North East Lincolnshire
Clinical Commissioning Group

Agenda Item 14

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

Date of Meeting: 27th February 2020

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 from a performance, finance, and quality perspective. The paper also includes details of the CCGs Commissioning Priorities for next year which have been produced to ensure that we make progress against the national and local requirements and were local agreed at COM in January. Key points to note from the report are: • Council Of Members agreed the Commissioning Priorities for next year • Overall NLAG Financial Position due to cost increase in non-elective care • EMAS Performance not meeting local trajectory linked to demand and handover delays • Over trading at St Hugh's and Newmedica – related to NLAG backlogs and transfers
Recommendations:	The Governing Body is asked to: • Ratify the CCGs priorities for the commissioning priorities for the coming year following agreement at COM • note the update in relation to its key providers performance and the service development work 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 are 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 – February 2020

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.

Commissioning & Contracting Priorities for 2020

The Commissioning priorities for 2020 have been developed by service leads over the last few months and discussed with Council of members at various points as part of this process. In January 2020 the commissioning priorities were taken formally to council of members for approval, and were agreed unanimously.

The priorities for action have been set within the context of the NHS Long Term Plan, the Council and Union 5-year plan and the challenging financial position for the CCG.

As part of the development of the priorities for action for the coming year the service leads were asked to identify within each work area, what would be their top 3 priorities for action given the resource constraints – staffing and finance across the CCG. Detailed below are the main priorities for action identified for action, with the ones highlighted as **bold** being the 3 areas that were identified as the highest priority. COM agreed the overall areas were the right areas for focus and that if resources are limited that the focus of attention should be on the 3 areas highlighted.

Primary Care

- **Establishment of multi-disciplinary teams based around PCN populations**
- **Delivery of Preventative and proactive care services focused on patients most at risk e.g. frail/elderly/vulnerable/multiple long term conditions**
- **PCNs taking lead role in coordinating the community urgent care response**
- Access to general practice services improved through online and video consultation, with 100% of the population covered
- Improved (extended) access services revised to reflect requirements of national access review
- PCNs planning services around population need, through improved understanding of population health needs as a result of population health management approach being in place

Elective & Long term Condition

- **Early identification of patients with respiratory and CVD conditions, by supporting Public Health on the implementation of outreach and work-place health checks**
- Reducing health inequalities through raising awareness of risk factors within the areas of the borough that have the highest rates of CVD and respiratory diseases, through engagement with community groups
- Enhancing the knowledge and expertise of community providers in managing long term conditions, through additional specialist support and training
- Enhancing the knowledge and expertise of patients with COPD in managing their own conditions, through further promotion and rollout of the MyCOPD app
- Support greater uptake and completion of Pulmonary and Cardiac rehabilitation, including looking at new models of delivery
- Improve the sustainability of local Cardiology services through supporting integrated working between community and hospital specialist services
- Reduce prevalence of diabetes, and improve diabetes management, through being a national pilot site for low calorie diet and rollout of the DESMOND on line (education for type 2 patients)
- Develop potential service model for community-based Respiratory specialist service
- **Reduce wait times for planned care, with an initial focus on follow up patients**
- **Transformation of hospital outpatient delivery; reduction in face to face appointments**

Women's, Children's and families

- **Continue to progress the recommendations of Better Births and ensure key public health areas such as reducing smoking rates in pregnancy and breastfeeding are prioritised**
- Roll out emotional health and wellbeing support throughout schools and colleges
- Improve community pathways for children and young people with long-term conditions including asthma, epilepsy and diabetes
- **Work with partners in education, health and social care to develop the local offer for children, young people and their families with special educational needs and disabilities (SEND), including access to therapies and the Child Development Centre (CDC)**
- **Work with partners in education, health and social care to embed the re-designed access pathway to ensure that children get timely access to support and where appropriate do not face unacceptable waits for assessment and diagnosis**
- Ensure community services such as midwifery, health visiting, school nursing and community paediatrics are appropriately aligned to primary care networks
- Develop and enhance specialist perinatal mental health pathways locally and across the STP

Children's Mental Health

- **Mental health support teams to be fully operational in 2021 and providing a menu of support for children, young people and families**

- Working towards the increased access target for children's mental health services and work with the Provider to plan towards this
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- **Create a single digital platform for all IAG, self-care support to support CYP, parents / carers and professionals**
- Develop training offer for educational professionals/ professionals working with CYP
- Audit staff workforce to ensure they have the right level of competencies
- Funding sustained for the mental health support teams following confirmation from NHS England
- The whole school approach will be embedded across educational settings
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for Children and Young people and adults
- NEL will support the national commitment of 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school or college-based mental health support teams
- **Children/young people mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability -SEND, children and young people's services, and health and justice**

