

**Agenda Item 10**

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

Date of Meeting: 12th September 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

|  |  |  |
| --- | --- | --- |
| **PURPOSE OF REPORT:** | 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.  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.  Key points to note from the report are:   * Improved system working with North Lincs CCG and Northern Lincolnshire and Goole Hospitals Foundation Trust * A significant improvement in the number of people waiting over 26 weeks at NLG * An increase in the number of overdue follow ups at NLG as a result of patients who had not been given an follow up appointment due date being added to the list * Cancer 62 day treatment performance is below target * The first months performance against the new ARP targets for EMAS have not been achieved * There has been a significant increase in long term admissions to residential care compared to the same period last year which is being investigated. | |
| **Recommendations:** | The Governing Body is asked to note the update in relation to its key providers performance and the service development wok taking place. | |
| **Committee Process and Assurance:** | The Delivery Assurance Committee has oversight on the elements included within the report and overall performance on finance and delivery.  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.  The Clinical Governance committee is responsible for oversight of the safety, effectiveness and experience of the services commissioned by the CCG  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. | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | The report highlights financial quality and performance risks, which is being managed by the individual committees detailed above and where appropriate is being progressed across the committees. | |
| **Legal Implications:** | There are no legal implications | |
| **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  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  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 | |
| **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.  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.  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. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | No Implications | |
| **Engagement Implications:** | No Implications | |
|  |  | |
| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  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 – September 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.

Attached to this paper is the Integrated Delivery Assurance Report which provides detail on the CCGs performance against the individual constitutional and performance targets for any members of the Governing body that want to review CCG level performance in relation to a specific area.

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.

This report will continue to be developed over the coming months based on feedback received from the Governing body

**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:

**Medicines Optimisation**

It was originally agreed that there would be a specific piece of work focusing on high cost drugs within the Service Development and Improvement plan, however because of the potential benefit to the system as whole the remit of this work has now been expanded to more generally to Medicines optimisation across primary and secondary care. EMED who work for the CCG and General Practice, and the hospital pharmacy lead are now working together to identify the biggest opportunities that can be delivered in year. DOAC is the first drug regime to be worked on together and has commenced being implemented across the two sectors.

**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 CCP and NLG established for each specialty. Trajectories and delivery profiles have been agreed and 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 referrals, but increased outpatient activity, potentially due to the clearance of backlogs and waiting lists.

First outpatient attendances are lower than planned levels at approximately -2%. Within this figure at specialty level there are higher than expected levels of activity in Urology and Colorectal, which are being offset by lower levels of activity in Ophthalmology and Oral Surgery.

Follow Ups are above plan by 3% due to a delayed reduction due to Shared care protocols with primary care and the required IT solution not due to be implemented until November 2019.

Elective activity is over planned levels, Day case 2%, Ordinary 8%, and is off track due to the mirror image of the outpatient position with high levels of colorectal and pain off set by low activity in ophthalmology and oral surgery.

**Non Elective / Urgent and Emergency Care Transformation**

Non-Elective activity is relatively stable but is not seeing expected levels of growth in Zero Lengths of stay, and is currently at 8% below plan. This will be addressed by the implementation of the same day emergency care service delivered in short stay assessment units to be established at both DPOW and Scunthorpe General. +1 Length of Stay is to plan.

From September the Trust will be implementing a revised clinical model which will see senior clinical capacity being available on site over an extended period each day.

An A&E Delivery Board Summit was held by NHSIE last week to discuss with the system leaders across NEL, NL and NLG, the current performance in relation to the 4 hour wait target and the variations in performance on a month on month basis. In preparation for this meeting the A&EDB held a workshop to review its plans and identify the key activities to take place over the next few months that will have the biggest impact in the shortest period of time. The following schemes were identified:

In Hospital:

* 24 hour consultant cover in A&E;
* Short Assessment Unit, with 30 short stay beds at each of the 2 sites,
* Urgent Treatment Centre operational on both sites.

Out of Hospital:

* Social worker in A&E/Assessment Units all of the time
* Repeat attender review
* Non conveyance through 15-20 minute response and access to clinical advise

Feedback from the meeting was generally positive and NHSIE recognising the improved system working and ownership across the 2 CCGs and NLG was recognised. The improvement in performance over the last 3 weeks was recognised, but it was also noted that the change needed to be built on sustainable activities.

A specific concern was raised in relation to delivering the UTC on the DPOW site in particular in relation to the provision of GP leadership and capacity into the system, and it was noted that work was ongoing to resolve this.

