

Declarations of Interest

WCCG.2268 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing

WCCG.2269 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meeting held on the 13 November 2018 be approved as a correct record.

Matters arising from the Minutes

WCCG.2270 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2271 There were no Committee Action Points.

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2272 Dr Hibbs presented the report. She highlighted the work on Extended Access in Wolverhampton. There have been a number of exciting developments and improvements in the provision of access to Primary Care appointments. The four groups of GPs in Wolverhampton made up of different GP practices working together have delivered key improvements for patients and these have been positively recognised by NHS England following an assurance visit. Currently over 2700 additional primary care appointments are available each month across Wolverhampton. Over the Christmas period all four hubs offered appointments on Christmas day, Boxing Day and New Year's Day.

She pointed out work with the Black Country Sustainability and Transformation Plan (STP) continues. The NHS Long Term Plan has made it clear that all STP areas are expected to evolve to become Integrated Care Systems by 2021.

Dr Hibbs stated that a re-inspection of Wolverhampton Urgent Care Centre (Vocare) undertaken on the 8 November 2018 has resulted in the

service being rated as “good” overall by the Care Quality Commissioning (CQC). Which is excellent news.

Dr Hibbs referred to the expansion of Medicines Reviews in Care Homes Service. NHS England have provided funding for an 18 month programme across the STP. Wolverhampton already has an excellent care homes review service run by clinical pharmacists in conjunction with elderly care consultant across the city which we can build on. Ms G Gill asked how we are communicating the outcome to patients. Dr Hibbs confirmed this has been communicated via the Express and Star.

RESOLVED: That the above is noted.

Dr Asghar arrived

Board Assurance Framework

WCCG.2273

Mr P McKenzie referred to the report which outlines the current work underway to support risk management across the CCG, including the work of the Governing Body Committees.

Mr H Patel arrived

As reported at the last meeting, in line with the agreed recommendations from the Internal Audit review of Risk Management, a programme of regular deep dives into areas of risk has commenced. The outcome of the first Deep Dive into the Governing Body Assurance Framework (GBAF) Domain 32 – Continuing to Meet Our Statutory Duties and Responsibilities was reported to the Audit and Governance Committee in November 2018.

Mr McKenzie highlighted the following risk outlined in Appendix 2 Corporate Level Risks ~

- CR05 Emergency Preparedness, Resilience and Response (EPRR) – continued to meet statutory duties and responsibilities (Emergency Planning).
- CR08 New ways of working across the STP – the current rating had reduced from 8 to 6.
- CR13 Maternity Capacity and Demand – the current rating had reduced to 4 which is quite low. Mr McKenzie asked if this should remain on the corporate register. Ms S Roberts suggested this remains on this register due to external influence and the Governing Body will be kept updated.

Mr P Price commented that it is encouraging looking at the detail contained within the register and the way it is being used as a live working document.

Dr S Reehana asked if CR10 Better Care Fund Programme Success risk should remain the same. Mr S Marshall confirmed this still continues to be a financial risk therefore remains permanent.

RESOLVED: That the above is noted

A consultation on items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs

WCCG.2274 Mr H Patel gave an overview of the report. NHS England have begun a further consultation exercise on developing guidance for CCGs on items that should not be routinely prescribing in Primary Care. The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed to ensure that best value is obtained from prescribing budgets.

Ms Gill sought clarity regarding the answer to the question which appears twice - "Do you feel there is evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from black and minority ethnic (BME) communities." The first answer states Yes and the second answer No. Mr Hemant confirmed they should both read Yes and the necessary correction will be made.

RESOLVED That the Governing Body agreed the draft response to be submitted on behalf of the CCG.

Mr H Patel left

Better Care Fund update

WCCG.2275 Mr S Marshall gave an overview of the report which is to inform the Governing Body on the work being undertaken within the Better Care Fund Programme.

He highlighted the national metrics relating to the Delayed Transfers of Care. The latest daily delays rate per 100,000 population aged 18 and over for Wolverhampton residents when calculated over the eight months of the year to date is 6.8 against an NHS England ambition of 7.4 and so remains below target.

Mr Marshall referred to the co-location of the North East Community Neighbourhood team to Wolverhampton Science Park. The core team consists of Community Matrons, District Nurses and the Social Care team for the North locality. In addition there are hot desks to allow additional staff such as Mental Health, Social Prescribing and Housing colleagues to work with the team.

Ms McKie stated that the scenarios contained within the report are very useful examples.

RESOLVED: That the above is noted

Preparation for a No Deal Brexit

WCCG.2276

Mr M Hastings presented the report. He highlighted an Operational Response Centre has been established by NHS England to support the health and care system to respond to any disruption and will not bypass existing local and regional reporting structures. We have obligations to engage with local providers to seek assurance based around the guidance in key areas including:

- Workforce
- Medicines and Vaccines
- Medical Devices
- Goods and Services
- Data Protection
- Reciprocal Health
- Clinical Trials and Investment

Mr Hastings confirmed he has been appointed as the organisations EU Exit Senior Responsible Officer. He will be attending an event relating to the EU Exit on Friday, 15 February 2019 in Leicester. He pointed out the EU Exit Operational Readiness Guidance – actions the health and care system in England should take to prepare for a ‘no deal’ scenario. Mr Hastings added we are working with partners and there is a lead in each of the organisations. The team at the local authority has recently recruited two additional members of staff and we will be working with them to strengthen the Emergency Preparedness, Resilience and Response (EPRR) plan.

