

## PWYLLGOR CYLLID FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: <b>DATE OF MEETING:</b>	22 December 2020
TEITL YR ADRODDIAD: <b>TITLE OF REPORT:</b>	Commissioning Group Update from its Meeting Held on 14 <sup>th</sup> December 2020
CYFARWYDDWR ARWEINIOL: <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
SWYDDOG ADRODD: <b>REPORTING OFFICER:</b>	Shaun Ayres, Assistant Director of Commissioning

### Pwrrpas yr Adroddiad (dewiswch fel yn addas)

### Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

### SBAR REPORT

#### Sefyllfa / Situation

This report provides the Finance Committee with information pertaining to the first Commissioning Group meeting held on 14<sup>th</sup> December 2020.

#### Cefndir / Background

The Health Board (HB) spends circa £144m on commissioned services including an additional £51m on Continuing Healthcare.

A paper accompanied by Terms of Reference (ToR), was presented to the Finance Committee at its meeting held on 30<sup>th</sup> November 2020. The paper articulated the need to set up a Commissioning Group and described the aim of the Group, which is to review areas of external spend and to develop robust pathways, with a clear focus on quality and patient outcomes.

#### Asesiad / Assessment

#### Introduction and Analytics

The meeting commenced with introductions and an overview of “What is Commissioning?” The group then received a presentation around Value and some of the analytical tools available to identify areas of variation. There were three main themes interwoven into the analytics:

- Costing
- Business Intelligence
- Value

Each of these themes has an element of interoperability and will be essential to the identification and prioritisation of Commissioning priorities. One of the key analytical instruments will be the Locality Based Tool, which will identify the levels of spend and activity by County and respective population (population health data). The Locality Tool will support the Commissioning of Outcomes, in order that any service developments take into account

patient activity both within Hywel Dda University Health Board (HDdUHB) and for other Health Boards and Providers.

The Locality Tool will also be used to identify any gaps in service provision and will allow HDdUHB to review the Commissioned Service in question and to re-commission or vary contractual arrangements, as may be required.

### **Vanguard**

A discussion was held around the level of support required for the proposed Vanguard solution at Prince Phillip Hospital. Whilst Planned Care representatives viewed this as a bespoke operational response to current pressures, the Commissioning Group discussed commissioning and contracting implications, as the proposed unit would alter patient pathways and would require a longer term (possible 3-year) commitment. Whilst there was no unilateral consensus around whether this should fall into the commissioning sphere, it was agreed that the Contracting Team would need to support the solution from a contractual perspective.

### **Continuing Healthcare**

A thorough and in-depth discussion was held around Continuing Healthcare (CHC). There was a significant focus on how HDdUHB manages its fee structure in conjunction with the Local Authorities (LAs). Moreover, as the LAs are the Lead Commissioner and also carry out much of the administrative processes relating to finance, the Commissioning Group discussed how arrangements relating to fee structure should be progressed. It was agreed that:

1. HDdUHB would not want to change the current arrangements, as that would involve a significant overhaul of HDdUHB structure around CHC. It would also create significant issues if HDdUHB set up its own fee structure.
2. The Commissioning Group did agree with the current steps being undertaken - namely, to input into the annual fee methodology, and to try and align the methodology as far as is reasonably possible across the three Counties (this will not result in an all-HDdUHB fee structure).

Following comprehensive discussion around the fee structure, the Commissioning Group discussed the patient pathways within CHC. There was a clear recognition of the need to commission CHC with clear outcomes. There is currently work being undertaken within the HDdUHB Value Team around Care Homes and Older People, and it was agreed that the Value Team would be invited to the next Commissioning Group meeting to ensure that any further commissioning of CHC pathways would integrate the Value Team and the work they have been undertaking on said outcomes, with the aim of quantifying through qualitative and quantitative means the current CHC provisions within HDdUHB. Consequently, there will be a focus on the quality of services through the use of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

### **Long Term Agreements (LTAs)**

One of the agreed priorities of the Commissioning Group is to review Long Term Agreements (LTAs). The focus will initially be upon a review of the quality of commissioned services, with much of this work already in train. However, the Commissioning Group has agreed to focus on specific specialities where HDdUHB has the greatest concern around the patient experience and fragility.

Therefore, the Commissioning Group and Contracting Team, in conjunction with the Quality Team, will work with Swansea Bay UHB on the Spinal Surgery pathway. The level of activity

and cost within Spinal Surgery is worthy of particular attention due to the waiting list(s) and on-going issues.

Secondly, the Commissioning Group will agree specific areas within the LTAs to review at a later stage. This will be a multifaceted approach, as the Commissioning Group will look to advise on:

- Continuing the pathway with current providers, albeit subject to quality and outcome measures;
- Decommissioning the service with one provider and re-commissioning the service with another provider(s);
- Opportunities to repatriate ‘to make’ rather than ‘buy-in’ relating to specific procedures in a number of specialities i.e. pacing (Bradycardia).

### **The Commissioning Group Function**

The Group Vice-Chair expressed the intention that the Commissioning Group will be a ‘safe place’ where all discussions can be held, recognising that the Group needs to be able to freely discuss commissioning options, including any potential contentious issues or areas. The Commissioning Group would also support and scrutinise any Business Cases and/ or commissioning pathway changes, to ensure that all the representatives of the Group had an equal input into proposals and/ or changes.

### **Next Steps**

Each of the Directorates represented at the meeting have agreed to review the key priorities for their areas. Once these are scoped, there will be a review to understand the opportunities in the short, medium and long term, which will be supported by any analytical work as required. There will be a natural link between the Commissioning Group and the Value Team to ensure that there is full alignment on work streams and areas of priority.

The Terms of Reference will also be cascaded and circulated to the Group for any further refinement and/ or modification.

### **Argymhelliad / Recommendation**

The Committee is asked to note the content and approach of the Commissioning Group.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.9 Commissioning regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 856 (score 8) Ability to deliver the Financial Plan for 2020/21
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Report
Rhestr Termau: Glossary of Terms:	An explanation of terms is included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid: Parties / Committees consulted prior to Finance Committee:	Commissioning Group

### Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Healthcare Commissioning
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Included within the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Possible impact upon relationship with external providers.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable