement of this service by the local authority and CCG from April 2018.

The HeadStart phase 3 bid refers to building a confident, accessible and responsive workforce for young people with staff who share a common language and common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. The workforce development strategy and outcomes cut across all four of the pillars of the Phase 2 HeadStart programme: City-wide, Universal, Universal Plus, and Targeted, and range from promotion and awareness raising, to developing a common language and common approaches to supporting young people, to more in-depth programmes of both academic study and professional practice for the wider children and young people workforce. Training is to be arranged in SUMO, Restorative Practice and other HeadStart approaches for the entire workforce through flexible delivery methods to improve the universal offer across the city and enable this workforce to respond in a positive way to Children and Young People and their Emotional Mental Health and Wellbeing needs. The CYP IAPT training will support the Universal plus and more targeted workforce to develop skills in evidence based interventions to be used with Children and Young People across the services and ensure that routine outcome measures are used to identify the young person's needs and increase the ability to identify journey travelled with interventions.

*Still need to identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition.*

*Continuation in CYP IAPT training programmes and costings for CCG to do this.*

*Additional Workforce requirements to meet 24/7 crisis care – already doing this when the consultant is working in 24 hours a day, 7 days a week.*

The current LTP identifies the need to increase capacity and capability of the wider system by jointly procuring the Emotional Mental Health and wellbeing service to reduce the need for Children and Young People to wait until they are in need of specialist CAMHS. HeadStart workforce development plan reinforces the need to build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. This will ensure that staff working with Children and Young People across their daily lives including schools, colleges and community areas will be able to support this cohort in a more effective manner and ensure that if further intervention is required this will be identified and acquired quickly and appropriately.

## 6. Collaborative and Place Based Commissioning

### STP Commissioning

The LTP discussed making submissions to NHS England for additional funding and it is acknowledged that the way forward is to submit bids as part of the STP, with CAMHS commissioners working in a collaborative manner. Working across the Black Country STP footprint, a bid has been submitted to NHS England for a Mental Health Crisis, Intensive Community Support and Paediatric Liaison Service for Children and Young People to create an alliance of providers, commissioners and stakeholder partners that will develop a programme of work to develop capacity, capability and clinical excellence across the STP to improve and develop care pathways into and out of CAMHS Tier 3+ and CAMHS Tier 4. Admissions to Tier 4 inpatient facilities in the Black Country have remained relatively constant over the past 3 years; and these numbers are shown below.

Admissions to Tier 4 in patient beds in the Black Country	
2014/15	81
2015/16	86
2016/17	84

This bid will allow a collaborative approach to use economies of scale to support children and young people who may require intensive support within their home environments rather than hospital admissions. Also it will support reducing delayed discharges and ensure that pathways between community and hospital are smooth and consistent across the Black Country. It will also support collaboration amongst local authorities and CCGs and support the Transforming Care Programme to reduce the number of young people with ASD/LD who go into inpatient facilities but then experience difficulties with discharge back to appropriate community settings.

### Specialist Commissioning – NHS England

These pathways, when developed, will demonstrate the interdependency of the growth of community services aligned with the re-commissioning of inpatient beds, including supporting an increase in crisis and home treatment, admission prevention and support appropriate and safe discharge and will be across the Black country STP. These pathways for children and young people with ASD/LD are evident in the use of the pre-admission CETR (Care, Education and Treatment Review process which can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf> ) which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for an inpatient bed, it ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS

England are also part of this process as well as commissioner from the CCG, specialist CAMHS, child/young person and/or parents/carers, social care and education from the Local Authority as well as a patient by experience and Independent clinician. Any pre-admission CETRs that have taken place in Wolverhampton over the past 12 months have had a specialist commissioner from NHS England present to support the process.

The CAMHS commissioners from the Black Country (STP footprint) have met and work collaboratively with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS which supports the above STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous Accountable Care organisation bid failed but the plan was to retain the finances within the CCGs as reductions were made in the need for Children and Young People to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Organisation to again alter the care model and prevent admission. The Black Country CAMHS commissioners are currently scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development/alterations of/to local services. Currently all Children and Young People with ASD or LD, where there is a suggestion that an admission to hospital may be required, require a Pre-admission Care, Education and Treatment Review (CETR) which involves all professionals across the system who know the young person including Education, Health and Social Care as well as NHS England specialist commissioning, an independent clinician and an patient expert by experience. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission.

### **Youth and Justice, NHS England – Specialist Commissioning**

Those children and young people who are in services that are commissioned directly by Health and Justice are currently reviewed by Liaison and Diversion when they are in custody aged 18 years and under to assess if they have any emotional mental health issues. If further intervention is required, there is capacity for this service to see the children and young people as outreach for a fixed short period of time and either discharge or transfer to the specialist CAMHS team. If Liaison and Diversion do not think they can offer a fixed term intervention or more specialist intervention is required, the children and young people are referred to CAMHS. The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. However, work needs to be undertaken to ensure that work within the Liaison



and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways do not appear to be fully developed to an extent where people have confidence in the arrangements and this is to be completed in the coming year. It is felt that the pathways have partially been defined but not with enough clarity after the child/young person has been seen by Liaison and Diversion and this will be addressed as part of on-going work.

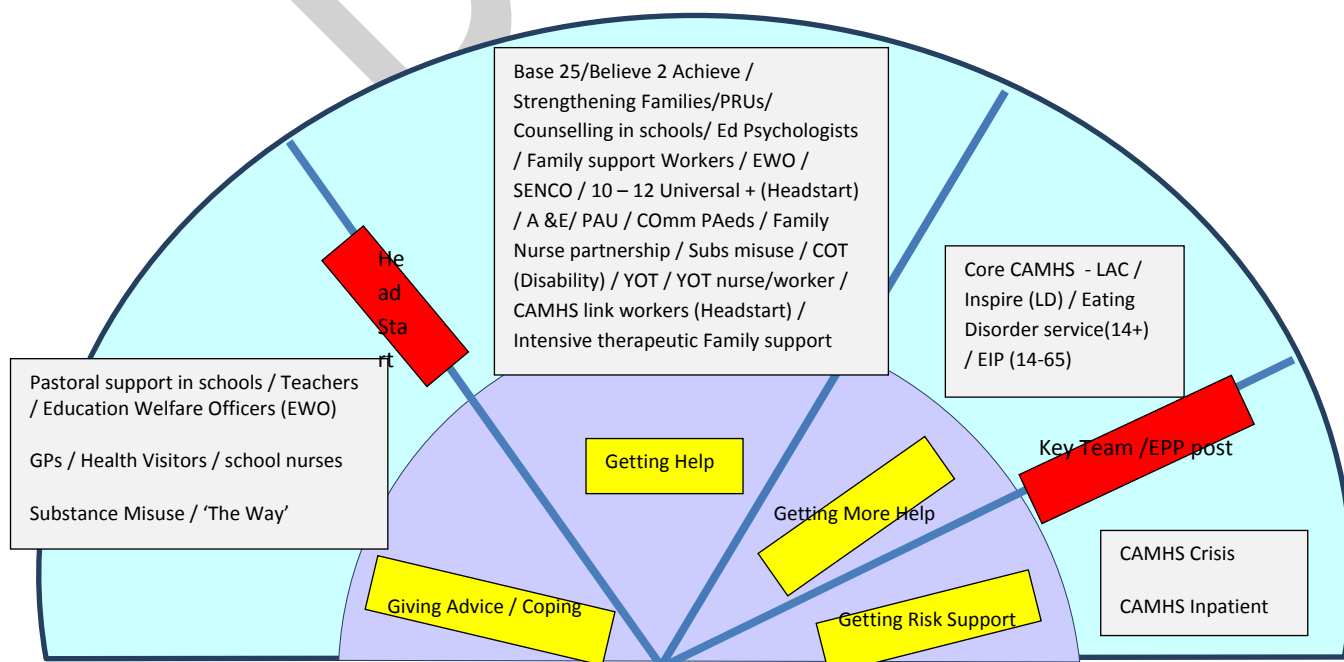
### City of Wolverhampton Council and Wolverhampton CCG

The LTP discussed the under use and lack of provision of universal and targeted services at the previously known tier 1 and 2 provision and this has been recognised by both agencies. Funding has been secured across both agencies to provide investment into the new Emotional Mental Health and Wellbeing services (formally known as tier 2). This will be available from April 2018 with the CCG filling the gap until this time. The City of Wolverhampton Council and Wolverhampton CCG both invest in the Core CAMHS service, Inspire and the Key team, all of which are currently provided by Black Country Partnership NHS Trust.

### Place Based Commissioning

Using the THRIVE model to demonstrate how we undertake place based commissioning in Wolverhampton ensures that we are using a person-centred model of care for young people's mental health which helps young people to THRIVE. It enables mental health services to be delivered according to the needs and preferences of young people and their families. It uses an integrated, person-centred model of child and adolescent mental health care across the system.

Below the model is broken down, with reference to the services which are available in Wolverhampton to demonstrate where each service sits in relation to the model to show the relationships between each area/service. HeadStart straddles the first two areas whilst the Key team and the EPP post straddle the last two areas.



The CYP IAPT programme is a whole service transformation model that seeks to improve the quality of children and young people's mental health services, by providing training to increase the use of evidence based interventions and use of routine outcome measures. As such, it is different from the adult IAPT model, which is focused on setting up new services. NHS England have set a priority for all areas being part of CYP IAPT by 2018. The principles behind CYP IAPT underpin the development and delivery of the 'Local Transformation Plan' and run throughout 'Future in Mind'. Wolverhampton CCG joined the CYP IAPT Midlands Learning Collaborative in 2016 and has subsequently received funding for training backfill for providers of CCG commissioned services. (This will also include jointly commissioned services). Staff have been identified to undertake the training and some have already completed their courses and graduated, including the leadership course.

The key tenets of the CYP IAPT programme are:

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improving user participation in treatment, service design and delivery.
- Improving access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- Training managers and service leads in change, demand and capacity management

CYP IAPT is not about creating new standalone services. It is about embedding the above principles and transforming existing services providing mental health care to children and young people. Currently Wolverhampton CCG is in the process of developing a partnership with the providers of CYP IAPT in the city. There is a collaborative in operation but this has not yet been formalised into a CYP IAPT partnership with the provider. The new pilot service specification which has been developed for the Emotional Mental Health and wellbeing service has commissioned that 90% of children and young people will have Routine Outcome Monitoring (ROMs) are embedded in the service with a training session for ROMs booked for 20<sup>th</sup> September 2017. Currently NHS England has provided backfill funding to Wolverhampton CCG for 63% of the current training cohort. There is a drive to ensure that self referrals are possible into all Children and Young People Mental Health Services particularly CYP IAPT. The crisis and Home Intervention Treatment Team already accept self referrals into the service by the nature of these Children and Young People being unwell and requiring urgent intervention.

This refresh is keen to emphasise the importance of Children and Young People being able to self refer into services and it is envisaged that commissioning an online counselling service will support this ability to self refer.

Wolverhampton CCG had requested the following places and has received backfill funding from Health Education England for the following since 2016/17 and including training for 2017/18:

<b>Training</b>
11 CBT + 6 SFP + 3 SFP ED therapists
2 supervisors
2 Enhanced Evidence Based Practice trainees (EEBP)

However, Health Education England has only funded places on the following courses for this year:

<b>Course – for existing workers</b>	<b>Places funded for your partnership area</b>
CBT for anxiety and depression	6
SFP for depression/conduct disorder/self-harm	1
SFP for eating disorders	n/a
Supervisors - CBT	1
Supervisors - SFP	n/a
EEBP	1

Wolverhampton has had one member of staff who attended the supervisor course last year and some members of staff who have attended the SFP for ED training in the past. This means we have received funding for 5 CBT, 5 SFP and 3 SFP for ED therapists which we have not been able to send on any of the courses due to lack of funded places being available. We will have recruited to the 2 supervisors' places, one from last year and one from this year and only one staff member was keen to attend the EEBP training but we have only been offered one place. As a result of this, we will have a significant shortfall in the number of staff who can be trained due to availability of funded places on courses.

Funding for 2016/17 and 17/18 included training fees plus 63% funding for salary support to supplement CCG and provider costs to release staff, and is conditional on acceptance of a service specification. This is the final year of programme central funds towards salary support for staff completing CYP IAPT course in 2018. This funding has been conditional on our CYP MH partnership signing up to implementing the programme, including confirmation that the appropriate level of funds will be made available to release the staff to undergo the full training. The specification of

the Provision of CYP IAPT Staff Support Funding Made Between National Health Service Commissioning Board (NHS England) and Wolverhampton Clinical Commissioning Group (CCG) signed by an executive from the CCG asked that as part of the transformation plan process, Wolverhampton CCG needs to be transparent with their investment and publish spend on CYP MH services. Our LTP will note where Wolverhampton CCG has received income from the CYP IAPT programme and the assurance process in place is a mechanism for guaranteeing that the spend goes to CYP MH services in the local area, particularly a commitment to the training or backfill for CYP IAPT.

FUNDS		INSTALMENTS	
<b>Training</b>	<b>Firm Price</b>		
11 CBT + 6 SFP + 3 SFP ED therapists (@ £18,750 each)	£375,000	<b>February 2017</b>	£163,000
2 supervisors (@ £12,500 each)	£25,000		
2 Enhanced Evidence Based Practice trainees (@ £3,750 each)	£7,500	<b>July 2017</b>	£122,250
		<b>October 2017</b>	£122,250
<b>Total Price</b>	<b>£407,500</b>		

The funding detailed above has been received by Wolverhampton CCG and agreement has been reached for the funding to be carried over for the purposes of training. The CCG is currently in discussions with local Higher Education Institutes and our Learning Collaborative to establish if we can fund the additional training places but then will need to negotiate with our CCG/providers for funding backfill. A plan is to be established for the training required across the system to ensure staff have the skills and competencies to deliver evidence based interventions.

## 8. Eating Disorders

The new Eating Disorder access and waiting time standards state that Children and young people with Eating Disorders who are considered to be routine cases will be seen and start treatment within 28 days of referral. For urgent cases it is expected that these Children and Young People will be seen and start treatment within 7 days of receipt of referral. The proposed numbers to be reached for the following years can be found in appendix 2 with the first figure being for routine cases whilst the second one is for urgent cases).

Local transformation monies have allowed Black Country Partnership Foundation NHS Trust (BCPFT) to pilot and develop an all aged eating disorder provision recognising and strengthening what could be a small specialty within a mental health trust. All elements of the service embrace a strength-based, relationship-centred,

and non-pathologising philosophy that acknowledges the individual, social and cultural influences on identity construction and personal meaning making. In practice, this is applied as a non-judgmental approach that views the person as separate from their eating difficulty.

At the heart of this approach lies the therapeutic relationship with the clients. The importance of this for the recovery process of people with Eating Disorders is highlighted in the NICE guidance (2017). A meta-analysis by Martin, Garske, & Davis (2000) confirms a consistent relationship between the therapeutic alliance and treatment outcome, supporting the view that the relationship between client and worker may be therapeutic in and of itself.

Ultimately, the service philosophy recognises that Eating Disorders are not primarily about food but about underlying psychological difficulties and emotional turmoil, often (but not always) as a result of traumatic life experiences. The disorders can be chronic or recurrent and are frequently accompanied by significant psychiatric co-morbidities and/or serious physical complications.

The multidisciplinary team of specialists within the service offers a particular blend of expertise and skill that enables us to offer differentiated and individually tailored support, taking account of co-morbidities and complications. The multidisciplinary teams comprises of; Consultant Psychiatrists, Dietitian, Specialist Nurse, Occupational Therapist, Systemic Family Therapist, Clinical Psychologist and Counselling Psychologist. Their training and expertise allows us to take generic roles with less complex clients or adopt our specific professional roles when complexity demands it.

This recovery orientated approach to delivering specialist eating disorder provisions puts the service user at the center of their care and at the center of the services offered. The service is part of the wider provision of mental health services offered by BCPFT and has created effective pathways and joint provisions to ensure that the holistic needs of service users are addressed and access is improved.

### **Eating Disorder Referrals Under 18 years**

							Grand Total
Age at Referral	12	13	14	15	16	17-18	
2014-15			1	2	2	35	40
2015-16	2	3	5	0	5	22	37
2016-17	0	7	13	19	13	39	91
Total	2	10	19	21	20	96	168

### *Progress to Date for the Eating Disorders Service*

Wolverhampton and Sandwell CCG have merged and recruited into clinical staff ensuring that there are dedicated clinicians for under 18 year olds across the two

areas. Specialist CAMHS clinicians support The Royal Wolverhampton NHS Trust in the care when young people are physically compromised and require inpatient care. Multi-disciplinary assessments are at the heart of all Children and Young People who are assessed as part of the Eating Disorders services. The Maudsley model of family based intervention is used within the service and some staff have been trained in the Systemic Family Practice for ED, which is part of the CYP IAPT training model.

Home visits are offered routinely by the CAMHS crisis intervention/home treatment team for urgent cases as appropriate and to work in the local community preventing or reducing inpatient episodes for the children and young people. Staff have attended CAMHS national training and C&YP IAPT systemic eating disorder training and as a result have begun to manually collect C&YP IAPT outcome measures for under 18 year olds.

The table below identifies the number of Children and young people seen within the first quarter 2017/18 and reported to Unify. It indicates that completed pathways are where patients have been referred in the quarter and have been seen (although may not have been discharged) and the wait time from referral to treatment is indicated in the weekly periods above whilst Incomplete pathways refer to where patients have been referred in the quarter but have not yet been seen and the number of weeks the patient has been waiting is indicated in the weekly periods detailed in the top line description.

Year	Period	Description	Gt 0 - 1 Week	Gt 1 - 2 Week	Gt 2 - 3 Week	Gt 3 - 4 Week	Gt 4 - 5 Week	Gt 5 - 6 Week	Gt 6 - 7 Week	Gt 7 - 8 Week	Gt 8 - 9 Week	Gt 9 - 10 Week	Gt 10 - 11 Week	Gt 11 - 12 Week	Gt 12 Plus Weeks	Total Pathway
2017-18	JUNE	CYP ED care pathways (routine cases) completed this quarter	0	2	2	3	1	1	0	0	1	0	0	0	0	10
2017-18	JUNE	CYP ED care pathways (routine cases) incomplete at quarter end	0	0	2	0	0	0	0	1	0	0	0	0	0	3
2017-18	JUNE	CYP ED care pathways (urgent cases) completed this quarter	1	0	0	0	0	0	0	0	0	0	0	0	0	1
2017-18	JUNE	CYP ED care pathways (urgent cases) incomplete at quarter end	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The four local CCGs that form the Black Country are partnering up in the eating disorder cluster and these will be Wolverhampton, Sandwell, Walsall and Dudley. As mentioned earlier in the LTP refresh, the Trusts which are the providers of the service in these CCGs are coming together as of the 1<sup>st</sup> of December 2017 so this will support the cluster work and ensure that the service provided is consistent across the areas. The service specification is almost completed for across the cluster. This Community eating disorder service (CEDs) will be in line with the model recommended in NHS England's commissioning guidance. Currently the CEDs is not fully signed up to the national quality improvement programme but it is in the process of receiving training to allow this to occur.

## 9. Data

Collection of data on children and young people has been subject to delays and the data itself lacks clarity due to previous poor investment in IT systems across the Mental Health trust although this is not a problem that is specific to Wolverhampton alone. However, with the development of the Emotional Mental Health and Wellbeing service it is essential that these providers understand the importance of being able to input into the MHMDS as part of the KPIs of the contract. *Appendix 3* represents the Mental Health indicators for improving access for Children and Young People into NHS funded community services and the trajectories that have been set for our providers.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given population figures for 2014, numbers expected to be in NHS funded community MH services in Wolverhampton	1582	1695	1808	1921	1978

All NHS commissioned and jointly commissioned services are aware of the need to flow data for key national metrics in the MH Services Data Set and this has been written into all contracts to ensure that performance of flowing the data can be measured against it. There has been a Data Quality Improvement Programme in place to support the drive to improve the data available from the main NHS provider and this demonstrates the actions that have been in place to support this. There have been some local data reporting templates in place to enhance local data and give assurance that the correct level of data is being inputted to the MHSDS. An example of this is shown below.

2016/17	Q1	Q2	Q3	Q4
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%
Number of contacts to CAMHS	3017	2818	3053	3421
Number of referrals received by CAMHS	546	562	493	529

The figures above for 2016/17 demonstrate there had been a fall in quarter 2 for the percentage of Children and Young People being seen for assessment and

intervention within an 18 week period from receipt of referral which was as a result of holiday times and staff on annual leave and Children and Young People not being available due to them being annual leave. However, it can be seen that 99.2% of the children and young people were seen for assessment and treatment within 18 weeks in the last quarter when there had been an injection of funding as part of the waiting list initiative and the figures demonstrate that this additional funding did impact on numbers seen. This waiting list initiative money has been made recurrent to continue supporting the funding for specialist CAMHS which will impact on numbers accessing services within a timely manner.

Under the CCG Improvement and Assessment Framework (CCG IAF) the main aim is to enable local health systems and communities to assess their own progress from ratings published online. An annual self- assessment is undertaken against specific indicators for Mental Health with some of these appropriate for Children and Young People with a template completed for Unify. These indicators include and are scored as follows:

INDICATOR	NOT COMPLIANT	PARTIALLY COMPLIANT	FULLY COMPLIANT
1) Has the CCG working with partners updated and re published the assured local transformation plan (LTP) from 2015/16 which includes baseline data?			X
2) Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?			X
3) Is the Children and Young People's team commissioned by the CCG part of a quality assurance network?		X	
4) Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS? (It is expected that all CCGs will have this in place by the end of December 2016)			X
5) Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives		X	
6) Is the CCG forecast to have increased its spend on Mental Health			



Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?			X
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## 10. Urgent & Emergency (Crisis) Mental Health Care for CYP

The Five Year Forward View talks about providing urgent and emergency care over a period of 24 hours a day, 7 days a week. The Future in Mind document stated that the 'litmus test of any local mental health system is how it responds in a crisis'. (Future in Mind, DoH 2016) The LTP has further invested in the provision from BCPFT to support both the development and delivery of a comprehensive care model to support young people in a mental health crisis. This investment has resulted in the Crisis team's services being extended from its original opening hours of 9.00 – 5.00 Monday to Friday to operating 7 days a week from 08.00 - 20.00. There is access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting and work is being undertaken across the STP to support the increase in the service from 8.00-8.00, 7 days a week to 24 hours a day, 7 days a week.

The model supports crisis presentations at Royal Wolverhampton NHS Trust and within the community and accepts the out of hours care for young people who are attending specialist core CAMHS. The team also provides home treatment for those presenting with greatest risk or who are unable to attend other services. Home treatment is also provided to young people who present with eating disorders and support for any young person requiring mental health act assessment in a place of safety. These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.

The model used within the crisis service is driven by a value base that ensures:

- Crisis management is a process of working through a crisis until it is resolved.
- Successful service user engagement is paramount.
- The achievement of a therapeutic alliance with the service user and already involved CAMHS Clinician or referrer is essential before any intervention can be successful.
- The team takes a systemic approach, looking at all the factors involved in the crisis, including biological, psychological and social issues and the context in which that young person lives, using a range of interventions to address these.

- Crisis staff will approach work with service users from a “strengths” rather than an “illness” model, and draw on the innate strengths of service users in order to support them. Communication and engagement processes are of specific importance when dealing with service users with disabilities or whose preferred language is not English.
- Providing crisis management and educating service users and carers to acquire coping skills will form a significant part of the crisis work. The team will assist the service user and their carers to acquire/learn behaviours to improve maintain their mental health. The approach should be one of collaboration with the service user and/or their family by “doing work with them”, so as to promote their “ownership” of the crisis.
- As far as is reasonably practicable, the team will work in a way that demonstrates regard for the present, past wishes and feelings of the person receiving services and their cares and/or legal guardian.
- Standards of care will reflect evidence based practice and fit within the Crisis Intervention and Home Treatment team (CIHTT) referral pathway.

CIHTT staff fully exercise their duties in respect of safeguarding adults and children by working with partner agencies to protect vulnerable persons from abuse. This is to be achieved through cooperating in discussions, meetings and investigations with relevant agencies whenever abuse is suspected or has been witnessed or disclosed.

The original LTP highlighted the absence of a ‘Place of Safety’ for vulnerable children & young people. This has been rectified, and a place of safety is now available at Penn Hospital in Wolverhampton. BCPFT has liaised with all relevant emergency services to ensure that the service is visible and that in future no vulnerable young people are taken into police custody. The Children and Young People crisis intervention and home treatment team provide staffing to this suite as and when required and a 24 hour rota is in place should it be required. Children and Young People are accepted into this place of safety from other areas as there are no similar suites available in the region except for Birmingham.

*Further work to be undertaken on identifying an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families as well as evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes.*

## **11. Integration**

A Commissioning for Quality and Innovation indicator (CQUIN) is in place for 2017/18 which considers transitions out of Children and Young People’s Mental Health Services (CYPMHS) with an aim to incentivise improvements to the

experience and outcomes for young people as they transition out of CYPMHS on the basis of their age. The Engagement plan has been received from BCPFT and accepted by providers involved as per the milestone report. (Appendix 4)

This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people’s transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement Survey).

*Numbers of expected transitions from CYPMHS and year on year improvements in metrics*

The LTP discusses evidence of the extended provision across schools, primary care, early help and specialist social care as part of the offer from HeadStart. HeadStart has targeted groups within the ‘Test and learn model’ who are identified as those who historically have poor access to Mental Health services including LGBTQI, those with family history of mental illness, Young carers, those who are at risk of crime or gangs, those who are new arrivals /ROMA, children and young people who are BAME and those who witness domestic violence. The Early Help Assessment is a way of accessing the services and ensuring that consideration is being given to input from a range of organisations to meet the needs of the Children, young people and their families.

Funds have been committed to a specialist post for the External Placement Panel to provide assurance as to the specialist therapeutic interventions that are being provided as part of the tri-partite funding arrangements for Looked after Children with our most complex and vulnerable children and young people. This is to support the interventions they are receiving and ensure that the treatment they receive will support improvement in their outcomes.

The Crisis team have an interface with the Adult Mental Health Service to link with liaison psychiatry if required for young people who are on the cusp of joining adult services. *Further input needed for this section.*

**12. Early Intervention in Psychosis (EIP) – an all age service including Children and Young People**

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE	All services complete baseline	All services graded at	25% of services graded at	50% of services graded at	60% of services graded

recommendations	self-assessment	level 2 by year end	least level 3 by year end	least level 3 by year end	at least level 3 by year end
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The EIP service that has developed since the initial Local Transformation plan delivers a full age-range service including Children and young people experiencing their first episode of psychosis and that all referrals are offered NICE-recommended treatment. Additional investment has been provided to the service to fund an additional post to meet the needs of the Children and Young people who require the service. The Early Intervention in Psychosis service is shared across Wolverhampton and Sandwell.

Currently monitoring of the CYP access to the EIS service is around having crisis and relapse plans as well as 95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton. The current data received against the indicators is recorded in appendix 5. The CCG is working with the trust to ensure that there is clarity around the numbers of Children and Young People who are able to access the Early Intervention in Psychosis Service.

*Request for full pathway for CYP including those present to specialist CYP MH services. Is there a commitment to specifically monitor CYP access – further work to be done on this.*

### **13. Impact and Outcomes**

Recent investments in the CAMH services will impact on the outcomes, ensuring that more Children and Young People access services earlier and more children and young people are seen. These investments are detailed below with further intentions for the following years identified. However, it must be noted that in the ensuing years there is a possibility that there will be a call on funding for other services within Children and Young People’s Mental Health that have not been mentioned as part of these intentions, depending on further future bids required to be submitted to NHS England or a change in provision required due to needs not previously identified as part of a future needs analysis. (In other words, sometimes it is difficult to predict what the needs could be if a new issue develops over time which had not been considered a previous priority).

The External Placement Panel Post (EPP) has been recognised by those CAMHS commissioners across the region who have been attending the CAMHS development programme commissioned by NHS England as innovative and they are interested to see if it impacts on the Children and Young People who are in the most complex placements in the system without being in tier 4 inpatient hospitals. It is not seen as just a case manager role but rather demonstrating the clinical skills to be able to challenge private organisations who have been commissioned to deliver

outcomes for these young people and ensure the interventions are evidence based and appropriate for the needs of the Children and Young People. The objective of this post is to ensure young people are not left in placements to just 'get by' but instead progress is made in their ability to 'step down' to more appropriate placements and support their ability to transition to adult life as care leavers.

Liaison and Diversion are already working with children and young people (CYP) who have had an interaction with the criminal justice service, but there are concerns that there are CYP in the city on the fringes of the criminal justice system who have unmet emotional or mental health needs and who could benefit from intervention. Many of these CYP attend the local Pupil Referral Units (PRUs) where they have been either excluded from school or cannot attend mainstream schools for a variety of reasons. A pilot service has been developed this academic year on a fixed term basis for a CAMHS link worker to support the Pupil Referral Units (PRUs) in the city. The purpose is to identify vulnerable CYP within the PRU early on to help improve health and criminal justice outcomes, placing particular emphasis on children who may have mental health problems, learning disabilities, substance misuse issues or other vulnerabilities. An important aspect of this pilot scheme for the CYP identified is in the reduction of re-offending. It also aims to identify vulnerabilities in CYP earlier on, which reduces the likelihood that they will reach a crisis-point and helps to ensure the right support can be put in place from the start. It will look to refer the CYP and potentially their families to appropriate health and /or social care and /or third sector organisations to provide appropriate services to meet their needs. It is anticipated that this post will increase the access numbers for the services and ensure CYP are being seen within services earlier than previously found.

