

**WOLVERHAMPTON CCG  
GOVERNING BODY**

**9 July 2019**

**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>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	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



## **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) and Board to Board with Birmingham**

- 2.1.1 The Black Country and West Birmingham STP and the Birmingham and Solihull STP held a Board to Board meeting to look at areas of common interest and the potential to collaborate in the future.

A key topic was the Midland Metropolitan Hospital development. Both STPs are fully committed to making the hospital a success when it opens.

### **2.2 Meeting with NHSE and NHSI**

- 2.2.1 A meeting for senior leaders was held in early June. Simon Stevens – Chief Executive of NHSE and NHSI, Dido Harding – Chair of NHSE and NHSI and Dale Bywater – Regional Director for NHS Midlands presented their thoughts around the NHS Long Term Plan, the People Plan and the new way of working in NHS Midlands.

### **2.3 Primary Care Networks**

- 2.3.1 The CCG has 6 primary care networks set up as per national guidance and timescales. There has been some slight adjustment to how practice groups were functioning with some realignment with practices closer by. The Primary Care Commissioning Committee continue to receive updates on the activities taking place including role reimbursement scheme for Clinical Pharmacists and Social Prescribing Link Workers, completion of Network Agreements and PCN Development Needs.

- 2.3.2 Clinical Directors will be leading their networks officially from 1 July 2019. They will all be meeting regularly with the CCG to aid delivery of the network DES. Networks will continue to engage with patients and the public at practice and network level.

### **2.4 ICA Development - SM**

#### **2.4.1 Placed Based Update**

All sub groups have a plan on a page and an agreed timeline for delivery.

- The People Living with Frailty Group are designing pathways for patients living with frailty and ensuring that they are fully supported along each step by the implementation of the Healthy Ageing Coordinator role.
- The Palliative & End of Life Care Group are re-designing the current Community to ensure alignment to the local Palliative & End of Life care Strategy, They have developed



and rolled out a more person centred Advance Care Plan document across all stakeholders within the City.

- The Children & Young People Group are working on the development of the Wolverhampton BIG 6 – the top 6 common conditions that parents present at hospital for, and looking to develop a clinical advice & guidance document as well as a parent/carer facing document.
- The Mental Health Group are working to document all current services, referral routes to enable other Health & Social care colleagues to have a greater understanding of the services and what they deliver. They will also be looking at redesigning services to improve the physical health of people who suffer with mental illness.

The Governance Development Group has established 3 sub-groups:

- Commissioning and Contracting are working to develop, recommend and implement a virtual model to support the changes needed. they will provide transparency to facilitate allocation of funding in line with the clinical pathways. At the last Commissioning and Contracting group the End of Life workstream presented their work to date.
- IG/IT/BI – Informatics Group are working to provide leadership for the information governance, informatics, digital and information technology agenda across the Wolverhampton Health and Social Care economy. Their purpose is to develop and manage all elements of IG and Informatics including all digital strategies. The Group will also provide direction for the information required to support planning and modelling of activity, in line with the clinical pathways on a City Wide basis.

All parties are currently collating data sets to inform an overarching data set that can be used for both primary and secondary care uses. Data sets are being collated initially from Primary Care, Secondary Care, Local Authority, Mental Health Trust and Compton Care.

The output will be a Shared Clinical Data Unit (SCDU) which can be accessed by all parties involved. This is aimed to be complete by the end of July 2019.

Each organisation will then complete a DPIA and subsequently a Data Sharing Agreement will be developed and approved by each organisations DPO

- Outcomes Framework Development and Measurement Group are working to develop, a set of common, aligned and agreed outcomes that are measurable across the system. These outcomes need to take account of the strategic direction of travel and the STP Clinical Strategy.

A workshop is scheduled in June where a number of outcomes frameworks will be reviewed and mapped to our local 'place' where appropriate.

## 2.5 Cancer Performance

- 2.5.1 Cancer performance nationally remains an issue with headline news reporting on the situation across the UK. The recovery actions that we have been implementing at RWT have made inroads into improving performance however there is unprecedented demand for appointments, particularly for urgent breast referrals. Current capacity at the trust cannot cope with this demand and so it is accepted across the STP that a system-wide response is required in order to manage demand.
- 2.5.2 A request has gone to providers across the Black Country to allow RWT and Wolverhampton CCG to implement a targeted referral diversion to improve waiting times for patients. The commissioner and provider are acutely aware of the need to maintain patient choice of place of first outpatient appointment and this will not be affected by this project.
- 2.5.3 The premise is that data analysis will identify high volume referrers into RWT which are within calculated close proximity to other providers in the area. We will then provide these practices with daily information on waiting times for the four providers across the Black Country to help them to inform patients how they can be seen more quickly by attending another provider with the minimum inconvenience regarding travel arrangements.
- 2.5.4 The consistent high quality of provision of services across the Black Country providers ensures there is no detriment to patient care and the advantages of being seen earlier will outweigh the minor inconvenience of an additional 1, 2 or three miles to travel.

## 2.6 Perinatal Mental Health

- 2.6.1 On 11 June 2019 we launched our STP wide specialist perinatal mental health service – the service started last year with transformation money won in April and is recurrently funded through the CCG baselines this year.
- 2.6.2 We have also held STP wide engagement events as we are planning the next steps of our perinatal mental health whole system - this is in line with the NHS Plan
- **Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis** - to benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.
  - Care provided by specialist perinatal mental health services will be available **from preconception to 24 months after birth** (care is currently provided from preconception to 12 months after birth), in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life
  - Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions



- Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period
- Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting. Maternity outreach clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

### 2.6.3 Next Steps

The service will continue to be developed alongside our service users and local authorities.

## 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.



**Name** Dr Helen Hibbs  
**Job Title** Chief Officer  
**Date:** 21 June 2019



**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	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Dr Helen Hibbs</b>	<b>21/06/19</b>

