

ANNUAL REPORT

Commissioning Committee

2016/2017



DOCUMENT STATUS:	Final version presented to Governing Body May 2017
DATE ISSUED:	May 2017
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	13.03.2017	First draft
1.0	11.05.2017	

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Commissioning Committee	March 2017	0.1

DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

Contents

1. Introduction 3

2. Committee Responsibilities 4

3. Work undertaken 4

4. Conclusions 7

Appendix 1 – Attendance at Meetings 8

Appendix 2 – Commissioning Committee Duties (Extract from TOR) 9

1. Introduction

1.1 This report sets out the work undertaken by the Commissioning Committee during the 2016/17 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) |
| • Manjeet Garcha | - Executive Nurse |
| • Juliet Grainger | - Local Authority |
| • Viv Griffin (until September) | - Local Authority |
| • Paul Smith (from January) | - Local Authority |
| • Steven Marshall | - Director of Strategy and Transformation |
| • Cyril Randles | - Patient Representative |
| • Malcolm Reynolds | - Patient Representative |
| • Claire Skidmore | - Chief Finance and Operating Officer |
| • Vic Middlemiss | - Head of Contracting & Procurement |

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

- | | |
|---------------------|--------------------|
| • 28 April 2016 | • 27 October 2016 |
| • 26 May 2016 | • 24 November 2016 |
| • 30 June 2016 | • 26 January 2017 |
| • 28 July 2016 | • 23 February 2017 |
| • 25 August 2016 | • 30 March 2017 |
| • 28 September 2016 | |

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 in previous years, this evidence is being used to conduct an assessment of how effectively the committee has met its duties during 2016/17. A draft of this report is being considered by the Committee at its March meeting, giving members the opportunity to feed their own views on how well the committee has operated during the year.

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 serves as significant forum for the discussion of key commissioning strategies and policies. This includes the CCG's overarching commissioning intentions which were considered by the committee in a private session in August. This allowed the committee to comment on the development of proposals, informed by public consultation before recommending them to the Governing Body.

3.3 One of the key influences on the CCG's operational strategies is the need to deliver savings through Quality, Innovation, Productivity and Prevention (QIPP). The committee reviewed the CCG's approach to QIPP programme management at its July meeting and the lessons learned from the 2015/16 programme. This approach is enabling the CCG to make informed decisions around new services and projects throughout the life cycle of the programme. For the committee, understanding how its work fits into this overall strategy enables it to make effective commissioning decisions to support QIPP delivery.

3.4 The committee has reviewed a number of policies that impact on Children and Young People during the year. This has included a transformation plan for Children and Adolescent Mental Health Services in October and how the CCG commissions out of area placements jointly with the Local Authority. The committee made a number of comments on these policies prior to recommending them for adoption by the Governing Body.

- 3.5 As part of the on-going development of the CCG's approach to commissioning, the committee considered a business case seeking Big Lottery funding supporting a move towards commissioning for better outcomes based on the use of social prescribing. This is an innovative approach, cautiously welcomed by the committee, however ultimately the bid for big lottery funding was not successful. Instead, the committee considered a proposal in September for a service delivered by voluntary services that would enable patients to be supported through low level, non-clinical interventions designed to reduce social isolation. This in turn would also lead to improved health outcomes.
- 3.6 In addition to developing new commissioning policies, the committee also reviewed the existing approach to transforming care for people with learning disabilities. The committee received the draft Black Country Transforming Care plan, which outlined the overall approach to commissioning services for patients across the area in line with the recommendations from the Winterbourne View report. The committee was supportive of the approach taken and assured by the report received.

Contracting

- 3.7 As in previous years, the committee's main focus under this heading has been on receiving assurance around contracting action with the CCG's main providers. The Head of Contracting and Procurement has provided an update at each meeting on the management of key contracts, including those with Royal Wolverhampton Trust (RWT) and Black Country Foundation Partnership Trust. These updates have included details of performance against key metrics in the contract and contractual action taken (when necessary) to resolve any issues.
- 3.8 The reports have detailed areas where performance issues have been discussed with providers including A&E waiting times, referral to treatment targets and cancer waits. The committee have been updated on the use of contractual measures such as Remedial Action Plans and fines have been enacted to support performance improvement by providers. In particular, the committee has maintained an overview of queries relating to coding of patients at A&E by RWT and subsequent assurances provided. A detailed report on the use of the Blueteq system as part of the overall contract and the value for money benefits it demonstrates was also received during the year.
- 3.9 The updates to the committee also included details by exception with the CCGs other providers, including the GP led urgent care centre. At a private session, the committee made a number of recommendations relating to the extension and re-procurement of existing contracts and the alignment of contracts with public health on screening and treatment of latent TB. Members were also kept up to date with progress on the negotiation of contracts for 2017-19 in line with the latest NHS planning guidance supporting delivery of the Five Year Forward view.

Service Specifications and Procurement

- 3.10 The committee has continued its on-going work during the year on supporting the development of new services across the CCG's portfolio of commissioning responsibilities. This has included both projects internally generated within the CCG and business cases from external providers. One such external business case came from RWT for a new direct access diagnostic spirometry service from RWT, which would help to identify patients with Chronic Obstructive Pulmonary Disease and other respiratory conditions. This is an area identified in the CCG's 'Right Care'

information from NHS England and the committee, once it had received assurance on financial information, approved the business case in May 2016. The committee also approved a business case from Nuffield Health in September 2016 to provide spinal surgery services.

