

QUARTERLY REPORT:
SPECIALISED COMMISSIONING TEAM
(WEST MIDLANDS)
October 2009

1 Introduction

The purpose of the report is to update Board members on the work programme of the Specialised Commissioning Team (West Midlands) relating to both national and regional issues for the quarter July – September 2009.

2 National Issues / Work Programme

2.1 New National Director

There has been a new appointment to the National Director post for specialised commissioning, Theresa Moss who previously worked in the National Cancer Action Team.

2.2 World Class Commissioning

The year 2 assurance framework for PCTs was published in September 2009. In terms of collaborative commissioning arrangements “DH, working with Specialised Commissioning Groups (SCGs), PCTs, SHAs and other key stakeholders, have developed a tool for use by PCTs and SHAs to help identify both the strengths and development needs of SCGs. SHAs and PCTs will work with their Specialised Commissioning Teams to implement the tool with details of timetables and processes being agreed locally”.

The SCT (WM) have a copy of the tool and are in discussions with SHA/PCTs about how this will be taken forward in the West Midlands.

It is clear from the guidance that the PCT year 2 assurance framework also focuses more on the importance of collaborative commissioning with evidence required on PCTs governance arrangements and delegation processes for joint, collaborative and specialised commissioning arrangements.

In addition the PCTs have to demonstrate how it takes ownership of the specialised commissioning agenda. With regard to the provision of evidence to support this aspect of the assurance process SCT (WM) will provide a briefing pack to all PCTs to support them.

It is clear from the above and an initial self assessment by the SCT (WM) that there is a need to not only integrate the SCG’s individual service strategies into the whole patient pathway but to develop a specific overarching specialised services strategy on behalf of all PCTs. A first draft is being collated as a starting point for comment by PCTs. The SCT (WM) has also provided PCTs with evidence of how WMSCG is

complying with the implementation of the Carter Review of Specialised Commissioning. (This could be used as evidence of WCC compliance by PCTs).

3. Regional Issues

3.1 Tertiary Paediatric Clinical Performance Task Group

Regular monthly meetings of the Task Group (involving representatives of national, regional and local commissioners) have been held over the past ten months to review progress made by Birmingham Children's Hospital against all of the areas required to address both the immediate operational risks and the plans put in place to address the strategic issues.

At the Task Group meeting held on 18th August 2009 it was felt good progress has now been made in all of the areas and as a result it was agreed to recommend formally standing down the group to NSCG and WMSCG.

The SCT (WM) would still retain overall responsibility for updating the progress on the overall master action plan until the CQC visit to the Trust scheduled for November 2009. (At this point the action plan will be reviewed and hopefully signed off completely).

A three day event was held in October to develop the strategy for children needing surgery across the West Midlands. Over 50 clinicians and around 120 stakeholders in total supported an extremely successful event which developed a number of high level strategic goals for the services across the whole system.

3.2 Paediatric Cardiac Surgery – 26 Week Breaches

All PCT CEOs were made aware of the issue regarding a review of the management of Birmingham Children's Hospital Paediatric Cardiac Surgery waiting list on 9th September 2009. This review identified 41 patients who had breached the 26 week national waiting time guarantee, on the 31st August 2009.

This has resulted in an intensive piece of work being undertaken by SCT (WM) with BCHFT to develop a clear action plan to address the following:

- Assurances that BCHFT has adequately reviewed all waiting list administration and performance reporting mechanisms for all clinical specialities.
- SCT (WM) / BCHFT to establish the most effective and expedient plan to provide treatment to all patients currently and prospectively expected to be treated beyond 18 weeks. To include:
 - Internal prioritisation of BCHFT Trust capacity and operation effectiveness and efficiency.
 - BCHFT options to increase PICU/theatre capacity.
 - Transfer of existing patients to a clinical service at another Trust (whose condition is considered appropriate to be transferred).

- Consideration of management of urgent / new referrals and diversion to other centres for non-West Midlands and some West Midlands patients.
- Impact of winter pressures /flu on PICU capacity.
- The SCT (WM) are requiring assurance that as a result of the breaches no cardiac surgery patient has been placed at clinical risk by undertaking a retrospective audit of clinical outcomes.
- Development of a clear strategy for managing the communication to patients and families.

The action plan for paediatric cardiac surgery will be added to the master action plan for BCHFT and will be kept closely under review. At this stage it is not intended to re-establish the Task Group but the situation will be kept under review.

3.3 West Midlands Ambulance Service

PCTs and Trust Boards have been fully briefed with regard to the outcome of the independent review of the West Midlands Emergency Ambulance Service.

The SCT (WM) commission emergency and urgent Ambulance and associated services on behalf of the 17 PCTs.

Over the quarter July – September 2009 significant resource from the SCT (WM) has been involved in supporting the newly established Task and Finish Group and its' associated workstreams.

3.4 Draft Communications, Involvement and Engagement Strategy

To support and strengthen this work a draft communications, involvement and engagement strategy for the commissioning of specialised services has been circulated to LCCBs for initial comments prior to wider consultation with key stakeholders. It is anticipated the final strategy will be approved at the December SCG. Part of this programme of work is to update the website and improve internal communications with PCTs (the refreshed website will be operational in November). The 09/10 annual report has been published at the beginning of October.

3.5 PCT Hosted Policy Support Unit

The SCT (WM) on behalf of PCT Chief Executives is developing proposals for a PCT hosted policy support unit to support PCTs in producing policies, horizon scanning and networking to ensure better sharing of information across PCTs. The plan is also to provide a training function for public health trainees, PH and commissioning staff and GPs – by closer working with Birmingham University (through existing regional levies contract). The project is supported by Cathy Picton (who developed the NPC Handbook on rational decision making to support the NHS Constitution) and a Task and Finish Group of PCT representatives. It is expected the proposals will be presented to Chief Executives in November or early December. In parallel to this the SCT (WM) is looking to release resources to help support the funding of this unit from the existing regional levies portfolio.

