

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP  
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 27<sup>th</sup> October 2016 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

**MEMBERS ~**

<b>Clinical ~</b>		<b>Present</b>
Dr J Morgans	Chair	Yes

**Patient Representatives ~**

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

**Management ~**

Steven Marshall	Director of Strategy & Transformation (Chair)	Yes
Claire Skidmore	Chief Financial Officer	Yes
Manjeet Garcha	Executive Lead Nurse	Yes
Juliet Grainger	Public Health Commissioning Manager	Yes

**In Attendance ~**

Arun Sharma	Senior Contract Manager (Arden & GEM CSU)	Yes
Wendy Ewins	Lead Commissioner – Adult Learning Disabilities	Yes
Fred Gravestock	CAMHS Transformation Lead	Yes
Peter McKenzie	Corporate Operations Manager	Yes

**Apologies for absence**

Apologies were submitted on behalf of Vic Middlemiss.

**Declarations of Interest**

CCM536            There were no declarations of interest on this occasion.

## Minutes

CCM537 It was noted that Claire Skidmore's apologies were noted twice. Other than this, the minutes of the last Committee, which took place on Wednesday 28<sup>th</sup> September 2016 were approved as true and accurate.

RESOLVED: That the above is noted.

## Matters Arising

CCM538 In response to a query about physiotherapy services provided by Nuffield, it was confirmed that the service commissioned was for non-complex needs and complex needs would be referred to RWT as appropriate.

In response to comments relating to whether equipment was provided by the Nuffield it was agreed that the contract would be checked.

RESOLVED: That the contractual position in relation to equipment position be determined and reported to the committee's next meeting.

*Wendy Ewins joined the meeting*

## Redesign of Learning Disability Assessment and Treatment Service

CCM539 The Committee considered the report from Wendy Ewins, which outlined the results of a public consultation exercise jointly undertaken by the CCG and Black Country Partnership Trust on relocating assessment and treatment provision for learning disabilities to alternative sites across the Black Country.

It was reported that the committee had previously agreed, in principle, to the relocation of services from Pond Lane, which had been significantly underused both due to the unsuitability of the physical environment and increased use of community based services. This reflected a national drive away from hospital based services, other than for clients in the greatest need.

In response to a query, Wendy Ewins confirmed that, whilst Pond Lane had previously been used to provide respite services, over the previous 10 years, hospital admission was no longer considered an appropriate respite service. Other community respite services were in place across Wolverhampton.

In response to further queries, it was confirmed that the alternative services identified were clinically appropriate and would provide additional benefits, including the ability to provide single sex accommodation. It was also confirmed that the building at Pond Lane would continue to be used by the Trust for other services and that the Trust were working with the staff affected. Wendy Ewins briefly outlined the regular, narrative reporting to NHS England on patients admitted to hospital to confirm that this ensured that the clinical

efficacy of the alternative provision would be regularly monitored.

The Committee discussed the public consultation, noting that the nature of the service provided made it difficult to engage with patients. The most significant concerns that had been raised related to transport and it was noted that, where transport needs would be a significant factor for parents and carers, this would be taken into account in Care and Treatment planning and review processes. The involvement of experts by experience in these processes ensured that patient needs were kept at the centre of the planning process.

RESOLVED: That the Committee recommend that the Governing Body agree to the relocation of three inpatient beds from Pond Lane to other sites across the Black Country, namely Orchard Hills, Penrose and Daisy Bank.

*Wendy Ewins left the meeting*

### **Contract and Procurement Update**

CCM540 The Committee received the regular monthly update in relation to contract performance and procurement. The report highlighted that Recovery Action Plans (RAP) remained in place for RWT for A&E, E-discharge and Cancer 62 day waits and that performance in gynecology had met the appropriate improvement target and the RAP had been stood down. A RAP for Black Country Partnership, in relation to PREVENT training, remained in place and issues with safeguarding training were under discussion. Details of performance sanctions for Month 4 were included in the report and Claire Skidmore advised that Month 5 sanctions had been at a similar level and would be reported to the next committee meeting. Cumulative sanctions for the year were around £186,000.

