

**Agenda Item 07**

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

Date of Meeting: 27th February 2020

Subject: Integrated Urgent and Emergency Care Commissioning

Presented by: Helen Kenyon – Chief Operating Officer

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information [x]

For Discussion [ ]

For Approval / Ratification [ ]

Report Exempt from Public Disclosure [ ]  No [ ]  Yes

|  |  |
| --- | --- |
| **PURPOSE OF REPORT:** | The purpose of this paper is to:* Explain the rationale for revising the Integrated Urgent & Emergency Care (IUEC) commissioning arrangements for Y&H.
* Gain approval from each of the Yorkshire & the Humber (Y&H) Clinical Commissioning Groups (CCGs) commissioning the Yorkshire Ambulance Service (YAS) to provide 999 ambulance and/or Integrated Urgent Care (IUC) 111 services to a revised partnership framework and collaborative commissioning agreement.
* Set out how the IUEC commissioning intentions will be enacted in the context of the revised approach

NEL is only part of this collaborative arrangement for IUC / 111 and not 999. The lead contractor for IUC is Greater Huddersfield CCG.The revised governance arrangements reflect the establishment of ICS’s/STPs, however this does not materially affect the arrangement that NEL were part of. The HCV lead Officers would be Andrew Philips (GP) as the clinical lead and Ricard Dodson as the Managerial lead.Both Andrew and Richard are members of the Urgent and Emergency Network, which is the group within the STP through which the co-ordination of the CCG requirements and discussions take place. |
| **Recommendations:** | The Governing Body is asked to:* Note the changes to the IUEC commissioning arrangements
* Note the IUEC commissioning intentions
* Approve the signing of the Memorandum of Understanding for the collaborative commissioning of Integrated Urgent and Emergency care services
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| **Committee Process and Assurance:** |  The CCGs Care Contracting Committee would be the committee that would oversee the IUC collaborative commissioning arrangements and contract |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | There are no specific risk assurance implications |
| **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 [x] 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/assessmentAn 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:** | There are no specific additional financial implications arising from this paper, however schedule 4 of the MOU, the scheme of delegation identifies the transformational, finance and contractual decisions that will be made in collaboration under this agreement. |
| **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. [x] 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?* [x]  Yes [ ]  No |
| **Links to CCG’s Strategic Objectives** | [x]  Sustainable services [ ]  Empowering people[ ]  Supporting communities [x]  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> |
| **Appendices / attachments** | See report below |

**Yorkshire and the Humber Collaborative Commissioning –**

**Integrated Urgent & Emergency Care (IUEC)**

**1.0 Purpose**

The purpose of this paper is to:

* Explain the rationale for revising the Integrated Urgent & Emergency Care (IUEC) commissioning arrangements for Y&H.
* Gain approval from each of the Yorkshire & the Humber (Y&H) Clinical Commissioning Groups (CCGs) commissioning the Yorkshire Ambulance Service (YAS) to provide 999 ambulance and/or Integrated Urgent Care (IUC) services to a revised partnership framework and collaborative commissioning agreement.
* Set out how the IUEC commissioning intentions will be enacted in the context of the revised approach.

**2. Background**

In the spring of 2016, Y&H CCGs each approved a Governing Body paper setting out the then ambulance commissioning strategy and the associated collaborative commissioning agreements (Memoranda of Understanding (MOU)). The strategy and MOUs have been updated taking into account changes to the evolving commissioning geographies and the journey towards integration captured under the umbrella of Integrated Urgent and Emergency Care (IUEC).

**3. What is the scope of integrated urgent and emergency care in Y&H?**

IUEC encompasses a wide range of services beyond those directly provided by YAS. A key feature is that no matter whether someone seeking help has done this via 999 or 111 or through NHS 111 on line, the pathway of care should be seamless whether the clinical end point is a service within a primary care network, a GP out of hours service, an acute trust service, a mental health service or some other service. The scope is set out in the partnership framework at Appendix 1.

To ensure this happens changes are being made to back office processes for example, improved access to patient records, improved access to clinical support, the ability to book immediately into appointment slots and access to a wide range of local clinical and social care services on a 24/7 basis.

