

**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 31st May 2018
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	No

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	Yes
Sally Roberts	Chief Nurse & Director of Quality	Yes
Sarah Smith	Head of Commissioning - WCC	No

In Attendance ~

Helen Pidoux	Administrative Team Manager	Yes
Vic Middlemiss	Head of Contracting & Procurement	Yes
Karen Evans	Solutions and Development Manager	Yes (Part)
Mags Court	Children's Commissioning Manager	Yes (Part)
Clare Barratt	Solutions and Development Manager	Yes (Part)

Apologies for absence

Apologies were submitted on behalf of Dr Gulati, Peter McKenzie and Phil Strickland

Declarations of Interest

CCM693 None.

RESOLVED: That the above is noted.

Minutes

CCM6894 The minutes of the last Committee meeting, which took place on 26th April 2018 were agreed as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM695 None to review

RESOLVED: That the above is noted.

Committee Action Points

CCM696 None to review.

RESOLVED: That the above is noted.

Sickle Cell & Thalassaemia Support Project

CCM697 The Committee was presented with the final specification for the revised service and the Key Performance Indicators (KPIs) and Information Requirements further developed following recommendations made by the Committee in January.

It was highlighted that the proposed provider had agreed to provide the services as specified and agreed the KPIs and information required as part of the contract. Clarification was given that there are several pathways into the service and that the KPIs and information collected will help to gather information relating to the number of patients accessing the service.

Confirmation was given that there is not a fundamental change to how the service is delivered, however, there would be more robust monitoring and performance measures. Performance would be reviewed in 12 months' time.

It was queried if there were a manageable amount of indicators for the value of the contract. It was felt that it was appropriate to the volume of the contract.

RESOLUTION: The Committee agreed to extend the current contract based on the revised specification from 1st July 2018 to 31st March 2020

Anti-Coag Specification

CCM698 The Committee was informed that the specification was developed in partnership with the Group Manager and Clinical Manager at RWT, the current provider. A service specification had never been agreed and, therefore, was not in the current

contract. The specification will form a baseline to inform discussions and redesign Anti Coag services.

A query was raised regarding the primary care option to delivery this service as part of Enhanced Services. Clarification was given that 15 practices provided this services and it was requested that a line was included in the specification to reflect this service option. It was noted that this service formed part of the ongoing AF/Stroke work.

Dr Kainth queried red flag patients and the difficulties in getting the results reliably back to the GP. It was agreed that a clear pathway to the appropriate clinician needs to be included.

- RESOLVED: That Committee noted the development of the service. Agreed to the specification being CV'd into the current contract with RWT with the following caveats;
- line to reflect the primary care service option to be added and
 - an identified clear pathway to the appropriate clinician.

Karen Evans left the meeting

Contracting Update Report

CCM699 Royal Wolverhampton NHS Trust

2018/19 Contract Negotiations

A revised contracting arrangement (which is being termed as an Aligned Incentives Contract) had been negotiated and agreed between the South Staffordshire CCGs and RWT. This is a risk/gain agreement and presented some element of risk to the CCG has host commissioner. Tony Gallagher clarified that this approach had been suggested by Wolverhampton CCG and the same framework, Bolton Model, had been adopted. This means that all CCGs are operating within this framework, however, the same agreement does not have to be reached. Discussions are currently on going.

Mags Courts joined the meeting

It was noted that this is a new type of agreement and will need to be kept under reviews including monitoring.

Black Country Partnership Foundation Trust (BCPFT)

Service Development Improvement Plan (SDIP)

The Joint Efficiency Review Group (ERG) for Adult Mental Health Services had been re-established and will the current SDIP with a view to updating milestones and work streams as part of the new mental health strategy and STP plan for the Five Year Forward View. The current milestones in the SDIP had not been met and therefore a full review is required for this to be refreshed.

Finance Activity

Following the agreement of a new contracting approach the adult/older adult inpatients, a revised set of contract principles had been agreed with the Trust and a revised Price Activity Matrix. It had also been agreed to closely monitor the use of leave beds via the Price Activity Matrix and raise any concerns at the Contract Review Meeting (CRM). This will include commissioners being notified if leave beds are used.

Urgent Care Centre

There had been demonstrable improvement in KPI performance in the last quarter with measures being achieved. There are currently no live contract notices. It was confirmed that activity levels are available and these are not as high as they should be and are relatively static. It is anticipated that levels will increase following work around joint triage with RWT and signposting appropriate cases to the UCC. An increase in activity would be closely monitored to ensure it is managed.

It was reported that there is work ongoing to map pathways into the UCC. It was felt that the provider, Vocare, was on an improvement journey, that it was early days and that sustainability was important.

Thrive into Work – Independent Placement Support

The Committee was reminded that the CCG is hosting this programme of work on behalf of the West Midlands Combined Authority, NHS England and the Work and Health Unit, to trial a new model of integrated health and employment support.

Delays had occurred due to initial issues during mobilisation relating to staff DBS/safeguarding checks for the providers, marketing etc. which delayed the start date of the trial and this was pushed back to April 2018. The Programme has gone 'live' with revised timeframes and guidance on this is awaited.

The CCG will be writing to all providers detailing the event of the force majeure, its likely impact, the mitigating action being taken and an estimated timescale for services to be delivered

RESOLVED: That the above is noted.

Service Specification for Acorns

CCM700 The Committee was presented with the revised service specification for Short breaks/respite care and the new service specification for Hospice at Home for Children and Young People (CYP).

It was explained that Acorns had been providing this provision for CYP with palliative care needs for some time; however, there was no service specification in place. This specification, revised and developed in conjunction with clinical staff at Acorns, provides the CCG with assurance regarding the service that is being provided.

