



HEALTH AND WELLBEING BOARD: 29th November 2018

REPORT OF EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

IMPLEMENTATION OF THE PERSONALISED COMMISSIONING SERVICE STANDARD OPERATING PROCEDURES

Purpose of the report

1. The purpose of this report is to update the Health and Wellbeing Board on the implementation of the Personalised Commissioning Service across Leicester, Leicestershire and Rutland (LLR).

Link to the local Health and Care System

2. This report supports the following strategic aims of the Clinical Commissioning Group (CCG)
 - Transform Services and enhance quality of life for people with long-term conditions;
 - Improve integration of local services between health and social care;
 - Improve the quality of care – clinical effectiveness, safety and patient experience;
 - Reduce inequalities in access to healthcare;
 - Living within our means using public money effectively.

Recommendation

3. The Board is asked to note the report

Policy Framework and Previous Decisions

4. The relevant policies are the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018 (revised) and the National Framework for Children and Young People's Continuing Care (2016).
5. The Health and Wellbeing Board previously considered an update on the implementation of the personalised commissioning service across Leicester, Leicestershire and Rutland at its meeting in May 2018.

Background

6. The LLR CCGs revised the specification for the Continuing Healthcare Service (CHC) to broaden its remit. The new service covers both Children's Continuing Care, Adults Continuing Healthcare and also personal health budgets. The service was renamed to the Personalised Commissioning Service to reflect the broader remit. The contract was awarded to Midlands and Lancashire Commissioning Support Unit (MLCSU) and went live on 1st April 2017. There was a considerable amount of work undertaken to transition the service prior to implementing the full End to End process. The End to End process means that all full assessments for Continuing Healthcare will be co-ordinated and undertaken by staff from the Personalised Commissioning Service in conjunction with other members of the Multidisciplinary team. Previously assessments were undertaken by staff from Leicestershire Partnership Trust, University Hospitals of Leicestershire and the previous CHC provider.

Update on Progress

7. A meeting took place between the CCGs and Local Authorities at the end of October 2018 to process map the identification of patients who may be eligible for Funded Nursing Care contribution without the need for a checklist or Decision Support Tool with an agreement reached on a draft process and pilot.
8. In late November 2018 the CSU plan to implement the new CMS information system will be introduced, replacing the previous Broadcare system.
9. The CCG has worked with MLCSU to transition the service from the previous provider with the main objective being to ensure that the National Framework for Continuing Healthcare is applied correctly and that assessments are well evidenced. This required significant recruitment into permanent posts, both clinical and administrative. MLCSU have developed their Standard Operating Procedures for the following:
 - CHC assessment and review process
 - Fast Tracks into the CHC service
 - Joint Funding requests from the Local Authorities.
10. MLCSU have been providing training on the application of the new CHC framework for Local Authority and NHS staff and the feedback from staff attending the training has been positive. The training has helped staff to clarify the purpose of the assessment, what information is needed and how to identify the correct levels of assessed need. This work is supporting the end to end process. Training had been delivered to 200 staff members by the end of September around the new framework which commenced on 1st October 2018.
11. MLCSU implemented the end to end process with LPT referrals in August 2017, UHL in July 2018 and the Discharge to Assess pathway in November 2018.
12. In order to develop stronger working relationships at all levels, meetings with partner agencies are ongoing. The Personalised Commissioning Operational Service Group is managed by MLCSU and provides the opportunity to discuss and resolve operational issues. The Personalised Commissioning Transformation Group is managed by the CCG and as well as focusing on the future development of the service is also the escalation route for issues that cannot be resolved in the Operational Service Group. Membership of both groups includes the CCG, the three Local Authorities, Leicestershire Partnership Trust, University Hospitals of Leicestershire, LOROS and MLCSU.

