

Agenda Item: 14

James Elliott, Director of Clinical Transformation
NHS Norwich CCG Governing Body
Tuesday 24th March 2015

**Norwich****Clinical Commissioning Group**

Subject:	Commissioning Report
Presented By:	James Elliott, Director of Clinical Transformation
Submitted To:	NHS Norwich CCG Governing Body Tuesday 24 th March 2015
Purpose of Paper:	Discussion, Information and Assurance
Summary: This report is in two parts:- 1. In line with the regular update on progress against the current commissioning programme, section 1 sets out the key points and progress including :- <ul style="list-style-type: none">• YourNorwich – including progress on Your Norwich 2014/15 initiatives in Appendix 1• Collaborative Commissioning including System Resilience• Primary Care development• Healthy Norwich 2. As a key part of the commissioning cycle, attached as section 2 of this report is the CCG draft Operational Plan 2015-17. The Operational Plan is a refresh of last year's 2014-2016 Operational Plan, now reflecting new planning guidance, national requirements as well as a further refresh of the CCG commissioning priorities and plan to deliver these. This draft has been shared with NHS England and has been amended to ensure that it includes key national requirements. The Operational Plan will form the basis of the CCG's commissioning work programme for 2015-16, and will be tightly project managed, with regular monitoring and reporting to the Governing Body. Any further amendments or additional requirements will be discussed with and reported to the Governing Body.	
Recommendation: The Governing Body is asked to:- <ul style="list-style-type: none">• Note progress against the current key commissioning programmes.• Confirm agreement to the draft 2015-17 Operational Plan in Appendix 2	

1 Introduction

This report provides an update on the current CCG's key commissioning programmes and also shares the 2015/17 draft Operational Plan for comment and agreement.

PART ONE

2.1 YourNorwich

The following is an update on the various work streams within the Your Norwich programme:-

- Risk Explorer - Final testing was completed in February 2015 and is now ready to go live. Training had been scheduled for early March 2015 however following communication with Primary Care colleagues it was agreed to delay this until April 2015 due to the end of year requirements in Primary Care.
- Case Management – The scope of the service is currently under negotiation with the community provider, Norfolk Community Health & Care (NCH&C) NHS Trust.
- Community IV – This is a new work stream to provide community-based IV services for certain conditions. The CCG will be meeting with NCH&C and Norfolk & Norwich University Hospital NHS Trust (NNUH) on 16th March to discuss future service provision within Norwich. This will build on the service which has commenced using CQUIN funding. This service is seen as a key element of the virtual ward offering.
- Your Plan - In February, the CCG commissioned a review of this project. The review appraised both project progress and the continued strategic fit of the project's deliverables. Having considered the report, the CCG has concluded that the technical difficulties encountered so far, coupled with uncertainties about the continued business justification of the project were grounds for suspending it. The CCG will take advantage of this pause to re-scope the project, and to examine alternative ways of delivering the desired outcomes.
- Intermediate Care -
 - The Project Manager post has been extended for 3 months to complete evaluation of existing intermediate care bed management arrangements.
 - The Virtual Ward (HomeWard) is gradually increasing capacity to deliver the planned 21 “virtual” beds by the end of March and recruitment is in its final stages resulting in reduced reliance on agency staff. Due to the increased complexity of patients on Alder Ward as a result of Henderson Ward opening, this has brought forward the implementation of phase 2 (“Step up” from the community and direct discharges from NNUH) and referrals are now being taken from the Community Liaison Team at NNUH and from the Community Matrons/Case Managers.
 - Procured Bed Pilot (including therapy/social work input to 3 beds in a specified nursing home(s) and tracker nurse function) was approved by the February Executive Committee
 - The Norfolk & Suffolk NHS Foundation Trust (NSFT) Dementia Intensive Support Team (DIST) has undertaken a Dementia “scoping” exercise on Alder Ward with the following outcomes:-
 - The DIST Manager has agreed to attend the weekly Multi-Disciplinary Team (MDT) meeting on Alder Ward for a 6 month pilot period;
 - A direct referral process from Alder Ward to DIST to be implemented (excluding 4 hour emergency referrals)
 - DIST to support staff on Alder with the completion of CHC documentation
 - The Community Liaison Team based at the NNUH will involve DIST in discharge planning arrangements from NNUH to ensure that patients with dementia are placed on the most appropriate pathway

