

ANNUAL REPORT

Commissioning Committee

2015/2016



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RELATED DOCUMENTS

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 2015/16 financial year. This demonstrates how the Committee has met the responsibilities set out for it by the Governing Body in the Clinical Commissioning Group's constitution.

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 | - Elected Member of the Governing Body(Chair) |
| • Dr Kamran Ahmed | - Clinical Member |
| • Manjeet Garcha | - Executive Nurse |
| • Juliet Grainger | - Local Authority |
| • Viv Griffin | - Local Authority |
| • Steven Marshall | - Director of Strategy and Transformation |
| • Cyril Randles | - Patient Representative |
| • John Ray | - Patient Representative |
| • Malcolm Reynolds | - Patient Representative |
| • Claire Skidmore | - Chief Finance and Operating Officer |
| • John Ferguson | - Interim Head of Contracting & Procurement |
| • Vic Middlemiss | - Head of Contracting & Procurement |

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

- | | |
|----------------------------|--------------------|
| • 22 April 2015 | • 29 October 2015 |
| • 28 May 2015 | • 26 November 2015 |
| • 25 June 2015 | • 28 January 2016 |
| • 23 July 2015 | • 25 February 2016 |
| • 27 August 2015 (Virtual) | • 26 March 2015 |
| • 24 September 2015 | |

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 part of the group's commitment to continuous improvement, this approach to monitoring the Committee's work will form part of its assessment of effectiveness during 2015/16. A draft of this report is being considered by the Committee at its March meeting, giving members the opportunity to feed their views on how well the duties of the Committee have been discharged.

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 The Committee plays a key role in the development of the groups' Commissioning Intentions and has spent time at a number of meetings considering them during the year. This included discussing plans for public engagement on key priorities in July 2015 prior to discussion of draft versions of Commissioning Intentions that took into account the views expressed through the public engagement exercises in August and September 2015. The Committee then recommended the Commissioning Intentions to the Governing Body for publication by October.

3.3 Last year's report from the Committee highlighted the time that had been focussed on the development of the group's Mental Health Strategy during the year. This year, following the launch of the Strategy, the Committee has received an update in January that detailed progress with the implementation of the Strategy across the group and its partners. The Committee was assured that the work to implement the Strategy will support its overall aims and objectives. Details have also been presented of the partnership work on Child and Adolescent Mental Health Services and Dementia Services during the year.

3.4 As well as the CCG's own policies, the Committee has also considered developing policies and approaches for Specialised Commissioning across the West Midlands.

This included commenting on the Terms of Reference for an oversight group that the CCG would be involved with, before recommending them to the Governing Body. The Committee also considered a specific proposal from the group in January 2016 on the policy for regional services for Hyper Cholesterolaemia.

- 3.5 The Committee has also been involved with the development of the group's policy for Continuing Healthcare, including the approach for implementing personal health budgets for those individuals that are eligible for them. This has resulted in a suite of policies being recommended to and adopted by the Governing Body during the year.

Contracting

- 3.6 The Committee has received regular reports at each meeting from the Head of Contracting and Performance which outline contracting activity throughout the year. This includes issues from contract review meetings, details of contract negotiations and planned procurement work.
- 3.7 As our major provider, the major focus of these reports has been the contract with Royal Wolverhampton Trust (RWT). The Committee has been kept up to date with the Trust's performance, particularly on areas of concern such as Referral to Treatment levels and performance in A&E. The Committee has also been updated on the use of contractual provisions such as the implementation of recovery action plans and the application of sanctions when appropriate. In undertaking this work, the Committee has recognised the role of the Finance and Performance Committee, and maintained an overview of these areas.
- 3.8 The reports have also kept the Committee up to date with the contractual position with other providers, including the Black Country Partnership Trust as well as other Acute Trusts that the group has an associate contract with. As with RWT, performance issues and action taken to address them has been regularly reported, along with any significant variance against these contracts. During the year, the Committee has been kept up to date with progress in resolving issues associated with the contract for Non-Emergency Patient Transport.

Service Specifications and Procurement

- 3.9 In addition to supporting the management of existing contracts, the Committee has maintained an overview of work to secure new services as well as wider issues relating to procurement processes. The key piece of work the Committee has undertaken in this area during year has been the development of a Procurement of Healthcare Services Policy for the CCG, which codifies existing processes and sets out key guidance for staff involved in procurement work. The adoption of this policy follows recommendations made in an audit of procurement processes conducted during 2014/15.
- 3.10 The Committee has also been involved in the work undertaken by the CCG to develop its relationship with third sector organisations throughout Wolverhampton. The group has developed a policy and clear and transparent procedure for awarding grants to third sector organisations which is currently being implemented. This work followed recommendations from the CCG's Efficiency Review Group process in 2014/15 which had identified a number of third sector grant arrangements that had been placed for a number of years that required review to ensure that they were continuing to deliver the intended benefits for patients. The new process will ensure the benefits and aims of objectives of services and projects supported will deliver high quality outcomes in the future.