13. The Transformation Group has also worked with the three Local Authorities on the revision of the NHS Continuing Healthcare Interagency Disputes Policy. This policy describes the steps for NHS Bodies and Local Authorities to mediate in disputes concerning NHS Continuing Healthcare and covers disputes about eligibility and also joint funding requests. This policy is only for disputes between the agencies and there is a separate route for individuals and their families to dispute the outcome of an assessment.
14. A cohort of joint funded packages were identified as having not received a recent review and following the completion of the backlog of work a number were identified as having been allocated health funding where there does not appear to be a health need. Following this the CCG's personalised commissioning team have undertaken a programme of reviewing the identified patients and the 3 CCG's and Local Authorities have agreed to hold a series of panels to discuss and agree future funding for these patients. These are due to begin in November 18.

Future Developments

15. There are a number of areas of work for the future development of the service including the following:
- Implementation of the National framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised). The revised framework was published in March 2018 and implemented on the 1st October 2018. Although the revision does not change the eligibility criteria it provides greater clarity to individuals and staff through a new structure and style. The revision also reflects legislative changes since the 2012 National Framework was published, primarily to reflect the implementation of the Care Act 2014.
 - CCGs have been asked by NHS England to develop plans to make personal health budgets the default delivery model for NHS Continuing Healthcare funded home care by April 2019. Processes are now in place to ensure that all newly eligible patients requiring Dom Care receive a Personal Health Budget (PHB) as a default offer. There were 210 PHBs in East Leicestershire and Rutland CCG and 218 in West Leicestershire CCG as at the end of quarter 2 of 2018-19 which demonstrates a continued improvement in the uptake of PHBs.
 - The CCG continue to work towards the national Quality Premium of ensuring that the majority of NHS CHC assessments take place outside of acute hospital settings. The requirement is that less than 15% of all assessments take place in an acute setting. Performance for October 2018 was at 6.67% across LLR.
 - The CCG continue to work towards the national Quality Premium of ensuring that more than 80% of decisions on eligibility are completed within 28 calendar days. Performance for October 2018 demonstrated 84% compliance across LLR.

Resource Implications

16. MLCSU have completed a demand and capacity exercise which demonstrates a greater demand on the service than was initially identified during the procurement for the end to end service. The CCGs are currently reviewing the information and potential options to support the service.

Appendix

ELR and WL CCGs position in relation to the other CCGs within their cluster

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Relevant Impact Assessments

Equality and Human Rights Implications

17. Due regard to the positive general duties of the Equality Act 2010 has been undertaken in the development of this report. The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.
18. All policies and procedures are developed in line with the CCG Equality and Diversity Policy and need to take into account the diverse needs of the community that is served. The CCG will endeavour to make sure this policy supports its diverse workforce and look after the information the organisation needs to conduct its business. It will also endeavour to make sure that this information is protected on behalf of patients regardless of race, social exclusion, gender, disability, age, sexual orientation or religion/belief. Where it is identified that statements in this policy have an adverse impact for particular equality groups this will be raised with the Senior Information Risk Owner and within the Head of Corporate Governance and Legal Affairs and solutions sought.

Partnership Working and associated issues

19. The application of the Continuing Healthcare process requires all partners to work together to ensure that the assessment is person-centred, equitable, culturally sensitive, robust, transparent and lawful. There are times when this can be difficult to achieve because of competing tensions between Health and Social Care. All partners have acknowledged this and are working to develop a common understanding of the process and will continue to do so using the forums of the Personalised Commissioning Transformation Group and the Operational Service Group described earlier in this document.

Appendix

During the May Health and Wellbeing Board an updated paper including additional information relating to metrics concerning the numbers of people accessing Continuing Healthcare Services and the amount of disputes lodged with benchmarking against comparators was requested and is summarised for Q2 18/19 below.

