

Agenda Item: 12

James Elliott
NHS Norwich CCG Governing Body
Tuesday 24 November 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 November 2015
Purpose of Paper:	Discussion, Information and Assurance
Summary: The report provides an update on <ol style="list-style-type: none">1. YourNorwich commissioning programme2. CCG's Planned Care commissioning programme3. Healthy Norwich commissioning programme4. Collaborative Commissioning5. The outcome of the paediatric speech and language therapy procurement.	
Recommendation: The Governing Body is asked to note the update for the YourNorwich, Planned Care and Healthy Norwich commissioning work programmes. The Governing Body is asked to note the implementation of the new collaborative commissioning arrangements as agreed at the September Governing Body meeting, and the work plans for the new, revised Clinical Networks. The Governing Body is asked to note the update regarding the outcome of the Paediatric Speech & Language Therapy procurement.	



1. YourNorwich

Recommendation

The Governing Body is asked to note the update for the YourNorwich commissioning programme.

As reported in the September Governing Body report, much discussion has taken place regarding future direction of travel for Your Norwich and the infrastructure to support this. The Out of Hospital Task & Finish Group met on 13th October and it was agreed that this group would merge with the HomeWard Steering Group. Please refer to Appendix 1 for a snapshot of the current meeting infrastructure supporting Your Norwich – the infrastructure will continue to evolve particularly following the primary care summit on 11th November and also as we make clearer connection with the mental health (including dementia) commissioning work programme.

The Integrated Delivery Model element of the Your Norwich programme has now been re-shaped into phased elements ie

- Phase 1 – HomeWard
- Phase 2 – Community Gateway (health & care) / Single point of referral /multi-provider triage / clinical coordination
- Phase 3 – Community Assets are an integral part in the Norwich health & care model
- Phase 4 – Mental Health services alignment with the Norwich health & care model
- Phase 5 – Primary Care tbc following the summit on 11th November
- Phase 6 - Consolidation

The phases are not mean to be sequential; different phrases will be delivered concurrently. Phase 1 is complete apart from contractual agreement of Key Performance Indicators and Information schedule. Discussions are now ongoing regarding phase 2.

HomeWard (Phase 1)

Direct referrals are in place for all GP practices and HomeWard is now providing in-reach therapy to NCCG patients in our procured bed stock and spot purchase placements. Since the procured beds came online in mid-May, only 3 NCCG patients have gone into spot-purchased beds, one of whom required specialist bariatric provision outside the scope of the pilot service provision.

Between April and August 2015, there has been a –

- **20%** reduction in out of area (non-Alder) community inpatient admissions
- **21%** reduction in out of area (non-Alder) community inpatient bed days (414 bed days)
- **5%** reduction in overall community inpatient bed days (276 bed days)

compared with the same period in 2014/15. This means that Norwich is the only Central Norfolk CCG that is currently “on plan” for indicative community inpatient activity.

The percentage utilisation of Alder Ward by NCCG patients (as opposed to North or South Norfolk residents) for the year to August has increased to **92.5%** compared to the annual average utilisation figure of **87.2%** for 2014/15, meaning that more of Norwich patients are being cared for closer to home. HomeWard is now a standard agenda item at locality development meetings in order to capture regular feedback on the service from primary care.

Community IV Therapy (Phase 1)

A generic referral form is in place to support the additional conditions/pathways that have been identified by clinicians at NNUH. Discussions with the acute hospital continue regarding the unbundling of the tariff so that the funding follows the patient into the community.

Intermediate Care System (Phase 1)

The procured bed pilot commenced May 2015 and since the procurement of the three intermediate care beds, there has been a reduction in utilisation of spot purchase beds. The CCG currently has only 1 patient in a spot purchased bed.

A review of the procured bed pilot took place on 9th November 2015 with Twin Oaks Nursing Home and Norfolk Community Health & Care NHS Trust (NCH&C) to revisit the patient pathway and address issues that have arose so far. There is due to be a formal evaluation of the pilot in December 2015 to inform 2016/17 intentions.

Since May 2015 there have been 17 patients admitted to the procured beds with an average length of stay of 20.9 days at a cost of £36,157.

