

WOLVERHAMPTON CCG
GOVERNING BODY MEETING

8 NOVEMBER 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 • Domain 2: 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 Colleagues were briefed at the October meeting on the ETTF. The maximum funding for ETTF improvement grant schemes will be 100% for Technology schemes, 66% for improvement grant schemes and circa 40% maximum funding for new build schemes. The West Midlands has been awarded £33m to spend by March 2019, with £8.3m identified for cohort 1 (spend before April 2017) and £24.6m identified for cohorts 2 and 3 (spend before April 2019).

2.1.2 CCG bids for Cohorts 1 and 2 have been agreed in principle at a national level and final Project Initiation Documents have been submitted with final capital and revenue costs. We are expecting this final stage to be a formality and have begun the process of working with NHS Property Services for the estates bids and IM&T are engaging suppliers for the IT bids. Cohorts 1 and 2 are for projects to be completed by 31 March 2017 and 31 March 2019 respectively. The IT bids support the implementation of Wolverhampton CCG's commitment to the Local Digital Roadmap, working with The Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust and the Local Authority to support the vision of a paperless NHS by 2020.

2.2 Commissioning Support Services (CSU)

2.2.1 The support services from Arden and GEM CSU continue to deliver against the service specification with the overall rating from CCG staff members of 3/4 (Good). There are some individual service lines which are requiring further contract management such as the SSSI team who supply strategy intelligence reports to the CCG. A meeting is arranged to discuss delivery to date and whether this fits with the CCG requirements as dictated by both the service specification and CCG strategies. The services supplied by Midlands and Lancashire CSU are mainly Business Intelligence - the CCG is working closely with the embedded and remote teams to ensure we have everything we need to support what is going to be a challenging contract negotiation, involving a shorter negotiation period and longer contract over two years.

2.3 Demand Management

2.3.1 The Performance Team are working with the local NHS England team to develop a demand management plan for referrals. There is a national focus on how CCG's are placed to manage demand, looking at alternatives to first outpatient appointments in acute settings. The expectation is that CCG's will work with primary care colleagues



in both GP Practices and community services to reduce the burden on demand for these acute services, offering patients alternatives such as structured education, self-management, alternative providers (such as pharmacists) etc. There is a collective effort from all departments within the CCG to collate all of the work that is already being done and plans for new projects to be collated into a single demand management plan to be submitted this month.

2.4 Wolverhampton CCG Members Meeting

2.4.1 The Wolverhampton CCG Members Meeting took place on 19 October 2016. At the meeting, the membership agreed, in line with the intention in the Primary Care Strategy, to submit an application to NHS England for full delegation of Primary Care Co-Commissioning and to make the necessary changes to the CCG's constitution in order to take on full delegation. This was on the basis that no objections were made at the meeting to the application for full delegation.

2.4.2 At the meeting David Birch, Head of Medicines Optimisation – Wolverhampton CCG, talked about the role of the Clinical Pharmacist as NHS England are proposing to jointly fund clinical pharmacist posts in GP practices. This is a different role to the CCG commissioned prescribing support and is focused on assisting with the clinical workload of GP practices.

2.4.3 Primary Care Commissioning representatives also facilitated discussion around how commissioning primary care differently from 2017 onwards will effect and involve GPs.

2.5 New Care Models

2.5.1 At the Members Meeting this month there was strong attendance to hear about NMC's from Capsticks and the ensuing discussions were aimed at clarifying the reasoning from a national level why these new models are being encouraged. Currently in the City there are three Primary Care Home groups, one Vertically Integrated group and a Medical Chamber group which range in size from circa 32,000 patients to over 100,000 patients.

2.5.2 The Primary Care Team is continuing its work with practices forming into mutually agreed groups to support New Care Models (NCM's). Further meetings are being held between practices and with support from the CCG Primary Care team, project managers are working to solidify the arrangements with Memorandums of Understanding and/or formal contracts between practices. The CCG will support member practices in this process and are encouraging individuals to contact the CCG Primary Care team for advice.

2.6 Delegated Primary Care Commissioning from April 2017

2.6.1 Wolverhampton CCG is currently in the process of completing an application to NHS England for **fully** delegated responsibilities for the commissioning of primary medical



services from 1 April 2017. The delegated commissioning model delivers a number of benefits for the Wolverhampton population and allows CCGs greater ability to transform local primary care services.

2.7 Diabetes

2.7.1 The 2016/17 Spending Review provided additional dedicated funding streams for a number of core priorities. Within this it was announced that:

‘CCGs will have the opportunity to bid for additional national funding of approximately £40m per year to promote access to evidence based interventions - improving uptake of structured education; improving access to specialist inpatient support and to a multi-disciplinary foot team for people with diabetic foot disease; and improving the achievement of the NICE recommended treatment targets whilst driving down variation between CCGs.’

