

Clinical Commissioning Group

Governing Body Public Meeting

DATE: 26 September 2013

Title	Consolidated Contracts Report	
Recommended action for the Governing Body	<p>That the Governing Body note the performance of the Community & Mental Health contracts shown in the attached.</p> <p>Note – 111 and acute reports should be available to circulate hard copies at the meeting.</p>	
Executive Summary	<p>The attached provides a consolidated report to cover 3 areas of contracting and performance: Acute, Community & Mental Health Services.</p> <ol style="list-style-type: none"> 1. Acute Contracting Performance Report: <ol style="list-style-type: none"> a) Finance – Green b) Demand & Activity – Amber c) Performance – Amber d) Quality - Amber 2. Community Health Services Contracts Month 4 – The report shows that Oxleas is continuing to over-perform across the following contracts: <ul style="list-style-type: none"> • Adults Services • Unschuduled Care Services • Long Term Conditions Services • Children’s Services 3. Mental Health report Month 4 – The report shows the out-turn forecast position for Mental Health as overspent. 4. Acute & 111 to be circulated and discussed at the meeting. 	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	✓
	<p>People: Empower our staff to make BCCG the</p>	✓

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	most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks (corporate and/or clinical)	Financial risks are associated with the over performance, although these are within the forecasts. No clinical risks introduced in these reports.
	Equality and Diversity	Services must deliver the requirements of equality and diversity
	Patient impact	Services must be delivered in line with the NHS constitution
	Financial	Over performance across the community contracts. The Mental Health Report Month 4 shows the forecast position as overspent.
	Legal Issues	None
	NHS constitution	The rights of patients are enshrined within our contracts
Consultation (Public, member or other)	Not applicable	
Audit (Considered / Approved by Other Committees / Groups)	Finance Reports are considered by the Finance Working Group (and EMC) Quality Reports are considered by the Quality & Safety Sub-Committee	

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Communications Plan	Not applicable	
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Date	26 th September 2013	

Consolidated Provider Performance Reports For Bexley CCG

Section No.	Description
1	Acute Contracting – report provided by the Commissioning Support Unit (CSU) Please Note: that the Acute Contract Performance Report will be distributed at the Governing Body Meeting.
2	Community Contracting – including procurement projects – prepared by the BCCG contracting team
3	Mental Health Contracting – prepared by the Integrated Commissioning Unit (ICU) between BCCG and London Borough of Bexley (LBB)
4	111 Contracting – provided by the Commissioning Support Unit (CSU)

Acute Contracting & Performance Section 1

For Bexley CCG - June 2013

Provided by the Commissioning Support Unit

PLEASE NOTE: that the Acute Contract Performance Report for Month 3 will be distributed at the Governing Body Meeting, taking place on 26th September 2013.

Adult Community Contracting and Performance

Section 2

Update for July (M4) 2013 Activities

This report provides exception reports on key indicators and contracting issues that have arisen since the last report to the Governing body on 25th July.

This report has been structured as follows:

2.1	Oxleas Adult Community Services
2.2	In Patient Neuro-Rehabilitation and Stroke Rehabilitation Service
2.3	Unscheduled care
2.4	Other Adult Services
2.5	Children's Services
2.6	Current Procurements

2.1 Oxleas Adult Community Services

Below are the activities for July 2013 as reported in August 2013, Oxleas continue to over-perform against planned activity across services. This was reported in August 2013 however there was no contract meeting in August due to the absence of a number of key personnel.

This report is summarised as follows:

2.1.1 Activity Reporting

The service underperformed on 2 services and over-performed on 3 services as detailed below -

Services Under Performing (>10%)		Services Over Performing (>10%)	
i.	Rehabilitation (80%) of target achieved The slightly lower figure is due to the	i.	Twilight and night nursing (74%) variance to actual

	fluctuations experienced as a direct result of the integration of physiotherapy and occupational therapy to consolidate the neuro-rehabilitation service, the data for the service is currently included.		Increased in sustained activities, typically 80 contacts per day, this is attributed to increased dependency of clients being seen within recent months, with high needs such as regular turning, moving and/or handling needs.
ii.	TB nursing (60%) of target achieved This service is prone to fluctuation, referral rates to this clinic are historically low in June and July, demand is currently being met.	ii.	District nursing (18%) variance to actual The services tend to see a lot more peaks than any other service. Service has seen an increase in demand due to earlier discharge from both QEH and DVH however the service is consistent over the last few months. There is no impact on the waiting time.
		iii.	Care navigation services (163%) variance to actual The increase in activities may be as a result of the delivery of integrated care service. There was 99 avoided admissions to A&E within the month, demand is currently been met with additional staffs bought in place to support delivery. The CCG will be working with Oxleas within the next few months to rebase the threshold for the service in-light of the anticipated changes.

2.1.2 KPI reporting

Performance against monthly indicators remains steady and all targets remain within acceptable thresholds ranges. Indicators for this year are grouped within the 5 Health Care Domains.

A dashboard to monitor performance is proposed as follows:

Domain	Number of indicators	Non-Compliant indicators in July 2013
1. Prevention	N/A	N/A
2. Enhancing the quality of life for people with Long Term Conditions	11	Not reported due to lack of historical data as a denominator. These KPI's were introduced at the beginning of the financial year. Oxleas should start reporting on it from the start of Q2, hence report for these KPIs should be ready by next month.
3. Helping people to recover from episodes of ill health or injury	10	3: as outlined below - <ul style="list-style-type: none"> i. AS2 - Percentage of patients on a caseload with a pressure ulcer of grade 2 or higher. There is no threshold for this KPI however Oxleas achieved 2.17% this month, a reduction of 0.33% from last month's achievement of 2.50%. ii. IC5 - Average Length of Stays in intermediate care beds (26 days) – this target has not been met in July (32 days). Reasons for this will be followed up in the contract meeting and will be reported next month iii. Delayed Transfers of Care (SUSD), this KPI relates to the Step up step down (SUSD) service, it does not have a threshold, however, there are ten cases this month and nine of these are awaiting a panel decision.
4. Ensuring people have a positive experience of care.	15	2: as outlined below - Ethnicity Coding – Providers are required to capture 80% of this data but Oxleas has maintained an average of approximately 67%. This is a slight increase of 1% from last month. <ul style="list-style-type: none"> i. Percentage of patients on an End of Life Care Pathway who died in their preferred place of death. Target achieved this month was 63%. It has been significantly low since the beginning of the year. Due to manual reporting, an Action Plan is in place to ensure this is moved to RIO for easier reporting by end of Q2.
5. Treating and caring for people in a safe environment and free from harm	9	None

2.1.3 Integrated Care for Adult and Older people

The service went live on the 1st of August 2013, so far 306 patients have been seen, out of these 122 admissions were avoided.

The 3 months service audit meeting is due to take place in November. In the meantime, monthly mobilisation meetings are being arranged with respective personnel and the service will be performance monitored within the Adult Community Health performance meeting.

2.2 In-patient Neuro Rehabilitation and Stroke Rehabilitation Service

The service went live on the 1st of July and became fully functioning on the 19th of July 2013. The service is planned to have an establishment consisting of 32 staff, and all posts except for 3 are covered by permanent staff or locum. The 3 vacancies do not impact on the delivery of the service.

Oxleas reported that they had a slow start as a result of poor handover from SLHT. Since then, the team has been out to GP practices and are getting lots of appropriate referrals. Bed usage as of last week 2nd September was fully utilised and there were 4 patients in the unit. The service is currently running out of the Elmstead Unit with the community team from Bostal House, Lodge Hill, but they will be moving to Chislehurst ward at QMS once works have been completed.

Oxleas currently hold a weekly mobilisation meeting and the 3 months service audit meeting is scheduled to take place in October. The contract performance monitoring of this service will be consolidated with the Adult Community health performance meeting.

2.3 Unscheduled Care Services

2.3.1 UCC – Oxleas NHS FT

KPI no	A/E Indicators 2013	Threshold	April	May	June	July
	95th percentile total time spent in A&E	240	142			
UCC1	Max Time in A&E	360mins	282	338	286	306
UCC2	Median total time spent in A&E		55	59	64	65
UCC3	Median Arrival to Treatment	60mins	33	37	42	44
UCC4	Maximum Arrival to Treatment	360mins	267	296	244	225
UCC5	Left Without Being Seen	5%	1.45	0.93	0.82	0.46
UCC6	Unplanned re-attendance rate	5%	3.53	2.93	4	2.73
UCC7	No of Breaches		7	9	13	5

Note - Urgent care centre (35%) variance to actual. The increase is in direct relation to the pressure experienced in the A & E systems within acute. The service is achieving the KPI requirements. All targets are now within threshold levels for Urgent Care Centre except numbers of patients that breach the 4 hours wait, there is no target but Oxleas had 5 breaches. The delays are attributed to: 1 due to PTS, 1 due to complex wound closure and 3 due to wait for x-ray.

2.3.2 UCC (Night) - IC24 Limited.

We are working with the provider to develop their performance reporting.

2.3.3 GP Out of Hours – Grabadoc Healthcare Society

Below are the activities from April 2013 to date. Information is obtained from provider’s data capture system (Adastra).

National Quality Requirements for Out of Hours services are continuing to be met.

		July 13
QR09	Total Tel advice calls	720
	Total number of Urgent advice within 20mins	94.27%
	Total number of Routine advice within 60mins	98.41%
QR12	Total monthly Base Attendance calls	306
	Total number of Urgent base within 120mins	97.30%
	Routine base totals	225
	Total number of Routine base within 360mins	99.56%

Bexley	Jul-13	
Total monthly Home Visit calls	106	
Total number of Urgent within 120mins target	2	100%
Total number of Routine visits within 360mins	104	100%

2.3.4 Walk-in Centre Crayford (Weekdays) – Crayford Town Surgery

We are working with the provider to develop their performance reporting.

