


Item Number: 10	
Name of Presenter: Janet Probert	
Meeting of the Governing Body 2 April 2015	 Vale of York Clinical Commissioning Group
Update from the Partnership Commissioning Unit	
Purpose of Report To Receive	
1. Rationale This report has been produced to update the Governing Body and provide assurance on the key elements of the Partnership Commissioning Unit's (PCU) work programme.	
2. Strategic Initiative <input checked="" type="checkbox"/> Integration of care <input checked="" type="checkbox"/> Person centred care <input type="checkbox"/> Primary care reform <input type="checkbox"/> Urgent care reform <input type="checkbox"/> Planned care <input checked="" type="checkbox"/> Transforming MH and LD services <input checked="" type="checkbox"/> Children and maternity <input type="checkbox"/> Cancer, palliative care and end of life care <input checked="" type="checkbox"/> System resilience	
3. Actions / Recommendations The Governing Body is asked to receive and note the contents of this report.	
4. Engagement with groups or committees Aspects of this report have been submitted recently to the CCG's Audit Committee.	
5. Significant issues for consideration The PCU is managing the delivery of a number of key performance targets and national priorities in relation to the Children and Families Act, Parity of Esteem, Safeguarding and integration.	
6. Implementation There are no specific actions for any teams within the CCG. The PCU continues to work in partnership with CCG Programme Leads to deliver objectives within given timescales.	
7. Monitoring The PCU provides regular reports to a number of the CCG's Committees, and a six monthly update on the PCU's work programme is produced for the Governing Body.	
8. Responsible Chief Officer and Title Janet Probert Director of Partnership Commissioning	9. Report Author and Title Janet Probert Director of Partnership Commissioning
10. Annexes None.	

1. INTRODUCTION

The table below details the main elements of the Partnership Commissioning Unit's (PCU) work programme and provides an update on key objectives. Where necessary it also highlights areas of risk and outlines how these risks will be managed.

<p>Children and Families Act 2014</p>	<p>We have been meeting with local provider leads to advise on the Local Agreement presented at the PCU Management Board in December. This agreement outlines the North Yorkshire and York CCGs' requirements for those services they commission in relation to the Act.</p> <p>The Local Agreement gives direction from commissioners to providers as they mobilise their teams with CCG contract managers progressing through Quality and Performance Groups. The PCU will continue to follow the progress of the Local Agreement.</p> <p>The Act is wide ranging but the Local Agreement sets out, amongst other things, specifically the roles of the Designated Medical Officer (DMO), Clinical Leads and Education and Health and Care Plans (EHCP). The shortened time frame for completed plans from 26 to 20 weeks will be monitored via a dashboard arrangement and we are in discussions with Local Authority colleagues to see how we can aggregate the information down to CCG level. Some other aspects of the pathway will be monitored by key performance indicators which are supporting the North Yorkshire County Council (NYCC) Special Educational Needs or Disabilities (SEND) strategy.</p> <p>The PCU will be making contact with local providers to establish and map DMO's and Clinical Leads and their professional and geographical coverage.</p> <p>Mediation and Disagreement Resolution Service NYCC and City of York Council (CYC) are exploring the procurement options available for a service. Proposals will be shared with CCGs as soon as the detail is known.</p>
<p>Children with complex needs and disabilities</p>	<p>North Yorkshire County Council has commenced a 12 week consultation on a strategy to meet the care needs of disabled children. A copy of the draft strategy and details of the consultation meetings are available via the web link below.</p> <p>http://www.northyorks.gov.uk/careneedsconsultation</p> <p>There will be more detail in the summary reports for the April Partnership Commissioning Unit Management Board.</p> <p>The PCU is attending one of the consultation events.</p>

