

WOLVERHAMPTON CCG
GOVERNING BODY
12 SEPTEMBER 2017

Agenda item 7

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"> • A bid for funding was successful for General Practice Resilience, the CCG are delighted that this money has been secured and will be spent on practices as they develop at group level and on those who have more specific individualised difficulties requiring specialist support. • Claire Murdoch, the National Director of Mental Health for NHS England, came to visit us in Wolverhampton on 9 August 2017 at the invitation of the City of Wolverhampton Council.
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	
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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 Joint Commissioning

2.1.1 The sixth meeting of the Black Country and West Birmingham Joint Commissioning Committee took place on 17 August 2017. An Sustainability and Transformation Plan (STP) update was provided by Andy Williams. The STP Progress Assessment from NHSE rating is 'Making Progress' and there has now been the opportunity to review the indicators in full which provides the encouragement that the STP is very close to achieving an Advanced rating, but gives some clear areas to focus attention on.

2.1.2 The STP programme team has now been established as follows:

- Finance lead – James Green
- Performance lead – Martin Stevens
- Strategy support – David Frith
- Workforce / Organisational Development – Alice McGee
- Equality and Diversity – Saba Rai
- Communications and Engagement – Jayne Salter-Scott

2.1.3 Angela Poulton is the newly appointed Programme Director for the Joint Commissioning Collaboration. Dr David Hegarty will chair the Clinical Leadership Group and the other clinical leads will be announced soon. The Governance Group have produced a map of the CCG statutory duties which will need to be considered as the groups determining commissioning and contracting arrangements and collaborative working draw up their future proposals.. There is a move to look at how CCGs can start to take on some responsibility for specialised commissioning and the Black Country has been selected as an area best placed to pilot a new approach in a few service areas. This once again means that we will be at the centre, shaping the way that commissioning will work in the future to benefit our patients. The mental health commissioners are working collaboratively to deliver the plans set out in the STP. Collaboration will initially be focused on Improving Access to Psychological Therapies (IAPT), Children and Adolescent Mental Health Service (CAMHS), Perinatal Mental Health and Liaison Psychiatry. The Committee agreed for Professor Nick Harding to continue as Chair for the next 6 months. The rotation to another Chair will take place at that point.

2.2 Sustainability and Transformation Plan (STP)

2.2.1 The STP met on 21 August 2017 and at that meeting signed off the final version of the memorandum of information. This is attached as appendix 1. A variety of leads have been



agreed for the STP as indicated above. The STP continues to work on those areas that will have value added by working across a wider footprint whilst at the same time recognising that our four local areas are developing their own place based plans.

2.3 Local Place based Commissioning

2.3.1 Work continues around developing plans for our local place based commissioning solutions. Discussions are ongoing between ourselves, our local GP practices and the providers. Michael Macdonnell, Director of Health System Transformation - NHS England, visited Wolverhampton on 25 August 2017 and was very impressed with the work that we have done to date. We are waiting to hear what further support NHS England will be able to provide to our local system development.

2.4 Primary Care

2.4.1 The CCG continues to work closely with a range of national teams, including NHS Improvement Choice Team, to drive up practice and patient awareness of the importance of patient choice and how this can be achieved. A series of presentations and literature have been made available to a variety of audiences to encourage practices to review their existing arrangements. These sessions have been well received and continue to take place.

2.4.2 Work with the New Care Models Team, also at NHS Improvement, has enabled the CCG to carry out a joint review of how the framework is being worked towards in Wolverhampton. The national team visited in July and congratulated the CCG on the progress and good work that is taking place and made a series of recommendations to support their work in future months.

2.4.3 A bid for funding was successful for General Practice Resilience, the CCG are delighted that this money has been secured and will be spent on practices as they develop at group level and will also be spent on those who have more specific individualised difficulties requiring specialist support.

2.4.4 Work with Practice Participation Group Chairs continues to take place at practice group level where patient representatives are kept apprised of projects that may have commenced or being planned involving the practices within their group. Discussions have extended to explore how work can be undertaken together to support those who may need support but also to share good practice and share success(es). Some of the priorities identified by Patient Participation Group Chairs within their groups include a willingness for group level meetings to be held at quarterly intervals, the development of a local patient charter for general practice, more attention to Friends and Family Test, practices are being encouraged to share what they believe they do well and what areas they believe require improvement so that the groups can work together to co-produce improvements in the coming months.