Access to Acorns had been altered to ensure appropriate CYP are being seen at the correct place and by the right time. Work had been undertaken with Social Care to ensure awareness of the change in provision to ensure it meets the needs of those children who should be accessing it. Social Care had commissioned a new service, opened in May 18, where CYP who do not meet the criteria for access to Acorns will be able to receive a service.

An equality impact assessment outcome was considered. The CCG will monitor those CYP and family and carers who are referred and accepted but who do not take up the services, to ensure they are not denied access to the services as a result of their own disabilities or, if they are part of other disadvantaged groups.

A data privacy impact assessment had been undertaken which had suggested that there are some issues Acorns need to address. Changes are to be requested to the referral system to encourage the use of encrypted emails or via NHS.net emails.

It was noted that the service specifications were embedded in the report and not available to in the meeting papers.

RESOLVED: The above was noted and the service specification approved 'in principle' with the caveat that the service specifications were circulated and any comments feedback to Mags Courts directly.

Special Educational Needs and/or Disabilities (SEND)

CCM701 The Committee was given an update on the progress in respect of implementing the CCG's key duties and responsibilities arising from the Children and Families Act 2014 SEND Code of Practice. To provide information and assurance about the unannounced local OFSTED/CQC SEND inspection and the SEND Tribunal National Trial – Single Route of Redress. (The inspection can take place at any time over the next four years).

A SEND Action Plan supports this area of work based on the self-assessment diagnostic checklist and 6 key domains against which the CCG will be measured as part of the inspection process by CQC and Ofsted relating to leadership and governance, joint arrangements, commissioning, EHC plans, engagement, monitoring and redress. The CCG has this Action Plan to ensure associated actions are considered.

Clare Barratt joined the meeting

This brings together educational and health needs and the CCG has been working in partnership with the local authority on all joint areas of the SEND reforms and to support the delivery of Educational, Health and Care plans being issued within statutory timescales.

It was reported that the CCG is aiming to meet compliance with the SEND Reforms, prepare for the inspection and the new SEND Tribunal National Trial – Single route of Redress by actively engaging in a number of areas of joint work, membership of the SEND Partnership Board and associated work streams as well

as various decision panels. The CCG also routinely contributes to the SEND Self-Evaluation Framework and Joint Assurance Tools. It was noted that there is a tribunal process and a designated Medical Officer to sign off plans.

RESOLVED: The above was noted for assurance

Mags Courts left the meeting

Smoking Cessation in Pregnancy Investment Report

CCM702 The Committee was asked to consider investing in services that support the Infant Mortality agenda and Action Plan re smoking cessation. An investment is proposed in a system wide approach to tackling smoking in pregnancy; the support is to provide additional assistance to women who smoke during pregnancy, for the period April 2018 to March 2020.

Evidence shows that the percentage of women in Wolverhampton smoking at the time of delivery remains consistently high. The pilot project seeks to increase the identification of pregnant women who smoke during pregnancy and implement evidence based programmes to support them to stop smoking. The aim is for the implementation of a dedicated maternity smoking cessation provision to improve both the quality of life for women and their babies who could both be at risk of poor health outcomes. It will improve access to preventative ill health measures, self-help; evidence based support/programmes and improve access to support within local communities to deliver care closer to home.

It was considered whether this would be cost effective and whether it had the support of the midwives. Clarification was given that there was support by the Trust to train midwifery champions and to take the opportunity to use the relationship between the midwife and pregnant woman and was seen as a positive. It was felt that it would give value for money as it would be the wider workforce supporting the initiative and that Public Health had ended its Smoking Cessation Services. Acknowledgment was made that comprehensive evaluation is required and that early evaluation should be brought back to this Committee.

RESOLVED: That the above was noted and the Committee approved the recommendations contained in the report.

Review of Risks

CCM703 Corporate Organisational Risks

CR14 – Developing Local Accountable Care Models – should remain red as ongoing work to test and challenge

Committee Level Risks

CC04 – Community Equipment Procurement – on private agenda

CC10 – Community Neighbourhood Teams – action to be closed

RESOLUTION: That the above is noted

Any Other Business

Black Country STP Individual Placement and Support (IPS) Services

CCM704 The Committee was informed that the doubling of access to IPS for 2020/21, helping those with serious mental illness (SMI) to find and retain employment, is one of the objectives set out in the Five Year Forward View for Mental Health and associated Implementation Plan.

Bid funding had been agreed by NHS England for an STP based service. There are no financial consequences for the CCG in years 1 and 2 and the service consideration had been flagged to finance for the Long Term Financial Model for 2020/21 and beyond. The money was confirmed in June's baseline.

The current provision in Wolverhampton and what the service is designed to deliver was considered. The impact on the workload of the CCG was felt not to be onerous as the reporting is quarterly and the information systems are in place as for THRIVE into Work.

The launch is planned for August 2018 and needs to be approved by both the Commissioning Committee and Governing Body prior to commencement.

The Service provider is Dudley, who will in part sub-contract to BCPFT. DWMHPT already provide a service in Dudley and Walsall. Funding will enable to the provider to increase the capacity and resources within the established IPS teams in all areas of the Black Country to ensure that there is a wide reach with equitable and standardised service across the Black Country.

The provider will carry out Quality, Equality Impact and Privacy Impact assessments which, given that the bid preparation and submission were undertaken by the Trust, the CCG is advised that the assurance therefor will ensure we are compliant. This had been discussed with CSU colleagues, however, . These impact assessments will however need to come back to the CCG for assurance..

RESOLVED: That the above is noted and the Committee agreed the Service Specification.

Any Other Business

CCM705 Advertisement in local press re bank holiday opening times in primary care – comments to be shared with the Communication Team

Date, Time and Venue of Next Meeting

CCM706 Thursday 28th June 2018 at 1pm in the CCG Main Meeting Room