Rapid Response (Phase 2)

Based on the findings of the Rapid Response Pilot, work is currently underway with key stakeholders to progress the integration of HomeWard with existing health and social care services (and other community assets). The aim is to provide a “community gateway” which is a single point of assessment via a multi-provider triage process to address all unplanned care needs and ensure that patients receive timely access to the right support from the right provider.

This re-modelling will include the provision of a rapid assessment function within the community to support admission avoidance and provide clinical expertise for those

patients requiring review by a senior clinician. It will also deliver the additional functionality of the enhanced service specification (i.e. Phase 2 of the Integrated Service Delivery model) which includes the clinical coordination, pathway management and tracking of Norwich CCG patients within the intermediate care system.

Palliative and End of Life Care (Phase 2)

A meeting took place on 2nd November and was very well attended by all Central Norfolk CCGs and providers. It was recognised that there is no new funding available; however there is enthusiasm to work collaboratively to see what can be delivered within existing resources. There will be a particular focus on the improved co-ordination of services and better working relationships between providers, supported by multi-agency workforce development/training.

There was also full support at the meeting for the establishment of a Central Norfolk Palliative and End of Life Care Programme Board to highlight and progress key issues (such as Training, EPaCCS, Thinking Ahead documentation etc.) and a proposal is being drafted for presentation to the Joint Commissioning Committee on 17th November. A further meeting of what is currently named the 'Palliative Care Redesign Group' has been arranged for 22nd December 2015.

The CCG will also continue working at a locality level to ensure the alignment of community palliative care services with HomeWard and Care Homes.

Central Norfolk CCGs are also currently considering whether to express interest in submitting an application for social finance from a new £12m investment fund – the Care and Wellbeing Fund – which launches later this month and is specifically aimed at supporting local health and social care systems to accelerate service development in end of life care provision.

Personal Health Budgets (PHBs) (Phase 3)

Norwich CCG has concluded the small-scale patient trial offering PHBs to a cohort of Long Term Condition patients. The trial took place between August and October 2015.

The trial has been aimed jointly at:-

- The impact of offering PHBs to individuals diagnosed with diabetes
- To provide key-learning for Norwich CCG to develop systems or processes for any future, wider delivery of PHBs it may offer.

NEL CSU has drafted a final report for the LTC patient trial, which will be presented to the Your Norwich Programme Board on 26th November for comment.

Norwich Integrated Commissioning Team has produced a report documenting the 'lessons learned' throughout the trial, with defined 'next steps' for consideration and discussion in moving forward with PHBs. This report will be presented to Norwich

CCG Executive Committee on 26th November. This follows from a briefing note presented to the Executive Committee on 24th September, which outlined the policy drivers and current mandatory delivery of PHBs (ie CHC patients & children in receipt of an Education Health & Care plan) and recommended the need for the CCG to develop a policy position for the delivery of PHBs.

Carers (Phase 3)

Norfolk CCGs have been working together to agree a new integrated service model in advance of the re-contracting arrangements for the Carers' Agency Partnership – the county wide carer's support services whose contract ends June 2016.

Norwich CCG, in partnership with South Norfolk CCG, is developing a proposal document to potentially instigate a programme of training - 'Carer Friendly Pharmacies'. It is proposed that the Carers' Agency Partnership will deliver the training in partnership with Public Health as part of the Healthy Living Pharmacies programme.

Housing (Phase 3)

Norfolk County Council has engaged a researcher / consultant to prepare a countywide Housing and Accommodation Strategic Framework for the four main statutory social care client groups: older people; people with physical disabilities; people with learning disabilities and people with mental health problems. She will collate and analyse secondary data sources, in part using Norfolk Public Health methodology used to predict accommodation needs of older people. In addition, there will be consideration of the needs of other vulnerable people such as homeless people and victims of domestic violence.

The work will explore capital funding sources and entail engagement with providers of supported housing to understand their appetite for development in the current financial climate. This will inform developing countywide and local priorities. There is the potential for this to assist housing and accommodation solutions for Continuing Health Care patients and to link with the developing Central Norfolk CCGs' Estates Strategy. It is expected that the study will be completed by early February 2016.