2.3.5 Walk-in Centre Crayford (Weekend) - Grabadoc

July 2013 activities summary is as follows -

Month	July
Number of days available	8
Total Number of Walk-ins	449
Average number of patients per day on a monthly basis	56
Number of patients referred to other services?	24
Number of patients seen reported using the Practice at which they are registered	70
% of patients seen within 30 mins	94.43%
Number of patients turned away and reason	0

2.3.6 Minor Injury Centre - Northumberland Heath Medical Practise

We are working with the provider to develop their performance reporting.

2.4 Other Adult Services

2.4.1 Adult Hearing Services (AQP)

There are currently 8 providers for this service as follows –

- a) Guys and St Thomas NHS Foundation trust
- b) Hearbase Ltd
- c) Imperial College healthcare NHS Trust
- d) In-Health Ltd
- e) Lewisham Healthcare NHS Trust
- f) Royal Berkshire NHS FT

g) Specsavers

h) University College London Hospital NHS FT

Hearing Providers contracts are in place and are operational through Choose and Book although most are still providing an indirectly bookable service.

All hearing providers report against the outcomes listed below:

- a) Assessments to be completed within 16 working days of referral.
- b) Hearing aids to be fitted within 20 working days
- c) Rehab Appointments are offered within 10 weeks from fitting
- d) Where patients request this, a quicker follow up is offered within 5 working days
- e) Where required, additional face to face follow ups are offered within 7 working days of non-face to face follow up
- f) Aftercare is available (face to face or non-face to face) within 2 working days of patient request
- g) Patient and GP surveys will be conducted over Quarter 3, this will be reported in Quarter 4.

So far, contract meetings have been held with Specsavers, Inhealth and Hearbase.

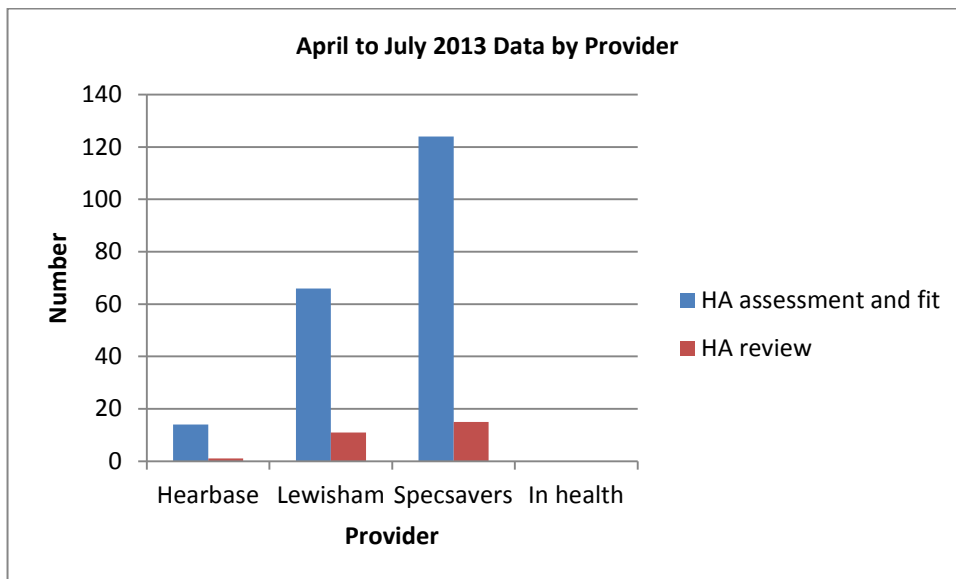


Figure 1: Numbers of patients receiving assessments and fits and hearing aid reviews by Provider

It is clear from the above that the vast majority of patients are choosing to go to Specsavers. This activity is higher than anticipated by Specsavers and is impacting on waiting times to be seen within 16 days and the fitting of aids within the 20 day target, (see table below). Specsavers have now opened another clinic in Welling to meet demand and to keep within times targets.

Hearbase and Inhealth will be assessing the viability of their clinics provision to Bexley residents as they have said to have received as few as 11 referrals since the clinics were opened in December 2011. Lewisham have not yet submitted activity data.

The contracting team will be working with Hearbase, Inhealth and Lewisham in the coming months to develop their performance reporting.

SPECSAVERS						
Month	Summary of Contract Performance by month	Apr-13	May-13	Jun-13	Q1 Average	Jul-13
Total Referrals Received during period						
KPI Measures						
Assessments to be completed within 16 working days of Referral	Target	90%	90%	90%	90%	90%
	Actual	28%	33%	36%	33%	51%
	Variance					
Hearing aids to be fitted within 20 working days	Target	90%	90%	90%	90%	90%
	Actual	42%	44%	48%	45%	60%
	Variance					
Rehab Appointments are offered within 10 weeks from fitting	Target	90%	90%	90%	90%	90%
	Actual	71%	91%	100%	87%	95%
	Variance					
Where patients request this, a quicker follow up is offered within 5 working days	Target	90%	90%	90%	90%	90%
	Actual	100%	100%	100%	100%	100%
	Variance					
Where required, additional face to face follow ups are offered within 7 working days of non-face to face follow up	Target	90%	90%	90%	90%	90%
	Actual	100%	100%	100%	100%	100%
	Variance					
Aftercare is available (face to face or non-face to face) within 2 working days of patient request	Target	90%	90%	90%	90%	90%
	Actual	100%	100%	100%	100%	100%
	Variance					

2.4.2 Termination of Pregnancies Services (AQP)

The AQP services for termination of pregnancies commenced between 1st April 2013 and 1st July 2013. The service currently has 5 providers as follows –

- i. Marie Stopes International (MSI)
- ii. British Pregnancy Advisory Service (BPAS)
- iii. Fraterdrive
- iv. Homerton NHS Trust
- v. St Georges Hospital NHS Trust

The two providers where there has been significant activity are MSI and BPAS. MSI are fully bookable via choose and book whilst BPAS are putting together plans to enable this. BPAS are not yet receiving

referrals through the Choose and Book system (CaB), due to not currently being set up with linkage to the NHS N3 gateway. BPAS have been requested to form an action plan to enable referrals through this route.

Summary of activity:

KPI/ Local Quality Requirement (Q1)	BPAS	MSI
Number of clients treated in Q1 (April to June 2013)	23	209
Number and proportion of abortions of pregnancies carried out over 10 weeks by maternal age and type of abortion shall not be above 30%	13%	17%
Number and proportion of abortions of pregnancies carried out under 10 weeks by maternal age and type of abortion shall not be below 70%	87%	82%
Procedure to take place within 7 days of assessment and no later than 14 days from decision to proceed	86.4% treated within 7 days	99% treated within 7 days
All women to be offered contraceptive advice	100%	100%
Greater than 80% satisfaction with service	93%	
All women to receive information on post abortion care	100%	100%
All methods of long active reversible contraception (LARC) to be offered	Range of methods offered (13% received LARC)	Range of methods offered (41% received LARC)

2.4.3 Anti-Coagulation Service (AQP)

Boots have withdrawn from providing the service. The CCG's clinical redesign team are organising a second wave of procurement. The remaining provider is Cotter and Bohmer - Laubis, a consortium of 6 GP practises.

We are awaiting activity and KPI report from Cotter and Bohmer – Laubis, this will be reported next month.

2.4.4 Individual Funding Requests

This service is administered by South London CSU.

The graph and table below show Bexley CCG Quarter 1 Individual Funding Requests

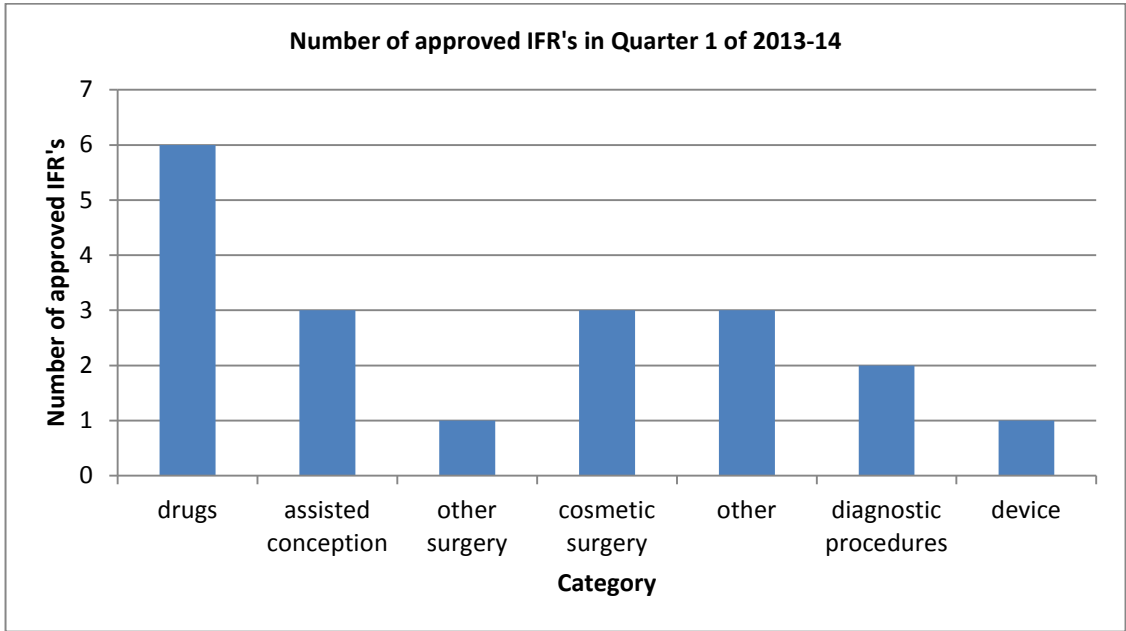


Figure 2: Number of approved IFR's in Q1 by category

Status of all other IFR's in Quarter 1 of 2013-14

Status	Number
Awaiting Panel	1
Awaiting Triage	7
Declined	15
Request for More Information	16

2.4.5 Patient Choice

Bexley have maintained one of the highest Choose and Book utilisation rates in London.