The new Emotional Mental Health and Wellbeing Service which is being funded by Wolverhampton CCG for an interim period until March 2018 but will be jointly procured by the City of Council Wolverhampton Council and Wolverhampton CCG from April 2018 will plug the gap in service between the different levels in the THRIVE model e.g. 'getting help' and 'getting more help' which for last year amounted to approximately 646 Children and Young People.

**Potential Wolverhampton CCG Funding which could to be used to transform Children and Young People's Mental Health 2017 – 2021.**

<b>Year Plan Figure</b>	<b>Available from Where?</b>	<b>Service to be invested in</b>
2017/18 £105,660	Growth monies from Future in Mind - £5,660 to be used for spot purchasing HSB assessments	£100,000 to be invested in Emotional Mental Health & Wellbeing – recurrent
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional	£70,000 Possible for STP crisis – recurrent £63,500 Possible online digital counselling service – recurrent £27,000 PRU CAMHS link worker – recurrent if

		evaluation is successful. <sup>3</sup>
2017/19 £262,500	This funding has been ear marked for CYP IAPT training/backfill this needs to be arranged either by finding courses or staff who can be recruited to train	CYP IAPT services
2019/20 £100,000	When all services that have been invested in are taken into account at full year effect, there is approximately £70,000 for investment in other services.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP
2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. Also some of this funding will have to be identified to undertake additional CYP IAPT training.

Despite staffing challenges which have existed for all CAMHS services the impact of an investment in the services has been a reduction in waiting times for assessment and intervention with an increase in responsiveness in the crisis service.

Wolverhampton CCG and CWC are committed to incorporating all of the funding across the whole service system for children and young people's emotional wellbeing and mental health into a pooled budget within the Better Care Fund (BCF) arrangements as soon as the service is procured jointly. The most significant change to the current arrangements is that it will be recommended to both organisations that a Section 75 arrangement be entered into to share funds. The current structures that exist for the implementation of the LTP will be kept in place, but a more robust agreement will be entered into by WCCG and CWC. This systemic change will increase the likelihood that children's needs will continue to be met, and will remove the former jurisdiction and financial arguments that existed over whether the child and family were the responsibility of social care or health.

It is anticipated that once the Better Care Fund arrangements have been agreed the CAMHS transformation partnership board will report directly to the Better Care Fund Board, and be accountable for delivery and outcomes of the LTP. While this reporting is currently in shadow form only, a process is underway that will see the arrangement to come into force in April 2018. There are a number of benefits to this arrangement, including:

<sup>3</sup> It is acknowledged that this amount is in excess of that agreed at beginning of year but it is only £500 and this can be found via savings on CCG's contributions to EPP placements following change in way funding is agreed.

- production of joint service specification, rather than several for one provider
- single forum for contract management thus reducing different demands and expectations
- single reporting process thus simplifying data production
- single contract negotiation process involving joint funds, rather than separate arrangements
- removes any confusion about health or funding responsibility as it is a joint responsibility
- risk sharing arrangements can be specified in contract arrangements, thus removing ad hoc decision making, reducing decision making delays, and facilitating collaborative working
- increasing trust in partnership arrangements, as there would be certainty about funding commitments, which reduce suspicion of cost shunting
- ensures both CCG and CWC are able to plan financial commitments with greater certainty
- will form the foundation for moving other services into a pooled funding arrangement.

While the funding may become pooled from 1st April 2018, the CCG and CWC will need to work on the development of service specifications, reporting frameworks, and contractual management with providers. It is anticipated that this work could be firmed up at the same time.

#### **14. Other Comments**

One of the key risks to delivery, controls and mitigating actions of the Local Transformation Plan is the workforce and the difficulty with being able to access suitably qualified staff with the relevant experience and competencies to be able to support the implementation of the plan. Regionally and nationally there have been challenges in recruiting suitably qualified staff to any CAMHS posts which are available and this has been evident in the Black Country where the area is densely populated and staff can move too easily for different specialist mental health roles. However, consideration should be given to alternative staffing structure to provide appropriate competencies to deliver the appropriate and necessary service. Contracting levers can be used if the services fail to deliver the necessary changes or service required.

Assumptions have been made when looking to develop or procure new or extended services which will pose risks to service delivery if they are not successful or delayed. Again contracting levers should be used to ensure that alternative options can be considered whilst waiting for the service to be delivered. Also if these new services do not meet the objectives of the service, a redesign can be undertaken to establish how the funding can be used in a more appropriate manner.

The other issue that exists is the expectation that the CCG will take over the role of funding the evidence-based courses from the increase in CYPMH funding. However, although this will improve the quality of the training received for staff employed within the services, it will impact on the availability of funding for additional services. This will be mitigated against by transforming the services and looking to adapt the skill mix, with an increase in the use of evidence based practice which can only impact on the quality of services delivered.

Another of the ambitions of the LTP is to demonstrate co-production in a practical way and increase service user participation. Wolverhampton specialist CAMHS completed a project this year, which saw the launch of a co-produced website ([www.blackcountryminds.com](http://www.blackcountryminds.com)), which was developed and designed by young people. The website is an ongoing co-production initiative with further phases agreed. The website has won a Trust award from co-production and has benefited CYPF in numerous ways such as feeling “heard” and “important”, to gaining presentation skills and website coding experience for their CVs. The website has been shared with the Digital team from Headstart to explore the synergies and ensure consistency in information. Headstart’s digital offer is likely to highlight innovation in relation to the use of social media and looking to use existing services that are already available including Wolverhampton Information Network (WIN).

Service user participation is being embedded at different levels in the service, and plans are being agreed to ensure the continual review and sustainability of these initiatives. Initial assessment, risk assessment and care plan paperwork has all recently been reviewed and introduced in the CAMHS service to increase the sense of ownership around these for CYP and ensure their voice is heard. Service users are regular members of recruitment interview panels and are consulted around any new information being produced for the service. A scoping exercise was completed to introduce a CYPF participation panel (working name ‘CAMHS Council’), this group has begun in pilot form, and will be more formally operational by the end of 2017.

HeadStart has specifically shown an innovative approach to the use of social media and apps to ensure that Children and Young People are able to access information appropriate to their needs. This is part of their universal approach and will be a city wide mental wellbeing information and awareness raising offer. They use a range of Twitter accounts to publicise relevant information and draw attention to their offer for Children and Young People to offer.

Although Wolverhampton has made significant progress and the CCG has used any funding that it has received to invest in Children and Young People’s Mental Health Services, there is still a long way to go. Wolverhampton CCG and the City of Wolverhampton Council have a collaborative working relationship with regards to commissioning to ensure that the right services are available at the right time and at the right place for Children and Young People as they need them. We will continue to strive to make a difference to our Children and Young People and their emotional Mental Health and Wellbeing.



**APPENDIX 1 PERFORMANCE DATA INFORMATION REQUESTED AS PART OF CONTRACT REVIEW MEETINGS**

<b>Quality Requirement</b>	<b>Target</b>	<b>Frequency</b>
Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard)' in 'Documents Relied Upon'	>90%	Monthly
Percentage of caseload aged 17 years or younger – have care plan (CAMHS and EIS) - Audit of 10% of CAMHS caseload to be reported each quarter	>80%	Quarterly
Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	>95%	Monthly
Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100%	Monthly
<b>Different performance measures specific for CAMHS</b>		
95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton	Total Number of non-urgent EIS referrals	Monthly
	Percentage that received initial assessment within 10 days	
	Number of Cases that were LAC	
80% of EIS caseload have crisis/relapse prevention care plan, of these how many were LAC specific for Sandwell and Wolverhampton	Percentage	Monthly

## APPENDIX 2 TRAJECTORIES FOR CHILDREN AND YOUNG PEOPLE WITH EATING DISORDERS

The agreed trajectories for the ED indicators with the provider is as current performance is around 80-85% we have suggested 85% for 2017-18 and 95% for 2018-19. This will meet the national requirement of 95% by 2020. The first diagram is for routine cases.

Standard (to be achieved by 2020)	95%	E.H.10	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks	2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	6	6	6	6
		Number of CYP with a suspected ED (routine cases) that start treatment	6	6	6	6
	%	100.0%	100.0%	100.0%	100.0%	
2018/19 Plan	2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	7	7	7	7
		Number of CYP with a suspected ED (routine cases) that start treatment	7	7	7	7
	%	100.0%	100.0%	100.0%	100.0%	

This table is for the urgent cases of Children and young people with Eating Disorders.

Standard (to be achieved by 2020)	95%	E.H.11	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
	%	100.0%	100.0%	100.0%	100.0%	
	2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%

## APPENDIX 3 MENTAL HEALTH INDICATORS FOR IMPROVING ACCESS FOR CHILDREN AND YOUNG PEOPLE INTO NHS FUNDED COMMUNITY SERVICES IN WOLVERHAMPTON

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2017/18 Standard	30%	E.H.9										16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19		
2018/19 Standard	32%																						
Improve Access Rate to CYPMH		1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.										20	644	199	199	199	199	213	213	213	213		
												16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change							
		Annual change for 1a - The number of new young people receiving treatment from NHS funded community services										644	796	852	23.6%	7.0%							
												16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19
		2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.										40	1,352	464	464	464	464	1,856	497	497	497	497	1,988
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.										6,182	6,182						6,182						6,182
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.										0.6%	21.9%						30.0%						32.2%

This figure represents the number of new children and young people receiving treatment for NHS funded community services in the reporting period.

## APPENDIX 4 CQUIN MILESTONE REPORT FOR TRANSITIONS FROM CYPMHS 2017/18

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
<b>Q1 2017/18</b>	<p>Sending and Receiving Providers to jointly develop engagement plan across all local providers</p> <p>Sending and Receiving Providers to map the current state of transition planning/level of need and to submit joint report on findings to commissioners.</p> <p>Sending and Receiving Providers to develop implementation plan to address identified needs and agree with approach with commissioners</p>	31 <sup>st</sup> July 2017	<p>10%</p> <p>15%</p> <p>15%</p>
<b>Q2 2017/18</b>	Sending and Receiving Providers to update and assure commissioners as to implementation of joint plan to support better transition planning	31 <sup>st</sup> October 2017	10%
<b>Q3 2017/18</b>	No Milestones		
<b>Q4 2017/18</b>	<p>Sending Provider to undertake Casenote Audit assessing those who transitioned out of CYPMHS from Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q4. Performance rewarded</p>	30 <sup>th</sup> April 2018	<p>Up to 25%</p> <p>Up to 10%</p> <p>Up to 10%</p>

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending &amp; Receiving Providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England via Unify2 Collection</p>		5%
<b>Q1 2018/19</b>	Sending and Receiving Providers to refresh implementation plan in light of Year1 results and confirm arrangements with commissioners.	30 <sup>th</sup> July 2019	5%
<b>Q2 2018/19</b>	<p>Sending Provider to undertake case note Audit assessing those who transitioned out of CYPMHS from Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending &amp; Receiving Providers to present results to commissioners.</p>	31 <sup>st</sup> October 2019	<p>Up to 15%</p> <p>Up to 15%</p> <p>Up to 15%</p>
<b>Q3 2018/19</b>	No Milestones		
<b>Q4 2018/19</b>	Sending Provider to undertake case	30 <sup>th</sup> April	Up to 15%

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>note Audit assessing those who transitioned out of CYPMHS from Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending &amp; Receiving Providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England via Unify2 Collection</p>	2019	<p>Up to 15%</p> <p>Up to 15%</p> <p>5%</p>

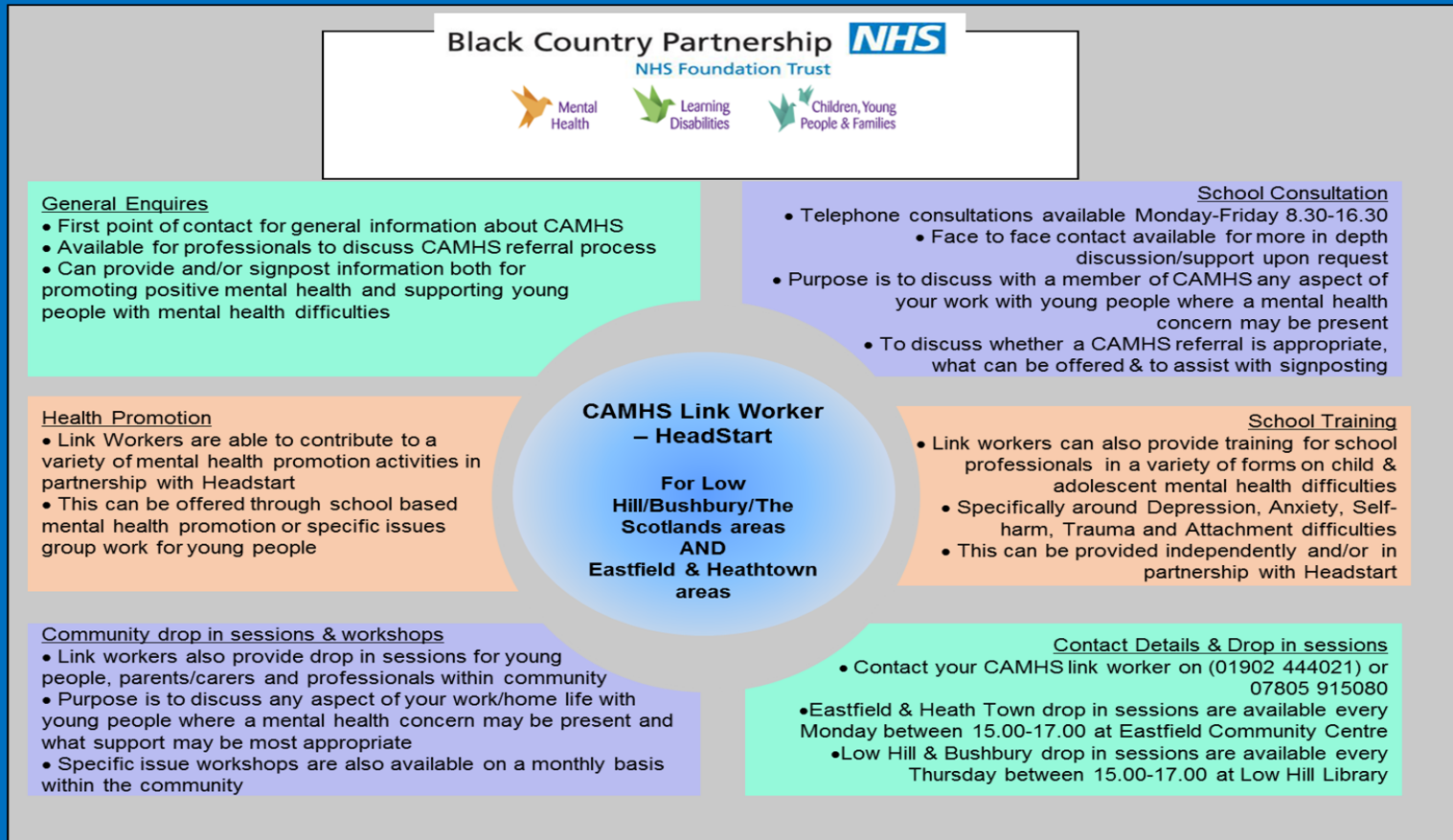
## APPENDIX 5 PERFORMANCE DATA RECEIVED FROM BCPFT FOR EARLY INTERVENTION AND PSYCHOSIS SERVICE

IRCA21	IR	CAMHS	95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton	Monthly	Total Number of non-urgent EIS referrals	10	15	17	17	9
					Percentage that received initial assessment within 10 days	9	13	15	16	8
					Number of Cases that were LAC	0	0	0	0	0
IRCA22	IR	CAMHS	80% of EIS caseload have crisis/relapse prevention care plan, of these how many were LAC specific for Sandwell and Wolverhampton	Monthly	Percentage	100%	100.00%	100.00%	100.00%	100.00%



## APPENDIX 6 ROLE OF THE CAMHS LINK WORKER IN HEADSTART

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**WOLVERHAMPTON CCG**
**GOVERNING BODY**  
**10 October 2017**
**Agenda item 13**

<b>TITLE OF REPORT:</b>	<b>Variation to the Constitution</b>
<b>AUTHOR(s) OF REPORT:</b>	Peter McKenzie, Corporate Operations Manager
<b>MANAGEMENT LEAD:</b>	Peter McKenzie, Corporate Operations Manager
<b>PURPOSE OF REPORT:</b>	To advise the Governing Body that NHS England have approved the CCG's application to vary the Constitution
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The CCG made an application to vary its Constitution in August 2017 to incorporate changes to the way GPs were elected to the Governing Body.</li> <li>• Following consideration of the proposed changes, NHS England have given approval for the change, which will take effect on 11 October 2017.</li> <li>• Elections to the new positions on the Governing Body have been held in parallel with the constitution change and the successful candidates will take up their positions in October 2017.</li> </ul>
<b>RECOMMENDATION:</b>	That the Governing Body note the approval of the CCG's Constitution Change and the results of the Election for GP Governing Body Members.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> There is a statutory requirement for the CCG to have an up to date, published constitution. The application has followed NHS England's prescribed process for changing the constitution.

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1 The CCG's constitution is its primary Governance document, setting out how decisions are made, by whom and the roles of the Membership, the Governing Body, Committees and holders of specific roles. NHS England have approved changes to the CCG's constitution in line with their procedure.
- 1.2 The Changes include amendments to the process for electing GPs on to the Governing Body to include representation for Clinical Groups. Elections to these positions (overseen by the LMC in line with the CCG's constitution) have taken place in parallel with the Constitution approval process.

## 2. CONSTITUTION CHANGE

- 2.1 The CCG made an application for a change to its Constitution in August 2017. The most significant change was that the elected GP representation would change from eight GPs (five elected to fulfil roles including Governing Body and Committee Chairs and three Locality Chairs) to seven GPs, elected as follows:-
- A Clinical Chair – Elected by all of the GPs across the City
  - Six GPs to represent the Clinical Groups, allocated according to patient list size as follows:-
    - 3 Unity (Medical Chambers)
    - 1 Primary Care Home 1
    - 1 Primary Care Home 2
    - 1 Vertical Integration
- 2.2 Other changes included changes to Committee terms of reference to reflect new Risk Management arrangements, inclusion of reference to the newly established Joint Commissioning Committee and details of the joint appointment of the Chief Finance Officer with Walsall CGG. The application to NHS England included a full impact assessment of these changes, details of the rationale and detailed tracked changes to the existing document.
- 2.3 NHS England informed the CCG on 26 September that the changes to the Constitution had been approved. The new Constitution will be published on the CCG website and will take effect from 11 October 2017.

## 3. GOVERNING BODY ELECTIONS

- 3.1 An election process has taken place throughout August and September for the elected GP roles on the Governing Body. This has been overseen by the LMC to provide an independent perspective.

3.2 Details of the process and the eligibility criteria were sent to all GPs and the following candidates have subsequently been elected:-

- |   |   |                  |
|---|---|------------------|
| • | <b>Clinical Chair of the Governing Body</b> | Dr S Reehana     |
| • | <b>Primary Care Home 1</b>                  | Dr M Asghar      |
| • | <b>Primary Care Home 2</b>                  | Dr R Gulati      |
| • | <b>Vertical Integration</b>                 | Dr Julian Parkes |
| • | <b>Unity (3 positions)</b>                  | Dr D Bush        |
|   |   | Dr M Kainth      |
|   |   | Dr R Rajcholan   |

3.3 The new Governing Body members will take up their roles when the new Constitution takes effect and will be in place for the November Governing Body meeting.

#### 4. CLINICAL VIEW

4.1 The changes to the constitution were discussed and agreed at Membership meetings and with Clinical Group leaders.

#### 5. PATIENT AND PUBLIC VIEW

5.1 Not Applicable.

#### 6. KEY RISKS AND MITIGATIONS

6.1 There is a documented risk associated with changes to the CCG's overall leadership, particularly in relation to the Governing Body. This risk is being mitigated through a clear induction programme for Governing Body and through the continuity between existing and in-coming Governing Body members.

6.2 There are also risks associated with the management of conflicts of interest of Governing Body members, given the new link to clinical groupings as potential providers. Such risks are however inherent to the CCG's make up as a membership based clinical commissioning group. Robust policies and procedures to support the management of conflict of interests will continue to be applied to ensure there is transparency in the CCG's business.

#### 7. IMPACT ASSESSMENT

##### ***Financial and Resource Implications***

7.1 There are no financial or resource implications associated with this report.



***Quality and Safety Implications***

7.2 There are no specific Quality and Safety implications associated with this report.

***Equality Implications***

7.3 There are no specific equality implications associated with this report.

***Legal and Policy Implications***

7.4 The application has been considered and managed in line with the nationally prescribed process and statutory guidance for constitutional review. This will result in an update to the CCG's published constitution

***Other Implications***

7.5 There are no other implications arising from this report.

<b>Name</b>	Peter McKenzie
<b>Job Title</b>	Corporate Operations Manager
<b>Date:</b>	September 2017

### 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.**

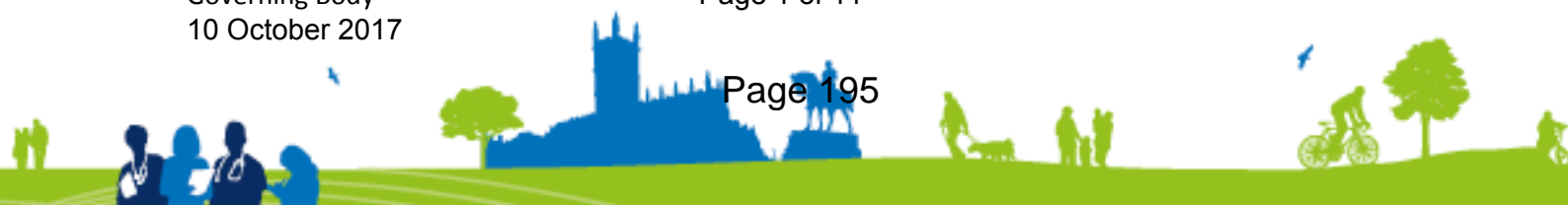
	<b>Details/ Name</b>	<b>Date</b>
Clinical View	Discussed at Membership and Group Leaders Meetings	April - June
Public/ Patient View	Not Applicable	
Finance Implications discussed with Finance Team	Not Applicable	
Quality Implications discussed with Quality and Risk Team	Not Applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not Applicable	
Information Governance implications discussed with IG Support Officer	Not Applicable	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	29/09/17
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Peter McKenzie</b>	<b>29/09/17</b>

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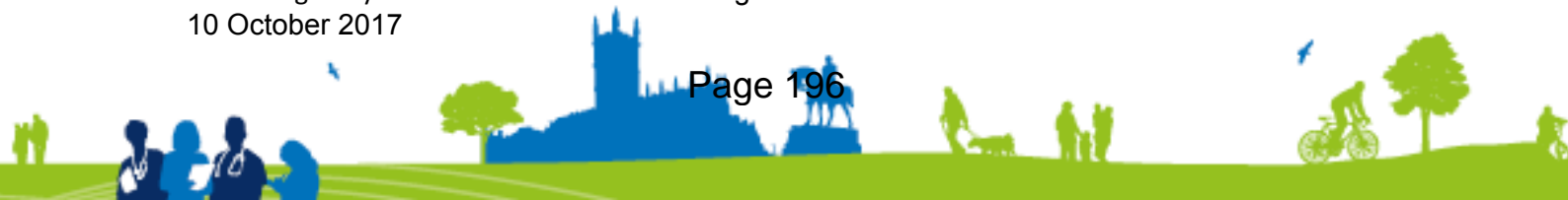


**WOLVERHAMPTON CCG**
**Governing Body Meeting**  
**Tuesday 12 September 2017**
**Agenda item 14**

<b>TITLE OF REPORT:</b>	Black Country Local Maternity System Update and Progress Report
<b>AUTHOR(s) OF REPORT:</b>	Black Country HOM's Sally Roberts Julie Gardner
<b>MANAGEMENT LEAD:</b>	Richard Kirby SRO Maternity STP for Black Country Sally Roberts, Chief Nurse Director of Quality Walsall CCG
<b>PURPOSE OF REPORT:</b>	To provide the CCG with an update on developing the Black Country Maternity System and progress in the delivery of the Black Country Transformation Plan 2017-2020
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<p>In February 2016 <i>Better Births</i> set out the <i>Five Year Forward View</i> for NHS maternity services in England. <i>Better Births</i> recognised that delivering such a vision could only be delivered through locally led transformation. The purpose of a Local Maternity System is to provide place-based planning and leadership for transformation. Its first task is to put in place the governance, structure and membership required to discharge this purpose effectively. Subsequently, it has two objectives to fulfil:</p> <p>a. To develop and implement a local plan to transform services as part of the local STP.</p> <p>b. To establish and operate shared clinical and operational governance, to enable cross-organisational working and ensure those women and their babies can access seamlessly the right care, in the right place, at the right time.</p> <p>1) Key Stakeholders across Walsall, Dudley, Wolverhampton, Sandwell and West Birmingham have been meeting monthly</p>

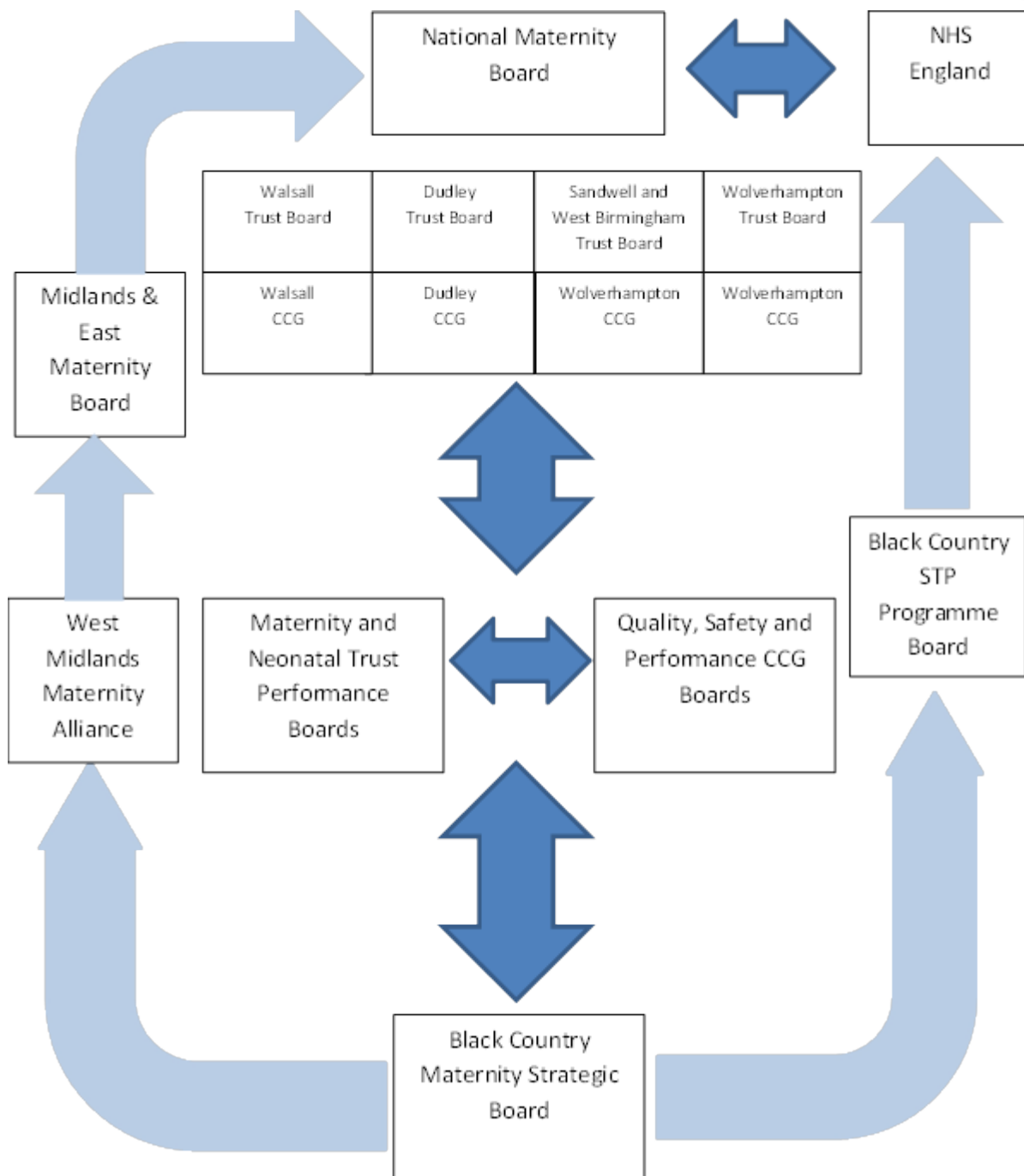


	<p>since late 2016.</p> <p>2) The Black Country Maternity Transformation Plan 2017 – 2020 will be circulated late August 2017 for comment.</p> <p>3) The Black Country Maternity Transformation Plan 2017 – 2020 will come to a future the Trust Board meeting for approval.</p> <p>4)The case for change discusses and emphasises the challenges to local maternity systems in Black Country.</p>
<b>RECOMMENDATION:</b>	<p>To receive assurance with regards the progress of the LMS and subsequent delivery</p> <p>The governing Body request the Black Country Maternity Transformation Plan 2017 – 2020 to be added to a future Governing body meeting for assurance.</p>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<p>The implementation of the National Maternity Review; Better Births, Improving the outcomes of maternity services in England: A Five Year Forward View for maternity care. A key focus of assurance is how well the Black Country Transformation Plan delivers improved services, reduces variability, maintains and improves quality and ensures better outcomes for patients. A comparator maternity gap analysis/ dashboard is in place to monitor performance and inform improvements across the Black Country.</p>
2. Reducing Health Inequalities in Wolverhampton	<p>The Black Country Better Births Transformation plan will facilitate and enable improved outcomes and quality of care for all patients across the black country, reduce variation and deliver equity across the maternity system.</p>
3. System effectiveness delivered within our financial envelope	<p>The Black Country Better Births Transformation plan will continue to deliver improved safe, high quality maternity services across the Black Country within the current payment framework.</p>



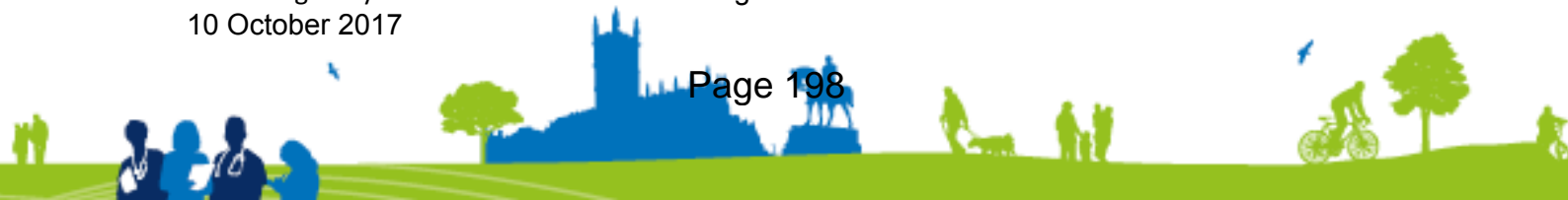
**Black Country Local Maternity System Governance arrangements:**





**Better Births: Summary Update Report**

The report sets out the following vision for maternity care in England:



“Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is woman centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

The vision is underpinned by seven themes, which form the basis for the recommendations set out in the body of the report:

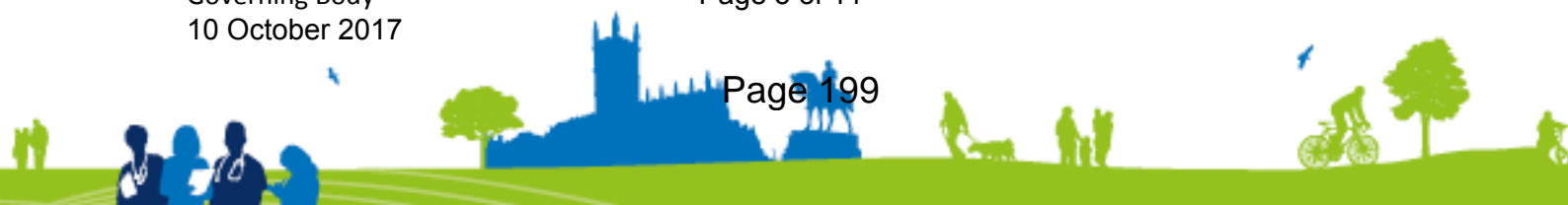
1. Personalised care.
2. Continuity of carer.
3. Safer care.
4. Better postnatal and perinatal mental health care.
5. Multi-professional working.
6. Working across boundaries.
7. A fairer payment system.

