

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 12 November 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Dr S Reehana	Chair
Clinical	
Dr M Asghar	Board Member
Dr M Kainth	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
Ms S Roberts	Chief Nurse Director of Quality
Lay Members/Consultant	
Ms S McKie	Lay Member
Mr J Oatridge	Lay Member
Mr P Price	Lay Member
Ms H Ryan	Lay Member
Mr L Trigg	Lay Member

In Attendance	
Ms K Garbutt	Business Operations Officer
Ms S Gill	Health Watch Wolverhampton
Mr P McKenzie	Corporate Operations Manager
Dr A Mittal	Public Health
Ms D North (observer)	Project Management Office Administrator
Ms S Southall	Head of Primary Care

Apologies for absence

Apologies were received from Dr R Rajcholan, Dr D Bush, Mr J Denley, Ms H Ryan, Dr R Gulati and Mr S Marshall

Declarations of Interest

WCCG.2491 No declarations of interest were declared.

RESOLVED: That the above is noted.

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

WCCG.2492 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meetings held on the 10 September 2019 be approved as a correct record. However, Mr P Price and Ms S Roberts stated they were not included in the list of the attendees.

Matters arising from the Minutes

WCCG.2493 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2494 There were no Committee Actions

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2495 Dr H Hibbs presented the report she pointed out that following the recruitment process held on the 25 September 2019, Mr Paul Maubach has been selected as the Accountable Officer for the Black Country and West Birmingham Clinical Commissioning Groups (CCGs). He will be commencing from the 1 December 2019.

Dr Hibbs stated the Long Term Plan for the Sustainability Transformation Plan is currently being developed involving a lot of work. Submission to this meeting currently cannot take place at this time due to purdah.

She pointed out that the General Practice Nurse Strategy across the Black Country and West Birmingham has been launched and has had a very positive response.

RESOLVED: That the above is noted.

Clinical Commissioning Group Constitution

WCCG.2496 Mr P McKenzie stated that the Clinical Commissioning Group's (CCG's) constitution is its primary Governance document setting out how it makes decisions. NHS England issued new guidance for CCGs in the form of a model constitution in 2018, setting out the core requirements for inclusion and suggesting that other elements (including terms of reference for committees etc.) should be managed separately from the Constitution a Governance Handbook published on the CCG's website.

In order to adopt the new model constitution the CCG will need to make an application to NHS England who is responsible for agreeing changes to CCG constitutions.

Mr McKenzie pointed out that the new constitution includes a provision to speed up the process of making future minor changes by only requiring Membership approval of substantive proposals for changes. He referred to the table on page 22 which aims to provide an initial guide of what would deemed to be substantive and non-substantive.

Mr P Price asked what the maximum term for lay members to serve. Mr McKenzie confirmed this is 5 years.

RESOLVED: That the Governing Body approved the draft constitution for inclusion in an application to NHS England to vary the constitution.

Clinical Commissioning Groups Primary Care Strategy

WCCG.2497 Ms S Southall presented the report and revised strategy. The Primary Care Strategy was approved by the Governing Body in 2016 and since then a lot of work has taken place. This report provides an overview of the priorities captured in the 2019 strategy.

The implementation plan at the back of the report details opportunities to embrace workforce challenges being faced in primary care, the availability of suitable estate to provide improved services from within neighbourhoods and the need for improved digital access to primary care are all key features within the work programme that will seek to enable successful delivery of the strategy.

Dr M Kainth asked if targets for reducing secondary care are taking place. Mr M Hastings stated work is being carried out to reduce the activity in secondary care, working with colleagues this is not being carried out in isolation. Dr Kainth also gave an example of the difficulties in recruiting practice nurses within practices. Ms Southall confirmed the CCG are aware of this and there are measures in place to try and manage this to ensure smooth movement working with practices to develop and promote general practice nursing as a career for the future. Ms Roberts added that more work needs to be carried out to develop and strengthen the workforce. As part of Liz Corrigan's new General Practice Nurse role she will take clinical leadership across Wolverhampton and the Black Country.

Ms S Gill raised that Patient Participation Groups were not specifically mentioned within the strategy. A discussion took place and it was pointed out that this is included on page 58 within the Engagement section. However Ms Southall will look into whether this needs to be more explicit.

RESOLVED: That the Governing Body confirmed their endorsement of the decision to approve the 2019 strategy noting that Primary Care Commissioning Committee will be kept signed on progress being made to achieve the delivery objectives detailed in Appendix 1.

Emergency Preparedness, Resilience and Response (EPRR)

WCCG.2498 Mr M Hastings presented the report. He pointed out that the CCG will be stepping up preparation regarding the EU Exit in the New Year to ensure everything is in place

Dr Agarwal arrived

Ms Gill asked if the CCG or GPs were aware of any issues regarding supplies of medicines. Mr Hastings stated he has attended regional meetings on behalf of the CCG and no issues have been communicated to us however this is not to say there will be any issues. However there are continual issues with supply chains on an ad hoc basis but these are not related to the EU Exit.

