

WOLVERHAMPTON CCG

GOVERNING BODY

12 November 2019

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
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:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
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 ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
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 AO Recruitment

- 2.1.1 Following the recruitment process held on the 25 September 2019, Mr Paul Maubach has been selected as the the Accountable Officer for the Black Country and West Birmingham CCGs. We are currently reviewing the arrangements for the transition of Accountability for Wolverhampton CCG.

2.2 Listening Exercise

- 2.2.1 At the last Governing Body there was agreement to proceed with a listening exercise to seek the views of key stakeholders in relation to the future of the Black Country and West Birmingham CCGs.

- 2.2.2 Throughout October there have been events in each CCG area to listen to staff, member practices, public representatives and other stakeholders. The events have offered an opportunity to explain the local and national context in which change is being considered. There was detail on the options that have been considered and what the case for change might be for a move towards a single CCG. There was also detail on what some of the challenges might be to a single CCG before moving on to ask people to consider the following with regard to future CCG arrangements:

- What do you value from the current CCGs?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions would you want answered before you could make a decision?

- 2.2.3 The feedback will prove invaluable in determining what the next steps should be and to inform a decision on whether we move to a formal consultation. The themes from these sessions is currently being analysed and will be presented to the Transition Board meeting on the 14 November 2019.

2.3 Clinical Leadership Group

- 2.3.1 The Black Country & West Birmingham STP Clinical Leadership Group (CLG) was established in September 2018.

The CLG meets monthly and has representation from all organisation across the STP at a clinical level.

2.3.2 The three main functions of the group are to:

- Define the clinical agenda
- Provide clinical input to the workstreams and to be a critical friend
- Provide a clinically led arrangement through the emerging STP/ICS landscape.
- The group supports the 12 Clinical Strategy Priority areas

2.3.3 Cancer:

- The CLG cancer work stream is supporting a clinically led system response to current 2WW Breast Cancer performance issues. Following the implementation of the diversion pathway for 2WW breast cancer pathway performance has improved significantly. The number of cases within the backlog has reduced and the wait time for appointments has reduced.
- An NHSI led West Midlands Urology Project Group has been established to manage the Specialised Commissioning Specification for Urology Cancer surgery. All four acute providers are part of the Black Country UAN. RWT and WHT have well established links between urology teams which are planned to be formalised. Dudley has established links with RWT. Sandwell and West Birmingham links currently with University Hospital of Birmingham.
- The West Midlands Urology Project Group is considering the creation of provider alliances to serve the West Midlands (Birmingham and Solihull, Black Country, Hereford and Worcestershire, Coventry and Warwickshire, Shropshire and Staffordshire). Some specialist work will only be undertaken in one or two centres.

2.3.4 Urgent and Emergency Care

Sepsis /recognition of the deteriorating patient:

- Clinical focus of this work stream is deterioration and sepsis pathways at the front door.
- QI approach to improve SEPSIS recognition is in place in all four Trusts but requires standardisation
- The Principles of QI and how to endorse throughout the system, including at trust, community and independent sector will be explored and supported by the STP Academy and the Clinical Leadership Group .
- A working group is reviewing the use of NEWS2 in the community and primary care settings. Roll out of the FREED booklet will support this work stream.
- NEWS2 and antibiotic resistance to be discussed at the Medicines Management and Pharmacy workstream.

2.4 Long Term Plan for the STP

- 2.4.1 The Black Country and West Birmingham Strategic Plan is currently being developed by all Partners. We have worked with local Healthwatch organisations to understand the views of local people and we have produced a draft plan. We hope to finalise this plan over the next few weeks ready for publication. In addition a summary document, plan on a page and a website will be produced for patients and the public to access from early December 2019.

2.5 GPN Strategy Launch

- 2.5.1 The General Practice Nurse Strategy has been developed at a time of significant change both nationally and locally across the Black Country. General Practice Nurse (GPN) is a role that is unique because as a profession it works across the whole age span with patients and the public to optimise the health of the practice population within the community, provides health advice and promotion and manages acute events. The recent announcement of a Primary Care Network contract as part of the initiatives within the NHS Long term Plan offers a fantastic opportunity for the role of GPN to flourish and grow even further, the advancement of new roles to Primary care is even more exciting and we look forward as a nursing community to working collaboratively for the benefit of our local population.
- 2.5.2 The aim of the Black Country General Practice Nurse strategy is to define our values for all our nurses, fellow professionals, patient's carers and the public we serve. This is provided via an overarching strategy document and an additional suite of documents to support:
- Induction of new staff
 - Preceptorship
 - Competencies
 - Skills and education
 - Clinical supervision
 - Retention
- 2.5.3 The purpose of the strategy is to provide nurses and managers with a means to benchmark skills and knowledge, offer a clear entry and progression pathway into Primary Care for nurses at all levels and outline support mechanisms for all staff throughout their nursing journey.
- 2.5.4 This strategy was co-designed and developed with GPNs, practice managers, GPs and LMC representatives, lead nurses across the patch, and had input from patients and carers as well as from colleagues in higher education and NHS England.
- 2.5.5 Following the completion and approval of the GPN Strategy a Black Country-wide launch event was held. A total of 83 people attended the event, including practice nurses, HCAs, Nursing Associates, student nurses and colleagues from across the four Black Country CCGs, NHS England, Health Education England and our local Training Hub. A marketplace event was also held that had representatives from local apprenticeship providers, universities, Personalised Care team, Training Hub and the HEE Return to Practice Team. Speakers included local nurse and GP leads, HEE colleagues, NHS England lead and GPN Digital Nurse Champions, we also held a plenary session with GPN colleagues. The event is currently being evaluated and this will be presented in November.

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:	31 October 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.

	Details/ 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 Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	31/10/19