

**THURROCK BOARD MEETING**

**DATE: 17 December 2014**

<b>Title of Report:</b>	<b>Thurrock CCG QIPP and Commissioning report</b>
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<b>Presented by:</b>	Dr. Raymond Arhin and Mark Tebbs
<b>Committees previous consulted:</b>	QIPP Committee
<b>Executive Summary:</b>	<p>The aim of this report is to appraise the Board on:</p> <ul style="list-style-type: none"> <li>• Performance against the 2014/15 QIPP programme and an update on the planning of the 2015/16 QIPP programme</li> <li>• Key Updates within the commissioning portfolio encompassing Medicines Management, Planned, Unplanned Care, Whole System Redesign, Mental health and Paediatrics work programmes.</li> </ul> <p>The highlights of the report are that:</p> <ul style="list-style-type: none"> <li>• QIPP 2014/15 delivery stands at 99% against validated plan and 72% against the total plan.</li> <li>• QIPP 2015/16 planning was reviewed by QIPP CORE meeting in December. The planning is well advanced and further updates will be available in January.</li> <li>• The key updates within planned care are that BTUH have appointed their partner provider for the MSK hub, the primary care transformation bid was successful, the first diabetic network meeting occurred in November and that the multiple procurements are progressing through governance.</li> <li>• The key updates for unplanned care are that BTUH met their CQUIN targets for establishing the frailty unit and the ambulatory emergency care unit by the end of Q2.</li> <li>• Significant milestones were achieved in end of life care with the commencement of the 'One response' service, improvement on the end of life registers and the fast track pilot. .</li> <li>• The whole system redesign project has organised a workshop in January to re-enforce our vision and develop a robust action plan for integration in Thurrock.</li> <li>• Paediatric CEG continues to lead service developments including the plans to manage the current gap in service for ADHD for children over 12 years of age.</li> <li>• The key updates for mental health are the commencement of the IAPT</li> </ul>

	and recovery college procurement exercise, the successful completion of the Winterbourne view reviews and good progress on improving the dementia diagnosis rates
<b>Recommendation to the Board:</b>	Board members are asked to note the report and progress being made within the commissioning portfolio.
<b>Financial Implications:</b>	The QIPP plan forms part of the CCG's financial plan.
<b>Fit with CCG strategy/objectives:</b>	Forms part of the CCG's 2014-15 Integrated Operational Plan
<b>Risks identified:</b>	<p>Failure to deliver the full effect of the QIPP plans and the resultant pressure on the CCG's financial plan.</p> <p>Failure to adequately monitor the provider contracts will adversely affect CCG's commissioning vision</p>
<b>Resource Implications:</b>	QIPP committee and various provider contract monitoring committees
<b>View of the Patients Carers or the Public and the extent of their involvement:</b>	High level QIPP opportunities discussed at clinical reference group in November
<b>Evaluation Criteria:</b>	N/A
<b>Evaluation Date:</b>	N/A

## 1) INTRODUCTION

This paper aims to appraise the Board of:

- Performance against the 2014/15 QIPP programme and an update on the planning of the 2015/16 QIPP programme
- Key Updates within the commissioning portfolio encompassing Planned Care, Unplanned Care, Whole System Redesign, Mental health and Paediatrics work programmes.

## 2) KEY UPDATES

### 2.1) QIPP

- **Performance against 2014/15 QIPP programme**

The table below shows that 2014/15 QIPP delivery is 99% against the validated plan and 72% against the total plan.

Portfolio	YTD Total Plan (£000's)	YTD Validated Plan (£000's)	YTD Actual (£000's)	%Against Validated Plan	% Against Total Plan
Planned Care	£ 1,047	£ 1,011	£ 1,011	100%	97%
Unplanned Care	£ 413	£ -	£ -	0%	0%
Medicine Management	£ 682	£ 459	£ 528	115%	77%
Paediatrics	£ 222	£ 217	£ 142	65%	64%
Mental Health	£ 562	£ 345	£ 321	93%	57%
Other	£ 454	£ 394	£ 394	100%	87%
Community	£ 254	£ 221	£ 221	100%	87%
Total	£ 3,633	£ 2,647	£ 2,617	99%	72%

The performance report, issue log and risk plan were reviewed at the QIPP CORE meeting on the 11<sup>th</sup> December.

