

WOLVERHAMPTON CCG

Governing Body
12th December 2017

Agenda item 8

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| TITLE OF REPORT: | Commissioning Committee – Reporting Period November 2017 |
| AUTHOR(s) OF REPORT: | Dr Manjit Kainth |
| MANAGEMENT LEAD: | Mr Steven Marshall |
| PURPOSE OF REPORT: | To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in November 2017. |
| ACTION REQUIRED: | <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance |
| PUBLIC OR PRIVATE: | This Report is intended for the public domain. |
| KEY POINTS: | This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body. |
| RECOMMENDATION: | That the report is noted. |
| LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES: | [Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information] |
| 1. Improving the quality and safety of the services we commission | |
| 2. Reducing Health Inequalities in Wolverhampton | |
| 3. System effectiveness delivered within our financial envelope | |



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of November 2017.

2. MAIN BODY OF REPORT

2.1. Contracting Update

Royal Wolverhampton NHS Trust

Sepsis Counting and Coding Change - The Committee was advised last month that a national counting and coding change has been implemented regarding sepsis.

A lengthy discussion took place about this issue at the October CRM, during which different views were expressed about cost neutrality. The Trust's view is if they lose income then that is not cost neutral. The CCG view is that it should operate like any other counting and coding, whereby a shadow year applies and that any financial increase resulting from the change will need to be reimbursed.

An analysis of the impact has now been completed by the CSU and this will be shared with the Trust as part of a formal challenge.

Cancer Activity Transfer: The Trust has confirmed there is going to be a 70/30 split of the Oncology and Gynaecology Oncology work from City/ Sandwell Hospital. The City work (70%) will go to University Hospital of Birmingham (UHB) and Birmingham Women's Hospital (BWH) with the Sandwell work (30%) coming to the Royal Wolverhampton Hospital. The existing Service Level Agreement (SLA) will cease from 22nd October 2017.

The Trust is anticipating that this will adversely impact on the Cancer 62 day standard. However, the full impact on performance cannot be predicted at present as potential numbers to RWT from Sandwell, via patient choice, is currently not clear.

Overall there is a risk that constitutional standards could and will be affected by this additional activity and therefore it has been recorded as a risk at Trust Board by the CCG Director of Operations.

Black Country Partnership Foundation Trust (BCPFT)

Data Quality Improvement Plan (DQIP): The DQIP has been agreed and a contract variation sent to the Trust. Meetings are being held monthly to work through the actions jointly, with the ultimate aim of improving data quality.



A number of CAMHS indicators that are being monitored by NHSE are not on the monthly performance report or in the DQIP. Work needs to be done with commissioners and provider to agree these indicators and capture the data.

CAMHS (LAC) a report provided in November for 2017-18 suggested that LAC waiting times reached up to 80 weeks in October 2016 and the average waiting time was 41 weeks. However, Sarah Smith informed the Committee that waiting times have improved and this information is not accurate. Vic Middlemiss responded that the data inaccuracy is being addressed and clarity will be provided in the report submitted to the Committee in January 2018.

Learning Disability (LD) Psychiatrists – Letter of Concern: The CCG had raised an issue with the Trust back in July, expressing concern that community based psychiatrists were being used as receiving consultants for patients in Assessment and Treatment beds.

The CCG has since received confirmation that this practice has changed and that the LD consultants, whilst having some presence in the inpatient unit, are no longer being used as receiving consultants.

Nuffield

At the Contract Review Meeting in October, the CCG proposed re-basing the Nuffield plan so that it is set at a more realistic level for the rest of this year and next year. Following discussion it was agreed that the CCG will complete a proposal using months' 1-5 data.

Primary Care Contract Issues

MGS Practice: Contract Breach Notice – It was confirmed that the Practice remains closed.

Action – The Committee request that Governing Body note the above.

2.2 **Community Falls Service Specification**

The Committee was presented with the draft Community Falls Prevention Service Specification, based on a tiered model of care, with a focus on prevention, proactive multi-factorial assessment and case management.

The Committee approved the Service Specification and it was agreed that if the service is not re-developed by 1st April 2018, a re-procurement exercise would take place.

Action – The Committee request that Governing Body note the above.



2.3 CAMHS Transformation Refresh 2017-2020

The Committee approved the CAMHS Transformation Refresh 2017-2020.

Action – The Committee request that Governing Body note the above.

3. RECOMMENDATIONS

- Receive and discuss the report.
- Note the action being taken.

Name: Dr Manjit Kainth
Job Title: Lead for Commissioning & Contracting
Date: 28th November 2017

