

GOVERNING BODY

<p>LEAD: Tonia Michaelides – Head of Commissioning and Delivery</p>	<p>ATTACHMENT:</p> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; margin-left: auto; margin-right: auto; line-height: 40px;">B</div>
<p>REPORT AUTHORS: Chris Adams – SWL ACU Elizabeth Brandill-Pepper – Joint Children’s Commissioning Manager Richard Gorf – Mental Health Commissioning and Planning Manager Julia Gosden –Lead Commissioner - Out of Hospital Commissioning</p>	<p>AGENDA ITEM: 4</p>
<p>RECOMMENDATION:</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the content of this report • To make recommendations to improve the report in terms of that service areas should be included and what should the report focus on 	<p>MEETING DATE: 12th June 2012</p>

Commissioning Highlight Report – June 2012

<p>EXECUTIVE SUMMARY:</p> <p>The purpose of this paper is to provide the Governing Body a high level summary of the current performance of Kingston Clinical Commissioning Group’s (KCCG) commissioning portfolio.</p> <p>The commissioning areas covered in this report are:</p> <ul style="list-style-type: none"> • Acute services – covering services provided by hospitals • Children’s Services • Continuing Care • Mental Health • Out of Hospital – including community based services, GPs with a Specialist Interests (GPSIs) and GP Chambers <p>The commissioning highlight report covers the following areas:</p> <ul style="list-style-type: none"> • Summary of the portfolio for each commissioning area
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- Recent achievements
- Work plan for the next 2 months
- Any risks that need to be brought to the Governing Body's attention

KEY SECTIONS FOR PARTICULAR NOTE:

Section 2 – Acute Services
 Section 3 – Children's Services
 Section 4 – Continuing Care
 Section 5 – Mental Health
 Section 6 – Out of Hospital Services

RECOMMENDATIONS:

The Governing Body are asked to:

- Note the content of this report
- To make recommendations to improve the report in terms of what service areas should be included and what the report should focus on

RISKS IDENTIFIED:

Risks are identified under each service area section

FINANCIAL IMPLICATIONS:

Two financial implications have been identified:

- Over performance of the acute contract portfolio and the impact this has on other services and the ability of the CCG to meet its statutory financial obligations
- The failure to deliver the entirety of the 2012/2013 QIPP Plan and the impact that has on the ability of the CCG to meet its statutory financial obligations

NATIONAL DOMAINS - TOWARDS AUTHORISATION:

All papers to the Governing Body are assumed to be evidence towards authorisation.

Please indicate below all the domains which the paper provides evidence for

- Clinical focus adding value
- Patient, carer, community engagement
- Planning and QIPP delivery
- Corporate and clinical governance incl. non financial risk management
- Finance incl. financial risk management
- Collaborative or joint commissioning, commissioning support
- Leadership

EQUALITY IMPACT ASSESSMENT:

No Equality Impact Assessment has completed for this report. The commissioning lead for each service area is required to complete an EA for any service change or action plan for improvement that is developed

PRIVACY IMPACT ASSESSMENT:

No personally identifiable data was used in the writing of this report

Kingston Clinical Commissioning Group Governing Body Meeting Commissioning Highlight Report – June 2012

1.0 Introduction

1.1 The purpose of this paper is to provide the Governing Body with a high level summary of the current performance of Kingston Clinical Commissioning Group's (KCCG) commissioning portfolio.

1.2 The commissioning areas covered in this report are:

- Acute services – covering services provided by hospitals
- Children's Services
- Continuing Care
- Mental Health
- Out of Hospital – including community based services, GPs with a Specialist Interests (GPSIs) and GP Chambers

1.3 The commissioning highlight report covers the following areas:

- Summary of the portfolio for each commissioning area
- Recent achievements
- Work plan for the next 2 months
- Any risks that need to be brought to the Governing Body's attention

1.4 This is the first commissioning highlight report for 2012/2013; there is limited data available at the time of writing this report to fully identify emerging risks; this area will be expanded on in the next report. Any risks identified, as data becomes available, will be acted on by the management lead, informing the Governing Body leads as appropriate.

2.0 Acute Services

2.1 *Summary of the acute services portfolio*

Month 1 SuS data is not submitted by Trusts until mid-May. Therefore, the Month 1 report focuses on the SLA values agreed and how these compare to historical trend.

