

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
14 FEBRUARY 2017

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).
- 1.2. **Handover**
- 1.3. Trisha Curran did a formal handover to me on 2 February 2017, Trisha has now left the CCG and I resumed the full duties of my Accountable Officer post from 2 February 2017.

2. CHIEF OFFICER REPORT

2.1 Estates

- 2.2 The CCG made a joint bid with the Local Authority, RWT and BCPFT for One Public Estate (5) funds to support a feasibility study across the City for existing estate prioritisation of need and requirements for health and social care 'Hubs' in line with the Better Care Fund strategy. This bid has been successful and the Local Authority are appointing a project lead to take this work forwards. Within the CCG the work on a primary care facet survey carried out last year is being bolstered with further independent scrutiny, the results of which will be passed on to an independent assessor to prioritise the works required in order of need. A proposal will be concluded from this work and this will be brought to Governing Body for approval.
- 2.3 A clinically led working group will lead on the Estates programme which will include but not be limited to managing works from the national ETTF programme and PID development for the support of locally prioritised projects.
- 2.4 As has been made clear, the CCG is disappointed by the final outcome of the ETTF process but maintains a commitment to improve the quality of GP premises within the limits of recurring financial restraints.

2.5 Sustainability and Transformation Fund (STF) - outcome of appeal to NHSE

- 2.6 The NHS England Performance team have informed us that the CCG and RWT jointly supported appeal for non-attainment of the STF Trajectories for both A&E and RTT have been upheld. This is excellent news for the local health economy as it means a significant direct financial recompense for the Trust. NHS England were particularly happy that this has been supported at the national level with support from the CCG. The Interim Chief Officer wrote to the CEO of RWT to emphasise that it is unlikely that this outcome would have been achieved without the support of the CCG.
- 2.7 We remain supportive of the efforts RWT have made and it has been reiterated to the trust that they are expected to continue to improve to meet and maintain the 92% RTT overall headline performance and 95% of patients being seen within 4 hours in A&E.



2.8 GP Members meeting

- 2.9 The CCG Members Meeting took place on 25 January where updates were received from representatives of each care model, members were able to observe the extent of success and progression that was taking place. Members also discussed the future of peer review arrangements, and Steven Marshall presented the CCGs 'maturity model' illustrating the evolution of the new care models across primary care in line with our strategy. Revisions to the existing locality structure were also discussed briefly and more work will be done on this in collaboration with colleagues across the patch.

2.10 Governing Body Strategy Session on 24 January 2017

- 2.11 The Governing Body took some time out in January to hold an away day to think about some of the key strategic issues that we will face over the next few months. Those of us who were able to attend came away from the session not only with a greater shared understanding of the key role the Governing Body plays in setting the direction for the organisation but with a renewed sense of purpose and commitment to continue to work together to achieve our shared vision. We reflected on what we had achieved so far, including what makes us an 'outstanding' CCG and came away with a series of priority areas to consider that will ensure we face the challenges and grasp the opportunities for the CCG over the coming months and years, particularly as we look to work more closely with neighbouring CCGs and support the emergence of new ways of delivering primary care. These areas include how the Governing Body and our committees are organised and how we can continue to raise the profile of the outstanding work we are already doing.

2.12 NHSE Workshop for Chief Officers – outcomes from a West Midlands Task & Finish Group on Strategic Commissioning

- 2.13 NHSE set up a West Midlands task and finish group last year to consider commissioning collaboration across larger footprints – this was primarily so that influence could be cast on national thinking next steps in delivering sustainability and transformation plans. The findings of the task and finish group were shared with West Midlands Chief Officers on 27 January 2017.
- 2.14 What was clear from the workshop is that all areas are thinking along the same lines in terms of care systems, joint commissioning across CCGs and several were steering away from calling new care models by a contractual term (eg MCP, PACs) to more place based names / brands. Some CCGs have already set up joint commissioning committees with schemes of delegation. Specialised commissioning was also discussed particularly about devolution to CCGs and the need for collaborative arrangements to commission based on population size.
- 2.15 There will be further discussions across the region on this topic, however, colleagues should note that what came out of the task and finish group is entirely coterminous with the two papers the Governing Body has received so far on Future Commissioning across the Black Country & West Birmingham.



2.16 Future Commissioning across the Black Country & West Birmingham

2.17 The Governing Body received a paper at its last meeting and agreed that the Chair and AO should continue discussions and that executive officers should attend a workshop with the other three CCGs across the Black Country and West Birmingham to explore things further. The next meeting of the four Chairs and AOs is on 9 February and an oral update will be given to the GB on discussions. The workshop with executive teams has been arranged for 2 March 2017, attendance has been extended to include one board lay member and a GP from each CCG along with the Chairs and AOs.

2.18 The Governing Body will receive a further report on these matters at its March meeting.

2.19 Quality Premium 2016/17

2.20 The CCG has been allocated £196k for partial attainment of the targets allocated (approx.15-20%, details tbc). These targets included hitting the constitutional measures including A&E 4 hour waits, Headline RTT within 18 week waits, etc. and locally set quality targets. The teams are currently allocating the funds to projects and programmes which meet the criteria set by the Department of Health to improve patient access and quality of care. Commissioning teams are also currently working on defining targets to be worked on during 2017/18 for the subsequent Quality Premium. The majority of these are once again set nationally with two locally determined targets. Further details will be provided next month.