### **Background:**

Development for the Black Country Local Maternity System started towards the end of 2016; commitment for maternity transformation and improvement is a priority within the Black Country Sustainability and Transformation Plan 2016. A number of events with key stakeholders have taken place across the Black Country to define our vision, ambitions and commitment to work together to fundamentally transform and improve our Black Country Maternity Services.

Late 2016 the Black Country Sustainability and Transformation Plan 2016 – 2021 was published detailing a strategic vision is to transform health and care in the Black Country and West Birmingham. We need to bridge three critical gaps:

- Our populations suffer significant deprivation, resulting in poor health and wellbeing;
- The quality of the care we offer varies unnecessarily from place to place, so not everyone has the best experience of care or the best possible outcome; and
- We risk not being able to afford all the services our populations need unless we take early action to avoid future costs, creating a sustainable health and care system that helps Black Country and West Birmingham lives to thrive.



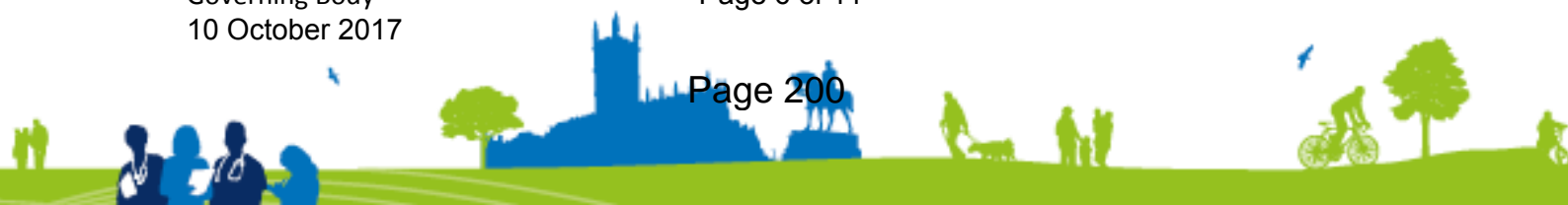
At the heart of our plan is a focus on standardising service delivery and outcomes, reducing variation through place-based models of care provided closer to home and through extended collaboration between hospitals and other organisations.

**Case for change:**

Maternity services across the Black Country are facing unprecedented challenges, deprivation, some of the worst infant mortality rates in the country and an aging population of mothers who give birth is placing increasing demand on a stretched service, the quality of maternity practice is varied across the patch with one local service currently rated inadequate by CQC for its maternity services. An aging workforce with limited workforce plans also adds to the issues presented. Trusts struggling with some of the demands have introduced capping and we are seeing new reconfigurations of service as new hospitals take shape. Choice and access are being limited as maternity services respond to these multi demands. The LMS offers an opportunity for our clinicians and leaders to bring together local services across one system to think and manage as one system and work collaboratively to ensure our maternity services are fit for our future generations.

Across the Black Country there are high levels of deprivation, teenage conceptions, obesity and smoking at the time of delivery which contribute towards poor maternal, infant and child outcomes. Some of the worst infant mortality rates in the country can be evidenced in the Black Country. The LMS looks to support a coordinated maternity pathway alongside the provision of universal and targeted support which will improve the quality of maternity care and prevent lifelong disability arising from poor outcomes at birth. Better screening, raising the profile for a 'healthy pregnancy' and treatment of pregnant women and new-born babies will have a positive impact on the number of children born without serious health conditions. In addition, a reduction in infant mortality rates will provide economic benefit to the Black Country and West Birmingham (through productive capacity in the future) and to society.

The black Country is not an island, cross border activity contributes significantly in some areas of the patch and impacts local delivery for local women, more specifically the closure of the Mid Staffs maternity unit has seen mothers choosing Walsall and Wolverhampton for their maternity care and the recent Shropshire/Telford issues have resulted in more women choosing alternative provision for maternity care, most often Royal Wolverhampton Trust. The arrival of a new local Hospital, Midland Metropolitan Hospital also requires consideration around capacity and will no doubt impact on the choice of women for maternity care. Whilst some maternity services within the Black Country are currently struggling with demand, a recent capacity and demand analysis is forecasting no significant growth in demand over the next 15 years, based on age specific fertility rates. That said in some of our maternity departments our current capacity is capped restricting the overall



choice for women in their maternity pathway. For example within Walsall there is currently no MLU provision, limiting choice, and for six GP practices in the West of the borough women have been relocated to Royal Wolverhampton Hospital only. Meanwhile Dudley Group of Hospitals caps activity and Royal Wolverhampton Trust have recently issued a notification to review their current maternity arrangements, due to increased demand. SWBH have no capping activity in place.

The analysis also demonstrated a growth in the population of women aged in their late 20s to early 40s along with reductions in the number of younger women. There are also considerable reductions in the number of women at the top end of typical child bearing years. Overall most areas are expected to see only small levels of growth in the number of women of child bearing age although Dudley is forecast to see a slight reduction. Accounting for differences in age specific growth is important as growth in the number of older women will result in more births to these women. Given the correlation between some complications and comorbidities and age of mother, an increase in older mothers as suggested by the forecasts will result in a higher number of more complex births. With an absolute growth predicted in gestational diabetes. Coupled with this, women across the Black Country have told us that they want personalised maternity care, they want to access services on a one system basis for the Black Country and make the best choices for their maternal care, and they want maternity services that are designed with them and for them. It is imperative therefore that we consider maternity services that are fit for our future generations, ensuring sustainable delivery is at the heart of the LMS plan.

### **Development of Local Maternity Systems:**

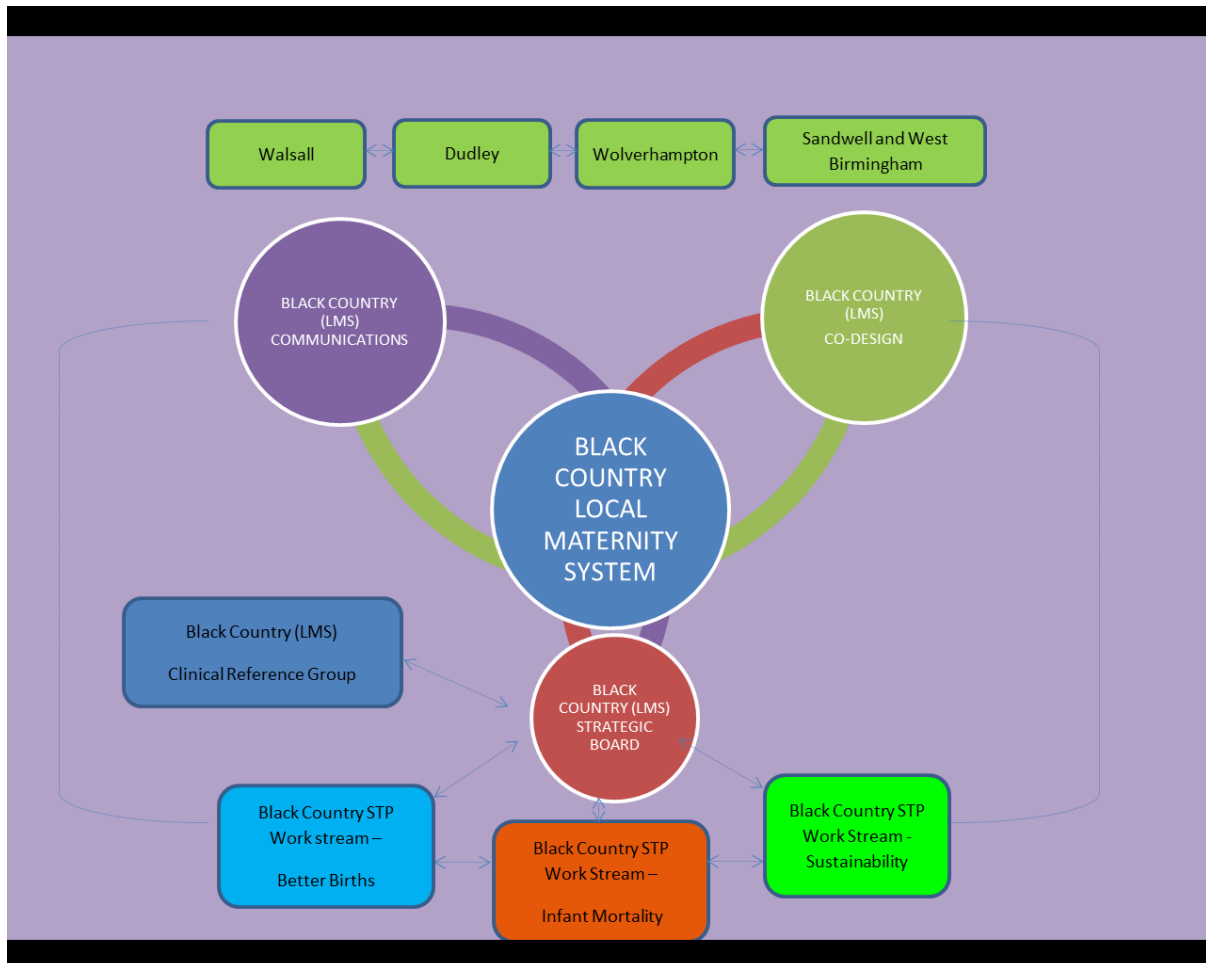
Local Maternity Transformation Plans need to state how the Local Maternity System will deliver the following by the end of 2020/21:

- Improving choice and personalisation of maternity services so that:
  - All pregnant women have a personalised care plan.
  - All women are able to make choices about their maternity care during pregnancy, birth and postnatally.
  - Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
  - More women are able to give birth in midwifery settings (at home and in midwifery units).
- Improving the safety of maternity care so that by 2020/21 all services have:
  - Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030.
  - Are investigating and learning from incidents and sharing this learning through their Local Maternity System and with others.
  - Fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative.



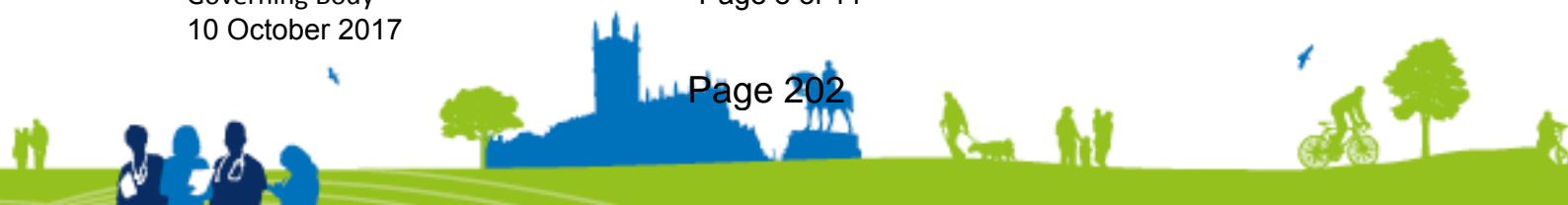


The Black Country has developed the following *Operating Model* which consists of seven groups.



The BCLMS will be driven by the BCLMS Strategic Board responsible for:

- Developing a local vision for improved maternity services and outcomes based on the principles contained within Better Births; which ensure that there is access to services for women and their babies, regardless of where they live;
- Progressing the Black Country Maternity Sustainability and Transformation Plan. Ensuring the plan focuses on how providers will work together so that the needs and preferences of women and families is paramount.
- Including all providers involved in the delivery of maternity and neonatal care, as well as relevant senior clinicians, commissioners, operational managers, and primary care.
- Ensuring that they co-design services with service users and local communities.





- Putting in place the infrastructure that is needed to support services to work together effectively, including interfacing with other services that have a role to play in supporting woman and families before, during and after birth, such as health visitors, GPs and other primary care services.
- Driving the development of a learning culture. It will maintain a focus on experience and outcomes, and enable healthcare professionals who work together to train together across professional and organisational boundaries.
- To establish and operate shared clinical governance to enable cross-organisational working and ensure women and their babies can access seamlessly the right care, in the right place, at the right time

### **Work Streams and Priorities:**

#### **Better Births Work Stream responsible for:**

- Be reflective of National Agenda for maternity services, specifically ‘Better Births’.
- Work to standardise pathways to support women to make informed choices regarding maternity services.
- To agree consistent pathways and consistent data sets to ensure continuity of maternity services across the Black Country.
- Ensure best practice arrangements for birth agenda, improving maternity safety outcomes across the Black Country.
- Develop maternity pathways in co-design with mothers and families, reflective of best practice guidance.
- Share principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.
- Strategic leadership to embed the ‘normalisation’ agenda; increasing the number of births within midwifery led care
- To determine workforce needs and workforce baselines to support understanding future workforce needs

### **Progress**

Better Births gap analysis is now complete with a RAG assessment against the 28 recommendations. Clear gaps and areas for improvement for all areas include:

- Perinatal Mortality
- Perinatal Mental Health
- IT Systems
- Personal Budgets



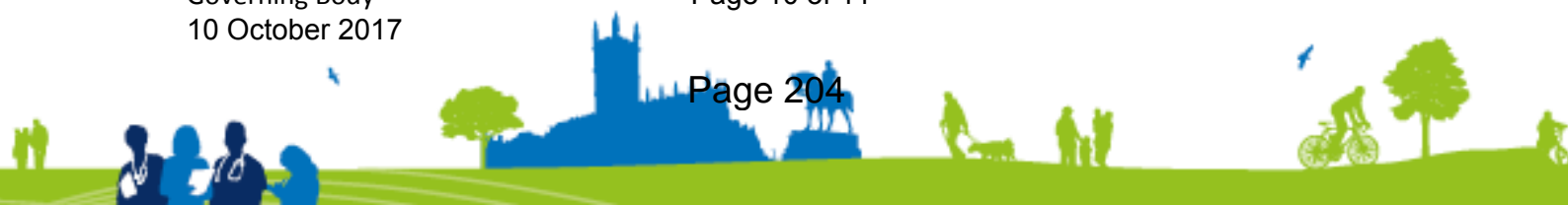
➤ Community Hubs.

Each Trust has identified their key challenges as follows:

UNIT	Key Challenges
DGH	Intervention rates; caesarean section and induction of labour. Estates; limited scope for expansion. IT-maternity specific EPR.  <b>Focus:</b> Patient safety: improving outcomes for women and babies (NSC2*)
SWBH	Transient population, 52% of population served are 'most deprived' (MBRRACE 2015)  Language/ communication issues, engagement (25% late bookers).  <b>Focus:</b> Patient Safety: Reducing perinatal mortality & Improving engagement (NSC*1)
Walsall	Ranked 33 <sup>rd</sup> out of 326 local authorities for deprivation rates, 24% Black and Ethnic minority, Capping of birth numbers, Birth : Midwife ratio  <b>Focus:</b> (NSC3*) Normality Strategy, reducing unnecessary intervention rates, responding to CQC inspection, increasing capacity – theatre and NNU
RWH	Activity – increased birth (transfers in from Staffordshire & Walsall); staffing impacted despite proactive recruitment. IT challenge – no 'fit for purpose' EPR.  <b>Focus:</b> Patient safety: Reducing perinatal mortality (NSC1*)

**Perinatal and Infant Mortality Work Stream responsible for:**

- Be reflective of National Agenda for Perinatal and Infant mortality, specifically 'Better Births'.
- Develop and define a BC system wide reporting data set for infant mortality
- To determine highest social risk factors for Black Country in order to target provisions and determine priorities
- Share best practice examples of local work with regards infant mortality work streams already in place.
- Review the outcomes of the regional neonatal review and implement the recommendations for the Black Country.



- Co-ordinate and develop an integrated approach to a Black Country Healthy Pregnancy Strategy.
- Develop pregnancy pathways in co-design with mothers and families, reflective of best practice guidance.
- Work with Better Births work stream to ensure effective pre-conceptive care.
- Share principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.
- Standardise the Black Country process for CDOP ensuring learning themes are widely shared and disseminated
- To produce a communication strategy that can support all CCG's to give out key messages to reduce perinatal and infant mortality

### **Progress**

New Perinatal and Infant Mortality Dashboard developed and out for consultation.

Agreement from all areas to share learning from Serious Incidents.

### **Sustainability Work Stream responsible for:**

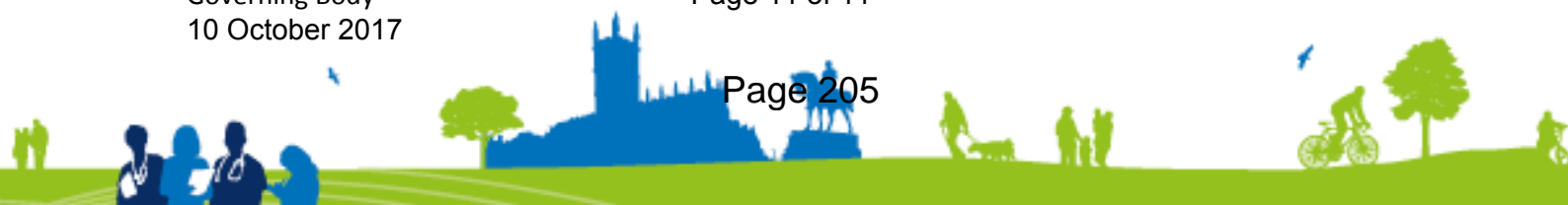
- Identify opportunities across the Black Country to improve –
  - Clinical Sustainability (workforce)
  - Financial Sustainability (budget)
  - Quality Sustainability (safety)
- Strategic leadership to embed the 'normalisation' agenda; increasing the number of births outside hospital settings
- Work with the Perinatal and Infant Mortality work stream and the Better Births work stream to ensure effective system planning
- Develop and define a BC system wide reporting data set for sustainability

### **Progress**

Capacity and demand modelling sessions are now complete. The final report is due in September 2017 to inform future planning.

### **Black Country Maternity Transformation Plan 2017- 2020**

The BCLMS Strategic Board is leading the first draft of the plan. The plan will be circulated for comment week commencing the 21<sup>st</sup> August 2017.



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**WOLVERHAMPTON CCG**
**Governing Body**  
**10<sup>th</sup> October 2017**
**Agenda item 15**

<b>TITLE OF REPORT:</b>	<b>Commissioning Committee – Reporting Period September 2017</b>
<b>AUTHOR(s) OF REPORT:</b>	Mr Steven Marshall
<b>MANAGEMENT LEAD:</b>	Mr Steven Marshall
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in September 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	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.
<b>RECOMMENDATION:</b>	That the report is noted.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	

## 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) for the period of September 2017.

## 2. MAIN BODY OF REPORT

### 2.1. Contract & Procurement Update

The Committee was presented with an overview and update of key contractual issues in relation to Month 4 (July 2017) for activity and finance.

#### ***Royal Wolverhampton NHS Trust***

##### Contract Performance

- Under performance in electives, readmissions and CDU activity.
- There was an over performance in A&E for Month 3.
- Non elective activity is the largest over performing POD.
- Commissioner performance:
  - The overall Acute activity position is under performing at Month 4. However, this level of performance is not expected to continue.
  - Stafford & Surrounds CCG is the largest under performers.
  - Cannock CCG is the largest over performers.

##### Performance Sanctions

- Confirmed financial sanctions for Month 3 amount to £23,000.

##### Activity Query Notice

RWT had raised an Activity Query Notice (AQN), in relation to a significant growth in Ophthalmology referrals from Telford and Shropshire CCG. This is being discussed amongst respective CCG's and RWT with Ophthalmology referrals remaining under close scrutiny and any inappropriate referrals are being rejected. In addition, Commissioners are keeping RWT apprised of any 'Fragile Services' and where additional support may be required.

Procedures of Limited Clinical Value (POLCV)

An audit has been carried out which identified that 8% of activity was incorrectly charged. As a result, the CCG intends to retain 8% of the POLCV budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met. The CCG will be formalising this decision with the Trust.

***Black Country Partnership Foundation Trust***

Service Development Improvement Plan (SDIP) – Following sign off of the plan, a CVO will be progressed.

Data Quality Improvement Plan (DQIP) – The DQIP has been agreed and the Trust issued with a CVO.

LD Psychiatrists Letter of Concern – The Trust has informed the CCG that work through the Transforming Care Partnerships (PCP) programme will redesign the community and in-patient model, which should address the issues around the LD psychiatrists. The CCG has challenged this with the Trust.

CWC becoming Associates to WCCG Contract

The CV is still outstanding.

***Other contracts/Significant Contract Issues***

***WMAS- Non-Emergency Patient Transport (NEPT)***

Performance of the NEPT service in Wolverhampton and Dudley is currently below the required standard. As a result, a Contract Performance Notice has been served. WMAS has proposed a Remedial Action Plan which has been agreed, subject to additional information for the Risks section.

An Information Breach Notice has been issued following the lack of response in relation to four reported incidents, two of which are potential Serious Incidents.

The CCG has also written to the CCG about the standard of quality reporting since March 2017.

### ***Urgent Care Centre***

Operational and performance concerns continue. Two contractual Performance Notices have been raised with the Provider. An Information Breach Notice has also been served following failure to submit Quality Accounts.

### ***Probert Court Nursing Home***

The suspension to new admissions has been lifted. There are 12 step down beds and 2 step up beds.

### ***Primary Medical Services Contracts***

Penn Manor Medical Centre – The CCG has been informed that the Medical Centre wish to sub contract all clinical services to Royal Wolverhampton Trust as from 1<sup>st</sup> October 2017, under the vertical integration scheme. Approval was given by the Primary Care Joint Commissioning Committee on 5<sup>th</sup> September 2017.

Three Practice Merger – The Primary Care Joint Commissioning Committee gave approval, on 5<sup>th</sup> September 2017, for the following three practices to merge and become one GMS contract: All Saints and Rosevillas Medical Practice; Grove Medical Centre, Caerleon Surgery.

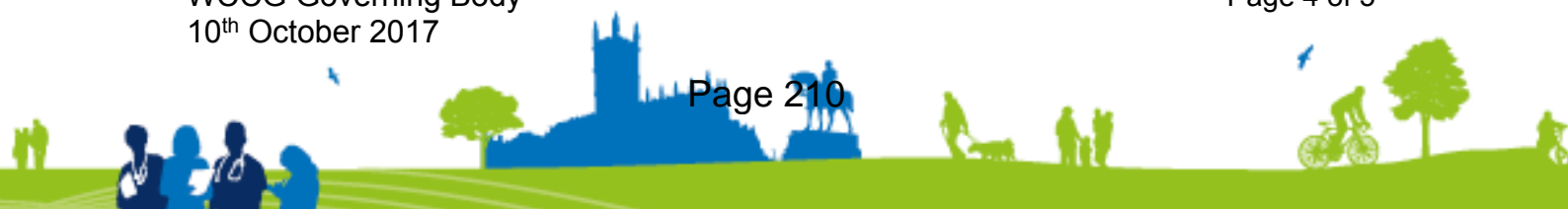
Primary Care In-Reach Team – (PITs) – Expressions of Interest have been sent out to all practice with regards to delivering the PITs (phase 3) to a number of Care Homes within Wolverhampton. This will increase the coverage of the scheme across an additional cohort of homes.

### ***Other Associate Contracts***

Birmingham Women's and Children's Hospital – Contract still not signed by Commissioner and Provider.

Birmingham Hospitals – Heart of England NHS Foundation Trust has received agreement to merge with the University Hospitals Birmingham NHS Foundation Trust.

WMAS Emergency & Urgent Ambulance Service – There is general over performance on the contract, which Sandwell and West Birmingham CCG are reviewing.





**Action – The Committee request that Governing Body note the above.**

## 2.2 CAMHS Transformation Refresh 2017 - 2020

Margaret Courts presented the Committee with the first draft of the CAMHS Transformation Plan refresh. The Committee supported the draft so far, subject to completion of the annotated sections. Due to the meeting not being quorate, it was decided that a Chair's Action would be taken.

**Action – The Committee request that Governing Body note the above.**

## 3. RECOMMENDATIONS

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

**Name:** Steven Marshall  
**Job Title:** Director of Strategy and Transformation  
**Date:** 2<sup>nd</sup> October 2017

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**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**Agenda item 17**

<b>Title of Report:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25<sup>th</sup> September 2017</b>
<b>Report of:</b>	Tony Gallagher – Chief Finance Officer
<b>Contact:</b>	Tony Gallagher – Chief Finance Officer
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b> and <b>note</b> the information provided in this report.</li> </ul>
<b>Public or Private:</b>	This Report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	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.
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	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.
<ul style="list-style-type: none"> <li>• <b>Domain2:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	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	FOT	Variance o(u)	RAG
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.971m	£402.971m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.465m	(£0.07m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	345	1,652	1,307	A
Maximum closing cash balance %	1.25%	5.99%	4.74%	A
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	97%	-2%	G
QIPP	£4.41m	£4.26m	£0.15m	A
Programme Cost £'000 *	160,207	161,120	913	G
Reserves £'000 *	890	0	(890)	G
Running Cost £'000 *	2,306	2,256	(50)	G

- The net effect of the three identified lines (\*) is a small underspend.
- The cash balance has exceeded the target due to an unexpected cash receipt (see cash section 14.2).
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M5 the level of risks and associated mitigations has been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks, (section 15).
- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs, (section 3).
- The recurrent overspend has increased in month 5 to an estimated £2m FOT which is currently offset by non recurrent underspends and the use of reserves. This represents a large increase compared to the previous month and is due to increased spend within NCAs, ambulance services and prescribing. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase, (section 13).
- Royal Wolverhampton Trust (RWT) is giving concern as the M4 activity is indicating a potential forecast out turn (FOT) of c £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis, (section 4).
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio, (section 4).
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that spend will reduce and fall back in line with budget as cases are reviewed and costs reduced, (section 5).
- Within Delegated Primary Care there is some flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing has moved significantly again in the recently received M3 data, contributing to the CCG's overall recurrent pressure as noted above. The movement of £600k is both cost and volume driven, (section 9).
- CHC continues to report a FOT underspend but this has reduced in month 5 due to additional patients within Adult CHC,
- (Section 10).BCF has been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience, (section 11).
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements, (section 11).

- Additional QIPP has been identified over and above M4 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes are not materialising, (section 13).

