

Report to: (Governing Body/Committee): Governing Body

Date of Meeting: 14TH November 2019

Subject: Commissioning, Contracting and Integrated Assurance Report

Presented by: Helen Kenyon – Chief Operating Officer

STATUS OF THE REPORT (auto check relevant box)

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure No Yes

<p>PURPOSE OF REPORT:</p>	<p>This report provides a high level summary of the activities undertaken within the 4 committees, Care Contracting; Clinical Governance; Primary Care Co-commissioning, and Delivery Assurance in relation to the assurance of service provider activities where from a performance, finance, and quality perspective.</p> <p>Embedded within the report is the Integrated Delivery Assurance report which provides a more detailed view of the CCGs current performance in relation to all of the performance targets which we are held to account for.</p> <p>Key points to note from the report are:</p> <ul style="list-style-type: none"> • Urgent and Emergency care Transformation and UTC development • Overall NLAG Financial Position due to cost increase in non-elective care • EMAS Performance not meeting local trajectory for cat 2,3 and CPN issued • PCN Development on Medicines management and work with CPG on Community Nursing • Over trading at St Hugh’s and Newmedica – related to NLAG backlogs and transfers • Procurements started on Support and home and Voluntary Sector support
<p>Recommendations:</p>	<p>The Governing Body is asked to note the update in relation to its key providers performance and the service development work taking place.</p>
<p>Committee Process and Assurance:</p>	<p>The Delivery Assurance Committee has oversight on the elements included within the report and overall performance on finance and delivery.</p> <p>The Care Contracting Committee is responsible for ensuring that the CCG commissions services that meet the needs of the population and support delivery of the CCGs strategy.</p> <p>The Clinical Governance committee is responsible for oversight of the safety, effectiveness and experience of the services commissioned by the CCG</p> <p>Primary Care Co-commissioning Committee is a joint committee with NHSE which is responsible for overseeing the commissioning and contracting of primary care services locally.</p>
<p>Implications:</p>	
<p>Risk Assurance Framework Implications:</p>	<p>The report highlights financial quality and performance risks, which are being managed by the individual committees detailed above and where appropriate is being progressed across the committees.</p>
<p>Legal Implications:</p>	<p>There are no legal implications</p>

Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	No
	Does this project involve the processing of personally identifiable or other high risk data?	No
	If yes to the above has a DPIA been completed and approved?	No
Equality Impact Assessment implications:	An Equality Impact Analysis/Assessment is not required for this report	<input checked="" type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment	<input type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report	<input type="checkbox"/>
Finance Implications:	The report summarises at significant provider level key financial risks, but more detail is contained within the Specific Finance report from the CFO.	
Quality Implications:	This report details a positive impact on quality.	<input type="checkbox"/>
	The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.	
	This report details a neutral impact on quality. The report will not make any impact on experience, safety or effectiveness.	<input checked="" type="checkbox"/>
	This report details a negative impact on quality. The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the 'must do's' of provision in terms of meeting people's needs has to be made. It is forecast that service user experience will be negatively impacted by this position.	<input type="checkbox"/>
Procurement Decisions/Implications (Care Contracting Committee):	No Implications	
Engagement Implications:	No Implications	
Conflicts of Interest	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Links to CCG's Strategic Objectives	<input checked="" type="checkbox"/> Sustainable services	<input type="checkbox"/> Empowering people
	<input type="checkbox"/> Supporting communities	<input checked="" type="checkbox"/> Delivering a fit for purpose organisation
NHS Constitution:	https://www.gov.uk/government/publications/the-nhs-constitution-for-england	
Appendices / attachments	See report below	

Integrated Commissioning & Quality Assurance Report – November 2019

Introduction

The CCG is assessed on how well it is delivering against the performance targets that have been set for the NHS, how well it manages its arrangements with providers and on the quality & safety of the services delivered for its population.

This report seeks to provide a high level summary of the activities and key performance challenges and successes in relation to the CCGs key providers.

In addition to this report there is still a separate finance report that details the CCGs overall financial position and a quality report which picks up on the cross cutting themes and activities within the clinical governance committee.

Northern Lincolnshire & Goole Foundation Trust

Service Developments / improvements

The working relationship between NL&G & North and North East Lincolnshire continues to improve and is supporting the transformation work that is required to improve service performance and quality. There is an agreed list of areas that have been prioritised for improvement during this and subsequent years. Detailed below is a summary of the position in relation to:

Elective Care Transformation (Outpatients and Day Cases to outpatients)

Work continues across the 7 specialty areas that have been identified, with specific working groups made up of representatives from across the CCG and NLG established for each specialty.

