

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 26th May 2016
Commencing at 1 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~		Present
Dr J Morgans (JM)	Chair	Yes

Patient Representatives ~

Malcolm Reynolds (MR)	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall (SM)	Director of Strategy & Transformation	Yes
Claire Skidmore (CS)	Chief Financial Officer	Yes
Manjeet Garcha (MG)	Executive Lead Nurse	Yes
Viv Griffin (VG)	Assistant Director, Health Wellbeing & Disability	No
Juliet Grainger (JG)	Public Health Commissioning Manager	No

In Attendance ~

Vic Middlemiss (VM)	Head of Contracting & Procurement	Yes
Ranjit Khular (RK)	WCC Public Health	Yes
Claire Morrissey (CM)	WCCG Solutions & Development Manager	Yes (Part)
Margaret Courts (MC)	WCCG Children's Commissioning Manager	Yes (Part)
Sarah Fellows (SF)	WCCG Mental Health Commissioning Manager	Yes (Part)
Fred Gravestock (FG)	WCCG Whole System Transformation Director	Yes (Part)
Maxine Danks (MD)	WCCG Head of Individual Care Team	Yes (Part)
Hemant Patel (HP)	Deputy Head of Medicines Optimisation	Yes (Part)
Liz Hull	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Viv Griffin, Sarah Southall, Wendy Ewins and Karen Evans.

Declarations of Interest

CCM486

Dr Morgans declared an interest in the following agenda items:

- Item 8 - Business Case Proposal: Provision of a Direct Access Diagnostic Spirometry Service (Wolverhampton and South Staffordshire GP Surgeries) – Finance Update
- Item 11 – GP Prescribing Incentive Scheme 2016/17
- Item 12 – Step Up Bed Specification

RESOLVED: That the above is noted and Steven Marshall would act as Chair for the listed declarations of interest.

Minutes

CCM487

Minutes of Commissioning Committee held on Thursday 28th April 2016 were accepted as a true record with the following amendment:

CCM 482 Business Case Proposal: Provision of a Direct Access Diagnostic Spirometry Service (Wolverhampton and South Staffordshire GP Surgeries)

RESOLVED: *The Committee agreed to approve the case in principle with the view that a clearer financial position is reported on next month.*

RESOLVED: That the above is noted.

Matters Arising

CCM488

There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

CCM489

(CCM471) Community Neighbourhood Team Specification – Report back to the Committee in May with an indication of the overarching service specification. To be carried forward to the Committee in June 2016.

(CCM474) Commissioning Committee Draft Annual Report – Dealt with as a Chair's Action and the final version has been shared with Governing Body.

(CCM482) Business Case Proposal: Provision of a Direct Access Diagnostic Spirometry Service (Wolverhampton and South Staffordshire GP Surgeries) – Included as an Agenda Item.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM490 The Committee was provided with an update report, by Vic Middlemiss, relating to Month 12 (March) activity and finance performance and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in April 2016.

Contracting 2016-17

- The Royal Wolverhampton Trust (RWT) contract was signed in early April and 10 out of 18 of the associate commissioners to this contract have also signed.
- Black Country Partnership (BCPFT) and West Midlands Ambulance Service (WMAS) contracts are finalised and signed.
- Offers have been agreed for all other acute and Mental Health contracts to which the CCG is an associate commissioner.

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 has increased since February from 85.39%, to 90.32% and the RAP trajectory of 95% was not achieved. Commissioners have been asked to withhold 2% of the A&E budget for March and to retain the 2% for the month of February, in line with General Conditions of the contract.

In addition to the Contract Review Group, continuity of performance is being monitored through the Quality Review Group and the System Resilience Group (SRG) on a monthly basis.

There is an increased national focus on A&E performance with the Sustainability and Transformation Plan also including trajectories for A&E waits for both the 4 and 12 hour targets.

Cancer Targets

- Three cancer wait targets did not achieve their targets in March.

