

ANNUAL REPORT

Commissioning Committee

2017/2018



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1. Introduction

- 1.1 This report sets out the work undertaken by the Commissioning Committee during the 2017/18 financial year. It has been prepared to provide assurance to the Governing Body that the Committee is meeting the duties assigned to it and performing effectively.
- 1.2 The Committee has been established by the CCG's Governing Body to support the Governing Body, the Director of Strategy and Transformation and Executive Nurse in meeting the group's responsibilities as a commissioner of healthcare, specifically:
- acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to the NHS England Commissioning Board, for which the Committee has developed a Commissioning Policy;
 - securing continuous improvement in the quality of services;
 - co-ordinating the work of the group as appropriate with NHS England, other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans.
- 1.3 The evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.
- 1.4 The committee's membership requirements are set out in its Terms of Reference, stating that the Committee must be chaired by an elected GP member of the Governing Body, must include the Chief Finance Officer and can include other members of the Governing Body and employees of the group (including a commissioner). The members of the Committee during the year have been:-
- Dr Julian Morgans (until October) - Elected Member of the Governing Body (Chair)
 - Dr Manjit Kainth (from November) - Elected Member of the Governing Body (Chair)
 - Dr Rashi Gulati (from November) - Elected Member of the Governing Body
 - Manjeet Garcha (until September) - Executive Nurse
 - Sally Roberts (from February) - Executive Nurse
 - Juliet Grainger - Local Authority
 - Paul Smith (until June) - Local Authority
 - Sarah Smith (from July) - Local Authority
 - Steven Marshall - Director of Strategy and Transformation
 - Cyril Randles - Patient Representative
 - Malcolm Reynolds - Patient Representative
 - Claire Skidmore (until May) - Chief Finance and Operating Officer
 - Tony Gallagher (from June) - Chief Finance Officer
 - Vic Middlemiss - Head of Contracting & Procurement
- 1.5 A number of longstanding members of the committee have left during the year. Claire Skidmore, Chief Finance and Operating Officer left the CCG in June 2017 to take up the role of Chief Finance Officer at Shropshire CCG and Manjeet Garcha, Executive Nurse retired from her role in October 2017. Most significantly, Dr Julian Morgans, who has chaired the Committee since 2015, stood down from the

Governing Body in October 2017. Dr Morgans has made a valuable contribution to the work of the CCG during his tenure on the Governing Body, acting as clinical lead for Urgent Care as well as his role as Chair of Commissioning Committee. The Committee wished him well in his future endeavours as well as welcoming Dr Manjit Kainth as his successor in November.

1.6 The Committee met on the following occasions during the financial year:

- 27 April 2017
- 25 May 2017
- 22 June 2017
- 27 July 2017
- 24 August 2017
- 28 September 2017
- 26 October 2017
- 23 November 2017
- 25 January 2018
- 22 February 2018
- 29 March 2018

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

2.1 As highlighted above, the Committee is appointed by and is accountable to the Governing Body. The details of this are set out in the group's Constitution at Paragraph 6.9.5 e) which include the key duties outlined above. In order to fulfil this role, the detailed Terms of Reference for the Committee appended to the constitution include a number of specific responsibilities that guide the Committee's work. These are listed in full in Appendix 2, but can be summarised into the following broad themes:-

- Developing and reviewing commissioning strategies and policies
- Contracting
- Service Specifications and Procurement
- Service Review

2.2 Section 3 of this report details the committee's work during the year against these four themes. As in previous years, this evidence is being used to conduct an assessment of how effectively the committee has met its duties during 2017/18.

3. Work undertaken

3.1 This section sets out a summary of the Committee's work at meetings. Due to the nature of the Committee's work, a number of items have been considered at multiple meetings so, this section describes these on an issue by issue basis rather than providing a chronological account of the Committee meetings.

Developing and Reviewing Commissioning Strategies and Policies

3.2 In previous years, this has formed a significant element of the Committee's work as the CCG, as a relatively new organisation, established approaches to commissioning in key areas. Work has been undertaken on the development of commissioning intentions, which set out the CCG's key priorities in each area and the approach to commissioning services to address them.