Commissioning Committee

WCCG.2499 Dr M Kainth presented the reports. He pointed out the devolvement of Mental Health National Assessments (NCAs) budget to Black Country Partnership Foundation Trust. This will operate in shadow form for six months and should support the Trust in delivering transformation initiatives to enable this budget to be spent more effectively and locally.

The Committee was presented with a report relating to Children and Young Peoples Continuing Care to implement a Resource Allocation System which will ensure equality for allocated funding to children and young people in need of continuing care in alignment with their clinical needs.

Dr Kainth stated that the Committee supported a twelve month pilot post for a social care worker to carry out holistic assessment of frailty patients and cares, this post will support the preparation for the winter pressures with a view to reducing and preventing avoidable admissions.

Mr Hastings gave assurance that the 62 day referral treatment has improved.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2500

Ms Roberts presented the report she pointed out the key points outlined on page 89.

Cancer performance – significant improvements have been achieved since the implementation of the revised diversion initiative for the breast 2 week wait pathway. The number of cases within the backlog has significantly reduced and the wait for appointment times decreased.

Referral to treatment time – incomplete pathway performance has not achieved the 92% target and is deteriorating.

Mortality – the number of deaths has decreased when compared to last month, along with the Standardised Hospital Mortality Index which currently stands 1.1547, however the crude mortality rate has risen slightly.

There has been a slight increase in the number of self-harm/suicide serious incidents reported by the Black Country Partnership Foundation Trust.

Further analysis continues in relation to the regional comparison of 12 hour breach data in relation to mental health patients.

At the Quality and Safety Committee meeting which took place this morning discussions have taken place around preparedness for winter, there has been a positive flu campaign.

Dr Mittal stated there are a number of barriers to negotiate around and it would be useful to look at the templates. There has been a shortage around the nasal sprays for children; however the uptake rates are better than last year. At present this is a small issue and likely to be resolved, however if this becomes a quality and safety issue this will be looked at. Dr Kainth pointed out the delivery of flu vaccinations is not in the correct order. This is a national programme. Dr Mittal will raise these local concerns and how this could be carried out better next time.

Mr Price highlighted there have been No Never events or complaints for three months.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2501 Mr T Gallagher presented the reports. He focused on the report for October 2019. Finance performance is meeting all the financing metrics. Essentially we are on target to meeting our surplus. In terms of forecasting at present this is not as volatile as in previous years.

He referred to page the table on page 143 which shows the CCG are meeting the underlying current surplus.

The delegated Primary Care allocation for 2019/20 as at month 5 is £38.145m. At month 6 the CCG forecast outturn is £38.145m delivering a breakeven position.

The Quality, Innovation, Productivity and Prevention (QIPP) financial plan, prior to request to increase the control total, required a QIPP of £13.536m or 3.5% of allocation.

The CCG was required to resubmit a plan which demonstrated £5.95m risk which currently is fully mitigated based on the assumption that the Black Country CCG Risk share agreement will be applied.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2502 Ms S McKie presented the report. She referred to the Tettenhall Medical Practice consultation process in relation to the proposed closure of Wood Road Surgery branch. An extraordinary meeting took place at Christ Church in Wood Road which was very well attended. The practice has withdrawn its application for closure and provided an alternative proposal to keep the branch practice open by reducing the sessions from 7 to 4.

The public are relieved that the surgery is not going to close; this was an excellent piece of work. Ms Gill added it was nice to see the CCG come out into the community setting and listening to peoples' views.

Ms McKie highlighted there is an organisation in Birmingham using face to face technology to offer GP appointments. There is concern that patients are changing practices. Ms Southall stated this is happening nationally and this is being monitored.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.2503 Ms S McKie referred to the report. She highlighted the Annual General meeting which took place on the 18 September 2019.

Listening exercises with stakeholders. They have now commenced and feedback will be provided at the next Governing Body meeting

Practice Participation Group Chair meetings are now conducted at Primary Care Network level with variable attendance. Representation from practices is wider than was previously seen at the bi-monthly city wide meeting but there is still work to do to increase attendance.

Dr Mittal pointed out that at present Wolverhampton Council are reviewing how we collect data and capture information regarding people who attend. Our methods could be shared with Wolverhampton CCG.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2504 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2505 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2506 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2507 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2508 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2509 Dr Reehana mentioned that volunteers are needed in respect of the interview for the deputy Accountable Officer taking place on the 29 November. One lay member and one GP is required. Dr Reehana will ask Mr Paul Maubach to forward relevant details.

Dr Reehana presented Dr Hibbs with flowers and thanked her for the work which she has carried out for Wolverhampton CCG. Dr Hibbs stated it has been a privilege and honour to work with everyone at Wolverhampton. Mr Price thanked Dr Hibbs on behalf of the Audit and Governance Committee. Dr Mittal expressed thanks for navigating us, you are a very good facilitator. Sorry to see you leave and wished Dr Hibbs the best of luck..

RESOLVED: That the above is noted.

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

WCCG.2510 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2511 The Board noted that the next meeting was due to be held on **Tuesday 11 February 2020** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.20 pm

Chair.....

Date