Initial discussions have been held with Norwich City Council and Broadland District Council on the implications of inclusion of Disabled Facility Grant (DFG) funding in the Better Care Fund (BCF). The purpose is to establish a more explicit alignment of DFGs and Integrated Housing Adaptation Teams (IHATs) with YourNorwich / Better Care Fund objectives following the more recent announcement to no longer ring-fence DFG funding within BCF.

Building work is progressing for the development of Bowthorpe Care Village which will take in residents from 1 April 2016. Norwich CCG is in discussion with the developer Norse to ensure a model of health and social care which could act as an exemplar for other Norwich care homes.

Dementia (Phase 4)

Following a 6 month gap, NHS England has provided the CCG with dementia diagnosis rates as follows:-

- As at 31st August 2015 - 56.6%
- As at 30th September 2015 - 56.7%

It was previously reported that our diagnosis rate as at 31st March 2015 was 53.1% however the August data noted our March rate as 50.9%; this difference is being queried with NHS England.

It is planned to hold a workshop on 9th December 2015 to engage with stakeholders regarding the future post diagnostic model in Norwich.

2. CCG Planned Care

Recommendation:

The Governing Body is asked to note the CCG planned care update.

MSK Physiotherapy and Orthopedic triage

The Governing Body provided support in September 2015 to move to procurement for an Integrated Orthopaedic Triage and MSK Physiotherapy service for the population of NHS Norwich CCG.

As a result, the CCG, with South Norfolk CCG, held two market engagement days on the 3rd and 6th November to help gain a better understanding of the market and to ensure the service specification was fit for purpose.

Interviews took place with 17 different providers over the two days; as a result the CCG has gained reassurance from the market that our service specification is realistic and will deliver real value to the local health system. The CCG has set up a task and finish group to finalise the service specification to include feedback from the providers.

The next stage in the procurement process is the issue of the Pre-Qualification Questionnaire (PQQ) on 25th November.

Telederm

Following a pilot in 5 GP Practices, the roll out to all GP Practices has commenced and should be complete by end January 2016. GP Practices will receive 1:1 training on the equipment and referral process from the CCG.

Audiology

The CCG is looking for efficiencies within audiology and we shall be seeking the views of our clinicians about how this can be achieved; there will be a range of options which they can examine. The current AQP contracts expire on the 31st March 2016; the CCG is waiting for further guidance from Monitor regarding future arrangements.

Ophthalmology

In October 2014, Primary Eyecare Norfolk & Waveney (PENW - a federated optometric organisation) were commissioned to undertake a 12 month community pilot to provide noncomplex pre and post-operative cataract assessment, Glaucoma Repeat Reading and Ocular Hypertension Monitoring. One of the driving factors for commissioning this pilot was to ease pressure in the NNUH Ophthalmology service, and to improve the patient pathway (including care closer to home).

A full evaluation of the pilot is ongoing and will be concluded later than planned (February 2016) due to time it took to get optometrists involved in the pilot. However it is looking positive and set outcomes are being achieved.

Peer Review

The peer review group is currently undertaking peer review of GP Practice referrals to gastroenterology. The first of three sessions has taken place and identified issues on referral process and waiting times that will be discussed with the visiting NNUH clinicians (Dr Mark Tremelling and Dr Simon Rushbrook) at the second session.



3. Healthy Norwich

Recommendation

The Governing body is asked to note the update for the Healthy Norwich work programme

Rachel Hunt joined Norwich CCG on 15th September as the new Healthy Norwich Improvement Practitioner. Over the past 8 weeks Rachel has been developing her network of key contacts and attended a number of meetings including:-

- YMCA Young Health Champions
- Smoke Free Norfolk
- Norfolk Alcohol Alliance
- City Council Healthy Norwich Officers meeting
- Active Norfolk meeting the CEO & other key team members
- Warm and Well Partnership meeting
- Winter Wellbeing event organised by the City Council
- HealthWatch Forum

Rachel has also met with Business in the Community (BITC) who is developing a workplace network in Norwich; and the East of England Wellbeing Manager at Public Health England regarding a pilot to offer a Wellbeing Service from the Job Centre.

