

WOLVERHAMPTON CCG
GOVERNING BODY MEETING

13 SEPTEMBER 2016

Agenda item 7

Title of Report:	Chief Officer Report
Report of:	Trisha Curran – Interim Chief Officer
Contact:	Trisha Curran – Interim Chief Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
Public or Private:	This report is intended for the public domain.
Relevance to CCG Priority:	Update on behalf of Chief Officer.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>The report is primarily submitted to provide assurance to the Governing Body of robust leadership across the CCG that involves patients and the public and works in partnership.</p> <p>By its nature, the report also includes activity that may impact on the domains in the BAF</p>
<ul style="list-style-type: none"> • Domain 2: Performance – delivery of commitments and improved outcomes 	See above.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	



1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update Governing Body Members on matters relating to the overall running of Wolverhampton Clinical Commissioning Group (CCG).
- 1.2. Trisha Curran has been appointed as the interim Chief Officer for six months from the 1 August 2016 to cover Dr Hibbs leave.

2. CHIEF OFFICER REPORT

2.1 Staff Away Day – 29 June 2016

- 2.1.1 The CCG invited all staff to attend an away day to focus on the CCG's vision and values and how we align these with core business. An organisational development programme has been produced subsequently that will support staff appraisal and personal/professional development reviews.
- 2.2.2 The feedback from staff following the event has been very positive.

2.2 TWIRL - The Wolverhampton Integrated Respiratory Lifestyle project

- 2.2.1 An informal drop in session for The Wolverhampton Integrated Respiratory Lifestyle (TWIRL) project took place on 6 July 2016. The session offers social and physical activities alongside an opportunity to seek advice and support on how to cope with the effects of Chronic Obstructive Pulmonary Disease. Attending the TWIRL group can help to reduce feelings of social isolation as well as help to improve a person's health and ability to manage their condition. This a 12 month pilot costing £25k funded by The Health Foundation - the programme is well attended and participants talk very positively about it. The pilot is underpinned by a set of metrics to assess impact and outcomes.

2.3 NHS England Area Team Quarter 1 Assurance Visit – 12 July 2016

- 2.3.1 Dr Hibbs gave an oral update to the Governing Body at its last meeting about the assurance review visit from NHS England Area Team saying that this appeared to have gone well. The CCG is still awaiting a formal letter summarising the outcome of the visit.

2.4 Commissioning Support Services

- 2.4.1 It has been a steady month for commissioning support services supplied by both Arden & GEM and Midlands & Lancashire CSU's. The feedback from staff for July was an average score of 3/4 (satisfied) with particularly good feedback for Finance



and Patient & Public Engagement. The Regional Capacity Management Team continue to score poorly which has been brought to the attention of the Service Director and the CSU are carrying out a review of this service with the goal of adding better value to customers. As the review manifests into a service change in line with the agreed specification, this will be publicised across the organisation.

- 2.4.2 Following the failure to recruit to the contracts manager position, the Contracting team at Arden & GEM have committed to increasing the banding of the role – it is hoped that this will attract a commensurate calibre of applicants to the role. Following negotiation with the CSU there will be no additional costs passed on to the CCG this year, with an increase from 1/4/17 however, this will be offset by already negotiated cost savings on the whole contract for 17/18.

2.5 Members Meeting – 20 July 2016

- 2.5.1 An all Members meeting took place on Wednesday 20 July 2016. The topics discussed were the New Models of Care and the direction of travel for the Member Practices. This included an update by the leads on the Primary Care Home and Vertical Integration projects. There was also a brief discussion of the impact that the STP (Sustainability and Transformation Plans) will have regionally and how it may impact local practices.

2.6 Annual General Meeting 2016 – 21 July 2016

- 2.6.1 The Annual General Meeting (AGM) was held on Thursday 21 July at Molineux Stadium. This was considered to be successful event with over 80 attendees including members of public, patients, staff, press and stakeholders. The attendees were provided with an update on the developments and changes over the past year as well as the plans for the future, with the CCG formally announcing their Outstanding NHS England rating at this event. 96% of those who attended fed back that they found it a useful meeting. The AGM also included some light entertainment including dancing and an interactive drumming session.