- 3.11 The Committee has also maintained an overview of significant procurement exercises that have taken place during the year. This has included the procurement of a new GP led Urgent Care Centre in the Emergency Department at New Cross Hospital which is due to open in April 2016. Details of work to procure a new service for patients with musculoskeletal problems were another area of focus.
- 3.12 Our partners in Public Health at the City Council have also shared their Procurement Strategy with the Committee during the year. This has provided the Committee with opportunities to discuss areas of mutual interest and potential joint work. A key area of interest has been the process for procurement of Sexual Health Services, which will be delivered using a hub and spoke model across the City.
- 3.13 Ensuring that the services commissioned are effective and deliver positive, value for money outcomes for our patients is fundamental to the work of the group and so work in this area has taken a significant proportion of the Committee's time during the year. Specifications for services including Primary Care In-Reach into Residential Homes, infection prevention and community equipment loans services have been considered during the year.
- 3.14 More detailed work has also begun during the year to develop a clearer pathway for end of life care. The Committee has considered a number of reports on this issue, including an overview of existing services and work will continue through the upcoming year to develop both strategy and new services in this area.
- 3.15 A number of key services related to ensuring children are safe from harm have been considered during the year. This has included the partnership arrangements for a Multi-Agency Safeguarding Hub which also involves the Local Authority, Police and Education Services as well as partners from across the Health Economy. The Committee has also considered proposals from RWT for service improvements and made appropriate decisions and recommendations to the Governing Body on business cases presented. The Committee has also reviewed the success of a pilot project to conduct targeted medication reviews for patients in nursing and residential care and has recommended that this service be included in the mainstream medicines management budget for the upcoming years.

Service Review

- 3.16 A number of the proposals and business cases considered by the Committee had begun from work to support service review across the commissioning function. This is another key area of the Committee's work and the service specifications for medication reviews and Audiology considered during the year were reviewed in this manner.
- 3.17 The Committee concluded a piece of work reviewing robotic surgery at RWT during the year. This work had begun as a result of concern that the number of patients waiting for robotic surgery was having an impact on the Trust's Referral to Treatment performance and took into account national concerns that outcomes from this form of surgery were proving to be variable. The Committee had considered a number of options and agreed to continue the use of robotic surgery for current procedures but not to expand its use within the trust.
- 3.18 Internally, the Committee has supported a review of the CCG's Quality Nurse Advisor Team, which supports improving quality standards in care homes across the City. Other work in this area has included reviews of the financial implications of the

implementation of the Mental Health Strategy and the use of any qualified provider services for podiatry and audiology services.

4. Conclusions

- 4.1 The committee has continued to work across the CCG's commissioning portfolio, supporting the Governing Body in ensuring that high quality, cost effective services are secured for patients across Wolverhampton. The highlights above of the work conducted demonstrate that the committee has met the responsibilities set out for it in its Terms of Reference.
- 4.2 In particular, the committee's work in supporting the development of the CCG's on-going contracting strategy and relationship with RWT has contributed to the successful early agreement of the contract for 2016/17. This includes a significant shift of resource into community services in line with the commissioning intentions developed by the committee and provides a stable position to build on for next year. The work the committee undertook to develop the grant funding policy not only supports the financial efficiency and transparency but is enabling new organisations to develop innovative projects that will benefit patients over upcoming years. Reviews of service specifications and procurement strategies for major services including Continuing Health Care and the Urgent Care Centre are now starting to deliver benefits for patients as well as financial efficiencies.
- 4.3 The committee looks forward to continuing this work next year and will be playing a key role in helping to identify additional innovative projects to achieve required savings through QIPP. We shall also continue with work to support on-going procurement and to identify opportunities through integration with the City Council through the Better Care Fund.
- 4.4 During the year Dr Kamran Ahmed, the former Chair of the Committee, has unfortunately resigned from the committee due to his other commitments. Kamran has played a significant role both in the work of the committee and the wider work of the CCG and we wish him all the best in his future endeavours.

Appendix 1 – Attendance at Meetings

	April 2015	Left early	May 2015	Left early	June 2015	Left early	July 2015	Left early	Aug 2015	Left early	Sept 2015	Left early	Oct 2015	Left early	Nov 2015	Left early	Dec 2015	Left early	Jan 2016	Left early	Feb 2016	Left early	March 2016	Left early		
Clinical ~																										
Dr Julian Morgans	Yes		Yes		Yes		Yes		No		Yes		Yes		Yes				Yes		Yes		Yes			
Dr Kamran Ahmed	No		No		No		No		Yes		No		Yes		No				No	Resigned from Committee						
Management ~																										
Steven Marshall	Yes		Yes		Yes		Yes		Yes		No		Yes		Yes				Yes		Yes		Yes			
Ms Manjeet Garcha	No		Yes		Yes		No		Yes		Yes		No		No				No		Yes		Yes			
Viv Griffin	No		No		No		No		No		No		No		No				No		No		No			
Ms Claire Skidmore	Yes		Yes		Yes		No		No		Yes		Yes		Yes				Yes		Yes		No			
Juliet Grainger	No		Yes		Yes		No		Yes		Yes		No		No			Y	Yes		Yes		No			
Steve Phillips	Yes		No		Yes		No		Yes	Steve Phillips left WCCG																
John Ferguson											Yes		No		Yes			Yes		No		No				
Vic Middlemiss																					Yes		Yes		No	
Lesley Sawrey	No		No		No		Yes		Yes		No		No		No				No		No		No			
Sarah Southall	No		No		No		No		No		No		No	Yes	Yes				No		No		No			
Patient Representatives ~																										
John Ray	Yes		Yes		No		Yes		No	John Ray resigned in August 2015																
Malcolm Reynolds	Yes		No		Yes		Yes		Yes		Yes		Yes						Yes		Yes		Yes			
Cyril Randles											Yes		Yes		Yes				Yes		No		Yes			

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.