Year to date referrals are above planned delivery by 11%. However, the majority of this increase demand is from other Referrals (A&E and Consultant to Consultant), GP referrals currently align to the NLAG plan with a variance of only 2% over demand year to date.

The NLAG current year to date figures show that in total, 195,000 consultant outpatient appointments have been held against at forecasted target of 192,000, showing a 2% over attendance against plan, however for follow up appointments there has been a reduced demand of 2%.

Activity is in line with expected growth projections however, service change that was modelled in around reducing follow-ups has not yet taken effect. Particular increases are seen in specialties where improvements were expected to reduce overdue backlogs (e.g. Urology and Respiratory)

There has been in total for the Trust, 30,500 patients electively admitted year to date, this is 2% above the planned admission levels. There have been in total 27,000 day case admissions which is 2% below plan.

The Trust is utilising virtual clinics where patients records are reviewed and discharged if appropriate as part of the transformation process. Both CCGs are seeing reduced levels of GP referrals, but increased outpatient activity, potentially due to the clearance of backlogs and waiting lists.

Non Elective / Urgent and Emergency Care Transformation

There have been for the Trust, 26,000 non-elective admission year to date, this is currently 1% below plan. This number has been consistent throughout the year. Admissions with zero length of stay is 1% below plan, length of stays above 1 day is currently 1% above the plan.

A&E attendance year to date currently stands at in total 80,000 patients, this is 4% below plan. In September there were 13,000 patients seen, again 4% below plan, this number is constant year to date. If this trend continues for the remainder of the year this will result in circa 16,000 less patients than plan. This is however higher than last year, but growth has not been as high as expected.

The CCG undertook an UTC impact assessment at its September Care Contracting. After much deliberation the Care Contracting Committee decided that, the Alliance option was no longer viable.

The CCG also needed to make a decision in relation to how best to proceed to ensure delivery of the Urgent Treatment Centre, which is to be co-located with A&E on the Diana Princess of Wales Hospital Site, and has to be fully operational by December 2019.

The CCG therefore decided to appoint a lead provider who would be responsible for delivery of the UTC in NEL and determined that the most appropriate provider to be the lead for this element of the Integrated Urgent Care Specification is Northern Lincolnshire and Goole Foundation Trust (NLG).

Finance

Annual Budget £000	Year to date variance £000	Forecast OT variance £000
111,125	773	1,545

The overall position on NLAG has worsened this is in the main due to the increased costs in non-elective care and under achievement of QIPP. Overall activity at NLAG is in line with the contract value, but we are not seeing the benefit of the QIPP schemes. Whilst activity has reduced in non-elective in line with the demand management QIPP, the unit cost has increased this could be due to patients with more complex needs or the improvements in clinical coding by NLAG. Finance and activity is discussed at the weekly Northern Lincolnshire system meetings.

Performance

The CCG detailed performance is set out in the Report to Delivery Assurance but headline figures reported for the Trust in **September 2019** are as follows.

- A&E 4 Hour Wait (81.43% vs 86.12% target)
 - The A&E Delivery Boards key considerations in terms of A&E performance are;
 - Flow (waits to be seen and waiting for beds)
 - A&E specific operational issues with notable regular incidence of very low performance from midnight to 8am impacting on whole days performance
 - The A&E Delivery Board's transformation plan including measures pre-hospital, in hospital and for discharge and onward care that will have a key role in contributing to improvement in A&E performance.

- Cancer 2 week (96.26% vs 93% target) and 62 day GP referral (61.97% vs 69.0% target)
- Referral to Treatment (80.8% vs 81.19% target)
 - ENT continue to have challenges with capacity 3/5 consultants in place, 2 out of 7 specialty doctors in place. Medical doctor vacancies continue, Ophthalmology capacity pressures continue – mitigated by introduction of risk stratification.
- Outpatient Follow Up
 - Overdue waiting lists continued to grow through 2019/20 from 32,015 in March to 32,450 in September as a result of patients with no due date being added to the list.
- 52 Week waiters (6 vs 0 target)
 - due to capacity constraints within Oral Surgery, Colorectal, Ophthalmology, Gastroenterology but also patient choice to delay treatment over summer.
- Diagnostics 6 week wait (14.78% vs 7.03% target) Percentage of those not seen within 6 week target
 - Ongoing use of mobile radiology equipment with limitations on modality. NLAG to Complete capacity and demand models for CT and MRI
- Ambulance Handovers turnaround time +30 minutes
 - NLAG still 10 minutes above the standard

Quality

a) Concerns regarding NLaG digital systems and patient administration

Issues continue to be identified with NLAG's patient administration and digital systems.

b) The Ophthalmology Service at NLaG continues to be under a high level of scrutiny both by the CCG and CQC. To help mitigate against some of the risks to patient safety in relation to this specialty the NEL CCG intend to contract with Newmedica to deliver a significant amount of activity, for non-surgical waiters.