- The percentage of Service Users waiting no more than 31 days for subsequent treatment, where that treatment is surgery, was 90.63% against target of 94%.
- The percentage of Service Users waiting no more than 62 days from urgent GP referral to first definitive treatment for cancer has decreased from 77.85% in February to 75.58% in March.
- The validated UNIFY February cancer wait data is now available and the RAP target of 80.0% was not achieved.
- The percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers in March achieved the 90% target.

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

Overall the Trust has been achieving against this target throughout the year. However, at speciality level the trust is failing to achieve the following areas:

- General Surgery
- Gynaecology
- Oral surgery
- Plastic Surgery
- Trauma and Orthopaedics
- Urology

The Trust has given assurances in relation to actions being taken to improve performance through an updated action plan and a specific recovery plan for General Surgery.

E- Discharge – RWT

The Trust continues to struggle to meet this target for assessment achieving 82.5% against a target of 95% in March. The Trust has been asked to produce a revised remedial action plan.

Performance Sanctions

The 2015-16 total sanctions levied to RWT to date equate to £2,081,097.00 across the whole contract. Two targets remain unconfirmed – RTT and Cancer; these will be included in data provided for April.

Recent Issues

Orthodontic Waiting List Issue

On 7th April 2016, the Trust alerted the CCG of a problem that would impact on referral to treatment for Orthodontics. The Trust identified a consultant within the service who had been keeping a paper diary instead

of logging patient activity on the orthodontics system. As a consequence there are a number of patients that have not been picked up against waiting list data, some of which are potential 52 week breaches. The CCG has written to the Trust requesting a number of specific points to be addressed as part of their internal investigation and to provide assurance that this practice is not being undertaken in any other specialty. Orthodontics is a specialised service, commissioned by NHSE so the CCG's interest in following up this issue is primarily from a quality perspective.

Junior Doctor Strike

The Trust wrote to the CCG in April 2016 regarding the two day strike, and advised of the number of elective procedures which had to be cancelled as a result of transferring consultants to cover emergency areas of the hospital. The letter requested leniency being applied to performance monitoring of affected targets. A response letter has been sent back confirming that a fair approach will be undertaken, so long as recovery can be demonstrated within a reasonable period of time.

Black Country Partnership Foundation Trust

Action plans are in place for the following areas and these are being monitored through the Contract Quality Review Meeting:

- Early Intervention Services
- CPA
- Safeguarding training. A remedial plan is now in place.

Performance issues

There are two open Contract Performance Notices which were discussed in detail at the February Clinical Quality Review meeting. Remedial action plans are being monitored.

Recent Issues

Non-Achievement of CQUIN Target

One of the CQUIN targets within the 2015/16 BCP contract concerned the prescribing and monitoring of patients on Quetiapine, which is a drug used for patients with psychosis. A letter has been sent to the Trust informing them of non-achievement of the CQUIN for Quarter 2 and 4. A meeting has been requested to discuss safeguarding concerns associated with this drug and to agree an appropriate local quality target for 2016/17.

Other Contracts

Nuffield – This contract has now been finalised at a value of just under £3m and the contract signed.

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 1st April 2016. The situation has been flagged to the provider and a resolution is urgently being sought.

Other contracts – other contracts are being developed for completion by end of May and there are no significant risk issues to highlight.

RESOLVED: That the above is noted.

Short Breaks Provision for Vulnerable Pupils

CCM491

Margaret Courts presented a business case to the Committee to request funding for additional nursing support at Penn Hall School and Green Park School for a period of 3 years, to allow pupils, with complex medical needs, access to a short breaks provision and after school activities.

Both schools have previously provided support for children with complex medical needs by accessing the Aiming High for Disabled Children Programme. It ensured there was nursing support available to enable this cohort of children to participate in out of school activities such as extracurricular activities, 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 service provides the following nursing care whilst children are off school site and engaged in activities:

- Administers tube feeds and medications
- Monitors children's conditions and act to ensure their good health
- Provides suction and oxygen if appropriate
- Treats conditions such as epilepsy giving emergency first aid and rescue medication
- Provides emergency care as necessary/appropriate
- Undertakes dressings or other planned treatments.

