

WOLVERHAMPTON CCG

GOVERNING BODY MEETING

11 OCTOBER 2016

Agenda item 6

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 by the Chief Accountable Officer.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation • Domain2: Performance – delivery of commitments and improved outcomes • Domain 3: Financial Management • Domain 4: Planning (Long Term and Short Term) • Domain 5: Delegated Functions 	<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>



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).

2. CHIEF OFFICER REPORT

2.1 Estates and Technology Transformation Fund (ETTF)

- 2.1.1 A meeting was held between the CCG and NHS England regarding the ETTF bids that were submitted. In summary the following points were covered:

- 2.1.2 The funding available is now £404m nationally, not the £750m originally stated. There has been no change to the Premises Cost Directions as yet, this was expected in September and we are now told this could be later this year.

- The maximum funding for ETTF improvement grant schemes will be 66% and maximum funding for ETTF new build schemes is to be confirmed (approx. 40% is currently being mentioned).
- Funding for Technology schemes will be 100%. The West Midlands has been awarded £33m to spend by March 2019, CCGs have been asked to identify what they can spend;
 - Before 31 March 2017 (known as Cohort 1)
 - Before 31 March 2019 (known as Cohorts 2 and 3).
- The £33m awarded to the West Midlands has been split with £8.3m identified for cohort 1 and £24.6m identified for cohorts 2 and 3.

- 2.1.3 A meeting with CCGs will take place on 26 September, this will be chaired by David Williams (NHSE) with John Harness (Regional ETTF lead) to discuss how the money will be spent and the bidding process - this will be handled on a Sustainability and Transformation Plan (STP) footprint. Some Technology schemes have been identified and had funding allocated to them, these were schemes rated as high priority by the individual CCGs and are deliverable in cohort 1. Wolverhampton is currently compiling an STP wide technology bid in line with the original submission for the City, along with two smaller estates bids that could potentially be completed by 31/03/2017. For Cohorts 2 & 3 the CCG will submit the larger estates projects. All of the projects in the original list will be progressed by the CCG and those not supported by the ETTF (of which this will be the vast majority, taking the funding available into consideration) will be put forward for alternative funding sources.



2.2 Healthy Living Pharmacies

- 2.2.1 There is a new programme of work nationally called Healthy Living Pharmacies which is being led by the Local Pharmaceutical Committee (LPC) in Wolverhampton. It will encompass treating minor ailments in pharmacy but also enabling prescribing out of hours, thus stopping patients going to Walk in Centres or A&E just for prescriptions. Updates will be forthcoming as the CCG and LPC work together on this project.

2.3 National Diabetes Prevention Programme

- 2.3.1 The NHS Diabetes Prevention Programme (NHS DPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes. Wolverhampton and Walsall CCG's are working together to put in an expression of interest to be included in the programme. Again, updates will be forthcoming as the project progresses.

2.4 Junior Doctor's Industrial Action

- 2.4.1 The CCG is working with Emergency Planning staff at the Trust to ensure all plans are in place and uploaded to national teams in readiness for the forthcoming planned industrial action. More details will emerge in the press over the coming days and weeks but we are assured as a commissioner that the main provider has mitigating plans in place for this action.

2.5 e-RS System within the Quality Premium

- 2.5.1 One of the Quality Premium targets for this year is an increase in the use of the e-RS system (previously known as Choose and Book). The CCG is working with the Trust to review the current processes with a view to increasing utilisation by at least the minimum requirement of 20% in order to achieve the maximum financial, which could then be re-invested into GP practices. Progress on this will be discussed with member practices.

2.6 New Models of Care

- 2.6.1 The CCG continues to work with colleagues on new care models around primary care in line with the Primary Care Strategy ratified by member practices. This collaborative work will enable the CCG to look at the changing outcomes from the practices involved in the new way of working to identify what works well and what does not. The ultimate aim is to implement best practice and share this with other practices across the CCG. Progress is monitored via the CCG Primary Care Strategy Committee which will in turn provide reports to the Governing Body.

2.6.2 Primary Care Home (PCH)



- The CCG Primary Care Team continue to work collaboratively with the PCH groups of practices, looking at new delivery models for services and identifying potential areas for efficiencies within practices so that money can be re-invested to improve patient outcomes. Key metrics are being developed to measure impact.

2.6.1 Vertical Integration with RWT (VI)

- The CCG's Performance Team are currently working with The Royal Wolverhampton Trust (RWT) to finalise the key performance indicators for the Vertically Integrated practices. Where possible the same key metrics will be used as for the PCH model to support our commissioning strategies going forward.