2.7 Board to Board Meeting with The Royal Wolverhampton Hospital Trust – 26 July 2016

- 2.7.1 The CCG Governing Body met with the RWHT Board in July to discuss transformation and sustainability plans across the black country, the CCG Primary Care Strategy approved by the Governing Body, and new models of care. The purpose of such meetings is to ensure each board is sighted on key developments that can be discussed in an open and collaborative manner.

2.8 Award of “outstanding” for the CCG for 2015/16 – letter received 2 August 2016

- 2.8.1 Members of the CCG Executive Team met with NHS England on 26 April 2016 to discuss the CCG’s annual assessment for 2015/16.



2.8.2 A letter of congratulations has subsequently been received from Jeremy Hunt, Secretary of State for Health, recognising that though the CCG covers an area of challenging inequalities, we have effectively risen to the challenge of ensuring that local services deliver the best possible outcomes for the population in a sustainable way. This achievement is something for us all to be proud of and is testament to the hard work of everyone in the CCG. The letter from the Rt Hon Jeremy Hunt MP is attached.

2.9 System Leadership and Integration - Workshop

2.9.1 Following discussions at the Better Care Fund Board, Integrated Commissioning and Partnership Board and through the Regional STP process, it had been agreed that a series of strategic workshops are to take place.

2.9.2 An initial Commissioner event took place on 3 August 2016, followed by 3 System Leadership Events including providers. Items discussed included moving to integration by 2019/20, future models of care in Wolverhampton and agenda planning for System Leadership Events.

2.9.3 A System Leadership and Integration Event was held on 24 August 2016. Discussion took place around the over-arching principles to deliver the best possible health and care support to people in Wolverhampton.

2.10 City Board Meeting – 31 August 2016

2.10.1 The City Board is made up of Wolverhampton's key public, private and voluntary sector partners who are working together to create opportunities that encourage enterprise, empower people and re-invigorate the City. A Board meeting took place on 31 August 2016 and items for discussion included sustainability plans for the future.

2.11 Wolverhampton Antimicrobial Stewardship Programme

2.11.1 The CCG has agreed to support a city-wide antimicrobial stewardship programme. The proposed scope of the Wolverhampton City-wide Antimicrobial Stewardship Programme will include all human healthcare and focus on shifting the behaviours of the public, patients, prescribers and staff.

2.11.2 The launch of the programme is on 22 September 2016.

2.11.3 The programme will be structured to embrace activities across all local healthcare organisations. In addition to the CCG key organisational stakeholders are Public Health England, the Royal Wolverhampton Hospital Trust and NHS England Local Area Team for Dental and Pharmacy, constituent clinics and walk in centres, general medical practices, general dental practices and pharmacies. Beyond these organisational stakeholders, private providers, the public, patients, prescribers and NHS staff are all identified as key stakeholder to be influenced and to benefit.



2.11.4 The opportunities to influence non-human use of antimicrobials, whilst important, are less well understood and a parallel work stream focused on the use of antimicrobials in animals will be done to inform further potential work locally. This stakeholder group will need to be extended if the scope of the Programme is to include animal health and the food chain

2.11.5 A Programme Board will direct effective governance and mutual accountability between the main partner organisations which together have the capability to deliver required changes and learning that can be up-scaled and rolled out.

2.12 Primary Care Commissioning - delegation

2.12.1 NHS England have informed the CCG that the process for applications to become a fully delegated commissioner of primary care GP services will be published this month. A web page has been created on the NHSE website with instructions and links will be published to the process documentation. The CCG is prepared for the application process and is standing by, ready to work with the team in Worcester to ensure we take on full responsibility for contracting and managing primary care from 01/04/2017.

2.13 Estates and Technology Transformation Fund (ETTF) Bids

2.13.1 The CCG's Estates lead submitted the ETTF bids to the regional team at NHSE who in turn have submitted the bids to the national panel. We have been informed that the fund has been over-subscribed and that the chances of being allocated funding are low, so our estates team are working with Community Health Partnerships to identify other sources of funding to mitigate this risk.