2012-13 SLA summary and trend – main contracts only

	2012-13 SLA	Cash envelope	2011-12 OT	NOTE
Kingston	£71,100,000	£71,100,000	£72,300,000	1
SGH	£18,500,000	£18,300,000	£18,400,000	
ESH	£5,900,000	£5,900,000	£6,200,000	
Marsden	£7,100,000	£6,600,000	£6,300,000	2
EOC	£3,000,000	£3,000,000	£3,000,000	
QMR	£3,200,000	£2,900,000	£2,800,000	
Brompton	£2,700,000	£2,700,000	£3,100,000	
GSTT	£2,200,000	£2,200,000	£2,300,000	
Imperial	£1,400,000	£1,400,000	£1,700,000	
UCH	£1,100,000	£1,200,000	£1,200,000	
C&W	£800,000	£800,000	£900,000	
Moorfields	£700,000	£700,000	£700,000	
Kings	£500,000	£500,000	£700,000	
GOSH	£600,000	£600,000	£700,000	
BLT	£400,000	£400,000	£400,000	
TOTAL	£119,000,000	£118,100,000	£120,700,000	3

1. The PCT has budgeted for a reduction in acute spend which will be stretching to achieve even if the QIPP programme delivers to plan
2. the SLA figure is the Trust's latest proposal
3. The table only shows the main SLAs, and also excludes LAS

2.2 *Recent Achievements*

All South West London contracts were agreed within the time table set by NHS London.

2.3 *Work plan for the next 2 months*

None identified

2.4 *Risks*

See **Appendix 1**

3.0 **Children's Services**

3.1 *Summary of the Children's Services Portfolio*

The Council and NHS Kingston appointed to the post of Joint Children's Health Commissioner in December 2011. The post is accountable to both RBK and NHS Kingston but organisationally located within the Prevention and Integration Division of Learning and Children's Services

The purpose of this post is to ensure the effective joint commissioning of a full range of health services for children and young people. Critical to the success of this will be aligning and integrating social and health care pathways within the context of the 'One Kingston' approach and providing informed commissioning support to the CCG by working closely with the Strategic GP Lead for Children and Public Health.

The key work streams within the Children's Health portfolio are as follows:

- Disabled Children's Services
- Safeguarding / Joint Placements
- Mental Health
- Substance Misuse
- Health Visiting

Below are the cross-cutting aims of Children's Health Commissioning:

- Ensure there are clear referral and treatment pathways that promote early intervention
- Ensure there is a proportionate and integrated response to need
- Health outcomes for children and young people are improved by reducing the number of unplanned hospital admissions and strengthening the parenting capacity within families

3.2 *Recent Achievements*

- A **Joint Agency Panel (JAP)** has been established to agree joint funding arrangements for complex cases. This panel meets on a monthly basis and has representation from health, social care and education.

- The referral pathway for **Continuing Care** has been redesigned to ensure there is greater awareness and consistency for professionals and families. Families and professionals are notified in writing of the outcome of the CC process and provided with information leaflets about the referral criteria, the process and continuing care support. Work continues to be focused on ensuring the continuing care assessment process is completed within the defined timescales.
- Additional investment was secured in 2011 to increase the **Speech and Language Therapy** provision for 0-5 year olds. This is now in place and underpinned by a robust service specification and service level agreement.
- The interim arrangements for the named doctor / medical adviser for **Looked after Children** has led to a marked improvement in performance and are being formalised through the development of a service specification and business case.
- A draft project initiation document (PID) has been developed to review the current **mental health services arrangements** for children and young people which has been endorsed by the CAMHS Commissioning Group.
- The development of a **work plan** summarising the key areas of activity for 2012-2013 (attached as **Appendix 2**)

3.3 *Work plan for the next 2 months*

- Re-commissioning the Continuing Care provision
- Contributing to the publication the Annual Health Report
- Mapping the current social care pathways alongside health pathways for children and young people
- Reviewing the current mental health arrangements for children and young people
- Redesigning the provision for non acute Safeguarding medical assessments

3.4 *Risks*

Emerging issues include:

- Identifying the proportion of financial resources assigned specifically for children and young people's health services within the current arrangements and large block contracts
- Identifying tools to calculate the total cost of children, young people and families to health and social care services
- Aligning/ integrating budgets
- The number of young people requiring specialist in-patient placements for eating disorders
- The low number of Looked After and Leaving Care children and young people accessing substance misuse services

4.0 Continuing Care

4.1 Summary of the Continuing Care Portfolio

The budget for NHS Continuing Care for 2012/13 is £7,752,400 plus a contract of £356,930 with the Royal Borough of Kingston for Hobkirk House Nursing Home and £1,715,891 for Young Physically Disabled

NHS Continuing Care and Neuro-rehabilitation (NHS continuing healthcare is a package of Continuing Care outside hospital, arranged and funded solely by the NHS, for people with on-going healthcare needs. Neuro-rehabilitation in this document refers to intense, individually-funded placement-based rehabilitation, in a non-acute hospital or private unit, for those who have suffered acquired brain injury).