Borough	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Barking and Dagenham	94%	92%	95%	99%	90%	84%	100%	97%	93%	108%	98%	95%
Barnet	43%	40%	30%	33%	35%	29%	26%	23%	33%	28%	40%	45%
Bexley	95%	91%	96%	98%	96%	81%	87%	101%	103%	110%	98%	96%
Brent	27%	25%	27%	24%	27%	22%	22%	22%	24%	25%	27%	25%
Bromley	45%	42%	49%	45%	44%	43%	41%	45%	46%	49%	48%	47%
Camden	37%	38%	33%	39%	39%	38%	37%	43%	40%	47%	43%	47%
City and Hackney	57%	52%	56%	55%	51%	44%	53%	58%	54%	56%	56%	60%
Croydon	22%	22%	21%	25%	25%	25%	29%	31%	34%	36%	37%	35%
Ealing	39%	37%	35%	37%	36%	36%	34%	39%	40%	47%	42%	40%
Enfield	36%	33%	32%	40%	38%	34%	37%	40%	37%	34%	32%	30%
Greenwich	54%	52%	54%	53%	48%	49%	54%	56%	62%	63%	64%	60%
Hammersmith and Fulham	13%	14%	18%	18%	19%	17%	18%	20%	19%	21%	18%	16%
Haringey	40%	33%	38%	39%	31%	28%	30%	32%	29%	31%	32%	33%
Harrow	33%	30%	29%	27%	25%	21%	26%	28%	29%	32%	33%	37%
Havering	80%	78%	82%	83%	87%	65%	84%	85%	92%	94%	100%	92%
Hillingdon	26%	25%	24%	27%	28%	25%	33%	35%	45%	38%	35%	36%
Hounslow	55%	52%	53%	53%	53%	54%	57%	62%	55%	56%	66%	62%
Islington	42%	40%	40%	42%	42%	37%	43%	45%	41%	44%	41%	44%
Kensington and Chelsea	34%	34%	38%	41%	41%	34%	40%	42%	41%	45%	41%	39%
Kingston	43%	57%	57%	53%	46%	69%	54%	59%	51%	59%	62%	65%
Lambeth	25%	23%	27%	25%	24%	23%	27%	28%	27%	29%	31%	28%
Lewisham	12%	11%	11%	11%	10%	9%	10%	10%	10%	9%	8%	8%
Newham	34%	35%	37%	34%	37%	35%	41%	40%	41%	42%	40%	40%
Redbridge	62%	62%	64%	66%	61%	53%	57%	60%	61%	65%	64%	63%
Richmond and Twickenham	36%	46%	43%	39%	38%	62%	22%	48%	57%	38%	45%	49%
Southwark	23%	23%	25%	24%	24%	22%	25%	25%	26%	30%	29%	28%
Sutton and Merton	24%	22%	22%	24%	22%	17%	22%	21%	20%	20%	19%	21%
Tower Hamlets	31%	31%	31%	28%	28%	22%	28%	28%	29%	29%	29%	30%
Waltham Forest	63%	58%	64%	64%	61%	57%	63%	65%	66%	66%	66%	65%
Wandsworth Teaching	27%	26%	31%	29%	30%	26%	32%	33%	31%	33%	37%	34%
Westminster	40%	40%	49%	50%	50%	45%	48%	48%	53%	56%	50%	53%

KEY	More than 90%
	more than 50% up to 90%
	40% to 50%
	Less than 40%

BHL have reported a growing concern with regards to appointment slot issues at South London Health Care Trust. This impact upon the patient experience of the referral into SLHT and patients are experiencing delays in receiving booking letters. BHL have brought this to the attention of SLHT. The percentage of patients who had delays in receiving booking letters from SLHT has risen from 18% in April to 30% in July.

2.5 Children's Services

2.5.1 Specialist Children's Services

SCS are scheduled to transfer to Oxleas NHS FT on 1 October 2013 following a delay to the original timetable caused by Oxleas due diligence process. One of the risks identified by this process was the unacceptable waiting time for assessment for Autism Spectrum Disorder. An action plan agreed to address this had not been fully implemented by SLHT. Bexley CCG have exercised the contractual levers within the SCS Contract to withhold 10% of the contract value for one quarter (equating to £80k), to fund waiting list initiatives, which Oxleas will need to put in place following receipt of the service from 1 October 2013.

2.5.2 Paediatric Ambulatory Unit

Following a warning received in mid-July 2013 about risks to the sustainability of the PAU caused by staffing problems in light of the TSA process, Oxleas NHS FT have provided an interim triage service to enable the provision to continue until the dissolution of SLHT at the end of September 2013.

Following clinical engagement with Oxleas, SLHT and Lewisham, a robust service is now able to be implemented from 1 October by Lewisham HT with continued consultant paediatric support and with child protection medicals continued as before until 31 March 2014. It is clear however that in light of the reconfiguration of local acute services, the CYP AU model needs to be reviewed to enable it to integrate with the stand-alone UCC model. This work is commencing immediately.

2.5.3 Paediatric Occupational Therapy and Physiotherapy

Paediatric OT and Physio services provided by SLHT under the Acute Services contract are being decommissioned from the acute contract and will be transferred to the SCS contracts, enabling BCCG to secure the continued integration of these services and delivery at the QMS site. It also enables greater visibility of service delivery and would improve performance management and reporting.

2.5.4 Universal Children's Services

Commissioning responsibility for these services now largely with LB of Bexley and NHS England. Nonetheless, service performance by Oxleas is noted below for information purposes.

Service	Jul-13	Comments
Health Visiting - Actual activity	5201	3325 one to one contacts + 1876 group contacts
Health Visiting - Planned activity	4708	
School Nursing NCMP - Cumulative actual activity	27	The NCMP programme was completed in April. The phasing of contacts was based on last year's plan. However actual delivery of the programme was completed earlier this year
School Nursing NCMP- Cumulative planned activity	78	
School Nursing PHSE groups actual	386	12 Groups took place in June; 8 Groups took place in July
School Nursing PHSE groups planned	0	
School Nursing training sessions actual	1	
School Nursing training sessions planned	0	
School Nursing Enuresis Actual Activity	27	
School Nursing Enuresis planned Activity	0	
HPV - Cumulative actual activity	723	HPV programme has now finished for the year. The final year end performance is not yet available - this will be provided within the next report
HPV - Cumulative planned activity	576	
Sexual Health - actual activity		There are currently issues with the sexual health activity data which is in the process of being resolved. Once the data is available this figure will be updated
Sexual Health - planned activity	391	
Looked after Children actual activity	28	
Looked after children planned activity	15	

2.6 Current Procurements

Current Procurements

There are three 4 tenders in progress in July 2013

- **MSK** (managed by BCCG)
 - i. We received 5 PQQ submissions, 1 was rejected on financial grounds and the remaining 4 have been taken forward to the Competitive Dialogue Meetings.
 - ii. The Competitive Dialogue meetings commenced on 9th September and will run until 24th September.
 - iii. The Invitation to Tender will be issued no later than the 26th September and responses will be due back on 17th October 2013.

- **Cardiology** (Managed by CSU)
 - We received 3 PQQ submissions, 1 was rejected on financial grounds and the remaining 2 have been taken forward to the Competitive Dialogue Meetings.
 - The Competitive Dialogue meetings will commence from 14th October 2013.

- **Diabetes** (Managed by BCCG)
 - i. The Business Case has been approved and procurement can commence
 - ii. A market stimulation event is planned for 27th September with the tender advert being issued on 30th September.
 - iii. The PQQ period will run until 24th October 2013.

- **AQP Bexley Community Clinics for Dermatology, Gynaecology, Minor Surgery and Urology** (managed by CSU)
 - i. The Business Case has been approved and procurement can commence
 - ii. A bidder event was held on 4th September 2013
 - iii. The tender advert will be issued by the CSU on 17th September 2013.

Mental Health Contracting & Performance

Section 3

Provided by our Integrated Commissioning Unit (ICU)

Mental Health Commissioning – Performance Report

Month 4 – July 2013

This is a report on the mental health contracts performance for Month 4 (July 2013). The report has been structured as follows:

3.1	Contract Updates
3.2	CQUIN Update
3.3	AQP Procurement Tendering Update
3.4	Any Other Issues

This report has been compiled by Alison Rogers, Gordon Pownall, Joyce Dukes, Richard Turner in the Integrated Commissioning Team- Adults.

3.1 Contract Updates

The format of the Mental Health cost codes has been changed in line with national reporting requirements. This has resulted in fewer available cost codes and reduced reporting lines. The Month 4 report shows the out-turn forecast position for Mental Health as £517k.

The outturn forecast of £517k can be attributed to :-

Tilt, the CCG contracts for one bed in this facility, however, there is an additional bed in use which has contributed £26k to the monthly variance. The full year cost of £80k has been included in the forecast outturn.

UEA and Cost per Case is overspent by £265k at month 4 and forecast to be £420k at year end assuming that this level of activity does not continue, it is expected that this is just a spike in activity that will be brought under control during the remainder of the year. Further discussions will take place with Oxleas to establish the actions being taken to ensure that the costs are contained in year.

