

**WOLVERHAMPTON CCG**  
**GOVERNING BODY**  
**13 November 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><b>Sustainability and Transformation Plan Clinical Strategy</b></p> <p>Progress continues to be made and the initial five key priority areas have been approved by the clinical leadership group, namely: Primary Care, Mental Health, Cancer, Transforming Care Partnership and Local Maternity System plan.</p> <p><b>Transforming Care Programme</b></p> <p>Significant progress has been made within the last quarter with this programme of work.</p> <p><b>NHS Long Term Plan</b></p> <p>Initial engagement has taken place and the plan is due to be published in late November or early December 2018.</p>
<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	
2. Reducing Health Inequalities in Wolverhampton	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.
3. System effectiveness delivered within our financial envelope	By its nature, this briefing includes matters relating to all domains contained within the BAF.



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

- 2.1.1 We have been working with commissioners and providers across the STP to put forward Health System Led Investment (HSLI) IT bids. These bids will help providers to integrate care records, to go paperless, to support mobility and improve population health, amongst other projects over the next 3 years. We await the outcome of a national process.

### **2.2 STP Clinical Strategy**

- 2.2.1 The clinical strategy has been presented back as a second iteration to STP Partnership Board where it was supported as an ongoing developmental strategy. A further iteration is underway following feedback from across the STP, the work around this will focus on further developing the 12 priority areas and ensuring robust work streams around these. In addition the revised version will include cross cutting themes that have emerged through the work of the clinical leadership group, these include, Personalised care and Lifestyles, including the wider determinants of health. The initial five key priority areas have been approved by clinical leadership group, namely: Primary Care, Mental Health, Cancer, Transforming Care Partnership and Local Maternity System plan. Work will now focus on delivery of the priorities for the STP and further developing robust engagement of the clinical leadership group across the Black Country.

### **2.3 Operations**

- 2.3.1 We have had the Human Resources report from the Commissioning Support Unit (CSU) and there are some encouraging figures to report.
- 2.3.2 WCCG Sickness Average per month from 1 October 2017 to 30 September 2018 is 2.31%. This is well below the last available CCG national average of 2.86% and below the latest available monthly average for all CCGs covered by Arden and Greater East Midlands (GEM) CSU which was 2.46%.
- 2.3.3 WCCG Headcount Turnover Average per month from 1 October 2017 to 30 September 2018 is 0.93%. This percentage is considerably below the last available national CCG average of 1.57% as well as the monthly average for all CCGs covered by Arden GEM CSU which was 1.42%.
- 2.3.4 These are testament to our staff members hard work during a very busy period of new ways of working across the STP. These numbers are generally indicative to motivation levels within an organisation and I am pleased to note how low both figures are. We continue to value our staff and will be doing our utmost to ensure they are happy in their work.

2.3.5 We have received a joint letter from Simon Stevens (NHSE) and Ian Dalton (NHSI) setting out initial guidance and a timeline for this year's planning round. This includes information on payment reforms, incentives, sanctions and aligning plans and governance. I have appended a copy of the letter to the end of today's report (appendix 1).

## 2.4 **NHS Long Term Plan**

2.4.1 On 18 June 2018 the Prime Minister set out a funding settlement for the NHS in England for the next 5 years. This was confirmed in the budget.

2.4.2 In return, the NHS has been asked to set out a long term plan for the future of the NHS setting out our ambitions for improvement of the NHS over the next decade and our plans to meet them over the 5 years of the funding settlement.

2.4.3 The plan covers the life course with a section on early lives, staying healthy and aging well. It then goes on to look in depth at a number of clinical priorities including cancer, cardiovascular disease and respiratory, mental health, learning disabilities and autism.

2.4.4 Further to this, it also covers enabling areas such as workforce, primary care, digital innovation and technology, research and innovation and engagement.

2.4.5 Initial engagement with working groups including relevant stakeholders has taken place and the plan is due to be published in late November or early December 2018. From December staff, patients, public and other stakeholders will be engaged to develop out local response to the plan and to develop our local implementation plan.

## 2.5 **IMT Digital**

2.5.1 Wolverhampton CCG are working with our partners both within Wolverhampton and across the Black Country STP to develop a number of collaborative IT programmes. We are continuing to develop a Shared Care Record across Wolverhampton and Walsall, the programme will also look to develop interoperability across all localities within the Black Country. Work is also progressing well on the Local Maternity Systems integration that supports expectant mothers records being accessible across trusts within the Black Country.

## 2.6 **Transforming Care Programme (TCP)**

2.6.1 The aim of the TCP is to improve services for people with learning disabilities and/ or autism to enable them to live in the community, with the right support, and close to home.

2.6.2 The Black Country TCP has made significant progress in the last quarter to support patients out of hospital and in the community, 16 patients were discharged in the last quarter, 34 in total this year. Particular progress has been made to support children and young people out of inpatient beds, of 15 patients this year, only 5 remain in hospital 4 of which will be discharged by the end of the year. Robust oversight and reporting of cases has been embedded, including weekly oversight at Accountable Officer, Director of Nursing and case manager/ commissioner level, monthly reporting to the Care Pathways Group, TCP Board and TCP Delivery Group. Robust independent clinical review from April to July have

strengthened discharge planning and moved 6 post programme patients into the programme. Key developments in the delivery of transformation programme to note include:

- Black Country Partnership NHS Foundation Trust fully operational with Intensive Support Teams and Community Forensic Service capacity from September 2018:
  - recruitment is nearly complete and staff in place at present to support TCP
  - management of change concluded and staff mobilised into new community teams and inpatient facility
  - Interface/ engagement event with external stakeholders took place on 9 October to share clinical model
- System-wide work underway to review the current children and young people pathway and co-produce a new model of care
- Work to support the development of the care and support market is underway, with a market engagement event planned for the end of November
- 1st draft of a Workforce Strategy to support the Black Country TCP programme has been developed and further iteration is now underway to refine priorities
- Autism spectrum disorder pathway development is underway with a view to developing proposals for developing the current pathway and commissioning of services to address gaps in the new year
- Outcomes framework for TCP is under development
- Black Country TCP wide Dynamic Risk Register is being finalised for both children and adults.
- Continued clinical review of patients will continue, with a particular focus on admissions in the next quarter.

### **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>2 November 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	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>02/11/18</b>

