

## WOLVERHAMPTON CCG

### Governing Body Meeting – 12<sup>th</sup> July 2016

#### Agenda item 14b

<b>Title of Report:</b>	<b>Commissioning Committee – Reporting Period June 2016</b>
<b>Report of:</b>	Dr Julian Morgans
<b>Contact:</b>	Steven Marshall
<b>Governing Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in June 2016.
<b>Public or Private:</b>	This Report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	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.
<ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	N/A
<ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>	N/A

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• <b>Domain 3:</b> Financial Management	N/A
• <b>Domain 4:</b> Planning (Long Term and Short Term)	N/A
• <b>Domain 5:</b> Delegated Functions	N/A



## **1. PURPOSE OF REPORT**

- 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 June 2016.

## **2. MAIN BODY OF REPORT**

### **2.1 Contracting & Procurement Update – Month 12 March 2016**

The Committee was provided with an update report relating to Month 1 (April) activity and finance performance and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in June 2016.

#### **Contracting 2016-17**

Offers have been agreed for all other acute and Mental Health contracts to which the CCG is either the host or associate commissioner. There are just 4 awaiting signature.

#### **Royal Wolverhampton NHS Trust**

#### ***Percentage of A&E Attendances where the patient was admitted transferred or discharged with 4 hours.***

The Trust's monthly performance remains below the required threshold of 95% and the Trust has been formally notified of the CCG's intention to continue withholding 2% of the appropriate contract line, in line with General Condition 9.

The Trust has provided a revised Remedial Action Plan for which the CCG has requested additional information to be included regarding patient flow and the management of patients at first assessment.

#### ***Cancer Targets***

The Trust continues to be challenged on delivery of the 62 day referral to first definitive treatment target and failed to meet the 85% target in May. The Trust have confirmed that this is predominantly due to the number of tertiary referrals received which exceed 42 days.

The other two cancer indicators below threshold in May were:

- Two week wait from referral to first outpatient appointment
- % of service users waiting no more than 31 days for surgical treatment



The CCG has accepted a request from the Trust to amalgamate the current Remedial Action Plan with NHS Improvement reporting requirements and this will be sent to the CCG once it has been through the Trust's internal governance processes.

***Referral to Treatment (RTT) within 18 weeks (February – Unify))***

The headline figure had been achieved for all of 2015/16. However, there is increasing risk of this not being maintained, taking into account the impact of the recent junior doctors' strike. The Trust has agreed to provide the CCG with cumulative data regarding cancelled activity as a result of all the strike action and to confirm an endpoint for the period that the strike will no longer impact on performance delivery.

The Trust has also agreed to the CCG's request for the recovery plan to be broadened to cover the five specialty areas of:

- General Surgery
- Urology
- Plastic Surgery
- Gynaecology

***E- Discharge – RWT***

The Trust has provided a revised action plan for assessment areas which highlights the reasons for current performance and shows a revised trajectory to August 2016. The CCG has accepted this revised Remedial Action Plan.

**Sustainability and Transformation Fund (STF)**

The Trust has advised that it is likely that it will be eligible for participation in the STF and confirmation is expected in the next few weeks. This will impact on the CCG's performance monitoring of local quality indicators and particularly the application of withholds and sanctions. A full update on this issue will be provided at the next meeting.

**Performance Sanctions**

Financial sanctions for Month 1 are £364,000.



**Black Country Partnership Foundation Trust (BCPFT)**

**Performance issues**

*Contract Performance Notices:*

- **Care Programme Approach**  
The Remedial Action Plan and performance figures were discussed and are being monitored monthly.
- **Safeguarding Training**  
BCPFT are currently meeting the trajectory in the Remedial Action Plan.

*Prevent Training (Mandatory)*

A contract performance notice has been issued to the Trust this month with regards to Prevent Training. BCPFT's current level of training is less than 30%, for Levels 3 and 4, against a target of 85%. Discussions are taking place to establish assurance as to how performance will be improved and maintained.

*Non-achievement of CQUIN target (Quetiapine)*

One of the CQUIN targets in the 2015/16 contract concerned the prescribing and monitoring of patients on Quetiapine, a drug used for patients with psychosis. A meeting took place earlier this month regarding this issue and in particular to discuss associated safeguarding concerns. The following of actions have been agreed with the Trust:

- Develop a Recovery Plan
- Produce a shared care agreement for Quetiapine by September 2016
- GPs to be given open access to pharmacy and clinicians at BCPFT for advice and guidance
- A joint assessment carried out to establish what other mental health drugs require closer monitoring for patients discharged to Primary Care

**Grant Agreements**

A second opportunity was given to voluntary sector organisations to apply for grant funding. 6 organisations were successful meaning 10 organisations have benefitted from the process, with a total of £185,000 allocated by the CCG. An internal communication will be issued to summarise details of the organisations/projects.



### **Other Contracts**

Vocare (Urgent Care Centre provider) – a draft contract was issued in March but remains unsigned. This presents a degree of risk to the CCG, given the service has been delivered since 1<sup>st</sup> April. The situation has been flagged to the provider and a resolution is being sought as a matter of urgency. The CCG is aiming to achieve sign off no later than the end of June.

The Committee welcomed the report and noted its contents.

**Action – The Committee request that Governing Body note the content of the update provided.**

## **2.2 Big Lottery: Commissioning Better Outcomes**

The Committee was presented with a report and business case that proposed a project of social prescribing underpinned by a Social Impact Bond intended to improve the wellbeing of patients, reduce emergency activity and reduce the demand placed on Primary Care.

In January 2016 the CCG was successful in its bid to the Big Lottery to secure Grant Funding to develop a model of Social Prescribing utilising a Social Impact Bond model of funding. Kaizen-group have been working with the CCG as an Intermediary to develop a business case that describes the operational and financial model, and demonstrates the level of potential savings to the Health and Social Care Economy.

