

WOLVERHAMPTON CCG

Governing Body
13th February 2018

Agenda item 10

TITLE OF REPORT:	Commissioning Committee – Reporting Period January 2018
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 January 2018.
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 January 2018.

2. MAIN BODY OF REPORT

2.1 Social Prescribing Service Commissioning Intentions

The Committee was presented with a proposal to continue the Social Prescribing Service for a further 12 months, from April 2018 to March 2019.

The Social Prescribing Pilot, currently in place, was implemented to improve:

- The quality of life of patients through education and low level support
- Patient satisfaction and experience
- The emotional health and wellbeing of patients
- Isolation
- Promote personalisation, self-care and independence
- Working relationships with other agencies in order to maximise the options available to patients
- Unnecessary hospital admissions and A&E attendances
- Demand on Primary Care by increasing patient's independence and wellbeing.

An extension of the contract would allow a more meaningful evaluation to take place.

The Committee approved the recommendation to continue the Social Prescribing Service for a further 12 months, from April 2018 to March 2019.

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

2.2 Commissioning Committee Risk Profile

Corporate Organisational Risks:

CR14 – has reduced from Extreme to High

Committee Level Risks:



CC04 Very High – The rating has increased from High. However, there is an expectation that the risk should reduce once the Local Authority have confirmed the Community Equipment service will continue to be delivered.

CC08 Very High – A new risk has been added to the Committee’s Risk Profile, regarding RITs Capacity, as a result of Winter pressures.

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

2.3 Contracting Update Report

Royal Wolverhampton NHS Trust

Main Issues with Activity:

- The overall acute activity position, across all commissioners, is over-performing by £921k which is a significant rise from the reported position of £56k in Month 5.
- Staffordshire CCGs (combined) are over performing by £855k. Outpatient activity is the largest contributor to this
- Non Elective Activity is the largest over performing Point of Delivery
- Cardiology is the largest over performing speciality
- Obstetrics and Urology are both above plan
- A&E has over performed at Month 7 by £543k, equal to 2,081 activities
- The CCG is forecasting an outturn of £1.75m and although the report states that RWT is forecasting a £3.093m year-end over-performance, it was confirmed that their position is now more closely aligned to the £1.75m

Contract Performance:

- RTT Incomplete – There has been a small improvement in performance and the Trust continue to focus on reducing the backlog.
- Diagnostics – Performance has deteriorated in November and the Trust is developing a Business Case for an extra £70k, to increase capacity, which will support the Cancer 62 day target.
- A&E (4 hour target) – The Trust has achieved above 90% throughout the financial year. However, performance for November 2017 dropped to 87.43%. The drop in performance relates to the increased number of A&E attendances in November, 319 more than November 2016.



- Cancer 62 Day Target – RWT predicted, correctly, non-achievement in 31 Day Sub Surgery, 62 Day Screening and 62 Day Wait for First Treatment for November 2017. Mitigating actions are in place and weekly escalation meetings continue.

Performance Sanctions:

- Month 5 (August) - £22, 350
- Month 6 (September) - £26, 000
- Month 7 (October) - £29, 677

Vocare Improvement Board – A summary from the meeting on 15th January 2018 was circulated and it was confirmed that improvements are being evidenced. Clinical Governance is in place and triaging is being undertaken in a more collaborative and constructive way.

Sepsis Counting and Coding Charge:

- An analysis of the impact has been completed by the CSU and this has been shared with the Trust as part of a formal challenge.
- A response has been sent back stating that the Trust disagrees with the CSU methodology, but they have not provided their own methodology.
- It is understood that NHS Improvement is due to issue guidance to providers on this issue.
- There is an outstanding letter from the CCG to the Trust. If guidance is not received by the end of January, this letter will be sent.

Black Country Partnership Foundation Trust (BCPFT)

Fines / Sanctions:

- A sanction has been issued of £250 for a late STEIS report in November.

Service Development Improvement Plan (SDIP):

- The SDIP requires review for 2018/19

Data Quality Improvement Plan (DQIP):

- Significant improvement is being made with e-discharge and rolling this out Trust wide.
- Issues still exist in relation to IAPT data

Finance – Over Performance:



- An over performance issue exists with regards to Adults / Older Adults inpatient beds
- The Trust has requested additional non-recurrent funding available to elevate the financial pressure on the Trust. However, it was noted that the CCG is not in a position to meet this request.

WMAS Non-Emergency Patient Transport (NEPT)

Following concerns raised about operational pressures, in December, Dr Helen Hibbs met with Mark Docherty at WMAS.

The outcome of the meeting was that a review of the current contract, concerns, KPI's / reporting should take place to ensure there is a focus on improving the quality of service provided for the patients that use NEPTs.

It was noted that the provider has indicated that they may want to terminate the contract early because of the pressures and financial loss experienced.

A meeting is due to take place on 26th January 2018, where the provider will be given the option to put a remedial action plan in place.

The Commissioning Committee Risk Profile will be updated to incorporate the risks associated with this contract.

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

2.4 Procurement Update Report

The Community Eye Service: This service is a repeat of the Any Qualified Provider (AQP) procurement which was conducted in 2014. The schemes, included within the contract, have been reviewed by the CCG to ensure specifications reflect national guidelines. The contract was awarded to the Heart of West Midlands Primary Eyecare Ltd, which is the same provider that held the contract previously.

Thrive in Work – Individual Placement and Support Service: A procurement process was undertaken, led by Arden and GEM Commissioning Support Unit to select appropriate specialist providers. The contract was awarded to 3 providers across 4 lots. As the programme grant is provided by NHS England, the programme was required to identify a host CCG to receive the grant and provide a conduit of services



in order to run it. Wolverhampton CCG was selected as the host by West Midlands Combined Authority (WMCA).

Pipeline Projects: A number of projects are currently being scoped and are therefore potential procurements for 2018/19.

CSU Procurement Highlight Report: 3.25 units have been used YTD, which leaves 2.25 surplus. The surplus can be carried over into 2018/19.

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: 29th January 2018