- Workforce development issues to be raised with NCH&C Dementia Lead in the first instance
- Palliative Care –
 - A meeting is being set up between NNUH, NCH&C and the 3 Central CCGs to discuss options for a way forward to improve current service delivery.
 - “Thinking Ahead” documentation is now available from Hellesdon stores and online at the <http://bereadyforit.org.uk> website. An article on advance care planning written by Dr David Plume was featured in the February GP Newsletter to promote use of the documentation. Training for provider staff is underway and a formal launch will take during Dying Matters week in May. Resource cards have been designed as an aide-memoire for staff and will be printed and distributed at the training events.
 - “Priorities for Care” Resource Cards have been produced as an aide-memoire for health professionals to ensure that dying well is the focus of end of life care regardless of the setting. The business cards are being distributed to primary care, all acute and community providers and at training events.
- Enhanced Support to Care & Nursing Homes Locally Commissioned Service (LCS) – the service specification and technical guidance are now complete. The LCS will be offered to Norwich CCG GP Practices with a go live date of April 2015. Communications on the LCS have been developed to go to patients, care homes and GP practices.
- Community Heart Failure - the procurement process is at preferred provider stage and a recommendations paper is on the Agenda for this Governing Body meeting.
- Dementia – the CCG is required to meet a dementia diagnosis rate of 67%; the current rate (January 2015) for Norwich is 51.52%, showing a steady increase in recent months. A breakdown of the last 4 months rates are below for comparison. GP Practices have been asked to undertake a number of activities to increase diagnosis rates which include: - coding exercise, DES sign up for screening, DES sign up mid-year identification, and SUS data review. The CCG is currently recruiting to an Admiral Nurse Consultant post initially for 2 years to
 - Support Primary Care in a number of areas such as navigating the assessment, referral and post diagnostic support pathways in Norwich.
 - Help to develop these pathways.
 - Review of patients with dementia receiving continuing healthcare funding.

Norwich CCG Dementia Diagnosis Rates:-

Oct 14	48.45%
Nov 14	50.47%
Dec 14	50.95%
Jan 15	51.52%

2.2 Community Assets

This work stream is led by the Norwich CCG Integrated Commissioning Team.

- Voluntary sector development – the Age UK Promoting Independence pilot has commenced though referrals are slower than expected. Eligibility is being reviewed to increase take up and discussions are ongoing with Cornwall to learn from their experience of Promoting Independence. The ‘Getting on in Norwich’ plan has been submitted but further detail has been required by the Lottery. Voluntary Sector funding for 2015/16 has been agreed

- Supporting self-care and Carers work streams – Unfortunately the resource recruited to progress the projects left after a short time which has caused delay to milestone achievement. It is hoped a new project manager will be in post by end March 2015.
- Personal Health Budgets (PHB) - It is proposed to undertake a pilot with South Norfolk CCG focusing on patients with diabetes. The proposal was considered by the CCG Clinical Reference Group in January and has requested additional information and further clarification regarding governance before commencing the pilot.
- Falls – a QIPP bid for a SWIFT worker has been approved by Executive Committee; implementation to be discussed with NCH&C. The Norwich Falls Reference Group scope/frequency has been reviewed and will now become an oversight group with a view to ensuring all Your Norwich projects are mindful and address the impact of falls. The scope will include a focus on falls in care/nursing homes.
- Housing – this is a new work stream – with the intention of gaining a better understanding of the contribution that the housing service can play in achieving Your Norwich vision / objectives.

Appendix 1 includes a project plan for the Your Norwich works streams. The Commissioning Team will be undertaking a refresh of projects during March in terms of project lead, milestones and supporting infrastructure.

3 Collaborative Commissioning

The Collaborative Commissioning processes are mainly focused on contract negotiation including finance, quality and commissioning intentions and addressing the immediate pressures on the Central Norfolk system.

3.1 System Resilience

- The System Resilience Group has been escalated to a formal weekly meeting with Accountable Officer and Chief Executives and senior clinical representation. The focus is on addressing current urgent care pressures.
- The SRG is using the Capacity Planning Group as its operational arm, with an immediate focus on ensuring resilience for the Easter period.
- The Urgent Care Centre will move to phase 2, with physical relocation 17th March. The development of the UCC is being managed through a UCC steering group, reviewing current performance, overseeing move to phase 2 and preparing an agreed process for formal procurement of the service.

3.2 Central Norfolk Acute Commissioning Network

- The Acute Commissioning Network has primarily been focused on the delivery of the key NHS constitution targets, A&E and RTT in particular.
- The ECIST report on the NNUH was noted as was the fact that the ECIST report on the wider system had not yet been received. This will form the basis of the action plan for the system, overseen by the SRG.
- The introduction of NHS England support on the NNUH contract negotiation process for 2015/16 was also noted.