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

	Annual Budget £'000	YTD Performance M05							In Month Movement Trend	In Month Movement £'000 o(u)	Previous Month FOT Variance £'000 o(u)
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)			
Acute Services	190,356	79,315	79,863	548	0.7%	192,067	1,711	0.9%	●	383	1,328
Mental Health Services	35,635	14,872	15,270	398	2.7%	36,048	413	1.2%	●	90	323
Community Services	36,943	15,393	15,326	(66)	(0.4%)	36,886	(57)	(0.2%)	●	0	(57)
Delegated Primary Care	35,165	14,652	14,675	23	0.2%	34,872	(293)	(0.8%)	●	(293)	0
Other Primary Care	654	272	272	0	0.0%	654	0	0.0%	●	0	0
Prescribing & Quality	50,547	21,061	21,561	500	2.4%	51,751	1,205	2.4%	●	734	471
Continuing Care/FNC	13,899	5,791	5,672	(119)	(2.1%)	13,474	(425)	(3.1%)	●	31	(456)
Other Programme	21,242	8,851	8,481	(370)	(4.2%)	20,547	(695)	(3.3%)	●	(944)	249
<b>Total Programme</b>	<b>384,440</b>	<b>160,207</b>	<b>161,120</b>	<b>913</b>	<b>0.6%</b>	<b>386,299</b>	<b>1,858</b>	<b>0.5%</b>	●	<b>0</b>	<b>1,858</b>
Running Costs	5,535	2,306	2,256	(50)	(2.2%)	5,465	(70)	(1.3%)	●	0	(70)
Reserves	3,866	890	0	(890)	(100.0%)	2,077	(1,788)	(46.3%)	●	0	(1,788)
<b>Total Mandate</b>	<b>393,841</b>	<b>163,403</b>	<b>163,376</b>	<b>(27)</b>	<b>(0.0%)</b>	<b>393,841</b>	<b>(0)</b>	<b>(0.0%)</b>	●	<b>0</b>	<b>(0)</b>
Target Surplus	9,130	3,804	0	(3,804)	(100.0%)	0	(9,130)	(100.0%)	●	0	(9,130)
<b>Total</b>	<b>402,971</b>	<b>167,207</b>	<b>163,376</b>	<b>(3,831)</b>	<b>(2.3%)</b>	<b>393,841</b>	<b>(9,130)</b>	<b>(2.3%)</b>	●	<b>0</b>	<b>(9,130)</b>

**Red = adverse impact on FOT and overall financial position of the CCG**

**Amber = no movement on FOT from last month**

**Green = favourable impact on FOT and financial position of the CCG**

	Annual Budget £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent	Yr End Variance %
Acute Services	190,356	192,067	1,711	1,394	316	0
Mental Health Services	35,635	36,048	413	292	121	0
Community Services	36,943	36,886	(57)	35	(92)	(0)
Delegated Primary Care	35,165	34,872	(293)	0	(293)	(0)
Other Primary Care	654	654	0	0	0	0
Prescribing & Quality	50,547	51,751	1,205	1,146	59	0
Continuing Care/FNC	13,899	13,474	(425)	(545)	120	(0)
Other Programme	21,242	20,547	(695)	6,302	(6,997)	(0)
<b>Total Programme</b>	<b>384,440</b>	<b>386,299</b>	<b>1,858</b>	<b>8,624</b>	<b>(6,766)</b>	<b>0</b>
Running Costs	5,535	5,465	(70)	0	(70)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
<b>Total Mandate</b>	<b>393,841</b>	<b>393,841</b>	<b>(0)</b>	<b>6,836</b>	<b>(6,836)</b>	<b>(0)</b>
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
<b>Total</b>	<b>402,971</b>	<b>393,841</b>	<b>(9,130)</b>	<b>6,836</b>	<b>(15,966)</b>	<b>(0)</b>

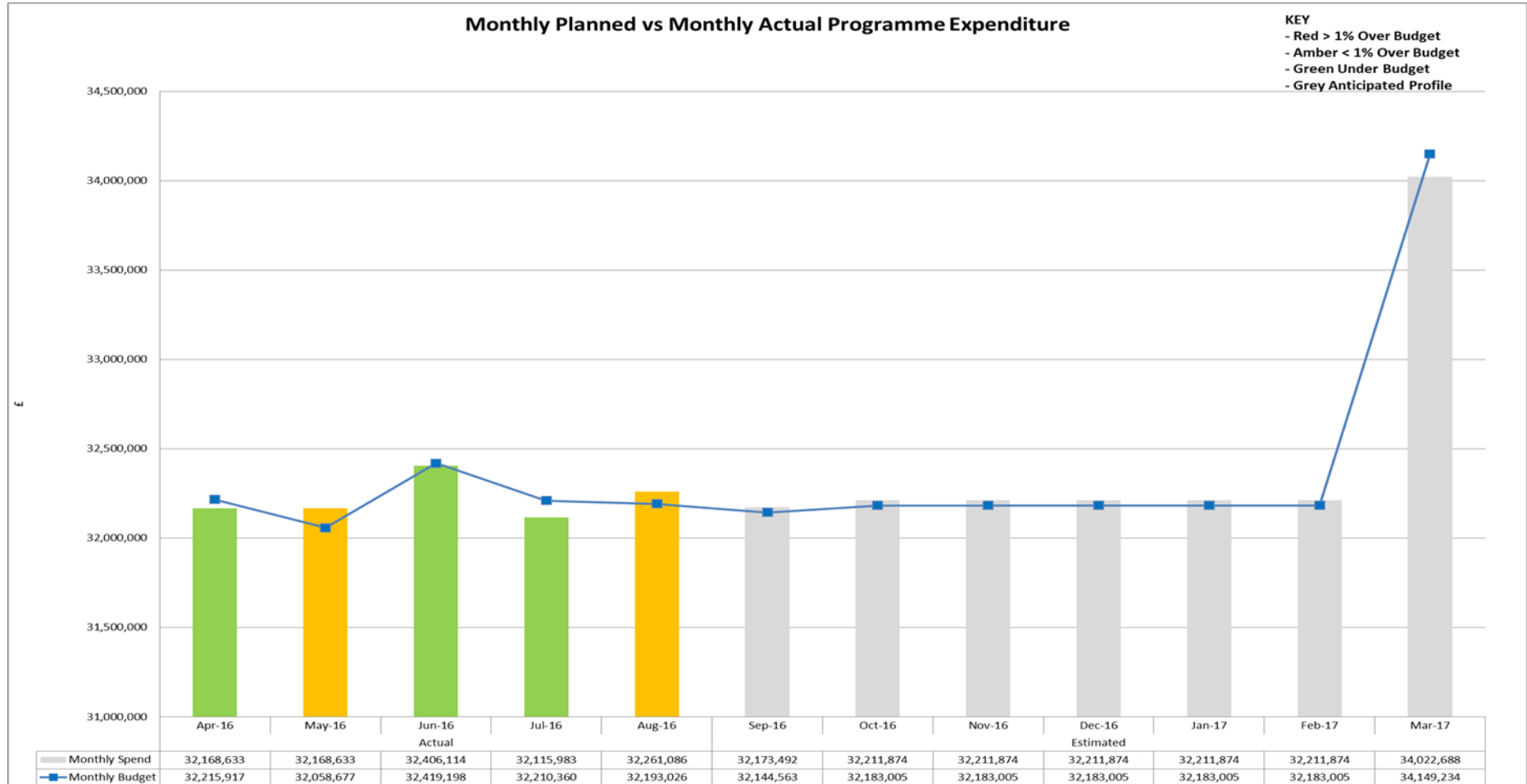
- Of the recurrent year end variance, £4.765m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies. This is clearly detailed in the following table.

As mandated by NHSE the CCG is also retaining 0.5% of its 1% reserve. It is unable to utilise this at this stage of the financial year and will hold this resource until guidance on its treatment in the accounts from NHSE.



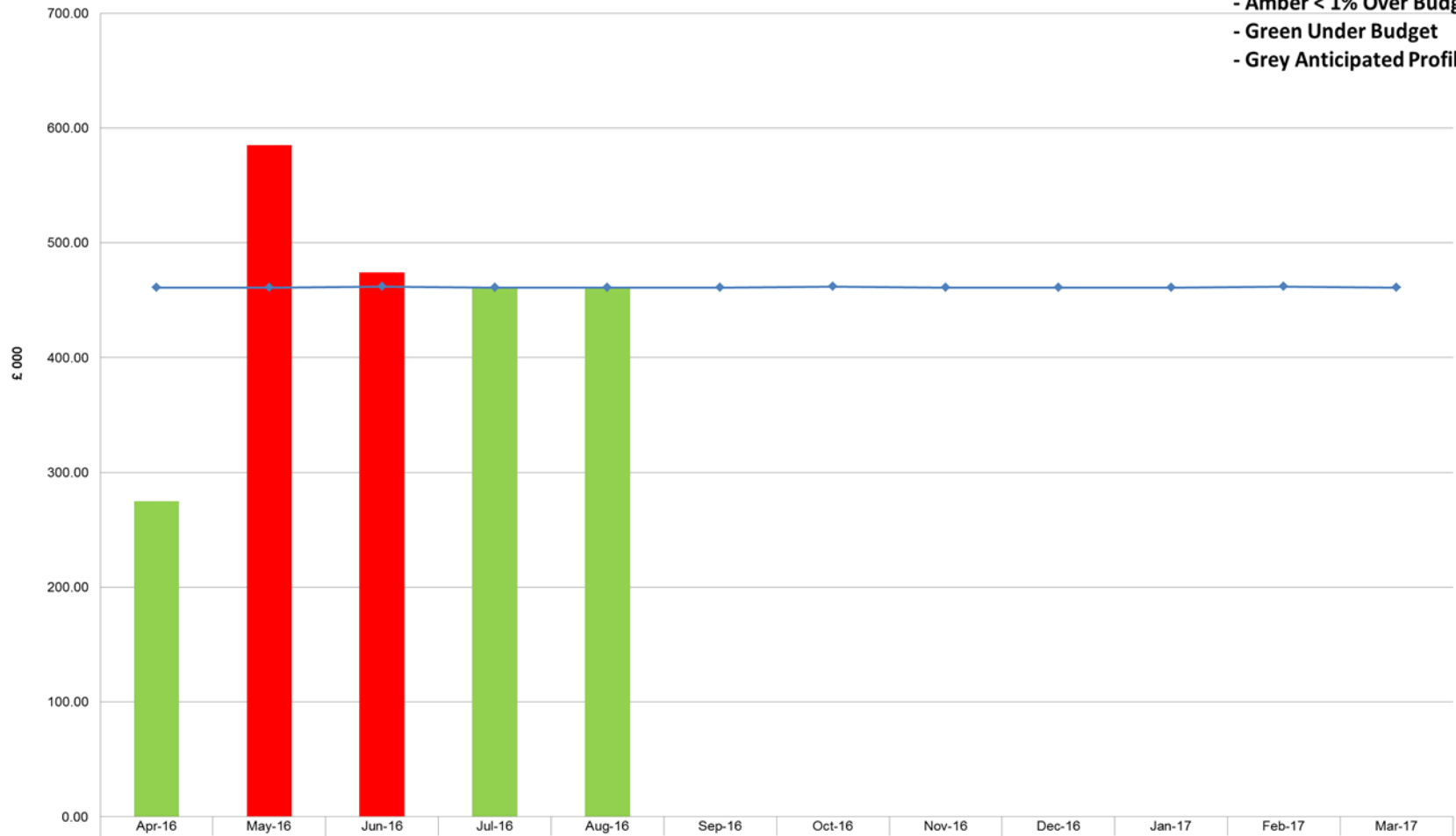
**Monthly Planned vs Monthly Actual Programme Expenditure**

**KEY**  
 - Red > 1% Over Budget  
 - Amber < 1% Over Budget  
 - Green Under Budget  
 - Grey Anticipated Profile



**Monthly Planned vs Monthly Actual Running Cost Expenditure £000's**

- KEY**
- Red > 1% Over Budget
  - Amber < 1% Over Budget
  - Green Under Budget
  - Grey Anticipated Profile



	Actual					Estimated						
Monthly Spend	275	585	474	461	461							
Monthly Budget	461	461	462	461	461	461	462	461	461	461	462	461

- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

## 2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at M04 are £35.165m. The forecast outturn is £34.872m delivering a slight underspend position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations. The table below shows the revised forecast for month 04:

	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	8,751	8,772	21	21,002	21,002	0	●	0	0
General Practice PMS	754	750	(4)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	958	1,059	102	2,298	2,298	0	●	0	0
Premises	1,118	1,104	(14)	2,684	2,684	0	●	0	0
Premises Other	38	22	(15)	90	90	0	●	0	0
Enhanced services Delegated	352	338	(14)	845	845	0	●	0	0
QOF	1,509	1,470	(39)	3,622	3,622	0	●	0	0
Other GP Services	1,100	1,161	61	2,641	2,348	(293)	●	(293)	0
Delegated Contingency reserve	73	0	(73)	174	174	0	●	0	0
<b>Total</b>	<b>14,652</b>	<b>14,675</b>	<b>23</b>	<b>35,165</b>	<b>34,872</b>	<b>(293)</b>	●	<b>(293)</b>	<b>0</b>

### 3. QIPP

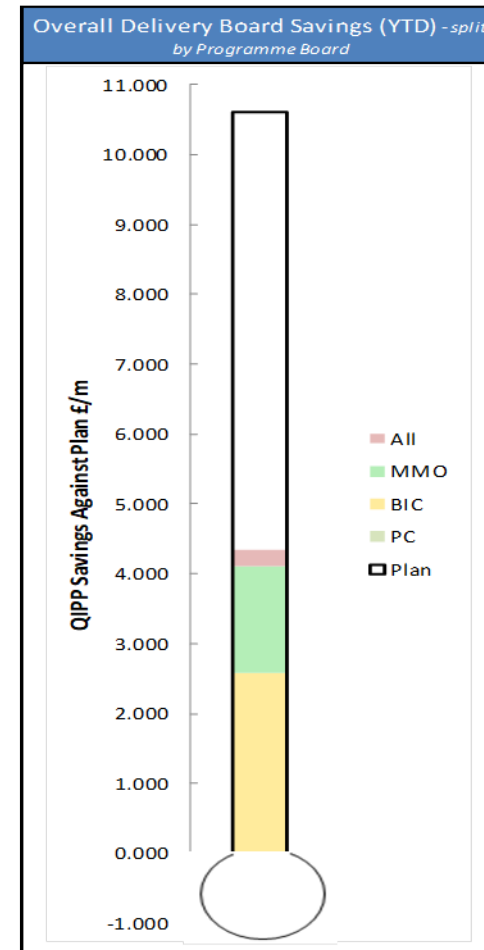
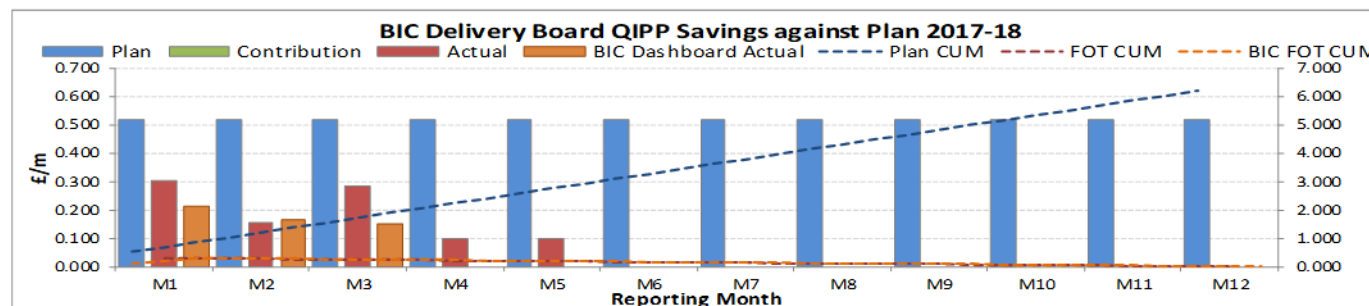
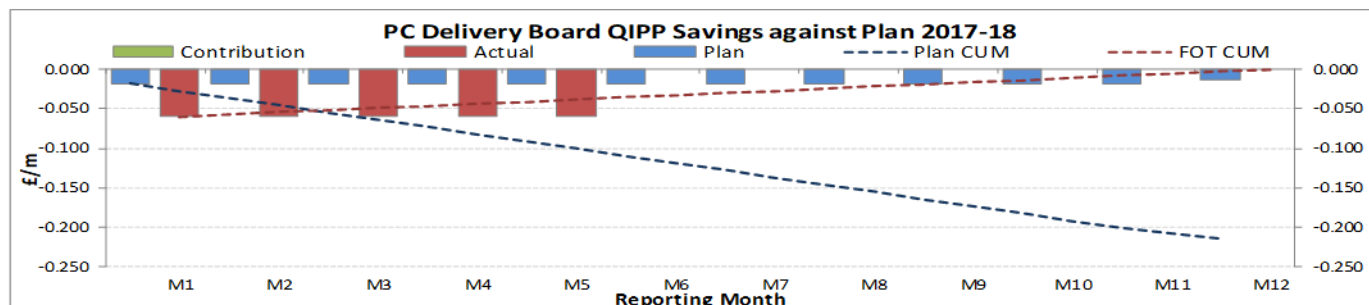
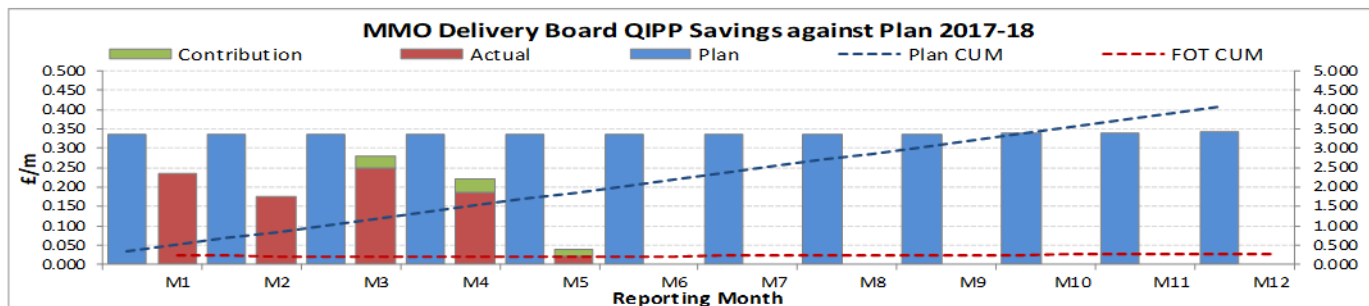
The key points to note are as follows:

- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non-contracted QIPP without plans has increased to £1.519m as £616k has identified plans.
- No additional QIPP has been identified in M4.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.69	1.69	0.00	4.05	4.05	0.00
Transformational	2.72	2.57	-0.15	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>4.41</b>	<b>4.26</b>	<b>-0.15</b>	<b>10.61</b>	<b>10.61</b>	<b>0.00</b>

**QIPP Programme Delivery Board**

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return



#### 4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31<sup>st</sup> August is shown below

	31 August '17 £'000	31 July '17 £'000	Change In Month £'000
<b>Non Current Assets</b>			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
<b>Current Assets</b>			
Trade and Other Receivables	1,410	2,296	-886
Cash and Cash Equivalents	1,650	1,520	130
	3,060	3,817	
<b>Total Assets</b>	<b>3,060</b>	<b>3,817</b>	
<b>Current Liabilities</b>			
Trade and Other Payables	-24,087	-23,619	-467
	-24,087	-23,619	
<b>Total Assets less Current Liabilities</b>	<b>-21,026</b>	<b>-19,803</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>-21,026</b>	<b>-19,803</b>	
<b>Financed by:</b>			
<b>TAXPAYERS EQUITY</b>			
General Fund	21,026	19,803	1,224
<b>TOTAL</b>	<b>21,026</b>	<b>19,803</b>	

Key points to note from the SoFP are:

- As at the end of August the CCG held a bank balance of £1,652k. This was 5.99% of the monthly drawdown against the target of no greater than 1.25%. This underperformance was due to unanticipated income and a reduced level of payments (see 14.2 below);
- Performance against the target of paying at least 95% of invoices within 30 days is at 97% for non-NHS invoices and 99% for NHS invoices;

**5. PERFORMANCE**

The following tables are a summary of the performance information presented to the Committee;

## Executive Summary - Overview

Jul-17

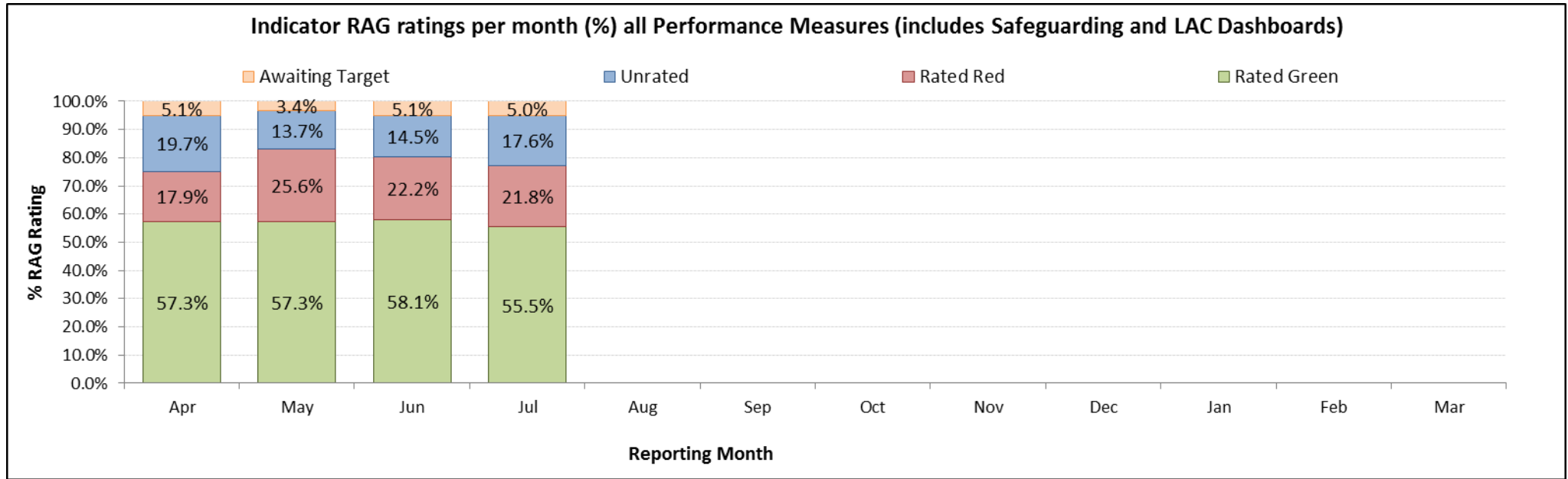
Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	13	13	10	9	1	2	0	0	24
Outcomes Framework	8	8	6	7	12	11	0	0	26
Mental Health	25	23	5	5	4	8	0	0	36
Safeguarding - RWT	8	8	5	5	0	0	0	0	13
Looked After Children (LAC)	0	0	0	0	0	0	6	6	6
Safeguarding - BCP	14	14	0	0	0	0	0	0	14
<b>Totals</b>	<b>68</b>	<b>66</b>	<b>26</b>	<b>26</b>	<b>17</b>	<b>21</b>	<b>6</b>	<b>6</b>	<b>119</b>

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	54%	54%	42%	38%	4%	8%	0%	0%
Outcomes Framework	31%	31%	23%	27%	46%	42%	0%	0%
Mental Health	69%	64%	14%	14%	11%	22%	0%	0%
Safeguarding - RWT	62%	62%	38%	38%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	0%	100%	100%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
<b>Totals</b>	<b>57%</b>	<b>55%</b>	<b>22%</b>	<b>22%</b>	<b>14%</b>	<b>18%</b>	<b>5%</b>	<b>5%</b>

\* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.

**August 2017** : additional of C.Diff and MRSA indicators for the Black Country Partnership Foundation Trust reporting, increases number to 119 overall indicators





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Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Direction of Travel / Yr End Target
	<b>Royal Wolverhampton Hospital NHS Trust (RWT)</b>	

**Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.91%	93.42%	94.19%	93.09%									92.90%	93.00%

The 2 week first outpatient cancer performance has achieved the 93% target for the third consecutive month, however the Year To Date remains below target at 92.90% due to the previous below target performance in April (90.91%). Compared to the previous year, there has been a 13.22% increase in referrals (July16 = 1022 - 93.56%, July17 = 1173 - 93.18%) and a decrease in compliance by 1.82%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and July performance has been confirmed as 93.18% (80 patients breaching target out of 1,173) and therefore remains GREEN in month.

RWT\_EB6

**Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.78%	94.87%	94.34%	91.43%									89.60%	94.00%

The 31 Day for subsequent treatment (surgery) cancer performance in July failed to achieve the 94% target (91.43%) in month with the Year To Date also remaining below target at 89.60%. Compared to the previous year, there has been a 8% decrease in referrals (Jul16 = 38 - 89.47%, Jul17 = 35 - 91.43%) and a increase in compliance by 1.95%. The performance for this indicator is directly related to the 62 Day standard and is expected to follow the same recovery trajectory. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for July confirm that the Trust achieved 95.00% (relating to 2 breaches out of 40 patients seen) and therefore remains GREEN in month. Early indications are that the August performance has seen a positive increase to 94.44% and is therefore GREEN.

RWT\_EB9

**Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.74%	84.62%	78.57%	82.50%									85.11%	90.00%

The 62 Day referral from an NHS Screening service performance for July has seen an increase to 82.50%, however has failed to achieve the 90% target for the 3rd consecutive month. This indicator is affected by low numbers of breaches impacting on a small cohort of patients. In July, 3.5 patients breached the 62 day threshold from a total of 20 patients. The Trust have confirmed that 2 of the breaches relate to capacity issues with performance excluding tertiary referrals = 88.89%. As part of a shared learning programme, the Trust was paired with Leeds Teaching Hospital NHS Trust and a joint visit took place on 22nd June 17. However, no specific pathway changes were identified and further learning and any actions are to be discussed within the Trust. A pathway and process flow coach has been assigned by NHS Intelligence and will be onsite 1 day per week to review current flows. The Trust are also working with the Dudley Group of Hospitals to review the CT Colonography Cancer pathway to improve diagnostic testing timescales and therefore have a positive impact on tertiary referral waiting times. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and the July performance has been confirmed as 86.59%. Initial indications are that performance is improved for August to 86.49% (however remains below target).

The 62 Day Cancer waits continues to be a National issue and is to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The performance remains as part of the Quality requirements National Operational Standards for 2017/18 with the threshold remaining at 90%.

**Minimise rates of Clostridium Difficile**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
4	5	2	2									13	35

The number of Clostridium Difficile (C.Diff) has achieved the in-month threshold of 3 with 2 cases reported for July at the Trust. However, the Year to Date remains in breach due to the number of breaches in previous months (13 cases against a threshold of 12 cases). Compared to the same month in 16/17, performance has seen a significant improvement (16/17 = 7, 17/18 = 2). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 12 positive cases (by toxin test), 2 of which were attributable to the Royal Wolverhampton using the external definition of attribution. The number of C.Diff cases continues to be discussed as part of the CQRM and CRM meetings with actions shared by the Infection Prevention Team. The Trusts Infection Prevention Manager has confirmed that a deceased patients death certificate has specified C.Diff as a cause of death - this has been reported as a Serious Incident with a full Root Cause Analysis (RCA) to be undertaken and in line with the Serious Incident Framework (2015) which requires agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Antibiotic changes continue to be scrutinised, deep cleaning programme plans are in place and sustainability actions continue from last year. The Nationally verified data has confirmed that the number of cases for July for the CCG as a Commissioner has increased to 5 cases (20 Year to Date) however remains below the Year to Date threshold of 24 cases. Early Indications are that the August performance has seen an increase to 4 cases and is therefore RED.

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RWT\_EAS5

**All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
33	69	54	27									183	0

The Ambulance handover delays have seen a decrease in breach numbers (expected overall month seasonal trend would show an increase) during July with 27 handover breaches out of 3,694 conveyances during the month. Compared to the same month in 16/17, there has been a 69% decrease in the number of breaches. There has also been a 2% decrease in the number of conveyances (July 16/17 - 87 breaches out of 3,768, July 17/18 - 27 breaches out of 3,694). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for July confirm that there were an average of 127 conveyances per day, the highest number of 163 ambulance conveyances was reported on Monday 3rd July, which coincided with the highest number of A&E Attendances of 502 on the same date. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 4 estimated at £5,400 (based on 27 breaches 30-60mins @ £200). There were no patients breaching the 60 minute or 12 hour thresholds during July. Early indications are that the August performance has seen an increase to 48 breaches.

RWT\_EBS7a

**All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1	2	5	0									8	0

The Ambulance handover delays (>60 minutes) achieved the zero threshold for July (out of 3,694 conveyances). Compared to the same month in 16/17, there has been a 100% decrease in the number of breaches, and a 2% decrease in the number of conveyances (July 16/17 - 5 breaches out of 3,768, July 17/18 - 0 breaches out of 3,694). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for July confirm that there were an average of 127 conveyances per day, the highest number of 163 ambulance conveyances was reported on Monday 3rd July, which coincided with the highest number of A&E Attendances of 502 on the same date. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. There were 27 patients breaching the 30-60 minute threshold, no patients breached the 12 hour threshold during July. There were no contractual sanctions for this indicator, however early indications are that the August performance has seen an increase to 5 breaches (estimated £5,000 sanction).