<p>Training and Education Service for Short Breaks (TESS)</p>	<p>At the December Partnership Commissioning Unit Management Board the four North Yorkshire CCGs agreed to serve notice to Allied Health Care. As the service is collaboratively commissioned across the 6 CCGs, the PCU has been linking with Airedale, Wharfedale and Craven CCG and NHS Cumbria CCG to ascertain their preferred option. NHS Cumbria has indicated their support and a desire to link with the mapping and analysis to inform alternative provision.</p> <p>Allied Health Care has been informally advised of the CCGs intention and formal notice will follow as soon as the Airedale, Wharfedale and Craven CCGs position is known.</p> <p>Details of the next steps will be included in the summary reports for the Partnership Commissioning Unit Management Board.</p>
<p>Autism</p>	<p>Monthly Waiting List Data</p> <p>Autism assessment waiting list data continues to be received on a monthly basis. Data is reviewed and cleansed where required to ensure robust information is available to support quality reviews of services and CCG commissioning intentions.</p> <p>From the reports that have emerged since the pilot in April 2014, it became necessary to meet with providers, including York Teaching Hospitals NHS Foundation Trust, to ensure there is a common understanding of definitions and clock start/stop times. We are in the process of revising the advice that accompanies the data collection sheet. Changes will be implemented from April 2015. Data received from providers continues to be forwarded to contract leads on a monthly basis.</p> <p>Autism Quality Review</p> <p>The draft scoping document has been circulated for comment, with a presentation to the Autism Strategy Group. The Case for Change was discussed at the February PCU Management Board.</p> <p>There is support for a review, and comments made have been incorporated into the scoping document: the methodology has altered, and following comments, now proposes that there will be discussions with clinicians in localities regarding pathways and approaches, and meetings with parents in localities to gain feedback on their experience of the diagnostic service and how the positive aspects of service can be built on further.</p> <p>It is expected to report back to the CCGs and the PCU Board in June 2015.</p> <p>All Age Autism Strategy 2015-2020 The PCU continues to represent the four NY CCGs in the production of this joint strategy with NYCC and CYC. It is currently in draft format and undergoing review from key strategic groups prior to consultation.</p>

<p>Looked After Children</p>	<p>CCG Commissioning Intentions 2015/2016 – Looked After Children and Safeguarding Service</p> <p>All the collaborative CCGs have agreed to re-commission the service. An update paper was discussed at the February Partnership Commissioning Unit Management Board, including the proposed service for CCG approval.</p> <p>CCG Commissioning Intentions 2015/2016 - Initial Health Assessments</p> <p>Engagement is planned with locality providers and it is anticipated that an agreed service specification will be available for each CCG by the end of March 2015 to proceed through contract route.</p> <p>Harrogate District NHS Foundation Trust Looked After Children Service – Dataset</p> <p>An activity dataset is now available, and for the first time CCGs will have activity and baseline information about their looked after population.</p>
<p><i>DISCOVER!</i> Stakeholder event on Children’s & Young People’s Emotional & Mental Health in Vale of York CCG</p>	<p>Following a very successful training day on 23 January, a <i>DISCOVER!</i> event was held in York which was well attended and provided feedback from parents, young people, education and clinical staff. It was structured around an informal café-style event and focused on the positive aspects of the service as experienced by users - if something is working well, how could more of it be done to improve the service further? A report will be available shortly.</p>
<p>Child and Adolescent Mental Health Services (CAMHS)</p>	<p>The national CAMHS taskforce has recently published its report with recommendations for future investment, reporting and national standards for CAMHS. The PCU is considering the implications of the report and will brief the CCGs in the near future. We are hoping to access funds to support CAMHS.</p> <p>The Government is also running a departmental task force, focusing on self-harm and eating disorders.</p> <p>Planning Guidance for Commissioners includes, for the first time, a requirement for CCGs to identify the support for young people with mental health problems.</p>
<p>Maternity Services</p>	<p>A draft specification has been shared with Providers and will be discussed further at the North Yorkshire Maternity Network in March.</p>
<p>Mental health <i>DISCOVER!</i></p>	<p>The <i>DISCOVER!</i> engagement programme, as a whole, has been selected as a finalist in the 2015 Patient Experience Network National Awards in two categories – i) commissioning for patient experience and ii) staff engagement/improving staff experience. The PCU is one of three organisations from the North Yorkshire and Humber area to reach the final stage. Whilst we were not category winners, we are delighted that <i>DISCOVER!</i> has been exhibited on a national platform.</p>