Service re-design

Oxleas, in consultation with commissioners is undertaking a mental health service redesign. Oxleas report that this is prompted by the need for both national local efficiencies which will continue for the next 3 years and the Trusts feeling that trimming across services has reached the maximum possible.

One key area noted is the reduction of inpatients beds in lieu of an effective crisis and home treatment team. The intention is for a final plan to be drafted by the end of December 2013 and any agreed service changes to be implemented from January 2014 onwards.

Oxleas have also reported that over the past three years there has been a change in referrals as follows :-

Working Age Adult referrals – 3.1% drop, recovery team referrals – 5.1% drop although short term intervention team referrals have increased by 3.8%.

Oxleas were however unable to provide forecast data at the most recent meeting and this will be followed up with the Trust and be used in preparing new care pathways across the Trust.

Patient Experience

Oxleas report that across all mental health service, users and other stakeholders are generally positive about the service received. With the exception of one 'RED and two 'AMBER', all patients experience targets have been achieved or exceeded across domains of information provided, involvement in treatment planning, dignity and respect, family support and the friends and family test.

135001 Mental Health Contract - Oxleas

Budget £21.2m

Forecast Out-turn: £517k.

Services within the main block contract continue to be monitored on a monthly basis to understand the levels of commissioning likely to be required under Payment by Results due to be introduced in Mental Health from April 2014.

A validation exercise has been undertaken to gain assurance around the consistency and correctness of clustering and data quality. As a result of this audit the main block contract has been reduced by £500k where activity for moderate mental health problems, Cluster 1 and 2, has been provided in Oxleas and in the IAPT service. Future referrals for moderate mental health problems will not be seen in Oxleas secondary services and will be referred to IAPT.

135006 Child and Adolescent Mental Health Cost Per Case

Budget £547k

Forecast Out-turn: £000k

The extended CAMHS Assertive Outreach Team is continuing to work intensively with young people in the community to avoid admission and facilitate earlier discharge.

Contract performance against KPIs is shown in the table below:

Indicator	THRESHOLD	Tolerance	Definition	July
New Referrals to service (against new baseline)	73	5%	Number of new referrals to service	97
Caseload (against old baseline)	790	5%	Open caseload at month end	715
Caseload Mix - Enhanced Caseload (against new baseline)	15	5%	Open enhanced caseload at month end	11
Total Attended Contacts	Report only	Report only	Total attended appointments in month	750
DNA rate	TBC		% of appointments DNA	12%
Provider Cancellation Rate	TEC		% of appointments that were cancelled by provider	2%
Ethnicity	TBC		% of total caseload with valid ethnicity recorded	87%
Average waiting times	12 weeks		Waiting time from referral to first appointment (in weeks)	7
CPA Reviews	95%		% enhanced caseload with up to date CPA Review recorded	75.0%

135011 Dementia

Budget £40k

Forecast Out-turn: £000k

135016 IAPT

Budget £560K + £327K in (Other Mental Health Line 135056)

Forecast Out-turn: £000k

The new contract combining IAPT and Counselling services commenced on 1 April 2013. The second contract monitoring meeting took place on 14 August 2013. The numbers of referrals now includes counselling and referral rates have risen in line with forecasts as all referrals are now recorded on IAPTus. Recovery rates have improved to above target level of 50%.

Q1 April-June 2013

KPI	KPI Description	No	Target	% of target
3a	Number of referrals	851	944	90%
4	Number of people entering psychological therapies	454	590	77%
4	In Employment	238	---	---
6	Number of people who are "moving to recovery"	131	---	---
7	Number of people moving off sick pay and benefits	17	---	---

The service brings together Increasing Access to Psychological Therapies and Primary Care Counselling. It is working towards a national target of 15% of prevalence for mental health conditions such as depression, anxiety and social phobias by 2014-15, which equates to 3710 people entering therapy each year.

The Provider is fully aware of the task ahead and has a plan in place to meet this target.

135021 Learning Difficulties

Budget £1.44m

Forecast Out-turn: £000k

135036 Advocacy

Budget £119k

Forecast Out-turn: £000k

135046 Non-Contracted Activity

Budget £488k

Forecast Out-turn: £000k

Non-contracted activity for Bexley registered patients out of area continues to occur on an ad-hoc basis. Where continuing activity is invoiced strenuous efforts are made to ensure patients are brought back into borough block contract services.

Cost per Case Adults

Whilst clinically appropriate placements continue to be sought, there remains the need for these to be consistently reviewed in order to achieve cost effective step down to reduced levels of secure accommodation. This is done in line with patients' care plans and the eventual goal to return to the community.

Placements tend to be high cost and this reflects the more specialist or intensive environment that many of the patients require however there will be a drive during the second half of this FY to ensure effective clinical review and a robust placements process to maintain the minimal levels of referrals achieved thus far.

Three long-term patients will remain throughout 2013-14 as their needs are complex and enduring, with one of those on the point of transferring to a less secure setting on a Section 117 arrangement.

135051 Mental Health Services – Older People

Budget £691k

Forecast Out-turn: £000k

135056 Mental Health Services – Other

Budget £1.84m

Forecast Out-turn: £000k

Non-contract Activity is routinely incurred when patients travel outside the borough and experience bouts of mental illness. The recent Information Governance changes brought about by the Health and Social Care Bill, Section 251 have meant that Commissioners are no longer allowed to see Patient Identifiable Information in relation to invoicing. This has meant that Commissioners have been unable to validate or challenge invoices received.

Budget Statement – Mental Health

Directorate	Cost Code	Cost Code Description	Sum of Annual Budget	Sum of In Month Budget	Sum of In Month Actual	Sum of In Month Variance	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Forecast Outturn	Forecast Variance
Mental	135001	Mental Health Contracts	21,080	1,746	1,919	174	7,027	7,310	284	21,597	517
Health	135006	Child and Adolescent Mental Health	547	46	46	0	182	182	0	547	0
M4	135011	Dementia	40	3	3	0	13	13	0	40	0
	135016	Improving Access to Psychological Therapies	560	47	37	-10	187	176	-10	560	0
	135021	Learning Difficulties	1,428	116	96	-20	476	457	-18	1,428	0
	135026	Mental Capacity Act	0	0	0	0	0	0	0	0	0
	135031	Mental Health Services – Adults	0	0	0	0	0	0	0	0	0
	135036	Mental Health Services – Advocacy	119	10	2	-8	40	37	-2	119	0
	135041	Mental Health Services - Collaborative Commissioning	0	0	0	0	0	0	0	0	0
	135046	Mental Health Services – Not Contracted Activity	488	41	84	43	163	219	56	488	0
	135051	Mental Health Services - Older People	683	55	55	0	228	228	0	683	0
	135056	Mental Health Services – Other	1,844	154	154	0	615	615	0	1,844	0
	135061	Mental Health Services - Specialist Services	0	0	0	0	0	0	0	0	0
Total Mental Health			26,790	2,217	2,396	179	8,930	9,239	309	27,307	517

3.2 CQUIN Update

Goal No	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1.1	Improving the physical health of patients with mental health problems	<i>85% of service users on CPA with diabetes, CHD, COPD and Hypertension to have either completed a physical health check with their GP or there is evidence of an outreach attempt to facilitate it.</i>	60%		Effectiveness
1.2a	Smoking Cessation advice	<i>20% of clinical staff to complete training in Brief Advice on Smoking Cessation</i>			
1.2b		<i>Staff to support service users to access smoking cessation services</i>			
1.3a	Hypertension Training	<i>Staff training programme to be set up and established for Q1&2</i>			
1.3b		<i>Service users with ICD10 diagnosis of hypertension on Rio to have individualised care plan</i>			
1.4a	Diabetes Mellitus Training	<i>Staff training programme to be set up and established for Q1&2.</i>			
1.4b		<i>Service users with ICD10 diagnosis of non-insulin dependent to have individualised care plan</i>			
2.1	Dementia	<i>Assuring dignity and nutrition in older adult dementia wards by undertaking annual experience survey</i>	25%		Safety
2.2	Memory Assessment Service	<i>Identify and engage GP practices in early detection and improve quality of referrals to memory service</i>			
3	NHS Safety Thermometer	<i>Improve data collection in relation to pressure ulcers, falls, UTI and VTE.</i>	5%		Safety
4	Mental Health Payment by Results	<i>Details to be agreed</i>	10%		Innovation
Totals:			100.00%		

The first quarter Quality Meeting took place on 4th September and the whole CQUIN was met with the exception of Smoking Cessation where a status of 17.3% was reported against a target of 20%.

Commissioners agreed that as a result of not achieving the smoking cessation target, payment will be withheld for this element of CQUIN for quarter 1 which the Trust could potentially recover later in the year if the full year target is achieved.

3.3 AQP | Procurement | Tendering Update

Mental Health Recovery Day Service – Joint Procurement

The London Borough of Bexley (LBB) and Bexley CCG have approved the commencement of the procurement process under LBB procurement rules.

The service is being tendered as two separate areas, recovery and prevention/early intervention. The contract award date will be 1 January 2014. To date there has been an encouraging response to the advertisement.

Chapel Hill, Residential Rehabilitation Service

Noting that this service is due to be re-tendered under a London Borough of Bexley contract, a revised service specification has been drafted in line with best practice, CQC regulations and based upon other successful services that deliver residential support for mental health and an innovative outreach service. The CCG is currently working with London Borough of Bexley to develop an action plan for the re-tendering of this service which is expected to commence in October 2013 resulting in a contract award and operational delivery in FY 2014/15.