RWT\_EBS7b

**Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.30%	94.66%	96.29%	96.25%									94.63%	95.00%

The E-Discharge (excluding assessment units) indicator has seen a small decrease in performance to 96.25%, however has achieved the 95% target for the 2nd consecutive month. Analysis of the year on year performance shows that the M4 performance relates to a lower number of records (16/17 denominator = 3032, 17/18 denominator = 2453 and a reduction of 579) and a performance above that of the same period in 2016/17 (94.29%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the August performance has seen a further decrease to 95.56% but remains above target.

RWT\_LQR1

**Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
81.94%	89.98%	85.50%	90.36%									86.94%	92.50%

The E-Discharge (excluding assessment units) indicator has seen a positive increase in performance to 90.36% against the 85% target for the 3rd consecutive month. Analysis of the year on year performance shows that the M4 performance has seen an increase in the number of records (16/17 denominator = 1618, 17/18 denominator = 1514 and a reduction of 61) and a performance above that of the same period in 2016/17 (82.92%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the August performance has seen a decrease to 89.33% and therefore below the Quarter 2 target of 90%.

RWT\_LQR2

**Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework)**

**Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	1	0	0									1	0

The Trust have reported no breaches for July, however the CCG's Quality and Patient Safety Team have confirmed that there were 4 breaches (Year to Date = 5 breaches). The breaches relate to serious incidents as follows :

1 x Slip/Trip/Fall (ref : 13497 - May)

1 x Pending Review - category to be confirmed before incident can be closed (ref: 17028 - July)

1 x Surgical/invasive procedure incident meeting SI criteria (ref: 17050 - July)

1 x Maternity/Obstetric incident meeting SI criteria - Mother only (ref: 17230 - July)

1 x Treatment delay meeting SI criteria (ref: 17933 - July).

The disputed breaches for July are currently under discussion with each breach reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that August performance has seen 3 further breaches for the Royal Wolverhampton NHS Trust.



**Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework.**

**60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	4	3	1									8	0

The July performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 1 breach. The Year to Date breaches relate to serious incidents as follows :

- 4 x Treatment delay meeting SI criteria (ref : 3856 - May, 3250 - May, 29941 - May, 7143 - June)
- 1 x Pending Review - category to be confirmed before incident can be closed (ref: 2461 - May)
- 2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775 - June, 7707 - June)
- 1 x Awaiting RCA (due 18/07/17, not recieved ref : 10549 - July).

RWT\_LQR6

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**Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
No	No	No	No									-	Yes

Performance for this indicator relates to compliance to all Safeguarding and Looked After Children (LAC) indicators provided via the Safeguarding Dashboard (provided within this report). Breaches include :

- LQSG05 - Safeguarding Children Training, Board Level for Chief Executive Officers (93.33% against 100% target)  
The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.
- LQSG10 - Safeguarding Training, Board Level for Chief Executive Officers (93.33% against 100% target)  
The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.
- LQSG11 - Prevent Awareness level 1 & 2 (67.39% against 95% target).

RWT\_LQR21

**All Staff Hand Hygiene Compliance**

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.42%	92.48%	93.31%	92.08%									92.07%	95.00%



The Staff Hygiene Compliance indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with July reporting 92.08%. The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms that contributions to the under performance were: Long Term Sickness, lack of adequate training resources for staff to complete training and failed attendance by staff to pre-booked training sessions. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process with the following planned actions :

Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance. Early indications are that the August performance has increased to 92.50% however remains below target.

RWT\_LQR28

**Infection Prevention Training Level 2**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.21%	94.67%	94.82%	94.67%									94.59%	95.00%

The Infection Prevention Training indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with July reporting 94.67%. The Trust have provided an exception report which details issues affecting performance are similar to the Hand Hygiene indicator - LQR28 (logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact) with the following planned actions : Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance.

RWT\_LQR29

The Commissioner has formally written to the Trust as the current exception reports narrative fails to provide the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. Early indications are that the August performance has increased to 94.83% however remains just below target.

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**Black Country Partnership NHS Trust (BCP)**

**Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)**



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.14%	100.00%	98.55%	96.15%									97.96%	100.00%

The July performance has been reported as failing to achieve the 100% target both in-month (96.15%) and Year To Date (97.96%). The Trust have confirmed that this is the overall Trust position with the Wolverhampton proportion of activity achieving 100% and therefore GREEN. The Sandwell proportion has been confirmed as 94.87% and remains in breach of the target.

BCPFT\_LQGE01b

**% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)**

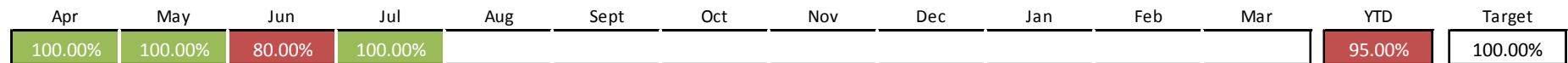


Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
96.69%	97.13%	89.19%	95.92%									94.73%	95.00%

The July performance for this indicator has achieved the 95% target in month (95.92%) and relates to 6 patients (out of 147) who did not receive a Crisis assessment within 4 hours. However, the Year To Date performance currently remains below target (94.73%) due to the below target performance in June (89.19%). The Mental Health Liaison Service aim to assess patients within 1 hour of referral, however due to increases in referral numbers (April = 121 referrals, May = 174 referrals, June = 145 referrals and July = 147 referrals) this has been a challenging target. Assessments take approximately 2 hours in total to undertake a face to face assessment and updates to patients Care Notes records, a Needs and Risk Assessment, Care Cluster and letter dictation to the patients GP (and other agencies). Each patient has a joint risk assessment and discussions with the Mental Health Liaison Service (MHLS) to identify if suitable for transfer to the Lavender Suite, the service have a Standard Operating Procedure (SOP) in place to support the observation and engagement of patients transferred to allow low risk patients the opportunity to be seen in a more suitable environment. Performance of this indicator is discussed at the CQRM meeting with the Trust and will continue to be monitored for improvement. The Sandwell Commissioned service (Sandwell Oak Unit) has also seen increases in referrals however lower numbers than Wolverhampton (July = 111 referrals - 99.10%).

BCPFT\_LQGE12a

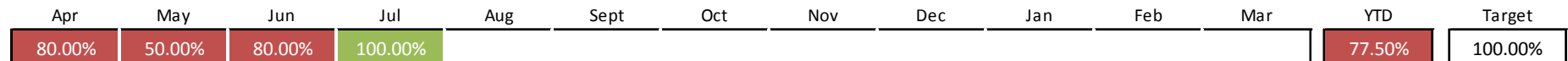
**Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident**



All serious incidents were reported to STEIS within the 2 working day target for July, however this indicator has already breached the Year End 100% target due to previously reported breach in June which related to 1 breach (out of 5 incidents). The June breach related to an incident (ref: 2014/124622) which failed to be reported within the timescale due to the unplanned absence of the Patient Safety Officer. The Patient Safety team have been reminded of reporting deadlines and a process has been established to ensure cover is available in periods of planned and unplanned absences. The breach has been confirmed as not allocated to Wolverhampton CCG as a responsible commissioner and therefore no further details of the incident are available. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

BCPFT\_LQGE15

**Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.**



The performance for this indicator has achieved the 100% target for July and is based on 3 reported serious incident Root Cause Analysis reports being submitted within the 60 working day timescales, however due to the previous 3 months breaches, this indicator has already failed the Year End 100% target (77.50%). All breaches are reviewed at the Contract Review and the Clinical Quality Review Meetings and exception reports are provided to the Commissioner when breaches occur detailing circumstances of breaches and any actions put in place to prevent future breaches. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

BCPFT\_LQGE17

## 6. RISK and MITIGATION

Risks	Potential Risk Value Mth04	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
<b>CCGs</b>						
Acute SLAs	1.40	2.00	70.00%	1.40	63.06%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QJPP Under-Delivery	0.30	0.50	60.00%	0.30	13.51%	risk of QJPP slippage on non contracted QJPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.40	80.00%	0.32	14.41%	risk of overspending
Running Costs	0.00			0.00	0.00%	
Other Risks	0.42	0.40	50.00%	0.20	9.01%	risk of overspend on BCF
<b>TOTAL RISKS</b>	<b>2.68</b>	<b>3.30</b>		<b>2.22</b>	<b>100.00%</b>	

The table above details the current risk assessment for the CCG; a gross risk of £3.3m and risk assessed to £2.22m. There has been a substantial reduction in overall risk following the inclusion of elements within the financial position e.g. BCF and Specialised Services. The prescribing risk has also been reduced to reflect the anticipated savings from Pregabalin.

- The CCG has identified mitigations to cover 100% of the risk identified as outlined in the following table .

Mitigations	Expected Mitigation Value Mth04	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
<b>Uncommitted Funds (Excl 1% Headroom)</b>						
Contingency Held	0.00			0.00	0.00%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
<b>Uncommitted Funds Sub-Total</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00%</b>	
<b>Actions to Implement</b>						
Further QJPP Extensions	0.40	0.65	100.00%	0.65	29.25%	
Non-Recurrent Measures	0.40	1.00	100.00%	1.00	45.00%	draw down
Delay/ Reduce Investment Plans	0.88	0.57	100.00%	0.57	25.74%	non recurrent delay to implementing Primary Care strategy
Other Mitigations	1.00	0.00		0.00	0.00%	
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	<i>Complete in section below - rows 51 - 53</i>
<b>Actions to Implement Sub-Total</b>	<b>2.68</b>	<b>2.22</b>		<b>2.22</b>	<b>100.00%</b>	
<b>TOTAL MITIGATION</b>	<b>2.68</b>	<b>2.22</b>		<b>2.22</b>	<b>100.00%</b>	

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update. A verbal update will be provided at Committee.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.130	No risks or mitigations, <b>achieves</b> control total
Best Case	£11.350	Control total and mitigations achieved, risks do not materialise <b>achieves</b> control total

Risk adjusted case	£9.130	Adjusted risks and mitigations occur. CCG <b>achieves</b> control total
Worst Case	£6.910	Adjusted risks and no mitigations occur. CCG <b>misses</b> revised control total



## 7. 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.

### 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.

There are potentially two additional risks not factored into the financial position or Risk schedule as follows:

- Any contribution to the currently disputed £4.8m invoice received from RWT in respect of lost income as Emergency activity continues to reduce (a national directive)
- Any potential financial consequences resulting from issues arising with services provided at the Urgent Care Centre (Vocare Ltd).

## 8. RECOMMENDATIONS

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

**Name:** Lesley Sawrey  
**Job Title:** Deputy Chief Finance Officer  
**Date:** 25<sup>th</sup> September 2017



**Wolverhampton**  
Clinical Commissioning Group

**Performance Indicators 17/18**

Current Month:

**Key:**

(based on if indicator required to be either Higher or Lower than target/threshold)

- ↑ Improved Performance from previous month
- ↓ Decline in Performance from previous month
- Performance has remained the same

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month												Yr End	
									A	M	J	J	A	S	O	N	D	J	F	M		
RWT_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	95%	93.76%	R	93.46%	R	↑														
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	93.09%	G	92.90%	R	↓														
RWT_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	RWT	93%	96.27%	G	95.57%	G	↑														
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	RWT	96%	97.58%	G	96.30%	G	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	91.43%	R	89.60%	R	↓														
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	RWT	98%	100.00%	G	100.00%	G	→														
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	100.00%	G	99.57%	G	↑														
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	RWT	85%	77.09%	R	75.84%	R	↑														
RWT_EB13	Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	RWT	90%	82.50%	R	85.11%	R	↑														
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	→														
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	0	0.00	G	0.00	G	→														
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	→														
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	2.00	G	13.00	R	→														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	0	G	10	R	→														
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	RWT	0	27	R	183	R	↑														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	RWT	0	0	G	8	R	↑														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	→														
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	→														
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.50%	G	95.56%	G	↓														
RWTCB_S10B	Duty of candour (Note: Yes = Compliance, No = Breach)	RWT	Yes	Yes	G	-	-															
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.84%	G	99.85%	G	↓														
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	98.71%	G	99.01%	G	↓														
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	96.25%	G	94.63%	R	↓														
RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	RWT	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	90.36%	G	86.94%	R	↑														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	1.58%	G	1.64%	G	↓														
RWT_LQR4	Serious incident (SI) reporting - SIs to be reported no later than 2 working days after the date of incident occurrence. (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	1.00	R	→														

RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	0.00	G	→		
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	RWT	0	1.00	R	8.00	R	↑		
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.21%	G	0.30%	G	↑		
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	93.20%	G	91.55%	G	↑		
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	83.33%	G	86.36%	G	↓		
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	83.93%	G	78.75%	G	↓		
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.56%	G	99.50%	G	↑		
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit: Yes if all Dashboard is compliant, No if breaches)	RWT	Yes	No	R	-	-			
RWT_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	RWT	95.00%	100.00%	G		No Data			
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	92.08%	R	92.07%	R	↓		
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.67%	R	94.59%	R	↓		
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	98.82%	G	97.32%	G	↑		
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→		
BCPFT_DC1	Duty of Candour	BCP	YES	Yes	G	-	-			
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→		
BCPFT_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	BCP	50.00%	40.00%	R	85.00%	G	↓		
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	93.43%	G	93.00%	G	↑		
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	99.70%	G	99.77%	G	↓		
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	G	→		
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	98.51%	G	96.70%	G	↑		
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	BCP	100.00%	96.15%	R	97.96%	R	↓		
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.69%	G	96.09%	G	↓		
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G	→		
BCPFT_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	BCP	7.50%	2.50%	G	3.52%	G	↑		
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	95.92%	G	94.73%	R	↑		
BCPFT_LQGE12b	% of Crisis assessments carried out within 4 hours (Sandwell Psychiatric Liaison Service Emergency)	BCP	95.00%	99.10%	G	97.13%	G	↑		
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	96.77%	G	91.99%	G	↑		
BCPFT_LQGE13b	% of Urgent assessments carried out within 48 hours (Sandwell Psychiatric Liaison Service)	BCP	85.00%	96.15%	G	89.85%	G	↑		
BCPFT_LQGE14a	% of Routine assessments carried out within 8 weeks (Sandwell SQPR)	BCP	85.00%	99.70%	G	84.25%	R	↑		
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	99.24%	G	97.91%	G	↑		
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	95.00%	R	↑		

BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	100.00%	G	→		
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	100.00%	G	77.50%	R	↑		
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	64.46%	G	56.83%	G	↑		
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	95.08%	G	96.24%	G	↓		
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	→		
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.35%	G	1.49%	G	↓		
BCPFT_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence. CUMULATIVE	BCP	1.25% per mth 15% by YrEnd	5.95%	G	5.95%	G	↑		
BCPFT_LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard) in 'Documents Relied Upon'	BCP	90.00%	98.28%	G	97.89%	G	↓		
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→		
BCPFT_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	BCP	100.00%	100.00%	G	100.00%	G	→		
BCPFT_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	BCP	0	0	G	0	G	→		
BCPFT_EAS5	Minimise rates of Clostridium Difficile	BCP	0	0	G	0	G	→		

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**WOLVERHAMPTON CCG**  
**GOVERNING BODY MEETING**  
**10 OCTOBER 2017**

Agenda item 18

<b>TITLE OF REPORT:</b>	Summary – Primary Care Commissioning Committee – 5 September 2017
<b>AUTHOR(S) OF REPORT:</b>	Pat Roberts, Primary Care Commissioning Committee Chair
<b>MANAGEMENT LEAD:</b>	Mike Hastings, Associate Director of Operations
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body with an update from the meetings of the Primary Care Commissioning Committee on 5 September 2017
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Bilston Health Centre – Dr Mudigonda - The Committee agreed to the recommendation of approval that Dr V Mudigonda continues as a sole contract holder following the removal of Dr N Mudigonda given the assurance by the practice. The Committee also agreed that the Practice have 12 months to secure a new partner onto the contract and be aligned to a new model of care.</li> </ul>
<b>RECOMMENDATION:</b>	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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 5 September 2017. This report provides a summary of the issues discussed and the decisions made at those meetings.

## **2. PRIMARY CARE UPDATES**

### **Primary Care Commissioning Committee – 5 September 2017**

#### **2.1 Primary Care Quality Report**

2.1.1 The Committee received an update in relation to primary care quality activity. It was noted that with regards to the risk register, there are currently no low risks, 13 high risks and no extreme risks. A query was raised around when the Committee would be presented with the full register and it was confirmed that it would be from the October 2017 meeting onwards.

2.1.2 The Committee were informed that a Workforce Working Group had been set up to develop effective communication and engagement including a video promoting primary care in the City and the development of the primary care web pages to promote vacancies within the City.

2.2 The Committee received the following update reports:-

#### **2.2.1 Primary Care Operational Management Group Meeting**

The Committee noted that the contract for the caretaking arrangements for Ettingshall Medical Practice had now been signed by the Royal Wolverhampton NHS Trust.

2.2.2 Discussion also took place around the introduction of the new infection prevention audit tool, which is a new and more thorough process and some practices have received a lower rating than in previous years.

#### **2.3 Provision of services post Dr Mudigonda retirement from a Partnership to a single handed contract – business case**

2.3.1 Ms Shelley presented a report to the Committee regarding Dr N Mudigonda and Dr V Mudigonda requesting a decision of Dr N Mudigonda retirement and removal from the GMS contract, resulting in Dr V Mudigonda being the sole contract holder.



- 2.3.2 The practice proposal around clinical cover following Dr N Mudigonda's retirement included detail around the salaried GP who had been covering their reduction from 9 sessions to 5 sessions per week since October 2013. An additional salaried GP has also been employed to cover 4 sessions per week with a view to this GP becoming a partner on the contract in the future.
- 2.3.3 The Practice have also highlighted in their business plan that they are in active discussions with one of the Primary Care Home Groups with a view to joining them in the future.
- 2.3.4 The Committee agreed to the recommendation of approval that Dr V Mudigonda continues as a sole contract holder following the removal of Dr N Mudigonda given the assurance by the practice, subject to the practice securing a new GP and becoming aligned to a new model of care within a 12 month period.

## 2.4 Other Issues Considered

- 2.5.1 The Committee met in private to receive an application from two Practices to join the Vertical Integration programme, a three practice merger and an update on the Ettingshall Medical Practice mobilisation plan.

## 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:** Pat Roberts

**Job Title:** Lay Member for Public and Patient Involvement, Committee Chair

**Date:** 20 September 2017

### 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Pat Roberts</b>	<b>20/09/17</b>



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**WOLVERHAMPTON CCG**  
**Governing Body**  
**10<sup>th</sup> October 2017**

**Agenda item 19**

<b>TITLE OF REPORT:</b>	Report of the Primary Care Strategy Committee
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Head of Primary Care
<b>MANAGEMENT LEAD:</b>	Sarah Southall, Head of Primary Care
<b>PURPOSE OF REPORT:</b>	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following the last update presented on 12 <sup>th</sup> September 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Update from the discussions held at the PC Strategy Committee, influenced by the task and finish groups &amp; corresponding programme of work.</li> <li>• Progress made towards on-going implementation of the General Practice Five Year Forward View Programme of Work.</li> <li>• Milestone plans have been developed for both programmes of work.</li> <li>• The committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October onwards.</li> </ul>
<b>RECOMMENDATION:</b>	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> <li>• Receive and discuss this report</li> <li>• Note the assurance provided by the Committee &amp; recommendation for change of frequency for future meetings</li> <li>• Accept the milestone plans provided</li> <li>• Support the decision to reduce the frequency of meetings to quarterly from October onwards</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<ol style="list-style-type: none"> <li>1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system</li> <li>2 Reducing Health Inequalities in Wolverhampton: Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions.</li> <li>3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton</li> </ol>



**1 BACKGROUND AND CURRENT SITUATION**

- 1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work is closely monitored by the Primary Care Team via regular reports to the Primary Care Strategy Committee confirming progress and the effectiveness of action taken during the reporting period. This report confirms the findings from those discussions & the controls in place to safeguard delivery of the programme of work for the Primary Care Strategy and also the General Practice Forward View.
- 1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities. Our vision is that this will be achieved continued development of services available in the community and in general practice.

**2 PRIMARY CARE STRATEGY COMMITTEE**

**2.1 Primary Care Strategy Implementation**

The Primary Care Strategy Committee met on 21 September and received highlight reports from each task & finish group. The programme was running in accordance with anticipated timescales hence there was no slippage on any part of the programme. Workbooks were reviewed for all task and finish groups, with acknowledgement from the committee on current progress and next steps. The highlights are captured within the table below:-

<b>Task &amp; Finish Group</b>	<b>Highlights</b>
<b>Practices as Providers</b>	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular), Jason Nash and Barry White in relation to the following projects:</p> <ul style="list-style-type: none"> <li>- Collaboration between practices to improve access</li> <li>- Integration of Primary and Community services</li> <li>- Practices sharing back office functions</li> <li>- Review of identified pathways / redesign opportunities</li> <li>- An action was recorded to ensure that the latest work on the proposed shortness of breath clinic was duly shared with the Clinical Reference Group in order to consider the proposal before progressing any further.</li> </ul>
<b>Localities as Commissioners</b>	<p>The workbook was reviewed by the Committee and assurance provided by Sarah Southall (on behalf of Ranjit Khular) in relation to the following projects:</p> <ul style="list-style-type: none"> <li>- Governance / functions of locality and clinical network groups</li> <li>- Commissioning and contracting cycle</li> <li>- Monitoring and quality</li> <li>- Engagement and development of services</li> <li>- Business intelligence and data</li> <li>- Revisions to the programme of work were approved by the committee.</li> </ul>





<p><b>Workforce Development</b></p>	<p>The workbook was presented by Sarah Southall, based on a revised programme of work that had been supported by the Task &amp; Finish Group this covered the following components:-</p> <ul style="list-style-type: none"> <li>- Primary Care Workforce Strategy</li> <li>- Primary Care Strategy ie workforce analysis, recruitment at group level, development needs &amp; workforce planning</li> <li>- Stakeholder engagement with education providers</li> <li>- Educational events for clinical &amp; non clinical staff groups</li> <li>- GPFV / STP Collaborative Working</li> <li>- Practice Nurse 10 Point Action Plan</li> <li>- Workforce Communication &amp; Engagement Sub Group have launched a centralised vacancy bulletin for primary care in Wolverhampton, 'working in Wolverhampton' video is being produced &amp; website development to improve availability of information &amp; publicity of Primary Care in Wolverhampton is also actively being progressed.</li> <li>- Interim support will be in place from September to March from dedicated a resource for Primary Care Workforce Development</li> <li>- The revised programme of work for the Task &amp; Finish Group was approved by the committee.</li> </ul>
<p><b>Clinical Pharmacists in Primary Care</b></p>	<p>The workbook was presented by David Birch, the committee is happy with progress made and agreed with the recommendation to close the task and finish group transferring the responsibility for ongoing monitoring of effectiveness to the Workforce Task &amp; Finish Group. A dashboard will be prepared &amp; shared for ongoing monitoring purposes, this will be presented at regular intervals to the task and finish group (workforce).</p>
<p><b>General Practice Contract Management</b></p>	<p>The workbook was presented by Sarah Southall on behalf of Vic Middlemiss, the Committee considered assurance provided in relation to the following projects:-</p> <ul style="list-style-type: none"> <li>- Implementation of a virtual alliance contract</li> <li>- Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England</li> </ul>
<p><b>Estates Development</b></p>	<p>The workbook was presented by Stephen Cook, on behalf of Tally Kalea, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> <li>- Primary Care BCF hub</li> <li>- Primary Care Estates</li> <li>- Estates Prioritisation</li> <li>- A number of practices in Wolverhampton were currently involved in developments or consolidating estate.</li> <li>- There was also a reduction in void costs noted. The reduction had been viewed as a QIPP saving and further updates would be included in subsequent workbook records.</li> </ul>
<p><b>IM&amp;T</b></p>	<p>The workbook was presented by Stephen Cook, the committee considered assurance provided as follows:-</p> <ul style="list-style-type: none"> <li>- Showell Park clinical system had fully migrated to EMIS in June 2017. The next practice to be migrated would be in October 2017 (Castlecroft)</li> <li>- The Sound Doctor is currently being rolled out, with presentations to practice managers forum and team W scheduled for September and October</li> <li>- Two text messaging project had been costed &amp; a trial due commence prior to Christmas with a view to full rollout before the end of the financial year</li> <li>- Wolverhampton Babylon to be revisited</li> </ul>





In addition, the committee considered a newly prepared milestone plan that summarised anticipated delivery of the programme from April 2017 to the end of March 2018. The plan was agreed and would be revisited at the end of each respective quarter to review progress.

## 2.2 General Practice Five Year Forward View Progress

Implementation in line with the CCGs local plan continues to make good progress, key areas of activity across the programme include:-

- Number of projects live - 39
- Number of projects completed - 3
- Number of projects due to commence – 3 (awaiting national guidance)

The committee also agreed that the milestone review plan for the GPFV would be reviewed at quarterly intervals to ensure timely progress was being made against each project within the programme.

During September particular activity had taken place in the following areas:-

### 2.2.1 Care Navigation Training

An initial development session has taken place with stakeholders from across the city following the recent soft launch of the city's Directory of Services (DOS). Care Navigation will enable administration & reception staff from across general practice to signpost patients to services that do not require a GP referral in a more timely manner, reducing waiting times and improving information available to patients about a series of pathways that have been identified and captured in Phases 1-3 of the roll out. Phase 1 pathways are due to be finalised at the next stakeholder event in October with a view to implementation shortly afterwards, Phase 2 and 3 will follow in 2018.

In addition, there will be 100 licences available for general practice administration & reception staff to access online & face to face training in the use of care navigation templates that are part of the CCGs Care Navigation Programme. Clinicians attending the general practitioner educational event (Team W) will also hear about the progress & next steps for the programme.

### 2.2.2 Sound Doctor

This project is currently in the implementation phase, the provider will be attending Practice Managers Forum and Team W to promote the service. This will be closely monitored at Practice Group Meetings from September onwards. A range of short videos have been identified to assist patients with long term conditions to manage their illness. This initiative is aligned to Self-Care, one of the 10 high impacts for general practice.

### 2.2.3 Resilience Funding

Funds had been secured earlier in the summer to enable a practice & practice groups to take part in the Resilience Programme. Memorandum(s) of Understanding have been signed between NHS England and the CCG (or contract holder for the practice(s) involved) and discussions are taking place with providers of the programme to agree start date(s).

#### 2.2.4 Training & Development

An extensive range of training continues to be available for practices, currently availability has been advertised as follows:-

- Advanced Care Navigation Development Workshops 15/09/17 & 18/10/17
- Effective Telephone Conversations –Clinical Staff 11/10/17
- Effective Telephone Conversations –Non Clinical 11/10/17
- Patient Choice & e-RS Training 17/10/17
- Care Navigation & Signposting Training 19/10/17

A page has been developed on the website as a central reference point for training updates and promotion, to enable easier access for staff and frequent updates to be available.

#### 2.3 Bank Holiday Opening

The committee considered a report pertaining to August Bank Holiday. There had been 4 Hubs open on Monday 28<sup>th</sup> August 2017. Analysis of uptake confirmed the following:-

- Appointments allocated via the practices are consistently utilised
- Poor utilisation of same day appointments by NHS111
- Low DNA rate & high levels of patient experience had been reported

The service specification for Bank Holiday Hubs advocates that 50% of available appointments should be assigned as pre-planned urgent available to practices from within the group, the remainder should be same day urgent appointments bookable via telephone contact with the hub and/or referral from NHS111. Whilst attendance for planned urgent appointments was high, utilisation of same day urgent appointments was less favourable. Discussions with NHS111 continue to take place regarding the reason(s) for poor utilisation. Allocation of appointment is likely to be revisited in preparation for bank holiday(s) over the festive season in order to achieve the highest rates of utilisation reasonably possible.

#### 2.4 Transformation Fund Assurance

Each practice group has provided assurance against quarter 1 delivery plans, this includes Vertically Integrated Practices, Medical Chambers & Primary Care Home 1 & 2. The report confirmed how each group was making progress against each of the high impact actions and how practices were working together to deliver services as scale. Primary Care Home 1 & vertically integrated practices were providing improved access through opening on Saturday mornings, Medical Chambers (Unity) and Primary Care Home 2 were due to commence early in October. Practices have actively advertised this provision within practices via posters, websites, text messages (where possible), answerphone & practice leaflets.

A new emerging group of practices (Medical Chambers) in addition to Unity have commenced discussions to consider how they may satisfy the criteria for funding. Discussions continue with the primary care team, with a view to delivery plan being devised in quarter 3.

## 2.5 Frequency of Meetings

The committee considered the viability of future meetings, in recognition of the control measures in place & track record the decision was taken to reduce the frequency of meetings from October onwards to quarterly. The responsible Director would continue to undertake a monthly assurance review with the Head of Primary Care, any escalations during the intervening period would be made directly to the CCG Weekly Executive Meeting(s) as and when the need arose.

## 3 **CLINICAL VIEW**

3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at the committee along with involvement at task and finish group level too. This assist in delivery of a clinically driven programme.

## 4 **PATIENT AND PUBLIC VIEW**

4.1 Whilst patients and the public were engaged in the development of the Primary Care Strategy and Patient Participation Group Chairs are involved in discussions associated with both programmes of work the Governing Body lay member is also appraised of ongoing developments & intentions through regular liaison & discussions.

