

WOLVERHAMPTON CCG

GOVERNING BODY
23 MAY 2017

Agenda item 7

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| 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"> Members Meeting - More than 30 of the cities practices attended the last GP Members Meeting held on 25 April 2017. A series of presentations were delivered including the CCG Interim Chair, Dudley CCG regarding their Multispecialty Community Provider (MCP) model and the journey so far. |
| 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 | <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> |
| 2. Reducing Health Inequalities in Wolverhampton | |
| 3. System effectiveness delivered within our financial envelope | |



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 Urgent Care Centre (Vocare)

- 2.1.1 The CQC visited the Urgent Care Centre (UCC) on 24 March 2017, which was partly initiated following the CCG having raised concerns. Prior to the Care Quality Commission (CQC) unannounced visit the CCG conducted a Board to Board meeting, held 9 March 2017 which sought Chief Executive assurance on the actions being taken by Vocare, to mitigate the risks and rectify the issues which the CCG had identified. Following on from this and the CQC unannounced visit, the CCG is now leading an Improvement Board meeting, which coordinates all of Vocare's action plans in one unified, coordinated and collective membership: NHS England, CQC, Public Health England, associate commissioners and Vocare.

- 2.1.2 As a result of the progress with Vocare to ensure the key issues highlighted are being addressed within agreed timescales, the CQC have not enacted section 31 of the Health & Social Care Act (2008). The CCG will continue to use the levers afforded to them through the contractual route to resolve any outstanding issues. Significant progress has been made to date, providing assurance to the CCG that Vocare are dedicated to addressing areas of concern highlighted. The CCG anticipate a speedy resolution to all outstanding actions. A recent patient survey carried out by Healthwatch found high patient satisfaction levels with the UCC.

2.2 Sustainability and Transformation Plan (STP)

- 2.2.1 A report on governance of the STP was brought to the last sponsorship group.
- 2.2.2 It was agreed that all organisations will continue to be represented at the meetings and that Andy Williams will continue in his role as STP Lead pending a formal appointment process and agreement of the Job Description.
- 2.2.3 A further report on how to move forward with leadership appointment and governance will be brought to the next meeting

2.3 Collaborative Commissioning

- 2.3.1 The Black Country and West Birmingham Joint Commissioning Board has suggested its' membership as the Accountable Officer and Chair from each of the CCGs, along with 2 Chief Financial Officers and two Lay Members covering all CCGs between them. A paper is going to all the Governing Bodies to discuss the terms of reference. There will be a Clinical Reference Group established to inform all commissioning decisions made by the group to ensure clinical input.



2.3.2 The Task and Finish groups (Governance, Communications and Engagement, Finance, Infrastructure including Information Management and Technology, Systems Design and Contractual Frameworks, CCG Collaboration) are scheduled to provide final reports to the Commissioning Board in July.

2.3.3 A programme manager is being appointed to manage the work of the joint committee .This appointment will be made internally from the four CCGs

2.4 **Members Meeting**

2.4.1 More than 30 of the cities practices attended the last GP Members Meeting held on 25 April 2017. A series of presentations were delivered including an introduction from Mr Jim Oatridge, CCG Interim Chair, two General practitioners from Dudley CCG regarding their Multispecialty Community Provider (MCP) model and possible future models for Wolverhampton CCG. Discussions were largely dedicated to the members preferred model for primary and community services. Members also fed back with their preferred option for the Governing Body structure members were keen to retain a range of roles for GPs on the Governing Body and expressions of interest have been invited.

2.5 **Better Care Fund (BCF)**

2.5.1 The Social Prescribing pilot has now commenced. The CCG has commissioned the pilot with Wolverhampton Voluntary sector Council. 3 Link Workers will be working across the City accepting referrals from GP, Community nursing teams, A&E etc. for patients with low level support needs. The link workers work with patients to signpost and support them to improve their wellbeing.

2.5.2 We are continuing to work with Local Authority colleagues to enhance the Wolverhampton Information Network (WIN) to include a new Health Channel. The Health Channel will allow health related information to be uploaded and accessed via WIN, in an bid to create a single information portal for the City. Training sessions are being arranged in June which will cover both the accessing and navigation of the system and how to upload information relating to services.

2.5.3 The BCF team are in the process of developing a 2 year plan which will enable the progress of the BCF programme and continued Integration of health and social care until. Stakeholders will be asked for input and feedback on drafts of the plan ahead of confirmation of national submission timelines. The programme for the next two years include 5 Work streams – Adult Community Care, Mental Health, Dementia, Child and adolescent mental health services (CAMHS) and Integration. CCG and Local Authorities are working together to finalise the content of the Pooled Budget which will again be underpinned by a Section 75 agreement.

2.6 **Local Medical Committee (LMC)**

2.6.1 CCG Executives met with the LMC Officers to discuss possible future models of care in Wolverhampton.



2.6.2 At the LMC meeting in April updates were provided on a range of subjects including, new services, systems and processes that were being introduced through discussion with LMC i.e. Process for payment for safeguarding / Special Educational Needs (SEN) reports, improving the interface between primary and secondary care, new zero tolerance provider, new counselling service for patients in general practice. Discussions also took place regarding premises issues, mental health pathways and the preferred option for the way forward regarding the governing body structure.

2.7 **CCG Executive**

2.7.1 Following the announcement that Claire Skidmore will be leaving the CCG to take up a new position with Shropshire CCG I have been discussing recruitment and mitigating plans with Human Resources and others and an announcement will be made imminently once advice has been taken.

2.8 **Guidance given to City of Wolverhampton Council Social Workers**

2.8.1 In the February 2017 Chief Officer report it was noted that a letter had been sent to the Local Authority around the CCGs concerns surrounding a document that was circulating giving guidance to social workers on the legal limits of social care and advising that the CCG legal advice deemed this document to be unlawful. I can confirm that a response to this letter was received from the Local Authority stating that the guidance was in draft form and had not been formally signed off. One team of social workers had been using the draft guidance and this has subsequently been withdrawn. A commitment was given to ensure that the CCG and the Local Authority work together on any future guidance.

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: 8 May 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 | 08/05/17 |

