

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 10 October 2017
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Mr J Oatridge	Chairman (Interim)
Clinical ~	
Dr M Kainth	Board Member
Dr J Morgans	Board Member
Dr R Rajcholan	Board Member (part)
Dr S Reehana	Board Member (interim)
Management ~	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Lay Members/Consultant	
Mr P Price	Lay Member
Ms H Ryan	Lay Member
Mr L Trigg	Lay Member

In Attendance	
Mr D Birch	Head of Medicines Optimisation (part)
Ms C Brunt	Chief Nurse – Dudley CCG (part)
Ms H Cook	Engagement, Communications and Marketing Manager (part)
Ms T Cresswell	Health Watch representative
Mr S Forsyth	Head of Quality and Safety
Ms K Garbutt	Administrative Officer
Ms J Herbert	Equality and Inclusion Business Partner (part)
Mr M Hartland	Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)
Mr M Hastings	Director of Operations
Mr P McKenzie	Corporate Operations Manager
Ms A Smith	Head of Integrated Commissioning (part)

Apologies for absence

Apologies were received from Ms M Garcha, Mr D Bush and Mr D Watts. Mr J Oatridge welcomed Mr S Forsyth to the meeting in the absence of Ms Garcha.

Declarations of Interest

WCCG.1928 There were no declarations of interest made.

RESOLVED: That the above is noted.

Minutes

WCCG.1929 **WCCG.1844 Chief Officer Report**

Mr M Hastings pointed out the missing letter in the heading.

WCCG.1890 Emergency, Preparedness, Resilience and Response (EPRR)

Mr Hastings pointed out the second sentence should read “The Clinical Commissioning Group (CCG) is meeting all standards”.

WCCG.1894 Quality and Safety Committee

Mr Hastings pointed out on page 6 towards the end of the paragraph this should read “the number of wrong sight surgery events”.

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 12 September 2017 be approved as a correct record subject to the above amendments.

Matters arising from the Minutes

WCCG.1930 Dr H Hibbs stated she has been in touch with the communications lead for the Sustainability and Transformation Plan (STP) regarding the most up to date information regarding a communications plan. They have been engaging with Health Watches around the areas and are currently working on an overarching communications plan. Further information regarding public meetings is not available yet. She confirmed she will keep the Governing Body up to date.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1931 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.1932 Dr H Hibbs presented the report. She pointed out that meetings continue with NHS England around the possibility of designing an accountable system in Wolverhampton. It has been widely recognised that we have already done a lot of good work to redesign some of our community and emergency pathways. Further work will be carried out to increasingly meet the needs of patients in their own homes where possible.

Dr Hibbs highlighted that Manjeet Garcha our Executive Director of nursing is leaving the Clinical Commissioning Group (CCG) and Ms Sally Roberts has been recruited to fill the role and will be joining the CCG in the New Year. She added that interviews have taken place for the role of Lay Member for Patient and Public Involvement and she expects to be able to make an announcement shortly.

She referred to the Health Service Journal Awards. A presentation was given to the judges in London earlier this month and we are waiting to find out if the CCG has been successful. She added that a joint presentation by Mr David Laughton, Chief Executive from The Royal Wolverhampton Trust (RWT) and herself was given at a Kings Fund event in London.

RESOLVED: That the above is noted.

Emergency, Preparedness, Resilience and Response (EPRR)

WCCG.1933 Mr M Hastings presented the report which is to give the Governing Body assurance that the CCG is compliant with EPRR core standards. We are self-assessed as substantially compliant and the Governing Body was asked to sign off the 2017/2018 work plan. Mr Oatridge referred to the RAG rating on page 3 of the report and the amber rating. Mr Hastings stated that hopefully at the next quarter this should turn to green.

Dr Hibbs pointed out that there is a small risk around the Local Authority restructure of public health and the joint work that the CCG does with them. This is currently being looked at and the CCG have requested advice and guidance.

RESOLVED: That the above is noted.

Better Care Fund (BCF) Plan

WCCG.1934

Ms A Smith gave an overview of the report which is to give assurance that the BCF Plan was submitted in line with the deadline given. The BCF plan was submitted on the 11 September 2017. Due to a request from NHS England to revise the Delay Transfer of Care (DTC) trajectory, subsequent discussions were held with City of Wolverhampton Council and RWT, and in agreement with NHS England a further version of the plan was submitted on the 13 September 2017.

Ms Smith added that the Pooled budget has been agreed with City of Wolverhampton Council for 2017/18 at £69.208m which is detailed on page 5 of the report. Mr T Gallagher stated that constructive discussions around the risk sharing agreement have been carried out. The deadline date for submission is the 30 November 2017.

