

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 30th June 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	No
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
Andrea Smith (AS)	WCCG Head of Integrated Commissioning	Yes (Part)
Natasha Jolob (NJ)	Kai-Zen Global Business Services Ltd	Yes (Part)
Russ Buble (RH)	Kai- Zen Global Business Services Ltd	Yes (Part)
Margaret Courts (MC)	WCCG Children's Commissioning Manager	Yes (Part)
Karen Evans (KE)	WCCG Solutions & Development Manager	Yes (Part)
Hemant Patel (HP)	WCCG Deputy Head of Medicines Optimisation	Yes (Part)
Liz Hull	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Viv Griffin, Juliet Grainger and Manjeet Garcha.

Declarations of Interest

CCM500 JM declared a conflict of interest with section 2.6.3 of the Contracting and Procurement Update report.

RESOLVED: That the above is noted.

Minutes

CCM501 The minutes of the last Committee, which took place on Thursday 26th May 2016 were accepted as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM502 (CCM490) Vocare: It was confirmed that the contract for Vocare still remains unsigned due to a number of reasons including a change in personnel which has presented significant challenges. This has been recorded on the Risk Register and it is anticipated that the contract will be signed following an urgent meeting scheduled to take place next week.

RESOLVED: That the above is noted.

Committee Action Points

CCM503 (CCM471) Community Neighbourhood Team Specification – Included as an agenda item.

(CCM491) Short Breaks Provision for Vulnerable Pupils – Included as an agenda item.

(CCM497) Black Country Transforming Care Partnership – Included as an agenda item for the Committee in August 2016.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM504 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 has 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 1st 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.

RESOLVED: The Committee welcomed the report and noted its contents.

An action was agreed for VM to check the patient pathway included within the service specification for Nuffield Health contract. An update to be provided at the next Committee with regards to the benefit of having a shared care arrangement and the risks associated with not having this in place.

Big Lottery: Commissioning Better Outcomes

CCM505 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 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:

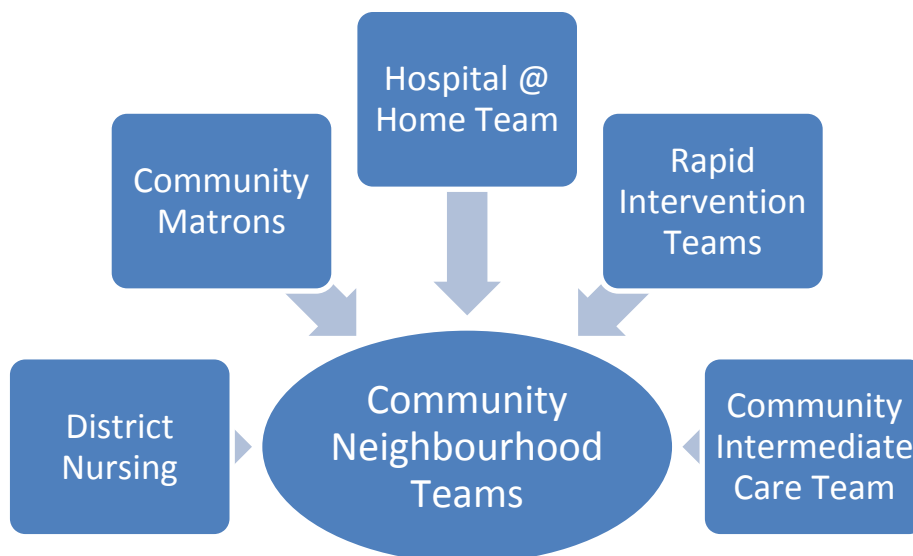
- A further summary report being submitted to the Committee in July to include a formalised version of the Return of Investment and Cash Flow.
- Approval being granted by the Local Authority
- Big Lottery funding

RESOLVED: That the above is noted.

Community Nursing Services Review

CCM506

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.

RESOLVED: That the above was noted.

Short Breaks Provision Service Specification

CCM507

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 26th May 2016, are met.

RESOLVED: The Committee approved the updated service specification.

The Value of Using Blue Teq

CCM508 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.

RESOLVED: The Committee were assured by the report provided.

Any Other Business

CCM509 None.

Date, Time & Venue of Next Committee Meeting

CCM510 Thursday 28th July 2016 at 1pm in the CCG Main Meeting Room.