Subject to approval of the business case by the CCG and the Local Authority, the opportunity exists to submit a full application to Big Lottery to fund the project. This application needs to be submitted by the end of July 2016 and if successful, it is anticipated that Big Lottery will fund 15% of the outcomes. Within the current financial modelling the project would only be financially viable if it were jointly commissioning between the CCG and Local Authority as savings related to individual organisations would not be sufficient to offset the cost of the outcomes payments alone.

The project would involve the following:

- A Care Co-ordinator working within the developing community neighbourhood teams aligned to GP practices within a locality.
- Patients (over 65 with Chronic Ambulatory Care Sensitive Conditions) would be referred to the Care Co-ordinator for assessment.



- Patients would be allocated a Well Being Coach who would facilitate a package of support.
- Delivery by local Voluntary Sector Organisations, managed by People in Partnership Consortium which is a social enterprise and community interest company underpinned by a Social Impact Bond funding model.

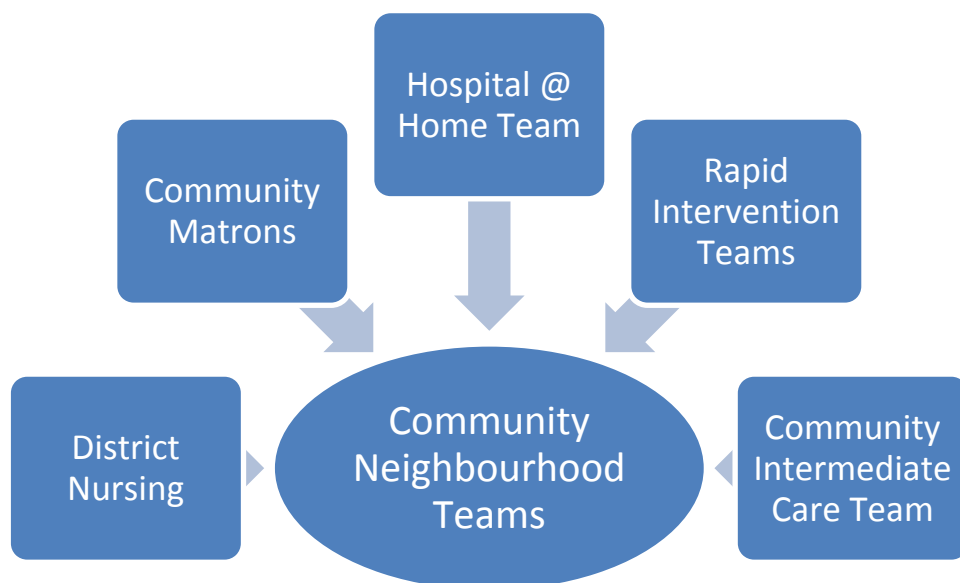
The Committee cautiously welcomed the proposed business case subject to:

- A further summary report being submitted to the Committee in July to include a formalised version of the Return of Investment and Cash Flow.
- Approval being granted by the Local Authority
- Big Lottery funding

**Action – The Committee request that Governing Body note the above.**

### **2.3 Community Nursing Services Review Model**

The Committee was referred to an overview of the proposed structure of Community Nursing Services following completion of review.



The above model was explained to the Committee to provide assurance of the proposal to review & redesign all Community Nursing Services and give an insight into the proposed service reviews and pathway/service re-designs.

The Committee acknowledged that it would take at least 12 months to design a full service specification and requested regular feedback on the proposals to develop Community Neighbourhood Teams.

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**Action – The Committee requests that Governing Body note the update provided.**

## **2.4 Short Breaks Provision Service Specification**

The Children's Commissioning Manager presented the Committee with a service specification for the Children's Community Nursing Service which includes a short breaks provision for vulnerable pupils at Penn Hall and Green Park School.

Currently the community children's nursing team provide the service to children, with complex medical needs, who attend both schools. The children with the most complex medical needs have been unable to enjoy the short break provision if nursing staff were unavailable. Previously, support has been provided in such cases by accessing the Aiming High for Disabled Children Programme. This has enabled the children to participate in out of school activities such as day trips and residential trips. The current service provides nursing support to allow pupils who are disabled with complex and/or palliative care needs to accompany their peers.

The funding for this support is due to finish at the end of the summer and as a result concerns exist that this cohort of children will be at a disadvantage and will not be able to fully participate in school life.

The service specification has been updated to enable the service to provide the additional support for the short break provision for the most vulnerable pupils attending both schools. This includes a clear indication of what the service needs to provide, to assure the CCG that the details of the business case, approved at Commissioning Committee, on 26<sup>th</sup> May 2016, are met.

The Committee approved the updated service specification which is attached as Appendix 1.

**Action – The Committee request that Governing Body note the above.**

## **2.5 The Value of Using Blue Teq**

A report was presented to the Committee to provide assurance on the use of the BlueTeq system.

The system clearly provides the CCG with assurances that the provider is treating patients in line with national or local commissioned criteria. It also provides us with a mechanism to check whether patients are receiving timely reviews of their treatment. The total amount refunded within year (84.4K) so far compared to the outlay (6K) provides assurance to the CCG this is also a cost effective system.



**Action – The Committee request that Governing Body note the above.**

### **3. RECOMMENDATIONS**

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

<b>Name</b>	<b>Dr Julian Morgans</b>
<b>Job Title</b>	<b>Governing Body Lead – Commissioning &amp; Contracting</b>
<b>Date:</b>	<b>30<sup>th</sup> May 2016</b>

Appendix 1 – Children's Community Nursing Specification

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