

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 10 September 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Ms S McKie welcomed Dr S Reehana back to the Governing Body and stated she will be chairing the meeting today.

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| Attendees ~ | |
| Ms S McKie | Chair |
| Clinical | |
| Dr M Asghar | Board Member |
| Dr R Gulati | Board Member |
| Dr M Kainth | Board Member |
| Dr S Reehana | Board Member |
| Management | |
| 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 | |
| Mr J Oatridge | Lay Member |
| Ms H Ryan | Lay Member |
| Mr L Trigg | Lay Member |

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| In Attendance | |
| Ms K Ali | Senior HR Business Partner |
| Ms K Evans | Solutions and Development Manager (part) |
| Ms K Garbutt | Business Operations Officer |
| Ms S Liggins | Interim Chief Operating Officer - Sandwell (part) |
| Mr P McKenzie | Corporate Operations Manager |
| Ms J Salter Scott | Head of Engagement and Communications – Sandwell (part) |
| Ms A Smith | Head of Integrated Commissioning (part) |

Apologies for absence

Apologies were received from Dr R Rajcholan, Mr T Gallagher, Mr D Watts, Mr J Denley and Dr A Mittal.

Declarations of Interest

WCCG.2442 All Governing Members declared an interest in agenda item 8 – Outline Case for Change and agenda item 9 – Communications and Engagement Plan.

RESOLVED: That the above is noted.

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

WCCG.2443 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meetings held on the 9 July 2019 be approved as a correct record. However, Dr S Reehana pointed out her apologies were not noted.

Matters arising from the Minutes

WCCG.2444 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2445 There were no Committee Actions

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2446 Dr H Hibbs presented the report she pointed out that The Black Country and West Birmingham Sustainability Transformation Plan (STP) is working to deliver both the Strategic Planning Tool (combined finance, activity and workforce plan) for STP and the STP narrative 5 year plan.

The long term draft narrative plan is currently with all organisations to contribute to and some public and patient engagement events are taking place in September to listen to the public and respond to the long term plan. This will be presented to Health Watch in October and will be brought back to the Governing Body in November.

Mr J Oatridge and Ms S Roberts arrived

Ms S McKie asked how we are publishing the engagement event. Dr Hibbs confirmed this is being carried out locally and this will on the back of Wolverhampton's Annual General Meeting.

The STP Stocktake meeting took place on the 30 August 2019. Discussions were held regarding performance, finances and the development programme of the STP as it moves to become an Integrated Care System.

RESOLVED: That the above is noted.

Governing Body Vacancy

WCCG.2447 Mr P McKenzie stated that as Dr Julian Parkes has resigned from his position on the Governing Body following his retirement as a GP this has created a vacancy in the elected GP positions on the Governing Body for Vertically Integrated Practices. The Governing Body is responsible for determining whether to fill the vacancy.

Ms McKie asked what happens if we do not fill the vacancy. Mr McKenzie confirmed that this will then remain vacant.

Ms S Liggins and Ms J Salter Scott arrived

RESOLVED: That the vacant position on the Governing Body is filled by a by-election for a GP from the vertically integrated practices.

Black Country and West Birmingham Clinical Commissioning Groups Merger or Continued Collaboration – Outline Case for Change

WCCG.2448 Ms Sharon Liggins and Ms Jayne Salter Scott introduced themselves to the Governing Body. Ms Liggins referred to the report which sets out the options considered by the Black Country and West Birmingham Joint Commissioning Committee and the Transition Board. As part of the journey towards a strategic commissioner, the Black Country and West Birmingham CCGs need to formally consider the options for continued collaborative work or merging. She pointed out Appendix 2 which outlines the timelines.

Dr Hibbs pointed out one of the assumptions within the paper regarding running costs needing to reduce. There is a significant risk regarding the costs of transition with one off professional fees likely to be incurred.