East Midlands Ambulance Service (EMAS)

Service Developments and Improvements

See & Convey

There is an agreement within the 2019/20 contract for EMAS to reduce See & Convey activity in Quarter Three and Quarter Four at a county level. Failure to meet the agreed trajectories carries a financial implication, whereby local systems will be required to reinvest the associated financial value into a scheme, which aids delivery of reduced conveyance to ED.

A reduction of 1.2% will be required to meet the Quarter Three trajectory and a 1.7% reduction to meet Quarter Four.

It should be noted, Ambulance conveyance to the both NLG hospital sites is significantly higher than in other Lincolnshire areas. For September the NEL Conveyance rate was 68.23% against a divisional average of 61.08%. Procedures have been put in place with local SPA's to try and support crews to avoid conveyance. This is being monitored across Northern Lincolnshire for improvement.

Finance

The final contract value was £188, 262,930 (NEL CCG Share £6,311,760). This is a block value contract. The See & Convey total value for 2019/20 is £122.6m. Failure to meet the agreed trajectories carries a total financial value of £41k for NEL CCG .

The Investment plan and the detailed workforce plan along with actual expenditure for Quarter One have now been received. This has been shared with other commissioner finance colleagues for their feedback and a meeting has been requested with EMAS to discuss on the 6th November 2019. An update will be provided once this has taken place.

Performance

As a CCG area EMAS are achieving category 1 and 4 but with a significant gap on category 2 and 3 against the national standards but marginally off trajectory for category 2, but still far from Cat 3.

Sep-19	Category 1		Category 2		Category 3	Category 4
	Mean	90th centile	Mean	90th centile	90th centile	90th centile
National standard	00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	03:00:00
North East Lincolnshire	00:06:59	00:11:01	00:30:44	01:05:53	03:21:35	02:44:18
Lincolnshire Trajectory	00:07:30	00:15:00	00:29:00	00:53:00	02:30:00	03:00:00

Contract Performance Notice (CPN)

The coordinating commissioning team have issued a Contract Performance Notice under General Condition 9 of the NHS Standard Contract, due to the failure to deliver the agreed performance levels in Quarter Two. It is proposed that the analysis undertaken to date forms the basis for the Joint Investigation and a Remedial Action Plan encompasses the areas agreed for further exploration at the recent EMAS Strategic Delivery Board.

Quality

Trust level performance in Lincolnshire remained worse than all other divisions across the EMAS footprint, in September 2019.

GP's in Northern Lincolnshire have previously raised concerns that EMAS were not responding in a timely way to 999 calls made from General Practice. Following a site visit to the EMAS Operation Centre, the CCG gained assurance that the Trust does not downgrade calls or the urgency of the response due to the patient being in a perceived place of safety (GP surgery).

The CCGs remain unable to fully assess the quality impact of EMAS performance in North Lincolnshire due to the limited quality data provided at CCG level as the majority of the data provided is at Divisional level.

In response to EMAS performance challenges in Northern Lincolnshire, North and North East Lincolnshire CCGs in collaboration with the Trust developed the Joint North and North East Lincolnshire EMAS Improvement Plan.

Navigo

Service Developments and Improvements

Navigo have been working with Primary Care Networks about how it can reflect the changes into its model of delivery and be more supportive and accountable to the Networks. Navigo managers have met most clinical leads to discuss the options and how expectations can be met. Feedback from PCN's has been good positive about how things will progress.

Finance

Contract operating on Block value for the year of £27,722k

Performance

September NHS Published data

IAPT Access

rate – 7.17% target 6.33%(green)

IAPT Recovery rate – 43.76% target 50%(red)

- This measure has attracted a comprehensive action plan which is currently in implementation and includes data quality, workforce and supervision, and improved clinical measures – informed by a visible 'dashboard' to focus the team on achievement.

IAPT 6 week and 18 week target – 77.95% target 75% (green) & 98.0% target 95%(green)

Care Plus Group

Service developments and Improvements

Work has started on discussion between CPG and the Primary Care Networks around planning and implications of the alignment of their community teams. This work needs to have been completed by the end of this financial year, with a go live date of the 1st April. CPG will be requested to pilot new models before the end of the financial year to see how new accountability and structures can work.