2.4.5 Work with our Local Medical Council continues to improve the interface between primary and secondary care clinicians, as per British Medical Association Guidance. A new improvement model that has been co-designed among representatives from the trust, Local Medical Committee and CCG has been finalised and ready for implementation.

2.4.6 The cities Directory of Service was relaunched in July in partnership with Wolverhampton Voluntary Sector Council, Wolverhampton Information Network has been populated with a



range of health related information about service availability in the city and local communities.

- 2.4.7 A report of the Primary Care Strategy Committee is also included on today's agenda providing more detailed information about the programmes of work currently underway.

2.5 **Mental Health – Claire Murdoch Visit**

- 2.5.1 Claire Murdoch, the National Director of Mental Health for NHS England, came to visit us in Wolverhampton on 9 August 2017 at the invitation of the City of Wolverhampton Council.
- 2.5.2 We had a very informative and productive day, Claire gave an update on the national programme for mental health including key priorities such as CAMHS, peri-natal mental health, crisis care, IAPT and Suicide Prevention.
- 2.5.3 We presented to Claire and our partners an update regarding each of the above work programme areas including our initiatives across the STP footprint which involves jointly applying for transformation funding made available by NHS England.
- 2.5.4 Claire was impressed with the level of work that we are undertaking and we promised to invite her back in a year or so to update on our further progress.

2.6 **Members Meeting**

- 2.6.1 At the Members Meeting held in July a number of practices were represented and actively took part in discussions regarding the progress that had been made with negotiations pertaining to the Accountable Care Alliance. A number of members sought clarification on the model and the practicalities of how it would work. Information was also shared regarding funding and the corresponding spend profile available for Primary Care, this led onto an update about new services that had recently commenced including The Sound Doctor, Primary Care Counselling and Social Prescribing.

2.7 **GP Walk in Centre and Out of Hours**

- 2.7.1 Vocare Ltd commenced delivery of the Urgent Care Centre in April 2016. Since this date, the CCG has become aware of a number of concerns in relation to delivery against key performance indicators, safeguarding, data quality and pathways of care. While many of the areas of concern have been managed within the CCG through routine contractual processes, the CCG have escalated key concerns to the Care Quality Commission (CQC) and will continue to work with the CQC to manage the improvement process.
- 2.7.2 The CCG took a decision to hold a regular Vocare Improvement Board with membership from CQC, NHS England, CCG, Vocare, Healthwatch and Public Health. This is in addition to the regular monthly Contract Review Meeting / Contract Quality Review Meeting.
- 2.7.3 The CCG has also escalated the quality issues to NHS England Quality Surveillance Group who have raised surveillance to an 'enhanced' level. A joint meeting was held in August between NHS England, CCG and Vocare. Enhanced surveillance will continue for the foreseeable future.



- 2.7.4 The CCG welcomes the CQC report published 24 August 2017 which rates the provider as 'INADEQUATE' and will continue to work with Vocare to improve on the areas of concern.
- 2.7.5 The assurance/scrutiny will continue with the monthly Contract Review Meeting / Clinical Quality Review Meeting, Vocare Improvement Board and enhanced scrutiny via the Quality Scrutiny Group at NHS England. Patient complaints/concerns are also monitored and taken into account.
- 2.7.6 Timescales have been set for improvements against the key priority areas and these will be monitored closely by the CCG, CQC and NHS England.

2.8 **CCG Annual Assessment for 2016/17**

- 2.8.1 The CCG were very pleased to have been rated outstanding by NHS England for the second year in a row. This is testament to the hard work and commitment of the CCG staff. The assurance letters are enclosed for your information (Appendices 2, 3 and 4).

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:	1 September 2017

ATTACHED:

- STP Memorandum of Understanding
- CCG Improvement and Assessment Framework rating letter which includes an Annex A & B
- Clinical Priority letter which comprises of Annex B
- Clinical Priority Assessment results Annex A



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	01/09/17