22 organisations have been supported by Healthy Norwich grants during 2015/16 and an interim progress report is being produced.

The current work programme in relation to the Healthy Norwich 2015/16 key priority areas is:-

- 1) **Smoking** – investigating a voluntary smoking ban in play areas and parks with Public Health (further to their Take 7 Steps Out campaign), Smoke Free Norfolk and Norwich City Council
- 2) **Healthy Weight** – exploring an opportunity to work with Active Norfolk to deliver a healthy cities week culminating in a mass participation event with the British Women's Cycling Tour finishing in Norwich. Also linking with the new provider of the Healthy Child Programme (Cambridge Community Services NHS Trust) and Active Norfolk to support a physical activity daily event in schools.
- 3) **Affordable Warmth** – working with the City Council and public health regarding an offer of 'Boilers on Prescription'.

- 4) **Health Inequality** – working with the City Council to develop a geographical targeted project in Lakenham.
- 5) **Workplaces** – considering a Healthy Business award scheme, closely aligned with Fit4Work and mirroring similar schemes offered by other Healthy Cities.

Tier 3 weight management

The current Tier 3 weight management programme is delivered by Norwich Practices Limited and the service is called Weight Intervention Service (WIN). The contract commenced 1st October 2013 and concludes 30th September 2016. The CCG is currently evaluating outcomes to feed into a report to a future Governing Body meeting regarding future commissioning of this service.

4. Collaborative Commissioning

Recommendation

Governing Body members are asked to note the implementation of the new collaborative commissioning arrangements as agreed at the September GB meeting, and the work plans for the new, revised Clinical Networks.

At the Governing Body meeting in September members supported the proposal to cease the rotation of coordinating commissioner arrangements, to agree to establish a new Joint Consultative Committee (JCC) with top level CCG decision makers Chair/CO/CFO from the 3 CCGs. In addition the Clinical Chairs from the revised clinical networks will also be part of the JCC.

Supporting the JCC will be a Joint Contracting Executive (JCE), with responsibility for the technical and contractual issues of collaborative commissioning in particular the implementation and contracts negotiation of the CCGs commissioning intentions.

The supporting clinical networks have been refreshed to focus specifically on cross system pathways rather than contract and provider performance issues.

The networks have been set a work-plan by the JCC as follows:-

Non elective

- Urgent Care Centre review
- Pre-hospital improvement
- Paediatric admissions
- Re-procurement of Norwich WiC (NHSE lead)

Elective

- Diabetes pathway
- Ophthalmology pathways and thresholds
- Audiology thresholds
- Stroke pathway (initially designated to non-elective network)

Mental Health and Learning Disabilities

- Contract rebasing
- Review of Crisis Resolution at Home Team (CRHT)/Acute/Community beds including Ashcroft beds and information sharing
- Transforming Care
- Implement national standards for First Episode Psychosis
- Implement new CAMHS services including eating disorders

- Review of S 136 Suites

Children, maternity and young people.

- ASD pathway review
- Looked After Children review
- Implement the recommendations of the national maternity review
- Short breaks

The JCC and JCE have now met to set the above network's work programme, and to consider and agree collaborative arrangements to deliver QIPP initiatives that are common across the 3 CCGs, optimising limited clinical and management capacity and ensuring communication and clarity for commissioners, providers and patients.

In addition CCGs have a number of specific QIPP and transformational initiatives. For Norwich CCG, this includes the Your Norwich and Healthy Norwich programmes plus the delivery of the Primary Care strategy and Norwich model under the 5 year forward view (5YFV).

5. Paediatric Speech & Language Therapy

Recommendation

Governing Body members are asked to note the update below regarding the outcome of the Paediatric Speech & Language Therapy procurement.

Following the update in the September Governing Body report, the CCG can now confirm that the successful bidder is East Coast Community Healthcare (ECCH). Mobilisation meetings have already commenced. The new service provider will go live April 2016.

Appendix 1 – Your Norwich Programme Board Governance Structure

