

Agenda Item: 9.1

Subject:	Commissioning Update March 2015
Presented by:	Jocelyn Pike, Chief Operating Officer
Submitted to:	SNCCG Governing Body
Date:	Tuesday 24th March 2015

Purpose of paper:

Information: To provide Governing Body with an update on the work Commissioning Team programme areas of work.

Mental Health

Norfolk and Suffolk NHS FT (NSFT) have been in discussion with CCG commissioning leads since November 2014 reviewing the functioning of the Access and Assessment Team (AAT) service. Parts of the service are not performing effectively and need to be reviewed and potentially changed. Some elements of the service structure such as a Single Point of Access have worked well and possibly should be maintained. NSFT are jointly working in partnership with Norfolk CCGs to design a way forward and are proposing a number of options. Part of this reshaping and redesign also relates to the implementation of the Lorenzo IT system, the linkage between Secondary and Primary care, avoidance of re-assessments and ensuring that the most appropriately skilled clinician sees the patient and their family at the right time. A workshop with Primary Care was held on the 12th February.

CAMHS eating disorders

Discussions regarding the Child and Adolescent Mental Health Service (CAMHS) are being taken forward as part of the NSFT contract negotiations. However in order to support the service in the interim period agreement has been given for NSFT to fund a band 6 nurse within the team.

Ashcroft Residential Service

Norfolk County Council (NCC) has agreed to continue commissioning 7 beds for three years. The unit provides a specialist service to women with mental health conditions. NSFT commissions the Ashcroft unit as a step down facility from the acute beds at Hellesdon hospital. NSFT is funded by CCGs to provide step down beds. For 2015/16 NSFT will maintain commissioning 4 beds at this unit. Julian Support, the providers of the service and service users will work with commissioners from NCC and the NHS over the forthcoming year to develop service pathways for women with mental health conditions

Adult Eating Disorders Procurement Next Steps

The procurement of the above service was not successful. Steps are now being taken to secure services whilst decisions are made on the future procurement of these services. The current providers have agreed to maintain the current service with a new two-year contract. This period will be used as an opportunity to investigate different models of delivery of future services and secure these.

Children and Families

POP Home Project

Cambridge University Hospitals NHS Foundation Trust (CUHFT) has been delivering a project aimed at women with pelvic organ prolapse (POP) to learn to manage their own vaginal pessaries. The second phase of the POP Home Project aims to spread the project to other parts of the East of England and provide free training to GP surgeries so they are able to teach their own patients. SNCCG member practices will be contacted about this training opportunity w/c 2nd February 2015.

For further information about the project, please see: <http://qir.bmj.com/content/3/1/u206180.w2533.full>

Level 3 IVF Criteria

NICE has provided clarification regarding the 40-42 age criteria within its guidance for fertility services CG156. It has been confirmed the upper age limit includes women aged 42 plus 364 days i.e. up to their 43rd birthday. South Norfolk CCG's policy will be updated to reflect this clarification.

Compass

Compass is a service commissioned by Norfolk County Council Children's Services to provide integrated education and health care for children aged 5-14 with severe and challenging behavioural problems and emerging/ actual mental health problems which have not been resolved through standard Tier 3 CAMHS services.

To enable CCGs to consider the funding of the therapeutic elements for these 2014/15 placements, the Children's Complex Cases Panel (CCCP) reviewed all outstanding retrospective Compass cases for health funding eligibility at an extended panel on 11th December 2014. All six outstanding cases for South Norfolk CCG have been recommended for funding (total £68,000).

The contract for this service has been extended by NCC to 2016. The Leadership Team will be fully aware of the duties for joint commissioning outlined in the Children and Families Act 2014. Compass Centres clearly come under this mandate owing to the integrated education and therapy they provide. Norfolk County Council and CCGs are working together to develop a service specification for current provision and exploring options for jointly commissioning the service from 1st September 2016.

A working group has been established to explore the potential procurement options for securing the service provision and will recommend the best option available for jointly commissioning the service. The group is currently seeking advice from Local Authority and NEL CSU procurement teams regarding the regulations on the use of a Section 75 agreement for joint commissioning. The recommendation, along with service specification and costings, will be presented at a future Leadership Team meeting for approval.

Planned Care

The CCG intends to renew the Aural microsuction contract to run from 1st April 2015 to 30th March 2016 for Chet Valley and Wymondham Medical Practice. Both practices can accept inter-practice referrals from other SNCCG practices and these referrals offer care closer to home for most patients. Referrals to Chet Valley can also be made via Choose & Book from 6 April 2015

The CCG is in negotiation with South Norfolk Healthcare to renew the Cataract Referral Management service contract. This service will run for a further 12 months. South Norfolk CCG has been working in collaboration with North Norfolk and Norwich CCGs to develop a pilot to provide cataract pre- and post-operative assessments and Glaucoma Levels 1 and 2 in the community. This pilot has been running since October 2014 and following successful evaluation, procurement was planned for autumn 2015.

The pilot has identified some issues surrounding cataract pre-operative outpatient tariffs and this element of the pathway has been withdrawn from the pilot. The CCG intends to postpone the competitive tender process until this is resolved. The Cataract post operative assessments and Glaucoma level 1 and level 2 services remain unaffected in the Pilot. The pilot will be extended for a further 12 months to September 2016 where full evaluation will then take place.

