

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
13 DECEMBER 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 NHSE CCG Assurance Review – ‘Green Star’ rating

- 2.1.1 I am extremely pleased to report that the CCG has received a ‘Green Star’ rating from NHS England (NHSE) for our Quarter 1 assurance assessment. The ratings are given on four levels with green star being the highest then green, amber and red being the lowest. This means that we have maintained the equivalent of the ‘Outstanding’ rating that we earned last year from NHSE for the first part of 2016/17. We are thrilled that NHSE have recognised our hard work and we are continuing in our position as one of the top CCG’s nationally. This is all due to the hard work, commitment and continued teamwork from each and every member of staff.

2.2 West Midlands NHS England / CCG Accountable Officers

- 2.2.1 A briefing and development session took place on the 22 November 2016 for West Midlands NHS England / CCG Accountable Officers. Items for discussion included the Cancer Breach Allocation Policy and Integrated working within the legal framework.

2.3 Contracts 2017/18/19 – 23 December deadline

- 2.3.1 The NHSE Planning Guidance issued in July 2016 set out specific requirements for NHS contracts – ‘two year contract duration to support two-year local plans, with contract sign off achieved by 23 December 2016 to enable commissioners and providers greater scope for constructive engagement over contracts.’
- 2.3.2 The timeframe is extremely challenging requiring a coordinated, focussed approach across multiple departments within the CCG. Collectively the aim is satisfactory completion of contract negotiations within the deadline and working to ensure that arbitration is only followed as a last resort.
- 2.3.3 Formal contract negotiation processes have been put into place with the three main contracts which the CCG is lead commissioner for – Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust and Nuffield Health. For all three, the process was initiated at the end of September with publication of the CCG’s commissioning intentions and updated strategic roadmap. Subsequent to this and in line with planning guidance, the CCG issued contract offers to the three organisations in early November and provider responses were received a week later.



- 2.3.4 The current position with Royal Wolverhampton Trust is that a significant financial gap exists between the two parties (circa £17m for WCCG - excluding associate commissioners). Much of the financial gap relates to QIPP which is not recognised in the Trust offer and also very different perspectives in relation to growth/development. It has been made clear to the Trust that the CCG will only be supporting schemes which are cost neutral and aligned to the Strategic Roadmap or can demonstrate cost savings in others areas. A sizeable challenge therefore exists over the coming weeks to close this gap as well to ensure that all of the required documentation is completed to enable sign off.
- 2.3.5 For Black Country Partnership Foundation Trust, the CCG is undertaking a joint negotiation process with Sandwell and West Birmingham (SWB) CCG. Whilst WCCG will be retaining its own contract, both parties are working to align key elements of the contract as much as possible, for example quality indicators, service specifications and performance management approaches. This is working well and a lot of alignment exists in these areas, whilst giving WCCG the ability to operate autonomously on specific issues, not least of all finance and activity. Currently there is a financial gap of around £1.5m between the CCG and Trust offers. Much of the gap relates to developments/ cost pressures, particularly in inpatient areas, and negotiation is on-going to close this gap.
- 2.3.6 2016/17 is the first year in which the CCG has been lead commissioner for Nuffield Health, so this is the second round of negotiations in that position. The initial offer to Nuffield Health has been accepted in principle however there is on-going work to finalise some key elements. The offer includes a reduction for musculoskeletal care (MSK) physiotherapy (due to the MSK procurement undertaken by the CCG), a new pathway for non-face to face pre-operative assessments and also inclusion of a small amount of activity for a new spinal service.
- 2.3.7 In summary, there is considerable progress being made but nonetheless a lot of work still to be done. In parallel with lead commissioner negotiations, offers are starting to come through for contracts to which the CCG is an associate commissioner. These are being closely monitored to ensure overall affordability, within the envelope of the CCG's financial plan. Contract trackers are also being submitted to NHS England on a weekly basis so that the scale of the financial gaps can be actively monitored by the centre and triangulated with provider returns.

2.4 Health Service Journal (HSJ) Awards

- 2.4.1 The HSJ Awards took place on the 23 November 2016 at the 02 Intercontinental Hotel and Wolverhampton CCG'S Primary Eye-care Assessment and Referral Service (PEARs) service was shortlisted as a finalist under the category of Best Adoption and Diffusion of Best Practice. The awards were attended by Claire Skidmore (Chief Finance and Operating Officer), Sharon Sidhu (Head of Strategy and Transformation), Peter Rockett (Provider Clinical Lead) and Ajay Bhatnagar (RWT Consultant Ophthalmologist). Unfortunately the CCG was competing against a number of strong contenders and lost out to Belfast Health and



Social Care Trust for Reaching Out a regional Service and network approach for upper limb treatment in cerebral palsy.