**4. What has been achieved since 2016?**

Notable progress has been made in the past three years in respect of ambulance commissioning across Y&H:

1. YAS was rated by the Care Quality Commission (CQC) as ‘requires improvement’ in 2015 and has since been rated as ‘good’.
2. The NHS 111 service in Y&H was launched in 2013 as a stand-alone clinical service for those needing urgent help fast. The service, provided by YAS and commissioned across all Y&H CCGs had become (until the service ceased in March 2019) one of the better performing NHS 111 services in England.
3. Y&H CCGs have, from April 2019, replaced the NHS 111 services with an Integrated Urgent Care (IUC) service. This, in line with national guidance, includes a NHS 111 call handling and clinical advice service (CAS). YAS provide a ‘core’ CAS within the context of a Y&H wide CAS made up of different providers across Y&H (all of whom are expected to work collaboratively). The service reflects our belief that it isn’t about what number has been dialled but what sits behind the entry point.
4. A NHS 111 on line service, which provides an alternative into IUEC without necessarily making a call, is fully available across Y&H.
5. Further investment has been made into YAS 999 services. Y&H CCGs invested £180.2m in 2015/16 into YAS 999 services and this had increased to £211.6m in 2019/20.
6. A Joint Partnership Panel (JPP) was established to coordinate the renegotiation of the 999 contract with YAS. For 2020/21 it will be expanded to cover both the 999 and IUC contracts for 2020/21.
7. The YAS 999 service has evolved in line with the national direction of travel and is fast becoming one of the best performing trusts in England against the new (Ambulance Response Programme (ARP)) national quality indicators. YAS are contracted to provide a service on a Y&H footprint. YAS met all national performance standards in March 2019 with the exception of category 4 (low acuity) where it was 9 seconds off.
8. Y&H commissioners established a Joint Strategic Commissioning Board (JSCB) to oversee the strategic commissioning of IUEC services on a Y&H footprint. This has evolved to become a Joint Strategic Partnership Board (JSPB).
9. Y&H commissioners have established an IUEC Clinical Assurance Group (CAG) in line with national guidance looking along IUEC pathways of care.
10. Y&H CCGs have agreed a revised decision making process for YAS IUEC matters and this is included in a revised collaborative commissioning agreement (Appendix 2) covering YAS 999 and IUC services commissioned from YAS.

**5.0 Rationale for revising our commissioning arrangements**

The current ambulance commissioning strategy for Y&H was developed in 2016 (extant until April 2019) alongside a MOU for YAS 999 and 111 collaborative commissioning. Together, these frameworks set the broad strategic direction for NHS 111 and 999 commissioning and the associated scheme of delegation for coordinating commissioners and associate CCGs.

Since 2016, four fundamental changes to the commissioning landscape have impacted on ambulance commissioning arrangements, meaning that they required review. These are:

1. The development of Sustainability Transformation Partnerships (STP) and Integrated Care System (ICS) footprints.
2. The requirement to move away from a stand-alone NHS 111 ‘service’ to deployment of the 111 and 999 telephone numbers as a gateway to a single integrated urgent and emergency care system (encompassing multiple providers).
3. The implications of the Ambulance Response Programme (ARP) upon existing ambulance operational models, blurring traditional boundaries between A&E and PTS services and requiring greater integration with place based care pathways.
4. The publication of a national commissioning framework

<https://www.england.nhs.uk/wp-content/uploads/2018/09/commissioning-framework-and-national-urgent-and-emergency-ambulance-services-specification.pdf> for ambulance services in 2018 aimed at improving consistency of approach across ambulance commissioners in England.

**6.0 Our New Approach**

In context of the above, YAS and commissioners have committed to a more collaborative and strategic approach moving forward. The need to involve a wider range of urgent and emergency care providers and the new approach will see all parties working together to:

* **Vision** - Agree a shared vision for the ambulance service’s role in IUEC, exploring opportunities for greater provider integration beyond traditional organisational or contractual boundaries. This may evolve into a more formal alliance of providers working together. A work programme builds upon a joint set of commissioning intentions, key phases of work with appropriate linkages to STP/ICS plans and milestones to transform the service as part of an IUEC system.
* **Action** – Provide strategic level oversight and assurance to the development (through contract management board) of (i) investment to deliver the ambulance response standards (ARP) and (ii) transformation of the ambulance service to achieve the aims of IUEC as part of the whole system
* **Evaluation** - Agree a shared set of metrics which we will collectively use to evaluate the system-wide impact of investment and resultant transformation as well as overall demand and performance of the ambulance service.

Role of the Joint Strategic Partnership Board (JSPB)

In light of an agreement reached at a joint workshop with Y&H commissioners and YAS in June 2018, it was agreed that we continue to develop a more partnership approach at JSCB - now to be renamed JSPB - and contractual matters are to be taken through the IUEC Contract Management Board (CMB).