3.4 Any other issues

The first meeting of the Mental Health Strategic Programme Group took place on 22nd August 2013. The group has been set up to consider all aspects of mental health commissioning, including QIPPs, service and pathway redesign and Payment by Results and future commissioning intentions.

The membership is: Dr G Rehling, Dr A Milstein, Dr W Wallat, G Pownall, Integrated Adult Commissioning Team, Finance Representative.

111 Contracting & Performance Section 4

Provided by our The SEL Project Management Office for 111

NHS Direct
Monthly Performance Monitoring Report

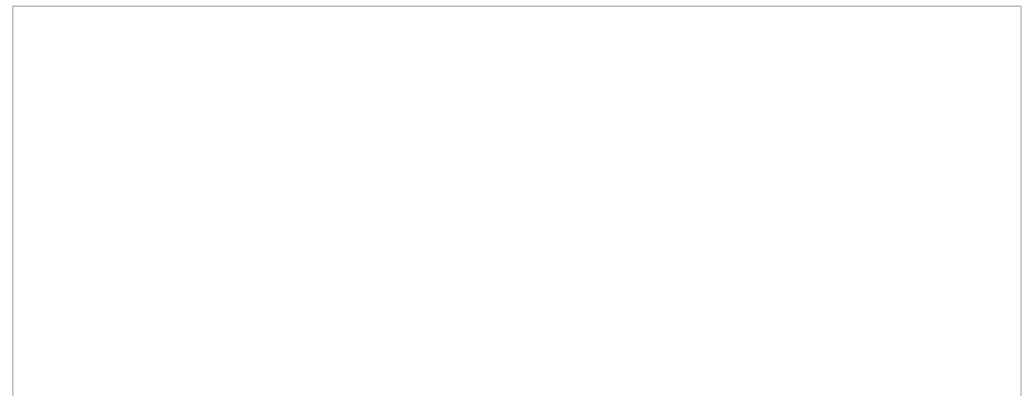
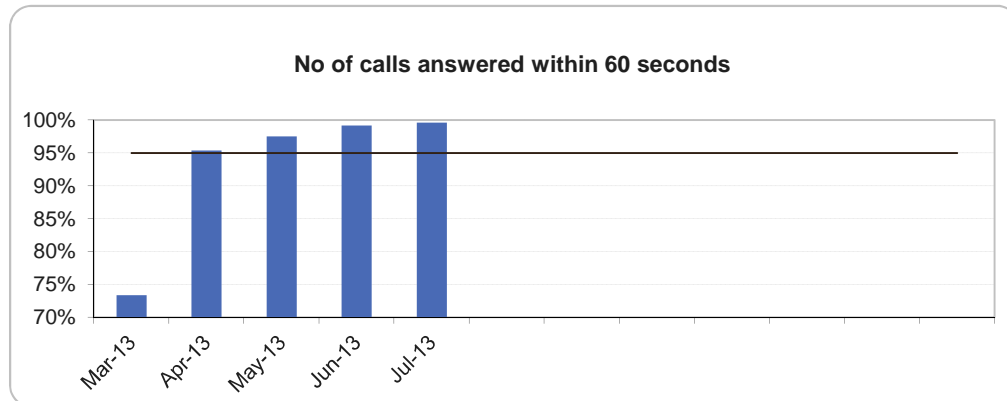
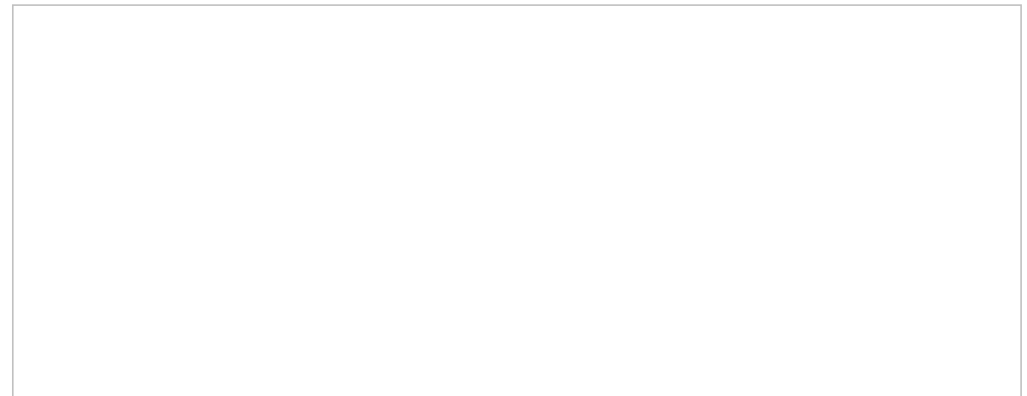
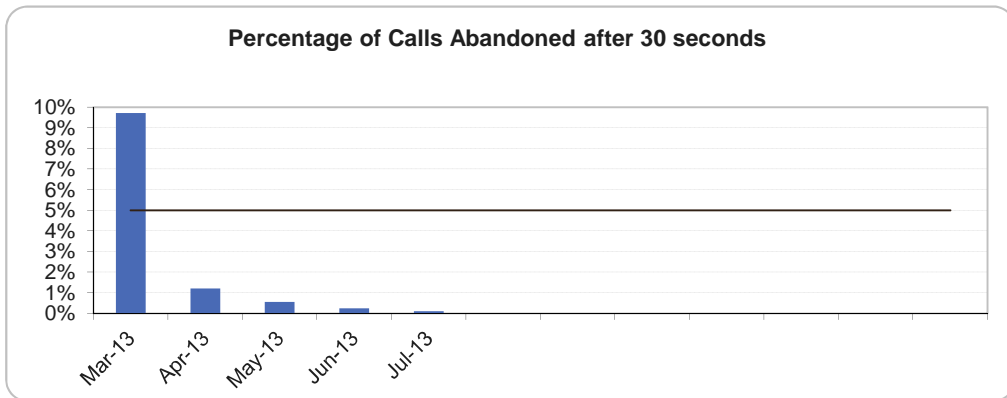
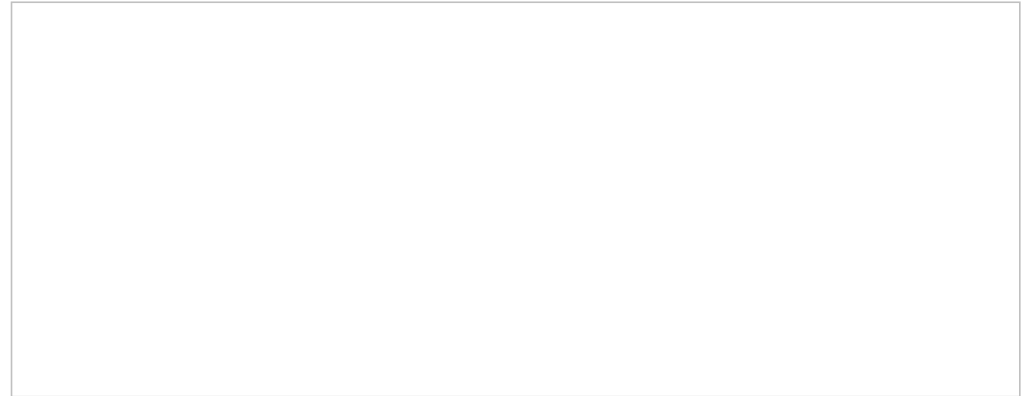
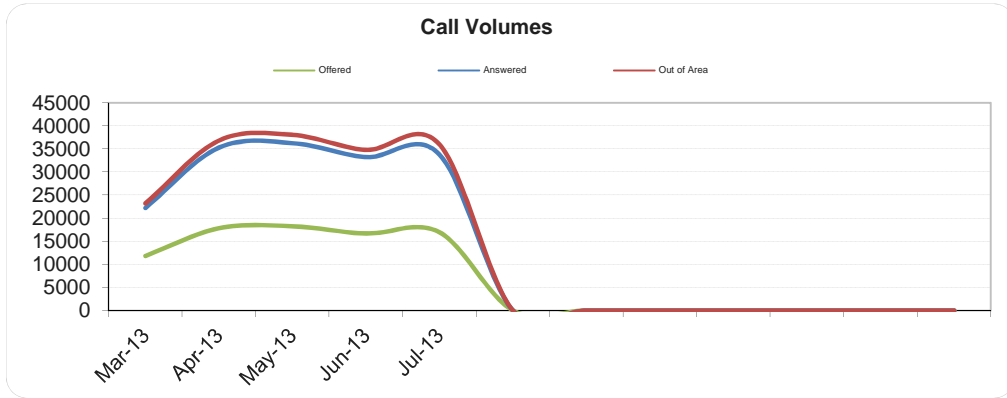
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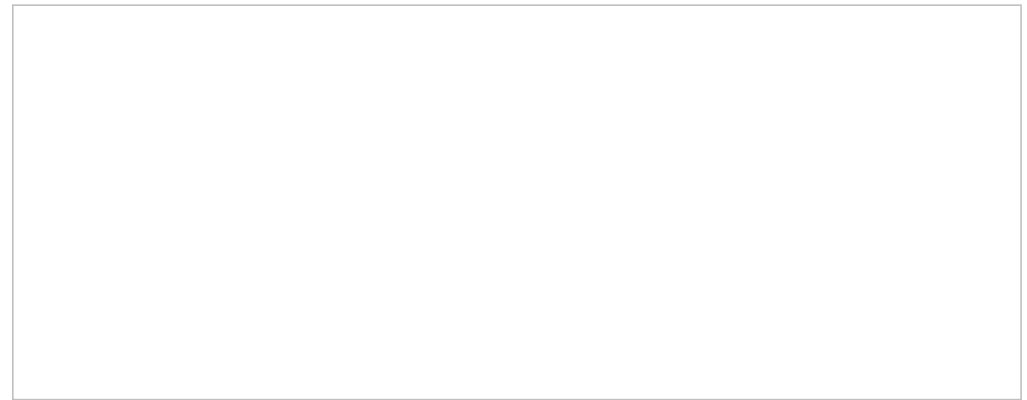
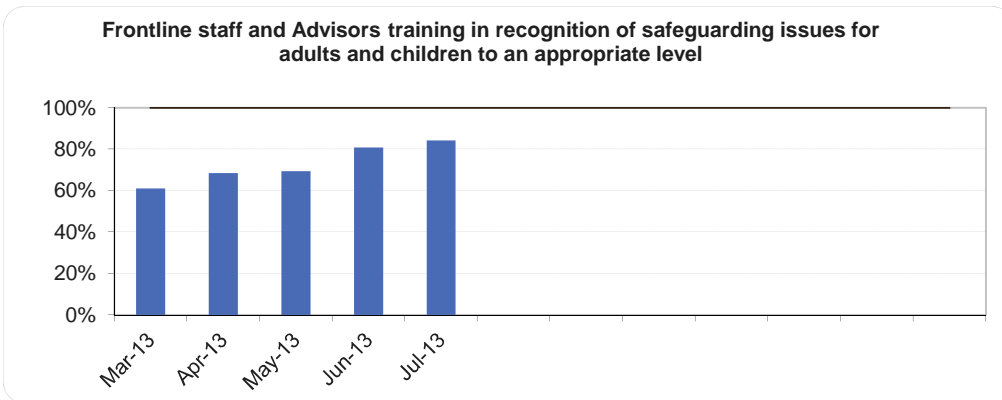
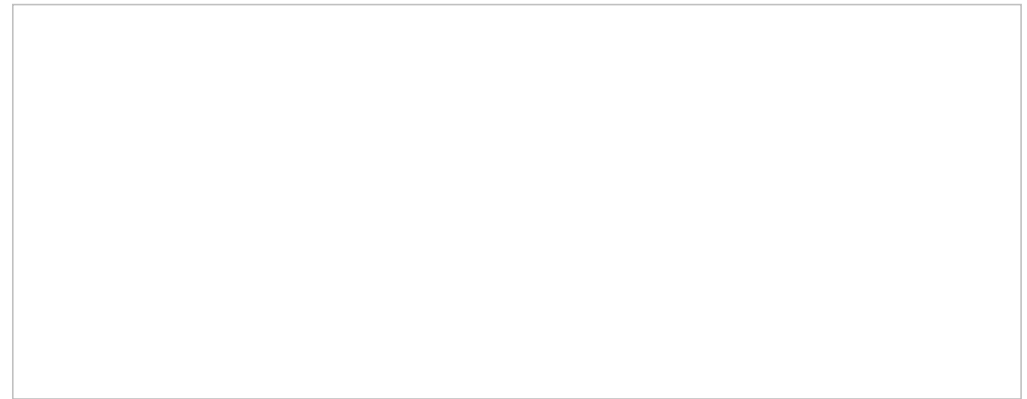
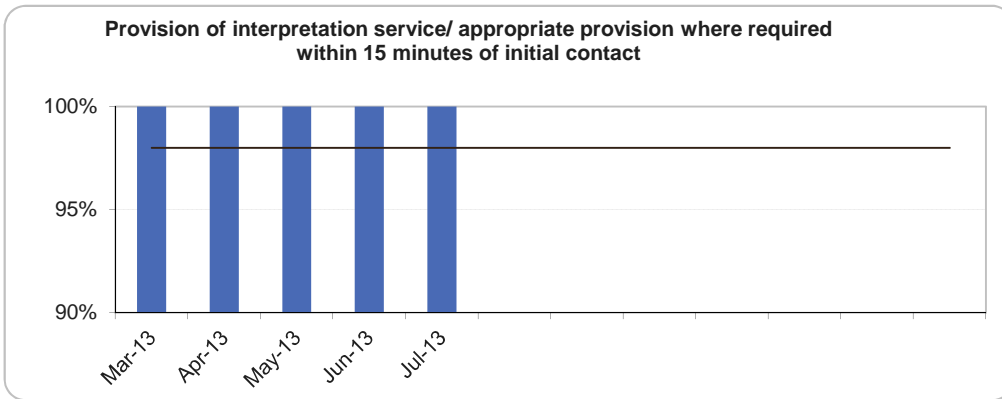
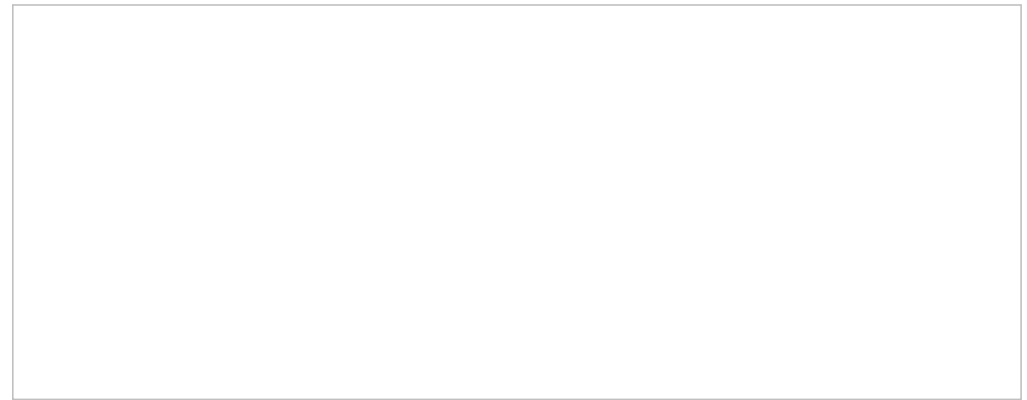
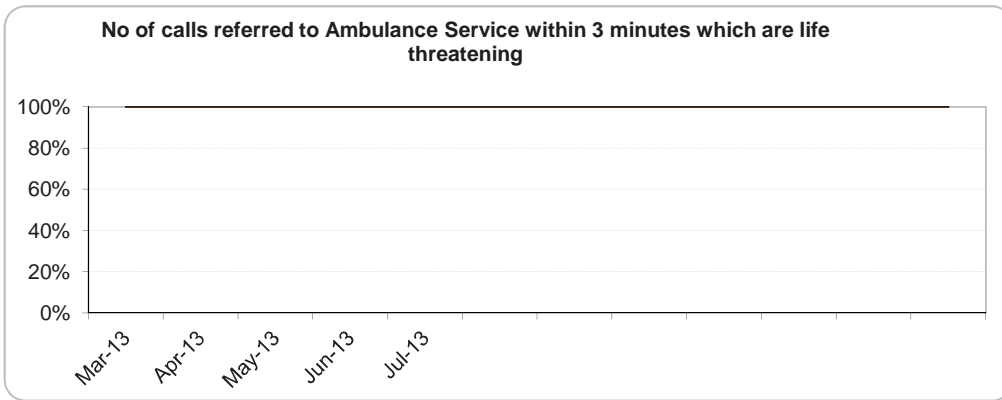
July 2013