**Finance**

|  |  |  |
| --- | --- | --- |
| **Annual Budget**  **£000** | **Year to date variance**  **£000** | **Forecast OT variance**  **£000** |
| 111,125 | (65) | - |

The NLAG contract is still forecast to be in balance at the end of the year

**Performance**

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

* A&E 4 Hour Wait (78.5% vs 83.3% target)
  + Activity is coming in unusual patterns both as blue light ambulance and walk-ins, which is causing pressures. NLAG have reviewed staffing over the 24 hour period, but the pattern of activity is not creating a trend against which they can plan.
* Cancer 2 week (97.7% vs 95.8% target) and 62 day (69.9% vs 73.0% target)
* Referral to Treatment (78.2% vs 77.3% target)
  + Post 26 week waiters, 38% reduction over 12 months currently 906
  + Total on the waiting list 9% reduction over 12 months currently 9,003.
  + 40 + weeks 67% reduction 422 down to 139
* Outpatient Follow Up
  + Overdue waiting lists continued to grow through 2019/20 from 32,015 in March to 33,559 in July as a result of patients with no due date being added to the list.
  + Urology and Colorectal have been closer to planned levels, whilst Ophthalmology and Cardiology continue to see lower than planned achievement
* 52 Week waiters (5 vs 0 target)
  + due to capacity constraints within Oral Surgery, Colorectal, Ophthalmology, Gastroenterology
* Diagnostics 6 week wait (13.9% vs 7.7% 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 +60
  + 96 achieved against target 129 (pre clinical handover)

**Quality**

Concerns regarding NLaG digital systems and patient administration

Issues continue to be identified with NLAG’s patient administration and digital systems.  We continue to see Serious Incidents reported to us where the digital systems and patient administration processes are the root cause or contributory factor to the incident occurring (often these are at scale incidents which impact more than one patient).   NHS digital have carried out an assessment of the NLAG position and will return to complete a review.  We have requested that the report provided to NLAG will be shared with commissioners.

Ophthalmology Serious Incidents

The Ophthalmology Service at NLaG continues to be under a high level of scrutiny both by the CCG and NHSIE. It continues to be an area of focus at both the NL&NEL Planned Care Board & the NHSIE led Patient Safety Group, as well as the Clinical Governance committee. NLaG have reported a number of Serious Incidents (SI’s) relating to ophthalmology and the Clinical Governance Committee is concerned that until NLaG have robust systems and staffing in place to see patients in a timely way we will continue to see more SI’s. This continues to be monitored by the Clinical Governance Committee.

To help mitigate against some of the risks to patient safety in relation to this specialty the NEL CCG have a contract with Newmedica which delivers a significant amount of activity. From January 2020 the service that they provide will be expanded to include Wet AMD, which should take some of the pressure off the NLG service and reduce the overall level of risk being managed in relation to this area.

**East Midlands Ambulance Service (EMAS)**

**Service Developments and Improvements**

There will be a 0.75% reduction in See & Convey over Q3 and Q4 (1.5% full year reduction). This will increase to 3% in 2020/21. The full financial value if not delivered is £919,379 across all CCG’s. If EMAS do not deliver the agreed reduction, then the funding will be ‘ring-fenced’ by commissioners and used for jointly agreed local schemes that interface with EMAS.

Ambulance conveyance to the both NLG hospital sites is significantly higher than in their other areas and so this should have a significant positive impact for us. Given our populations proximity to DPOW, 95% of the population can get to the hospital via a blue light in 15 minutes, this has resulted in a significant cultural issue for us to resolve with EMAS.

**Finance**

The final contract value was £188, 262,930 (NEL CCG Share £6,311,760). This is a block value contract; however, If there is slippage against the additional £20.1m investment monitored by the CFO’s, there will be an opportunity for this to be reimbursed to commissioners on a non-recurrent basis.

**Performance**

This is the agreed trajectory for ARP Targets in Lincolnshire. They are not meeting the first months trajectory as agreed in the plan, and a request has gone to NHSI about what measure the regulators will take, as the CCG’s cannot take remedial action against this target.

**Quality**

The two CCG’s in Northern Lincolnshire have set up an agreed improvement programme not just looking at the ARP target but the impact of conveyance and poor performance on clinical outcomes. This meets monthly and has an agreed action plan. There will be focus on improvement in EMAS performance against the national Ambulance Clinical Quality (ACQ) Indicators in NL and NEL.