2.14 New Models of Primary Care Delivery

2.14.1 The CCG continues to work with groups of practices which are trialling new delivery models for GP services. Three practices are working in a vertically integrated model with RWT, sub-contracting the delivery of GP services for their GMS contracts to the Trust. There are a further two practices going through a due diligence process with the trust to test their suitability to do the same. There are two Primary Care Home type models established in the city, forming a more horizontally integrated system of primary care – the practices are linked together by this arrangement and are looking to take on services. A final group of practices are currently in discussions with one another to form into a mutually supportive arrangement whereby they do not have the same appetite for delivery of services but will work together, potentially looking for administrative efficiencies.

2.15 Local Digital Roadmap

2.15.1 The CCG has submitted a Local Digital Roadmap which describes how systems will be put in place to become paperless by 2020. This builds upon the already



successful programme of delivery within IT and the CCG's plan has been recognised as an exemplar. The final touches are being made ready for the final submission in early September.

2.16 Centres of Global Digital Excellence

2.16.1 RWT has been picked as one of twenty six of the most digitally advanced trusts and have been invited by NHS England to apply for a £100m+ funding pot to become centres of global digital excellence and drive forward better use of technology in health. In a bid to win up to £10m each to invest in digital infrastructure and specialist training, the 26 acute trusts, already advanced in their use of technology in hospitals, will need to demonstrate their potential to become world leaders in health informatics. Between 10-16 trusts will be selected to become centres of global digital excellence. The CCG already has a close working relationship with the trust IT department and will continue to work collaboratively with them on this bid.

2.17 System Resilience Groups – A&E Delivery Boards

2.17.1 NHS Improvement and NHS England wrote to all local systems across England in July 2016 setting out the key elements of the national A&E plan and a series of nationally mandated actions to be taken over the coming months to improve A&E performance.

2.17.2 Locally, we are asked to move System Resilience Groups from their wider agendas to focus only on A&E improvement and to narrow the membership to include executive level representation from all relevant statutory bodies that are able to take decisions and commit resources. The new arrangements had to be put in place by 1 September 2016 – the first meeting of the Wolverhampton A&E Delivery Board will be on 14 September 2016.

2.17.3 It is expected that a new reporting process will also be introduced to run from local A&E Delivery Boards to a regional and national equivalents.

2.18 Junior Doctor Industrial Action

2.18.1 It was announced on 1 September 2016 by the BMA that there would be further industrial action taken by junior doctor's week beginning 12 September, Monday to Friday between 08:00 and 17:00 hours. Further details are not known at the time of producing this report, however, the CCG has asked hospital providers what contingency plans are being put in place to manage clinical demand safely.

Trisha Curran
Interim Chief Officer
Date: 1 September 2016



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	
Medicines Management Implications discussed with Medicines Management 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	
Signed off by Report Owner (Must be completed)	Trisha Curran	31/08/16



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Dr Helen Hibbs,
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- 2 AUG 2016

*Dear Helen,***Award of an “Outstanding” rating to your CCG for 2015/16**

I am writing to offer my congratulations to you and your organisation for achieving an “outstanding” rating in the 2015/16 CCG assurance assessment. Commissioners play a key role in making sure that local services deliver the best possible outcomes for the population in a sustainable way. I am delighted that you and your team have risen to this challenge so effectively.

I understand that your CCG covers an area of challenging inequalities, with a number of hotspots of high social deprivation. You have formed a particularly effective partnership with local public health colleagues to engage with patients, the public and other organisations to shape improved services that meet these complex needs. You have done so with excellent financial discipline and an emphasis on affordable care that means that these improvements will be sustainable into the future despite challenges driven by finances and population change. You have secured buy-in to this from your partners by setting a clear and compelling shared vision.

The background against which you have done all of this is becoming more complex and challenging and NHS England is, rightly, expecting more from CCGs as they mature. Against this backdrop, the excellent leadership and high performance shown by you and your organisation is a credit to all of you, and sets an example to your peers.

*Yours ever
Jeremy***JEREMY HUNT**