	<p>The data and feedback received as part of Phase 2 of the <i>DISCOVER!</i> mental health engagement programme is being analysed and collated into emerging themes. This includes intelligence gathered at <i>DISCOVER!</i> events (those organised by the PCU/CCGs and also by local groups) and feedback from Twitter, the <i>DISCOVER!</i> postcards and dedicated email address. The analysis is being undertaken on a locality by locality basis and this stage should be completed by end of March. It is envisaged that the locality reports will then be disseminated, at the same time, to all stakeholders/participants in order to check that they accurately reflect the nature of the café discussions and other comments that have been received. This also presents an opportunity to receive further feedback, which can be incorporated into the final reports and emerging themes.</p>
<p>Improving Access to Psychological Therapies (IAPT)</p>	<p>IAPT is being closely monitored and the Leeds York Partnership NHS Foundation Trust position has significantly improved to 10% (February figure). A business case has been received to achieve further improvement over the next 6 months which will be considered by the PCU/CCG. Ongoing management of IAPT is undertaken at Contract Management Board and Quality meetings.</p>
<p>Mental Health Crisis Concordat</p>	<p>The North Yorkshire and York Mental Health Crisis Care Concordat Declaration was signed by all essential North Yorkshire and York organisations in December 2014 and uploaded onto the official Crisis Care Concordat website.</p> <p>At the January meeting of the Police Health and Social Care Implementation Board Silver Group, a clear developed process to produce an action plan for the end of March was identified. This involves six task and finish groups which will be the bronze groups and will report into the silver group. The leads for these groups have been identified and each lead will be responsible for ensuring delivery of their section of the action plan. At the February Silver Group meeting each lead presented the draft action plans, revised the Terms of Reference and the attendee list. A gold command group has been established and met for the first time on 16 March 2015 in order to monitor the work programme of the silver group and ensure delivery of the action plan by end of March.</p>
<p>Adult Autism and ADHD</p>	<p>The PCU Mental Health commissioning team has been working to address growing demand for assessment and diagnosis of autism and ADHD. The PCU has been reviewing opportunities to develop a joint health and social care pathway for adult autism and ADHD that is close to home and links with wider social care and other support services. Engagement with public and GPs is complete, and the Mental Health Commissioning team is implementing the project plan for procurement; the plan is to commence procurement in March 2015 and appoint a provider who can begin in September 2015.</p>
<p>Psychiatric Liaison</p>	<p>The PCU has supported the development of a bid to the Strategic Resilience Grant for around £250k across Hambleton, Richmondshire and Whitby, Scarborough and Ryedale and the Vale of York. The majority of this funding is targeted at psychiatric liaison.</p>

	In project managing the go-live for January 2015, the Commissioning Team has been providing support to the CCG in developing baseline metrics for the project, and reviewing available research evidence of effectiveness in liaison models. In early February a “checkpoint” meeting took place with the PCU to evaluate progress against agreed outcomes/Key Performance Indicators, and plan the evaluation process. Targets will be locally agreed with implementation groups.
Dementia	The commissioning team is taking forward the following actions: <ul style="list-style-type: none"> • Sharing information from the region on progress against the 67% diagnosis rate and other initiatives including available funding • Linking new dementia support service into GPs and other NHS organisations.
Learning Disabilities	<ul style="list-style-type: none"> • Work is ongoing with Local Authority colleagues to produce a joint commissioning plan by end of March 2015. • The North Yorkshire Self Assessment Framework (SAF) and the York SAF were submitted on 30 January 2015 to NHS England. There will be increased scrutiny on progress in the coming year with quarterly update reports on action plans expected to NHS England for monitoring.
Continuing Health Care (CHC)	The PCU has undertaken a full financial review and reconciliation of CHC and Funded Nursing Care. This has resulted in a much more robust understanding of the CHC financial position and allows for more realistic forecasting. This work has resulted in a positive benefit for all the CCGs. The Chief Finance Officers have been fully briefed on this issue.
CHC	<p><i>Fast Track</i></p> <p>There is now a well embedded system within the CHC department. From the new referrals 75% were completed within the target times; the normal turn round for most cases is 4 hours. The team is finding there is still a delay in receiving costings from providers which in turn can delay the start date of a care package.</p> <p>Finding providers can prove difficult at times, and work is continuing with community providers to consider the option of adding fast track cases to the core contract.</p>
CHC	<p>There has been a 20% reduction in the total number of patients awaiting an assessment since the end of November (including a 32% reduction in the number waiting longer than 12 months). 33% of the total backlog has been waiting less than 60 days.</p> <p>Clear targets are set for each CHC teams and for individual staff members, and performance is being managed by Clinical Team leaders. Nursing/admin processes are starting to be implemented and work is taking place on developing Standing Operating Procedures to establish more robust processes in line with the National Framework.</p> <p>Case management models will be reviewed for fully funded CHC clients and Standing Operating Procedures are in progress.</p>

