

**WOLVERHAMPTON CCG**  
**GOVERNING BODY**  
**14 NOVEMBER 2017**

**Agenda item 6**

<b>TITLE OF REPORT:</b>	Chief Officer Report
<b>AUTHOR(s) OF REPORT:</b>	Dr Helen Hibbs – Chief Officer
<b>MANAGEMENT LEAD:</b>	Dr Helen Hibbs – Chief Officer
<b>PURPOSE OF REPORT:</b>	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Steven Forsyth and Maxine Danks have been jointly appointed as Interim Nurse Directors for the CCG whilst we await the start of our new Executive Lead for Nursing and Quality.</li> </ul>
<b>RECOMMENDATION:</b>	That the Governing Body note the content of the report.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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 Estates**

- 2.1.1 NHS Property Services (NHSPS) Leases – A solution to the problem regarding practice property leases with NHS Property Services has now been found. In order to progress the schemes in Wolverhampton we will be approaching practices about engaging local solicitors to undertake the lease negotiation on their behalf so that we can accelerate the process for the capital works to be undertaken in Wolverhampton.

- 2.1.2 Estates and Technology Transformation Fund – A meeting was held in Wolverhampton to discuss the projects that are planned across the Black Country so that we can agree how spend or under-spend is managed across the CCGs. A plan was agreed which continues to support all of the projects proposed by the CCG and we await agreement from NHS England (NHSE) to continue to progress these plans.

- 2.1.3 Black Country Estates Team – There is now a signed agreement for a shared Estates team across Wolverhampton, Sandwell and Walsall CCGs. This will supplement technical advice and guidance to the existing Estates provision for the CCG, as well as adding greater resilience to the team.

### **2.2 Information Technology (IT)**

- 2.2.1 Local Digital Roadmap (LDR) – Work is progressing well and we are hopeful that our bids for Docman 10 and additional work on the Shared Care Record will be successful enabling us to progress further.

- 2.2.2 Fileshare, eMail, Agile Working – A bid has been submitted to support infrastructure across the Black Country Joint Commissioning Committee (JCC) CCGs enabling file sharing, a standard email platform and agile working. Following agreement at the JCC, once funding is hopefully allocated implementation will begin immediately.

- 2.2.3 Longitudinal Patient Record – The Graphnet Care Portal v03 has been successfully installed. This is a major step towards a shared care record between primary, secondary, social care and mental health in line with the CCGs IT Strategy. All of the organisations are supportive of the progress and we are ready to add Mental Health data to the existing primary and secondary care record.

### **2.3 Joint Commissioning**

- 2.3.1 The JCC took place on Thursday 19 October 2017 and the key discussion items were as follows:



- 2.3.2 Andy Williams updated us on the Black Country and West Birmingham Sustainability and Transformation Plan (STP). At the last meeting they had focussed on winter preparedness. The partnership valued the opportunity to talk through the readiness of the systems and how collectively we can work to improve some issues such as Delayed Transfers of Care between areas within our STP.
- 2.3.3 At the current time, the priority is for local area to develop its place based arrangements. Given the importance of local public accountability and partnerships with our local authorities, the Committee can see no basis for bringing together the four CCGs into a single CCG arrangement for the foreseeable future. Therefore we agreed that it is important that we develop our joint committee arrangements to accommodate collaboration where appropriate.
- 2.3.4 The Committee also discussed the clear distinction between the Sustainability and Transformation Partnership and the JCC and how the staff currently supporting each should not be privileged or disadvantaged by any future change.
- 2.3.5 Discussion took place around the need to explore further any opportunity for us to take a role in hosting specialised commissioning and this will be progressed over the next few months by the JCC. This is particularly important for areas where we can see that more work is required to ensure stability and secure services for local people.

## 2.4 Primary Care

- 2.4.1 The Primary Care Strategy Milestone Review Board met in October and reviewed progress that has been made by each of the Task and Finish Groups, there were a small number of exception reports comprising of revised timescales for achievement. The review board also received assurance from Royal Wolverhampton NHS Trust (RWT) on the Vertical Integration Model and performance against the General Practice Forward View (GPFV) Programme of Work also.
- 2.4.2 Meetings continue at STP level among Primary Care Leads focussing on the delivery of the GPFV, this includes development of a Primary Care Workforce Strategy and a range of training and development programmes for General Practice that have been launched in response to funding available at national and local level. Assurance is routinely provided within the STP Framework.
- 2.4.3 The Primary Care Team has recruited to all vacancies resulting in the substantive roles funded by the CCG for each practice group. Both Primary Care Homes and Medical Chambers practice groups have dedicated Group Managers working in close liaison with Group Leads to ensure the delivery of the Primary Care Strategy, GPFV and also strive to support the groups with maturing sufficiently to work in cohesion and provide services at scale.
- 2.4.4 Discussions among general practice groups and the CCG are due to enter the next phase on negotiations pertaining to the Accountable Care Alliance, all groups including Local Medical Committee have confirmed who their nominated representative(s) will be. Meetings are due to resume as of 14 November 2017 and will be held on a weekly basis through until the end of March 2018, stakeholders from across the city will be included in the discussions from



December onward. Governing Body will be kept apprised of the programme and progress being made.

## **2.5 Sustainability and Transformation Plan**

2.5.1 Work continues across the STP footprint to develop programmes of work which are best looked at with commissioners, providers and the Local Authority involved. Key areas being developed are an STP wide workforce plan, a single pathology hub, work around learning disabilities, work around mental health and collaboration around specific areas of service delivery.

## **2.6 Alliance Working**

2.6.1 The CCG and RWT executive management met with NHSE and NHS Improvement regarding the application for funding support for wave 2 vanguard status to underpin the development of the Wolverhampton Accountable Care Alliance. NHSE indicated that they would be supporting the application but it was made clear that an ambition regarding footprint size and scope has to be articulated as part of the submission.

2.6.2 Workshops commence with the GPs on the 14 November 2017 and are planned to run on a weekly basis to ensure alignment between GPs with regard to the development and implementation of the purpose, clinical strategy, governance and financial oversight of the Accountable Care Alliance.

2.6.3 Black Country Partnership Foundation Trust (who will become Birmingham Community Healthcare NHS Trust, although with an updated name to reflect the new geographical coverage) have also committed to be part of the Accountable Care Alliance. Similar discussions have been initiated with Wolverhampton City Council regarding their role in the governance and role in the Alliance.

## **2.7 Kings Fund Presentation**

2.7.1 A presentation to the Kings Fund was delivered in collaboration with David Loughton, Chief Executive of RWT, regarding joint work that we have done to date in the local area which has led to improved out of hospital services and a reduction in unnecessary emergency admissions.

## **2.8 Interim Nurse Director Appointment**

2.8.1 Steven Forsyth and Maxine Danks have been jointly appointed as Interim Nurse Directors for the CCG whilst we await the start of our new Executive Lead for Nursing and Quality.

## **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.

<b>Name</b>	<b>Dr Helen Hibbs</b>
<b>Job Title</b>	<b>Chief Officer</b>
<b>Date:</b>	<b>2 November 2017</b>



**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Dr Helen Hibbs</b>	<b>02/11/17</b>