2.7 BCF Programme Board

2.7.1 A meeting of the BCF Programme Board took place on 8 September 2016, the focus of the discussions were around progress on rationalising estates to co-locate health and social care staff. Due to the wider estates agenda being across the four organisations, and regionally across the Black Country, it was agreed that BCF should have representation on the Local Estates Forum. Site visits have been undertaken across the three localities to determine whether any existing estates can be utilised whilst the CCG await the outcome of the Estates and Technology Transformation Fund bids.

2.7.2 To support the move towards integrated working, discussions took place around the short-term solution of a shared care record (Fibonacci) which is set to go live in December 2016. The focus will now shift towards ensuring any future IT related developments are part of the Local Digital Roadmap.

2.8 System Leadership and Integration – Transition Board

2.8.1 A planning meeting for the forthcoming schedule of Wolverhampton Transition Board meetings took place on 8 September 2016. As reported last month, the purpose of creating such a board is to ensure system leaders combine efforts to benefit people living in Wolverhampton.

2.8.2 The organisations involved are Wolverhampton CCG, Royal Wolverhampton NHS Trust, Black Country Partnership NHS Foundation Trust and the City of Wolverhampton Council. The Transition Board will be made up of executive leads from each organisation and will act as a joint forum to support system transformation across Wolverhampton whilst not ceding any organisational sovereignty.



2.9 A & E Delivery Board

- 2.9.1 In line with the national guidance, a robust process was followed which resulted in Wolverhampton System Resilience Group successfully transitioning to an A&E Delivery Board from 1 September 2016.
- 2.9.2 The first meeting of the AE Delivery Board was held on 14 September 2016, and subsequent meetings will be held monthly.
- 2.9.3 The national guidance outlines key mandated areas which the A&E Delivery Board will be responsible for. An A&E Operational Group has been established to support the Board with wider membership from across the health and social care economy including the voluntary sector and neighbouring CCGs.

2.10 Black Country Sustainability and Transformation Plan

- 2.10.1 A meeting of the Black Country STP Sponsorship Group took place on 16 September 2016; items discussed included finance, efficiency, and place based care across a number of work streams, workforce and infrastructure. A further iteration of the plan has been produced for submission to NHSE. No organisation within the STP footprint has 'signed off' the plan given the embargo on taking this to any public board, the plan therefore remains a draft document.

2.11 NHS 111

- 2.11.1 Mobilisation of the new provider remains on track. There remain on-going communication challenges between outgoing and incoming providers. The current live service is experiencing operational issues due to staff morale, sickness and attrition, however these are being managed and risks mitigated.
- 2.11.2 The 'go live' date is still on track for 8 November 2016 followed by a 48 hour transition and operationalisation window with full delivery of the specified service from 10 November 2016. CCG Accountable Officers will meet on 10 October 2016 to make a final decision about 'go' or 'no go'.

2.12 Wolverhampton Health Scrutiny Panel

- 2.12.1 I was asked to attend the health scrutiny panel meeting on the 15 September to provide a briefing about the CCG, what we do, what are our priorities, what are our risks. The meeting went well and councillors appreciated the information and discussion. Attached as appendix 1 are the slides I shared with the panel.

Trisha Curran
Interim Chief Officer
Date: 22 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	22/09/16



APPENDIX 1

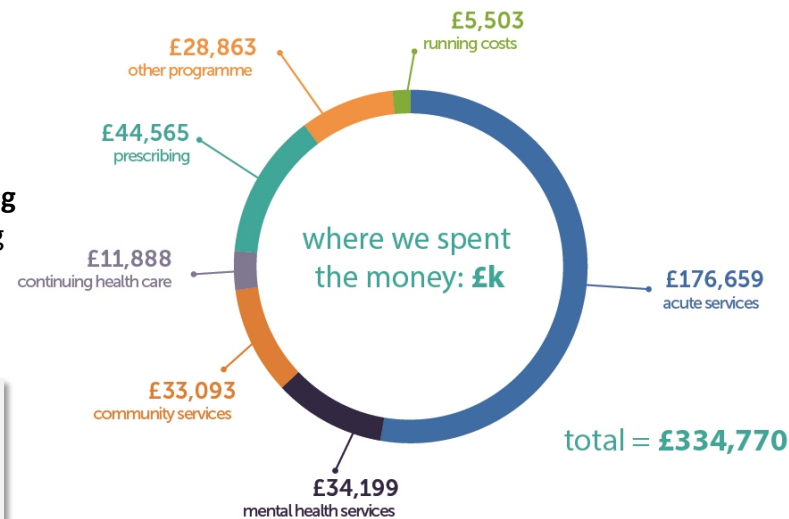
WOLVERHAMPTON CCG

We are responsible for **commissioning** (buying) health services to meet the health needs of the local population.