- 3.3 With changes in NHS Planning Guidance, and the establishment of two year contracts with providers based on the Commissioning intentions developed in 2016, the committee has not needed to undertake similarly detailed work on commissioning intentions during 2017/18. The committee has maintained an overview of the changes in contracts with providers based on refreshed national planning guidance throughout the contracting round.
- 3.4 The CCG is working closely with GPs and providers across Wolverhampton to develop a much more integrated health and social care system, which will have a significant impact on commissioning strategies and the way in which the CCG manages its contractual relationship with providers. In addition, plans for closer collaboration with the other CCGs in the Black Country on strategic commissioning continue to progress and will have a consequent impact on the CCG's own commissioning approaches. These issues are likely to impact significantly on the committee in upcoming years.
- 3.5 Specific work undertaken by the committee in this area during the year has focussed on understanding the impact of existing plans and strategies. This has included the strategy for Child and Adolescent Mental Health Services (CAMHS) that the committee was involved in reviewing in 2016/17 and an overview of the CCG's approach to managing projects.
- 3.6 Following a piece of work to review the process by which the CCG provided grants to third sector bodies, the Committee supported an approach to develop a process to evaluate proposals from the third sector. This process aimed to provide a degree of proportionality and the committee supported the outcome of the process in July, which resulted in a number of grants being made to health related third sector organisations. The committee also received an update on proposals to develop a new approach to commissioning for Local Authority Public Health services.

Contracting

- 3.7 The committee has continued its work in this area by receiving assurance at each meeting on the CCG's management of its contracts in the form of an update report. These reports from the Head of Contracting and Procurement provide details of contractual performance and actions taken in response through Contract Management meetings and the use of contractual sanctions. The reports focus on the CCG's main providers Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust (BCPFT) but also provide details of any significant issues with the CCG's other providers by exception.
- 3.8 At RWT, the committee has noted that the most significant performance issues have included A&E waiting times and 62-day cancer waits as well as areas of overperformance in elements of activity. The reports have detailed actions taken through the CCG's contract review meetings as well as the use of contractual sanctions, including how these sanctions have been reinvested into service delivery to support performance improvements. The committee has also been updated on changes to reporting processes to improve data quality that supports contract review. This included a specific piece of work around the coding of Sepsis, which followed a national change of guidance and details of the impact of transfers in activity from Walsall Manor.
- 3.9 Issues relating to BCPFT have included updates on work between the Trust and RWT to support patients with mental health problems attending A&E. The committee

have also been updated on joint work to improve data quality and progress with developing a contract variation for 2018/19.

- 3.10 Other contractual matters brought to the committee's attention have included performance concerns in relation to Non-Emergency Patient Transport services, queries about thresholds for elective activity at the Nuffield and details of activity from the CCG's new Musculoskeletal Services provider. Most significantly, the committee have been kept apprised of the contractual situation at the Vocare Urgent Care Centre following quality concerns, including a negative CQC rating. The updates to the Committee have included the work to establish an improvement board to support Vocare to address issues and details of the assurance provided to the Governing Body.

Service Specifications and Procurement

- 3.11 As in previous years, this has been a significant element of the committee's work, with a number of specifications being considered at different points throughout the year before moving towards a procurement. This has included changes to existing services, such as the community falls service which was considered in April and November and services for patients with Sickle Cell and Thalassaemia. Later in the year, the committee has also reviewed specifications associated with medicines management and high risk drugs. The committee has commented on the specifications as well as endorsing approaches to moving towards procurement.
- 3.12 The Committee has also considered a number of specifications for new services, including a number designed to support the CCG's strategy to move care closer to home through greater delivery in primary care. New services supported in Primary Care have included an online resource to support self-care called Sound Doctor that enables patients to access videos and other information about specific conditions. The committee has also approved a specification and the procurement approach for a service providing counselling services in primary care. The aim of this approach is to enable patients to access appropriate interventions at an earlier stage to reduce the need to rely on more acute services in the future. The committee has also endorsed approaches to commissioning additional services for Children and Young people, particularly in relation to emotional health and wellbeing support to address gaps in current provision in line with the CAMHS strategy.
- 3.13 A number of business cases for service specifications have been considered throughout the year. This has included changes in the use of a number of drugs and procedures based on guidance from the National Institute for Health and Care Excellence, which the committee has supported. The committee also considered a specific business case associated with Atrial Fibrillation and establishing a community based service however, following detailed consideration, the committee did not feel that the evidence in support of this service was sufficient to support it.
- 3.14 In conjunction with work on developing Service Specifications, the committee's work in this area includes overseeing procurement work and making recommendations to the Governing Body. The Head of Contracting and Procurement has provided an update on these issues on a quarterly basis. This has included details of procurement work for Eye Care services and work the CCG had undertaken on behalf of the West Midlands Combined Authority to commission a nationally developed pilot research project supporting people with specific health conditions into employment. The CCG was acting as a 'host' organisation for this project and acting as the contracting body as a result. The committee was also kept informed of work to change the contractual arrangements for a jointly commissioned nursing

home service with the local authority. The committee also agreed to support the extension a number of contracts where there were legitimate and extenuating circumstances to do so.