3.3 Community Commissioning Network

- CCGs have shared their key integrated care and transformational plans for 2015/16, to identify areas of overlap and opportunities for collaborative working. This will form the basis of key parts of future Community Commissioning Network (CCN) agendas.
- The CCN received a presentation from the clinical leads from the neurological services, the epilepsy specialist service and the neurology nurse specialist service. It was noted that the neurology nurse service in North and South Norfolk is provided by the community provider NCH&C; Provision for Norwich and other Broadland GP Practices is from the NNUH.
- Public Health presented a review of the orthopedic triage service. A number of immediate actions were highlighted that will be picked up at contract negotiation as opportunities for radically improving the current service. Discussions about the future opportunities in re-commissioning this service including integrating with MSK Physio were initiated.
- CCGs shared their position regarding MSK Physiotherapy services. Norwich CCG has undertaken a review of current physiotherapy services for the City with identification of a number of providers ie Back in Motion, NCH&C and NNUH. A re-commissioning of the physiotherapy service will be necessary as the Back in Motion contract expires with the Timberhill/Walk In Centre (WIC) contract in July 2016.

3.4 Child Health & Maternity Commissioning Network

- A joint CCG and Local Authority workshop to review the Autistic Spectrum Disorder pathway is being held on 13th March. Family Voice and Healthwatch will also take part.
- Amendments to service specifications for Looked After Children and Paediatric Continence were proposed by the Network and these are now both part of contract negotiation with the community provider Norfolk Community Health & Care.
- In February, the Network received a presentation regarding the Norfolk Children with Disabilities register. Members were advised that the register gives families the opportunity to help design services and information gathered from families informs commissioning. Parents have helped design the register form which provides vital information regarding how disabilities impact on families/children and young people. Work has also recently taken place with City College to develop an online registration option for 16/17 year olds. An online parent version will similarly be launched soon.
- In March, the Network received a presentation regarding young carers, outlining work taking place within Norfolk County Council (NCC) to identify and meet their needs. There are duties contained within the Children & Families Act and the Care Act regarding assessing and meeting the needs of young carers. In response NCC is working to refresh current structures around support for young carers; working to raise awareness of young carers within schools, asking teachers to take into consideration that children with poor attendance/or who are not achieving could be young carers. NCC highlighted the need for support from health colleagues to raise awareness amongst GPs. Norwich CCG will address through the Community Assets / Carers work stream.
- NCC is producing a Disabled Children's Strategy which CCGs have opportunity to input into.

3.5 Mental Health & Learning Disability Commissioning Network

- The Network received a presentation from Debbie White from Norfolk & Suffolk Foundation NHS Trust (NSFT) following Monitor's decision to place the Trust in special measures and the report from the Care Quality Commission rating the Trust as "inadequate". All CCGs committed to working with NSFT to make the necessary improvements.
- The current contract for the 12 bed assessment and treatment service for adults with a learning disability provided by Hertfordshire Partnership MH Foundation NHS Trust expires on 31st March 2016. CCGs have considered 4 options with regards to the future

procurement. Advice/recommendation has been received from the procurement team at the Commissioning Support Unit and also the Contract Manager including confirmation that the current provider is providing an excellent service from a modern facility. In light of this, the CCG has expressed support to undertake a single tender action under the Procurement, Patient Choice and Competition (No 2) Regulations April 2013 (PPCC), which address Section 75 of the Health and Social Care Act 2012.

- The business case and service specification for a Locally Commissioned Service (LCS) for the medical monitoring of adults with an eating disorder was approved by the Norwich CCG Executive Committee in February. The LCS will be offered to GP Practices to commence 1st April 2015.
- Central and West Norfolk CCGs have agreed a revised pathway and service specification for an adult ADHD service from NSFT

4 Norwich Mental Health review

The CCG received a draft report on 11th March. Changes / additions were requested and an updated version will be shared with the Clinical Reference Group in April. It is planned to report conclusions and recommendations to the Governing Body.

5 Primary Care Development

At the January Governing Body it was noted the CCG was asked how it wished to co-commission primary care with NHS England. The CCG confirmed it will take forward the option 'Greater involvement in primary care decision making'. This means:-

- CCG will continue with the current Primary Care Oversight Group (all contractors)
- Day to day links with practices will remain with Area Team and CCGs dependent on issue
- No transfer of resources (financial or people)
- No additional assurance issues for the CCG

Although the CCG is not taking the formal option of greater delegation of primary care responsibilities, it is clear that the CCG will be expected to have increasing involvement in primary care issues. Already the CCG is responsible for quality in Primary Care and has established good links with member practices through the Council of Members, Practice Managers Forum, development of localities and support to practices in a number of areas.