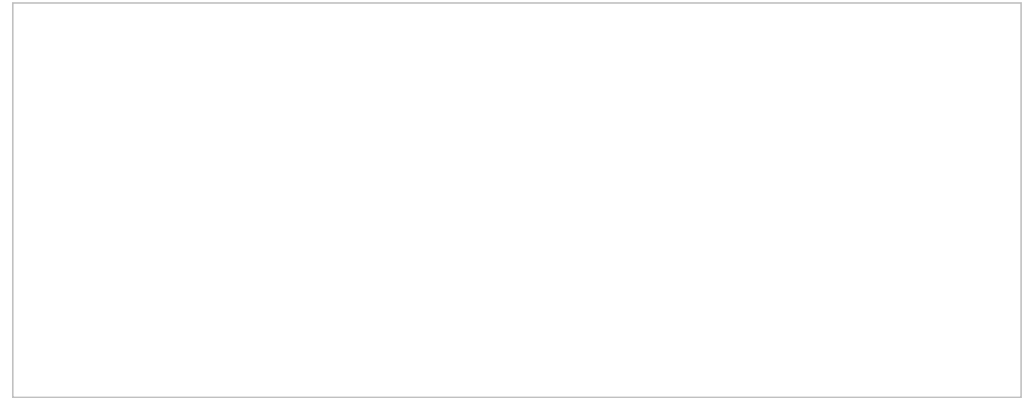
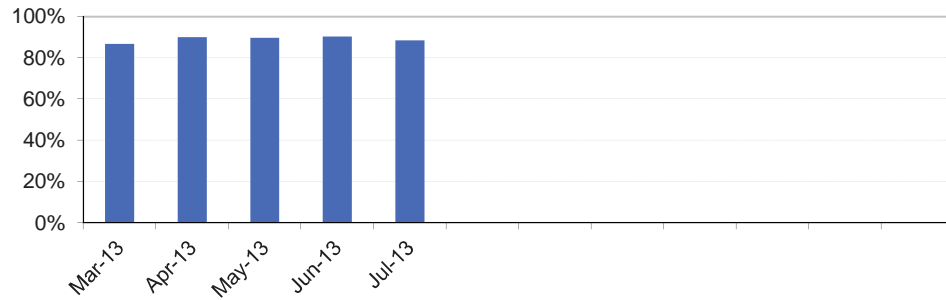
Monthly KPI Trends

