



Improving Health

and Wellbeing for Walsall

Walsall CCG Update
19 April 2018
Prof. Simon Brake - Chief Officer



Walsall Clinical Commissioning Group

What has gone well during 2017/18

- Removal of CCG's legal directions
- Delivering financial control total
- Development of the Walsall Together programme to establish our placed-based care model
- Establishment of the Black Country Joint Committee
- Stroke reconfiguration
- Sustaining delivery of the 62 day cancer and diagnostic targets
- No. of GP practices rated as good or outstanding rising from 63% in 2017 to 89% in 2018 and none rated inadequate
- Extended Primary Care access: used by nearly 5000 patients since opening on 23 Dec with slot utilisation regularly exceeding 95% on weekdays
- Improvement in CQC rating at WHT – Inadequate (2015) to Requires Improvement (2017) Community Services CQC rating (2017) – Outstanding
- Reduced avoidable harm (falls, pressure ulcers) through the Safer Provision and Caring Excellence (SPACE) QI Nursing Home Initiative
- Urgent Centre Provider – Primecare – rated as Good by CQC (2018)
- CCG leading Quality work stream across Black Country STP
- MSK triage initiative has reduced wait times to 2 weeks
- Black Country LMS review

Our Key priorities for 2018/19

1. Developing the Walsall Together programme into a full Integrated Care Partnership supported by a new contractual arrangement from April 2019
2. Supporting the evolution of the Black Country STP towards a Black Country Integrated Care System
 - Includes further enhancing the role of the JCC with a dedicated CCG led PMO
 - Includes refreshing clinical strategy with the clinical leadership group
3. Ensuring further quality and safety improvements across the system of care with a continued focus on; urgent and emergency care, TCP, mental health, maternity, cancer and those indicators identified as part of IAF where we require improvement
4. Maintaining financial stability (including delivery of QIPP)
5. Continuing organisational development of both the system and CCG leadership and capability to ensure ongoing resilience, effectiveness and responsiveness – managing the objectives listed above and any emergent national priorities

Securing a positive direction of travel for urgent care

- Our approach is two-fold: to work with WHT to address their performance issues (as described on previous slide) and to implement system changes that improve the overall performance and effectiveness of urgent care:
 - Reconfiguration of stroke services. This will redirect around 375 patients per annum to RWT for hyper acute stroke care. Full implementation commences on 11th April 2018.
 - Reconfiguration of Urgent Treatment services. We've completed public engagement on consolidating primary care-led urgent treatment to the WHT site; and have just received clinical senate support for this. Implementation of the changes will take place during 2018/19
 - Together with Walsall Council we have rationalised the model of intermediate care for hospital discharge down to a single team, developed as part of the Walsall Together programme and establishing a joint health & social care team with a single management structure between WHT and the local authority and DTOC remains below the 3.5% national target.
 - Greater use of ambulatory care pathways – a 119% increase April – December compared to the previous year
 - We used additional Winter funding to establish Primary Care Hubs for extended access which have been in place since 23rd December 2017
 - Joint working with Prime Care and WHT has resulted in an increase of diverts to the UTC to around 30% of all patients attending UC at WHT

Securing a positive direction of travel for elective care

- We implemented a range of demand management initiatives:
 - CCG-led peer review with highest referring practices; Implemented Clinical Peer Review initiative; Implemented MSK triage initiative
- Which has resulted in the following impact:
 - GP referrals down 9.8% YTD (Month 10); Reduction in demand following implementation of MSK triage has reduced waiting time for first consultant out-patient (except spinal) to 2 weeks and allowed consultant sessions to be switched from out-patient clinics to theatre sessions.
- During the year we have reduced the Overall List
 - Both at WHT and for all CCG Patients.
- Whilst the RTT position has not changed, we have held positive meetings with the Trust about RTT recovery:
 - To agree speciality-level demand and capacity plans to underpin to RTT/PTL trajectory.
 - To put in place a RTT recovery plan and trajectory by 31st May 2018
- Introduced Blueteq IT system at WHT to ensure compliance with POLCV policies, also robust Clinical Harm Process Prevention programme in place, chaired by WHT Medical Director, CCG Medical Director part of review group