The role of the JSPB will be to provide strategic oversight and assurance in relation to investment decisions and delivery plans implemented through the CMBs. This approach will specifically encompass:

* Oversight of the delivery of the commissioners strategic intentions
* Co-production and assurance of delivery of the providers responses to the agreed commissioning intentions as a whole system
* Oversight of the national IUC and 999 specification and associated performance standards

The revised JSPB arrangements will aim to address and balance multiple and potentially conflicting requirements as follows:

* The need for commissioning and for Y&H IUEC provider organisations to collaborate to deliver genuine transformation of health and social care systems
* The need to appropriately reflect and balance a diversity of requirements, models and views including regional resilience, STP / ICS / NHS E and place based delivery plans
* The need to maintain separate contract governance arrangements for IUEC and PTS and other services contributing to our integrated urgent and emergency care system in order to provide assurance to commissioners

The JSPB will support the development of trust and transparency across all parties through:

* Appropriate senior leadership and stewardship
* Wider system engagement
* Clear and co-ordinated work plans with the IUEC CMB, ensuring a strong evidence base to inform decision-making
* Senior and consistent representation at relevant groups
* Consistent engagement with STP/ICS Urgent & Emergency Care Programme Boards/Networks

Revised governance arrangements

The onus is on the sub regional representative at both the JSPB and CMB meetings to bring a mandate for the area they represent and to have fully discussed the financial implications of any recommendations prior to the meetings of the JSCB. Sub regional groups, where these exist, need to gather intelligence from their ICS/STP partnership boards and networks thereby informing the JSPB. The JSPB membership sets the strategy and it is enacted through the IUEC CMB and the IUEC Development Group. This ensures there is a bottom up approach connecting sub regional leadership across Y&H.

A scheme of delegation (to coordinating commissioner(s)) incorporated within a revised Y&H IUEC collaborative commissioning MOU will reflect that decisions with financial implications will be made at ICS/STP and CCG level.

A revised governance structure for joint strategic commissioning of the ambulance service and IUEC is shown at Appendix 3. The arrangements are reflected in the revised terms of reference for each group. The structure and membership of each group aims to reconcile the need for regional and sub regional discussions, and the need to develop a transformational dialogue alongside the performance management arrangements already in place.

Sitting below the JSPB the key groups include:

|  |  |  |
| --- | --- | --- |
| **Group** | **Frequency** | **Purpose** |
| Y&H IUEC Development Group (SG) | Monthly as required | Service and clinical development |
| Y&H IUEC Contract Management Board (CMB) | Bi-monthly | Contractual matters |
| Y&H IUEC Clinical Assurance Group (CAG) | Bi-monthly | Quality and patient safety along the total pathway of care |
| YAS Joint Partnership Panel (JPP) | Fortnightly as required during the period of contract negotiations | Task and finish group overseeing contract negotiations for the YAS 999 and IUC contracts |

The responsibility for meeting our obligations for place based patient and public engagement lies with local system leaders. Service reconfiguration and development will be clinically led using the skills and experience of our local teams.

New commissioning intentions 2019/21

Appendix 1 sets out the Y&H partnership framework (commissioning intentions) for IUEC for the three years 2019-21. We intend that the JSPB owns the framework for the IUEC system across Y&H. Strategic decisions will therefore be enacted at this level.

**7.0 How we aim to execute the strategy**

A work programme (Appendix 4) owned by the ICS/STPs and NHS E, covering the key IUEC transformation priorities for 2019/20 has been developed and implemented overseen through the IUEC CMB with key milestones and risks overseen by JSPB.

Following the publication of the NHS England national ambulance commissioning framework a review was undertaken by Audit Yorkshire of the Y&H IUEC contracting and commissioning support functions. A plan to take forward the recommendations, published in May 2019, is being developed and will be brought to a future JSPB meeting.

This paper was approved in draft by the Y&H JSPB in June 2019.

**8.0 Recommendations**

Members of the Governing body are asked to:

* Note the progress made to date on developing the needs of IUEC across Y&H
* Approve the 2019/21 Ambulance partnership framework
* Approve the Y&H IUEC collaborative commissioning MOU
* Support the plans to drive forward the strategic intentions and timeline

**Appendices**

Appendix 1: Y&H IUEC strategic partnership framework 2019-21

Appendix 2: Y&H IUEC collaborative commissioning MOU

Appendix 3: Y&H IUEC governance structure

Appendix 4: JSPB work programme 2019/20