Reference Number	KPI	Target	Threshold			Mar-13	Apr-13	May-13	Jun-13	Jul-13
			A	B	C					
--	Calls Offered	N/A				11,823	17,826	18,253	16,681	16,954
--	Calls Answered	N/A				10,422	17,493	18,040	16,573	16,853
--	Of which, Calls Answered in Beckenham site	N/A				81%	67%	55%	53%	53%
--	Of which, Calls Answered Elsewhere	N/A				19%	33%	45%	47%	47%
--	Calls Answered from Out of Area	N/A				960	1,514	1,788	1,571	2,206
QR03	Total number of calls engaged	<0.1%	<0.1%	<=0.3%	<=0.5%	0%	0%	0%	0%	0%
QR04	Total number of calls abandoned after 30 seconds	<5%	<5%	<=6%	<=7%	9.7%	1.2%	0.5%	0.2%	0.1%
QR05	No of calls answered within 60 seconds	100%	>=95%	>=92%	>=90%	73.4%	95.4%	97.5%	99.2%	99.6%
	No of Calls answered within 30 seconds	N/A				70.6%	94.2%	96.7%	98.9%	99.3%
QR06	No of calls referred to Ambulance Service within 3 minutes which are life threatening	100%	=100%	=100%	<100%	-	-	-	-	-
QR07	Provision of interpretation service/ appropriate provision where required within 15 minutes of initial contact	>=98%	>=98%	>=95%	>=93%	100.0%	100.0%	100.0%	100.0%	100.0%
	Provision of interpretation service/ appropriate provision where required within 15 minutes of initial contact					1	1	2	0	0
QR08	Frontline staff and Advisors training in recognition of safeguarding issues for adults and children to an appropriate level	100%	=100%	=100%	<100%	61.0%	68.5%	69.4%	80.8%	84.2%
QR09	Percentage of answered calls triaged	N/A				86.8%	90.1%	89.7%	90.3%	88.6%
QR10	Percentage of answered calls transferred to 999	N/A				7.8%	8.7%	7.6%	6.8%	6.8%
QR11	Percentage of patients advised to attend Accident and Emergency Department	N/A				4.4%	6.4%	6.7%	6.9%	7.7%
--	Percentage of patients to primary care	N/A				54.9%	55.7%	56.8%	58.0%	55.0%
	Percentage of answered calls referred to a Clinical Advisor					20.4%	24.2%	26.7%	27.7%	28.6%
QR12	Warm Transferred to NHS 111 service Clinician where required	--				31.1%	58.5%	66.4%	74.2%	75.9%
QR13	Maximum Warm Transfer time (% in 30 seconds)	N/A				72.8%	66.3%	66.0%	66.7%	67.9%
QR14	Time taken for call back <10 minutes	100%	=100%	=100%	<100%	35.7%	61.0%	61.7%	51.5%	53.0%
QR15	Provision of all consultations (including appropriate clinical information) to the practice the patient is registered with by 8am the next working day	100%	=100%	=100%	<100%	95.0%	98.7%	99.0%	95.4%	99.2%
QR16	Percentage of Repeat Callers (those that trigger a positive return against the Repeat Caller Database) where we have immediately notified the GP (via electronic/PEMS message)	100%	=100%	=100%	<100%	9.2%	17.2%	15.4%	14.3%	20.6%

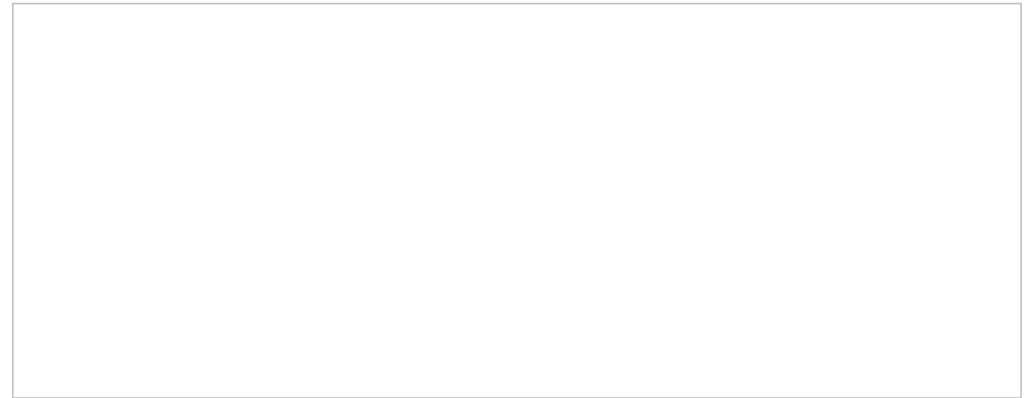
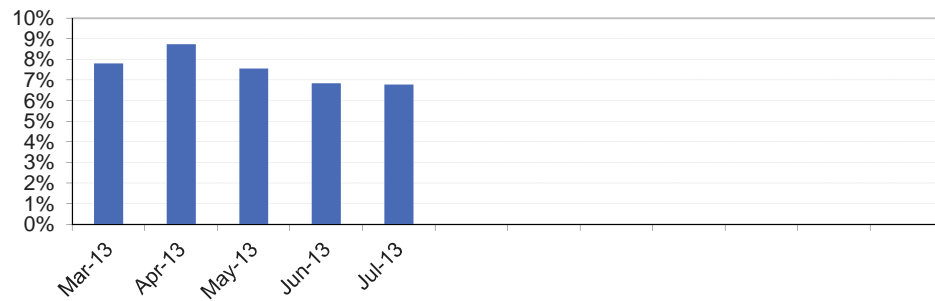




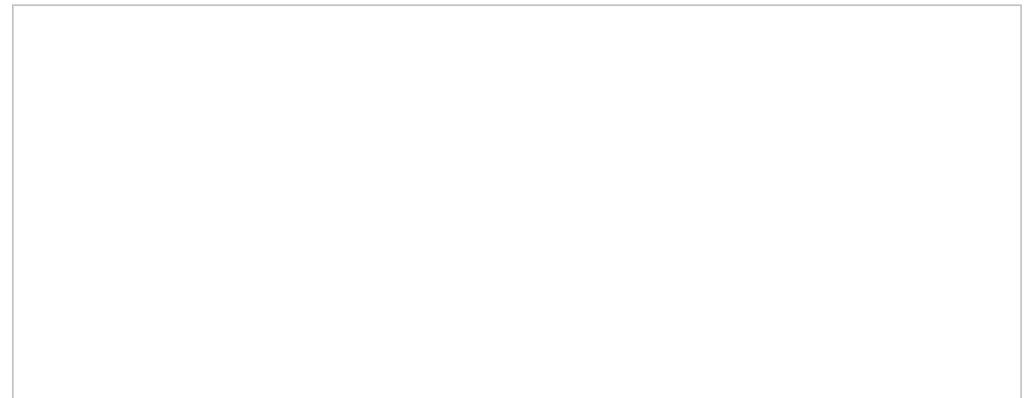
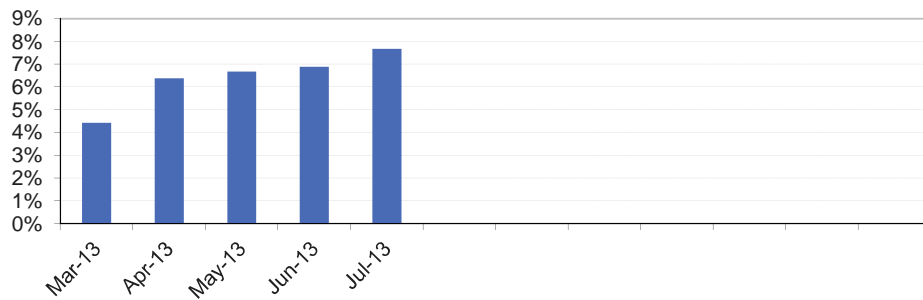
Percentage of answered calls triaged



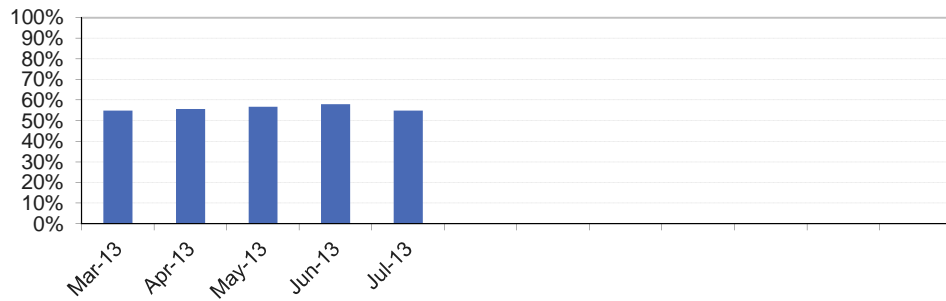
Percentage of answered calls transferred to 999



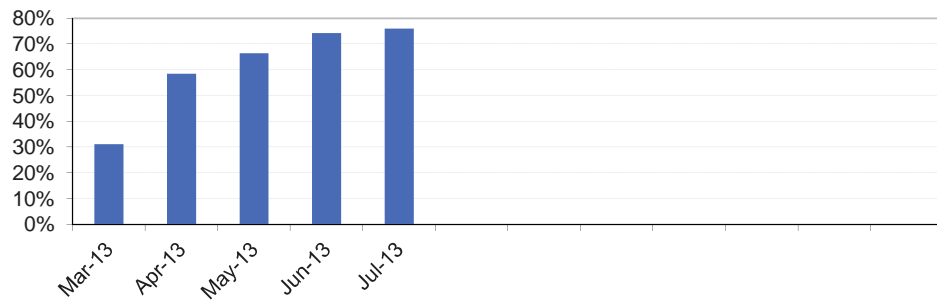
Percentage of patients advised to attend Accident and Emergency Department