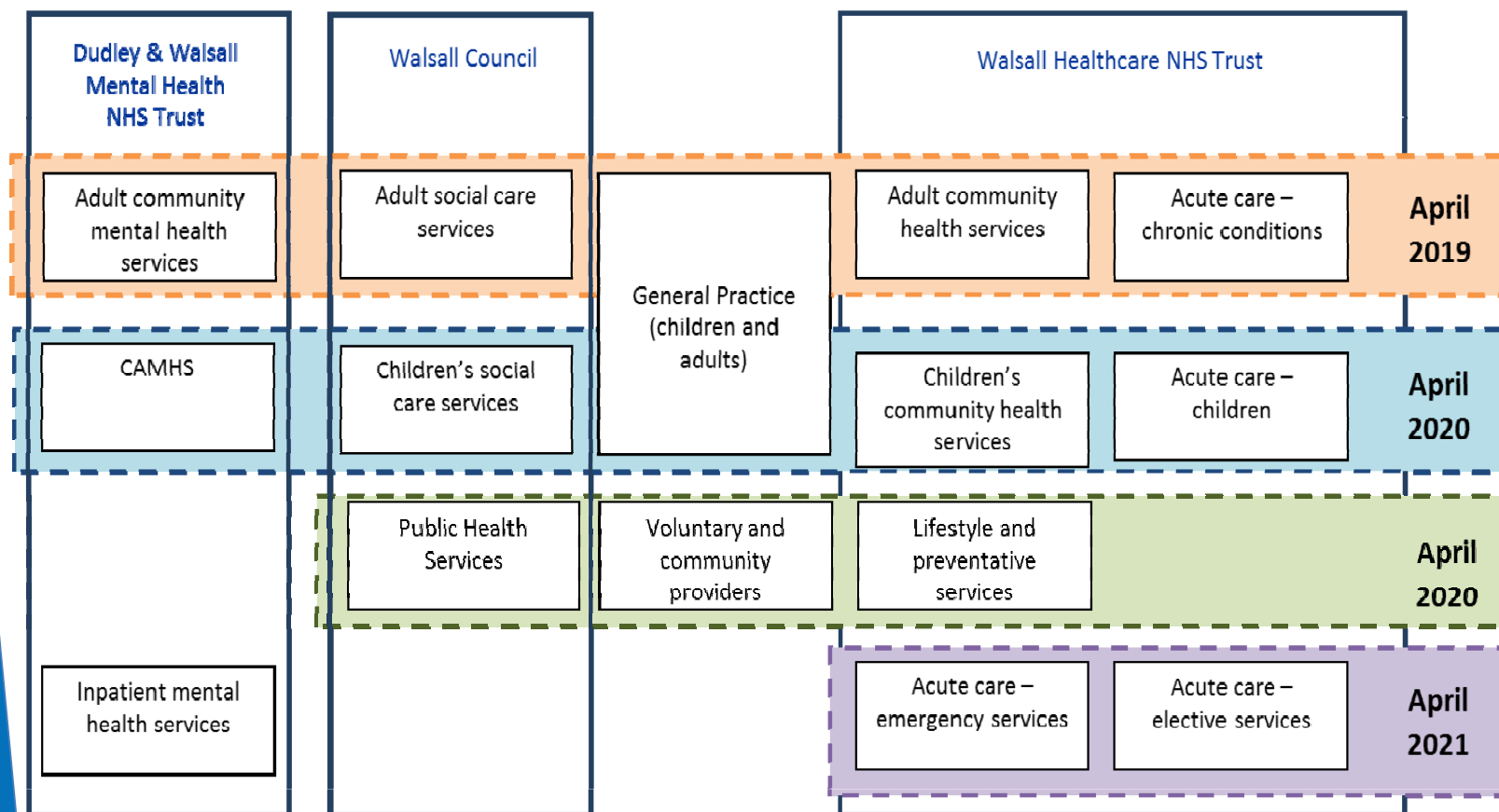
Achieving a positive direction of travel for maternity