	<p>Children - the CHC team has implemented the use of new children's CHC paperwork in line with the National Framework which was agreed at the last Management Board and will be presenting this along with the process to disability teams over the next few weeks. The CHC team is meeting with the children's commissioners and will work towards formalising a transition pathway in the next few months. This will then come to the PCU Management Board and social care partners for agreement. This will be a challenging piece of work as we have to link in with the new Education, Health and Care Plan (EHCP) and Personal Health Budgets (PHB) as well as moving them from one framework to another. Most packages are joint in children's case management but many will move to fully funded CHC once children are 18 years old. This will be an extensive piece of work.</p> <p>Data on CHC patients will be available by CCG from April 2015.</p>
Retro	<p>NHS England has issued guidelines for all retrospective CHC cases to be completed by March 2017. The retrospective team continues to work on cases being returned by UKIM. The total number of retrospective cases is 683. The breakdown of these figures relates to 25 cases kept in house, 658 cases sent to UKIM and the 12 cases returned from UKIM.</p> <p>Progression of completed records returned from UKIM has been slow due to the difficulty UKIM are having in obtaining medical records from other agencies. Work is taking place to expedite this through engagement with outside agencies, NHSE and local authorities.</p> <p>Weekly monitoring of Retrospective cases remains in place and staff performance of the retro clinical team is also recorded. The team currently has 45 hours of clinical staffing per week but will be kept under review to be able to respond to more cases as they are returned.</p> <p>Standing Operating Procedures have been written and are currently going through the approval process.</p>
Complaints/ Rapid Process Improvement Workshop	<p>In October 2014, the PCU appointed a part-time Complaints Administrator. There are currently 10 active complaints and the complaints administrator works closely with the Patient Advice and Liaison Service (PALS) team to quickly address and provide resolutions to any complaints that may come into the CHC team.</p>
Provider issues	<p>Regular updates are provided by the safeguarding team to the CHC team and the CHC nurses are regularly capturing soft intelligence.</p> <p>Soft intelligence through needs portrayal has been recorded by nursing staff when special measures have been placed on nursing homes where fully funded CHC clients are placed.</p>
Equipment	<p>All equipment needs are now ordered through the ELMS system based in Harrogate District NHS Foundation Trust. Bed packages are still ordered through Huntley.</p>

<p>Transforming Care</p>	<p>The Transforming Care commitment made by NHS England in respect of 'Care and Treatment Reviews' has taken precedence in respect to the Winterbourne agenda. These reviews are to be offered to individuals with a diagnosis of learning disability and/or autistic spectrum disorder who are currently reported on within the concordat returns. This population refers to those patients that the PCU spot purchase in hospitals and for those patients who have been in a contracted hospital bed for over 2 years.</p> <p>The PCU is submitting a weekly tracker to the Yorkshire & Humber Area Team to report on target times for discharge. NHS England has set a target of 50% of the Winterbourne population to be discharged by March 2015. Discharge planning for those in acute assessment and treatment beds is captured within this weekly report to ensure timelines to admission are appropriate and timely.</p> <p>The PCU vulnerable people team is in consultation with key health providers and Local Authorities to establish non-hospital pathways to meet the Transforming Care Agenda.</p>
<p>Personal Health Budgets (PHB)</p>	<p>The Personal Health Budget agenda is currently undergoing an audit in respect to Control Measures. Governance arrangements are in place to monitor and oversee the use of Personal Health Budgets, including management of the Service Level Agreement with the Yorkshire and Humber Commissioning Support Unit, risk and financial management, and arrangements to report to the CCGs.</p>
<p>Vulnerable People</p>	<p>Extensive work is being undertaken with North Yorkshire County Council to review packages of care which are fully health funded in respect to Section 117 Aftercare to achieve joint funded status to relevant cases. Significant cost reductions are being witnessed and this work continues.</p> <p>Standard Operating Procedures have been reviewed to strengthen governance in respect of clinical case management for vulnerable people in line with the out of contract activity.</p>