Associated with this a new national framework for Health Care Professionals (HCP) requesting emergency or urgent ambulances has been approved nationally and comes into force 1st October 2019. An immediate life-threatening response is for patients who require resuscitation or emergency intervention on scene from the ambulance service. It must never be used for any other reason; such as a GP practice is closing, or an HCP is unable to remain on scene. Where a life-threatening emergency response is requested, the HCP must remain on scene with the patient until the arrival of that response. The implications of this change is being communicated to our local providers and GP’s as this may have an impact on their current processes.

**Navigo**

**Service Developments and Improvements**

Navigo have been working with the CCG and practices in relation to completing physical health checks for people with Service and enduring Mental Health Issues (SMI). A joint steering group chaired by the CCGs clinical lead for quality has been established to take forward this work with general practice and now the PCNs to ensure that those people with SMI are accessing services to support them with their physical health conditions.

Following the commissioning of the Complex Care Unit 8 out of the 10 beds are now occupied, as part of the phased implementation of the service in this year.

The Sequoia service which offers support for those with long standing and disabling emotional difficulties has just achieved AIMS accreditation with the royal College of Psychiatrists.

**Finance**

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

**Performance**

*May NHS Published data*

IAPT Access

rate – 3.93% target 3.16%(green)

IAPT Recovery rate – 38.59% 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. Historical data issues are expected to have ‘worked out of the system’ this quarter.

IAPT 6 week and 18 week target – 73.4% target 75% (amber) & 98.0% target 95%(green)

* We have put in place a ‘recovery plan’ which aims to improve the number of people completing treatment. Changes to staffing model has yielded unavoidable delay due to capacity. Recruitment plans in place and progressing well.

**Care Plus Group**

**Service developments and Improvements**

Work is taking place across the CCG & Care Plus group to review and strengthen the governance arrangements that are in place, part of this work includes establishing an executive board that will meet on a quarterly basis and act as an escalation point for when issues cannot be resolved in the contract management meeting. The next stage of the work will involve moving from detailed individual service specification to a more outcome based service specification.

A key element of service transformation that CPG will need to undertake during this year is the alignment of their community teams, in particular the district nursing service to the Primary Care Networks. This work needs to have been completed by the end of this financial year.

The CCG is supporting this work and an event is planned for October with local providers that provide community services to determine how best to deliver PCN level community teams for the future.

Work has been undertaken over the summer by the Community LD team, supported by the CCG, visiting

Practices to ensure their LD registers are up to date and accurate. Practices are being offered support from the Community LD team as part of the local service.

**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) – Q1 Performance 86.87% against target of 91% (Amber).

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

**Primary Care – General Practice**

**PCN Development**

The work to support the development of PCNs continues, regular meetings have now been established between the CCG and the Clinical Directors, which are being facilitated by the LMC. The PCNs have to complete a maturity matrix and development plan by the end of September. The CCG is support the work of the PCNs in the completion of their self assessment, and a workshop has been planned with local providers for later in the month to further support the development of the development plan, prior to submission to NHSIE.

**Other Issues**

**CQC Inspections**

Blundell Park practice has recently been inspected by the Care Quality Commission and has received the draft report. The CCG has been working with the practice in preparation for the inspection and we are expecting the published report on September 24th 2019.

Bradley Woodlands Complex Care Unit was recently inspected by the Care Quality Commission and the report was published on August 29th. The judgement was Requires Improvement overall with inadequate for the “safe” domain, “requires improvement” for the “Well-Led” domain and “Good” for “caring, effectiveness and responsive”.

NEL CCG does not have any patients in the Complex Care Unit, but the CCG provides the quality oversight of the unit on behalf of other commissioners across the country and we regularly inform them of our quality oversight. We are due to refresh the Quality Risk Profile (QRP) in the next few weeks and are working closely with Elysium (provider of Bradley) to address the actins required.

TASL were inspected by the CQC and the report was published on 27th August 2019 with a judgement of Requires Improvement. TASL received a Requires Improvement rating for Safe, Well-led and Resonsive,  a Good for Caring, and inadequate for Effective. The CCG are working closely with TASL and colleages across the East Midlands regarding the actions.

Increase in Non elective activity to Hull University Teaching Hospitals (previously Hull Hospital) predicted overtrade FYE £200k

St Hugh’s continued over activity as a result of transfer of NLAG activity. Predicted overtrade FYE forecast £650k

Continued activity increase at Newmedica for ophthalmology predicted overtrade FYE £100k

Permanent admissions 65+ to residential and nursing care homes

* The number of permanent admissions has been increasing. Various factors have been identified including; higher numbers of individuals previously self-funding; more robust CHC review activity and individuals returning to ASC funded care; increase in waiting time for community OT assessments and more recently the flow through from hospital discharge into ‘Discharge to Assess’ beds.

**For Information Delivery Assurance Report**