Dr Reehana asked what the impact on the workforce would be. Without permanent residence in the country people will have 2 to 3 years to apply Settled status which is a national process.

RESOLVED: That the above is noted

Black Country Joint Commissioning Committee

WCCG.2277 Dr Hibbs stated the report was for information. Ms Gill asked if the meeting took place on the 10 January 2019. Dr Hibbs confirmed this took place and this will be reported on at the next Governing Body meeting

RESOLVED: That the above is noted

Commissioning Committee

WCCG.2278 Dr Kainth presented the report. He highlighted Diagnostic Pathway for Autistic Spectrum. The Committee was presented with a report of an all age strategy developed by Wolverhampton CCG working collaterally with the City Council towards a clear pathway across the system.

He also referred to Glaucoma Referral Refinement Service. The report received is to ensure safety and performance continuation with a change to the pathway for a small number of patients with suspected glaucoma.

Dr Kainth pointed out the Committee have been presented with a Medicines Optimisation strategy to deliver corporate objectives across the Clinical Commissioning Group (CCG) and STP.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2279 Ms S Roberts presented the report. She highlighted the key points. Cancer performance remains challenged. Extensive work is still ongoing and weekly calls are taking place. The Medical Director for NHS Improvement visited The Royal Wolverhampton Hospital Trust (RWT) and walked through pathways and sought assurance from the clinical teams. We are currently awaiting formal feedback but informally feedback supports the actions underway across the system. There is now a dedicated theatre for RALPH which is operational.

Mortality indicators remain concerning and requiring further understanding and assurance. RWT has a high percentage of in hospital deaths for the local health economy compared nationally. Work is taking place regarding coding and recruitment is taking place for key roles.

Dr Reehana stated she was very pleased that we are doing all we can regarding cancer and mortality targets.

A Quality and Safety Committee meeting took place today and Ms Roberts reported that Never events are improving and there is also improvement around Vocare.

Ms Roberts suggested the mortality plan, which has been to NHS England, should be discussed at a Governing Body Development session.

RESOLVED: That the mortality plan is discussed at a Governing Body Development Session.

Finance and Performance Committee

WCCG.2280

Mr T Gallagher gave an overview of the report. He pointed out the financial performance indicators on page 3 of the report. The CCG's control total is £9.986m which takes account of the 2017/18 year end performance. The CCG are achieving its Quality, Innovation, Productivity and Prevention (QIPP) target of £13.948m. He pointed out the table on page 4 of the report which highlights year to date performance.

The CCG submitted a month 9 position which included 0.6m risk which has been fully mitigated. This is a reduction from the previous month as at this stage of the financial year forecast outturn expenditure levels become more certain. The key risks are indicated on page 22.

Mr Gallagher referred to tables on pages 14 and 15 which are summaries of the performance. He pointed out the referral to treatment time (18 weeks). November performance has been affected by a continued increase in referrals for Gastroscopy and now include Colonoscopy and Flexi Sigmoidoscopy all of these are having an adverse effect on the routine waiting time, this is directly linked with increased referrals from cancer. RWT is continuing to focus on the National requirement to sustain or reduce referral to treatment time waiting list size against the March 2018 baseline and is currently on track to achieve this with November list size. Zero 52 week waiters have been reported by RWT however there is one Wolverhampton CCG Trauma and Orthopedic patient who remains waiting over 52 weeks. Mr Hastings stated that this is very complex and there is no date yet.

Mr Hastings reported that cancer referrals are very high and work is being carried out to understand why. Dr Hibbs stated there is no evidence of inappropriate referrals and is a very complex problem.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2281 Mr P Price presented the report. He pointed out the internal audit of Quality and Safety was received by the Committee in a positive way. This was a credit to Ms Roberts and her team who have appropriate systems in place.

RESOLVED: That the above is noted

Primary Care Commissioning

WCCG.2282 Ms S McKie gave an overview of the report. She highlighted that the Docman Document Management System used in GP practices is being monitored. There has been an issue around a large number of documents being sent to practices by providers but not being processed by the system. The CCG had worked with individual practices to collate the information and embed a plan to ensure they are reviewed. It was noted that the majority of outstanding documents had now been reviewed; the vast majority being duplicate copies of documents already in the system and to date no significant impact to patient care had been identified.

RESOLVED: That the above is noted

Communication and Engagement update

WCCG.2283 Ms McKie presented the report. She referred to the Patient Access App. Promotion of the Patient Access App is starting on a variety of media and sites.

She pointed out that attendance at the Patient Participation Group/Citizens Forum meeting is not very well attended. It seems the same attendees attend this meeting and the Hub meetings. Mr Hastings added we are trying to encourage more to attend these meetings talking to The Royal Wolverhampton Trust and Healthwatch.

RESOLVED: That the above is noted

Minutes of the Quality and Safety Committee

WCCG.2284 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2285 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2286 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2287 RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2288 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2289 RESOLVED: That the above minutes are noted

Minutes of the Health and Wellbeing Board

WCCG.2290 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2291 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.2292 There were no questions.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2293 The Board noted that the next meeting was due to be held on **Tuesday 9 April 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.30 pm

Chair.....

Date