The Committee discussed a number of performance issues in relation to A&E, including ambulance handovers. It was noted that RWT had positive working relationships with the ambulance service and worked to minimise delays on handover. Steven Marshall also highlighted that the CCG had commissioned additional geriatrician and advanced nurse practitioner services within A&E to support effective and appropriate treatment of frail elderly patients conveyed to A&E in ambulances. It was agreed that the trust would be asked to clarify how these services, along with a proposed cardiology in reach service, were being deployed. It was also noted that the CCG's overall commissioning strategy aimed to ensure that appropriate services were in place in the community to prevent patients from reaching the point where they needed to be conveyed to A&E. It was reported that coding issues identified in A&E at RWT had now been resolved and a rebate would be received through the reconciliation process. Queries in relation to consultant to consultant referrals had been raised with the Trust and their initial response was that this activity was cost neutral. The Chair highlighted that further work would be required on this issue and it was agreed that there would be further investigation.

It was reported that, in line with national planning guidance, contract negotiation had commenced in order to reach a point where a two year

contract would be signed by 23<sup>rd</sup> December 2016. It was noted that, whilst this was a challenging timescale, work had begun and was currently on track. The Committee noted that there had been an error in the report and, whilst Sandwell and West Birmingham CCG would lead on the negotiation process, the CCG would have their own contract with Black Country Partnership and not be an associate.

Following an analysis of activity at the GP led urgent care centre operated by Vocare, the CCG had advised that the contractual provisions in relation to underactivity would be enforced. Vocare had queried this, highlighting issues with RWT services, including a see and treat clinic in the emergency department. The committee discussed these issues, and agreed that the management team would investigate the issue and report back to the committee.

The Committee were also advised that the CCG had received a request from another CCG to join the CCG's contract with Nuffield as an associate. It was agreed that queries in relation to the administrative burden associated with the request would be considered and reported back to the committee.

- RESOLVED: That
- RWT be asked to clarify the position in relation to commissioned services for geriatricians, advanced nurse practitioners and the Cardiology In-reach service in A&E
  - Further investigation of Consultant to Consultant referral patterns take place
  - Management be asked to investigate service delivery models in the Emergency Department
  - The request to join the CCG's contract with Nuffield be considered in more detail
  - The report be noted.

*Arun Sharma left the meeting*

*Fred Gravestock joined the meeting*

## **Wolverhampton Children and Young People's Mental Health and Wellbeing Local Transformation Plan**

CCM541 The Committee considered the report from Fred Gravestock, which introduced the refreshed Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP). It was reported that the plan had originally been developed in October 2015 as part of the application for the Future in Mind Programme and, as part of NHS England's ongoing assurance arrangements, needed to be updated by 30 October 2016.

The LTP outlined the CCG's plans for overall system transformation and gave details of how the CCG planned to spend the £532,047 Future in Mind funding allocated. In response to a query from Claire Skidmore, Fred Gravestock confirmed that additional detail on finances would be included in the final plan.

Juliet Grainger highlighted that the plan did not reflect the contribution of voluntary sector services, including those commissioned by public health and Fred Gravestock acknowledged that further discussions with public health colleagues were required as part of the ongoing planning processes.

In response to further queries, it was confirmed that the LTP aimed to transform the approach from a focus on planning around tiers of service delivery to ensuring that pathways enabled an appropriate focus on individual children's needs.

RESOLVED: That the refreshed Children and Young People's Mental Health and Wellbeing Local Transformation Plan be approved, subject to Appendix G being updated.

### **Any Other Business**

CCM542 The was no other business on this occasion

### **Date and Venue of Next Meeting**

CCM543 Thursday 24<sup>th</sup> November, CCG Main Meeting Room