

WOLVERHAMPTON CCG

Governing Body
8th May 2018

Agenda item 12

TITLE OF REPORT:	Commissioning Committee Summary Report
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 April 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 April 2018.

2. MAIN BODY OF REPORT

2.1 Risks

Corporate level risks – there were no issues to bring to the Committee’s attention.

Committee level risks:

CC08 RITS Capacity - The Committee approved a recommendation to close this risk.

Action - That Governing Body notes the update provided.

2.2 Community Falls Service Redesign

The Committee was provided with an assurance report and an update regarding the redesign of the Community Falls Prevention Service.

No issues were identified.

Action - That Governing Body notes the above.

2.3 Nigh Repositioning Service Pilot

The Committee was presented with a business case for the commissioning of a 6 month pilot of a service to provide night-time interventions for patients living at home affected by pressure injuries.

The Committee approved the business case and requested that the pilot should be for a period of 12 months to allow a more robust evaluation process.

Action - That Governing Body notes the decision made by the Committee.



2.4 Contracting Update

Royal Wolverhampton NHS Trust

Contract Performance (activity and finance)

Month 10 finance and activity data was presented at the March 18 Contract Review Meeting (CRM).

The main issues with RWT activity discussed at the CRM were as follows:

Over-performance – the contract is over performing by £2.1m at Month 10; this is a significant movement from Month 9 which was £674k over for all commissioners.

The Wolverhampton CCG element of the Month 10 over-performance equates to £1.17m.

Contract Performance (key performance indicators/quality)

Referral to Treatment – For February 18 this was reported at 90.38% which is below the agreed trajectory (91.81%). The Trust has failed to meet the operational standard relating to the percentage of service users on an incomplete RTT pathway waiting no more than 18 weeks from referral since April 2016. Discussions are being undertaken with clinical staff to increase capacity and reduce backlog to support the achievement of the recovery trajectory

Cancer 62 Days - Cancer 62 days has not achieved throughout the financial year and is presently being reported at 64.12% in February 18 which is the lowest it has been in all the financial year. Further details regarding this are referenced in the Performance report.

Ambulance Handovers – The Trust reported an unprecedented increase in delayed Ambulance handovers during January 18 (199 reported 15 minutes delays in January 18; the highest of the contract year). The February 18 position remains in contractual breach, but is an improvement from the previous month i.e. 102 reported 15 minute delays.

Performance Sanctions

Sanctions have been agreed for Month 10 (January 18) at £113,800, this was predominately due to Ambulance Handovers (as above).

Black Country Partnership Foundation Trust (BCPFT)

Service Development Improvement Plan (SDIP)

The STP is working on reviewing specifications and some (particularly CAMHS specs) are in the final review stage. There is a timetable for review as part of this work and it was agreed to align local SDIP meetings with the STP timetable.

Sandwell and West Birmingham (SWB) CCG have shared a plan for reviewing the mental health specs in line with the STP but more locally for both CCGs. This has been shared with



all commissioners from both CCGs to update on their current status with specific specifications. Once this has been reviewed a further meeting will be required to discuss the further development of those specs that remain out of date.

Data Quality Improvement Plan (DQIP)

Work with the DQIP is progressing well and the CCG have been informed (verbally) that the Trust have achieved 16.8% of their IAPT access rate target (against a target of 16.5%) This is a massive achievement as the Trust has attended a number of community events over the past few weeks to approach as many people as possible. This has required extra hours to be put in from staff during evenings and weekends and the service has worked hard to achieve this at the last minute. Formal figures will be available on the 15th working day of this month (23rd April 2018).

The Trust has agreed to implement advice and guidance for GPs and clinicians and has opened dialogue with primary care regarding this and e-referrals. SWBCCG have advised that they have additional investment that they would like to give to BCPFT to fund DOCMAN for all CCGs across the STP. The Trust has welcomed this and will work with SWBCCG to implement this by October 2018. WCCG has also welcomed this as the system can be used for e-referrals, e-discharge and sharing documents, for example clinical letters.

Contract Performance Notice - Infection Prevention Training

There is a joint Remedial Action Plan for Infection Prevention training. The indicator has failed for Q3. Performance for January was 87% against a target of 85% and 90% in February. We have received verbal assurance that March is also above target, therefore the Trust should achieve Q4 target.

Finance - Over performance (inpatients)

There is an over performance issue on Adults/ Older Adults inpatient beds. A number of meetings have been held to reach an agreement that is cost effective for both organisations but the issue is still outstanding. The Trust put forward a proposal that included a tolerance, cap and marginal rate. The CCG has agreed to apply a 2% tolerance and 5% cap with any under/ over-performance to be processed at a marginal rate of 60% to the Acute inpatient and Older adult inpatients. The maximum exposure for both organisations under this arrangement would be £143k.