Mental Health & Disabilities

- Early intervention in psychosis (EIP) offers access to NICE compliant therapies within 2 weeks for people aged 14-65 and people with At Risk Mental State (ARMS)
- **Ensure 25% of people with common mental health issues access evidence based therapies through IAPT including within Primary Care Settings**
- **Improve the % of people who suffer from SMI who receive a physical health check**
- Delivery of walk-in crisis support through a 'diversion from A&E' model of care with improved Home Treatment options for targeted groups
- Acute unit for older people mental health optimised for complex acute issues, community pathways developing to support increasing complexity in community/care home settings
- **Subject to national transformation funding being received increase the hours of operation of the liaison service within acute care "Core 24".** This was not identified as part of the paper for COM, but was identified as part of the discussion relating to the priorities

Medicines Optimisation

- **Focus on areas we know we need to improve on e.g. reducing inappropriate opioid prescribing to help reduce the risks associated with these medicines for patients.**
- **High Cost Drugs –implement the Blueteq® system to improve the clinical and financial information we hold for the high cost drugs that we commission.**

- Undertake medication reviews in care homes to help patients manage their medicines and ensure they are offered the right medicine at the right time.
- Manage shorter-term pressures e.g. potential medicines shortages and Category M price increases to help keep the prescribing budget within its target.
- Reduce medicines and prescription product wastage across the area to ensure that the budget is used effectively
- **Reduce variation in prescribing across primary care**
- Increase collaborative work with pharmacy teams in other organisations e.g. practices, networks, pharmacies, other CCGs and Trusts.
- Improve joined-up care for patients by increasing shared care between Primary & Secondary/Tertiary Care

Urgent & Emergency Care

- **We will increase our intermediate care capacity to reduce demand and levels of bed occupancy in secondary care.**
- **Increase the number of acute admissions discharged on the day of attendance by maximising our use of "same day emergency care"**
- We will improve Discharge and onward care for patients through "discharge to assess", enabling medically optimised patients to be discharged in 24 hours and providing care through "Home First" virtual ward, IC@Home, and integrated re-enablement services

  Community urgent care was identified as a priority under the PCNs.

Cancer

- **Raise awareness of cancer screening benefits, through educational events in conjunction with NHSE Screening Programme leads and Cancer Research UK (CRUK)**
- We will provide targeted support to individual practices to help improve uptake of screening, earlier diagnosis and reduction in late stage A&E presentation.
- Reviews of cancer patient notes within primary care to review referral pathways and identify any potential delays and implement solutions to address any issues identified
- Joint educational sessions between secondary care consultants and primary care to provide advice and guidance with a focus on colorectal and urology through protected learning time events
- Review and update 2 week wait guidelines in line with national guidance and provide ongoing support to PCNs and act as interface with secondary care clinicians
- **Development of 'hub and spoke' model for lung cancer across NLaG and Hull in conjunction with Cancer Alliance**
- Roll out of lung health checks (20/21) – subject to funding award

- **Support and facilitate implementation of cancer 28 day standard**
- Undertake audit of FIT roll out, which commenced in 2019/20
- Establish Regional Diagnostics Centre

Adult Social Care

- Completion of the review of rehabilitation and re-ablement services
- **Review of higher cost placements**
- Reviewing our supported living offer
- Improving the quality of residential care, including better community support
- **Launch of the new care at home model**
- **Completion of the extra care housing schemes at Winchester Avenue, Grimsby, and Davenport Drive Cleethorpes**
- Working with children's services to ensure better preparation for adult hood
- Implementation of the fairer charging policy
- Reducing the risk from the back log of DOLs and implementation of the new LPS legislation
- Disabled Facilities Grant review
- Advice & Guidance
- Adult Strategy work
- Support to care homes

End of Life care

- **Rollout of ePACCs (first phase of Humber Care Record)**
- **Rollout of RESPECT tool**

Quality & Safety

This area was not picked up as part of the COM paper, but followed the same process as the other CCG areas. Priority areas for quality and safety have been discussed at the clinical governance committee

- **Development of a quality strategy for the Union**
- **Timely assessment of Looked after Children (LAC)**
- Develop a process to assure safeguarding proportionately in its smaller commissioned provision
- **Implement the new statutory arrangements for Child Death Reviews**

- Practice Nursing Development & retention
- Social Care Nursing Development & retention
- Nursing - Support and Leadership

Contracting Principles

- Expectation of additional growth in referrals at NLAG, where speciality waiting times improved
- No 52 week waiters
- No over 40 week waiters by end of March 2021
- Reduction in number of 26 week waiters by end March 2021
- Long wait specialties to deliver to maximum 26 week wait for non-clinically urgent patients, to utilise capacity for long waiters and overdue follow ups
- All CCG contracts will ensure that ways of working, governance and agreed expectations of the PCNs will be factored into the standard NHS Contract with local providers
- The revised NHS standard contract has enshrined the responsibility of bodies to have regard for and work with PCNs. The CCG will be asking for each provider to demonstrate how this will be done.