In addition, we monitor, evaluate and manage the performance of those services, ensuring they are safe and clinically/cost effective.

The CCG in numbers

46	GP practices
£341m	Annual budget
Ca. 250,000	Registered patients



Our budget for the year was £341.742m. This included money to run the CCG, which came to £5.5m.

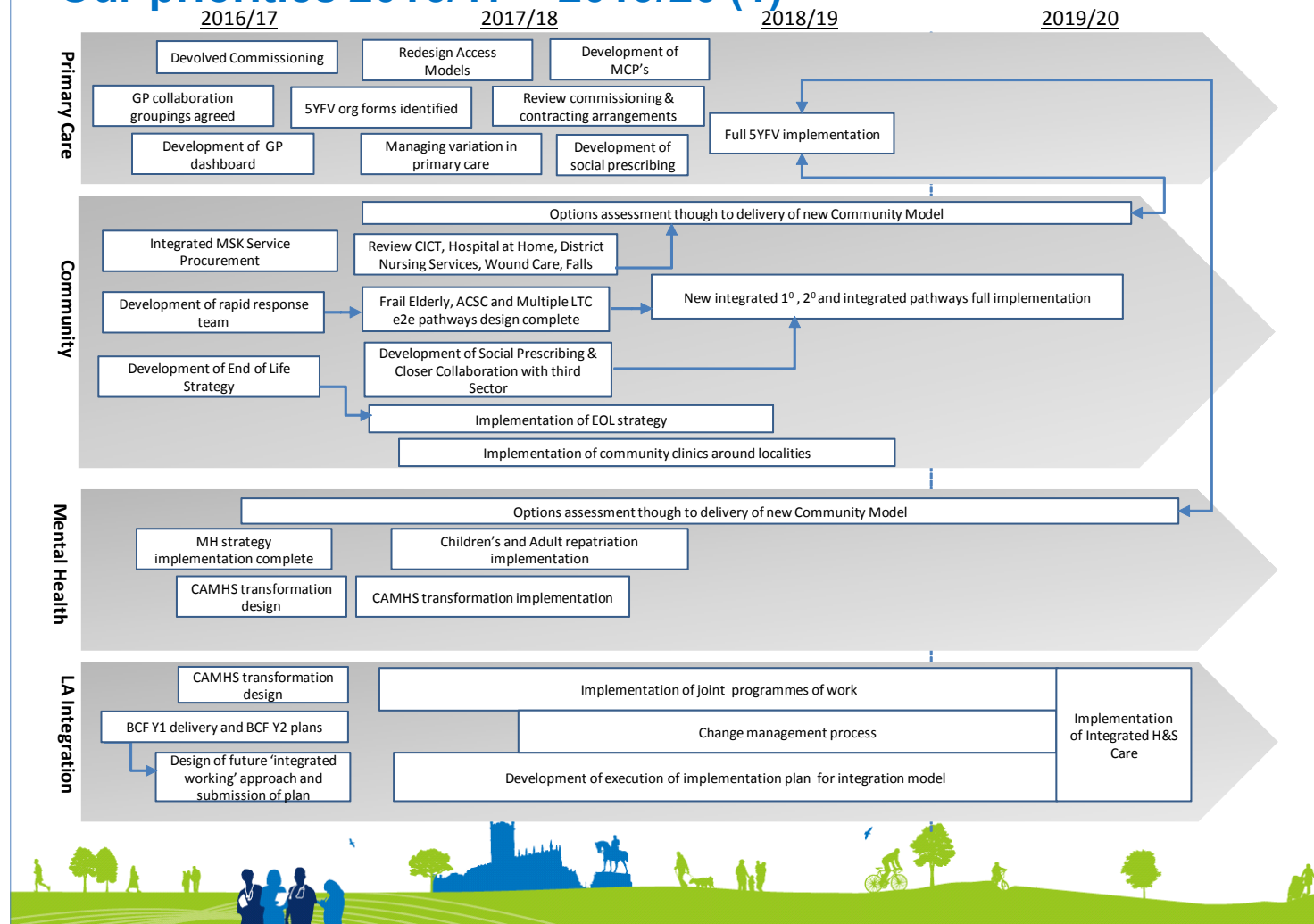
We commission :