- **Planning for the 2015/16 QIPP programme**

The Board was appraised in October of the key planning milestones for the 2015/16 QIPP plan. The commissioning team presented the 2015/16 QIPP plan at the QIPP CORE meeting on the 11<sup>th</sup> December 2014. The key areas of focus for QIPP planning for 2015/16 are:

- Contractual efficiencies
- Continuing healthcare
- Medicines management
- Mental Health
- Planned care

The plan is currently being refined following comments from the QIPP CORE group and a further update will be provided at the January Board seminar. The QIPP CORE meeting in January will involve wider stakeholders to ensure system support and patient participation. It is also anticipated that a follow up session is held at the commissioning reference group.

### 2.2) Planned Care

- **MSK** - Following procurement, the BTUH Board has endorsed the contract award to a private provider (Connect) for provision of the MSK hub service. A mobilisation group has been established and is being led by BTUH (this largely involves BTUH, Connect and NELFT at this stage). There will be CCG involvement once the group is established and operational issues (such as TUPE) are resolved. In terms of 2015/16 activity and finance; this will be discussed in the overarching contract negotiations, on the main contracts. The final decision will come back through the CCG's governance process as part of the overall sign off of the contracts.
- **Primary Care Transformation fund** - Thurrock Primary care submitted a business case for the above bid and has been awarded approximately £250k by NHS England. The business case proposes improved primary care access across the entire Thurrock sub economy over weekends on a locality based hub model. Funding is provided for 1 GP and 1 Nurse session on Saturday and Sunday mornings across 4 localities. The project is now in the mobilisation phase with the first hub to go live in mid-January 2015. It is planned to have all 4 hubs in operation by the end of March 2015.
- **Diabetes** - The group met for the first time last month; it was well attended by most of the stakeholders. The group analysed some of the data and agreed to review the data in detail. A formal network is planned to commence next month and will concentrate on reviewing some of the key areas including development of diabetic medicines formulary.
- **Procurements -**
  - The AQP for Community Ultrasound and LES are now complete a recommendation paper is being taken through the governance processes.
  - The Respiratory procurement is now complete and a recommendation report is being taken through the governance processes
  - The Tier 3 Weight Management procurement – The QIPP CORE reviewed the criteria for the specification and asked to sign up to a collaboration agreement.
  - Contracts for phlebotomy have been extended for 3 months and a review will commence shortly.

### **2.3) Unplanned Care, End of life and CHC**

- **Unplanned Care** - As reported within previous Board papers, BTUH has fulfilled its CQUIN requirement to implement an Ambulatory Emergency Care (AEC) Unit and Frailty ward by 1st October 2014.

Thurrock has developed an independent performance dashboard for both service models in preparation for a joint CCG meeting with BTUH. The development of our own performance dashboard for both service models should ensure a robust challenge is made to the Trust's current reporting assumptions and improved monitoring of pathways is realised moving forward.

The CCG's performance dashboard for AEC in particular does not indicate the majority of the 49 conditions have seen a positive outcome; with increased rather than decreased admissions occurring. Robust challenge and benchmarking of the 49 care-pathways moving forward may realise a potential QIPP in 2015/16 (effectively transferring assumed improvements for 2014/15).

- **End of Life** - Since April 2014, Thurrock CCG have chaired the South West Essex End of Life working group which has been instrumental in identifying and implementing new service initiatives.

In November 2014, a number of key initiatives have reached key milestones including:

- **One Response Service:** A workshop held in March 2013 identified the benefits of having a Single Point of Referral (SPOR) model for all End of Life and Palliative Care needs; catering for patients, carers and health and social care professionals.