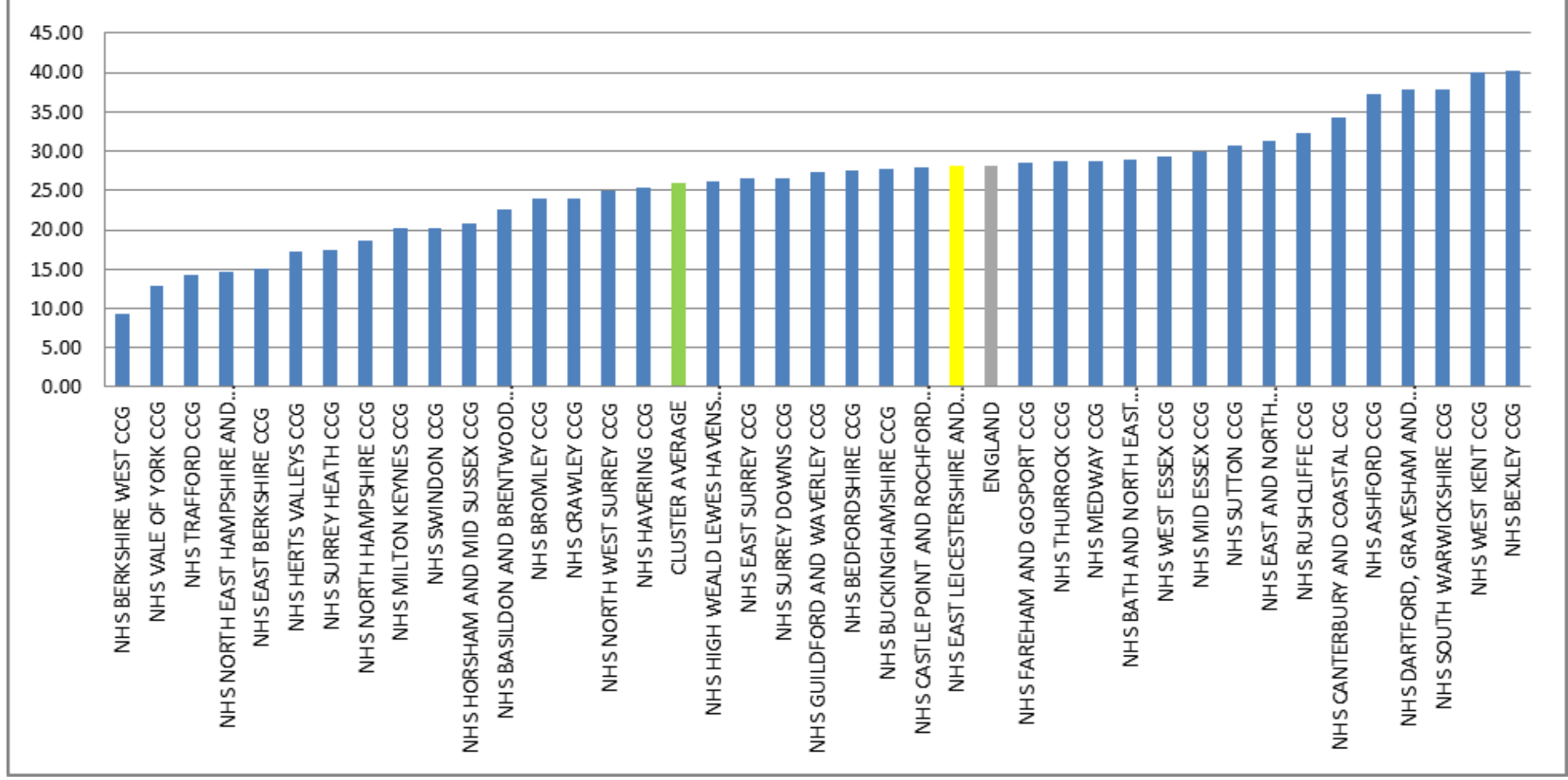
Please note the NHSE - NHS Continuing Healthcare Data Team, have recently updated their clustering model which groups CCGs based on similar characteristics:

