

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**  
**Primary Care Health Strategy Implementation Programme Board**

Minutes of the Primary Care Health Strategy Implementation Programme Board  
Held on Thursday 11 August 2016  
Commencing at 1.00pm in the Brindely Room, Wolverhampton Science Park, Glaisher Drive,  
Wolverhampton

**Present:**

Sarah Southall (Chair)	Head of Primary Care, Wolverhampton CCG
Claire Skidmore	Chief Finance Operating Officer, Wolverhampton CCG
Andrea Smith	Head of Integrated Commissioning, Wolverhampton CCG
Mike Hastings	Associate Director of Operations, Wolverhampton CCG
Dr Manjit Kainth	North East Locality Chair, Wolverhampton CCG
Samina Arshad	Primary Care Lead, Wolverhampton CCG
Peter McKenzie	Corporate Operations Manager, Wolverhampton CCG
Vic Middlemiss	Head of Contracting and Procurement, Wolverhampton CCG
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

**Apologies for absence**

PCHSIPB01	Apologies were submitted on behalf of Steven Marshall, Dr Helen Hibbs/Trisha Curran, Dr Dan DeRosa and David Birch
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**Actions**

PCHSIPB02	This was the first meeting therefore there were no actions to report.
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**RESOLVED: That the above was noted.**

**Matters Arising**

PCHSIPB03	<p><b>a) Terms of Reference</b></p> <p>Mrs Southall presented the first draft of the Terms of Reference to the Group for their review and comments. The following comments were made:</p> <ul style="list-style-type: none"><li>• The membership and quoracy needed to be reviewed. It was queried whether it was appropriate for the Head of Primary Care to be Chairing the meeting as it's the Board's responsibility to hold the Head of Primary Care to account on the delivery of the Primary Care Strategy.</li><li>• It was agreed by the Board that Andrea Smith, Head of Integrated Commissioning and Sharon Sidhu Head of Strategy &amp; Transformation are to be included on the Board's membership.</li><li>• It was important to clearly identify the governance structure for the Board including providing an oversight of the reporting structure and</li></ul>
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the Boards level of authority in overseeing the implementation of the strategy.

- The name of Board needed to be reviewed. MH agreed to review in line with PRINCE2 methodology to duly reflect the interpretation of a programme board, to assess if this correlates with the Boards roles and responsibilities.

Mrs Southall agreed to liaise with the Executives following the meeting to finalise the terms of reference with a view of presenting a final version to the September meeting.

## **RESOLUTION:**

Mr Hastings agreed to review the PRINCE2 methodology to assess its interpretation of a programme board and correlate this against the Boards roles and responsibilities, with a view of changing the name of the Board.

Ms Southall agreed to liaise with the Executives to finalise the Terms of Reference, and the final version to be presented to the September meeting.

## **Risk Register**

### **PCHSIPB04 a) Risk Register Report Datix**

Ms Southall shared with the Board the risk register and provided an overview of the risks pertaining to Primary Care at present.

It was agreed the Task of Finish Groups for Primary Care will manage their own risks with RED risks being escalated and monitored by the Board on a monthly basis.

Ms Arshad highlighted the Task and Finish Groups have asked if a section for escalation of risks can be included on the highlight reports in future.

## **RESOLUTION:**

Ms Russell agreed to amend the Task and Finish Highlight Reports to include a section for risk escalation.

## **Performance**

### **PCHSIPB05 a) Implementation Plan**

Mrs Southall advised the Board the implementation plan had been development to capture the work that has commenced or due to commence. It defines the overall objectives and sub objectives including the timescales which are subject to change once the Task and Finish Groups start to develop their work streams.

Mrs Skidmore asked if the objectives could be cross referenced with the Task and Finish Groups so the Board understands the current slippage and focus on what is happening within each Task and Finish Group.

Ms Smith also noted the linkage between the Better Care Fund (BCF) and the Task and Finish Groups and queried how this work will be captured and recorded to ensure the Board are sighted on these dependencies.

Discussion took place regarding workforce as the BCF are working towards a workforce model for Community (excluded Primary Care) and the Workforce Task and Finish Group are working towards a Primary Care Workforce Strategy. The Board agreed that both strategies needed to be developed however need to underpin and link in each other.

Following discussions it was agreed that the implementation chart needed to be reviewed and amended in readiness for the next Board meeting in September. The work program would clearly define the objectives of the strategy board and the deliverables aligned to each Task and Finish Group.

