

**WOLVERHAMPTON CCG**

**Governing Body**  
**14 November 2017**

**Agenda item 11**

<b>TITLE OF REPORT:</b>	<b>Commissioning Committee – Reporting Period October 2017</b>
<b>AUTHOR(S) OF REPORT:</b>	Mr Steven Marshall
<b>MANAGEMENT LEAD:</b>	Mr Steven Marshall
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in October 2017.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	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.
<b>RECOMMENDATION:</b>	That the report is noted.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



## 1. BACKGROUND AND CURRENT SITUATION

- 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 October 2017.

## 2. MAIN BODY OF REPORT

### 2.1. Contracting Update

#### *Royal Wolverhampton NHS Trust*

Contract Performance - No specific activity information was provided due to Month 4 data being repeated at the September CRM.

The main issues are noted as follows:

- Performance recorded in Month 4 indicates an over performance on activity of 1.46% and 0.11% on the finances.
- Elective activity is the largest under-performing Point of Delivery area at (£663k) which continues to give concern for the achievement of Referral to Treatment (RTT) time targets.
- Non-elective activity continues to overheat and the CCG is seeing new HRGs being used e.g. relating to Sepsis where before activity was not recorded.
- Outpatient first attendances are on plan in activity and money and this position is also reflected in the reduction of referrals seen.
- Outpatient follow ups continue to over perform and the CCG is working with RWT to understand the causes and key specialties.

Performance sanctions for July 2017 are confirmed as £29,000

Sepsis Counting & Coding Change:

- Due to a national change in the coding guidance for Sepsis, the CCG advised RWT that this will have a cost neutral impact to the CCG during FY 2017/18. The Trust has a different interpretation of the national guidance. However, CCG intentions have been made clear.
- The CSU is pulling together a report to put the CCG's case forward to the Trust.

Activity Transfer from Walsall Manor:

- The CCG has been made aware that a cohort of paediatric orthopaedic activity will be transferred from Walsall Manor Hospital to RWT, on the basis of clinical and safety concerns for patients. The CCG has not yet been sighted on the activity numbers and will continue to liaise with RWT and Walsall CCG, particularly with regards to the impact on RTT.



### ***Urgent Care/ Ambulance/ Patient Transport***

Urgent Care Centre:

- Totally PLC have announced their intention to buy Vocare and the acquisition was due to be completed by the 24<sup>th</sup> October 2017. The sale has been confirmed by Vocare in its own recent press release, which confirms their full support. The change of ownership is not expected to impact on the contractual and commissioning arrangements the CCG has in place i.e. the existing contract will continue in its present form. It is therefore not a contract novation. In this scenario, the NHS Standard Contract requires the provider to notify the commissioner of a Change of Control, as per General Condition 24, once the acquisition is confirmed.
- The provider remains under close scrutiny through the Improvement Board and monthly Contract Review Meeting. The Vocare Improvement Board has issued the provider with a three month timeframe to make specific improvement in areas of concern. Two Contract Performance Notices and an Information Breach Notice remain in force.

WMAS – Non-Emergency Patient Transport (NEPT):

- The performance of the NEPT service in Wolverhampton and Dudley is currently below the required standard. A Contract Performance Notice has been served for all of the KPIs that are underperforming and WMAS are working to a Remedial Action Plan.
- Two Potential Serious Incidents (SIs) – One incident has been confirmed not to be an SI and the other one is still being discussed between quality teams at the CCG and WMAS.

### ***Other Contracts***

Probert Court Nursing Home:

- The suspension to the service at Probert Court Nursing Home (Step-down facility) has been lifted as of 4<sup>th</sup> October 2017. This follows an intense period of scrutiny which has included weekly inspections and agreement that the provider Accord has demonstrated satisfactory improvement to warrant a return to normal operational service.
- As a result of the suspension, bed utilisation at the home has been very low. This means poor value for money on the block contract (which is circa £880k) and the CCG paying for alternative arrangements for patients discharged from RWT who would have been suitable for Probert Court. These costs have been closely monitored by the Continuing Healthcare Team during the suspension period and arrangements are being made for this total amount to be recovered accordingly.

Individual Placement Support:

- As per paper to the September Governing Body (private session), a procurement process has been completed for Individual Placement Support service which the CCG is actively supporting West Midlands Combined Authority on, in the role of host commissioner. A draft contract is being developed for the CCG to review week commencing 16<sup>th</sup> October, aiming for contract sign off by 1<sup>st</sup> November. This is an



ambitious timeframe and there is a risk of slippage.

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

## 2.2 Primary Care Counselling Service

The Committee was presented with a report by Ranjit Khular to request that approval be given to extend the current Primary Care Counselling Service Contract to the end of March 2018.

The key features of the service are to provide counselling support to patients with very low level anxiety and depression within a Primary Care setting for patients who do not meet the criteria for Healthy Minds.

The uptake of the service and its outcomes are positive and the Committee therefore approved the recommendation to extend the service until 31<sup>st</sup> March 2018.

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

## 3. RECOMMENDATIONS

- Receive and discuss the report.
- Note the action being taken.

**Name:** Steven Marshall  
**Job Title:** Director of Strategy and Transformation  
**Date:** 27<sup>th</sup> October 2017