- Demographics
- Socioeconomics
- Disease
- Deprivation

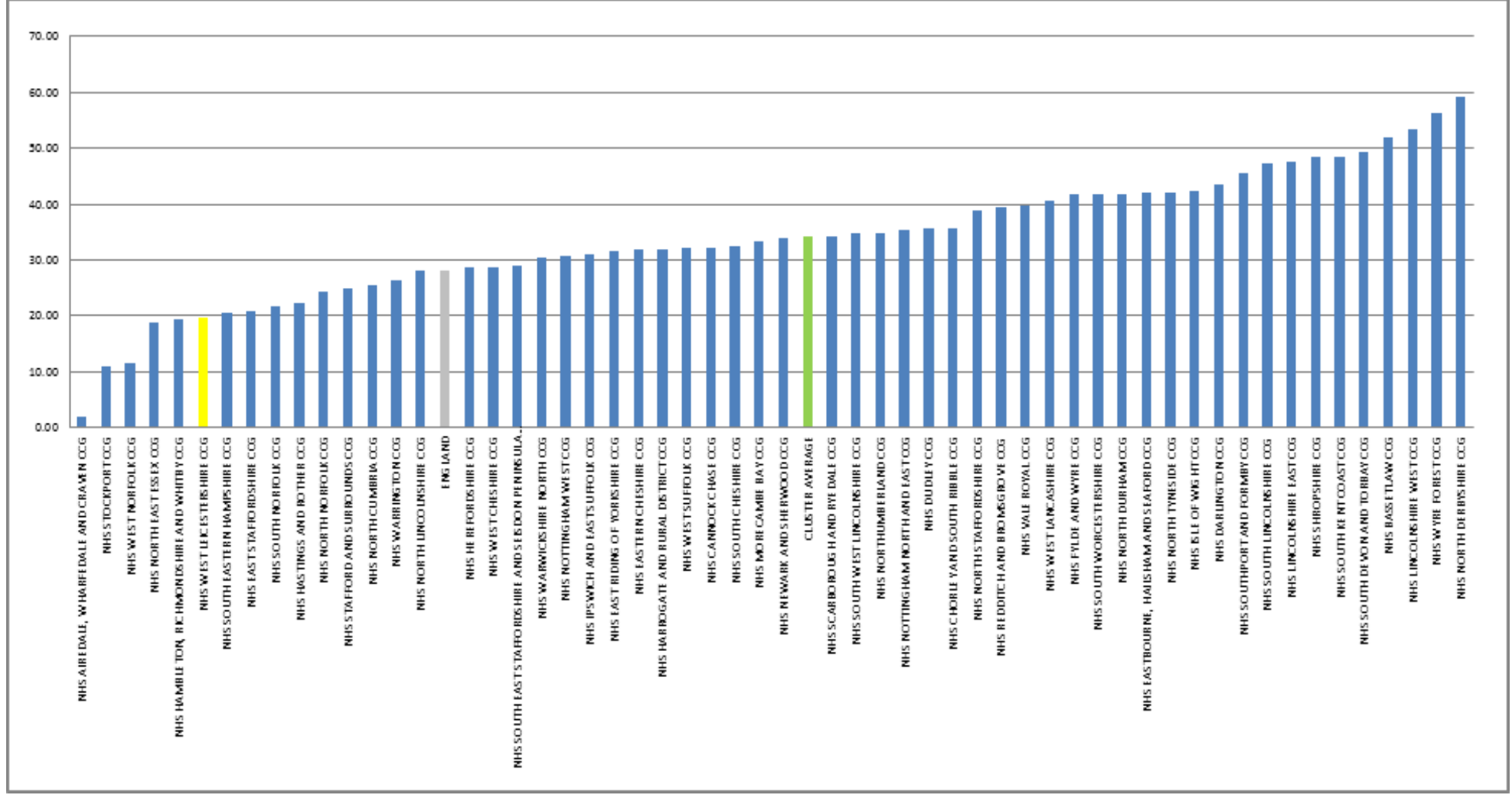
This enables CCGs to benchmark themselves against comparatively similar CCGs however clusters may not include geographically local CCGs or be made up of a similar number of CCGs.

The graphs below demonstrate ELR and WL CCGs position in relation to the other CCGs within their cluster, the England Average and their Cluster Average.