Mr D Birch arrived

Mr Oatridge referred to the revised trajectory under section 2.3 relating to DTC and asked what our latest figures for July/August. Ms Smith confirmed this is reducing but is still problematic. Dr Hibbs pointed out that nationally this is a concern and important for preparation for winter. We are working well with the Local Authority and provider partners to do everything we can to achieve our targets. She added that to date excellent work with the Local Authority has taken place to draw up a comprehensive plan and thanked and congratulated the team.

Ms A Smith left

RESOLVED: That the Governing Body agreed for Dr Hibbs and Mr T Gallagher to sign off the plan.

Items which should not routinely be prescribed in Primary Care

WCCG.1935

Mr D Birch presented the report. NHS England has begun a consultation exercise on developing guidance for CCGs on items that should not be routinely prescribed in Primary Care. The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed to ensure that best value is obtained from prescribing budgets. The report detailed the suggested CCG response to the consultation.

Mr Oatridge referred to page 7 of the report and asked if as a result of an NHS blacklist approach any savings should be available for use locally and not retained centrally. Mr M Hartland stated that we would expect to retrieve the savings.

RESOLVED: That the Governing Body noted the contents of the report and agreed to the submission responding to the consultation.

Mr D Birch left

Joint Committee Terms of Reference and approach to statutory duties

WCCG.1936

Mr P McKenzie presented the report which is to ask the Governing Body to consider the Joint Committee's emerging approach to managing the CCG's Statutory Duties in a collaborative commissioning environment and to agree the Joint Committee's Terms of Reference. Further work is being undertaken by the Joint Commissioning Committee Governance Task and Finish group to ensure that all of the relevant CCG statutory duties have been effectively recognised and correctly categorised. The work will continue and will form part of the ongoing development of proposals for collaborative commissioning.

Ms J Herbert arrived

Mr McKenzie added that the latest draft of the Joint Commissioning Committees Terms of Reference has been amended to provide consistency around the name of the Joint Committee and some further changes following comments from the newly appointed Programme Director. Mr Oatridge pointed out that there is a good level of representation from the CCG at the Joint Committees.

Mr McKenzie stated that if commissioning arrangements change or there are any fundamental changes the report would have to come back for approval, the document is not final and is at a framework stage.

Ms H Cook arrived

RESOLVED: That the Governing Body approved the changes to the Joint Committee's Terms of Reference and the approach to the delivery of the CCG Statutory Duties.

Update Equality and Inclusion

WCCG.1937 Ms J Herbert presented the report which is to provide the Governing Body with information and assurance that the CCG are progressing their equality requirements in key areas. She pointed out that as part of the review of performance for people with characteristics protected by the Equality Act 2010 the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from Developing to Achieving. Appendix 1 confirms the activity so far. As agreed at the July 2017 Quality and Safety Committee training dates for staff have now been scheduled. This training is focused on decision makers. Mr Hastings stated that the mandatory training for all staff will need to be take place through e learning and will need to be appropriate.

Ms Herbert referred to the Workforce Race Equality Standard (WRES) template contained within the report. Development of the action plan will take place and the template will be completed and returned to the Governing Body within the next report.

Ms Herbert confirmed the Equality and Inclusion report will be submitted to the Governing Body on a quarterly basis.

Dr Rajcholan and Ms Herbert left and Ms Brunt arrived

RESOLVED: That the above is noted.

Child and Adolescent Mental Health Services (CAMHS) Transformation Plan

WCCG.1938 Mr Marshall gave an outline of the report and plan. The submission of the document to NHS England is on the 20 October 2017 and the final version on the 31 October 2017. This will also go to the Health and Wellbeing Board. The document has also been submitted to the Commissioning Committee.

Mr Hartland added that we are awaiting the outcome of the 24 hour CAMHS bid. This work is reflected in the document.

RESOLVED: That the Governing Body endorsed the approach and submission to NHS England.

Constitution

WCCG.1939 Mr McKenzie gave a brief overview of the report. He confirmed the changes will take effect from 11 October 2017.

RESOLVED: That the above is noted.

Local Maternity System (LMS)

WCCG.1940 Ms C Brunt presented the report. The purpose of a LMS is to provide place-based planning and leadership for transformation. Its first task is to put in place the governance, structure and membership required to discharge this purpose effectively. Development for the Black Country LMS started towards the end of 2016. Commitment for maternity transformation and improvement is a priority within the Black Country Sustainability and Transformation Plan 2016. A number of events with key stakeholders have taken place across the Black Country to define our vision, ambitions and commitment to work together to fundamentally transform and improve our Black Country Maternity Services.

Concerns were expressed about the infrastructure required to provide the service. Ms Brunt stated that all CCGs are struggling and estate leads are looking at community capacity to put in place additional infrastructure. She added that we need to understand how to address issues across the borders regarding patients coming into the Black Country from Staffordshire and Shropshire.

RESOLVED: That the Governing Body requested that the Black Country Maternity Transformation Plan 2017-2020 to be added to a future Governing Body meeting for assurance.