4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in September, and meetings at group level have been introduced on a quarterly basis to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients within their respective practice group.

## 5 **RISKS AND IMPLICATIONS**

### ***Key Risks***

5.1 The Primary Care Strategy Committee has in place a risk register that captures the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

### ***Financial and Resource Implications***

5.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and task and finish group level will enable appropriate discussions to take place in a timely manner.

### ***Quality and Safety Implications***

5.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme has established is anticipated to be met with positive experiences of care. The quality team are actively engaged as service design / redesign takes place and evaluation of existing care delivery is undertaken.

***Equality Implications***

- 5.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

***Medicines Management Implications***

- 5.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

***Legal and Policy Implications***

- 5.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

**Name** Sarah Southall  
**Job Title** Head of Primary Care  
**Date** 29 September 2017

**Enclosure(s):** Milestone Plans (GPFV & Primary Care Strategy)

**SLS/GBR-PCSC/OCT17**



## 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>NA</b>	
Public/ Patient View	<b>NA</b>	
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>NA</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>NA</b>	
Information Governance implications discussed with IG Support Officer	<b>NA</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>NA</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Steven Marshall</b>	<b>30.9.17</b>



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GPFV Milestone Plan 2017/2018

Quarter 1	
Investment In General Practice	New Models of care organisations established. Local Models PCH1 & PCH2, Medical Chambers and VI established
	Project commenced to explore feasibility of Consultant Connect - GP access to hospital consultant hotline for advice and support (discussed at CRG).
	Arrangement in place for additional Bank Holiday coverage via Practice Group Hubs (commenced Easter Bank Holiday).

Quarter 2	
Investment In General Practice	Transformation Fund Specification (Additional 20 minutes per 1,000 patients, working at scale & implementation of 6/10 high impact actions) delivery plans received & implemented VI & PCH1. PCH2 & Unity plan produced & implementation anticipated by October 2017.
	Arrangement in place for additional Bank Holiday coverage via Practice Group Hubs (August Bank Holiday).
	The Sound Doctor - self care provision commissioned and mobilised
	Transformation Fund Specification - Quarter 1 assurance reports received & shared with PCSC

Quarter 3	
Investment In General Practice	Accessing records across practices - all practices to be aligned with preferred MOC. Practices working at scale.
	Share draft Transformation Fund Specification (including improving access) for 2018/19 with Group Leads
	further consideration should be given to developing additional CAS(s) & Advice & Guidance
	Bank holiday cover provided by each practice group over christmas/new year bank holiday period.
	Transformation Fund Delivery Plan implemented by PCH2 and Medical Chambers
	Sound Doctor- Self Care Provision conclude launch.
	Transformation Fund Specification - Quarter 2 assurance reports received & shared with PCSC

Quarter 4	
Investment In General Practice	Transformation Fund Specification - Quarter 3 assurance reports received & shared with PCSC
	Finalise Transformation Fund Specification for 2018/19 with Practice Groups
	Sound Doctor- review effectiveness

Quarter 1	
Workforce	Practice Manager Development Programme launched (May 2017)
	Care Navigation Training/ WIN launch
	Occupational Health Service in place for GPs
	Interest in overseas recruitment scoped
	Monitoring of practices accessing training for staff through CEPN
	Healthy Living Pharmacy, in collaboration with PH, programme of work developed

Quarter 2	
Workforce	Practice Manager Development Programme on-going
	Care Navigation training/ WIN held
	Aspiring Practice Manager training held
	Advanced Care navigation development session
	Implemented Wolverhampton primary care vacancy webpage
	development of a 'Wolverhampton' video
	Wave 2 Clinical Pharmacists recruitment commenced
	Practice Nurses Mentors increased following completion of training.
	Continued involvement in the HLP programme of work, enabling joint working between practice(s) and
	Monitoring of practices accessing training for staff through CEPN

Quarter 3	
Workforce	Practice Manager Development Programme on-going
	Document Management System scoped
	Effective Telephone Consultations- Clinical and nonclinical held
	continuation of the development sessions and promotion of advanced care navigation. Programme launched with practices and online training resource available.
	Stakeholder list finalised for Wolverhampton Primary Care Vacancy Bulletin
	Launch Working in Wolverhampton video
	development of pages on intranet and external website to encourage potential workforce and increase engagement with new & existing staff
	overseas recruitment- STP level
	West Midlands Deanery candidates to be finalised
	Continue to increase number of Practice Nurses Mentors
	Monitoring of practices accessing training for staff through CEPN
	Continued involvement in the HLP programme of work, enabling joint working between general practice and community pharmacy

Quarter 4	
Workforce	Practice Manager Development Programme concludes
	Document Management System Project continues
	direct patient access to physiotherapists
	Review effectiveness of Care Navigation Training & implementation of new ways of working.
	Practice Makes Perfect facilitated by CCG Quality Team
	Pilot of Medical Assistant roles developed (pending availability of competency framework from HEWM)
	Monitoring uptake of training available to practices via CEPN
	Continued involvement in the HLP programme of work, enabling joint working between general practice and community pharmacy
	Mental Health therapists in PC - pending funding/guidance

Quarter 1	
Workload	Consultant Connect discussed at CRG (as above)

Quarter 2	
Workload	Bid for resilience funding submitted & approved.
	3 practices in receipt of 16/17 funding nearer completion of the programme.
	*6 programme for care homes rolled out via NHS 111
	111 Access to GP appointments developed by Urgent care lead
	QOF+ framework developed, best practice scoped

Quarter 3	
Workload	PCH to commence Quickstart Programme using resilience successful with resilience funding 17/18 to implement programme
	3 practices in receipt of Resilience funding 16/17 to finish programme
	Review effectiveness of resilience programme (2 practices due to conclude)
	Review take up of 111 appointments
	Further consideration should be given to developing additional CAS(s) & Advice & Guidance
	QOF+ framework plan to implement new model alongside Public Health

Quarter 4	
Workload	Review take up of 111 appointments following bank holiday period.
	Finalise QOF+ prepare for implementation April 2018

Quarter 1	
Practice Infrastructure	Programme of standardisation of GP clinical system (EMIS) across all practices continued (2017/18)
	Roll out of pharmacy summary care record

Quarter 2	
Practice Infrastructure	Standardisation of GP clinical system across remaining practices
	Ask NHS live across Wolverhampton

Quarter 3	
Practice Infrastructure	Standardisation of GP clinical system across remaining practices

Quarter 4	
Practice Infrastructure	standardisation of GP clinical system across remaining practices

Quarter 1	
Care Redesign	GP protected learning time (Team W) overseen by Group Leads, new format introduced.

Quarter 2	
Care Redesign	Emis remote consultation project (4 practice groups) including information sharing agreements & configuration
	GP protected learning time (Team W) working well, to continue to be planned and supported by Group Leads Meeting.

Quarter 3	
Care Redesign	EMIS remote consultation software to be utilised as part of extended access hub working
	Review effectiveness / attendance at protected learning time events (Team W) via Group Leads.

Quarter 4	
Care Redesign	Anticipate implementation of shadow year ACA (MCP light contract) by April 2018
	Review effectiveness / attendance at protected learning time events (Team W) via Group Leads.



**Primary Care Strategy Committee Milestone Plan 2017/2018**

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Primary Care Strategy Committee	Complete - Applied for authorisation for full delegation of Primary Care Commissioning	Primary Care Strategy Committee	Complete - Ensure alignment to CCG Strategies and standard operations: QIPP, Operating Plan, BCW, H&WB, STPs.	Primary Care Strategy Committee	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q3)	Primary Care Strategy Committee	Complete - Review formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.
	Complete - establish Primary Care Commissioning Committee following discussions refining remit and broader relationship to CCG		Complete - Develop Primary care Home Model and associated accreditation process at Locality level.		Complete - Develop delivery plan for integrated Primary Care and Community Services.		Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q4)
	Complete - Ensure alignment with CCG strategies and standard operations; QIPP, Operating Plan, BCW, H&WB, STPs		Start - Primary Care Contracting Strategy to be shared with the Primary Care Strategy Committee and Primary Care Commissioning Committee to clearly define direction of travel for commissioning services.		Complete - Ensure Locality level resource identified and funded		Complete - Review effectiveness of communication from within Localities to Localities Leads, Members Meetings and Governing Body.
	Complete - Maintain formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.		Start - Develop delivery plan for integrated Primary Care and Community Services.		Complete - Ensure Locality level resource identified and funded and implemented		
	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q1)		Start - Ensure Locality level resource identified and funded and implemented		Complete - Ensure Locality Development Plans are in place to address Locality population health care needs, locality specific projects, and joint initiatives with partners/stakeholders.		
	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q2)		Start - Reintroduce Locality Level Meetings led by Clinical Lead and Locality Manager.		Complete - Ensure Locality Development Plans include GP Forward View Implementation and links to Primary Care Strategy Task and Finish Groups.		
	Complete - Review governance arrangements for the programme of work.				Start - Ensure members engagement events are held at no longer than quarterly intervals (Q3)		
	Complete - Identify resource implications for New Models of Care (clinical & non clinical)						
	Start - Ensure Locality level resource identified and funded						
Start - Develop Primary care Home Model and associated accreditation process at Locality level.							

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
New Model of Care Objectives	Complete - Back Office Function Review ( Stage 1 - scoping)	New Model of Care Objectives		New Model of Care Objectives	Complete - Stage 2 - Back Office Function Review	New Model of Care Objectives	Complete - Launch 10 high impact action projects (IT etc)
	Strat - Launch 10 high impact action projects (IT etc)				Complete - Improve access (7DS)		Complete - Introduce new roles
	Start - Introduce new roles						Complete - Strengthen CNTs via our BCF (specialist nurses & paediatrics)
	Start - Strengthen CNTs via our BCF (specialist nurses & paediatrics)						
	Start - Care Navigation; Active Patient Management; Social Prescribing all in place						

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Practice as Providers	Complete - Revision of T&F Group terms of Reference and programme of work	Practice as Providers	Start - Practices collaborating to deliver improved access	Practice as Providers	Complete - development of ensuring primary and community services are integrated	Practice as Providers	Complete - Practices collaborating to deliver improved access
	Start - Practices are sharing back office functions to enable working at scale		Complete - Review of Clinical Pharmacy Role		complete - 6 month and evaluation of frailty pathway redesign.		
			Start - development of ensuring primary and community services are integrated				Complete- Practices are sharing back office functions to enable working at scale

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
General Practice as Commissioners	Complete - Revision of T&F Group terms of Reference and programme of work	General Practice as Commissioners	Start - Business Intelligence and Data	General Practice as Commissioners	Complete - Commissioning and Contracting Cycle	General Practice as Commissioners	Complete- Monitoring and Quality
	Start - Governance/ Functions of practice groups/ clinical network groups		Start - Commissioning and Contracting Cycle				Complete - Governance/ Functions of practice groups/ clinical network groups
	Start - Engagement and Development of Services (s)		Start - Monitoring and Quality				

Quarter 1	
Workforce Development	Complete - Revision of T&F Group terms of Reference and programme of work
	Start - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:
	Start - Practice Nurse Ten Point Action Plan

Quarter 2	
Workforce Development	Start - to deliver Primary Care Workforce Strategy
	Start - to deliver Primary Care Strategy
	Start - Establish and maintain strong links with stakeholder educational establishments

Quarter 3	
Workforce Development	Complete - Establish and maintain strong links with stakeholder educational establishments

Quarter 4	
Workforce Development	Complete - Primary Care Workforce Strategy
	complete- Primary Care Strategy
	Complete - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:
	complete - Practice Nurse Ten Point Action Plan

Quarter 1	
Clinical Pharmacist	

Quarter 2	
Clinical Pharmacist	Complete - Plan to be developed with GPs to promote the role of clinical pharmacist (in line with national GP five year forward view) and recommendations / solutions from plan to be shared with the Board
	Complete - Review and develop proposals to reconfigure current medicines optimisation service provisions
	Complete - Contribute to the training and development of clinical pharmacist

Quarter 3	
Clinical Pharmacist	

Quarter 4	
Clinical Pharmacist	

Quarter 1	
Primary Care Contract Management	Complete - Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting.
	Complete - Develop a standardised collaborative approach to contract review and development support to enable a single contract monitoring visits

Quarter 2	
Primary Care Contract Management	

Quarter 3	
Primary Care Contract Management	Complete - Implementation of a Virtual Alliance Contract
	Complete Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England

Quarter 4	
Primary Care Contract Management	

Quarter 1	
Estate Development	Complete - estate Survey
	Complete - Estates Strategy to be present and approved at LEF

Quarter 2	
Estate Development	Started - Prioritisation work of Primary Care Estate to be undertaken
	Started - Primary Care Void space to be reviewed

Quarter 2	
Estate Development	Completed - Prioritisation work of Primary Care Estate to be undertaken
	Started - Implement estates strategy

Quarter 4	
Estate Development	ETTF Funding to be spent for Cohort 1 practices

Quarter 1	
IM&T - Business Intelligence	IM & T Deep Dive Review
	Single Clinical System - Agrawal Passi & Handa Merger
	Single Clinical System - Showell Park Migration

Quarter 2	
IM&T - Business Intelligence	Integrated Working - Go Live EMIS Remote Consultation
	Improving Access (Lean) - Initialize SMS Text Project

Quarter 3	
IM&T - Business Intelligence	Integrated Working - Shared Clinical Record Migrate to new Server with GP Data.
	Integrated Working - Go live Secondary Care Data.
	Integrated Working - EMIS Anywhere Laptops deployed
	Single Clinical System - Castlecroft Migration
	Single Clinical System - Grove & All Saints Merger

Quarter 4	
IM&T - Business Intelligence	Complete - Improving Access- Increasing the range of contact modes
	Complete Improving Access - Lean
	Integrated Working - Go live EPaCCs.
	Integrated Working - Go live Mental Health Data.
	Improving Access (Lean) -Complete SMS Text Project
	Single Clinical System - Grove & Caerleon Merger

**WOLVERHAMPTON CCG**
**Governing Body**  
**10 October 2017**
**Agenda item 20**

<b>TITLE OF REPORT:</b>	<b>Communication and Participation update</b>
<b>AUTHOR(s) OF REPORT:</b>	Pat Roberts, Lay member for PPI Helen Cook, Communications, Marketing & Engagement Manager
<b>MANAGEMENT LEAD:</b>	Pat Roberts – Lay member for PPI
<b>PURPOSE OF REPORT:</b>	This report updates the Governing Body on the key communications and participation activities in September 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is intended for the <b>public</b> domain
<b>KEY POINTS:</b>	The key points to note from the report are:  2.1.1 <b>Minor Eye Conditions Service (MECS) launch</b> 2.1.3 <b>Winter Campaign starts - Flu</b> 2.1.4 <b>Shortlisted for HSJ award “CCG of the Year”</b>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b> and <b>discuss</b> this report</li> <li>• <b>Note</b> the action being taken</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> <li>• Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions.</li> <li>• Works in partnership with others.</li> </ul>
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> <li>• Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions.</li> <li>• Works in partnership with others.</li> <li>• Delivering key mandate requirements and NHS Constitution standards.</li> </ul>
3. System effectiveness delivered within our financial	<ul style="list-style-type: none"> <li>• Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients</li> </ul>



envelope	that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.
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## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body on the key activities which have taken place September 2017, 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 Minor Eye Conditions Service (MECS) launch

A new campaign started in September to launch the new MECS service offering people the chance to see their optician for eye conditions, which they may previously have gone to hospital for. The MECS service replaces the PEARS service which has operated in Wolverhampton since 2014. Full details on <https://wolverhamptonccg.nhs.uk/your-health-services/eye-care-service-mecs>

#### 2.1.2 Press Releases

Press releases since the last meeting have included: Flu season set to begin; World Alzheimer's Month – Remember me; WCCG shortlisted for HSJ award; New service brings eye care into focus; AGM success; Have a slice of cake for Macmillan and Red Bag Scheme.

#### 2.1.3 Winter Campaign - Flu

The winter campaign has started with a focus on flu jabs. All public who are identified as being in an "at risk" group are invited to take up their flu jab at their GP surgery or with at their local pharmacy. The first focus is on older people and carers, who are more at-risk of catching flu and suffering complications and are urged to get their vaccination early to prevent illness.

#### 2.1.4 Shortlisted for HSJ award "CCG of the Year"

We are delighted to have been shortlisted by the 2017 HSJ awards. Our Executive Team will present to the judges in early October, and the winners of the award will be announced at the November awards event.

### 2.2. Communication & Engagement with members and stakeholders

#### 2.2.1 GP Bulletin

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

#### 2.2.2 Practice Nurse Bulletin

The September edition of the Practice Nurse Bulletin included the following topics:

Sign up to the new CCG intranet  
WDVF training opportunity  
Support the journey of cancer patients in community setting



Roaring to #End FGM  
Invitation to attend Best Practice Nursing  
Staff and patient guidance to keep GP online services available.

### 2.2.3 Practice Managers Forum

The PM Forum planned sessions covered the following topics in September:

- Diabetes prevention
- Sound Doctor
- Domestic Violence Template Intro
- Base 25 introduction into the new Rapport Counselling service
- Bowel Screening promotion
- Care Navigating introduction

### 2.2.4 Joint Engagement Assurance Group (JEAG)

The JEAG group met on 5 September to share communication and engagement activity and ideas for their represented organisations/groups.

## 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 Patient Groups

#### PPG Chairs and Citizen Forum Group

This group met during September and were informed on the MSK Connect Service, Briefing on Virtual PPG groups and were updated on Primary Care and in particular the 'Care Navigator system'.

The member's also fed back on issues they are experiencing at their Practices. For example: a lack of support for the PPG from the Practice's, they are still trying to combat this and were interested in the Mjog. system for DNA and also as a vehicle for gaining interest in virtual PPG groups.



**5. LAY MEMBER MEETINGS – attended:**

**5.1 Lay Member meetings and news**

The lay member met with RWT engagement lead and Healthwatch lead to exchange views and issues. Healthwatch is seeking to conduct a visit and report on A&E in the near future, and RWT is still recruiting to their new patient council.

A new Patient committee member has been recruited to the Quality and Safety Committee.

**6. KEY RISKS AND MITIGATIONS**

N/A

**7. IMPACT ASSESSMENT**

7.1. **Financial and Resource Implications** - None known

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

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

7.4. **Legal and Policy Implications** - N/A

7.5. **Other Implications** - N/A

**Name: Pat Roberts**

**Job Title: Lay member for PPI**

**Date: 26 September 2017**

**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		
Public/ Patient View	<b>CF/PPG chairs</b>	
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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Pat Roberts</b>	<b>26 September 2017</b>





**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 8th August 2017,  
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON  
SCIENCE PARK.**

<b>PRESENT:</b>	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Danielle Cole	-	Administrative Officer

**APOLOGIES:**

Steven Forsyth	-	Head of Quality & Risk
Jim Oatridge	-	Interim chair WCCG

**1. APOLOGIES & INTRODUCTIONS**

Introductions were made and the above apologies were noted by members.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were raised.

**3. MINUTES & ACTIONS OF THE LAST MEETING**

3.1 Minutes of the 11<sup>th</sup> July 2017

The minutes of the meeting held on the 11<sup>th</sup> July 2017 were approved as an accurate record.

PP queried if a GP has been nominated to lead for the Primary Care Mortality Reviews. MG responded RWT have identified a GP from the VI group however following discussions at the previous QSC, it was decided that the CCG should identify a GP from the wider CCG membership. A discussion has been held with RWT re this and JO has agreed to revise the terms of reference of the review team to include a GP from primary care. A job role is being sought from NHSE, following this an advert will go out to all GPs across the City who are not part of the VI and then we can move forward with the planned reviews.

PP asked if there has been any progress on the Probert Court Contract in regards to reimbursement. MG responded the CCG can reclaim some of the monies back, contracts have written to Accord. This action is in progress and sitting with contracts.



PP queried if there has been further discussion in response to the implications of Grenfell as discussed at the last meeting. MG responded NHS England is leading and all organisations were requested to respond. The Heart and Lung Centre at RWT failed the national call for information as the Heart and Lung Centre uses cladding panels which would not pass the combustion test. Helen Hibbs has been in touch with David Loughton to see what plans are in place. The Trust has strengthened their action plan and fire strategy to build in; increased security, control of parking in front of the Centre, increased number of Fire Marshalls and increased training for all staff. The Trusts current Evacuation Plan has been reviewed and strengthened; patient safety remains a top priority. A full report will be presented at Governing Body.

### **3.2 Action Log from meeting held on the 11<sup>th</sup> July 2017**

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

#### **4.1 Matters Arising – Complaints Data**

SP is still awaiting further correspondence from Olivia Taylor. Action remains on-going.

#### **5.1 Monthly Quality Report – Primary Care Mortality review**

MG stated a meeting has been scheduled with the GP to gauge their understanding of the role. A business case is also being prepared in order to bring to SMT to approve a GP from Primary Care who is not linked to VI surgeries who would be interested in undertaking Mortality reviews. A clinical advisor role is being sought from NHSE, following this communication will be shared with LMC and a job advert will go out. Action remains on-going and to be added to September agenda for an update on progress.-

**Action:- DC to add to Septembers agenda.**

#### **5.1 Monthly Quality Report – Serious Incidents**

SP stated verbally there has been no Serious Incidents reported. **Action Closed.**

#### **6.1 Risk register – Vocare**

**Agreed to close action.**

#### **6.1 Risk register – Risk 414**

Complete – **Action Closed.**

#### **10 Any other business – Electronic prescriptions**



Item to be discussed outside of meeting – **Action Closed.**

#### **4. MATTERS ARISING**

No Matters Arising was raised.

#### **5. ASSURANCE REPORTS**

##### **5.1 Monthly Quality Report**

Report was noted by all present. SP provided a summary of the report.

##### **Urgent Care Provider**

SP stated the Urgent Care Provider, Vocare, is shown as extreme on the risk register. Historically there have been issues around delays in care, staff productivity, safeguarding, performance and quality of care. Vocare's performance is monitored through CQRM and several unannounced / announced quality visits. To date there have been no improvements in terms of how Vocare are managing the issues through their own governance processes. The CQC Inspection Report is awaited. WCCG have undertaken a number of unannounced quality visits during the busiest hours, concerns were raised regarding patient information, staff activity, clinical prioritisation, lack of triage, clear pathways and clinical leadership. A positive point is an agency nurse is in place and providing triage. The current situation is WCCG will carry on undertaking quality visits, six weekly Improvement Boards and monthly CQRMs.

MG added Vocare was discussed at the latest Quality Surveillance Group at NHS England. NHS England has escalated the rating to enhance surveillance. This was agreed by NHSI, CQC, Health Watch, NHS England and other CCGs from local Black County areas. NHSE have requested a Stakeholder meeting which they will host to take place on Tuesday 15<sup>th</sup> August 2017.

SP highlighted that Contract Team have issued a letter of concern and a Contract Performance Notice (CPN) to Vocare. Vocare to date have been fined £80,000 however the decision was to reinvest that money in order for Vocare to improve their services. A comprehensive action plan is in place, Vocare have been asked to risk rate the action plan to condense to health and safety and core clinical actions.

MG noted today's report provided by Vocare highlights interviews are taking place, six nurses today and one nurse tomorrow in a view to fill the gaps in the clinical rotas. There are also four GPs that are coming through recruitment process that will be available to work in the next two weeks. Vocare have short term recruitment but have been asked to provide a short, medium and long term recruitment and retention plan.



Vocare remains as an extremely high risk on the register, NHS England are hosting a stakeholder meeting next week and WCCG will have to make a decision as to whether we continue to commission Vocare and claw back on all KPIs so the CCG focus on a few essentials or do we look at an alternative provider however, that does have other implications.

#### Maternity Performance Issues

SP stated there have been no significant incidents reported for this month. One incident was reported last month and a full RCA is awaited. KPIs on the maternity dashboard are a concern which could impact on quality and safety.

MG noted she presented a report at the Quality Surveillance Group Meeting. The situation with Birmingham and Black Country maternity is that Good Hope Hospital are shortly going to shift all their elective caesarean section to Heartlands Hospital, there are still concerns with Walsall maternity therefore can only take their capped deliveries, Dudley Hospitals capped their deliveries a year ago and there is also issues in Shropshire. There has been an agreement with the contracts team at RWT to write out to the other units where moms are coming from to encourage those moms to stay within their area.

MG added midwife to birth ratio is still 1:31.5, sickness rate has remained the same and vacancy rate remains high. This remains as a red risk on the register for the fact capacity is saturated. There has been no quality concerns raised but again the Quality Surveillance Group are monitoring closely.

CQRM are maintaining close scrutiny of the maternity dashboard and clinical issues which may come to light.

#### Non-Emergency patient transport service issues (NEPTS)

SP stated the CCG has actively monitored NEPTS contract from its commencement in October 2016; contractual letters have been issued to WMAS regarding a number of issues, including performance. Performance has not been at the levels expected and has recently impacted adversely upon bed capacity and patient flow. Due to the adverse impact this is having on A&E, patient flow and bed capacity in the hospital, the Wolverhampton A&E Delivery Board have agreed to fund the use of a third party transport provider. Whilst the A&E Delivery Board members have agreed the use of system resilience funds, the chair explicitly stated that this is a short term investment of health economy funds to ease bed pressure and reduce the incidence of poor patient experience, whilst WMAS addresses the performance issues. The provider has also failed to meet reporting requirements on KPIs and Quality Reports. At the recent CQRM no Quality Report was presented. Reporting by the provider has been lacking with inaccuracies and missing information, the CCG continues to work closely with the provider to ensure reporting is complete, accurate and meet SI criteria. A CPN has been issued and a



performance action plan is in place. SP added from a Quality perspective no SIs or incidents have occurred, however, at the same time patient experience is a 1% response rate therefore the provider needs to address the methodology of how it captures patient experience.

MG noted at SMT Vic Middlemiss (VM) has reported that the A&E Delivery Board has agreed to release some funds into the system to source an alternative provider to undertake activity that NEPTs cannot fulfil. This is a short term solution as the resources non recurrent. Discussions have taken place as to how the breach in not being able to fulfil the required activity can be reimburses to the CCG.

### Mortality

SP stated RWTs most recent HSMR and SHMI data indicates deterioration in their position. The Trust has commissioned independent coding, diagnostic, palliative and case note reviews.

MG added the CQC have written to RWT stating they have noticed increases in certain conditions, one of which is pneumonia. The Trust is aware hence the three external reviews which are taking place on coding, clinical pathways and case note reviews. All of the reviews are due to come to a conclusion at the end of August. However, having spoken to Jonathan Odum and since the last publication of the SHMI data the mortality rate has improved.

### Step Down Care Home Provider

SP stated at the 12<sup>th</sup> June unannounced quality visit immediate concerns were identified in basic nursing care, health and safety, security of the building and overall management oversight. Since then a monthly Improvement Board, monthly CQRM and weekly visits from the Quality Team have been put in place to look and improvement and sustainability. SP added step down is currently suspended however due to evidenced improvement, WCCG has agreed a further four Step Down patients can be admitted between 1<sup>st</sup> August 2017 and 7<sup>th</sup> August 2017, this is not a formal lift suspension. Step Down admissions are restricted to one per day. WCCG have seen a significant improvement out of 88 actions the provider has completed 56. At the last Quality visit two issues were identified; there are still a number of agency nurses on shift, however three qualified nurses have been appointed but still awaiting boarding checks and secondly around drug omissions. The Care Home has been asked to provide a full comprehensive chronology and investigation into the event.

### RWT Safeguarding Level 3 training

MG stated this remains as an amber on the risk register as both adults' and children training remain under the required levels. WCCG continue to monitor at the monthly CQRM's.



Increased number of NEs 16/17

MG noted the CCG are aware there have been two Never Events reported to date. There is a national review of Never Events, SP has been nominated to be part of the group. There are weekly telephone conferences which SP participates in.

MG suggested the Primary Care report includes a summary sheet moving forward. All agreed.

**Action:- Liz Corrigan to add a summary sheet to the Primary Care report.**

Safety, experience and effectiveness

SP stated there's a slight increase in pressure injuries, majority of these incidents are reported by the community and the numbers are on the rise due to increase in the number of end of life patients nursed in the community. In terms of falls, RWT have reduced falls quite significantly. The Trust has been part of the national falls collaborative and has implemented revised falls policy to prevent and manage patient falls incidents.

SP noted there have been two CDiff incidents reported in July (not confirmed), in total 13 year to date which is one above trajectory. SP stated he has been informed by the IP manager one patient who was CDiff positive has deceased and the death certificate specifies CDiff is the cause of death. RWT have raised this as an SI and a full RCA will be undertaken.

SP highlighted the number of CPE is increasing. The Trust has sent a letter to Public Health England about the effectiveness of the toolkit. A local taskforce is being developed to tackle the CPE issue in Wolverhampton. RWT, WCCG and Public Health will work together collaboratively to develop this taskforce.

PR queried on page 5 the Information Governance breach if the member of staff is still working at the Trust. SP responded a stop clock has been applied to this incident due to a police investigation therefore the member of staff will not be working at the Trust. The CCG are awaiting further detail as only received the 48 hour report.

MG noted she is conscience this is a month to month report that highlights those serious incidents of significant concern that have been reported since the last meeting however, the CCG will have not received the RCA. MG suggested in future including a table that outlines the date the serious incident was reported and when the RCA is expected as this can be 45 – 60 days until received at that point more information can be provided. SP agreed to include this in the Quality Report

**Action:- SP to add a table to the Quality Report that outlines the date a serious incident has been reported and when the RCA is expected to be received.**



## 5.2 Safeguarding Adults, Children and Looked After Children

Report was noted by all present.

