

# WOLVERHAMPTON CCG GOVERNING BODY

## 14 May 2019

### Agenda item 6

| TITLE OF REPORT:   | Chief Officer Report   |  |  |
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| AUTHOR(s) OF REPORT:   | Dr Helen Hibbs – Chief Officer   |  |  |
| MANAGEMENT LEAD:   | Dr Helen Hibbs – Chief Officer   |  |  |
| PURPOSE OF REPORT:   | To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.   |  |  |
| ACTION REQUIRED:   | <ul><li>□ Decision</li><li>☑ Assurance</li></ul>   |  |  |
| PUBLIC OR PRIVATE:   | This Report is intended for the public domain.   |  |  |
| RECOMMENDATION:  | That the Governing Body note the content of the report.  |  |  |
| LINK TO BOARD<br>ASSURANCE FRAMEWORK<br>AIMS & OBJECTIVES:                                 |  |  |  |
| <ol> <li>Improving the quality and<br/>safety of the services we<br/>commission</li> </ol> |  |  |  |
| 2. Reducing Health<br>Inequalities in<br>Wolverhampton                                     | This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.<br>By its nature, this briefing includes matters relating to all domains contained within the BAF. |  |  |
| 3. System effectiveness delivered within our financial envelope                            |  |  |  |

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#### 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 Following the publication of the NHS Long Term Plan, the Black Country and West Birmingham STP is continuing to work towards becoming an Integrated Care System. Our Integrated Care System will be built on the basis of primary care networks across the system which in turn all form part of Integrated Care Providers aligned with the Local Authorities. At the system level, we are focusing on those clinical pathways where it makes sense to work on the wider Black Country footprint through our clinical strategy and also on the estates, digital and workforce priorities.

#### 2.2 Joint commissioning

2.2.1 The four CCGs of Black Country and West Birmingham continue to co-operate through the Joint Commissioning Committee. The CCGs have jointly appointed a Transition Director to enable plans to be drawn up for a future commissioning model that will sit within the Integrated Care System.

#### 2.3 **EU Exit**

2.3.1 The CCG Senior Responsible Officer for EU Exit, Director of Operations continues to fulfil the CCG requirements for planning and preparedness. Daily sitreps have been stood down. However necessary plans for no deal outcome will continue and overseen by the Senior Responsible Officer. To date there has been no requirement to report anything untoward and the planning and process put in place satisfies our responsibilities. A press release and website update has been published to assure the public around the supply of medicines, with assurance gained from the Local Pharmaceutical Committee. The Executive Team and staff members have been briefed on planning and a city-wide health and social care EU Exit group is holding regular update calls.

#### 2.4 Transforming Care –18/19 Year End Summary

2.4.1 The national Transforming Care Programme concluded its first term at the end of March 2019 with a commitment in the NHS Long Term Plan (LTP) to continue the Programme for a further two years.





- 2.4.2 The Black Country TCP has delivered significant progress in 18/19 in terms of the transformation of services for people with learning disabilities and Autism spectrum disorder (ASD) to deliver improved outcomes. This includes:
  - Working as a system to enable the safe discharge of a large number of patients (60 patients), some with very complex needs, to live in the community. Since the official start of the programme (31/12/15), there has been a 25% reduction in the number of inpatients in the Black Country.
  - Significant reduction in the number of children and young people (CYP) in hospital and their length of stay through strengthened integrated working across health, social care and education. At the end of March 2019, there were 4 children in young people in hospital.
  - The development of a new clinical model for the Black Country as a whole based on the 9 principles of 'Building the Right Support', which includes, a strengthened community learning disability service, consolidated assessment and treatment beds, new Intensive LD support service and a new Forensic Support Service.
  - Development underway of the CYP pathway and model of care working with partners across the system.
  - Improved integrated working across the four localities and across health and social care to deliver stronger case management.
  - Development underway of the ASD pathway to address gaps in service provision.
  - Engagement of care and support market and exploration of a new commissioning model for the Black Country to deliver better outcomes in care.
- 2.4.3 Key priorities for 19/20 include:
  - Continued focus on supporting citizens to be discharged out of hospital and safely into the community
  - Focus on preventing hospital admission
  - Support for transition of children and young people into adults
  - Development of our autism pathway
  - Development of the pathway for children and young people

#### 2.5 **Digital Progress**

2.5.1 The Windows 10 Migration is going well with the majority of Machines at the Headquarters now on Windows 10. We are now starting Testing of Windows 10 at Practices before we start the full roll out in the next couple of weeks.

#### 2.6 NHS England / Improvement Restructure

- 2.6.1 NHS England and NHS Improvement came together on 1 April 2019. While this is not a formal merger of the two organisations, they are now working under one leadership team to deliver the aspirations in the Long Term Plan for the NHS and the patients it serves.
- 2.6.2 This integration sees the creation of 7 regions for the NHS in England. North East and Yorkshire Region; North West Region; East Region; Midlands Region; London Region; South East Region; South West Region.

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- 2.6.3 The Black Country and West Birmingham STP is one of 11 STPs in the new 'Midlands' region under the leadership of Dale Bywater, Regional Director. Recruitment to all roles reporting up to the senior team is now underway with consultation for all 'Agenda for Change' staff expected to conclude by summer with recruitment to conclude by the autumn 2019.
- 2.6.4 The senior leadership team appointed so far are: Dale Bywater, Regional Director Siobhan Reilly, Chief Nurse Nigel Thurrock, Medical Director Steven Morrison, Workforce and Organisational Development Alison Tonge, Director of Commissioning Frances Shattock, Director of Strategic Transformation and Locality Director Frances Steele, Director of Strategic Transformation and Locality Director Jeffery Worrall, Director of Performance Improvement Vacant, Director of Finance

#### 2.7 Consultation on NHS Sandwell and West Birmingham CCG Commissioning Boundary

2.7.1 Sandwell and West Birmingham CCG has been undertaking a stakeholder consultation on the options for its future commissioning boundary. Throughout February and March 2019 over 200 stakeholders were involved in developing the options for consultation and on the 25 March a survey opened to test these options with local CCGs, providers, regulators, patients and the public. The consultation closed on the 6 May 2019. The outcome of the six week stakeholder consultation will allow the CCG Governing Body to have a robust discussion, before sharing the options and consultation outcome report with GP members to ensure that they have the opportunity to make an informed choice when the members vote on the 18 June 2019. Subsequent to the member vote, a recommendation will be taken to the Sandwell and West Birmingham CCG Governing Body Meeting to determine the future of the CCG boundary.

#### 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.

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#### 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.

| Name      | Dr Helen Hibbs |  |
|-----------|----------------|--|
| Job Title | Chief Officer  |  |
| Date:     | 30 April 2019  |  |

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#### **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/<br>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     | N/A              |          |
| Inclusion Service   |                  |          |
| Information Governance implications discussed with IG     | N/A              |          |
| Support Officer   |                  |          |
| Legal/ Policy implications discussed with Corporate       | N/A              |          |
| Operations Manager  |                  |          |
| Other Implications (Medicines management, estates, HR,    | N/A              |          |
| IM&T etc.)  |                  |          |
| Any relevant data requirements discussed with CSU         | N/A              |          |
| Business Intelligence                                     |                  |          |
| Signed off by Report Owner (Must be completed)            | Dr Helen Hibbs   | 30/04/19 |

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