- ✓ Hospital services
- ✓ Mental health services
- ✓ Community services
- ✓ Primary Care (jointly with NHSE)

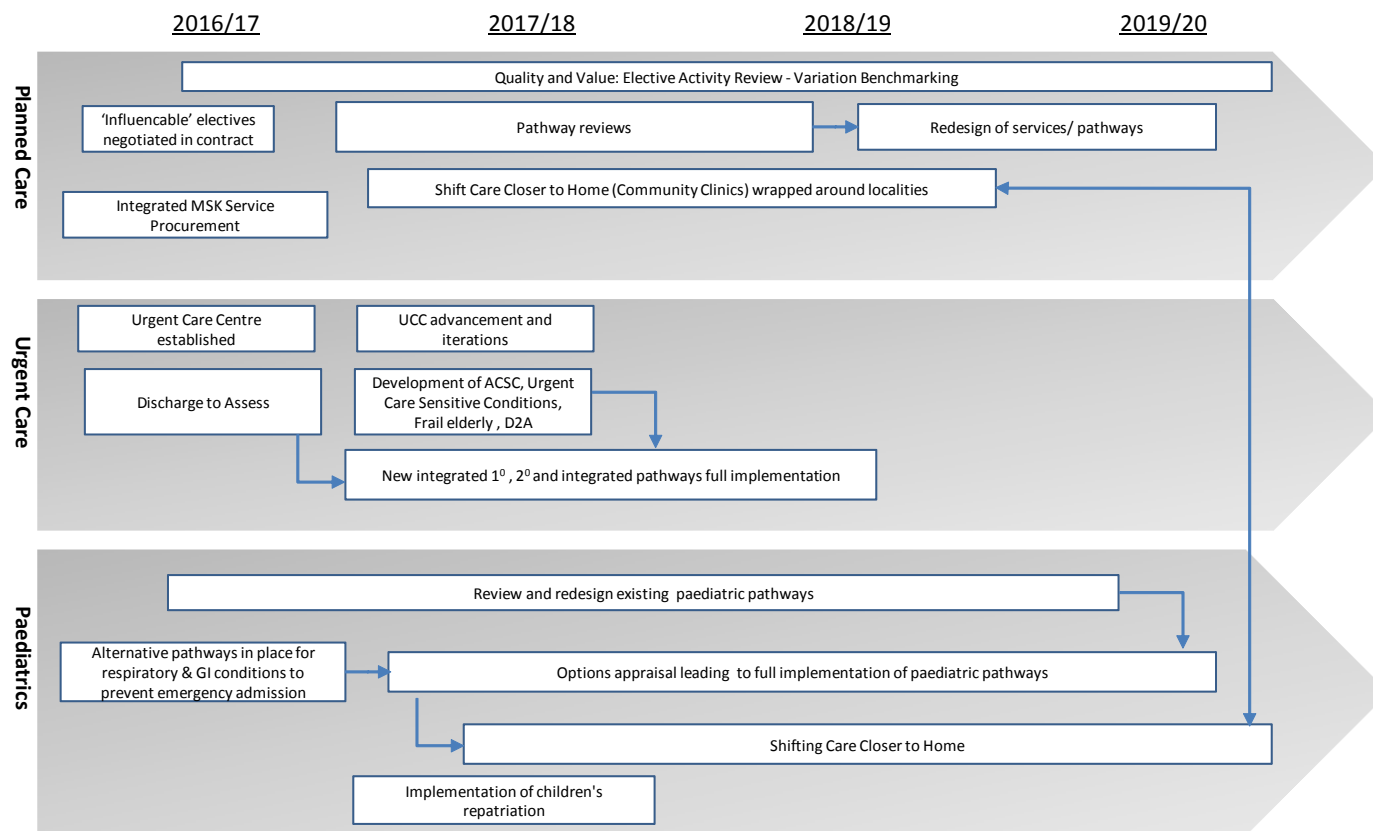
We don't commission:

- ✗ Pharmacists
- ✗ Dentists
- ✗ Specialist services (e.g. heart and lung transplants)
- ✗ Public health (e.g. screening, family planning, drug and alcohol support)

Our priorities 2016/17 – 2019/20 (1)



Our priorities 2016/17 – 2019/20 (2)



Key Challenges

1. Financial...!
2. CHD/COPD/Multiple LTC/Frail Elderly/Mental health
3. Rising tide of A&E attendances
4. Black Country plan and balancing with the priorities of Wolverhampton...resources
5. Change to the Primary Care Model