- 3.11 As a consequence of its strategic work, the committee has also reviewed a number of service specifications relating to children and young people. This has included the Short Break service and Designated Medical Officer role for Children with Special Education and Health Needs. The committee discussed the specification for Short Breaks for Vulnerable children at its June meeting (following an earlier review of the service in May) which was agreed as an addition to the Children's Community Nursing Service. The Designated Medical Officer role was agreed as a key post in ensuring that the CCG continued to meet its statutory duties in respect of children with Special Education and Health needs. During the year, the committee also met in private to discuss and agree action in relation to services that are responsible for safeguarding children, including Looked After Children.
- 3.12 A specification for a pilot project with a nursing home in the City was approved at the committee's May meeting. This project would involve the home providing step up beds for a maximum of 72 hours to help to avoid unnecessary hospital admissions. The committee noted that this specification aligned with the local intermediate care strategy and approved the pilot. The committee also reviewed and agreed specifications for community falls and an alignment of end of life and palliative care services in line with the CCG's recently agreed End of Life Strategy.
- 3.13 Other work on service specifications included the committee gaining assurance on the impact of the specification for intensive support services for patients with Learning Disabilities, which was discussed in May and a review of the Heart Failure service in January. The committee took assurance from these reports and made a number of recommendations for amendments to the heart failure specification, which were subsequently agreed by the Governing Body.
- 3.14 In conjunction with work on developing Service Specifications, the committee's work in this area includes overseeing procurement work and making recommendations to the Governing Body. The Head of Contracting and Procurement included an overview of some of these details in his monthly reports to the committee and more detailed work also took place in private sessions. This included discussions on the procurement of Musculoskeletal (MSK) services as well as decisions around community eyecare, dermatology and joint procurements with the local authority on community equipment services and children's residential services. The committee was also informed of the withdrawal of a provider from a Step Down service for patients with complex health needs, action to identify an alternative provider to step in and the intention to re-procure the service during 2017.

Service Review

- 3.15 As in previous years, the detailed service specifications considered by the committee were developed following reviews of services that the committee was already involved in. This has included the committee's work on both short breaks provision and residential services for children and young people, as well as MSK and community equipment services. All of these services were reviewed during the year and the committee's subsequent recommendations in relation to them, led to the CCG pursuing the appropriate next steps, including moving to procurement where appropriate.

- 3.16 Work to support greater integration of services in the community is one of the key areas that the committee continues to prioritise. This has included discussion during the year on the outline model for community nursing services and how they will be integrated into the broader community neighbourhood teams under the Better Care Fund programme. As highlighted above, options for social prescribing services that support reductions in social isolation have also been reviewed during the year.
- 3.17 The committee has also considered a number of services that are delivered through primary care, including minor amendments to schemes for prescribing incentives and a review of software used to support clinical decision making. In September, a proposal was considered to begin delivering Atrial Fibrillation services in Primary Care, however, following a review the committee did not agree to introduce this service. The committee also received assurance on the outcomes associated with a decision following a previous review to end prescribing of glucosamine.
- 3.18 A number of updates have been received on an on-going review the commissioning of in-patient services for patients with learning disabilities. This has tied in with development of strategies to transform care for these patients highlighted above and has been through public consultation during the year. The committee received a report on the outcome of this consultation in October 2017 and supported a recommendation to relocate a number of beds to clinically appropriate locations across the Black Country, recognising the need to support patients and carers affected by this decision.
- 3.19 Other work dealt with by the committee under this theme has included early sight of reviews into services including weight management, dementia care and support for patients with particular genetic conditions. Due to the nature of these discussions, much of this work has been conducted in private session.

4. Conclusions

- 4.1 The Committee has had a further productive year and believes that the work highlighted above demonstrates that it has effectively met its terms of reference. This has included significant and varied work across the portfolio of services commissioned by the CCG, which continues to evolve as the national commissioning agenda moves forward.
- 4.2 The committee looks forward to continuing its work supporting the Governing Body and CCG management team to ensure that comprehensive health services are commissioned for the population. Whilst it recognises that the a two year contracting model has been adopted in line with national guidance, it is clear that transformational work to develop new models of care, both locally in Wolverhampton and across the Black Country will continue to impact on our work over the upcoming year.

Appendix 1 – Attendance at Meetings

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Jan 2017	Feb 2017	March 2017
Clinical ~											
Dr Julian Morgans	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	
Management ~											
Steven Marshall	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	
Ms Manjeet Garcha	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	
Viv Griffin	No	No	No	No	No	No	N/A				
Paul Smith	N/A								No	Yes	
Ms Claire Skidmore	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	
Juliet Grainger	No	No	No	No	No	No	Yes	No	Yes	Yes	
Vic Middlemiss	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	
Lesley Sawrey	No	No	No	No	No	Yes	No	No	No	No	
Steven Forsyth	N/A					No	No	No	No	No	
Sarah Southall	No	No	No	No	No	N/A					
Patient Representatives ~											
Malcolm Reynolds	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Cyril Randles	No	Yes	Yes	Yes	Yes	No	Yes	No	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.