

**Commissioning Executive Team (CET)
and Commissioning Executive Approvals Group Update**

Item 14c

Governing Body meeting

8 January 2015

Author(s)	Ian Atkinson, Accountable Officer
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications?	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
This paper provides assurance that risks will be identified and managed to help ensure the achievement of the CCG's objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No.	
There are no specific issues associated with this report.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
None required	
<u>Recommendations</u>	
The Governing Body is asked to note the report.	

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1. Introduction

This paper sets out the current key issues being addressed by the CET and the CET Approvals Group and provides a forward look to potential commissioning issues that will need to be addressed or will be subject to further work and involvement of the committee.

1.1 Commissioning Executive Team (CET)

- **Domestic Homicide Reviews (DHRs)** - became a statutory requirement from the Home Office on 13th April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Adults Act (2004). The Local Authority hold the responsibility for conducting the reviews but the CCG has a responsibility around the health element and a GP has to be part of the review. CET noted the progress made in undertaking DHRs and the capacity and resources required by the CCG to fulfil its statutory duty.
- **Draft 2015/16 Plan and QIPP update** – received and commented on the first refresh of the CCG's 2015/16 operational plan.
- **CQC Inspection of practices** – discussed the outcome of the recent audits and discussed how the CCG could support practices going forward.
- **Review of CET and Portfolio leadership** – agreed a proposal which is presented at today's Governing Body.
- **Special Educational Needs and Disability (SEND) Reforms** – Noted that there could be significant financial implications around the shared budget for delivering the outcomes of SEND; the CCG may need to invest to comply with the requirements of SEND which are currently unknown. Therefore further work required to clarify any possible financial commitment and relative prioritisation.

1.2 CET Approvals Group

The following projects have been considered and the following agreed:-

- **Orthotics – STH Funding/Pathway Review (2014-11-11-6)**
Decision: Approved
Rationale for decision: Funding approved. Non-recurrent funding injection needed to service to reduce waiting times from 6 months to 4 weeks by March 2015. Ensures provider compliance.

- **Primary Care Interpreting Services (2014-11-25-1)**
Decision: Approved
Rationale for decision: Approval to proceed to conduct a Service Review. Service Review must not pre-judge outcome and must consider the impact on the four Localities. Potential for QIPP savings. Current service receives good feedback and is viewed as a valued service.
- **Roma Slovak Clinics (2014-11-25-2)**
Decision: Approved
Rationale for decision: Approval to proceed to support a short-term initiative to improve Primary Care capacity pending development of longer term approach with NHSE and other stakeholders.
- **Winterbourne Concordat (2014-11-25-3)**
Decision: Approved
Rationale for decision: Approval to proceed to create the CCG's Plan for meeting the requirements of the national Winterbourne Concordat.
- **Crisis Care Concordat (2014-11-25-4)**
Decision: Approved
Rationale for decision: Approval to proceed to develop a city-wide Health and Social Care solution for all age groups.
- **Liaison Psychiatry (2014-11-25-5)**
Decision: Approved
Rationale for decision: Approval to proceed to generate a business case that defines the model of care and potential savings.
- **Masterclasses: Improving Mental Health knowledge in General Practice – GP Specialists (2014-11-25-6)**
Decision: Approved
Rationale for decision: Approval to proceed but need for resolution on source of funding. Supports GP practices training together. Links to Care Planning. Primary Care to lead on Masterclasses. Needs to involve Secondary Care to support proposed training.
- **Masterclasses: Improving Mental Health knowledge in General Practice – Nursing Specialists (2014-11-25-7)**
Decision: Approved
Rationale for decision: Approval to proceed. Supports GP practices training together. Links to Care Planning. Primary Care to lead on Masterclasses. Needs to involve Secondary Care to support proposed training. Not to be considered as single events - part of a recurring training package.
- **Improving Ambulance Conveyances (2014-12-9-3)**
Decision: Approved
Rationale for decision: Supports Adult's Urgent Care Strategy/Review. Need to reduce number of patients inappropriately conveyed to A&E; service pathway needs amending to improve out of hours capacity.

- **Reducing Clinically Unnecessary Children's A&E Attendances (2014-12-9-4)**
Decision: Approved
Rationale for decision: Refresh of previously scoped work. Link to Adult's Urgent Care Strategy/Review. Impact in Quarter 4 2015/16
- **SMI Physical Health (2014-12-9-5)**
Decision: Approved
Rationale for decision: Forms Programme of work for MH portfolio for 2015/16. Work needed with Care Trust (provider) as to what needs providing to meet the SMI Physical Health needs of service users.
- **Reducing Clinically Unnecessary Children's Urgent Care admissions (2014-12-9-6)**
Decision: Approved
Rationale for decision: Refresh of previously scoped work. Link to Adult's Urgent Care Strategy/Review. Impact in Quarter 4 2015/16
- **Reducing Children's (all ages) Clinically Unnecessary Out-patient follow ups (2014-12-9-7)**
Decision: Approved
Rationale for decision: Potential for increased efficiency or quality improvement. Establish options with providers for consideration under contract negotiation.
- **Development of Assessment Tariffs (2014-12-9-8)**
Decision: Approved
Rationale for decision: Tariff guidelines have changed. Establish impact of changes to Tariff - proceed to contractual renegotiation.
- **Direct Access Diagnostics Guidelines Review (2014-12-9-9)**
Decision: Approved
Rationale for decision: Potential for increased efficiency or quality improvement. e.g. Sheffield Gastro costs benchmark higher than UK average. Needs progressing at pace.
- **Review of Fertility Services Contract (2014-12-9-10)**
Decision: Approved
Rationale for decision: Potential for increased efficiency or quality improvement. Proceed to contract negotiation providing no unexpected costs incurred.
- **Procedures of Limited Clinical Value (2014-12-9-11)**
Decision: Approved
Rationale for decision: There is evidence available from the CSU identifying certain procedures that have little clinical value/impact on the patient. Explore opportunities for increased efficiency or quality improvement.
- **Prescribing Incentive (2014-12-9-12)**
Decision: Approved
Rationale for decision: Potential for increased efficiency or quality improvement. Communication very important. Approved to start up to establish approach taken.

Options appraisal needs to help determine whether this should be Provider/Commissioning led.

- **Urgent Care Commissioning Incentive Scheme (2014-12-9-14)**
Decision: Approved
Rationale for decision: Approved to start up to establish more detail on the scheme itself.
- **Reducing Analgesic Dependency/Prescribing (2014-12-9-16)**
Decision: Approved
Rationale for decision: Potential for increased efficiency or quality improvement. Limit CCG exposure via three month pilot.
- **Personality Disorder Service (2014-12-16-1)**
Decision: Approved
Rationale for decision: Forms Programme 3 of Mental Health, Learning Disabilities and Dementia Portfolio Commissioning Intentions for 2015/16. Clinical evidence base for service

2. Recommendation

The Governing Body is asked to note the report.

Ian Atkinson
Accountable Officer
December 2014

An 'approved' decision is defined as approval to proceed to programme/project start-up and to develop the planning phase. This is not approval to commit funding/resources at the point unless explicitly stated.