2.21 New Care Models - meeting between CCG, RWT and NHSE West Midlands

2.22 The CCG Chief Finance /Operating Officer together with the CEO of RWT attended a meeting on 2 February at NHSE West Midlands HQ to discuss the new care models across primary care in Wolverhampton with the Director of Commissioning and Operations. The purpose of the meeting was to update on progress and ensure the DCO was briefed so she could assist with discussions within NHSE and any funding opportunities. The DCO expressed support for the care models we are developing.

2.23 VI assurance meeting

2.24 As part of the ongoing development of new models of Primary Care in Wolverhampton, colleagues from the CCG, NHS England, RWT and the practices working with the trust on the Vertical Integration project met as part of the assurance arrangements for the sub-contracting arrangements. These meetings take place quarterly and minutes are shared with the Primary Care Joint Commissioning Committee. This was the second such meeting and we had a productive discussion that covered the monitoring process for the GMS contracts, which is the same collaborative approach between the CCG, NHS England and public health as that used for all practices, and a number of potential Performance Indicators that can be used to assess the overall impact of the project. It was recognised that the clinical elements of the project are still at an early stage as clinicians begin to develop new



pathways together, including through the sharing of data across primary and secondary care. Many of the other issues discussed, including better use of primary care estate and the development of new job roles in primary care are common across all of the emerging models in the city and we will continue to work closely on these issues with the trust and the practices, along with the other models of primary care as part of the implementation of the Primary Care Strategy.

2.25 Ofsted inspection

- 2.26 OFSTED inspectors begun to carry out a four-week inspection of Children's Services in Wolverhampton on Tuesday 17 January and will review in detail how the help and care provided by the City of Wolverhampton Council and its partners protects children and young people, supports their families, improves the quality of their lives and their future prospects. During their time in Wolverhampton the team will be looking at everything the council and their partners do to support children and young people. They will be do this by interviewing colleagues, reviewing case files, observing front-line practice, attending meetings and speaking to service users, care leavers and, where appropriate, families.
- 2.27 WCCG is fully committed to working in collaboration with the Local Authority and engaging and supporting the inspection process. WCCG was represented at the initial meeting with the lead inspector and his team, and prioritisation has been given by WCCG to respond to all requests to meet with an inspector.
- 2.28 At the time of writing the report the inspection was just beginning its third week. Regular feedback has been provided with no major areas of concern being raised. On completion of the inspection on 9th February a verbal feedback will be provided to the City of Wolverhampton Council and its partners. The Governing Body will be appraised of any material findings at its meeting on 14 February.

2.29 Guidance given to CWC Social Workers - letter from WCCG

- 2.30 In June last year the People Services Directorate at the City of Wolverhampton Council (CWC) issued revised guidance to its staff regarding the formally entitled "Guidance to Social Workers on the Legal Limits of Social Care". The new guidance was implemented by CWC, with neither consultation nor engagement with the Wolverhampton Clinical Commissioning Group (WCCG), or any other Health partner and has caused a significant health workload increase with some issues as trivial as contesting who pays the repair bill for a ceiling hoist (adaptation).
- 2.31 The CCG has sought legal advice on this matter and the legal view given to the CCG is that; the CWC guidance document is unlawful because the author has not properly understood the nature or effect of the Care Act 2014 in explaining the boundaries between health and social care services. This same legal review recommended that unless CWC withdraws this guidance the CCG should challenge this as part of a judicial review process.



2.32 The Interim Chief Officer wrote to the Director of Public Services at CWC on 27 January requesting that this guidance be reviewed and that the Local Authority engage formally with the CCG on this matter. She advised further that should this course of action not be agreed within the next three weeks, the CCG would no alternative but to progress the Local Authority's interpretation of the 2014 Care Act and subsequent revised guidance to its staff to a judicial review.

2.33 The CCG has attempted several times to engage with the council to discuss this issue to no avail.

2.34 Wi-fi for patients

2.35 Wolverhampton CCG has pursued a strategy to be an early adopter of new technologies. In November 2016 the CCG completed an 'expression of interest' in becoming an early adopter of Wi-Fi for patients, public and staff. On the 20 December the CCG formally requested to join the NHS Digital Wi-Fi programme and were officially accepted by Julie Bauer, Director of Digital Experience, NHS England on the 23 December 2016. As early Adopters the CCG has received an initial payment of £118,389 with an additional payment of £42,175 to cover recurring costs for 21 months. The initial test sites went live on the 30 January 2017 with the full go live to be completed by 31st March 2017.

2.36 Proactive Media Strategy

2.37 A proactive media strategy has been developed to provide a more structured approach for the CCG around our public relations planning. In doing this, we are committing to strengthening our relationships with a wide range of stakeholders, including local media, by highlighting our newsworthy events, activities and local health services. This work is important in helping us develop our brand across the City.

2.38 Attached to this report is the strategy and current timetable of press releases, this is a dynamic plan and subject to change as new opportunities to market our work arise.

2.39 GP Five Year Forward View

2.40 The CCG has received excellent feedback on the GP Five Year Forward View plans submitted early in the New Year. The overall rating is Amber/Green with recommendations to add more granular project details into the next iteration of the plan. Resource planning, timings and more detailed outcomes will be included in the next version along with identified risks and mitigations. The next version will be submitted by 24th February and this will be shared with the Governing Body for information.

Trisha Curran
Interim Chief Officer
Date: 2 February 2017



ATTACHED

Appendix 1 Wolverhampton CCG Proactive Media Strategy

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	02/02/17