#### **RESOLUTION:**

**Ms Southall and Ms Russell to review the implementation plan and amend in readiness for the September meeting.**

#### **Task and Finish Group Highlight Report Including Terms of Reference**

PCHSIPB06

##### **a) T&FG 1 – GP Contract Management**

Mr Middlemiss asked if the name of the Group could be changed to Primary Care Contract Management, the Board agreed. All to ensure any future documentation reflects this change.

Mr Middlemiss informed the Board the first meeting had taken place on 27 July 2016. The group's terms of reference was discussed and changes to the quoracy needed to be made ensuring a representative from each organisation and reference to nominated deputies are included. It was agreed future meetings are to be held 6-8 weekly and a structure chart outlining relationships and governance be included, which has now been incorporated.

The Board's aim for the Group is the oversight and development of a contract management framework for all Primary Care Services. The Group held specific discussions around the following three areas:

1. Collaborative working between NHSE, CCG and Public Health
2. Progression to fully delegated commissioning
3. Development of New Models of Care

Mr Middlemiss highlighted the risk raised by the Group regarding the uncertainty of the future support from the Primary Care Hub. Mr Hastings

noted the message from NHS England is there is limited funding and the MOU is how it stands and this is going to be reviewed by April 2017.

Ms Skidmore asked how the time for GP representatives across all the Task and Finish Groups will be funded, because if this is outside their responsibilities for the CCG they will need to be paid. It was agreed following discussions all the Task and Finish Groups membership needed to be mapped to decide on the appropriateness of GP attendance across the entire Task and Finish Groups and Board.

#### **RESOLUTION:**

**Ms Russell to map the attendance of all the Task and Finish Groups to review the level GP attendance required to determine cost associated with this support. Ms Southall to liaise with Ms Smith to finalise any costs as Ms Smith holds this budget.**

#### **b) T&FG 2 – Workforce Development**

Ms Garcha advised that Walsall CEPN was not aligned to Walsall CCG and that all Health Education England funding goes through CEPNs, therefore there is a need to align them with Walsall CEPN. Ms Garcha has met with Walsall CCG and Dudley CCG to discuss the opportunity of having a collaborative workforce strategy. It was agreed they would take this back and discuss with appropriate colleagues. The next steps once agreed by Walsall and Dudley CCG would be to review and agree a specification and review jointly in anticipation of a STP level strategy.

Mrs Skidmore stated that Wolverhampton CCG need to be clear from the start what they need to include in the strategy to ensure Wolverhampton needs are met, the viability of a collaborative approach needs consideration. Mr McKenzie highlighted that STP have cost savings associated with this area of work and would there be a risk driving the strategy in line with STP. It was agreed Ms Garcha would continue to take forward a joint approach with Walsall CCG and Dudley CCG and work towards a local specification and take forward STP discussions. However the work reflected in the strategy must be delivered locally as a priority.

The Terms of Reference for the Task and Finish Group was presented to the Group and the following was noted;

- 1) To remove admin from the core membership as the role is not a decision making role.
- 2) The need to include the Chair of the meeting under core attendees.
- 3) To review the role of GP as to whether they are sitting in the capacity as HEWM Primary Care Workforce Lead or as Locality Chair, as this will determine GP costings and definition/purpose of their presence.

Ms Garcha shared with the Board the consultation report prepared by Ms Navinder Dhillon on GP Workforce Planning and Development and highlighting the recommendations including any progression that has been made to date. Ms Skidmore noted from the Boards point of view they would need to see assurance the work Navinder Dhillon is undertaking is

contributing to the delivery of the primary care strategy programme of work.

The appendix of the report was shared which provided the outcomes of the consultation with GP and Practice Member staff between May to July. It highlighted the key issues and how they compared nationally. The Board noted the data provided is only relevant at this point in time, and the themes are only a majority view from the GP Practices, as not all practices have been included.

**RESOLUTION: To amend terms of reference in line with strategy and the outcomes regarding funding and mapping of attendance for all Task and Finish Groups, including the workforce strategy STP foot print.**

**c) T&FG 3 – Developing Practice as Providers**

Ms Arshad provided an overview of discussion from the meeting held on the 18 July 2016. The action from the group includes the following;

- Review of Terms and Reference
- Define and develop work programme with timescales.
- Define back office functions offer for Primary Care.
- Update Practice log to reflect visits and capture issues on an issue log.
- Map current group forming of Practices to reflect direction of travel.
- Liaison and facilitation with Practices to support forming of MCP approach.