Northern Lincolnshire & Goole Foundation Trust

Service Developments / improvements - Outpatients Transformation

Outpatient transformation plans have been produced for the 7 most challenged specialities within the trust: Cardiology; colorectal; ENT; Gastrology; Ophthalmology; Respiratory; Urology. Progress against these plans is monitored at the Planned care Board.

Specific areas of focus within the plans are:

- Follow up backlog recovery
- RTT forecast recovery
- Non face to face contacts activity (improvement in total number of non face to face activities taking place)
- New to Follow up ratios
- Advice and guidance
- DNA rates

The planned improvements in Outpatient transformation have not yet delivered the significant reductions we have expected to see and this is part of the financial plan for next year as NLAG needs the capacity to significantly reduce the backlog in patients waiting for treatment.

Specific points to note in relation to outpatient transformation are:

- This work has been impacted by winter pressures affecting the trusts planned activity.
- Overdue waiting lists continued to grew 3,000 in November to 32,189. This is due to the work around patients who had had incorrect clock stops & therefore no due date being completed and those individuals being added to the overall overdue list.

- The Trust contracted with Newmedica in November to take 1000 backlog patients and treat them for a range of ophthalmic conditions. This programme was expected to last till March 2020, however because of some delays in starting the transfer, it is likely that this activity will continue into the new financial year

Finance

Annual Budget £000	Year to date variance £000	Forecast OT variance £000
111,125	3,163	3,996

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. The unit cost of non elective activity has increased due to patients with more complex needs presenting and improvements in clinical coding by NLAG which ae better reflecting those complex individuals.

Finance and activity is discussed at the weekly Northern Lincolnshire system meetings and the CCG is working within an agreed Northern Lincolnshire Financial Control Total. The CCG's and Trust have agreed outturn figures for the year.

Performance

The CCG detailed performance is set out in the Report to Delivery Assurance Committee but headline figures reported for the Trust in **January 2020** are as follows.

- A&E 4 Hour Wait (73.1% vs 85.16% local target)(January)
- Cancer 2 week waits (97.3% vs 93% target) and 62 day GP referral (72.5% vs 73.9% target) December
- Referral to Treatment (79.2% vs 83% target) December
- 52 Week waiters (7 vs 0 target) December
    - due to capacity constraints within Colorectal and Ophthalmology, and due to people identified who did not have a due date recorded being picked up
- Diagnostics 6 week wait (16.6% vs 8% target) Percentage of those not seen within 6 week target December. Some of the issue in relation to diagnostics is due to a lack of scanning equipment which is now being addressed via a capital allocation which is expected to result in new equipment being available for use in the new financial year.

Quality

The Trust had its CQC report released which still left the Trust as requires improvement.

Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well Led	Requires Improvement
Use of resources	Requires Improvement

The CCG's will continue to work with and monitor the action plan for improvement.
A separate report is being produced for the Governing Body in relation to the QCQ report.

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 total financial implication of £919,451. (total Contract)

The contractual agreement is that if these trajectories are not achieved, the financial values attributable to these trajectories will need to be reinvested in areas of emergency care within local health and care systems which would have a positive impact on overall EMAS operational delivery.

At the end of Quarter 3, all Counties failed the required trajectories. A total of £462,122 will therefore be returned to CCG's from EMAS for reinvestment. The Quarter Four trajectory continues to be monitored on a monthly basis.

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 .
EMAS have put forward a proposal to commissioners with regards reaching agreement on the 2019/20 contract position. The proposal covers the See & Convey (S&C) trajectory; CQUINS; and the additional £20.1m. The Coordinating Commissioning Team are working with associate commissioners in order to be able to respond to the proposal. There is a senior finance meeting due to take place to reconcile and agree the cumulative Quarter Three position and to provide assurance that the additional funding has been used for the purpose for which it was given.

