

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 14 May 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Dr S Reehana	Chair
Clinical	
Dr M Asghar	Board Member
Dr D Bush	Board Member
Dr R Gulati	Board Member
Dr M Kainth	Board Member
Dr J Parkes	Board Member
Management	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Mr J Green	Joint Chief Finance Officer for Sandwell/Wolverhampton CCG
Mr M Hastings	Director of Operations
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Lay Members/Consultant	
Ms S McKie	Lay Member
Mr J Oatridge	Lay Member
Mr P Price	Lay Member
Ms H Ryan	Lay Member

In Attendance	
Ms K Garbutt	Business Operations Officer
Dr Fran Hakkak	Medical Director Compton Care (Observer)
Mr P McKenzie	Corporate Operations Manager
Ms A Smith	Head of Integrated Commissioning (Part)
Ms S Southall	Head of Primary Care (Part)

Dr S Reehana welcomed Dr Fran Hakkak, Medical Director Compton Care to the meeting as an observer.

Apologies for absence

Apologies were received from Dr R Rajcholan, Ms S Roberts, Mr L Trigg, Ms S Gill.

Declarations of Interest

WCCG.2366 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing Body

WCCG.2367 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meeting held on the 9 April 2019 be approved as a correct record subject to the amendment below ~

WCCG.2335 Quality and Safety Committee

Mr M Hastings referred to the fourth paragraph, sixth sentence. It should read "Mr Hastings added that staff at the Trust are already running MRI and CT, 7 days a week, 13 hours a day and running 6 day services in clinics"

Dr Kainth arrived

Matters arising from the Minutes

WCCG.2368 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2369

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2370 Dr H Hibbs presented the report. She pointed out that following the publication of the NHS Long Term Plan the Black Country and West Birmingham Sustainability Transformation Plan (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 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 also on issues such as the estates, digital and workforce priorities.

Dr Hibbs highlighted 2.4 Transforming Care – 2018/19 Year End Summary and the current work which is taking place. She pointed out Wolverhampton has achieved well regarding reducing admissions and continuing to reduce the number of patients still in hospital beds.

NHS England and NHS Improvement came together on the 1 April 2019. 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. She pointed out the senior leadership team appointed so far indicated under 2.6.4 of the report.

Sandwell and West Birmingham CCG have been undertaking a stakeholder consultation on the options for its future commissioning boundary. The outcome of the six week stakeholder consultation will allow the Clinical Commissioning Group (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. Dr Hibbs stated there will be very little impact on Wolverhampton patients.

RESOLVED: That the above is noted.

Better Care Fund (BCF) Quarterly report

WCCG.2371

Mr S Marshall referred to the report pointing out the National Metrics – Delayed Transfer of Care graph on page 3 of the report.

Ms A Smith arrived

Ms A Smith referred to the graph detailing the reduction of non-elective admissions on page 5 of the report.

Dr M Asghar arrived

Ms Smith stated that the Primary Care based Multi-Disciplinary Teams (MDT) continue to be rolled out across the City. There are currently 18 MDTs in place with a further 4 due to go live in May 2019. She referred to the BCF planning and stated that preparatory work has begun with the pooled budgets currently being defined and agreed and the work streams developing their work programmes for the coming year. Mr T Gallagher is supporting this piece of work.

The integration of the North East Community Neighbourhood team continues to develop. Premises are now being sought for the South East teams in Bilston. Ms Smith has requested a number of options which once received will be taken to the BCF Programme Board.

Ms S McKie had received a request from the Patient Participation Group regarding involvement of patients in the MDT meetings. A discussion took place and due to confidentiality and data protection patients could not be directly involved unless it is regarding their own care. Dr J Parkes pointed out that we are called to act as patient advocate.

Dr Hibbs stated that the permanent admissions to residential homes is still quite high and asked if there is a solution to help how we bench mark against other areas. Ms Smith stated that this is a general trend not just in Wolverhampton. Work to address this will be taken forward next year and this has been identified as part of the work of the Integrated Care Alliance.

