

WOLVERHAMPTON CCG

GOVERNING BODY
11 APRIL 2017

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> Assurance Review – The WCCG Executive Team met with NHS England representatives for the year end Assurance Review. West Birmingham and Black Country Joint Committee - The first meeting of the West Birmingham and Black Country Joint Committee was held and a number of task and finish groups have been set up to enable the working arrangements of this Committee to be clearly defined.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.
2. Reducing Health Inequalities in Wolverhampton	By its nature, this briefing includes matters relating to all domains contained within the BAF.



3. System effectiveness delivered within our financial envelope	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body Members on matters relating to all the overall running of Wolverhampton Clinical Commissioning Group (CCG).

2. CHIEF OFFICER REPORT

2.1 Assurance Review

The Executive Team met with NHS England representatives for the end of year Assurance Review. The review covered major ongoing areas of discussion for the CCG and NHS England including the STP, provider performance and recovery plans for constitutional outcomes indicators (A&E, Cancer, Referral to Treatment (RTT), Delayed Transfers of Care (DTC), QIPP (Quality, Innovation, Productivity and Prevention) delivery, Patient Involvement etc. We await the official rating for the Full Year 2016/17 which should be with us in July. At the meeting we were informed that the mid-year assurance rating was maintained at 'Green Star' (formerly 'Outstanding') and that Wolverhampton CCG is the only CCG in the West Midlands to have retained this highest level of assurance. Thanks are due to the whole staff group and CCG members for their hard work and support throughout 2016/17.

2.2 Health and Wellbeing Board

The Health and Wellbeing Board had a discussion around the future of commissioning, the Sustainability and Transformation Plan (STP) process and the development of a local place based commissioning model for Wolverhampton. It was acknowledged that this is a difficult time for the NHS as changes are developing and there was agreement to have this item as a standing item on the agenda. It is important that all partners are engaged in ongoing dialogue. A paper was also received around the recent living well, feeling safe event which was an awareness raising event around multiple offers of community based support and help available from many organisations. This was a positive day with 152 organisations represented and 182 attendees. The feedback was overwhelmingly positive.

2.3 Sustainability and Transformation Plan (STP)

A workshop of the senior leaders involved in the Birmingham and Black Country STP was held. It was agreed that the plan needs to be refreshed and more progress



needs to be made in certain areas. The forward view delivery plan is expected soon and will give further guidance around STPs.

2.4 Primary Care Delegation

The CCG has now formally begun operating as a fully delegated commissioner of Primary Care from 1 April. The first meeting of the new Primary Care Committee look place on 7 April, continuing with the programme of work from our previous joint commissioning arrangements. On the ground, CCG teams continue to work with colleagues from NHS England to ensure a smooth transition into the new arrangements. More details on these plans will be included in the delegated commissioning plan for the CCG, which will need to be completed by June 2017.

2.5 West Birmingham and Black Country Joint Committee

The first meeting of the West Birmingham and Black Country Joint Committee was held and a number of task and finish groups have been set up to enable the working arrangements of this Committee to be clearly defined. Discussion was held around specialised services and the Committee agreed that they would be interested in further collaboration with NHS England around this area.

2.6 IMT Infrastructure Refresh

NHS Wolverhampton CCG have run a number of projects to refresh the IT infrastructure over and above the usual five year hardware replacement programme. These have included the deployment of a dual monitor solution to GP's, the roll out of network enabled printers to increase resilience within practices and the final stage of the network infrastructure programme. Moving forward the CCG have started the JAYEX refresh project that looks to update and modernise the JAYEX auto arrival solution within practices and the remote working project that will provide every practice with a 4G enabled laptop capable of connecting to the practices GP Clinical System.

On a national level the CCG were selected as early adopters of GP Wi-Fi by NHS Digital and then went on to become the first CCG to deploy patient/public/staff Wi-Fi within our practices by March 2017.

2.7 Estates Programme

The Estates programme within Wolverhampton is currently being reviewed via a feasibility and prioritisation exercise which is being carried out by an independent company. In line with the GP 5 year Forward View and the on-going Estates strategy the CCG is proactively working towards providing a fit for purpose Primary Care estate.

3. CLINICAL VIEW



3.1. Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable to this report.

5. KEY RISKS AND MITIGATIONS

5.1. Not applicable to this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name	Dr Helen Hibbs
Job Title	Chief Officer
Date:	30 March 2017



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	
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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	30/03/17

