

WOLVERHAMPTON CCG
GOVERNING BODY
12 DECEMBER 2017

Agenda item 7

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Strategic work around accountable systems continues. • Primary Care groupings continue to develop. • Our Better Care Fund 2017 -2019 has been approved.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



1. BACKGROUND AND CURRENT SITUATION

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

2. CHIEF OFFICER REPORT

2.1 Accountable Care Systems (Helen)

- 2.1.1 Work continues in Wolverhampton to develop a local place based health and care system which will relate to the overarching system developing at STP level. NHS England policy is for accountable systems to be developed on a population basis of at least 500k population but with local place based solutions within that.

2.2 Emergency Planning, Resilience and Response (EPRR)

- 2.2.1 We have presented our annual assessment of EPRR to NHS England and we have been rated as Substantially Compliant by them. We continue to ensure we are prepared and have a training programme in place for all staff members. We are also pleased to confirm that Les Trigg has been named as the Lay Member of the Governing Body charged with ensuring that the Operations directorate is managing our EPRR readiness appropriately.

2.3 Sustainability and Transformation Plan (STP) / Joint Commissioning (Helen)

- 2.3.1 Work continues on the Black Country STP footprint with Wolverhampton taking a lead on mental health services which is a key area for delivery for the STP.

2.4 Primary Care

- 2.4.1 All member practices have aligned to a practice group, there are 5 groups each comprising of in the region of 55-60,000 patients. Practices are working towards the key principles of the Primary Care Home model whilst one of the groups of practices have aligned with the local trust having entered into a sub-contracting agreement.
- 2.4.2 Publicity is planned for the month of December to promote the availability of a range of general practice hubs who are providing appointments for patients on Saturday(s) and many will also be open over the Christmas and New Year period. Local advertising via newspapers in addition to a range of posters and associated information displayed in practices will promote availability of appointments. A range of projects continue to be rolled out across primary care, further detail can be found in the report of the Primary Care Milestone Review Board.
- 2.4.3 The CCG Members Meeting took place on 15 November 2017, in the region of 25 GPs attended and were involved in group discussions about the development of a local QOF (Quality and Outcomes Framework) Scheme (QOF+). Discussions focussed on long term conditions, particularly prevention, early identification and management of such illness(es).



Development work continues with GP engagement and the scheme will be implemented April 2018.

- 2.4.4 Discussions with GP representatives from each of our practice groups and Local Medical Committee commenced earlier in November. Meetings have been structured around 4 core areas, involvement and co-design with our member practice involvement is crucial to the success of the work we are undertaking. Over the coming weeks those discussions will be extended to include a range of stakeholders from across the City including the Royal Wolverhampton NHS Trust, Black Country Partnership NHS Foundation Trust (BCPFT), Healthwatch and Wolverhampton City Council. The aspiration is to have in place a local alliance agreement that will run in shadow form from April 2018

2.5 **Better Care Fund (BCF)**

- 2.5.1 The BCF plan for 2017-19 was completed and submitted in line with national deadlines. The plan has subsequently been fully approved. We are now working on the Section 75 and Risk Share Agreement which has to be agreed by 30 November 2017. Within the plan is a significantly challenging Delayed Transfer of Care target that as a health and social care economy we are working hard to achieve, supported by the implementation of the High Impact Change model for managing transfers of care. A number of actions are being taken such as the Local Authority commissioning of additional reablement and rapid assessment, housing colleagues working two days per week within the Integrated Discharge team and additional Healthcare Assistants being employed to support the Rapid Intervention Team in admission avoidance.

- 2.5.2 The Health Channel on the Wolverhampton Information Network (WIN) has now been developed and launched with communication materials being distributed to key stakeholders i.e. GP Practices, Social Prescribing team and A&E.

- 2.5.3 Wolverhampton Voluntary Sector Council have submitted a bid to the Department of Health for funding to enhance the existing Social Prescribing model. If successful it will see the addition of two further link workers and dedicated support from the Citizens Advice Bureau to the scheme.

- 2.5.4 Fibonacci is a system which allows professionals to view health and social care data for individuals. The system is used primarily within the community Multidisciplinary Team meetings and work is now underway with the company and BCPFT to enable mental health data to be included. Plans will then look at how the system can incorporate Primary care data and how it could be used in other settings such as A&E and the new Ambulatory/frailty hub at RWT.

2.6 **Winter Planning**

- 2.6.1 Urgent Care providers across the health economy have approved plans in place to address the increased pressure services face during the Winter period. These plans are targeted at alleviating the additional strain on services as a result of weather related slips/trips/falls, Norovirus, general increased demand and seasonal flu. Additional funding has been invested in key areas such as flu vaccination for both staff and patients in high risk groups and capacity has been increased across GP practices with additional appointments both in and out of hours. Increased public communications will take place through to Easter 2018,



focusing on the Stay Well Campaign. Services across the health economy are working together to maintain the flow of patients from ambulance conveyance through to waits in A&E and, where required, emergency admissions without excessive delays. There is increased focus on reducing delays where patients are discharged both to the patients' own place of residence and to temporary care in community services. Both commissioners and providers are closely monitoring of the whole system to ensure the increased seasonal pressure does not adversely impact on patient care.

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: 29 November 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.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	29/11/17