The CCG event in October allowed local providers that provide community services to discuss how models of delivery can change under the PCN model. Some initial work was done and CPG will build on how they will meet the expectations of the GP's.

A review of a number of services will be identified for the remainder of this year to validate service requirements. The CCG and CPG are still working on the progression of a community IV service, and working with NLAG to identify clinical support necessary.

Finance

The block contract value for CPG is agreed at £20,681k

Performance

ASCOF 2B (Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement /rehabilitation services) – Q2 Performance 84.91% against target of 89.50% (Amber).

ASCOF 1E (Proportion of adults with learning disabilities in paid employment) - September Performance 10.1% against target of 5.0% (Green).

Primary Care – General Practice

PCN Development

As part of the national PCN Enhanced Service, PCNs are entitled to claim up to 70% of the salary costs of a Clinical Pharmacist that provides support across all of the practices within the PCN. There are varying levels of uptake across the 5 PCNs against this entitlement, but all 5 PCNs have agreed that improving medicines optimisation should be a priority. Ongoing support is available to local practices/PCNs from the CCG's Medicines Optimisation team, to help identify areas for improvement and all PCNs have already had a prescribing review meeting during this financial year.

To support the PCNs to both achieve the current year prescribing target and to go 'further faster' and achieve over and above that, a local supplementary scheme has been developed. This replaces the previous quality scheme, which has always included a focus on prescribing.

This scheme will provide additional investment to PCNs to support the work required. It will be for them to determine how best to achieve improvements.

The supplementary scheme is split into 2 sections. Part 1 is focused on delivering the current year prescribing target and addressing quality improvements, and a number of other outcomes, including switch of Direct Oral Anticoagulants (DOACs) to Edoxaban, in line with local policy.

Other Providers

- TASL – PTS Service. Friends and Family Test – results have improved from 27% to 75%, with a big increase in timeliness, effective communication and how accommodating they were to service users' needs.
- Hull University Teaching Hospital; In month 5 there was a significant under trade in non-elective activity within the following specialities; Vascular & Nephrology. This has been reflected in the reduction in forecast. Forecast Outturn +£100k
- St Hugh's; Activity has continued to increase above plan. The transfer of the pain management service equates to £500k of the over activity, some of this overtrade is offset by underspend in the other pain management contract. The long wait patients who have transferred from NLAG equates to £300k of the overtrade. Forecast Outturn +£800k
- Newmedica – additional capacity created in September, to deal with NLAG transferred work, was not utilised by the Trust so the extra capacity was used to treat patients faster. Additional capacity is still there as Newmedica have agreed clinical space in North Lincolnshire for referrals in that area, such that capacity is still maintained in NE Lincs. The CCG is engaging with the provider about the impact of this capacity. Newmedica is expected to agree a volume of activity with NLAG, which will utilise a significant level of the capacity for 4 months. Forecast Outturn +£200k
- Other - Mental Health; The increase in the forecast reflects the cost of additional packages within the complex care dementia unit managed by Navigo and a learning disability inpatient placement.
- 'Continuing Healthcare; Activity levels have continued to fall lower than plan. This trend continues from the start of the year and predominantly relates to those over 65 with a Physical Disability.
- Adult Social Care; There is no significant overall variance in activity from planned activity, however variances within care at home services and long term care are evident. The key risk to delivery of a balanced financial position remains achievement of the required savings, which is reliant on the drawdown of £1.5m earmarked reserves held at the council.

Procurements approved at Care Contracting Committee

Support at Home

The CCG has announced a refresh of its Support at Home Services with a full procurement exercise which went live in October. The contract is for the provision of Support at Home services (domiciliary care) services in North East Lincolnshire for a 3 [three] year period with the possibility of extending for a further 2 years. NELCCG are looking to award three Lead Provider contracts for designated geographical areas with support contracts awarded to Approved Providers to support the Lead Providers.

Completed Pre-Qualification Questionnaires must be received by Friday 22nd November 2019 .

Voluntary and Community Sector Infrastructure support

The CCG in conjunction with North East Lincolnshire Council (NELC) and in consultation with local community based organisations and local providers, are looking to source a provider or consortium of providers to deliver infrastructure support to local voluntary and community sector organisations. The Contract will be initially set from 1st April 2020 till 31st March 2023.

For Information Delivery Assurance Report