

Board Report
PART I
26 October 2016

Title of Report:	Commissioning Portfolio Update
Board Sponsor:	Mandy Ansell, Acting Interim Accountable Officer
Prepared by :	Mark Tebbs, Director of Commissioning
Committees previous consulted:	Aspects of the report have been reviewed at both: QIPP Committee, October 2016 F&P Committee, October 2016
Executive Summary:	<p>The purpose of this report is to provide an update on the key commissioning commitments made in the CCG Operational Plan.</p> <p>The key highlights of the report include:</p> <ul style="list-style-type: none"> • Unplanned care – the A&E Delivery Board is now chaired by the Managing Director of BTUH. BTUH, in partnership with the Board, has submitted the winter plan and the A&E Recovery plan. There are 6 key work streams to support A&E performance. • Planned care – the major focus for planned care has been the development of the outsourcing plan and the demand management plan. These have now been submitted to NHSE. • Cancer - the Thurrock cancer implementation group continues to co-ordinate the local cancer actions of primary care and public health • Mental Health – The pan Essex 24/7 project group is developing a street triage business case. The work on the pan Essex Strategy continues and is expected to be completed by November. The strategy will be supported by a Thurrock implementation plan. • Learning Disabilities – the transforming care partnership work plan has set out a timetable to come back to CCGs by May 2017 regarding the proposed changes to services, costs of the new model, funding and commissioning arrangements to deliver Transforming Care. • Children and Young People – a detailed update on the CAMHS transformation plan is included within the report. • Personalisation - The CCG plan has made limited progress regarding personalisation. • Sustainability and Transformation Plans (STP) will be refreshed and were re-submitted on Friday 21st October. The STP refresh built on the positive feedback from the first submission.
Financial / Resource Implications:	No specific financial implications

Fit with CCG strategy/objectives:	Better Care: Commissioning services will be planned in line with the vision of the CCG to meet the needs of the Thurrock CCG population, enabling citizens to live longer, healthy lives supported by high quality care when, where and how they need it. Achieving the Standards and Outcomes expected by the populations and set out within the Constitutional Standards.	
Risks identified / Outcome / Link to BAF:	QPS16 and FM04 – Winterbourne	BAF Ref:
Actions Required:	Continue to engage with TCP Board	When By:
Recommendation to the Committee:	The Board are asked to note the content of the report.	

1. INTRODUCTION

The Board receive updates on aspects of commissioning from various reports including QIPP, Better Care Fund, Performance, Transformation etc. The purpose of this report is to provide an update on the key developments within the commissioning portfolio that are not covered in other Board reports. These projects relate largely to commitments made in the CCG Operational Plan. The bi-monthly reporting cycle will enable the Board to monitor progress being made on the key projects within the Operational Plan.

The report will be organised under the following headings:

- Unplanned care
- Planned care
- Cancer
- Mental Health
- Children and Young People
- Personalisation
- Sustainability and Transformation Plans (STP)

2. MAIN BODY OF REPORT

2.1 Unplanned Care

The A&E Recovery plan and Winter Plan have been submitted by BTUH in partnership with the new A&E Delivery Board. The collective responsibility for the delivery of this plan lies with the new A&E Recovery Board, now chaired by the Managing Director of Basildon and Thurrock University Hospitals (BTUH). The A&E Delivery Board and Operational SRG will oversee the coordination and integration of services to support the delivery of effective, high quality accessible health and social care that also provide good value for taxpayers.

Key objectives:

- Provide a strategic approach to the co-ordination of effective operational health/social care services across urgent and emergency care
- Review and provide assurance regarding robust planning and operational resilience within individual organisations
- Review and provide assurance regarding the robust planning and operational resilience of inter-connected services that span the urgent and emergency care pathway
- Agree and assure appropriate responses to agreed levels of system escalation

A detailed action plan underpins the main plan where organisational and individual accountability for actions are made clear. The plan proposes that partners will come together to undertake regular planning of service delivery with specific focus on the five Mandated Improvement initiatives.

1. Streaming at the front door – to ambulatory and primary care
2. NHS 111 – Increasing the number of calls transferred for clinical advice
3. Ambulances – DoD and code review pilots; HEE increasing workforce
4. Improved flow – ‘must do’s that each Trust should implement to enhance patient flow.
5. Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models

The Board have proposed a sixth work stream, pre hospital demand management plan.

2.2 Planned Care

The focus for the work within planned care has been the development of the outsourcing and demand management plans. These are covered within the performance report and will not be duplicated here.

Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

2.3 Cancer

This section of the report will focus on progress against the local Thurrock Cancer action plan. The action plan has been developed by NHS Thurrock to demonstrate local, acute and inter-dependent projects, initiatives and programmes taking place to improve Cancer in the following areas: Improving waiting times standards, Improvement towards the achievement of the 62 days target, Early diagnosis of cancer in primary care, Reducing emergency presentations of cancer, Raising awareness of cancer symptoms in population, Improving cancer screening performance, Raising awareness of cancer screening in population, Cancer prevention and smoking cessation

Progress report on the Action Plan:

- ToR agreed for Cancer Action Implementation Group (CAIG) and group meets on a six-weekly basis;
- Seven practice visits on early diagnosis and use of NICE referral forms undertaken by Cancer Lead and representative from Cancer Research UK (from March – September 2016). All aspects of early diagnosis, all support tools, reflective learning from profiles discussed. NICE 2ww referral forms, patient information leaflet promoted. Further practice visits has been planned by Dr Kishor Padki with CRUK Lead
- 11 practices have been prioritised for visit based on 2ww referral ratio and conversion rate - visit to be completed by March 2017.
- Repeated communication to GPs on early diagnosis of cancer and NICE 2ww referral forms in CCG bulletin.
- NICE guidance and 2ww referral forms presented to CEG and promoted in practices.
- Patient information leaflets sent to all GPs for use.
- Audit of emergency presenters with Cancer at BTUH - Data collection with BTUH cancer services clinical director lead completed.
- On-going awareness of cancer screening in population by PH.
- Public Health comprehensive review of current commissioning arrangements on tobacco control - Remodelled service specification agreed with provider. Tobacco Control Strategy to be refreshed via a task and finish group within Thurrock's Tobacco Control Alliance and presented to HWB Board.
- The Public Health team based in Thurrock Local Authority on-going investigation to reduce the level of variation in coverage between GP practice populations on all three cancer screening programmes

2.4 Mental Health

2.4.1 - 24/7 Mental Health Crisis Plan

The Policing and Crime Bill 2016 was placed before Parliament in February of this year. Sections 59-61 represent the amendments to the Mental Health Act 1983 that were announced by the Minister for Preventing Abuse Exploitation and Crime, Karen Bradley, in February. The estimated timescales are Royal Assent and effect from April 2017. Main points/changes identified are:

- No children or young person (under 18) should be taken to police stations as a Place Of Safety (POS) under any circumstances.
- Adults can be taken to custody as a POS, only in circumstances to be specified in regulations, yet to be determined, by the Secretary of State. It is anticipated the criteria will be exceptionally violent individuals, those who cannot be safety managed elsewhere.
- Maximum assessment time of 72hours in a POS reduced to 24 hours – which can be extended to 36 hours if authorised by the doctor leading the assessment, or a Superintendent if a custody suite has been used as the POS.
- A requirement, where practicable, to consult a doctor, mental health Professional or AMHP prior to removing a person to a POS. No such requirement presently exists.

Thurrock are leading on the project to develop 24/7 mental health crisis services. The initial system preparedness plan will focus on the following areas:

- Business case for expanding the street triage service
- Improving the case management of frequent attenders
- Reviewing current RAID and psychiatric liaison services in A&E
- Pan Essex agreement on the handover process at A&E between police and hospital
- Improve the co-ordination of s136 suites

2.4.2 Thurrock MH strategy

Work continues on the Essex Mental Health Strategy. The latest version was reviewed at the Mental Health Strategic Group. The document sets out the high level ambitions as related to the Five Year forward View. The pan Essex strategy will be supported by a detailed Thurrock implementation plan. This will set out the planned footprints for the delivery of the actions.

2.5 Learning Disabilities

The Essex Transforming Care Partnership Board met on 04/10/2016 presented with a detailed project plan outlining work that will be phased in over the next 3 years in response to implementing “Building The Right Support”.