Ms C Brunt left

Commissioning Committee

WCCG.1941 Mr Marshall referred to the report and gave a brief overview. He highlighted that an audit relating to Procedures of Limited Clinical Value (POLCV) has been carried out which identified that 8% of activity was incorrectly charged. As a result, the CCG intends to retain 8% of the POLCV budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met.

He referred to Probert Court Nursing Home. The suspension to new admissions has been lifted. There are 12 step down beds and 2 step up beds.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1942 Mr S Forsyth presented the report highlighting the key areas. He pointed out that an Improvement Board meeting was held on the 26 September 2017 and Vocare demonstrated some improvements in ~

- Staffing rotas, 8 new GPs and nurses have been recruited.
- Triage within 15 minutes of arrival is being addressed via a rota review so that staff are aligned at the busiest times. The new rota is now in place, weekly monitoring of data continues to monitor effect.
- Paediatric cover has been addressed and staff identified who require cover.
- Serious Incident training took place by the quality team and good feedback was received.

Mr Forsyth stated that an unannounced visit took place at Vocare on the 5 October 2017.

Dr Hibbs stated on the 12 March 2015 the Home Secretary established the Independent Inquiry into Child Sexual Abuse to consider whether public bodies and non-state institutions have taken seriously their duty of care to protect children from sexual abuse. Wolverhampton was chosen as a sample area. The team carried out excellent work gathering the extensive information required. This was an independent enquiry and we should hear in due course.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1943 Mr Gallagher gave an overview of the report. He highlighted the finance position identified on page 3 of the report. The cash balance has exceeded the target due to an unexpected cash receipt. The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.

We are on target to meet our surplus which has been agreed with NHS England. More work is required around Quality, Innovation, Productivity and Prevention (QIPP).

Mr Gallagher highlighted performance within the report. He pointed out that cancer figures are more challenging. In August 2017 they were at 75% and September 2017 deteriorated to 73%. There is a remedial action plan in place and we are very much focused on gaining improvement against the target Dr Hibbs added that there is obviously a

concern with cancer patients they should receive treatment in a timely way. We are carrying out work and constant dialogue with the provider is taking place.

Mr Price referred to the pressure on finding recurrent QIPP savings for 2018/2019 and asked whether work had already started on identifying schemes Mr Marshall confirmed a programme had been started.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.1944 Mr L Trigg gave a brief overview of the report highlighting the key points.

RESOLVED: That the above is noted.

Primary Care Strategy Committee

WCCG.1945 Mr Marshall presented the report which updates the Governing Body on continued progress. He highlighted the key points within the report. Progress has been made towards on-going implementation of the General Practice Five Year Forward View Programme of Work. Milestone plans have been developed for both programmes of work.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1946 Ms H Cook gave an overview of the report. She pointed out the Minor Eye Conditions Services (MECS) launch. A new campaign started in September 2017 to launch the new MECS service offering people the chance to see their optician for eye conditions, which they may previously have gone to hospital for. Dr S Reehana asked if there were any leaflets for GP practices. Ms Cook will look into this. Ms T Cresswell pointed out that it would be useful for this information to be shared with Health Watch. Mr Hastings agreed to have a meeting to discuss this service.

Ms Cresswell referred to the winter flu campaign with pregnant women being at particular risk. Maternity workers will address this with their patients who are at risk and this will also be promoted via Health Watch.

RESOLVED:

1. That Ms Cook to check if leaflets for the Minor Eye Conditions Service within GP practices has taken place.

2. That Mr Hastings to arrange a meeting with Health Watch to discuss the Minor Eye Conditions Services service.

Minutes of the Quality and Safety Committee

WCCG.1947 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1948 RESOLVED: That the minutes are noted..

Minutes of the Primary Care Commissioning Committee

WCCG.1949 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Strategy Committee

WCCG.1950 RESOLVED: That the minutes are noted.

Joint Negotiating and Consultation Committee

WCCG.1951 RESOLVED: That the minutes are noted.

Black Country and West Birmingham Commissioning Board minutes

WCCG.1952 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.1953 Ms Cresswell stated that the vacancy for Chair of Health Watch has been extended to the middle of November 2017 and requested this is shared with stakeholders.

Mr Oatridge confirmed this is his last meeting as interim chair of the Governing Body with effect from the 11 October 2017 and wished Dr Reehana all the best as Chair. He also thanked everybody for their support and help.

Mr Oatridge stated it is Dr Morgans' last meeting and thanked him for his contribution and valued experience and input into the CCG. Dr Hibbs also thanked Dr Morgans for his wonderful support to develop the CCG and driving the Commissioning Committee forward. She thanked Mr Oatridge

for being interim chair bringing his experience and leadership to the Governing Body.

RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.1954

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.1955 The Board noted that the next meeting was due to be held on **Tuesday 14 November 2017** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.10 pm

Chair.....

Date