Ms Arshad highlighted the following risks to the Board:

- Primary Care Home – work programme has been drafted it has been highlighted there is need to have commissioner provider support at a wider level in terms of prescribing. This has been raised with David Birch, Head of Medicines Optimisation who has noted at present it is only himself and Hemant Patel, Deputy Head of Medicines Optimisation who can provide this work.
- Risk Stratification – this work is already being undertaken and it is ensuring that work is embedded within this process and linking in within Nick Carey, however he leaves in November.

**RESOLUTION: To amend terms of reference depending on the outcomes regarding funding and mapping of attendance for all Task and Finish Groups.**

**d) T&FG 4 – IM&T Business Intelligence**

Mr Hastings informed the Board the IM&T have an existing programme of work which is directed nationally. The CCG have money allocated them to spend locally within this programme of work, such as;

- Supporting all the National apps
- All the clinical systems
- All support 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> line support helpdesk network service

- Support headquarters IT infrastructure.

This is existing programme of work which is robust, and the IM&T and Estates are enablers for all the Task and Finish Groups. Mr Hastings queried the appropriateness of reporting to the Board all IM&T deliverables and whether the specific deliverables on IM&T such as shared care records would be more beneficial for the Board. It was agreed the reporting needed to be more relevant to the Primary Care Strategy. The updates would need to include any projects up and coming relevant to the strategy and how they are progressing, being implemented, and monitoring the effectiveness. The Board agreed with this approach.

**e) T&FG 5 – Clinical Pharmacists in Primary Care**

Ms Arshad presented the highlight report for Clinical Pharmacists in Primary Care on behalf of David Birch, Head of Medicines Optimisation. The group met on the 21 July 2016, where it was agreed the terms of reference needed to be modified in light of earlier discussions.

It was also discussed that there is a need to provide clarity and benefits of the role of Clinical Pharmacists to GP Practices and understand which practices have recruited into his role already. The group agreed to develop a clinical pharmacist model in primary care that will encompass current existing models already in place such as Intrahealth. There is a realisation the model will be expensive for the CCG however there is work which can be carried out to make this model work efficiently.

**RESOLUTION: To amend terms of reference depending on the outcomes regarding funding and mapping of attendance for all Task and Finish Groups.**

**f) T&FG 6 – Estates Development**

Mr Hastings noted this is very similar to the IM&T Group, as Estates is an enabler, the work programme for this group is moving fast the area of work, and highlighted to the Board the work in relation to the ETTF Bids. The ETTF bids have been submitted to NHS England and a response in terms of outcomes will be received in September 2016. The highlight report also indicates work taking place outside of the ETTF bids with other funding streams. It was queried what will happen if the EFFT bids are not accepted and funding is declined, it was confirmed they the CCG will have to look at other funding streams available.

Mr Hastings advised the current terms of reference is currently being reviewed by the Group with the view to make amendments and update.

**RESOLUTION: To amend terms of reference depending on the outcomes regarding funding and mapping of attendance for all Task and Finish Groups.**

**g) T&FG 7 – Localities as Commissioners**

The meeting took place on the 18 July 2016, the group reviewed the terms of reference and amendments will be made following today's discussions. Ms Arshad noted the group discussed the pricing model for Primary Care

Services, had been approved by the Clinical Reference Group on the 13 July and endorsed by Finance and Performance Committee on the 27 July 2016. There is risk going forward for some enhance services funding will reduce.

The Board were informed that suggested service changes had been identified in the commissioning intensions process there is work in progress to address the areas requiring attention. The groups work going forward will focus on robust peer review and embedding into localities as commissioners so that they have the right tools going forward.

**RESOLUTION: To amend terms of reference depending on the outcomes regarding funding and mapping of attendance for all Task and Finish Groups.**

### **Any Other Business**

PCHSIPB07

#### **a) Additional Guidance**

It was highlighted the Board needed to be aware of any additional guidance and how this impacts on the Primary Care Delivery. It was agreed an additional standard agenda item would be included in future to ensure this is captured.

**RESOLUTION: Discussion items to be included as a standard agenda item to future meetings.**

### **Date, Time & Venue of Next Committee Meeting**

PCHSIPB08

Wednesday 7<sup>th</sup> September 2016 at 1.00pm, CCG Main Meeting Room  
Wolverhampton Science Park.