Dr Reehana asked if we have any influence on the delayed transfer of care for non-Wolverhampton residents. This is difficult but we continue to do all we can to address this alongside the Trust. With regard to the overall picture Dr Hibbs stated this has been an excellent piece of work moving Wolverhampton from a poor position on Delayed Transfers of Care (DTC) to one of the best in the country.

RESOLVED: That the above is noted.

Ms A Smith left

Board Assurance Framework

WCCG.2372

The report was presented by Mr P McKenzie. It introduces the latest updated version of the Governing Body Assurance Framework and Strategic risk register which has been reviewed by the Audit and Governance Committee. The report also outlines the current work underway to support risk management across the Clinical Commissioning Group (CCG), including the work of the Governing Body Committees and an update on the latest risk deep dive by the Senior Management Team.

He referred to the corporate organisational risks and stated that the scoring for each domain should remain the same. He highlighted the following Corporate Risks ~

- CR01 has been raised from 8 to 12 due to the issues around cancer performance.

- CR13 maternity risk to be closed at corporate level and managed by Quality and Safety.
- CR16 this risk is ready for closure
- CR22 currently still ongoing

The Governing Body agreed the CCG's Operating Plan for 2019/20 on the 26 March 2019. This sets out the five priorities for the year as detailed below ~

- Continue to commission high quality, safe healthcare services within our budget;
- Focus on prevention and early treatment;
- Ensure our services are cost effective and sustainable;
- Align our clinical priorities, as appropriate, to the Black Country and West Birmingham STP/ICS;
- Build on our Primary Care Networks (PCNs), wrapping community, social care and mental health services around them.

Mr McKenzie explained the strategic objectives outlined in the report. He highlighted the possible alternative approaches to re-assess the strategic objectives in the current Governing Body Assurance Framework in relation to the priorities for 2019-20. The Governing Body was happy to adopt the approach of aligning the objectives with the priorities as outlined in 4.6.

RESOLVED: That the Governing Body supported the option outlined under 4.6 within the report.

GP Networks/Directed Enhanced Service (DES)

WCCG.2373

Ms Southall presented the report. She pointed out that Primary Care Network Applications are due to be submitted to CCGs from member practices by 15 May 2019 a panel meeting has been convened for the 16 May 2019 to consider/approve applications.

Ms Southall referred to the workforce and the new roles highlighted on page 3 of the report. The roles will be part funded by NHS England in the sum of 70% however 100% funding will be available for Social Prescribing Link Workers.

Ms Southall tabled a current map indicating the Primary Care networks. She pointed out there are 2 separate networks for Unity for provision of services in the West and East. We anticipate some further changes and expect six applications. Dr Kainth asked what would happen if a practice did not wish to engage with this process. Ms Southall stated there is an expectation that we would mediate with the practice and identify the best solution for the practice to sign up.

Ms Southall pointed out an engagement event is scheduled to take place to encourage patients to learn more about Primary Care networks. Ms McKie requested that the information shared is made clear for patients. Dr Reehana stated that it will be encouraged to work with Practice Participation Group (PPG) chairs within each network. Mr Hastings added that GPs have been written to regarding this.

Mr Marshall stated that practices will have patients in other network areas and expressed the importance of patients receiving the right support locally.

Mr J Oatridge sought clarification relating to funding for the Clinical Director. Ms Southall confirmed each network will receive a contribution towards the cost of employing a Clinical Director one day per week (0.25 funded by NHS England based on a 40k network population). He also felt that there may be a pressure on the network when recruiting for the new roles. A discussion took place around the new roles.

Ms S Southall left

RESOLVED: That the above is noted

Commissioning Committee

WCCG.2374 Dr Kainth presented the report. He highlighted Personal Health Budget (PHB) choices e market place pilot proposal report. Approval was given to enter into a 12 month contract with PBB choices. Mr Marshall pointed out that this is a voucher based system.

He pointed out the Dermatology contracting update. The scope of the service to remain at RWT has been identified and agreed as the Cancer and Paediatrics Dermatology Services. All adult non-cancer services will be transferred to the community as part of the procurement process from 1 December 2019.

Black Country Partnership Foundation Trust (BCPFT) achieved 18.5% of the Improving Access to Psychological Therapies (IAPT) target which is set at 19%, this includes the outcomes of the referral third party providers that the CCG have commissioned to reduce access rates.