2.7.2 Within the next few weeks details will be sent to CCGs outlining the opportunity to bid for this money and bids will be welcomed in one or more of these four areas:

- 1) To enable an increase in achievement of the 3 NICE recommended treatment targets
- 2) To increase attendance at structured education
- 3) To implement or expand a multidisciplinary foot care team (MDFT)
- 4) To implement a diabetes inpatient specialist nursing service

2.8 Commissioning Intentions - update

2.8.1 The Commissioning Intentions list for 2017/2018 was presented and approved at the Private Governing Body meeting on the 13th September 2016. It was acknowledged that additional intentions may be identified between approval by Governing Body and formal publication of the list on the 1st October 2016.

2.8.2 The attached document “*Wolverhampton CCG Commissioning Intentions 2016/17*” provides an updated list of the final commissioning intentions that were published and shared with all providers on the 1st October 2016. The following items were added as additional intentions:

- Con 032 Rapid Response Team - Evaluation of rapid response team with a view to consideration of future model in terms of respecifying, reprocurring or reconfiguring team.
- Con 033 Infection Prevention – Review of current services in light of increasing collaboration with public health.
- Con 038 TB Services – Review of current services in light of increasing collaboration with public health.



- Con 058 Review of Community Contract – Need to agree meaningful activity definitions and subsequent monthly reporting for all service lines with the community contract.
- Con 062 CSU Proposed Costing, coding & reporting changes (see Appendix 2)
- Con 076 Re-commission Model for older Adults Mental Health including Dementia Day Care Services with focus on connectivity with Memory Clinic and Older Adult Mental Health Services.

2.9 BCF Update

2.9.1 A meeting of the BCF Programme Board took place on 10 October 2016, the focus of the discussions were around progress on rationalising estates to co-locate health and social care staff and the various options that exist around the local health and social care economy. Within the BCF local delivery plan for 2016/17 a vision of integrated working with co-located teams is described for all work streams. Options have been explored in North East, South East, and South West to identify suitable locations for each of the multidisciplinary teams. Approval was granted by the BCF Programme Board to progress with feasibility studies and the expectation was that a paper would be resubmitted to the Board outlining the 3 options for each of the Community Neighbourhood Team bases across each of the localities with the Local Authority being the lead for this process.

2.9.2 A December 'go-live' date was confirmed for the Fibonacci system, which supports integrated working through the use of a joint health and social care (view only)

record. A presentation was made to the BCF Programme Board by Graphnet to outline the work being undertaken as part of the Local Digital Roadmap which could potentially provide a longer term solution. The vision is for a digital system that facilitates the planning and delivery of care services across a whole health community based on the collection, analysis and sharing of data, allowing care providers and patients to manage healthcare proactively.

2.10 Black Country Sustainability and Transformation Plan (status is still draft)

2.10.1 A teleconference of the Black Country STP Sponsorship Group took place on 20 October 2016 to agree the submission of the draft STP for the Black Country to NHSE – this was subsequently submitted by the deadline of the 21 October 2016 and feedback from NHSE is awaited. The proposals will be published in full during November.

2.10.2 A stakeholder engagement event took place on 3 October at the Molineux Stadium when presentations were made giving an overview of the draft plan and work streams in place. A public engagement event is being planned for 6 December and further event planning is in train.



2.10.3 Staff at the CCG were briefed on the overall plan at a staff meeting on 12 October, further briefings will be given at future staff meetings.

2.11 System Leadership and Integration – Transition Board Workshop

2.8.1 A workshop took place on 13 October focused on the differing models of care and next steps to support integrated working – key milestones and actions are being drawn up and will be ratified at the next meeting of the Transition Board on 10 November 2016.

2.12 Seven Day Services

2.12.1 A meeting took place on 26 October at the Royal Wolverhampton NHS Trust – this was a collaborative event organised by the CCG and Trust to discuss where we as a local health and care system are with seven day services and next steps. Mrs Celia Ingham Clarke MBE, Medical Director for Clinical Effectiveness also spoke at the event.

2.13 NHS 111

2.13.1 Mobilisation of the new provider remains on track with a ‘go live’ date of 8 November 2016. CCG Accountable Officers will hold a conference call on 4 November to mitigate any as yet unseen risks that may arise.

Trisha Curran
Interim Chief Officer
Date: 27 October 2016

Appendices:

- 1** *“Wolverhampton CCG Commissioning Intentions 2016/17”*
- 2** Con 062 CSU Proposed Costing, coding & reporting changes



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	27/10/16