Performance

As a CCG area EMAS are failing all the local trajectory and national stancdards

Lincolnshire						
Performance			October	November	December	Quarter Three to date
Category 1	Mean	National standard	00:07:00	00:07:00	00:07:00	**00:07:00**
		Trajectory	00:07:20	00:07:20	00:07:45	
		Actual	00:09:06	00:09:23	00:09:22	00:09:17
	90th centile	National standard	00:15:00	00:15:00	00:15:00	**00:15:00**
		Trajectory	00:15:00	00:15:30	00:16:00	
		Actual	00:17:16	00:18:19	00:17:51	00:17:56
Category 2	Mean	National standard	00:18:00	00:18:00	00:18:00	**00:18:00**
		Trajectory	00:27:00	00:25:00	00:29:00	
		Actual	00:40:29	00:41:45	00:43:00	00:41:47
	90th centile	National standard	00:40:00	00:40:00	00:40:00	**00:40:00**
		Trajectory	00:50:00	00:50:00	01:05:00	
		Actual	01:25:02	01:27:10	01:31:02	01:27:36
Category 3	90th centile	National standard	02:00:00	02:00:00	02:00:00	**02:00:00**
		Trajectory	02:15:00	02:20:00	02:45:00	
		Actual	03:56:12	04:08:43	04:31:20	04:07:40
Category 4	90th centile	National standard	03:00:00	03:00:00	03:00:00	**03:00:00**
		Trajectory	03:00:00	03:00:00	03:00:00	
		Actual	04:30:29	03:48:45	03:42:10	04:02:39

The reasons for failure form part of the Contract performance notice action plan.

Contract Performance Notice (CPN)

The Coordinating Commissioning Team issued EMAS with a Contract Performance Notice under General Condition 9 of the NHS Standard Contract due to failure to deliver the agreed performance standards in Quarter Two. It has been subsequently agreed to collate actions plans covering each of the four pillars impacting upon performance, so that any additional actions can be identified and agreed. The 4 pillars are demand, handovers, Resources and Internal efficiencies (vehicle offroad, travel time etc). The largest impact is demand with see & convey up 7%, handovers being challenging with significant detrioratrion in November & December, reources are adequate given the funding put in, but still large amount of vehicles not available, post handover delays and travel to base time. These are all being reviewed and monitored.

Quality

The Care Quality Commission (CQC) inspected EMAS earlier this year. An overall rating of 'Good' was achieved. Although there were no regulatory breaches, a number of areas of improvements or 'Should Do' actions were identified during the inspection.

The CQC has now provided the Trust with access to monthly reports from the CQC Insight for NHS Ambulance Providers tool (CQC Insight). This is a tool designed by the CQC to ensure its work is more intelligence driven, and to be used to inform their discussions with EMAS on performance. The CQC governance team is currently liaising with EMAS Performance Management and Information team to check accuracy of the CQC Insight data. The Coordinating Commissioning team has also access to these CQC reports to assist and inform triangulation of data.

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. The extension of IAPT services is required such that 25% access this service in a primary care setting. Navigo have IAPT in place in a number of practices to help achieve this target.

Finance

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

Performance

October NHS Published data

IAPT Access
rate – 12.10% target 11.08%(green)

IAPT Recovery rate – 47.08% target 50%(red)

IAPT 6 week and 18 week target – 83.81% target 75% (green) & 99.0% target 95%(green)

Care Plus Group

Service developments and Improvements

CPG are working with the PCN's and the CCG to finalise a new model of delivery for Community Nursing. This is expected to pilot in March with full roll out in April. Evaluation will take place as part of the 20-21 Contract to ensure provision is meeting the expectations of the PCN's and delivery of core services is maintained.

CPG will be working with the CCG on a review of Intermediate care services in year with significant expectations of improvement in outcomes and capacity. The review will be finalised in 20-21

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

The national PCN Framework has been in negotiation with NHSE and the RCGP, to amend some of the requirements as initially set out in the Framework which set out 7 requirements. These are expected to be reduced and amended to deal with questions of capacity with GP PCN's to deliver. Those such as anticipatory care will be factored into year 2 of any agreements. PCN development is continuing with active participation by the clinical leads in the development of Out of Hospital Urgent care.

Other Providers

- TASL – PTS Service. No issues have arisen and quality monitoring is routine rather than enhanced.
- Hull University Teaching Hospital has continued to show an overtrade in on elective activity and forecast for the year is for £207k over budget.
- 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. St Hugh's and In Health will be reviewing the patients over the next months to move them onto appropriate pathways and avoid injection and infusions where possible. This will reduce expenditure in next years contract. The long wait patients who have transferred from NLAG equates to £300k of the overtrade, although the numbers have reduced in the last few months. 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 more patients faster. 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, however this did not progress quickly enough from NLAG therefore clinic capacity created for the Trust was utilised for CCG direct referrals. The ongoing issue of capacity is being discussed with the CFO of Newmedica to identify what work they are doing with NLAG and North Lincs CCG to address their backlogs . Forecast Outturn +£288k
- 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. The outturn position is expected to be £1.4m under plan, however this is not expected to continue in 20202 as an issue with the completion of DSTs has been identified and addressed which is likely to lead to an increase in the number of CHC packages next year.
- 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.

Procurements awarded and approved at Care Contracting Committee

<u>Support at Home</u>

The CCG has completed the tender process for the Support at Home. The standstill period has just been completed and successful organisations have been notified and the process will be completed for the 1st April .