NHS Continuing Care and NHS Neuro-rehabilitation as described above are funded solely by the NHS and entirely on the basis of an individual's clinical need. Both services are typically high cost packages of care.

The number of patients funded for NHS Continuing Care as at 30/04/2012 = 172 (the number of live patients being paid for at that date)

The number of patients funded for neuro-rehabilitation as at 30/04/2012 = 7

4.2 Recent Achievements

- No decisions made locally in Kingston have been overturned on appeal during this period.
- NHS South West London (Kingston Team) commissioning team have jointly implemented a process for the urgent review of medically-appropriate discharges from acute hospitals which has resulted in avoidance of any delayed discharges in this period
- Maintaining the progress made in response times for assessments: NHS South West London (Kingston Team) have set targets into the contract for 2012/13 with the local clinical assessment team at Your Healthcare CIC to carry out reviews to specific deadlines, in accordance with national guidelines.
- Improvements in the response times for completion of health need reviews. Due to the changes in the national policies, pressures of carrying out retrospective reviews for eligibility for NHS Continuing Care and the increasing numbers requiring new assessments for NHS Continuing Care (in an increasingly older population in the England), many areas have backlogs for reviewing eligibility for NHS-Funded Continuing Care. Currently Kingston is working to a 28-day new referral to assessment waiting period, in accordance with national guidance.

4.3 Work Plan for the next 2 months

Priorities for the next 2 months include:

- To effectively process the potential increase in retrospective reviews received before the deadline set by the Department of Health.
- To carry out a joint review with Royal Borough of Kingston Social Services of the NHS-Continuing Care patient pathway and locally derived efficiencies as well as formulating an approach to local authority bed usage, incorporating Kingston at Home.
- To commission an external review of local procedures for managing process and gateway for accessing NHS continuing care.

4.4 Risks

Risks identified include:

- New deadlines being set by the Department of Health for retrospective reviews. A publicity campaign is underway across the UK. Information will be placed on the KCCG website and we are working jointly across South West London to promote the deadlines. Posters will be put up in GP surgeries and nursing homes to raise awareness. It is difficult to predict the number of requests we will receive.
- Increasing numbers of requests for packages of care at home. These are being supported by NHS South West London (Kingston Team) wherever possible. Risk (safety in the home) and the extremely high cost of some care packages are factors which require consideration locally.
- Ensuring quality and value for money of placements. Local commissioners are under increasing pressure from nursing homes for higher fees for the same level of care. This therefore results in increased pressure on local budgets. Since NHS Continuing Care and NHS neuro-rehabilitation are both funded solely on the basis of an individual's health need for these services, budgets are not capped.
- Personal budgets are coming in 2014: In accordance with information from the Department of Health, by April 2014, those who are eligible for NHS Continuing Care will be able to ask for a Personal Health Budget. A personal health budget is an amount of money that is allocated to someone to enable them to meet their health and wellbeing needs in a way that best suits them. The allocated money can be managed in different ways. Personal budgets have been piloted in sites across England (Kingston was not a pilot site). This will raise a number of challenges locally for commissioners including management of contracts, budgets, clinical and financial governance.
- Continued joint working with Royal Borough of Kingston for the benefit of patients. With increasing pressure on local authority budgets and major changes in the NHS across England, there will be new challenges in relation to joint working. There is currently a process review being undertaken by commissioners to look at the roles and responsibilities across NHS South West

London (Kingston Team), Royal Borough of Kingston Social Services and contracted services through Your Healthcare

- Limited age-appropriate neuro-rehabilitation options for younger people who have suffered Acquired Brain Injury. This is an on-going issue and challenge. Those who suffer Acquired Brain Injury are relatively low in number and the number of young people only a percentage of this. As a result, there are few units available for young people to receive neuro-rehabilitation amongst those of their own age.
- London Consortium for Neuro-rehabilitation arrangements: At present, a contractual arrangement is in place across London for neuro-rehabilitation. Primary Care Trusts (PCTs) across London each fund part of this consortium arrangement. Patients requiring neuro-rehabilitation, who are typically in acute hospitals at the time of the requests, receive 6-months of neuro-rehabilitation at local sites across London. Those who require additional neuro-rehabilitation after this 6-month provision are funded directly by their local PCT. Our local experience is that the majority of patients in need of this type of neuro-rehabilitation require a longer period of neuro-rehabilitation than is covered under the consortium. In these cases, NHS South West London (Kingston Team) funds individual neuro-rehabilitation placements at relevant providers.