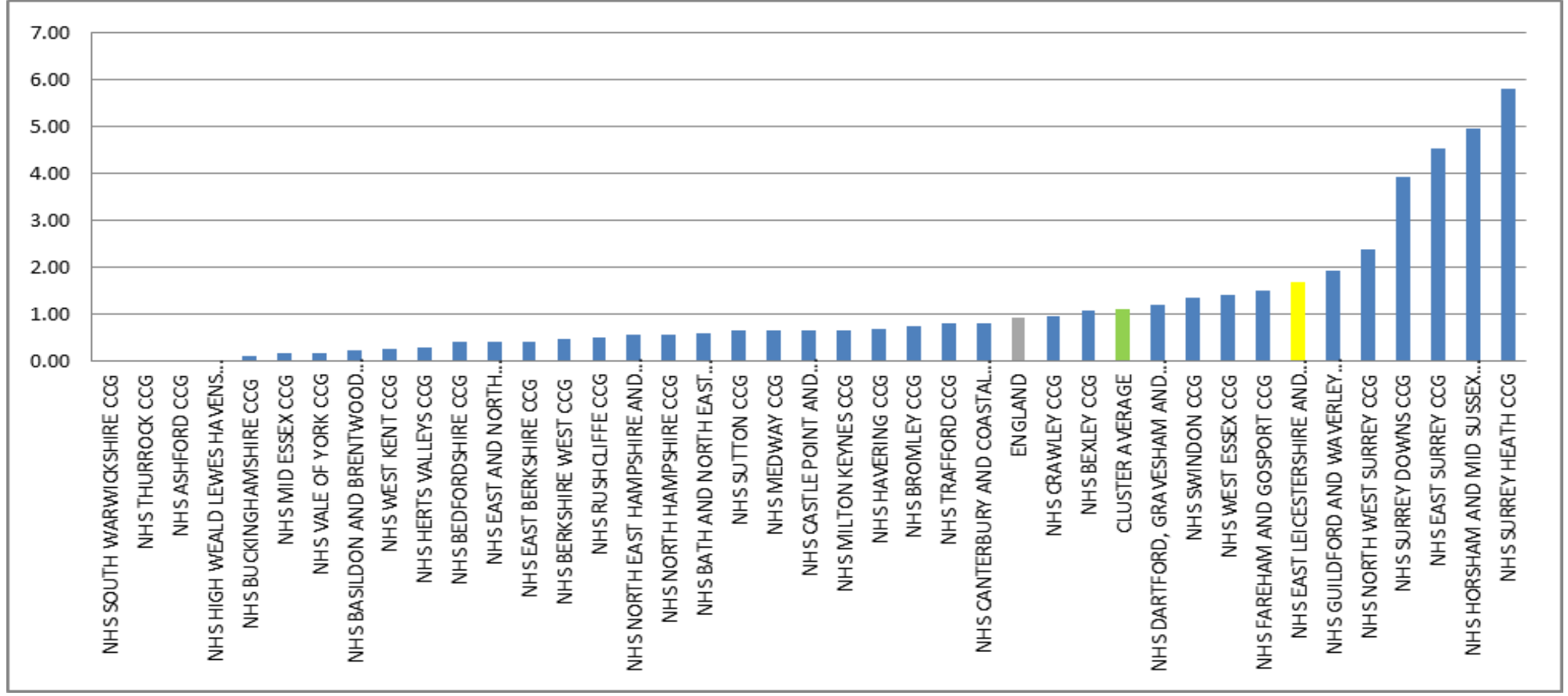
Graph demonstrating ELRCCGs 'Number assessed as eligible ' position by 50K comparator against other CCGs in cluster 5 for Q2 18/19