This vision was realised with Phase One of the project going live on the 3rd November with the commencement of the 'One Response' service; with the service reporting activity in excess of anticipated uptake. Phase one of this project provides a service for Thurrock, Basildon, Billericay and Wickford; with an anticipated go-live date of April 2015 for Brentwood and St Francis Hospice. The service currently comprises of St Luke's Hospice, NELFT community services and Macmillan Nursing; utilising existing commissioned services wherever appropriate.

- **Fast Track Assessment Pilot** - November also saw St Luke's hospice undertaking Fast-Track assessments with a view to improving timeliness of assessments and (where possible) meet the patient's PPC using existing contracted services; and thereby contributing to the reduction of CHC spend.
- **Primary Care GSF Uptake** - In support of this year's QP+ incentive scheme, we commissioned additional capacity within NELFT's End of Life team to ensure all practices could receive the support of a Gold Standard Framework (GSF) facilitator.

We are pleased to report that all Thurrock practices have signed-up to undertaking monthly GSF reviews and early indications are that this initiative is resulting in a dramatic improvement in the number of patients recorded on the central End of Life register, completion of PPC and DNACPR documentation. The CCG has also purchased DNACPR forms; following feedback from general practices on the practicalities of printing these off in colour.

- **End of Life: Shared Medicines Management Formulary** - Discussions have commenced with community and acute providers on the development of a shared medicines management formulary, in preparation for commencement in April 2015.
- **Continuing Health Care** - October 2014 saw a change to the Thurrock CCG's CHC commissioning arrangement; with NHS Arden undertaking the CHC commissioning function previously provided by Central Eastern CSU. With Thurrock CCG having experience year-on-year growth in CHC spend, Arden and the CCG are currently reviewing historic recording and reporting practice to inform improved commissioning processes within 2015/16. Consequently CHC commissioning is heavily featured within the draft 2015/16 QIPP planning including review and implementation of commissioning responsibilities, enhanced pathways e.g. ABI and current contractual arrangements.

## 2.4) Children's, young people and maternity

- **ADHD** – There is currently an identified service gap for children over the age of 11 for ADHD assessment and treatment. This was discussed at Paediatric CEG in order to work

through existing issues and understand how they could be resolved. This has resulted in SEPT and NELFT meeting to discuss the best way to manage an existing caseload of 25 patients. It is likely they will be running a pilot joint assessment clinic. Alongside this, providers are to meet to discuss and propose a 'gold standard' pathway for ADHD and other Developmental Delays to commissioners, who will then work with stakeholders to interpret and look at implementing at a local level.

- **Sickle Cell** - Initial discussions have been held with NELFT about utilising existing resource in a more effective way, including the potential join-up with other areas who are looking at redesigning their Sickle Cell services.
- **HIPs** - Head Injury High Impact Pathway to be launched at a meeting in January with staff from Thurrock education, public health and social care. Taking the same approach as with Basildon and Brentwood CCGs, we will be working with partners and stakeholders to disseminate the message as widely as possible. Meanwhile, reporting on Bronchiolitis and Gastroenteritis High Impact Pathways performance is beginning to take place. Broadly speaking, gastroenteritis is performing well but bronchiolitis is fairly stable. We are also aware of issues around respiratory tract infections over-burdening the hospital at present.
- **CAMHS** – the procurement is on track and it is recommended that the commissioning lead is invited to the QIPP CORE meeting to update members on the detail of the procurement.
- **SEND** - The Local Authority is making forward steps with the Special Education Needs and/or Disabilities (SEND) agenda, particularly regarding their Education, Health and Care (EHC) plans Panel Process. Joint Commissioning Strategy is going to be worked up with CCG Commissioners. However, Thurrock Council has not yet agreed an approach on Mediation: this could become an issue from January onwards as the first EHC Plans are completed.