AL highlighted the Safeguarding Team working in conjunction with HR has identified the level of safeguarding training each member of staff requires within the CCG. Level 1 safeguarding training has been rolled out, the progress is being monitored and the last reported stated the completion rate is at 61%. Level 2 E Learning Safeguarding modules and staff groups have been identified. The team has also developed a full training programme for the next 12 months that includes level 3 Safeguarding Adults', Safeguarding Children, Domestic Abuse and Female Genital Mutilation. This training will be for CCG and Primary Care staff. Discussions are on-going with HR regarding the recording of training and update for DBS.

AL added NHSE have developed and piloted a Self-Assessment Tool (SAT) to be used by CCGs to provide assurances to NHSE. This electronic NHSE SAT is currently being completed by WCCG to replace the previous tool used by the Safeguarding Team. The timeframe for initial completion is October 2017 which will be evaluated by NHS England with plans to roll it out to providers next year.

The designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths left the organisation in April 2017. Following on-going negotiations with RWT Kath Williams has been identified who will carry out this role on an interim basis. Kath Williams was present at the meeting and provided a brief overview of her previous experience. AL added the job description for the Named GP for Safeguarding Adults is currently being evaluated. The job is expected to be advertised in August 2017.

AL noted members of the CCG Safeguarding Team attend the main providers Joint Safeguarding Group meetings. This enables sharing of information, on-going provision of support and good relationship building with the wider safeguarding team within the organisation.

AL stated the Strategic Group continue to monitor the joint action plan as a result of the CQC Review of Safeguarding Children and Services for LAC. There were a number of recommendations for each of the organisation that's highlighted in the report. MG added the Strategic Group has been enforced for a year. There have been extra-ordinary meetings to look at the CQC action plan, almost all actions are complete, those that are not complete will go over to be managed and monitored through CQRM's. The next Strategic Group will be the final meeting.

AL summarised Safeguarding reviews stating:-

No domestic homicide review were published in Q1 2017. DHR 07 is in progress, the report will be published towards the end of the year.



No Safeguarding Adult Reviews have been published in Q1 2017. Two learning reviews are progressing through the SAR process and almost near completion.

On the 6<sup>th</sup> April 2017 WSCB published the Overview report of the SCR into the death of a baby boy who suffered a serious head injury and multiple fractures in October 2015.

A further SCR is underway following the death of a child in November 2016, with publication of the report towards the end of 2017. Both designated professionals for Safeguarding Children are members of the SCR panel.

Implementation of action plans resulting from IMRs and recommendations are monitored by the WSCB SCR committee and in addition WCCG when services commissioned by WCCG are involved.

KW stated included in the report is a performance table which demonstrates agency performance alphabetically. The table bands different agencies by number of systems used, ensuring comparisons can be like for like. The table only includes the agencies collocated in the MASH. Administration officers became embedded in the MASH following their induction in April. Performance has improved for health (RWT) from this point. Issues that are raised by CSC regarding 'health' are acted upon as a matter of urgency, with WCCG, RWT and BCPFT working together.

Looked After Children

Report was noted by all present.

Fiona Brennan (FB) emphasised the huge movements made in terms of Looked after Children that the Safeguarding Team have made. Since being in post the two main challenges FB felt were the quality of health services for children placed out of area and secondly the unwanted variation in ways that we work nationally and regionally. Progression has been made in both areas. The proposed commissioning arrangement with RWT to support tackling the health care for children placed out of area was agreed with RWT in June 2017. This will result in RWT extending their geographical coverage of service provision, enabling robust management and oversight of the health needs of children and young people within a 50 mile radius. The implementation of a national database containing exemplars of good practice has been created to address the unwarranted variation for LAC. In order to ensure robust reporting arrangements are in place, KPI targets have been added to the RWT dashboard in line with national standards.

FB noted the DNLAC is a member of the National Group, and in May 2017 agreed to represent the region at a newly developed expert group for LAC, led by NHSE.

MG stated a red on the CQC action plan relates to DNLAC role should be 100% strategic rather than split role of operational and strategic. MG confirmed this role is 100% strategic





therefore can focus on quality assurance.

Committee agreed this was an excellent report.

### 5.3 Medicines Optimisation Update

Report was noted by all present.

DB highlighted the safety alerts received in the last three months that health care professionals have needed to be aware of. Healthcare professionals have been informed about the alerts via the monthly newsletter and/or Script/Switch information messages. Specific advice has been provided to healthcare professionals on ways and means of reducing risk.

DB stated additional alerts have been issued signposting prescribers to a resource titled “resources to support the safety of girls and women who are being treated with valproate”. Between April and June 2016, the Primary Care Medicines Team (PCMT) had identified 163 patients of childbearing age prescribed valproate; MHRA information cards and/or letters were issued to these patients. This quarter the PCMT raised awareness of the patient safety alert with GPs and other prescribers and have run searches to identify patients who had not previously received MHRA information cards and/or letters. The PCMT brought to clinician’s attention that the possibility of osteonecrosis of the external auditory canal should be considered in patients receiving denosumab who present with ear symptoms including chronic ear infections or in those with suspected cholesteatoma. The MHRA Drug Safety Alert also alerted clinicians to warn patients not to apply brimonidine gel to irritated or damaged skin, including after laser therapy to the skin, to reduce the risk of systemic cardiovascular effects. The PCMT has developed a protocol to run in GP practices to remind clinicians that when prescribing brimonidine gel to provide this advice to patients.

DB noted the team had a total of 207 face to face or telephone patient contacts from April to June 2017. PR queried who the contacts are. DB confirmed the CCG commissioned a service where a pharmacist sits within each practice.

DB highlighted from the report the on-going work of the Primary Care Medicines Team.

DG added the CCG has offered a prescribing Incentive Scheme to GP practices to:

1. Review and if appropriate, revise current prescribing practice and use implementation techniques to ensure prescribing is in line with Public Health England guidance with the aim of achieving the CCG Quality Premium. This includes total Antibiotic Prescribing and Co-amoxiclav, cephalosporins and quinolones as a percent of all antibiotic prescribing.
2. Review and if appropriate, revise prescribing of hypnotics to ensure that it is in line with national guidance. There has been an improvement this year as the national



average is 0.251, the current CCG prescribing rate is 0.232 however over the year the national rate has dropped.

3. Prescribing of blood glucose testing strips (BGTS) should be based on patient's individual needs and patients should receive a product from the preferred list of BGTS and meters to be used locally. BGTS with an acquisition price of £10 are deemed to be cost-effective and a target has been set to reflect this. The target for all practices is to achieve a prescribing rate above 55%; the current CCG prescribing rate is 62%.
4. To encourage the review of the appropriateness of non-steroidal anti-inflammatory drug on a routine basis. Prescribing should be the lowest effective dose for the shortest duration of treatment necessary to control symptoms. Practices at or below 1.382 which is the national average will need to remain below that target. The CCG position to March 2017 is 1.134.

DB noted the reporting issues with RWT. DB added medicine commissioned by the CCG continues to have a prior approval form submitted by RWT which provides the CCG with assurance that the medicine are being subscribed is in line with NICE Guidance. A piece of software called BlueTeq allows the CCG to challenge prescribing and to ensure the drugs are issued appropriately. Successfully challenged and refunded is £56,062.66 return compared to the cost of Blueteq at £6,000.

DB stated as well as the team of pharmacists working within the practices there is also dieticians working on Oral Nutritional Supplements and Prevention of Malnutrition that produce a yearly report. This service has been commissioned for the last three years. The service provides; training to other community teams to increase awareness of referral criteria and community malnutrition guidelines, focuses on training and assessments on the care homes that have not attended a training event in the last two years, the team encourages care homes to use the MUST for nutrition screening and develop further resources for care homes to use standardised food and fluid chart MUST tool.

MG questioned the promotion of food first rather than patients receiving food supplements, is there any evidence which supports that the patients aren't losing weight or deteriorating health as a result of this as it's much easier for care staff to offer supplements rather than dedicating time to feeding patients. Molly Henriques-Dillon (MHD) confirmed this forms part of a project on the SPACE programme.

#### 5.4 Quality Assurance in Care Homes

MHD highlighted the main points to bring to the committees attention is the positive impact the Quality Nurse Advisor Team is having on improving quality, safety and admission avoidance across the care home sector. MHD asked the committee to support the development of a Business Case to enable sustained improvement beyond the SPACE Programme.

MHD gave an overview of the report stating;



Two stage 3 and 4 pressure injuries (PI) were determined avoidable during Q1 compared to same time last year when 14 avoidable PIs were reported. This is an 86% improvement in relation to harm from PIs acquired in the care home. A total of 15 stage 3 & 4 PIs were reported during Q1 2016/2017 compared to five for Q1 2017/2018.

19 safeguarding concerns/MASH referrals were referred to the QNA team during Q1 compared to the last quarter when 31 referrals were received. Of the 19 referrals 17 were related to alleged neglect and acts of omission, two were associated with physical abuse and one organisational abuse. Of the 17 alleged acts of omission or neglect all related to poor care and homes are working to improvement action plans supported by the respective QNA and QI facilitator for the SPACE programme.

There is an upward trend in terms of falls; nine serious incidents were reported on STEIS. RCA investigations are in progress and falls prevention training is underway with respective homes.

In Terms of homes suspended, four homes remain in suspension during Q1 due to poor care and adult safeguarding concerns. Two of the suspended have had partial lifts approved by the LSS. The home which is fully funded by the CCG for step down and step up is partially suspended by the CCG and being managed by the CCG Improvement Board.

The overall number of attendances at A&E/AMU during Q1 was 102, a slight increase compared to the same time last year when 91 was reported. The main reason for attendance at A&E during this quarter was for 20 falls, 11 chest infections and 31 other incidents being the largest number. There needs to be a deeper investigation as to what the other 31 reasons are.

49 hospital admissions were reported in Q1, down on Q4 when 65 were reported and 83 in Q3 was reported giving a decreasing trend of 24.7%. Again falls and chest infections continue to be the main reason for hospital admissions.

Due to the updating of NHS Safety Thermometer platform in April 2017 harm free care data for care homes could not be retrieved. NHS digital are aware of the issues and working on a solution.

The work with the local LA colleagues on developing local standards and an effective electronic solution for care homes is ongoing.

The local LA has agreed to release one of the Quality Assurance and Compliance Officers to support the SPACE programme under a secondment arrangement to facilitate the learning from excellence agenda. A proposal is being worked up to host a SPACE Champion Award event in September 2017 to celebrate and share successes and the learning.



MHD provided a presentation on the SPACE programme stating;

- The SPACE programme baseline evaluation commenced in September 2016 and formal introduction of PROSPER to care homes in November 2016.
- The patient safety collaborative and NHS England recognised there was a need to promote harm free care and to reduce numbers of hospital admissions and improving safety culture from nursing homes.
- There are 11 (691 beds) care homes on programme in Walsall and 18 (1120) homes in Wolverhampton.
- The Patient Safety Collaborative supported funding for two members of staff in Wolverhampton and one member of staff in Walsall.
- The Methodology is to train the care home staff and managers around quality improvement techniques and methods.
- The safety cross tool methodology has been found really useful as the care homes have been able to map out where there concerns are and behavioural patterns.
- Safety Boards methodology has also been introduced again this is about care home staff knowing their residents certain needs and requirements.
- There has been improved communication and handover measured by baseline SBAR survey.
- In terms of hydration and nutrition initiatives a certain care home have begun to use food moulds for residents on a liquidised diet this is a three month evaluation to measure effectiveness.
- Orchard House has seen a 50% reduction in falls since December 2016 due to a culture change.
- Aldergrove Manor Care Home has had zero avoidable acquired pressure injury since January 2017 again due to a culture change.
- There have been a number of Wolverhampton Engagement Events in Quality Improvement activity.
- Birmingham University continue to evaluate the project.

## **6. RISK REVIEW**

### **6.1 Risk Register**

PS highlighted there are the following open risks; 1 extreme, 4 high and 3 moderate risks.

PS stated NHS England Quality Surveillance group have escalated Vocare concerns to enhance surveillance. NHSE have invited Vocare and the CCG to a stakeholder meeting on the 15<sup>th</sup> August 2017.

Daily staffing rotas are received from Vocare which are being reviewed by MG and Dee Harris. The CQC final report is awaited however, the CQC have shred that overall rating is inadequate unless Vocare can provide any mitigations that would change this by the end of July 2017. MG added Vocare have not provided any assurance therefore the rating will not



change. Committee agreed Vocare to remain as an extreme risk following information shared earlier in the meeting. PP queried if there are agreed timescales in order to track trajectory. MG agreed to look into this in order to demonstrate at next meeting.

**Action:- MG & PS to create a timeline against the trajectory of extreme risks to demonstrate progression prior to next meeting.**

#### High Risk

Risk 489:- Inappropriate arrangements for a Named Midwife – RWT. PS noted as at 25<sup>th</sup> July 2017 the circumstances remains the same. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed. RWT continue to fail to address this issue. There is a gap in the role delivery as identified in Working Together document 2015.

Risk 312:- Mass Casualty Planning. PS noted the situation remains the same as recent months. On call staff including Directors has had refresher training on Mass casualty planning. The CCG are awaiting a handbook from Regional EPRR Lead. MG added there is a Mass Casualty plan in place however the Trust wanted to revise the training package and that is what's missing from the document.

Risk 492:- Maternity Capacity and Demand. PS noted following the end of July CQRM is was discussed and agreed that RWT contracts manager Laura Morris will write to those organisations from where there is added activity coming to RWT. The head of midwifery attended CQRM to advise on the recent recruitment campaign which was successful and the Trust hope that the eight midwives recruited will join in August.

Risk 493:- Patient Transport Services Poor Performance – PS stated again there has been no change in performance. The issues are currently being managed by CQRM and CRM. MG added this may have changed from this morning's SMT as VM reported they have been able to get some money in order to source additional support.

**Action:- PS to speak with VM to update risk.**

#### Moderate

Risk 476:- Named Dr for LAC. PS stated the post is still vacant due to staffing difficulties. Vacant posts have been advertised and RWT are actively looking for locums however, have been let down on several occasions. Clinical duties are being covered by the interim Name Nurse LAC with the support and oversight of clinical Lead for Community Paediatrics.

Risk 321:- Safe Working Practices. PS noted provider organisations have provided assurances that for those who required DBS arrangement are in place to update every three years in line with recommendations. WCCG have now identified those personnel who require DBS. Discussions are on-going with HR to ensure arrangements are in place to update as necessary. The initial concern and risk has now reduced significantly. MG added the closing date to state end of October. PR noted that it may be worth looking at alternative providers of DBS's as she has been informed not all providers charge the same.

**Action:- PS to look at costings of DBS's from alternative providers.**



MG noted the risk relating to the RWT LAC Nurse arrangement has now been removed as monies have been agreed. PP questioned if the risk should remain on the register until the committee agree it should be removed. MG agreed in future the risk will be moved to green however the closed date will not be added until after the Quality and Safety Committee.

PP queried if the fire safety issue at the Heart and Lung Centre will be added to the register. MG confirmed this will be part of an estates register.

**Action:- PS to check with Mike Hastings which register the Heart and Lung Centre Fire Safety risk will sit.**

## 7. ITEMS FOR CONSIDERATION

No items for consideration.

## 8. FEEDBACK FROM ASSOCIATED FORUMS

### 8.1 Draft CCG Governing Body Minutes

No minutes were available for the meeting.

### 8.2 Health & Wellbeing Board Minutes

The minutes were noted by the committee.

### 8.3 Quality Surveillance Group Minutes

The minutes were noted by the committee.

### 8.4 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

### 8.5 Primary Care Operational Management Group Minutes

The minutes were noted by the committee.

### 8.6 Clinical Mortality Oversight Group Minutes

No minutes were available for the meeting.





**9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY**

MG stated prior to the next Governing Body there is another Quality and Safety committee. All agreed for NEPTS to be escalated.

**10. ANY OTHER BUSINESS**

PR stressed patients are still complaining about dermatology.

PR alerted the committee that the cancer manager post has been dispensed with at RWT and now this role forms part of another post.

PR met with the Patient Engagement leads at Health Watch who noted that NHS England have issued new guidance on patient engagement which included provider input and how they are engaging patients. This will be monitored and action taken if they are not compliant.

**11. DATE AND TIME OF NEXT MEETING**

***Tuesday 12<sup>th</sup> September 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***



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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Finance and Performance Committee**

**Minutes of the meeting held on 29<sup>th</sup> August 2017  
Science Park, Wolverhampton**

**Present:**

Mr L Trigg	Independent Committee Member (Chair)
Mr S Marshall	Director of Strategy and Transformation
Dr D Bush	Governing Body GP, Finance and Performance Lead

**In regular attendance:**

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement

**In attendance**

Mrs H Pidoux	Administrative Team Manager
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**1. Apologies**

Apologies were submitted by Mr Hastings and Mr Hartland

**2. Declarations of Interest**

FP.190 There were no declarations of interest.

**3. Minutes of the last meetings held on 25<sup>th</sup> July 2017**

FP.191 The minutes of the last meeting were agreed as a correct record. Change to the wording of item FP.185 WMAS Non-emergency Patient Transport (NEPT) to read 'delay in discharging patients'.

**4. Resolution Log**

FP.192

- Item 110 (FP.185) – Dermatology Service capacity issues
  - Review follow up activity levels at RWT – activity is not indicating a pattern of reduction at this stage.
  - Review performance of Community Provider – the average referral rate per month has increased. There is a need to assess if the service is working to full capacity.

- Interrogate financial implications of transferring surgical services to either Maxillo-Facial or plastic surgery – a response to be sent to the Trust letter received in June requesting assurance that the CCG would not be financially disadvantaged by this due to paying for 2 separate referrals.
- Consider options available in Primary Care – confirmed that there are no other options available in Primary Care over and above the current service arrangements. There are no GPs with Dermatology as a special interest.

It was agreed that this action should remain open.

- Item 111(FP.186) – Delayed Transfers of Care (DToC) – clarification to be sought as to whether numbers include Staffordshire and Walsall patients – confirmed that the numbers do include all patients, not just Wolverhampton – action closed.

## **5. Matters Arising from the minutes of the meeting held on 25<sup>th</sup> July 2017**

FP.193 The Chair asked for it to be noted that he had apologised to Mrs Sawrey for the way he handled the proposed changes to the Finance Report at the last meeting.

## **6. Finance Report**

FP.194 Mrs Sawrey highlighted the changes made to the report following discussions at the last meeting including a more robust Executive Summary with the detail included in appendices and the addition of RAG ratings. The following key points were highlighted and discussed;

- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so is utilising all its reserves.
- Following a review of the financial position at Month 4 the level of risks and associated mitigations had been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is compensated for by underspends on Running Costs. This is not a desired position.
- The CCG is continuing to recurrently overspend around £800k Forecast Outturn (FOT) which is offset by non recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase to around £12m if this level of overspend continues.

- Royal Wolverhampton Trust (RWT) is giving concern as the Month 3 activity is indicating a potential forecast outturn (FOT) of approximately £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff creating a cost pressure for the CCG. One of these areas, Sepsis was discussed as it was felt that there may be incorrect coding of this. It was agreed that Dr Bush would review the activity coded to Sepsis to assess the appropriateness of the coding.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the Mental Health Commissioner that the spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is considerable flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing had moved significantly in the recently received Month 2 data which had adversely affected the FOT, moving by £500k. This is generally volume driven. Work is ongoing to identify where this is occurring and assessing the reasons for the significant movement. SMT will be receiving a full analysis mid-September and further information will be included in future reports.
- Continuing Health Care (CHC)/Funded Nursing Care (FNC) had worsened in Month 4 mainly as a result of increasing numbers in CHC and Terminal phase. However, the worsening FOT still indicated a FOT within budget but at a reduced underspend.
- Better Care Fund (BCF) had been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements. The CCG is proposing a capped risk level to stabilise the financial position.
- No additional QIPP had been identified over and above reported at Month 3 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes is not materialising.

It was noted that a resolution relating to the £4.8m invoice from RWT, for lost income relating to Non Elective admissions, had yet to be reached by NHS England and NHS Improvement.

Resolved: The Committee;

- noted the contents of the report
- agreed for Dr Bush to review Sepsis activity reporting
- noted that there is no resolution concerning the £4.8 invoice from RWT

## **7. Contract and Procurement Report**

FP.195 Mr Middlemiss present the key points of the report which predominantly related to Month 3 as follows;

### Royal Wolverhampton NHS Trust

Exception Reporting Proposal – Mr Middlemiss explained that the CCG had written to the Trust regarding the quality of the reports received as these were inadequate. In response to this the latest reports showed a noticeable improvement in the quality of the information included. There were still some gaps which were highlighted at the Contract Review meeting. Assurance was taken that the Trust are embracing the process and that it is embedding. This will continue to be monitored.

Performance Sanctions – Financial sanctions for Month 2 had been agreed with the provider, which total £22,550.

Activity Query Notice – meetings are ongoing between the Trust, the CCG and Shropshire CCGs to discuss the growth referrals from Telford and Shropshire CCG following the closing to referrals in three sub-speciality areas due to consultant workforce shortages. This particularly related to ophthalmology. The CCG had not seen information relating to activity, this had been shared between the Providers. The CCG's concern was the impact this would have on the headline Referral to Treatment (RTT) position; however, this is thought to be minimal. The CCG is seeking confirmation of this from the Providers. It is expected that the closure to referral in the sub-specialities will remain until the end of March 2018.

### Black Country Partnership Foundation Trust

Learning Disability Psychiatrists – Letter of Concern – the CCG had written to the Provider raising concerns over Psychiatric cover in the community where clinicians are also covering inpatient admissions when the two services should be separate. There is a concern that the CCG is paying twice for this consultant activity. The Provider had requested an extension to investigate and respond this letter and this had been agreed as 4<sup>th</sup> September 2017.

## Nuffield

MRI Direct Access Business Case – the CCG’s internal Business Case Panel had considered the re-submitted business case. The Panel recommendation was that it should not be supported as the current proposal does not support the CCG’s strategic commissioning intentions.

## WMAS – Non-Emergency Patient Transport (NEPT)

The expected performance of the current NEPTS service is below the required standard, however, the Provider is working collaboratively with the CCG and has responded to the Contract Performance Notice which has been served. WMAS have produced a Remedial Action Plan (RAP) for each failing indicator. This will continue to be monitored through the contract review process.

## Urgent Care Centre (UCC)

Major concerns regarding the UCC Provider, Vocare, continue. A Recruitment and Retention Plan was submitted as requested by the CCG however this was inadequate and Vocare have been asked to rectify this. A follow up Contract Performance Notice (CPN) had been raised with the Provider due to Data reporting (incorrect reporting day) and out of hours national quality requirements. Vocare had been reminded that if a rectification plan is not agreed within 25 days of the CPN being issued the CCG will withhold 2% of the monthly mandate for each failed milestone.

NHSE had held a meeting with Vocare which CCG representatives attended and the Vocare Improvement Board continues to meet. The main areas of concern that Vocare need to prioritise are:

- Mandatory training
- Clinical modelling (work with CCG and RWT, re long term solutions)
- Home visits and managing the breaches
- Paediatric assessment (joint SOP and RWT)
- Recruitment and Retention

It was confirmed that, where it is possible to apply sanctions, this is being undertaken.

A report from the Improvement Board is being submitted to the Governing Body for consideration.

It was noted that the CQC report had been published and was in the public domain.

## Probert Court Nursing Home

Following the suspension to new admissions following concerns about the level of care being delivered, weekly visits are ongoing by the Quality Team. A recommendation has been made to allow readmissions on a phased return.

The suspension had meant that bed utilisation is very low which is poor value for money on the block contract. The CCG had also had to finance alternative step down arrangements. The Provider had accepted in principle and the logic of recovering the costs which the CCG is able to quantify. It was noted that Accord are new providers at this Home, however, they were aware of the level of investment that was required when taking over in order to make the necessary improvements.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- supported the internal Business Case Panel recommendation not to support the MRI Direct Access Business Case

### **8. Performance Report**

FP.196

Mr Bahia highlighted that of the indicators for Month 3, 68 are green rated, 26 are red rated, 17 have no submissions and 6 are awaiting target.

The key points of the Executive Summary were considered as follows;

- RTT – The Trust had reported that the target would be achieved in either June or July but performance had decreased which is a concern. The STF trajectory is also being missed. A number of factors are impacting on performance including in patients waiting for electives and patients waiting for review of diagnostics. The CCG had requested an Exception Report to gain more information.
- A&E Urgent Care Performance – a slight decrease in performance had been reported in June. The Trust had failed to achieve the National Target, however, has achieved the STF trajectory. There had been an increase in attendances year on year of 30.6%

It is being closely monitored as to whether the issues relating to the Urgent Care Centre are impacting on the level of attendances in A&E.

- 62 day cancer waits – failed to achieve target in June. As previously reported RWT had visited a Trust in Leeds to share

mutual learning. Following this no real pathway changes had been identified.

NHSI have commissioned NHS Intelligence to map each Trust to a coach to spend time at the Trust to review pathways and processes. To date this work had not identified any specific key areas.

The Trust had made a bid for Transformational Funding of £100k with the objectives of clearing the current backlog and to increase capacity. On receipt of this funding the trajectory will be changed to hit a target of 85% by September.

- Delayed Transfer of Care (DToCs) - Performance had improved, however, concerns remain relating to Social Care transfers. Representatives attend the A&E Delivery Board which is responsible for improvements in this area. New reporting methodology had been implemented for this year.
- E-Referral – Appointment Slot Issues (ASI) rates – The Trust had signed up to start the ‘Paper Switch Off’ CQUIN project which relates to routine appointments (non urgent). A recovery trajectory had been developed as part of the Quarter 1 CCG CQUIN submission for the ASI indicator with achievement of 8% by March 2018 (4% by April 2018). Work is underway to review the shortfall in the booking system capacity and to ensure that slots are available.
- E-Discharge - targets had been achieved for all wards and assessment units. This level of achievement is continuing into July. RWT had introduced changes to the process to highlight where there are any issues and to address these.

Mr Bahia informed that the Committee that the Final Activity Plans would be submitted to NHSE England the following day.

Resolved: The Committee noted

- the content of the report
- submission of the Final Activity Plan

## **10. Redesign of QIPP Governance and Reporting**

FP.197 Mrs Sawrey presented a paper which informed the Committee of a new governance structure for QIPP reporting had been agreed by the Senior Management Team. The new structure would operate from September 2017 and be reviewed in 6 months’ time.

The main change is the reduction of 4 Programme Boards to 2 and the elimination of the QIPP Programme Board. This will release Executive and support time whilst maintaining the high level of assurance in

reporting. The 2 remaining Programme Boards will report directly to the Finance and Performance Committee via the Finance Report. Direct Executive support will still be available for escalation of issues.

Resolved: The Committee noted and supported the proposal for the new QIPP governance and reporting arrangements with a review in 6 months' time.

**11. Any other Business**

FP.198 There were no items raised.

**12. Date and time of next meeting**

FP.199 Tuesday 26<sup>th</sup> September 2017 at 9.30 am, Armstrong Room, Science Park



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

Minutes of the Primary Care Commissioning Committee Meeting (Public)  
Held on Tuesday 1<sup>st</sup> August 2017, Commencing at 2.00 pm in the in PC108, Creative  
Industries Building, Wolverhampton Science Park

**MEMBERS ~  
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	No
Les Trigg	Lay Member (Vice Chair)	Yes

**NHS England ~**

Bal Dhami	Contract Manager	Yes
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**Independent Patient Representatives ~**

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	Yes

**Non-Voting Observers ~**

Sue McKie	Consultant in Public Health on behalf of Public Health and Wellbeing Representative	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

**In attendance ~**

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	No
Jim Oatridge	Interim Chair (WCCG)	No
Helen Hibbs	Chief Accountable Officer (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	No
Lesley Sawrey	Deputy Chief Finance Officer	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

## **Welcome and Introductions**

WPCC87 Ms Roberts welcomed attendees to the meeting and introductions took place.

## **Apologies for absence**

WPCC88 Apologies were submitted on behalf of Manjeet Garcha, Tony Gallagher and Sarah Southall.

## **Declarations of Interest**

WPCC88 Dr Kainth declared that, as GP he had a standing interest in all items related to primary care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

Dr Hibbs declared that she is no longer an employee at of a GP Practice but still an owner of Parkfields Medical Services, who currently do not hold any NHS Contracts.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

**RESOLVED: That the above is noted.**

## **Minutes of the Primary Care Commissioning Committee Meeting Held on the 5<sup>th</sup> July 2017**

WPCC89 RESOLVED:

That the minutes of the previous meeting held on 5<sup>th</sup> July were approved subject to the following amendment;

Page 5 under the resolution to reword to the quality report to ensure that it makes clear that the majority of complaints are managed by the GP practices, however some are either escalated to NHS England or made directly to NHS England and are resolved in collaboration with the GP Practice.

## **Matters arising from the minutes**

WPCC90 There were no matters arising from the minutes.

**RESOLVED: That the above is noted.**

## **Committee Action Points**

### **WPCC91 Minute Number PCC302 – Premises Charges (Rent Reimbursement)**

The Committee was informed the CCG have received advice and guidance from NHS England regarding the use of rooms for none GMS. The CCG are still awaiting the cost directives. Action to remain open.

### **Minute Number WPCC71- Pharmacy First Scheme Report**

It was confirmed that David Birch had contacted Helen Ryan in order to have the information regarding the service shared with the Practice Managers. Action closed.