Mr Marshall stated partners may now support the merger of CCGs. However there is an increased risk relating to working with Local Authorities as there are very different funding agreements with social care in place across the four CCGs. There are many items to explore. Ms Liggins stated all the CCGs would agree with this. She added the options need to be explored and the Transition Board will manage this process.

Mr Oatridge supported Dr Hibbs' points. A significant amount of work needs to be undertaken and sufficient resources need to be available. Ms Liggins stated the programme team is scheduled to attend the next Transition Board. There is a big costing exercise to be carried out.

Mr P Price enquired about the financial implications. Dr Hibbs referred to the Birmingham merger and they had to take 20% out. Their expenses did go up in the first year. Mr Green added there will be non-recurrent costs incurred through the process. In the longer term it will deliver savings

Mr Marshall referred to the timeframe of the application of May 2020 which is very tight. What happens if we miss this deadline. Ms Liggins agreed it is tight. Dr Reehana added this is not a very easy decision there may be slippages on time.

Ms S Roberts stated that after the Accountable Officer appointment a refresh of the Terms and Conditions of the Transition Board is needed.

Mr L Trigg pointed out that the report reads in several places that it is a foregone conclusion that a merger of the 4 CCGs will take place. Dr Hibbs stated that this is one of the likely outcomes but cannot be taken as a foregone conclusion.

Ms Liggins stated the whole process including pre-scoping and consultation outcomes will come back to the Governing Body in November 2019 and February 2020.

Mr Marshall asked if we have a plan B if the GPs do not support this. Dr Hibbs stated the Integrated Care System (ICS) requires a single commissioning voice.

RESOLVED: That the Governing Body approved the next stage, the listening stage with the caveats – care is required with the language within the reports in the future and the Transition Board Terms of Reference will need to be reviewed.

Ms K Evans and Ms A Smith arrived

Black Country and West Birmingham Clinical Commissioning Groups Merger or Continued Collaboration – Communications and Engagement Plan

WCCG.2449

Ms J Salter Scott presented the report. She stated the plan details the steps we will take to ensure stakeholders have the opportunity to influence our proposals for a strategic commissioner. There are draft key messages which we hope to use in the listening exercise during October. The question we are hoping to explore with stakeholders is “if we move to a single CCG what would good look like”.

Ms Salter Scott added that the feedback will be collated and presented in November. In terms of the approach and process it is a listening exercise not a formal consultation. It is really important that we continue to work with Human Resources and with our colleagues in Primary Care. It is also important all GPs have their views. She pointed out that Appendix 2 will be updated in the future. What is missing from the presentation is the telling of a story and this will be adjusted regarding the journey we are on.

Mr Trigg asked who will be managing the accountability. Ms Salter Scott stated that this has gone to the Transition Board and assumed the resource will be split across all 4 CCGs. Dr Hibbs stated it would be shared across the 4 CCGs. Dr Reehana pointed out that Health Education West Midlands which involves GP trainees is missing from the stakeholders map. Mr P McKenzie referred to item 7 Member Practice Engagement and the importance for each individual vote within each CCG.

Mr Oatridge referred to the Stakeholder map and pointed out that our neighbours Shropshire are missing. It was agreed that they would be added. He also stated that our staff can be patients also and duality needs to be recognised.

Mr Trigg added he has a real issue as the report is heavily loaded in one direction it needs to be open and transparent. This was supported. Dr D Bush added on page 60 it should read in point 3 “whether we should merge”. A discussion took place and Ms Salter Scott confirmed that the slides do need to be looked at. We have the opportunity to change this now. Ms Liggins confirmed that the Governing Body views will be taken back to the Communications and Engagement lead and work will be carried out on the issues.

Ms S Liggins and Ms J Salter Scott left

RESOLVED: That the Governing Body endorsed the Communications and Engagement Plan and give approval to seek views of stakeholders using the key messages in appendix 4 of the plan.

Community Model for Learning Disabilities in the Black Country

WCCG.2450 Ms S Roberts presented the report which is to make a recommendation to the Governing Body on the future of assessment and treatment beds and the associated community services. The Black Country Transforming Care Partnership Programme Board has commissioned a community intensive support team and forensic model for patients with Learning Disability in line with the national service specification.

