

# ANNUAL REPORT

## Commissioning Committee

### 2018/2019



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These documents will provide additional information:

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## 1. Introduction

- 1.1 This report sets out the work undertaken by the Commissioning Committee during the 2018/19 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 development 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 Manjit Kainth                    | - Elected Member of the Governing Body (Chair) |
| • Dr Rashi Gulati                     | - Elected Member of the Governing Body         |
| • Sally Roberts                       | - Executive Nurse                              |
| • Sarah Smith (until February 2019)   | - Local Authority                              |
| • Andrew Wolverston (From March 2019) | - Local Authority                              |
| • Steven Marshall                     | - Director of Strategy and Transformation      |
| • Cyril Randles                       | - Patient Representative                       |
| • Malcolm Reynolds                    | - Patient Representative                       |
| • Tony Gallagher                      | - Chief Finance Officer                        |
| • Vic Middlemiss                      | - Head of Contracting & Procurement            |
- 1.5 The Committee met on the following occasions during the financial year:
- |                     |                    |
|---------------------|--------------------|
| • 26 April 2018     | • 25 October 2018  |
| • 31 May 2018       | • 29 November 2018 |
| • 28 June 2018      | • 31 January 2019  |
| • 26 July 2018      | • 28 February 2019 |
| • 30 August 2018    | • 28 March 2019    |
| • 27 September 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 2018/19.

## **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 As reported in the committee's last annual report, as the CCG has matured as an organisation, the amount of work undertaken by the committee in this particular area has somewhat reduced. This is because there was a significant amount of work to do as a new organisation to establish strategies, which are now in place and operating effectively. The CCG's strategies are now being reviewed at appropriate intervals and this year the committee has reviewed the Medicines Optimisation strategy and been assured that it was operating effectively.

3.3 The work that has been undertaken by the committee in this year reflects the changing context the CCG is operating in as it has focussed primarily on areas where we are working jointly with other organisations to develop strategies and policies. This includes both work with our local partners including Royal Wolverhampton Trust (RWT) and City of Wolverhampton Council (CWC) and more widely across the Black Country STP footprint.

3.4 Work with our local authority partners has included the development of Joint Strategies for Mental Health, Children with Special Educational Needs and Disabilities and Autistic Spectrum Disorders. The committee has been assured that CCG teams are working closely with their colleagues in the Council to ensure that our shared strategies align with our respective statutory responsibilities and shared aims to improve services for particularly vulnerable groups of patients.

- 3.5 We have also been working across the health system in Wolverhampton to develop a Joint Cancer strategy, both in line with the national strategic direction and in response to on-going performance challenges in the system. The committee were updated on the development of this strategy in November and January, recognising the work undertaken at the CCG, the Trust and by public health to develop a common strategic approach across the system.
- 3.6 The committee has also been involved in work across the Black Country to develop joint strategies in areas the CCGs are beginning to work together on. This has included Transforming Care for patients with Learning Disabilities and Maternity Services which have been discussed during the year. In August, the committee also received a set of commissioning intentions developed jointly across all of the CCGs which set out broad outlines of developing strategies for closer collaboration. As work continues during this year to achieve the plan for the STP to become an integrated care system with closer working between the CCGs, this collaborative strategic work will continue and increase.

### Contracting

- 3.7 The committee receives regular assurance on how the CCG is managing its contracts from the Head of Contracting and Procurement. A monthly report provides an overview of contractual performance and gives details of both actions through Contract Management meetings and the use of any contractual sanctions. As well as detailing the performance and action undertaken in relation to the CCG's main providers Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust (BCPFT) the report also provides details of any significant issues with the CCG's other providers by exception.
- 3.8 The reports this year have not only reported on performance issues and activity monitoring but also work to introduce new approaches to contracting through the introduction of a risk and gain sharing arrangement with RWT. This aims to support a more collaborative and integrated approach to working across the health and care system in Wolverhampton through an Integrated Care Alliance (ICA). The CCG is working with partners across the system to understand how contracting will operate in a new environment and the committee will continue to be involved in these discussions as this work progresses.
- 3.9 Performance matters reported in relation to RWT have included A&E waiting times and cancer waits, matters which are also reported through to both the Finance and Performance and Quality and Safety committees. The reports have detailed contractual actions taken to address these issues including discussions at the CCG's contract review meetings and the use of contractual sanctions where appropriate. Following a delay in national guidance on the application of sanctions, the committee was advised that they would be included in the contract by variation and be reinvested to support service improvement. The committee has also received an update on the impact of the CCG's Quality Innovation Productivity and Prevention programme on the contract with the Trust.
- 3.10 The committee's work in relation to BCPFT has featured joint work between the trust and the CCG to identify opportunities deliver service improvements for patients. The committee has also been appraised throughout the year on work to improve the data quality of the Trust's reporting. A number of performance issues have also been brought to the committee's attention, including meeting targets for Improving Access to Psychological Therapies.