5.0 Mental Health

5.1 Summary of the Mental Health Contract Portfolio

The budget for mental health commissioning in 2012/2013 is £25,175k compared to £25,935k in 2011/2012. These figures include the substance misuse budgets together with the main contract with South West London and St George's Mental Health Trust. The reduction of budgets from 2011/2012 reflects the QIPP savings targets that have been applied.

5.2 Recent Achievements

Recent achievements include:

- Roll out dementia support workers in Kingston
- Community Mental Health project team set up by the Mental Health Trust to drive agenda forward together with CCG inclusion
- Widespread interest from providers in the Community Wellbeing Tender

5.3 Work Plan for the next 2 months

Priorities for the next 2 months include:

- Older people mental health - review current beds at Fuchsias Ward on the Tolworth site
- Adults of Working Age

- Review community mental health teams (CMHT) with new model to be introduced in year 2012/13
- Community Wellbeing Service – decommissioned IAPT/Substance Misuse Services from South West London and St George's Mental Health Trust and Third Sector services. Full tender exercise currently being undertaken by Commissioners across a range of bidders in Third Sector and Mental Health Trusts.
- PbR roll out for some of mental health Clusters 1 - 6, 11 and 12 (Psychosis/Neurosis – both stable) decommission Clusters 11 and 12 from secondary trust services and commission in Community Wellbeing Service by in 2012/13.

5.4 Risks

Risks identified include:

- CMHT - risk of Trust reconfiguring CMHTs in a way which does not fit current community commissioning strategy. Need commissioners to be closely involved in project work. Also moving Surbiton, Chessington CMHTs into Surbiton Hospital.
- Community Wellbeing Service – TUPE of current staff could have financial implications to new providers. Implementation date of 1st November 2012 does not allow any slippage in process whatsoever (none to report to date).

6.0 Out of Hospital Services

6.1 Summary of the Out of Hospital services Portfolio

The Out of Hospital Services Portfolio has a combined contract budget of £25m and comprises of the Your Healthcare CIC (YHC) – community health service contract (£20m) and small contracts with a range of community and GP providers (£5m).

A breakdown of YHC activity is included as **appendix 3** of this paper

6.2 Recent Achievements

YHC

- YHC contract signed and comprises:
- Indicative service activity plans against the £21m block contract value (attached)
- National key performance indicators
- Local key performance indicators focused on Public Health deliverables.
- CQUINS
 - Safety thermometer – VTE management, falls, pressure ulcers
 - Patient experience
 - Improving community assessments and pathways across the community and acute interface

- Early supported discharge – stroke
- Alternative care pathways with LAS
- Children's services

Other Out of Hospital contracts and SLAs

The CCG commissions a range of other out of hospital services from

- GPs with Special Interest e.g. dermatology, neurology
- Hospices
- Community providers e.g. ophthalmology

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these have a combined contract value of c£4m and 50% of these have been signed.

6.3 Work Plan for the next 2 months

Priorities for the next 2 months include:

Working in partnership with YHC to deliver the following QIPP schemes:

- Enhanced Falls Service Action Plan
- Care Homes – admissions avoidance service

Kingston at Home - work in partnership with YHC and Royal Borough of Kingston to progress the development of the service model and care pathway redesign

Chase up unsigned contract/SLAs and ensure robust performance management arrangements are in place.

Progress Any Qualified Provider for continence and podiatry services

6.4 Risks

As at Month 1 no performance or financial risks have been identified

GPs have raised concerns regarding the waiting times and quality of the continence and physiotherapy service for MSK conditions. The following actions are being taken:

- A review of the physiotherapy service to determine the future service model and care pathways as well as commissioning arrangement.
- To receive a report from YHC on the community continence service and explore Alternative Qualified Provider commissioning arrangements for the Continence Services.

7.0 Recommendations

The Governing Body are asked to:

- Note the content of this report
- To make recommendations to improve the report in terms of which service areas should be included and what the report should focus on