This new model is now starting to embed as business as usual and is starting to become effective. As a result of changing the model of care to one much more focused on community provision and less on bed based services the number of assessment and treatment beds required in the Black Country has reduced.

RESOLVED:

- (a) That the Governing Body supported the new model of care.
- (b) That the Governing Body supported the recommendation on the future bed base for assessment and treatment beds, with any no longer required being closed.

Integrated Care Alliance (ICA) Progress

WCCG.2451 Ms K Evans stated this report provides key highlights, risk and issues across the programme. This has been ongoing for 18 months to 2 years and there is a robust governance structure in place. She pointed out that each of the clinical sub groups has agreed a plan which they are working towards delivering. The plans are detailed in the report on pages 198 – 201.

RESOLVED: That the Governing Body noted the work being undertaken within the Wolverhampton Integrated Care Alliance.

Better Care Fund (BCF) Quarterly report

WCCG.2452 Ms A Smith presented the report which informs the Governing Body on the work being undertaken within the Better Care Fund Programme. She pointed out that we continue to meet the Delayed Transfers of Care ambition.

There is a reduction of non-elective admissions that are aligned to some of the schemes within the BCF Programme. Ms Smith reported a number of permanent admissions of people aged 65 and over to residential and nursing homes for the month of June which is slightly higher than in the previous year.

Work continues on identifying suitable accommodation for the South East Adult Community Care (Co-Location of Community Neighbourhood teams). Space has been identified at Bilston Health Centre and floor plans are currently being drawn up.

Ms Smith referred to the table on page 233 outlining the Pooled Budget. She pointed out that the planning template has not been distributed as she is still waiting for some further details. Once received this will be distributed to the Governing Body.

A lot of cross over work is being carried out and there is a proposal to bring 2 programmes of work together. Dr Hibbs supported the proposal. She thanked Andrea Smith for her work. Mr S Marshall added the agreement from the Local Authority has been submitted to the Programme Board and they support the proposal.

RESOLVED: That the above Governing Body supported the recommendations of the merging of the programmes.

Sustainability Transformation Plan (STP) Planning

WCCG.2453 Dr Hibbs referred to the presentation which gives some priorities. The main priorities are on page 248 ensuring our local health and care system is fit for the future. Public views are shaping our plan and during April and May, each local Healthwatch across the Black Country and Birmingham engaged with the public and the key themes are highlighted on page 251.

Mr J Oatridge commented that within the plan it did not include how we manage the estate. Dr Hibbs confirmed this would be useful and this can be included within the plan.

RESOLVED: That the above is noted

Dr Asghar arrived

Board Assurance Framework and Risk Register

WCCG.2454 Mr McKenzie presented the report. The report has been updated following the Governing Body's review of the organisation's strategic objectives in May 2019. He referred to the risks on the framework highlighted in red. He pointed out the deep dive has been delayed in Primary Care.

Mr M Hastings reassured the Governing Body that the planning relating to Brexit for March has been carried over and he will be attending an event in Leicester next week.

RESOLVED: That the above is noted

Commissioning Committee

WCCG.2455 Dr M Kainth presented the July/August reports highlighting that the Committee endorsed the following schemes, Carers Information Pop-ups and Emergency Home Based Respite Care, and that these schemes are funded from the budget within the BCF Programme allocated to supporting carers.