Funding for this support is due to end at the end of summer and as a result concerns are that this cohort of children will be disadvantaged and will not be able to fully participate in school life.

An options appraisal has been undertaken as below, with the preferred option being 4:

Option 1 Do nothing

Option 2 Continue the programme but opt to purchase sessional nursing support from recommended agencies.

Option 3 Train school based staff to attend the short breaks without the support of a Nurse.

Option 4 Commission a service:

Recruit a Band 5 Nurse to share between the schools that are willing to offer short breaks support with a team of school staff who have enhanced medical training.

To be provided by the Community Children's Nursing Team via an SLA which would provide assurance that the post holder would receive suitable clinical supervision as well provide sick leave cover.

£30k of funding requested – available within the SEND budget.

This option allows the schools to comply with legislation and offer a risk reduction strategy for pupils and professionals.

The Nurse would have extensive background knowledge of pupils' health needs and their preventative care procedures.

Enables care plans to be kept up to date and reflective of effective practice.

Enables more effective training of school staff.

RESOLVED: The Committee welcomed the report and agreed to support the preferred option being developed into a Service Specification with input from Manjeet Garcha, to be presented to the Committee in June, which considers and addresses:

- Safety issues
- Clarity on the level of specialised training required as part of the role banding
- Confirmation that the money is not being double counted
- Feedback of performance

Business Case Proposal: Provision of a Direct Access Diagnostic Spirometry Service (Wolverhampton and South Staffordshire GP Surgeries) – Finance Position

CCM492 Chaired by Steven Marshall.

An update on the finance position was provided by Claire Morrissey.

The Trust anticipates that there will be approximately 300 referrals for first diagnosis. As the CCG has a quality performance indicator to add 500 patients onto COPD registers, it is recommended that 600 referrals are commissioned.

- DZ35Z – Spirometry with post bronchodilator testing = £73.44
- DZ44Z – Simple Airflow studies = £37.24

The worst case scenario is £131,000 (QP indicator) – £44,064 (100% activity at higher rate) = £86,936 net saving. However, it was noted that negotiations are still taking place with regards to a local reduced tariff.

The Committee approved the Business Case proposal and the recommendation to commission 600 referrals working on the assumption that this is a quality premium for 2016/17 and that a review should take place in 12 months.

RESOLVED: That the above is noted.

Service Specification for Designated Medical Officers Role – SEND Agenda

CCM493 Margaret Courts presented a Service Specification for the Designated Medical Officer role to seek approval as part of the Community Paediatrics contract held with the Royal Wolverhampton NHS Trust.

Children and young people with a Special Education Need and/or Disability (SEND), make up a significant proportion of the national childhood population, with up to 20% of school age children and young people having Special Educational Needs (SEN).

Wolverhampton's Joint Strategy for Children and Young People with Special educational Needs and Disability (SEND) 2015-2020 identifies that the city has a child population of 56,000 which includes a higher than average number of children with moderate and severe learning difficulties. Wolverhampton has 1,500 children and young people, with statements of SEN, which are currently being reviewed for transfer over to the new (September 2014) system of a single Education Health and Care plan.

The Service Specification details the requirements of the CCG to establish a Designated Medical Officer role under the Children and Families Act 2014 regarding children and young people with SEND.

The Designated Medical Officer will support the CCG in meeting its statutory responsibilities for children and young people with SEND and will be the key point of contact between the local NHS and the Local Authority and Families. Furthermore, the role will support the delivery of Supporting Pupils with Medical Conditions in Schools.

Risks if the role is not established include:

- Statutory functions not being exercised as appropriate clinical expertise will not exist within the CCG to support this function.
- Delay in delivery of assessments, planning and health support for some of the more vulnerable children, resulting in poor outcomes.

Funding for this post is available and has been agreed within the current SEND budget.

The Committee approved the Service Specification.

RESOLVED: That the above is noted.

Learning Disabilities Intensive Support Service Specification

CCM494 Sarah Fellows presented an assurance report to the Committee along with the Service Specification for a learning disability intensive support service, to be provided by Black Country Partnership Foundation Trust as part of the delivery plan under Transforming Care.