## 2.5) Whole system redesign and the Better Care Fund

- **Whole System Redesign** - Thurrock CCG is working with its partners across social care and the council to move forward with the on-going work to redesign a more integrated whole system.

This whole system redesign work stream builds on the Health and Social Care Integration workshop held in December 2013. This workshop set out the vision and ambition for integration within Thurrock. The steering group feel that progress has not been as rapid as had been hoped and have therefore organised a further workshop to re-energise the project. This workshop will be held on the 6<sup>th</sup> January 2015 and will review progress on the integration of services as well as agree a firm action plan for implementation. The workshop will have input from a good cross section of the commissioning and provider organisations as well as third sector and patient representative organisations.

**Better Care Fund and the Frailty Service Framework Project** - The Better Care Fund (BCF) plan has been resubmitted and we await confirmation as to whether it has met its conditions. However, the work to integrate services for the over 65s in Thurrock continues. A task and finish group has been organised to develop a frailty framework and action plan to improve integration of care for the over 65s in Thurrock. The overall aim of the BCF remains to reduce hospital attendance and admissions for those patients in the over 65 cohort.

A task and finish group has been created made up of the core stakeholders involved in commissioning and providing services to older people. The group will discuss and agree the next steps and actions needed in identifying and implementing an action plan that would introduce a frailty service framework for Thurrock.

## 2.6) Mental Health

- **IAPT** – The table below shows that Thurrock CCG isn't on trajectory to meet the 15% target by 31<sup>st</sup> March. SEPT has provided a Recovery Action Plan. However, it doesn't provide the assurance required that the system is in a position to respond adequately to remedy the position.

CCG	Population	April to November			
		Actual	Target	%	Variance
Thurrock CCG	20614	1816	10.1%	8.8%	1.3%

### **Performance on the Access KPI as at 30/11/2014**

The Board ratified the intention to test the market for a new model on 26/11/2014 and the PQQ documents have been prepared and will be released on 10/12/2014. SEPT has been informed.

- **Personalisation and self-management** - The CCG's vision is that mental health service provision is recovery focused, person centred and outcomes based promoting independence, choice and control. National guidance requires CCGs to consider how people can be given greater control over the way they receive their support. In social care this has led to the introduction of personal budgets. Personal health budgets are now being introduced in the NHS and there have been successful pilots nationally in Mental Health. Thurrock Mind is currently commissioned under a block contract to deliver social inclusion services in mental health. Through collaboration this is now being transitioned to facilitate the implementation of PHBs in April 2015.
- **Prevention and social prescribing services** - Public Health is working with the CCG to deliver preventative services in mental health to support the delivery of an integrated primary care mental health model. The allocation for this is £100,000 and so far. A further update will be provided once this process has been completed.
- **Learning Disabilities – Winterbourne View** - As part of the "Transforming Care" Winterbourne response NHS England has requested that all relevant CCGs carry out Care & Treatment Review (CTRs) for identified patients. Thurrock CCG has carried out 2 of these. One of these patients will be discharged by the end of March 2015. The CCG and LA are working to commission a suitable care package for the other patient. The patient is no longer on section but continues to present with complex needs that require specialist accommodation. At the last Board update it was reported that a patient had the CTO revoked and had been recalled into hospital. The patient has now been discharged on CTO into the community and whilst he doesn't require the NHS England mandated CTR a review will be undertaken in January as Best Practice

- **Dementia Diagnosis rates**– The focus on improving dementia diagnosis rates continues. Thurrock CCG is making steady improvements but still has some way to go to meet the target.

Target	August	September	October
67%	44.7%	49%	50.9%

The LAT report shows that a number of practices are not signed up to the DES. The work continues to validate the SEPT registers against the QOF registers. In addition, the Area Team have funded two 2 support workers to work in care homes and identify undiagnosed dementia patients. This work has increased the number of people i=on the SEPT registers by 58 people.

### 3) Recommendation

The Board are requested to note the content of the report.