2.4.2 The PEARs service was 'highly commended' by HSJ judges.

2.5 National Diabetes Prevention Programme (DPP)

2.5.1 Wolverhampton CCG, Walsall CCG and Walsall and Wolverhampton Public Health colleagues submitted a joint expression of interest bid for the National Diabetes Prevention Programme (DPP). All partner organisations were notified on the 21 October 2016 by NHS England that we had been successful.

2.5.2 The National DPP behavioural is underpinned by three core goals; weight loss, achievement of dietary recommendations and achievement of physical activity recommendations and entails patients attending a number of sessions across a number of months. There will be a mini-procurement to identify the most suitable provider and the contract will be awarded for two years from 1 April 2016.

2.5.3 Wolverhampton CCG will be leading the DPP on behalf of partner organisations.

2.6 ETTF Update

2.6.1 The CCG made ten applications for Capital Funding from the Estates and Technology Transformation Fund at the end of June 2016. The total amount to be released nationally has reduced from £750,000 to £404,000 and has been split into three cohorts. Three Estates schemes were approved under Cohort 1 (Alfred Squire, Whitmore Reans and Dr Sharma in Bilston Health Centre) and two schemes in Cohort 2 (Parkfields Health Centre and Showell Park). Work is progressing on implementing these projects within the strict timeframes. The CCG is currently exploring options to deliver all of the remaining developments identified and will provide regular updates to the Capital Review Group of the CCG.

2.6.2 Cross organisational strategic discussions with The Royal Wolverhampton NHS Trust, Black Country Partnerships and Wolverhampton Council will be progressed via the Local Estates Forum.

2.7 Proactive Media Plan

2.7.1 A Proactive Media Strategy and Operational Plan has now been constructed for the CCG covering the entirety of the next year. This plan aims to maintain profile of the CCG building on its 'Outstanding' status and sharing its unique and innovative ideas with the public, local organisations and partners.

2.7.2 As the CCG moves to full delegation, the plan builds on the importance of securing and maintaining links with Member Practices by publicising both individual practices and the CCG together. This is being proposed to be achieved by promoting one practice per calendar month using the platform of the CCG website. During this time



they can use the platform to put out messages of best practice and patient stories. All proactive work will tie in with other broad scale communications campaigns taking place throughout the year such as the winter campaign.

- 2.7.3 The media plan will be presented to the Governing Body for comment and approval early next year.

2.8 Better Care Fund (BCF) Programme Board 10 November 2016

- 2.8.1 The meeting began with a demonstration of the Pi Care and Health Track system. This is an analytical system that pulls together Health and Social Care data. It has the potential to also capture Primary Care data. The Local Authority have procured the system initially and were seeking support to continue funding in the future as this could be a beneficial tool across the Health and Social Care system. Work needs to be undertaken to ascertain any duplication with existing systems before any commitment would be made by the CCG.

- 2.8.2 Work is on-going to identify scope and cost out potential estate solutions for the Community Neighbourhood Teams.

- 2.8.3 The Separation of the Community Intermediate Care Team (CICT) / Home Assisted Reablement Programme (HARP) team is due to commence from 21 November 2016. Staff working on this work stream have flagged a risk regarding potential gaps in service as a consequence of the separation and the situation going forward will be monitored closely.

- 2.8.4 Testing of the Fibonacci system is continuing and the Information Sharing Agreement is being finalised ahead of Caldicott Guardian sign off. This work along with the procurement of any IT systems will be done alongside the Local Digital Roadmap programme.

- 2.8.5 As directed nationally, next years' BCF Plan will be a 2 year plan in line with NHS planning guidance. The National Conditions are set to be reduced from 8 to 3, with the assurance and approval process made less cumbersome.

2.9 System Leadership and Integration – Transition Board 10 November 2016

- 2.9.1 There were representatives from Wolverhampton CCG, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust, Wolverhampton City Council were in attendance and discussion took place around new models of primary care and Local Authority new models of commissioning / delivery.

- 2.9.2 Colleagues also debated future estate provision to support health and care integration going forward and agreed to receive a demonstration on the Strategic Health Asset Planning and Evaluation (SHAPE) tool at the Integration Board



workshop on 15 December 2016. SHAPE¹ is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy, which:

- Links national datasets for clinical analysis, public health, primary care and demographic data with estates performance and facilities location;
- Enables interactive investigations by Local Area Teams, Providing Trusts, CCGs, GP practices and Local Authorities;
- Supports key policy initiatives such as QIPP, JSNA, Pharmaceutical Needs Assessment and Transforming Community Services.