The Committee endorsed providing additional funding in respect of the Fixed Term investment for Autism Spectrum Disorder and Investing in Speech and Language Therapy. The Committee reviewed the service specification for Trauma and Abuse Counselling which was agreed in principle. The Committee also reviewed and agreed the Eating Disorder Service Specification.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2456 Ms Roberts presented the report she pointed out the key points. Cancer performance remains significantly challenged, with further deterioration of all cancer targets except 31 days sub-treatment surgery and anti-cancer drug. This is being monitored on a weekly basis. Dr R Gulati expressed concern relating to referrals for patients from Royal Wolverhampton Hospital Trust (RWT) to Walsall and Dudley Hospitals which could cause pressure. Ms Roberts confirmed this is being monitored on a daily basis. Dr Hibbs stated this is a major concern, however RWT have recruited additional staff. Mr Hastings added the number of patients is minimal and the numbers are known. Dr M Kainth asked what Dudley are doing that we are not. Dr Hibbs stated patient's preference to go to Wolverhampton has increased and RWT have lost some key members of staff.

Mortality indicators for Standardised Hospital Mortality Index (SHMI) remain above national expected rates. In light of improving performances the Quality and Safety Committee made the decision to reduce the risk rating for mortality.

Ms Roberts pointed out that the Care Quality Commissioning (CQC) has carried out unannounced visits in August at RWT.

Due to failures in the Well Led and Safe domains identified at a recent Care Quality Commissioning (CQC) inspection, a Wolverhampton Nursing home is expected to receive a reduced CQC rating.

Lotus Clinical Services came to Wolverhampton Clinical Commissioning Group's (WCCG) attention following an issue raised by a Wolverhampton GP through Quality Matters at the end of May, as they had written to the GP requesting patient information.

Ms Roberts mentioned a new booklet in respect of the flu vaccinations for children will be coming out soon.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2457 Mr J Green presented the reports. He focused on the report for August. He referred to the finance position table on page 315 indicating the year to date position against key financial performance indicators which are all rated green.

The Delegated Primary Care allocation for 2019/20 is £38.145m. At month 4 the CCG forecast outturn is delivering a breakeven position. On page 320 of the report this shows some underspends. This has been discussed at the Primary Care Commissioning Committee and resources are available against the plans being developed.

Mr Green referred to the Quality, Innovation Productivity and Prevention (QIPP) key points on page 321.

He pointed out performance and the main areas. Referral to Treatment time - 92% of WCCG patients started treatment within 21.2 weeks at any provider in England against the standard of 18 weeks. There are no patients waiting 52 plus weeks to start treatment.

Mr Green referred to 4. Risk and Mitigation. The CCG was requested to resubmit a plan which demonstrates £6.3m risk which currently is fully mitigated based on the assumption that the Black Country CCG Risk share agreement will be applied. The level of risk has been reduced in month 4 to reflect the inclusion of costs within the main financial reporting.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2458 Mr P Price presented the report. He pointed out that the Audit and Governance Committee had received a paper around joint working when other organisations had merged.

RESOLVED: That the above is noted

Remuneration Committee

WCCG.2459 Mr P Price stated the report was for information.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2460 Ms S McKie referred to the report and highlighted that patient feedback from the consultation on the proposed closure of the Wood Road branch surgery of Tettenhall Medical Practice continues to be gathered.

The Committee approved the change of Clinical Director for the Royal Wolverhampton NHS Trust to Dr John Burrell.

She pointed out the Quality Assured Spirometry Business Case revised costs. The business case for the proposal had been revised and the Committee's attention was drawn to the revised costs which were now calculated to be £62440 for 2019/20 and around £126500 in future years.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.2461 Ms S McKie referred to the report. She pointed out the Annual General Meeting is taking place on Wednesday 18 September 2019. The Hub meetings are still taking place and she will try to attend when she can. There are still concerns around communication with the Citizens Forum representatives and more work is needed regarding this.

RESOLVED: That the above is noted.

Workforce Race Equality Standard (WRES)

WCCG.2462 RESOLVED: That the report is noted.

Minutes of the Quality and Safety Committee

WCCG.2463 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2464 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2465 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2466 RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2467 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2468 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2469 Dr Reehana thanked Ms S McKie for acting as Chair at the Governing Body meetings.

RESOLVED: That the above is noted.

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

WCCG.2470 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2471 The Board noted that the next meeting was due to be held on **Tuesday 12 November 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.00 pm

Chair.....

Date

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