Proposed Phasing

In implementing the changes required, the Board was asked to approve that Phase one will last through to May 2017 to deliver a number of key actions including:

- Definition of the detailed changes across specialist LD health services and detailed implementation plan
- Have greater visibility of how the current financial investment in order to align to the new service model
- Definition, approval and implementation of integrated commissioning arrangements across the Partnership
- Definition and implementation plan to move to aligned and pooled budgets across the Partnership from April 2017

Phase two would address the following areas:

- The procurement of any new service provision including re-procurement of the Specialist LD health provision across the Partnership to deliver a consolidated and transformed capability
- Definition of any required pathway or service changes to support Adults with Autism (that relate to other issues that fall outside Mental Health). There are increasing numbers of Adults with Autism (in particular High Functioning Autism) who require in-patient treatment due to extreme behaviours. It is recognised that there are gaps in early identification and support to these people and their carer / support arrangements to prevent / avoid these behaviours from becoming unmanageable
- Definition of and implementation of improvements to reasonable adjustments so that Adults with Autism and / or Learning Disability receive equal access to mainstream services, focussing on Primary and Acute health, housing and employment

Thurrock local perspective

Locally our response to implementing “Building the Right Support” is aligned with the principles guiding our “For Thurrock In Thurrock” Transformation where the focus is keeping people out of hospital and managing crises more robustly to avoid need of in-patient services and most importantly too ensuring care closer to home.

We are now undertaking a needs assessment and gap analysis to understand what needs to be in place. This will be complete by 31/12/2016. The approach will explore commissioning our community offer on a Thurrock footprint and aligning the specialist and inpatients services with the Pan Essex agenda.

2.6 Children, Young People and Maternity

2.6.1 Emotional Wellbeing and Mental Health Service (EWMH's)

This section provides an update on the Emotional Wellbeing and Mental Health Service (EWMH's) for Children and Young people and an update on the Local Transformation Plan.

The lead commissioner has presented a September Performance Briefing paper at the collaborative Commissioning Forum (CCF) which is attached. The key points for Thurrock have been summarised below:

- NELFT are reporting a slight reduction in the caseload as @ end of July 2016, 6205, compared to June 2016, 6319, a variance of -1.8%. However this still represents an increase to the caseload of 62% compared to that which transferred in November 2015.
- Waiting Times: Thurrock

	March 2016	May 2016	July 2016	
RTT 18 weeks	98%	81.25%	62%	
RTA 12 weeks	72%	74.51%	51%	

The key performance indicator for 18 weeks waits now includes assessment and first appointment in contrast to previously recorded data which included assessment only. This will avoid the clinical pathway developing long waits between assessment and treatment.

- A& E Crisis Activity : 5 CYP were seen in A& E from Thurrock and all were assessed by the crisis team within 4 hours. Activity in the two South Essex acute providers has reduced in July compared to June, which is encouraging (BTUH – 22 presentations in June > 12 presentations in July).
- The crisis team caseload for Essex at the end of May 2016 reported that there had been a 57% increase in the caseload compared to that which transferred @ end of November 2015, peaking at 210, at the end of March 2016. Caseload as @ end of July, 143, a significant drop of 15% compared to June caseload of 170.
- There are action plans in place to address the following areas which have not yet met the acceptable standard identified within the key performance indicators. These include: Safeguarding training level 1 and 3, waiting times for referral to treatment and referral to assessment and infection control training. These are being monitored through the CCF and CQRG.
- **Local Transformation Plan *Open Up Reach Out*** was submitted to NHS England a year ago and represents the Local transformation Plan (LTP) to improve the emotional wellbeing and mental health for children and young people in Southend, Thurrock and Essex. A refreshed plan is due to be submitted to NHS England by 31st October 2016.

2.6.2 Looked after Children: Joint funded Placements

The CCG and the local authority have developed a framework for the Joint Funded Placements Panel for Looked After Children and will be used from the 1st September 2016. This includes a process for clarifying the CYP health needs and the review and assessment process for identifying the financial contribution that the CCG is responsible for in regards to placement costs. The first children have been reviewed using the new process and initial feedback is positive. This will ensure good governance and evidence based decision making going forward.

2.6.3 Childrens Diabetes Specialist Nursing Service

A review of Children's Community Diabetes services has been completed. The review found that a number of aspects of the community service are covered within the best practice tariff currently within BTUH. A letter has been sent to BTUH and NELFT proposing to revise the financial flows regarding the BPT for paediatric diabetes.

2.6.4 Designated Safeguarding Medical Officer Role and Child Death Review.

The CCG continues to review the current contractual arrangements regarding the commissioning of the Designated Doctors role for safeguarding and child death review. The aim is to ensure sustainability for the future and strengthen the arrangements regarding quality assurance. The new specification has been drafted and will be shared with NELFT shortly.

2.7 Personalisation – non CHC

Progress on personalisation is, unfortunately, limited at the present time due to resource constraints and competing priorities.

2.8 Sustainability and Transformation Plans

The STP plans have been refreshed and were submitted on Friday 21st October. The STP plans are not significantly different to the first draft which received positive feedback from the national team.

3. CONCLUSIONS

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