3.6 SCT (WM) Staffing

Two new appointments will commence in the next couple of months to SCT (WM):

- Gail Fortes-Mayer – Assistant Director Specialised Children’s Commissioning.
- Rachel O’Connor – Neurosciences Programme Manager

Despite two sets of interviews, the preferred candidate for the Project Manager for Organ Donation withdrew after interview.

Interim arrangements are in place with locum support to the acute team whilst discussions on a revised structure are implemented.

The two key pressure areas in terms of resources / activities remain Birmingham Children’s Hospital and West Midlands Ambulance Service which is taking up a significant resource within the team.

The SCT (WM) staff have also been actively developing business continuity plans for pandemic flu and liaising closely with regard to plans for critical care, especially PIC.

3.7 HSJ Shortlisting – WCC Category

The SCT (WM) has been shortlisted in the WCC category for its work on the specialised mental health and CAMHS procurement.

3.8 PCT Co-ordinating Commissioners / SCT (WM) contractual arrangements

The focus of both PCT co-ordinating commissioners and SCT (WM) in the introduction of the new contractual arrangements has naturally been on developing their own individual arrangements with providers.

In 09/10 the SCT (WM) is now ensuring there is a workstream that:

Initially ensures all relevant information / minutes / reports of Quality and Safety groups are shared and evaluated across commissioners. This will ensure no issues are missed / not referred to SCT (WM) or vice versa.

A series of meetings are being set up between SCT (WM) and PCT co-ordinating commissioners to review how to improve overall contractual framework with each provider e.g. sharing of CQUIN, scheduling of joint meetings etc.

3.9 WMSCG Risk Strategy and Policy

A draft SCG risk strategy and policy has been circulated initially to all LCCBs in October 2009 for their comments with the aim of final approval at the December SCG. This proposes the establishment of an SCG sub-committee focusing on assurance / risk. This SCT (WM) has also revised its current arrangements to establish an internal governance committee.

3.10 Internal Audit Review

The SCT (WM) has recently been reviewed by Internal Audit with regard to its' governance, financial and contractual arrangements. The outcome of the audit will be shared once formally signed off but the initial feedback is positive with significant assurance received on arrangements.

3.11 Attendance at Trust Boards / Understanding of Accountability

The Chair of the SCG offered SCT (WM) Director and her team to attend PCT Trust Boards to ensure there is greater understanding and awareness of the work of SCG / LCCBs and the accountability framework.

In addition a presentation was given to the PCT Chairs of all PCTs by the Director of SCT(WM) on the arrangements for specialised commissioning on 25th September 2009.

4 2009/10 Financial Position as at Month 04 (July 2009)

4.1 Summary of Budgets

SCT (WM) hosts both regional and 5 LCCB budgets on behalf of West Midlands PCTs totalling £918m including the emergency/urgent ambulance contract with West Midlands Ambulance Service £143m.

The table below shows the total budget managed by SCT plus forecast year end position by budget:

Budget	Annual Budget [£000]	Year End Forecast Over/[Under] £000]
Regional [Tier 2]	458,534	2,398
Pan Birmingham LCCB	194,943	971
Shropshire/Staffordshire LCCB	90,439	(475)
Black Country LCCB	70,787	(1,107)
Coventry & Warwickshire LCCB	61,190	(6,762)
Hereford & Worcestershire LCCB	42,248	(4,400)
Total	918,140	(7,354)

- It should be noted that the above position does not include £1.35m returned to Black Country LCCB PCTs in year.

- The Regional finance position does not include the forecast over performance for the Ambulance Service contract of over £4.3m which is invoiced direct to PCT's as it does not form part of the SCT risks hare arrangements.
- The above finance position does not include any financial adjustments relating to the implementation of the proposed HRG based contract algorithm and any coding issues year to date that may require in year adjustment.

4.2 Acute Services

The forecast under spend relates to under spend on haemophilia factor products (£1.6m), pulmonary hypertension drugs (£2.4m), slippage on Paediatric Transport Service (£500k) and Other Services (£400k) net off over spend due to activity pressures within neonatal services £1.1m and Paediatric Intensive Care £600k.

4.3 Mental Health Services

The forecast over spend on low and medium secure mental health services is £3.4m in total. The forecast over spend on CAMHS is £2.4m. Detailed work particularly around LOS and discharges is being undertaken to minimise expenditure.

4.4 LCCB Portfolios

There is a forecast under spend of £9.8m within the LCCB budgets held by SCT although a significant proportion of the under spend relates to Coventry and Warwickshire LCCB (£5.6m) and Hereford and Worcestershire LCCB (£3.5m). This will be affected by changes to the HRG version 4 adjustments with PCT budgets

In addition to the above, there are likely to be coding issues relating to the implementation of HRG Version 4 in 2009/10 that will affect all LCCB budgets.

4.5 Cost Efficiency / QUIP

The SCT(WM) is also contributing both nationally and locally to the above agenda. All 10 SCGs have identified the top 10 areas of expenditure across specialised services and are sharing intelligence to identify areas of efficiency, redesign etc. the SCT(WM) is also leading on work regarding renal services.

A detailed review of areas for efficiency, productivity and redesign is being presented to PCTs in October with regard to specialised services.

5. Summary and Recommendation

The BEN Board are requested to note the quarterly update from the SCT(WM).