- 3.11 A number of issues in relation to the CCG's other contracts have been considered during the year. Most notably, the committee has been updated on work with West Midlands Ambulance Service (WMAS) in relation to Non-Emergency Patient Transport services. Following reports that key performance targets were not being met, the committee has been advised that the CCG has been in detailed discussions with WMAS on actions to ensure the effective continuation of the service.
- 3.12 As reported in last year's annual report, the committee had received updates on work with the CCG's urgent care centre provider Vocare to address performance concerns with their service. The committee has been pleased to note that, following intensive action including significant support from the CCG, demonstrable improvements have been seen at this provider resulting in a positive inspection from the Care Quality Commission in November 2018. The committee also received updates on other contracts throughout the year including the Thrive into work programme hosted on behalf of the West Midlands Combined Authority and contracts to which the CCG was an associate commissioner including with Staffordshire and Stoke-on-Trent Partnership Trust and Marie Stopes.
- 3.13 As a delegated commissioner of Primary Care, the CCG exercises functions on behalf of NHS England through its Primary Care Commissioning Committee. However, this committee has also received periodic updates on contractual changes in Primary Care throughout the year as part of the overview of contracting activity. The committee was also asked to support the provision of additional funding to general practices to take remedial work to address an issue related to a Document management system used in primary care that resulted in a large number of documents – most of which were routine – not being included in GP systems. The committee agreed to provide funding to practices to pay staff to review these documents and identify any actions required to support patients as a result.

### Service Specifications and Procurement

- 3.14 The committee plays a significant role in supporting the CCG through its commissioning process, in particular reviewing specific service specifications making recommendations on procurement decisions. During this year, the committee has reviewed a number of service specifications for pilot projects, including a night re-positioning service in care homes for patients affected by pressure injuries and an individual placement and support service for patients across the Black Country. The committee also supported the provision of funding to support a pilot project across the STP to deliver medicines optimisation in care homes.
- 3.15 In addition to the development of new services, the committee has also considered a number of revisions to the specifications for existing services provided in Wolverhampton. This has included anti-coagulation, continence, dermatology, musculoskeletal, spirometry and audiology services provided in the community and more specialised services including the services provided via Acorns children's hospice. The committee also agreed the specification for the Independent Living Service that will provide community equipment.
- 3.16 As in previous years, following work to develop and revise service specifications, the committee has supported the procurement process by recommendations to either the Governing Body or CCG Directors in relation to new or revised services. Specific procurement matters considered have included options for the mental health rehabilitation service provided at Victoria Court, additional provision for diabetes prevention, framework arrangements for continuing healthcare, software provided in



primary care to support medicines optimisation and termination of pregnancy services.

- 3.17 The Head of Contracting and Procurement has also provided the committee with quarterly updates on procurement. This has included details of planned procurement activity and the support and advice provided by the Arden and GEM Commissioning Support Unit. Other matters considered by the committee included the provision of grant funding to voluntary sector organisations for projects impacting on health and care.

### Service Review

- 3.18 The committee's work on service review this year has incorporated two distinct elements. As highlighted earlier in the report, as the CCG has matured this has meant that a number of services have reached the threshold for routine review. This has included community falls services, diabetes provision, glaucoma services and mental health support services provided by the African Caribbean Community Initiative (ACCI). The committee also undertook a review of a newly established service to support young people's emotional health and wellbeing.
- 3.19 The second element of service review work has been the development of new initiatives and service innovation to address gaps or challenges in service provision. This has included a review of services to support smoking cessation in pregnancy, where the committee supported investment in additional services in order to deliver improvements in infant mortality. The service aimed to provide a system wide approach to deliver support to those who needed closer to home through an evidence based approach to service delivery.
- 3.20 The committee has also been involved in discussions supporting service development across the STP through closer collaboration with other CCGs. This has included work on the 'one commissioner' programme supporting common commissioning of mental health services across the Black Country and the development of an elective care transformation programme. These programmes aim to reduce unwarranted variation in outcomes across the STP footprint and to identify opportunities where common approaches will deliver improvements for patients across the CCGs. As the STP programme of work continues to deliver the committee is likely to be increasingly involved in such areas of work.

### Risk Management

- 3.21 In common with the CCG's other committees, the committee takes a role in the CCG's risk management arrangements by reviewing risks that impact on the committee's areas of responsibilities. The committee reviews risks 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. Specific risks that have been managed during the year have informed some of the work undertaken by the committee during the year. This has included risks identified around Non-Emergency Patient Transport and community equipment services.

## 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 another productive year providing support to the CCG's commissioning functions. This is vital in ensuring that the organisation continues to meet its statutory duty to commission a comprehensive health service for patients in Wolverhampton.

- 4.2 The committee recognises that the changing context in which the CCG is operating will have an impact on its work as it moves forward. In particular, as plans for the CCGs in the Black Country to work more closely together and develop a shared management team, the committee will need to have a wider focus than just the services commissioned and provided in Wolverhampton. It will however remained focussed on ensuring all services commissioned for Wolverhampton patients are fit for purpose and deliver appropriate outcomes to improve health and care across the City.



## Appendix 1 – Attendance at Meetings

Attendee	Meetings Attended (of those required)
Dr Manjit Kainth, GP Governing Body Member (Chair)	11 of 11
Dr Rashi Gulati, GP Governing Body Member	7 of 11
Steven Marshall, Director of Strategy and Transformation	9 of 11
Tony Gallagher, Chief Finance Officer	10 of 11
Sally Roberts, Chief Nurse	8 of 11
Vic Middlemiss, Head of Contracting and Performance	8 of 11
Malcolm Reynolds, Patient Representative	11 of 11
Cyril Randle, Patient Representative	9 of 11
Sarah Smith, Local Authority Representative <sup>1</sup>	7 of 10
Andrew Wolverston, Local Authority Representative <sup>2</sup>	1 of 1

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<sup>1</sup> Until February 2019

<sup>2</sup> From March 2019

## 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.