

**WOLVERHAMPTON CCG**  
**GOVERNING BODY**

**8 MAY 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>	<ul style="list-style-type: none"> <li>Multiple pieces of work are ongoing around development of the Health and Social Care System.</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	



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

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

## **2. CHIEF OFFICER REPORT**

### **2.1 End of Year Assurance Meeting**

- 2.1.1 The End of Year Assurance Meeting for the CCG with NHS England was held on 18 April 2018. This was a useful opportunity for the CCG to showcase its work and we received positive feedback on the day. The outcome of the assurance process has to go through a number of moderation stages and we will not have formal feedback until July 2018.

### **2.2 Mental Health Transforming Care Together (TCT) and Next Steps for the Black Country**

- 2.2.1 The TCT programme is no longer going ahead. However, the two Mental Health Trusts in the Black Country are continuing to work closely together to ensure that the positive benefits that have accrued as part of the programme are not lost. A Black Country Mental Health Summit is planned for May 2018 which will bring together clinicians and managers to review the Black Country Mental Health Strategy and plans for ongoing delivery of Mental Health Services in the Black Country.

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

- 2.3.1 A refresh of the leadership of the Black Country STP is currently taking place. I have agreed to provide support in the form of Senior Responsible Officer in addition we are currently in the process of appointing an independent chair and refreshing the programme delivery arrangements. The programmes of work continue to include development of local alliances or organisations in each of the localities, work to look at acute and mental health services which need to be provided at scale and work around wider determinates of health.

### **2.4 Integrated Care System (ICS)**

- 2.4.1 STP partners are embarking on a twelve week development programme commissioned by NHS England which will provide us with advice and tools to enable the system to evolve to become an Integrated Care System.

### **2.5 Integrated Alliance**

- 2.5.1 In addition to the overarching Integrated Care System work, we continue to work in Wolverhampton to develop an alliance arrangement with Primary Care Acute and Community Services, Mental Health and the Local Authority. Current discussions are focussing on the clinical model and the evolving governance arrangements.



## 2.6 **Better Care Fund (BCF)**

- 2.6.1 Regional presentation – The Adult Community work stream were invited to present at the regional BCF event in February 2018. The programme was represented by colleagues from CCG, City of Wolverhampton Council, The Royal Wolverhampton NHS Trust and Housing. The presentation was received well and as a result we have been invited to further events and to take part in a Local Learning Visit by the national Better Care Team.
- 2.6.2 National Development Group – NHS England / Association of Directors of Adult Social Services (ADASS) have set up a number of National Development Groups to feed into the consultation of the health and Social care Green Paper. The team in Wolverhampton are involved in 1-1 interviews and a workshop in London this week in support of this national development.
- 2.6.3 Rapid Intervention Teams (RITs) – The success of the RITs team has seen further investment this year into Community Services with the service being extended both in hours (8.00-10.00 7 days per week) and in the size of the team – more senior nursing staff and support Healthcare Assistants (HCAs) being recruited into the team. This will further see a reduction in emergency admissions to hospital.
- 2.6.4 We are working closely with Housing colleagues who are now a key part of the integrated discharge team at the hospital and work closely with the admission avoidance teams. This has resulted in increased admission avoidance and is supporting the reduction of Delayed Transfers of Care (DTC).
- 2.6.5 The extremely challenging DTC target has been met thanks to a number of interventions from housing, implementation of the High Impact Change model and the roll out of discharge to assess (D2A).

## 2.7 **SPACE (Safer Provision and Care Excellence) – Year 1 Evaluation**

- 2.7.1 The West Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC-WM) commissioned to evaluate the 2 year SPACE programme, produced a report on findings after one year since the programme commenced.
- 2.7.2 The report draws on evidence from surveys, case studies and interviews of care home managers and staff assessing workforce characteristics, safety climate and Safety Attitudes Questionnaire (SAQ) as well as analysis of routinely-collected CCG data which compares adverse event rates at 18 participating care homes.
- 2.7.3 The return rates for surveys was extremely good at 45.9% much higher than expected and responses showed that scores on the SAQ had been maintained at the high levels reported before SPACE was launched.
- 2.7.4 The key findings highlighted in the report were that the majority of care homes demonstrated:-
- Improvements in relation to falls, nutrition, diet and hydration, ulcers/wound management, and risk monitoring systems.



- That there was evidence of strong engagement from most care homes in uptake of risk monitoring tools.
- There had been positive engagement with quality Improvement methodology, techniques and approaches such as Plan-Do-Study-Act (PDSA) techniques and Appreciative Inquiry.
- Adverse event rates for falls had significantly reduced.
- Rates for Urinary Tract Infections (UTIs) and pressure injuries had also fallen.
- Semi-structured interviews with managers and staff in the case study sites demonstrated positive attitudes towards the programme, and a sense that the programme was having a demonstrable impact on safety.
- There was widespread reporting of feelings of empowerment, benefits of manager peer support and pride from staff about the work they had done to improve safety in their workplaces.

2.7.5 Year 2 of the programme will also include development of a sustainability plan which will comprise of a strategy to roll out of the programme across the care home sector.

### **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>25 April 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.

	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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Dr Helen Hibbs</b>	<b>25/04/18</b>