### **Minute Number WPCC72 – Primary Care Quality Report**

It was confirmed this action would be picked up and shared with Ms Corrigan under item 9 Primary Care Quality Report. Action closed.

**RESOLVED: That the above is noted.**

## **WCCG Quarterly Finance Report**

**WPCC92** Mrs Sawrey presented to Committee the first CCG quarterly finance report since the budget allocation from NHS England, which outlines the CCGs financial position at month 3. The financial position has been reported to the CCGs Finance and Performance Committee last week.

The report provides the Committee with the assurance that the finances are in line for 2017/2018, with the forecast outturn of £35.513m delivering a breakeven position. The CCG have received no information from NHS England as it is still very early in the financial year and there are no other concerns which would move the CCG finances from a break even position.

In month 3 the CCG have received £688k recurrent allocations, which has helped transform Primary Care growth over and above what has originally funded. There has also been £78k allocated to GP Premises funding to be used with any premise cost increase the CCG may experience.

Mrs Sawrey outlined to the Committee the growth allocation and how the CCG plan to allocate the funds as well as a breakdown of the month 3 forecast position. Mrs Sawrey highlighted the PMS premium which currently stands at £494,000. This will grow each year as a result of the transitional taper of funding of PMS Practices it is anticipated cumulative position for 2021/2022 will be £1,096,098.

The CCG and NHS England have discussed the month 4 figures which is very early indication of the position. It has anticipated that due to increase list sizes, QOF and DES reporting much higher, there would be a current withdrawn on resource and a meeting would need to take place with the Director of Finance.

The CCG budget is only for 2017/2018 there are still costs coming through from 2017/2016 which need to be paid. The impact has been taken out of the position and as it stands at the moment the CCG are online to breakeven with Primary Care.

**RESOLVED: That the above is noted.**

## **Governing Body Report/Primary Care Strategy Committee Update**

**WPCC93** Mr Marshall presented the above report on behalf of Mrs Southall and highlighted the progress made on the following four key points;

### **1. Primary Care Strategy Committee Deep Dive Evaluation Report**

Deep Dives have taken place across all the seven Task and Finish Groups to review the work programmes progress to date. The Deep Dives identified some areas have achieved; and some areas have evolved and needed further review. In light of this four of the seven Task and Finish Groups programmes of work have been halted and a review of their Terms of Reference has taken place and was approved by the Governing Body in July 2017.

The Governing Body were also informed that three out of the Task and Finish Groups programme of work will also be dependent on the future outcomes pertaining to the possible accountable care alliance with partners across the City.

### **2. Bank Holiday Opening**

A report on the Bank Holiday Opening was considered by the Governing Body, the report confirmed that attendance levels over the Easter and early May Bank Holiday had been lower than expected. The level of activity over the late Bank Holiday did see an improvement across all four hubs that were open.

There has been positive feedback received from patients regarding the availability of the service. It has been agreed that the cost effectiveness and any reduction in attendances at the City's Urgent Care Centre would be considered within future reports following the August Bank Holiday.

### **3. Primary Care Strategy Implementation Plan**

The programme of work is now under review and it is the intention to share with the Governing Body a copy of the milestone plan for the coming year.

### **4. General Practice Five Year Forward View Programme**

The Governing Body was informed that 50% of the projects are now up and running and continue to be overseen by the Primary Care Strategy Committee.

Ms Roberts asked how are they promoting the Bank Holiday Opening, Mr Marshall agreed to confirm with Mrs Southall and advise the Committee at the next meeting.

The Committee raised the following queries in relation to the Task and Finish Groups Terms of References which were enclosed within the report;

**Task and Finish Group Structure** - Primary Care Joint Commissioning Committee needs to be amended to the Primary Care Commissioning Committee.

**Localities** - whether they still exist and should they be included. It was agreed they needed to remain as although they are New Models of Care there are still discussions taking place regarding the patient reconfiguration and this aligns.

**Quoracy** – Discussion took place as to whether this was relevant for the Task and Finish Group. It was agreed the sentence needed to be reworded for clarity and whether quoracy is necessary for a task and finish Group.

**RESOLVED: Mr Marshall agreed to confirm with Mrs Southall how the Bank Holiday opening is being promoted and advise the Committee at the next meeting.**

**The terms of references structure chart needs to be amended.**

### **Primary Care Quality Report**

WPCC94 Ms Corrigan presented the Primary Care Quality Report to the Committee which provides the assurance of monitoring of key areas of Primary Care activity. The following areas were highlighted:

**1. Infection Prevention**

Infection Prevention is provided by the Royal Wolverhampton Hospitals, a new infection prevention audit has commenced. There currently no concerns of those audits that have been completed using the new process.

**2. Friends and Family**

The figures for the June Friends and Family Test submission (May figures) have slightly improved on last month (18% to 33%) although the submission levels are low, according to NHS England the CCG are one of the better performing CCGs. It was noted those Practices who have submitted data but have less than 5 responses the data would be suppressed and not included within the overall figures.

**3. Quality Matters**

The data for quality matters for the month have been stable there are no concerns with any particular Practice. There are currently 5 quality matters that are on-going.

#### **4. Risk Register**

The risks are recorded onto Datix and monitored by the Quality Team on a monthly basis and mitigation and actions discussed via the Primary Care Operational Management Group. There are currently 17 risks in total.

#### **5. Workforce**

The development of a communications and promotion for workforce is currently been worked upon in order to attract people to live and work in Wolverhampton. A workforce gap analysis has been undertaken by the two Project Managers within Primary Care Home and Medical Chambers.

**RESOLUTION: That the above was noted**

### **Primary Care Operational Management Group Update**

WPCC95 Mr Hastings provided an update on the Primary Care Operational Management Group meeting which took place on the 17<sup>th</sup> July 2017. The following update was provided;

**IT Migration Plan** – Showell Park and Dr Kharwadkar migration to EMIS Web has now been completed. Dates are now being now being arranged with the next group of Practices.

**Estates Update/Local Estates Forum** - working is currently taking place on a possible Practice merger with Grove, All Saints, Caerleon and Dr Mundlur.

The Black Country wide Estates support Service Level Agreement is being tested by solicitors prior to a full support offer being made to the CCG.

**Child Health Information System (CHIS)** – Public Health provided an update on the investigations regarding issues identified with the system. It transpires that the issue is not as widespread as initially thought and the team are working with the provider of the system and CCG data specialists who have mitigated the risk.

**Patient Choice Update** - As Royal Wolverhampton NHS Trust move towards being paper free by the summer of 2018 they are introducing a more direct booking onto E-RS. A new system has been introduced for 2 week wait cancer appointments and the feedback from GPs has not been positive. A meeting has been arranged with Operations, Local Medical Committee and Cancer Services to review and discuss alternative processes.

Ms Roberts asked in relation to the four practices possibly merging what the potential list size be after the merger. Ms Shelley highlighted that the merger would take time and an initial report would come to the September Committee.

**RESOLUTION: Ms Shelley to provide an initial report on the four practice merger (Grove, All Saints, Caerleon and Dr Mundlur) to the September meeting.**

### **Patient Experience**

WPCC96 Ms Roberts shared with the Committee the following reports for the Committees information;

1. Healthwatch Wolverhampton GP Access: Patient Experience April 2017
2. Healthwatch Wolverhampton Urgent Care Centre: Patient Experience May 2017
3. National NHS England GP Patient Survey: Wolverhampton CCG Results

The Committee asked what would the CCG do with this data, it was confirmed that the CCG would be reviewing to identify any key elements that can be used to support programmes of work or practice visits.

### **Any Other Business**

WPCC97 There were no further items raised by the Committee.

**RESOLVED: That the above is noted.**

WPCC **Date, Time & Venue of Next Committee Meeting**  
Tuesday 5<sup>th</sup> September 2017 at 2.00pm in the Stephenson Room, Technology Centre, Wolverhampton Science Park.

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

Minutes of the Primary Care Strategy Committee

Held on Thursday 17 August 2017

Commencing at 1pm in the CCG Main Meeting Room, Wolverhampton Science Park,  
Glaisher Drive, Wolverhampton

**Present:**

Sarah Southall	Head of Primary Care, WCCG (Chair)
Sharon Sidhu	Head of Strategy & Transformation, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Jo Reynolds	Primary Care Development Manager, WCCG
Stephen Cook	IM&T Lead, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Gill Shelley	Primary Care Contracting Manager, WCCG
Jason Nash	Project Manager, WCCG
Dr Mehta	LMC Representative
Barry White	Project Manager, WCCG
Laura Russell	PMO Administration, WCCG
Jane Worton	Primary Care Liaison Manager, WCCG
Liz Hull	Administrative Officer, WCCG

**Declarations of Interest**

PCSC212 Dr Kainth and Dr Mehta declared that they are GP's but did not declare an interest in any specific agenda items.

**RESOLVED: That the above was noted.**

**Apologies for absence**

PCSC213 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Manjit Garcha, Andrea Smith, David Birch, Lesley Sawrey and Vic Middlemiss

**RESOLVED: That the above is noted.**

**Minutes and Actions**

PCSC214 The minutes of the previous meeting held on 20<sup>th</sup> July 2017 were accepted as a true and accurate record.

The action log was discussed and an updated version will be circulated with the minutes.

**RESOLVED: That the above was noted.**

## **Matters Arising**

### **PCSC215 Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee:**

The Committee was informed that a Governing Body Meeting did not take place in August.

**RESOLVED: That the above was noted.**

## **Risk Register**

### **PCSC216 Escalation of Risks (Risk Scoring 15-25):**

The Committee was advised that ESC002, ESC006, ESC007, ESC008 have been reviewed, downgraded and can be removed from the Issue Log.

There were no objections or queries from those present.

**RESOLVED: That the above was noted.**

### **PCSC217 Summary of Risk Logs:**

The risk logs for the following Task and Finish Groups were reviewed by the Committee:

- Practice as Providers
- IM&T Business Intelligence
- Clinical Pharmacist in Primary Care
- Capital Review Group / Strategic Estates Forum
- General Practices as Commissioners
- Primary Care Project Management
- Workforce and Development

**RESOLVED: That the above was noted.**

## **Performance**

### **PCSC218 Strategy Implementation Plan**

The Committee was provided with an update with regards to areas of completion and areas of slippage, which were noted as follows:

- PCSC021 – Work has been delayed but work is due to start in September / October.
- PCSC022 – Since the Committee papers were published, this milestone has been split into two. The first one has been completed.

- PCSC023 – There is a delayed pending a decision in relation to the localities and Locality Manager positions which are currently out to advert. The Committee agreed to extend this milestone to November.

**RESOLVED: That the above was noted.**

## **Task & Finish Groups**

### **PCSC219 Practice as Providers Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Collaboration between practices to improve access
- Integration of Primary and Community services
- Practices sharing back office functions
- Review of identified pathways / redesign opportunities

The Committee acknowledged current progress and next steps.

**RESOLVED: That the above was noted.**

### **PCSC220 General Practices as Commissioners Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Governance / functions of locality and clinical network groups
- Commissioning and contracting cycle
- Monitoring and quality
- Engagement and development of services
- Business intelligence and data

The Committee acknowledged current progress and next steps.

**RESOLVED: That the above was noted.**

### **PCSC221 Workforce and Development Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Sarah Southall, on behalf of Manjeet Garcha, in relation to the following projects:

- Attraction
- Recruitment
- Development
- Retention

**RESOLVED: That the above was noted.**

**PCSC222 Clinical Pharmacists in Primary Care Task & Finish Group**

The workbook was reviewed by the Committee in relation to the following projects:

- Promotion of new Clinical Pharmacist and Workforce
- Communication
- Future service delivery of Medicines Optimisation
- Training and development
- Contribution to the development of clinical pharmacist

**RESOLVED: That the above was noted.**

**PCSC223 Primary Care Contract Management Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Gill Shelley, on behalf of Vic Middlemiss, in relation to the following projects:

- Implementation of a virtual alliance contract
- Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England

**RESOLVED: That the above was noted.**

**PCSC224 Estates Development Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Tally Kalea in relation to the following projects:

- Primary Care BCF Hub Locality (secure funding)
- Primary Care Estates
  - Re-developments / Re-locations - It was noted that if an agreement could not be reached, the recurrent money will continue to be paid but there is a risk that some of the non-recurrent money may be lost. Reassurance was given to the Committee by Tally Kalea, who confirmed that there is a mitigation plan to reduce the impact of this, if required.
- Estates Prioritisation

**RESOLVED: That the above was noted.**

**PCSC225 IM&T Business Intelligence Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Stephen Cook in relation to the following projects:

- Single clinical system EMIS Web
- Integrated working

- Improving access – patient online access digital solutions
- Improving access – increasing the range of contact models
- Improving access – lean

**RESOLVED:** That the above was noted.

**Actions Agreed:** Integrated working:

- **Stephen Cook to clarify the current situation with E-RS and liaise with the Communications and Engagement Team about providing clarification in the GP bulletin.**

**Improving access – Patient online access digital solutions:**

- **Stephen Cook to liaise with Barry White and Jason Nash with regards to carrying out a review exercise to establish which practices have a low uptake of patients signing up to POL.**

**Improving access – Increasing the range of contact models:**

- **Stephen Cook to liaise with the Communications and Engagement Team to promote the ASK NHS app.**

**Improving access – lean:**

- **Stephen Cook to identify costs and funding in relation to the text messaging solution.**

**PCSC226 GP 5 Year Forward View Task & Finish Group**

GP Forward Progress Report / Training Tracker:

GP Forward Progress Report will be submitted to the next Committee in September.

Jo Reynolds referred the Committee to the Training Tracker and an update was provided as follows:

- Care navigation training – A procurement exercise is being undertaken and training is due to start in September. Two workshops will take place, where a local offer is developed and a Launch Event will take place in October. It was advised that this is all part of the 3 year plan agreed with the LMC.
- Resilience bids – Six bids were submitted for Wolverhampton, 3 of which were CCG and 3 submitted separately by Practices. Two of the CCG bids were supported as well as 1 of the Practice bids. GP colleagues have been informed and discussions will be taking place with NHSE to agree a Memorandum of Understanding.

- August Bank Holiday – 4 hubs will be providing cover.

Transformation Fund Enhanced Service Delivery Plans:

Ranjit Khular advised that delivery plans were circulated on 25<sup>th</sup> July 2017 and to date, no queries have been received.

**RESOLVED:**           **That the above was noted.**

PCSC227   **Any Other Business**

None discussed.

**RESOLVED:**           **That the above was noted.**

**Date of next meeting**

Thursday 21<sup>st</sup> September 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park

**WOLVERHAMPTON CCG**
**GOVERNING BODY MEETING  
 10 OCTOBER 2017**
**Agenda item 24**

<b>TITLE OF REPORT:</b>	Joint Negotiating Constative Committee (JNCC)
<b>AUTHOR(s) OF REPORT:</b>	Lisa Murray, Staff Side and UNISON Representative
<b>MANAGEMENT LEAD:</b>	Mike Hastings
<b>PURPOSE OF REPORT:</b>	To advise the Governing Body on discussions held at the last JNCC on 6 September 2017
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	The CCG is committed to maintaining a motivated and high performing workforce.
<b>RECOMMENDATION:</b>	To be noted
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our	

financial envelope	
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***N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.***

## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. To update the Governing Body and provide assurance of the continued commitment of WCCG work with staff side representatives and Staff to ensure their views are listened to and taken into consideration.

## **2. UPDATE**

- 2.1. The Staff Away Day was held on the 29 June 2017 where there was a focus on celebrating staff and the achievements of each department within the CCG over the last year. This was very well received by staff where Away Day evaluation forms stated that 100% of staff felt this was a highlight of the day.
- 2.2. JNCC confirmed that the Contracting Team have now been TUPE'd across to the CCG from the CSU.
- 2.3. The 2017 Staff Survey is currently being put together with an aim to be completed by the end of the year. The results will be taken to the Staff Forum where an action plan will be put together to ensure staff views are listened to.
- 2.4. The bi-monthly Staff Forums are well-attended with a staff representative from each department. The aim of the Forum is around the health and well-being of staff, and a number of proposals have been suggested and acted upon, i.e. fruit available for staff; suggestions box, hot tap and cold tap available etc.
- 2.5. CCG Departments continue to hold bi-monthly charity raising events in aid of Air Ambulance, which boosts staff morale and encourages staff interaction. So far staff have raised £6827.37 for Air Ambulance.
- 2.6. Staff PDRs are to be recorded directly onto ESR along with mandatory training and annual leave.

## **3. CLINICAL VIEW**

- 3.1. [If relevant, please include a clinical view on the report contents]



#### 4. PATIENT AND PUBLIC VIEW

- 4.1. [If relevant include details of any patient or public views on the report or any engagement work that is planned.]

#### 5. KEY RISKS AND MITIGATIONS

- 5.1. Outline the key risks associated with the report; this should include any reputational risks, litigation etc. You should also highlight any controls or actions in place to mitigate these risks.
- 5.2. Highlight whether the report either specifically relates to risks included on the risk register or if any risks need to be escalated.

#### 6. IMPACT ASSESSMENT

##### *Financial and Resource Implications*

- 6.1. [Outline any financial or resource implications arising from the report. If you have outlined any alternative options detail the associated issues. **Please seek advice from the Finance team to complete this section if required**]

##### *Quality and Safety Implications*

- 6.2. [Outline any implications for quality and safety, including whether the report addresses existing concerns or introduces any new requirements. **Please seek advice from the Quality and Risk Team to complete this section if required**]

##### *Equality Implications*

- 6.3. [Outline details of any equality impact assessment undertaken (if relevant). Include details of any mitigating action undertaken. **Please seek advice from the Equality and Inclusion service to complete this section if required**]

##### *Legal and Policy Implications*

- 6.4. [Outline any legal implications from the report (such as meeting statutory duties/guidance etc.) including any **Information Governance or privacy** implications. Also highlight if this impacts on current CCG policies. **Please seek advice from the Corporate Operations Manager/ IG Team to complete this section if required**]

##### *Other Implications*



6.5. [Outline details of any impact on issues such as medicines management, estates, HR, IM&T etc. **Please seek advice from the appropriate team to complete this section if required**]

**Name**  
**Job Title**  
**Date:**

**ATTACHED:**

(Attached items:)

**RELEVANT BACKGROUND PAPERS**

(Including national/CCG policies and frameworks)

**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.**

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





**BLACK COUNTRY & WEST BIRMINGHAM JOINT COMMITTEE  
AGENDA**

**THURSDAY 28<sup>th</sup> SEPTEMBER 2017  
13:00 – 15:00  
T051, BHHSCC, DY5 1RU**

No	Time	Item	Presented By
1.	1.00pm	Welcome and apologies	<b>Nick Harding</b>
2.		Declarations of interest	
3.		• 17 <sup>th</sup> August 2017 and actions ((Enc)	<b>Nick Harding</b>
4.		Update of STP	<b>Andy Williams</b>
5.		Reports from the Task & Finish Groups A) Governance (Enc) B) Systems Design and Contractual Frameworks (Enc) C) Infrastructure including IM&T D) Communications and Engagement E) CCG Collaboration F) Finance	<b>Andy Williams, Paul Maubach &amp; Helen Hibbs</b>
6.		Clinical Leadership Group Update and recommended areas for collaborative commissioning (Enc)	<b>Dr David Hegarty</b>
7.		Specialised Commissioning (Enc) to follow	<b>Simon Collings</b>
8.		JCC commissioning intentions statement (Enc)	<b>Angela Poulton</b>
9.		Executive Development Day – 2 <sup>nd</sup> October 2017 tabled	<b>Angela Poulton</b>
10.		Health Economy matters arising	<b>Dr Nick Harding</b>
11.	2.25pm	Transforming Care Together presentation	<b>Ms Marsha Ingram</b>
12.		Any Other Business	
13.	3.00pm	Close	

**Date of Next Meeting:**

Thursday 19<sup>th</sup> October 2017 – Dr Nick Harding and Dr Ricshie (unavailable), T046 & T047, BHHSCC  
 Thursday 16<sup>th</sup> November 2017 – Kingston House, Training Room 1  
 Thursday 14<sup>th</sup> December 2017 – Jubilee House Room 1  
 Thursday 18<sup>th</sup> January 2018 – TBA  
 Thursday 15<sup>th</sup> February 2018 – Orange Room, BHHSCC  
 Thursday 22<sup>nd</sup> March 2018 - TBA

# Black Country and West Birmingham Joint Commissioning Committee (JCC)

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## Minutes of Meeting dated 17<sup>th</sup> August 2017

### Members:

Prof. Nick Harding – Chairman, Sandwell & West Birmingham CCG – Chair  
Dr Anand Rischie – Chairman, Walsall CCG  
Dr David Hegarty – Chairman, Dudley CCG  
Helen Hibbs – Accountable Officer, Wolverhampton CCG  
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG  
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG  
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG  
Peter Price – Lay Member, Wolverhampton CCG  
Mike Abel – Lay Member, Walsall CCG  
Simon Collings – Assistant Director of Specialised Commissioning, NHS England  
Julie Jasper – Lay Member, Dudley CCG  
Jim Oatridge – Interim Chair, Wolverhampton CCG  
Angela Poulton - Programme Director – Joint Commissioning Committee

### In Attendance:

Laura Broster – Director of Communications, Dudley CCG  
Jackie Eades – Executive Assistant Note taker  
Sarah Fellows, DWMHT (part meeting)

### Apologies:

Matthew Hartland – Chief Operating & Finance Officer, Dudley CCG and Interim Strategic Finance Officer, Walsall CCG

### 1. Minutes of the last meeting

- 1.1 Revised minutes of the meeting held 22 June 2017, were approved as an accurate record of the meeting.
- 1.2 Minutes from 20<sup>th</sup> July 2017, were agreed apart from wording in section 3, item 4 first sentence and section 4a.  
**Action: Jackie Eades to amend the minutes of the July JCC.**

### 2. Actions from the last meeting

See action log for updates.

### 3. Sustainability & Transformation Plan (STP) Update

- 3.1 Andy Williams updated members stating that there is a meeting due to be held on Monday 21<sup>st</sup> August 2017 where there will be discussions around the Black Country's STP rating which was Category 3, 'making progress' rating. The 4 categories are 'outstanding', 'advanced', 'making progress' or 'needs most improvement'. The reasons stated for this rating were poor levels of access in Primary Care, infection rates, financial and a judgement made regarding system coherence and collaboration. Andy Williams shared his confidence in moving to 'advanced' given that the difference between 'making progress' and 'advanced' was 0.03% of a mark.
- 3.2 Appointments have been made to the core STP team posts and an operating group established, with membership extended to Angela Poulton for continuity. David Hegarty is the confirmed Chair of the Clinical Leadership Group.

- 3.3 A place has been successfully secured on the Transformational Change through Successful Leadership (TCSL) programme and will involve representatives from across the system, focussing on workforce and human resources.
- 3.4 Peter Price asked if the rating will have funding implications. In reply Andy Williams stated that there will be no capital funding for this STP. The next steps are to review and provide evidence of improved performance for the quarterly review.

#### **4. Reports from the Task & Finish group reports**

Nick Harding reminded members that Task and Finish groups should cease once they have completed the work within their specific remit.

##### **4a. Governance Task & Finish group**

Paul Maubach gave a brief overview of the work being carried out by the Governance group (report, updated Terms of References and statutory functions). A recommendation was made that the JCC use the spreadsheet categorising statutory duties into explicit, behavioural and specific duties as the template for the devolution of statutory duties to this Committee and place based arrangements, bearing in mind that each CCG will have their own version. This was agreed, with members stating that this was an excellent piece of work that should be shared with all the Governing Bodies and promoted nationally as an STP product with the New Care Models team.

**Action: Jackie Eades to send out the Statutory Duties categorisation schedule with the notes to be included in respective Governing Body papers.**

**Action: Paul Maubach to share the Statutory Duties categorisation schedule with the New Care Models team.**

##### **4b. Systems Re-design Task & Finish group**

Paul Maubach reported that the group had identified 7 potential priority areas for collaborative commissioning for consideration by the Clinical Reference Group as they develop their recommendation to the JCC.

##### **4c. Infrastructure Task & Finish group**

Helen Hibbs updated members stating that each CCG is working on their own Service Level Agreement (SLA). Questions remain around whether Dudley CCG will sign the SLA. Work is ongoing.

##### **4d. Communications & Engagement Task & Finish group**

Helen Hibbs stated that this is an on-going group rather than 'task and finish'. It has been agreed that after each JCC meeting Angela Poulton will provide additional communications to Task & Finish Group leads as appropriate.

##### **4e. CCG Collaboration Task & Finish Group**

This work is ongoing and significant expertise gaps have been identified such as Stroke and Cancer. Paul Tulley from Walsall CCG has put himself forward to be the Commissioning lead for Cancer. This group has concentrated on promoting relationships and sharing how and who does what in preparation for when the JCC has a delegated remit. More focused work will be agreed once the priorities for collaborative commissioning proposed by the Clinical Reference Group are agreed. Finance and contracting representatives are meeting before the end of September.

##### **4f. Finance Task & Finish Group**

James Green stated that commissioning intentions will be discussed in the coming weeks and this will allow the group to test if there are areas where collaboration would be appropriate. The next meeting is the 15<sup>th</sup> September although work will continue but via the STP footprint.

A specific discussion followed regarding Transforming Care Together (TCT). Whilst the approach needs to be supportive, members felt there was the need to be clear about the benefits to commissioners and the wider system and the intended outcomes. The business case has not been made available and whilst it was recognised that individual CCGs may not be entitled to access due diligence information there was the need to understand planning assumptions made. Given the differences in the 3 organisations and the way they account members felt there is the need for assurance that bringing their services together will deliver better outcomes for the Black Country population and this will not be detrimental to any area. Furthermore it was important to ensure clinical assurance checks had been undertaken. It was clarified that there is the need to be clear how TCT will contribute to delivery of the STP plan and to understand contracting implications. Andy Williams suggested TCT leads be invited to the next STP meeting to discuss the benefits expected from the merger, and for the and a request made for the case for change to be presented at the next Joint Committee. This will provide CCGs with the information they need to commission effectively.

**Action: David Hegarty to ask the Clinical Senate where approval of the TCT clinical model had been granted.**

**Action: Angela Poulton to invite Tracey Taylor and Mark Axcell to the JCC to present the TCT case for change.**

## **5. Specialised Commissioning**

5.1 Simon Collings gave a brief update on the work being undertaken around Specialised Commissioning services and the complexities, issues and opportunities being explored. There is a move to look at how CCGs can start to take responsibility for some specialised commissioning and the Black Country has been selected for the pilot. Renal and HIV services, provided in every local hospital, are being considered for delegation, in addition to Tier 2 services such as neonatal, CAMHS, children's inpatient mental health provision. Nick Harding pointed out that there will be issues of working at scale in oncology, spinal surgery, neonatal and paediatrics.

5.2 In terms of vascular services following on from the Joint Committee in July, an update was given to Simon Collings around the letter that was sent to the Acute Trust Chief Executives around vascular services being inadequate in the Black Country. Written responses have been sent to Kiran Patel challenging the findings and asking for evidence. Simon Collings stated that Specialised Services have no concerns about current delivery.

**Action: Simon Collings to confirm in writing to Kiran Patel that Specialised Services position have no concerns regarding current Vascular Services delivery.**

## **6. Collaborative Commissioning plan for the Mental Health elements of the Black Country and West Birmingham**

6.1 Sarah Fellows joined the meeting to present the revised report setting out the proposal to collaboratively commission a range of mental health services. SF confirmed that the rationale had been incorporated and that further work was required to provide the financial information requested. There was the opportunity for additional national funding to be secured for CAMHS, perinatal and psychiatric liaison as BCWB recognised by NHSE as an area that was working quicker and going further through its collaborative effort. Assistance was requested at Finance Director level to complete the financial case.

6.2 After a short discussion it was agreed that the priority for collaborative commissioning should be assigned to those service areas with the greatest potential to secure additional funding:

- Perinatal
- CAHMS (tier 3 & 4 across 3 STP areas)
- IAPT

- Liaison Psychiatry.

6.3 It was agreed that further work was required on the proposal and that a further report be presented to the JCC in November, and that the focus should be on the opportunities to secure extra national funding. There was also agreement for further finance work to be undertaken to reconcile the PAMs for the services commissioned from the two Mental Health providers via a task and finish group led by one of the 3 most senior CCG finance officers.

**Action: James Green and Sarah Fellows to agree Finance Officer lead and working arrangements to progress the financial case for collaborative Mental Health Commissioning.**

**Action: Sarah Fellows and Angela Poulton to agree the revised wording regarding Mental Health commissioning intentions.**

**Action: Steve Marshall/Sarah Fellows to present a revised proposal for collaborative Mental Health commissioning to the November JCC.**

## **7. Health Economy Matters Arising**

### **7.1 Hip and Knee Surgery**

This item was put on the agenda for information and after a brief discussion it was agreed that all CCGs have this work in hand and no action required by the JCC.

## **8. Risk Register**

8.1 Angela Poulton stated that the risk raised at the last meeting in relation to there being no dedicated Stroke commissioners in the CCGs remained one for the separate CCGs as Stroke services have not been delegated to this Committee. The JCC risk register tabled during the meeting only includes the risk in relation to talent management.

## **9. Any Other Business**

9.1 Nick Harding suggested to the members that he remain as the Chair of the Joint Committee for at least the next 6 months and then reviewed. This was agreed.

### **Date and Time of Next Meeting**

Thursday 28<sup>th</sup> September, 1-3pm at BHHSCC

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