Service Review

- 3.15 The committee's work on service specification and procurement has, in many cases been informed by detailed work to review services to identify gaps and potential improvements. Specific examples of this have included the work on services for patients with Sickle Cell and Thalassemia and a specialist nursing home jointly commissioned with the local authority.
- 3.16 Following work conducted last year, the committee has also reviewed the impact of a number of new services introduced. This has included the use of Step Up beds managed by the Rapid Intervention Team to support patients who are at risk of admission to hospital in the community. This service has received excellent feedback from GPs and demonstrated significant impact in avoiding admissions and the committee supported its continuation. The community also reviewed the work of the Primary Care In reach team that worked in Care Homes to provide additional support to patients to preventatively avoid admissions. Following a detailed debate on the impact of these services, the committee agreed to extend this team to work across 20 care homes with significant numbers of emergency admissions.
- 3.17 In line with the CCG's strategy, the committee has also reviewed services in primary care, including a pilot project to provide social prescribing services. This project, commissioned with the voluntary sector, aimed to improve patient's health and wellbeing by reducing isolation and promoting independence. The committee recognised that positive feedback had been received but that further evidence was required for a comprehensive evaluation and supported an extension of the pilot project for this purpose.
- 3.18 Individual pieces of work conducted in response to feedback from committee members or as a result of issues raised by the committee's other reporting have included feedback on dermatology and Musculoskeletal services. Due to the nature of this work, some of the committee's work on service review has been conducted in private session.

Risk Management

- 3.19 In common with the CCG's other committees, the committee has taken on a broader role in the CCG's risk management arrangements. The committee reviews risks that have been assigned to it on a monthly basis, assessing whether the identified levels of risk and actions taken to address them are appropriate. The committee have also escalated risks to the Governing Body where they feel this is appropriate to do so.

4. Conclusions

- 4.1 The committee believes that the evidence presented above demonstrates both the breadth of its work and that it has continued to work effectively to meet its terms of reference. The committee has had a busy and productive year and is continuing to provide vital support to the CCG in ensuring it is able to meet its statutory duty to commission a comprehensive health service for the patients in Wolverhampton.
- 4.2 The committee recognises that closer working both with providers and other CCGs will see changes in the way in which the CCG will commission services in the future. This will include moving towards approaches based on commissioning for outcomes and new ways of contracting. The committee looks forward to continuing to provide

support to the CCG to deliver its responsibilities as work to develop these approaches continues.

Appendix 1 – Attendance at Meetings

Appendix 2 – Commissioning Committee Duties (Extract from TOR)

The CC is accountable to the governing body and its remit is to provide the governing body, Director of Strategy and Solutions and Executive Nurse, amongst others, with support in meeting the duties and responsibilities of the group as a commissioner of healthcare services, specifically:

- acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to NHS England , for which the CC has developed a Commissioning Policy;
- securing continuous improvement in the quality of services;
- co-ordinating the work of the group as appropriate with NHS England , other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans..

It delivers these duties by developing and delivering annual work programmes giving appropriate focus to the following:

- develop the commissioning strategy, commissioning plans and annual commissioning intentions, anticipating and adapting as required for national and international policy, the group's safeguarding and other statutory responsibilities, local and national requirements and patient expectations;
- oversee the annual contracting processes and any other programmes of healthcare service procurement;
- review of commissioning policies;
- develop service specifications for the commissioning of healthcare services;
- consider service and system reviews and develop appropriate strategies across the health and social care economy to address any identified issues;
- review progress against commissioning strategies and plans to ensure achievement of objectives within agreed timescales;
- make recommendations as necessary to the governing body on the remedial actions to be taken with regard to key risks and issues associated with the commissioning portfolio.