The vision put forward by NHSE was for system-wide change to enable more people to live in the community, with the right support, and close to home. Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Association of Children's Social Services (ADCS) the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on the five key areas of:

- Empowering individuals
- Right care, right place
- Workforce
- Regulation
- Data

The national plan, Building the Right Support, that has been developed jointly by NHS England, the LGA and ADASS, was the next key milestone in the cross-system Transforming Care programme, and included the development 48 Transforming Care Partnerships across England to re-shape local services, to meet individual's needs. This is supported by a new Service Model for commissioners across health and care that defines what good services should look like. It is anticipated that Wolverhampton CCG will reduce their inpatient usage by 65% over the next three years.

In 2015/6 and following a previous report to Commissioning Committee, the CCG disinvested from two inpatient beds based at Pond Lane. This was in response not only to the national agenda to reduce inpatient care levels, but also because there was considerable underperformance on the contract. Negotiations have been undertaken with BCPFT regarding the reinvestment of the money attached to this level of inpatient care into a community-based alternative – an Intensive Support Service. This specification has now been agreed by the provider (BCPFT), and an implementation plan is being developed in order to implement the new service in July 2016. The Intensive Support Service is being funded through the resources disinvested from inpatient beds (£436,000).

RESOLVED: The report was received, discussed and noted by the Committee.

GP Prescribing Incentive Scheme 2016/17

CCM495 Chaired by Steven Marshall.

Hemant Patel presented a report to the Committee, with a request from the MMO Programme Board, to approve the amendments to the Prescribing Incentive Scheme 2016/17.

RESOLVED: The Committee supported the recommendation made for the scheme to progress.

Step Up Bed Specification

CCM496 Chaired by Steven Marshall.

Maxine Danks presented a report to the Committee with a request to approve a 12 week step up bed pilot at Probert Court Care Home.

The provision of step up care aligns with the local Intermediate Care Strategy and the delivery of care closer to home as detailed within the NHSE 5 year forward view.

Patients will have their condition stabilised in the community and access to beds will be strictly monitored to ensure appropriate clinical usage. The maximum length of stay will be 72 hours and a discharge plan will be developed on admission.

The current situation is that, anecdotally, a number of admissions could have been avoided if step up provision had been available. This provision will provide evidence to support this.

There are no additional costs of funding the pilot as costs will be contained within the block contract held with Probert Court Care Home.

An evaluation of the pilot will take place and will include a review of bed utilisation and the number of admissions avoided.

RESOLVED: The pilot was approved by Commissioning Committee.

Black Country Transforming Care Partnership

CCM497

Fred Gravestock presented the Committee with an assurance report and the draft Black Country Transforming Care Partnership (TCP) Plan.

The plan builds on other transforming care work to strengthen individuals' rights, to roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays, and test a new competency framework for staff to ensure we have the right skills in the right place.

The Transforming Care programme is focusing on addressing long-standing issues to ensure sustainable change that will see:

- More choice for people and their families, and more say in their care
- Providing more care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs
- Providing early more intensive support for those who need it, so that people can stay in the community, close to home
- But for those that do need in-patient care, ensuring it is only for as long as they need it.

Since the beginning of the implementation of the Transforming Care Programme, Wolverhampton has typically had 10 patients in CCG funded care. These hospital placements range in provision and include short-term assessment and treatment, locked rehabilitation, and forensic rehabilitation. They are usually provided under the Mental Health Act, with

a number of offenders subject to Hospital Orders or Ministry of Justice restrictions (with hospital being used as a more appropriate environment than prison). By 2019, the programme will require Wolverhampton CCG to have reduced its reliance on inpatient care from 10 beds to 3. Currently Wolverhampton CCG is funding 6 adults with learning disabilities in inpatient care.

RESOLVED: The report was well received by the Committee and a quarterly progress update requested.

Any Other Business

CCM498 None.

Date, Time & Venue of Next Committee Meeting

CCM498 Thursday 30th June 2016 at 1pm in the CCG Main Meeting Room.