

Agenda Item 11

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
5th April 2016

Title of Report:	Update Report on Primary Care Programme Board Activity March 2016 (PCPB)
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information
Purpose of Report:	To update the PCJCC on PCPB activity for March 2016
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
• Domain 1: A Well Led Organisation	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2a: Performance – delivery of commitments and improved outcomes	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 2b: Quality (Improved Outcomes)	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 3: Financial Management	[INSERT TEXT/ DELETE AS RELEVANT]
• Domain 4: Planning (Long Term and Short Term)	[INSERT TEXT/ DELETE AS RELEVANT]



<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	<p>Domain 5: Delegated functions: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.</p>



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

2. MAIN BODY OF REPORT

Summary of activity discussed on March 11th 2016.

- 2.1 Diabetes update report presented, discussions were held regarding the diabetes project and WICKED project being aligned under the PCB.
- 2.1.2 Interpreting Procurement paper presented. Further information was requested confirming the risks associated with the options and procurement process. Specialist advice being sought from commissioning and contracting leads.

Update received on primary care enhanced service review; engagement with localities, practice managers and patient groups has been undertaken. Information is currently being collated to help inform update paper to be presented at April Meeting.

Urgent care mobilisation update provided; this included the plans for phase 1 of the implementation ahead of April 1st.

- 2.1.5 Future activity is as per plan for 2016/17 schemes.
- 2.1.6 Improved and strengthened process for administration of the board in line with PMO office for all the boards.

2.2 CLINICAL VIEW

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment.

3. PATIENT AND PUBLIC VIEW

- 3.1 The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement.

4. RISKS AND IMPLICATIONS

Key Risks

- 4.1 The PCPB has reviewed its risk register and it is in line with the CCG requirement.



5.1 Financial and Resource Implications

5.2 All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

6.1 Quality and Safety Implications

6.2 Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

7.0 Equality Implications

7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

8.0 Medicines Management Implications

8.1 There are no implications in this report regarding medicines management, however, full consultation is sought with Head of Medicines Management for all schemes presented.

9.1 Legal and Policy Implications

9.2 There are no legal implications.

10.0 RECOMMENDATIONS

10.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 23rd March 2016



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	MGARCHA DR De Rosa	5 th Feb 2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	18 Feb 2016
Quality Implications discussed with Quality and Risk Team		5 th Feb 2015
Medicines Management Implications discussed with Medicines Management team		5 th Feb 2016
Equality Implications discussed with CSU Equality and Inclusion Service		5 th Feb 2015
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	20 th Feb 2016



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Domain 1: Well led organisation – impacting on whether the CCG:

- has strong and robust leadership;
- has robust governance arrangements;
- involves and engages patients and the public actively;
- works in partnership with others, including other CCGs;
- secures 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.

Domain 2a: Performance: delivery of commitments and improved outcomes: a key focus of assurance will be how well the CCG delivers improved services, maintain and improve quality, and ensures better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care are met.

Domain 2b: Quality: delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves quality and ensures better outcomes for patients. This includes progress in delivering key mandated requirements and NHS Constitution standards. Also ensure that the CCG is able to demonstrate the continuous improving quality agenda for all aspects of quality including safeguarding.

Domain 3: Financial management: financial management capability and performance, including an assessment of data quality and contractual enforcement.

Domain 4: Planning: covering not only annual operational plans, and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally across care settings will be specific measures during 2015/16, towards the ambition for a paperless NHS.

Domain 5: Delegated functions: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.