As a preparation for what is in effect a "shadow year", the Head of Primary Care Development is preparing an approach to ensure this is embedded in the CCG's work plan and governance process. This will include establishing a Primary Care Oversight Group, with a link to NHS England and which is consistent with the other key commissioning programmes, YourNorwich Programme Board, and Healthy Norwich Steering Group etc, with appropriate reporting arrangements. It is clear that the workload related to primary care will increase significantly and provision will be required to address this.

An area we are already addressing is the consequence of the Greater Norwich City Deal, working with relevant agencies to pro-actively engage in relation to assisting the delivery of strategic infrastructure projects and growth in the Greater Norwich area. In particular the Growth Triangle covering Old Catton, Sprowston, Rackheath & Thorpe St Andrew which commits to 7,200 homes by 2026 rising to 9,200 by 2031 and 10,780 by 2036. The issues thrown up when considering these developments cross over into other major areas of concern:-

- Workforce – recruitment, retention and succession planning for GPs and other clinical staff

- Premises – effective and efficient use of premises
- Funding Procurement of services, how services are delivered and by whom to meet needs of local population
- Co-commissioning
- Managing pressures on healthcare system, e.g. winter access to A&E, 111 etc

Key primary care development initiatives at present include;

- Prime Minister's Challenge Fund bid – no final confirmation of bid submitted by Practices in Norwich as yet, but the proposal has met and passed the initial 2 stages of the process.
- Primary care support initiative – the CCG has supported a proposal from Practices to work through options for greater co-operation between practices. This is intended to help address the current workforce and capacity pressure, and has sign-up from 19 of the practices in the CCG.
- After discussion and support from the Clinical Reference Group a one year Quality Improvement Incentive Scheme focused on the management of Atrial Fibrillation and associated complications has been developed for implementation 2015/16. In addition to addressing variations in primary care, the scheme will allow practices to audit and identify commissioning issues/gaps in this pathway for inclusion in commissioning intentions for 2016/17.

6 Healthy Norwich

40 bids from a wide range of organisations have been submitted to Healthy Norwich to support healthier lifestyle choices in Norwich. Funding has been secured from the Health & Wellbeing Board second homes funding (£40,000) and Norwich Clinical Commissioning Group (£60,000). Bids were invited up to a maximum of £5,000 each that support delivery of one or more of its key themes. Many bids have been successful and will be announced on 18th April 2015. A report with a brief outline of the successful bids will be prepared for the next Governing Body meeting.

PART TWO

Appendix 2 is a refresh of last year's 2014-2016 Operational Plan, reflecting new planning guidance, national requirements as well as a further refresh of the CCG commissioning priorities and plan to deliver these. This draft has been shared with NHS England and has been amended to ensure that it includes key national requirements. The Operational Plan will form the basis of the CCG's commissioning work programme for 2015-16, and will be tightly project managed, with regular monitoring and reporting to the Governing Body. Any further amendments or additional requirements will be discussed with the Governing Body.

Governing Body members are asked to review and confirm agreement to the draft included in Appendix 2.

APPENDIX 1

Your Norwich Work Programme - timeline - March 2015

Planning / Procurement

Mobilisation

"Go Live"

Review



		Apr-June 2014	Jul-Sept 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-June 2015	Jul-Sept 2014	Oct-Dec 2015	Jan-Mar 2016						
Information	Risk Stratification	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple	Purple	Purple	Purple	Purple
	Cloud Phase 1	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple
Out of Hospital Service	Integrated Case Management / Coordination			Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple
	Rapid Response	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple	Purple	Purple	Purple
	Intermediate Care model	Virtual Ward				Blue	Blue	Yellow	Green	Green	Purple	Purple	Purple	Purple	Purple
		Norwich model				Blue	Blue	Blue	Blue	Yellow	Green	Green	Purple	Purple	Purple
	Primary Care Mental Health	Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Yellow	Yellow	Green	Green	Purple	Purple	Purple
	Dementia post diagnostic support			Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple	Purple	Purple
	Community Heart failure Service			Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple	Purple
	Enhanced support to Care/Nursing homes			Blue	Blue	Blue	Blue	Blue	Yellow	Yellow	Green	Green	Purple	Purple	Purple
Community Assets	Age UK 'Promoting Independence' pilot			Blue	Blue	Blue	Yellow	Yellow	Yellow	Purple	Purple	Purple	Purple	Purple	Purple
	Getting On In Norwich			Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Green	Green	Green	Green	Purple
	Carers			Blue	Blue	Blue	Yellow	Yellow	Green	Green	Green	Purple	Purple	Purple	Purple