Unplanned Care

The Urgent Care Centre (UCC) continues to operate out of a temporary location at the front door of the NNUHFT, with the intention of triaging all ambulatory patients before they reach the Emergency Department. Currently the unit is open for 10 hours per day and sees an average of 19 patients per week day and 30 patients per weekend day. The UCC's GP workforce currently relies too heavily on Locum support and is urgently seeking salaried posts to promote a consistent workforce.

The final report of the **Emergency Care Intensive Support Teams (ECIST)** review of services that support acute patients within central Norfolk has been released. The report was discussed at the System Resilience Group, held on the 4th February, and a detailed action plan is being defined. High level recommendations include:

- a) Ensuring that the development of the UCC maximises the opportunity to improve the interface between primary care, community services, social care and secondary care as proposed in the Domino model.
- b) There is a need to agree an integrated governance structure as a matter of urgency.
- c) Review with the Ambulance Trust the ambulance handover changes to ensure patient safety and dignity.
- d) Ambulatory Emergency Care is underdeveloped and needs to be implemented as a process rather than at pathway level as soon as possible.
- e) The existing frailty work is a good start and the proposals for the future linked to the UCC are excellent. However, this needs to happen at speed and link to the work agreed as a result of the whole system workshop on implementing a 'Discharge to Assess' model.
- f) Review of the medical model across general, specialty and acute medicine to deliver a functioning assessment unit and short stay model of care that with ambulatory care will ensure 65% of patients have a LOS of 2 midnights or less.
- g) Review job plans to support the new model
- h) Develop a CDU and get agreement between ED and AMU in terms of how it will work and responsibilities for patients.
- i) Improve flow on the base wards by better timing of, and more senior clinical leadership of board rounds and a move to daily ward rounds.
- j) Ensure Executive and Non-Executive leadership is clear about the change that is required strategically and why, while empowering and supporting frontline staff to deliver it operationally.
- k) Develop a workforce strategy to ensure that the Trust is making the best use of the competencies of all staff...with particular attention to the opportunities to change skill mix.

Operation Domino is the operational delivery arm of the System Resilience Group. A re-launch and review of the project's priorities was undertaken on the 17th December. Short term actions include:

- a) Move .CHC care assessments into the community
- b) Expanding the GP Triage model (building on the triage trial in the Ambulance Control Room that EEAST's Head of Clinical Service (Primary Care) has been piloting)
- c) Reviewing pressures on A&E – Intercept care home calls that come into the Ambulance Control Room – explore possibilities of a GP triaging calls
- d) GP's booking into emergency clinics
- e) Community diagnostics – commence with Radiology

Out of Hospital and Integrated Care

111/GP Out of Hours Services

These services are to be re-commissioned from September 2016 across Norfolk. Potential and prospective providers were invited to meet with patients and commissioners in a "Bidder Engagement Day" on 8th October 2014. Prospective bidders met with commissioners to discuss issues and seek clarification before the formal tendering stage. As our experience with the non-emergency patient transport procurement showed, these events allow us to improve considerably our specifications and the providers to enhance their bids.

Bidders submitted their bids by 9th February 2015, with the evaluation phase completed on the 27th February.

IV Therapy in the community

For 2014/15, NCH&C ran a community-based IV therapy service pilot scheme, funded by CQUIN. The scheme was not found to be effective in South Norfolk for several reasons (i.e., no referrals made by NNUH, only 38 people identified over the year by business intelligence who might use the service, no support from clinical colleagues). After evaluation and discussion, the decision was taken not to put forward additional funding (£391k pa over 3 CCGs) for the future of the service as constituted but to consider a different model over the coming months. Initial thinking indicates some merit to a simple model of IV therapy being delivered within community hospitals, with potentially a wider selection of therapies available than those suggested by NCH&C (bone infection, cellulitis and UTI), and with an admission-avoidance focus.

Better Care Fund

The Better Care Plan for Norfolk has been fully approved. Work is being undertaken on the detailed plan for South Norfolk to ensure there is clarity about aims, costs and benefits of the proposed schemes. In the last month the following pieces of work linked to Better Care for South Norfolk have been progressed:

- The process for recruiting to the full complement of Integrated Care Co-ordinators as a key part of developing robust locality based services has begun
- Taking account of the aspirations of locality over 75 plans, commissioners have agreed the detailed structure for the interim Admiral Nurse service with details being finalised with NSFT and Age UK and recruitment under way where required
- The information and support pilot led by Age UK with practices has started. More widely South contributes to and benefits from a range of information and advice services aimed at people with disabilities, long term conditions and support needs. Some of which are joint funded. South is leading a review of these services which are key to the integration plan.

Thetford community health services

South Norfolk CCG is an associate commissioner to the community services currently provided by Serco for some patients who live in Suffolk but who are registered with Thetford GPs. Suffolk is undertaking procurement for these services with new contracts scheduled to start in September. These services follow the pathways to and from West Suffolk Hospital. Commissioners are taking views from the Thetford practices about how well the current pathways are working.

Recommendation to Governing Body:

Governing Body is asked to note the enclosed update.

Key Risks	
Clinical:	
Finance and Performance:	Performance risks identified within the report, no specific financial risks reported.
Impact Assessment (environmental and equalities):	N/A
Reputation:	None
Legal:	None
Resource Required:	N/A
Reference document(s):	