2.10 A&E Delivery Board

2.10.1 A meeting of the A&E Delivery Board took place on 9 November 2016. Discussion took place around winter planning, feedback on the stock take on patients considered 'medically fit for discharge' but who are awaiting on-going care packages and operational pressure escalation level (OPEL) reporting to the NHS centre.

2.11 Black Country Sustainability and Transformation Plan (STP)

2.11.1 The Black Country STP plan was published on 21 November 2016 and the CCG has put a copy on its website. The public engagement process has begun and is being managed centrally via the BC STP Communications group. Local people will be invited to have their say on the proposals through a comprehensive programme of engagement, beginning with a public event on 6 December 2016 at Bethel Convention Centre in West Bromwich. It is intended that the CCG will hold its own engagement event with people in Wolverhampton and dates are being worked up by Helen Cooke.

2.12 NHS 111

2.12.1 Care UK were successful in securing the NHS 111 / Integrated Out Of Hour (OOH) contract across the West Midlands through a competitive tendering process. There was a comprehensive mobilisation phase between the new and old providers, which concluded in a successful transition to the new service on Tuesday 8 November 2016.

2.12.2 The new integrated service will result in a seamless transition for patients between NHS 111 and the OOH providers in each area, despite having various providers in each CCG. It also includes enhanced data sharing between all providers. In addition to the core NHS 111 function, there is the introduction of a clinical hub with a multidisciplinary team consisting of a GP, Mental Health Nurse, Advanced Nurse Practitioner, Pharmacist and Dental Nurse.

¹SHAPE is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care.



2.12.3 The first weekend of operation was a challenge for Care UK as there were staff transitioning under TUPE, new staff being appointed, training needs and increased call volume against prediction. Some elements of the performance deteriorated (calls answered in 60 seconds) during this time however Care UK utilised their wider national network to ensure the service was clinically safe. Since the initial teething issues, the service has performed at an excellent standard.

2.12.3 The clinical hub is embedding well with GPs from Primecare, Care UK and Mallins who are providing robust feedback prior to rolling it out to the remaining OOH providers.

2.12.4 Daily teleconferences are taking place to ensure continued oversight and assurance at a local level.

2.13 Winter Planning

2.13.1 The CCG has developed plans to invest Winter Planning funds from the A&E Delivery Board to assist Primary Care over the coming months. The first scheme proposed is a direct access scheme for GP appointments working in partnership with Vocare at the Urgent Care Centre at RWT. If practices are feeling the pressure of increased demand over Winter, as well as directing patients to call 111 they will have the option of allowing patients to book GP appointments at the Urgent Care Centre in normal core hours. This additional capacity will allow patients to be seen quicker and will reduce demand for urgent GP appointment in primary care. The second scheme takes on board learning from other areas, whereby there will be access to a roving GP in a car to visit patients at home on behalf of practices. This will support vulnerable patients in need of an urgent home visit and where the GP practice are unable to respond in a timely manner. This will free up capacity within GP practices and aims to not only improve response times to patients but also reduce the need to dial 999 or request an ambulance conveyance. Finally the CCG is investigating a pilot programme over the 2016/17 winter period for a shared arrangement for extended access whereby groups of practices within a Primary Care Home (PCH) will provide open GP sessions for all patients within the group. More information will be made available to practices once the projects are ready to go live.

2.14 Commissioning Support Unit (CSU)

2.14.1 Overall customer satisfaction derived from CCG staff rating support services is a 3 out of 4 (satisfied). There has been recognition of good support for Communications, Individual Funding Requests and Equality and Inclusion. Issues were raised at the Contract Meeting in respect of the recent poor support on Contracting due to staffing issues. A Remedial Action Plan has been requested and points raised have already been acted upon. There is also a focus on priority areas of work to be undertaken by the Specialist Strategic Service Improvement Team following a meeting with the CSU in October – Executive Team members with senior manager support are addressing these issues.



2.15 Demand Management

2.15.1 An area of focus from NHS England is how we are managing activity demands as a CCG. We have a demand management programme in place being led by the Strategy and Transformation team with input from across the organisation. NHSE has reviewed our plans and reported back that they are fully assured and no further iteration is required. Work is continuing on referral diversion plans with a dedicated project manager in place.

2.16 Wolverhampton Health Scrutiny Panel

2.16.1 A meeting of the Wolverhampton Health Scrutiny Panel took place on 24 November 2016. Items discussed included West Midlands Cystic Fibrosis, Vertical Integration, WCCG Mental Health Strategy 2017/19 and The 100,000 Genomes Project.

Trisha Curran
Interim Chief Officer
Date: 30 November 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	30/11/16