- We are supporting the delivery of the improvement plan following the latest CQC inspection which is being overseen by the Maternity Taskforce Group – reported quarterly through to CQR
- The CCG Quality Team are supporting the introduction of training and competency packages
- Further improvements include:
 - Improved midwife to birth ratio approximately 1: 22.4
 - Decreased C-section rates
 - Increased compliance with safeguarding training
 - No of births consistently below capped levels
 - Improved leadership visibility and approachability in the trust
- We are liaising with colleagues across the Black Country on capacity issues across the wider system
- Separately to this we are supporting WHT to bring an independent external opinion to review the recent never event in Obstetrics

How we ensure relationships with local Providers are improving and the effectiveness is sustained.

- We have a positive working relationship with all providers
 - Demonstrated by signing contract variations for 18/19 on time
 - Includes formal and informal meetings at all levels
 - Demonstrated by the consistent and high levels of partner satisfaction and support across the statutory and non-statutory sector feedback from 360 survey
- The key mechanism for local collaboration is through Walsall Together
 - CCG instigated proposal for creating a provider alliance: plans in place for initial alliance for 18/19 with shadow commissioning arrangements to support this
 - We're restructuring our localities to align with above
 - High-level timetable for development of the alliance is attached in the following slide
- We continue to drive for improving the standards of delivery and performance with all of our providers and this is part of our core objectives as a CCG

Systematic Approach



Walsall Together

Joining up your health and social care

Domiciliary and residential care providers

Other Primary Care (pharmacy, opticians, dentists)



Improvement in leadership, capability and capacity in the CCG over the last 12 months.

- Special Measures lifted Sep 2017 in recognition of the progress made in financial management, governance and CCG leadership capability. NHSE acknowledged significant progress made in:
 - Appointment of interim Accountable Officer and Turnaround director
 - Submission and agreement of credible financial recovery plan
 - Completion of the governance review and agreed action plan
- The new CCG Governance arrangements have therefore been fully established for the whole year 2017/18
- We have updated the governing body membership during the year including:
 - A new Chief Officer from April 2017
 - A change in Chief Nurse in April 2018
 - A change in Audit and Governance lay member from Dec 2017
 - The appointment of a new additional lay member for PPI from Jan 2018
 - Changes to GP governing body members with a new Clinical Executive for Primary Care from April 2017 and a new West locality clinical lead from Jun 2017
- Our leadership arrangements were fully assured by NHSE and legal directions lifted Jan 18 following the permanent appointment of the Accountable Officer
- In addition we have continued with an updated organisational development plan following external review by the GGI which has included:
 - Full alignment of corporate objectives to executives and committees
 - Implementation of improved risk management processes
 - Ongoing development support to GB members with individual 360 degree feedback and personal development plans

How we plan to ensure a continued strong CCG commitment to the STP

- There are a wide range of initiatives that we are already collectively working on across the Black Country including:
 - TCP Board and work programme; integrating urgent and emergency care (WMAS and NHS 111); local maternity strategy; cancer; mental health; local digital roadmap; GPFYFV workforce planning; joint CCG policy development on decommissioning and POLCV
 - As part of this Walsall CCG officers have taken on a number of lead roles in these areas
- This process is supported by our Black Country Joint Commissioning Committee and our shared black country clinical leadership group
- We agree with the plan to appoint an independent STP chair, SRO and dedicated programme director. And we secure this arrangement with the JCC with delegated authority from the CCGs
- The chair of our CCG currently chairs the JCC and will therefore continue to play a key part in steering future developments
 - In particular we intend to establish a dedicated PMO to support the JCC and new STP programme director