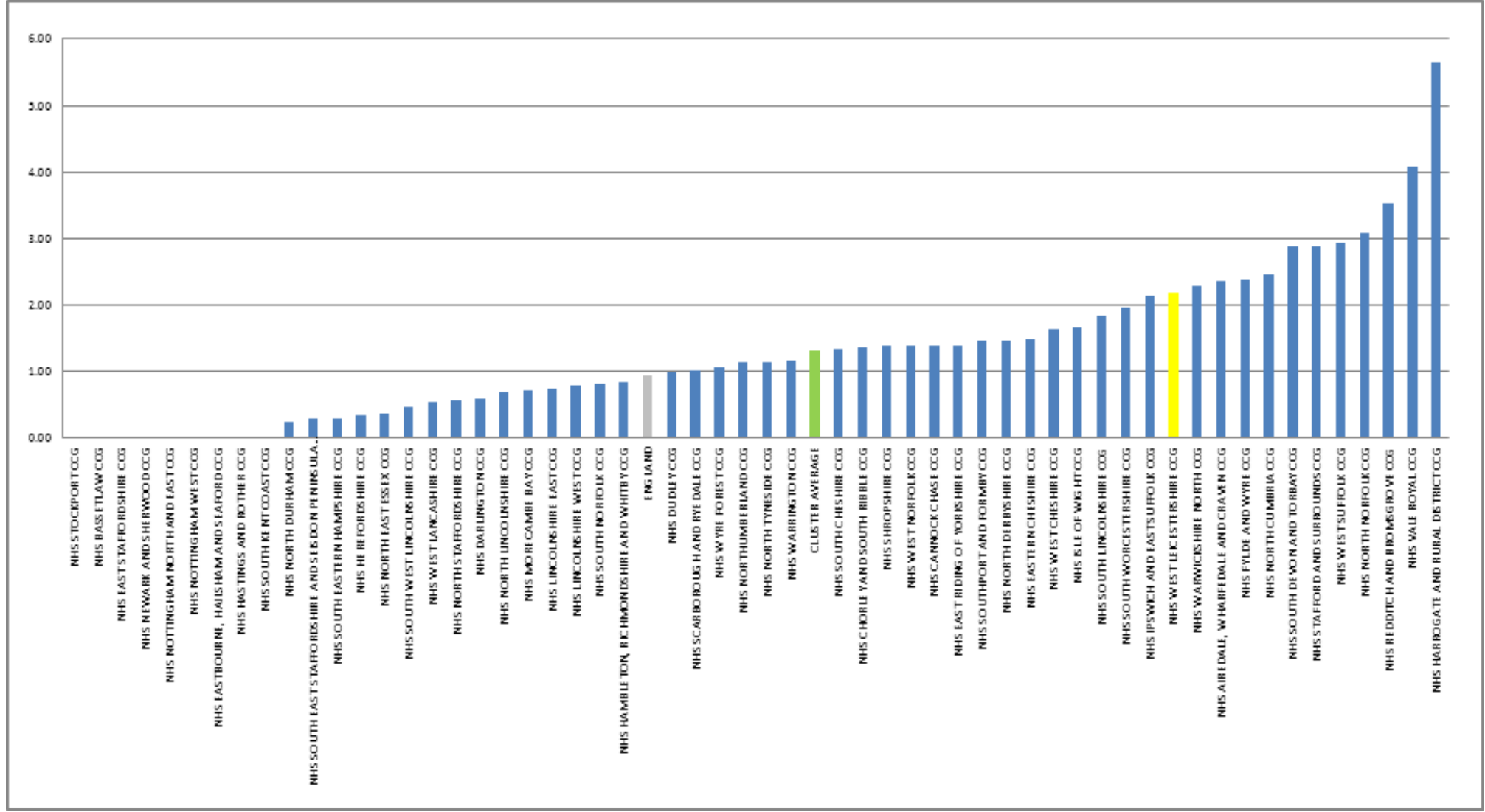
Graph demonstrating WLCCGs 'Number assessed as eligible ' position by 50K comparator against other CCGs in cluster 2 for Q2 18/19



Graph demonstrating ELRCCGs Number of Local Resolution requests completed position by 50K comparator against other CCGs in cluster 5 for Q2 18/19



Graph demonstrating WLCCGs Number of Local Resolution requests completed position by 50K comparator against other CCGs in cluster 2 for Q2 18/19



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