With regard to Non-Emergency Patient Transport Services (NEPTS) a six month contract extension has been agreed with West Midlands

Ambulance Service (WMAS); this gives continuity of the service until April 2020 and allows a 12 month procurement process to take place to secure a new provider for this service. Dudley CCG will be the lead commissioner for this.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2375 Dr Hibbs presented the report. She highlighted the key areas of concern. Overall cancer performance at RWT remains challenged. Performance of all cancer targets has deteriorated in February. The performance for 2 week and 62 day waits is below expected target. Assurance is now being provided relating to the actual or potential impact of harm to patients as a result of any delays.

RWT is currently reporting the highest Standardised Hospital Mortality Index in the country. A lot of work is ongoing to understand and improve on this position. E coli infection rates currently appear high and an E.coli infection group has been set up to address this. Dr Parkes queried figures relating to mandatory training rate indicating 85% target for BCPFT and 95% target for RWT within the report. Dr Hibbs will ask the Quality team and come back to him. With regards to BCPFT Dr Hibbs stated that a walk-through had been carried out at Penn Hospital. And no significant issues had been identified.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2376 Mr T Gallagher presented the report which forms part of the final accounts. He stated that the CCG has achieved all its financial metrics and statutory financial duties. The control total of £9.986m surplus has been exceeded by £42k resulting in a year end surplus of £10.028m.

Mr Gallagher highlighted the table on page 4 of the report which shows the year to date performance. The CCG control total of £9.986m has exceeded deliver at £10.028m. The CCG is reporting an end of year position of £776k underspend within Delegated Primary Care mainly due to the level of claims in respect of the Quality and Outcomes Framework (QOF).

He pointed out that the delegated Primary Care allocations for 2018/19 as at month 12 are £36.571m. The outturn is £35.795 delivering a underspend position of £0.776m. Further to last month when a £0.970m

underspend was reported the CCG has identified potential costs relating to the consequences of list size adjustments for a practice and an ongoing issue relating to PMS/GMS. This has reduced the forecast underspend to £776k.

Mr Gallagher referred to the Quality, Innovation Productivity and Prevention (QIPP) Programme Delivery Board information on page 10 of the report. As at month 12 QIPP is being reported as delivering on plan supported through the planned applications or reserves and underspends in the overall position. The table identified that, as reported by Scheme Leads, QIPP has under delivered by £6.274m. However the final position is likely to show more QIPP delivery once month 12 activity is reported.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2377 Mr P Price gave a brief overview of the report. He highlighted that the Committee were given a presentation on Cyber Security. The Corporate Operations Manager would report back about the organisation's performance against the 10 cyber risks once this had been completed.

RESOLVED: That the above is noted

Remuneration Committee

WCCG.2378 Mr Price referred to the report and asked if there were any questions.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2379 Ms S McKie gave a brief presentation of the report. She pointed out that Liz Corrigan updated the Committee around primary care quality,.

Mr McKenzie pointed out the possible need for delegated authority to sign off the draft Sustainability Transformation Plan Primary Care Strategy due to the timescales involved.

RESOLVED: That the Governing Body approved delegated authority to sign off the draft Sustainability Transformation Plan Strategy.

Communication and Engagement update

WCCG.2380 Ms McKie presented the report. She pointed out that the Patient Participation Group (PPG)/Citizens Forum has been cancelled and new arrangements relating to the new primary care networks are being put into place. She stated that the timing of meetings will need to be reviewed to allow more flexibility in order for these to be well attended.

The Engagement Strategy is currently being rewritten by the Commissioning Support Unit (CSU) and this will be reviewed through the Communications Team and will be brought to the Governing Body.

A discussion took place around the significant amount of engagement work which is carried out in the background and for this to be raised at the next Annual General Meeting (AGM).

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2381 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2382 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2383 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2384 RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2385 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2386 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2387 RESOLVED: That the above is noted.

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

WCCG.2388 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2389 The Board noted that the next meeting was due to be held on **Tuesday 21 May 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.40 pm

Chair.....

Date

DRAFT