

**WOLVERHAMPTON CCG**  
**GOVERNING BODY**  
**13 FEBRUARY 2018**

**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>	<p>Integrated Care Systems (ICS) across the Sustainability and Transformation Plan (STP )</p> <p>The West Midlands Director of Commissioning Operations Team are leading a piece of work in conjunction with the national team to look at how the various STP systems can evolve to become integrated care systems. The Black Country STP are part of this although within the Black Country STP the development of the four placed based solutions is fundamental.</p> <ul style="list-style-type: none"> <li>• STP Joint Commissioning A review is currently being undertaken of the governance arrangements for the Black Country STP and a recommendation for the appointment of an independent Chair is being worked on.</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	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.
2. Reducing Health	By its nature, this briefing includes matters relating to all domains contained within the BAF.



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 IAF Framework Outcomes**

- 2.1.1 The CCG has had an initial moderated rating of Good (Green) by NHS England (NHSE). This has been reached following a self-assessment and a face to face 'review and challenge' exercise with every CCG to test the content of the self-assessments. A standard set of Key Lines of Enquiry (KLOEs) were used in the 'review and challenge' meetings, constructed to deep dive into local leadership examples. The Wolverhampton CCG meeting took place on 30 October 2017. The combination of these two exercises provides a consistent indicative assurance baseline for each CCG. The West Midlands NHSE Executive Team moderation and decision making took place in December 2017. Indications are that if we continue to closely manage provider activity performance, maintain financial performance, fully implement our new Performance Development Review (PDR) process and continue to provide strong support to the Sustainability and Transformation Plan (STP) then we may have the opportunity to improve this rating. We need all staff members to continue their hard work and which will earn the recognition we deserve.

### **2.2 Accountable Care Alliance Development Locally**

- 2.2.1 Work continues with GP leads, Provider organisations, the Local Authority and Public Health to develop a new way of working together in Wolverhampton. Initial work is looking to inform the Clinical Strategy and determine the first areas of focus.
- 2.2.2 A visit from the CQC and a representative from the Department of Health was hosted at Rwt and feedback on the local work that we are doing was excellent.

### **2.3 Integrated Care Systems (ICS) across the STP**

- 2.3.1 The West Midlands Director of Commissioning Operations Team are leading a piece of work in conjunction with the national team to look at how the various STP systems can evolve to become integrated care systems. The Black Country STP are part of this although within the Black Country STP the development of the four placed based solutions is fundamental.

### **2.4 STP Joint Commissioning**

- 2.4.1 A review is currently being undertaken of the governance arrangements for the Black Country STP and a recommendation for the appointment of an independent Chair is being worked on.



## 2.5 Safer Provision and Caring Excellence (SPACE)

2.5.1 The SPACE programme is a 2 year quality improvement initiative funded by The West Midlands Patient Safety Collaborative (WMPSC) targeted at care homes across Wolverhampton and Walsall.

2.5.2 The programme which commenced in November 2016 is led by quality improvement facilitators employed by the respective CCGs. Eighteen care homes with a total bed capacity of 959 beds are currently participating in the Wolverhampton programme.

2.5.3 The overall aim of the programme is to up-skill care homes staff through facilitation and training in basic quality improvement techniques and methodologies with the intention of:

- Improving the quality and safety of care delivered to residents in care homes
- Reducing the incidence of preventable harms
- Reducing avoidable hospital admissions.

2.5.4 To date training has been delivered in various forms to over 250 care home staff in collaboration with specialist professionals from the Falls Prevention Service, Tissue Viability and End of Life Care and the RiTs (Rapid intervention Team).

2.5.5 Demonstrable successes in the first year have been celebrated which include:

- Reduction in falls by more than 50% in a home with a high incidence of falls.
- No avoidable stage 3 or 4 pressure injuries for 15 month in one home.
- Improved hydration and nutrition of residents in several homes.
- Admission avoidance for UTI (urinary tract infections) due to prevention and early recognition.
- Improvements in the environment for residents with dementia to promote orientation and falls prevention.
- The rise of transformational leaders due to the Care Home Manager Development Programme and support networks.

2.5.6 The SPACE programme has gained recognition locally and nationally and has been presented to NHS England, the Enabling Research in Care Homes (ENRICH) event and at the Patient Safety First Conference.

2.5.7 A sustainability plan is being developed in conjunction with the Local Authority to support continuation of the programme beyond December 2018.

## 2.6 Empowerment of Hard to Reach Communities in the Prevention of Violence Against Women and Girls

2.6.1 Empowerment of Hard to Reach Communities in the Prevention of Violence Against Women and Girls launched in November 2017. Annette Lawrence, Designated Adult Safeguarding Lead, has been successful in securing funding from NHS England to support this project. It is a collaborative project with the Refugee and Migrant Centre and the Wolverhampton Domestic Violence Forum. A poster detailing the project has been presented at the Chief



Nursing Officer Summit Conference in December, and will be presented at the Leading Change Adding Value Conference in February.

2.6.2 This project will equip members of hard to reach communities specifically new arrivals, Black, Asian, and Minority Ethnic communities with:

- Increased confidence in reporting domestic abuse, female genital mutilation and modern day slavery/trafficking
- Facilitated reporting pathways
- Access to appropriate projects/services
- Resilience to becoming victims, preventing serious harm and associated effects on health and well being
- Sustainable legacy of well-informed community members/networks raising awareness across communities

## 2.7 **GP Domestic Violence Training and Support Project**

2.7.1 GP Domestic Violence Training and Support Project is a collaborative project with Safer Wolverhampton Partnership and Wolverhampton Domestic Violence Forum, co-ordinated by WCCG. This project provides free training (which can be used towards Safeguarding level 3 training), free resources, a domestic violence pathway for primary care, identification of champions within each practice, allows identification of people at risk of Domestic Violence at an early stage, provides a clear process for assessment and onward referral of individual, access to twice weekly drop in sessions, has clear cost savings, saves lives and thus reduces the need for Domestic Homicide Reviews. This project is about to launch in February 2018.

## 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.

<b>Name</b>	<b>Dr Helen Hibbs</b>
<b>Job Title</b>	<b>Chief Officer</b>
<b>Date:</b>	<b>31 January 2018</b>



**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>31/01/18</b>