The CCG has sent a counter offer to BCPFT to include beds at the MacArthur Unit and agreed to apply the above principles to the MacArthur Ward with the caveat that we remove one bed from the plan. This is on the basis that we have not fully utilised the beds on this ward and therefore wish to commission based on current activity. BCPFT are yet to respond to this and a further meeting has been scheduled.

Nuffield

2018/19 Contract changes

Focus continues to be on agreeing the 2018/19 contract. The draft contract has been shared with the Provider and the CCG is currently awaiting comment/agreement. The main basis of



the CCG's offer is a rebased activity plan which reflects 17/18 outturn (increased plan value is £3.277m). This year's contract massively over-performed and a more accurate plan will therefore enable more robust activity monitoring.

Urgent Care/ Ambulance/ Patient Transport

Urgent Care Centre

The Provider has been given a revised two month timeframe which ceases in April 18 by which certain improvements are expected. As part of the two month improvement plan weekly updates are provided by Vocare. This covers areas such as:

- Relocation of Home visit despatchers
- Home visit breach audit
- Review of Demand Capacity

A meeting has taken place between RWT, Vocare and CCG representatives to discuss how more patients can be triaged from ED to the UCC. Subsequent to this a further process mapping meeting has been arranged with all stakeholder to commence a pathway review.

WMAS Emergency & Urgent Ambulance Service

At the Commissioners Meeting held on 1st March 2018, it was noted that performance has been maintained despite the contract being 11% over plan. Performance for category 2 is exceptional and categories 3 and 4 are also being achieved well within the required response standards.

It was further noted that the Ambulance Improvement Group are conducting a national Spring review into ARP and this will be fed back into the Commissioners Meeting in order to gauge a national viewpoint as well as a local one.

For Wolverhampton CCG, month 11 YTD over performance is £325,000.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

In December 2017 West Midlands Ambulance Service raised concern regarding the contract and performance management process with Wolverhampton and Dudley CCGs for the Non-Emergency Patient Transport Service. In response to this, the CCGs welcomed a proposal by WMAS, received in February 2018, suggesting a number of changes; financial payment process (no funding change), data processing, quality reporting, contract review meeting terms of reference, exception reporting and key performance indicators. Both Dudley and Wolverhampton CCG teams considered the proposals in detail and were in the main supportive.

Further correspondence and discussion has since taken place including a letter from the CCG to WMAS acknowledging their latest letter and outlining agreed items to be provided, closure of the Information Breach Notice, and the CCG's intention to draft a Contract Variation Agreement to reflect the changes that have been agreed.



Other Contracts

Staffordshire and Stoke on Trent Partnership Trust (SSoTP)

There is still significant over performance with the SSoTP contract in particular within the district nursing service. This has been raised with the provider at their CQRM in March and the CCG are awaiting a response from the host CCG as the provider requested time to investigate.

Accord Housing Association – Victoria Court

Contractual and financial terms have been agreed between the CCG and Accord for a new contract arrangement for Victoria Court. This agreement centres on 8 inpatient beds for specialist rehabilitation and 3 beds for step down (following admission in Penn Hospital). The Local Authority has agreed to pay an increased top up amount for the 8 beds, based on actual usage, whilst the step down beds are fully funded by the CCG. A contract has been drafted and we are on track to have this finalised by the end of March.

In parallel with this, Accord has put forward a proposal to the CCG for void losses incurred during the 2017/18 year; the claim is for circa £95k. The CCG has agreed to pay £75,000 of these void losses as Victoria Court confirmed that in order to provide a 24 hour service they must remain fully staffed regardless of the number of patients that they have in the unit.

Their current staff mix includes a manager and deputy and 4 nurses, 3 of which are backfilled by agency staff. There is only 1 current vacancy for support staff.

Accord also requested for the CCG to cover all redundancy costs should they not be awarded the contract beyond March 2019. The CCG has agreed to cover only statutory redundancy costs under this scenario, however if Accord advise that they will no longer offer the service and wish to terminate the contract the CCG will not be liable for any redundancy costs. Accord is yet to respond to this proposal.

Cygnnet Health Care

It has recently come to light that BCC CCG does not have any agreement in place for us to be associates to their contract and we have not been included on any of their contracts in previous years.

The approximate spend with Cygnnet is £2 million and arrangements from 1st April 2018 will need to be discussed and considered as we do not have any contractual agreements in place currently. A meeting has been arranged with the provider to discuss and agree next steps. This is anticipated to take place before the end of April.

Action - That Governing Body notes the decision made by the Committee.



3. RECOMMENDATIONS

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

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Date: 27th April 2018