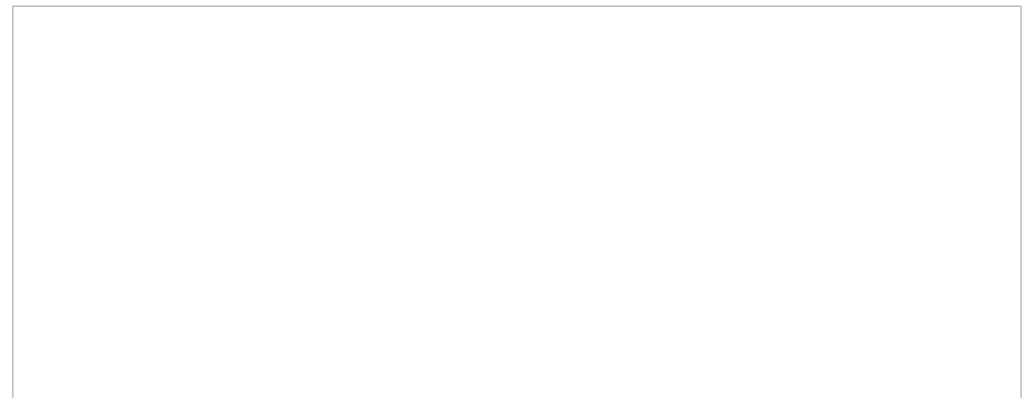
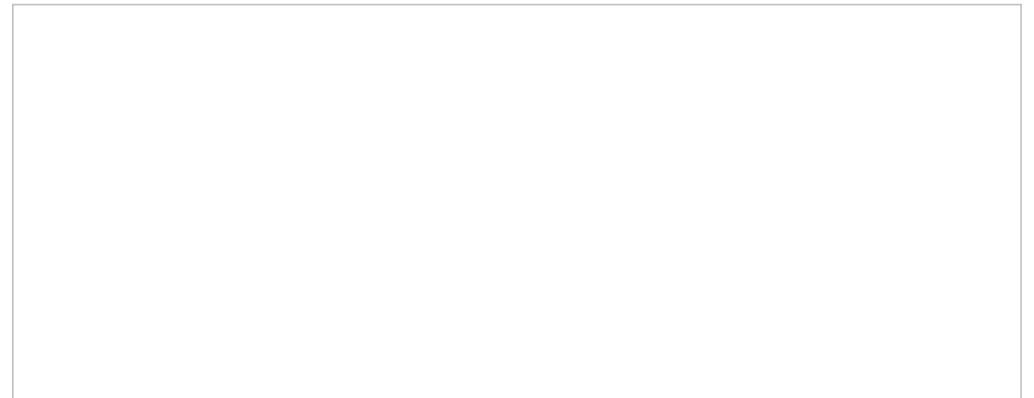
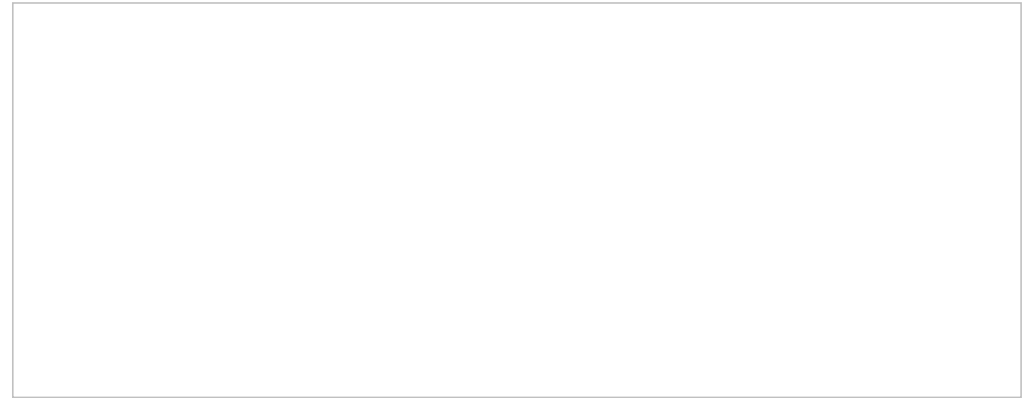
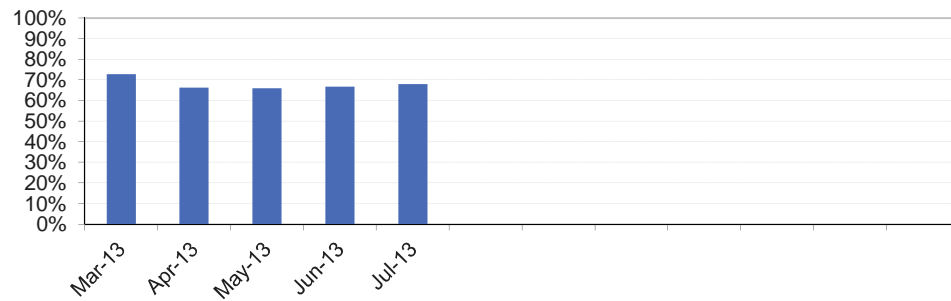
Percentage of patients to primary care



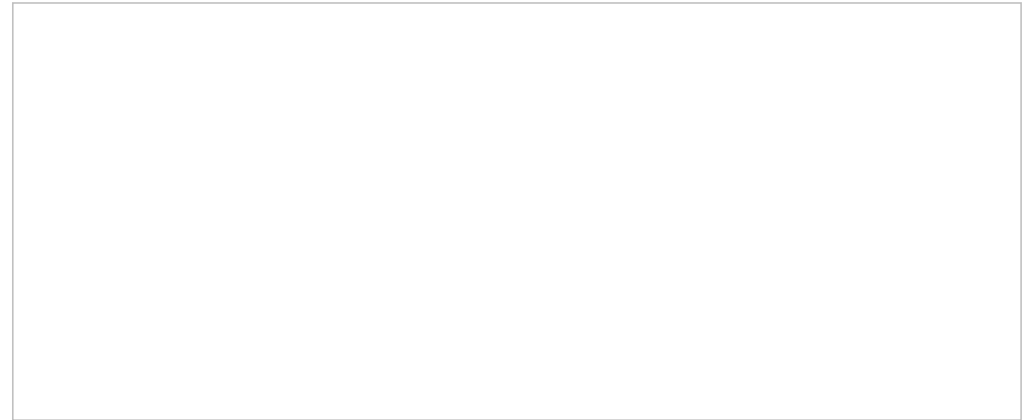
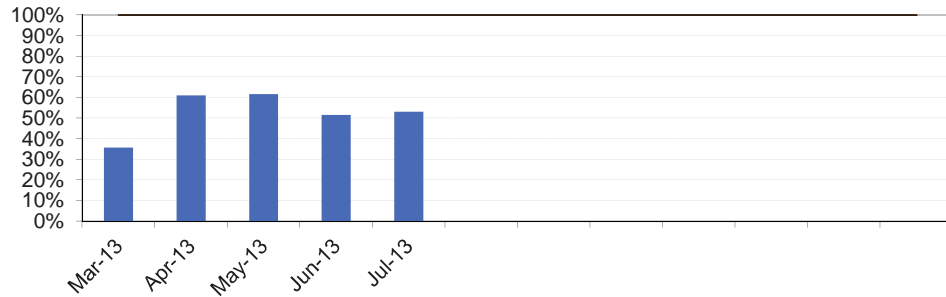
Warm Transferred to NHS 111 service Clinician where required



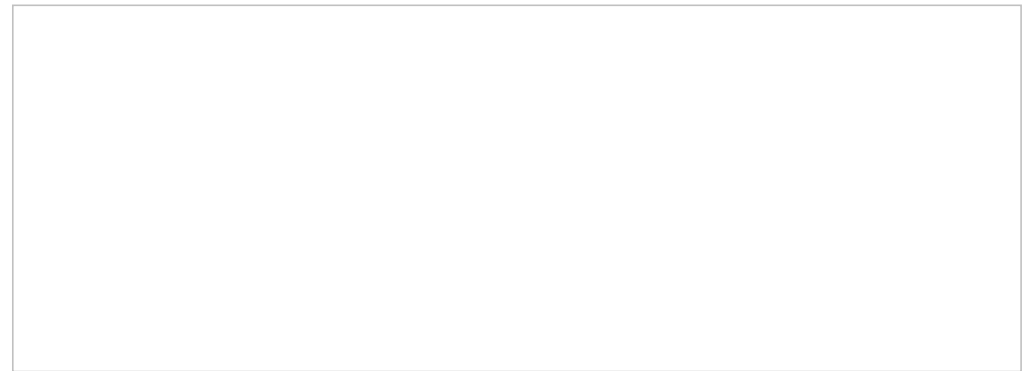
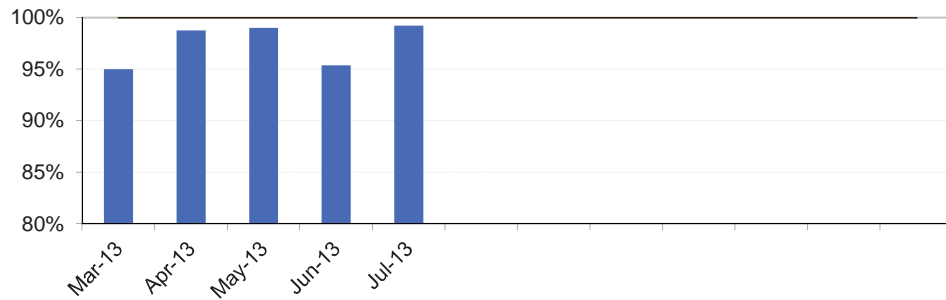
Maximum Warm Transfer time (% in 30 seconds)



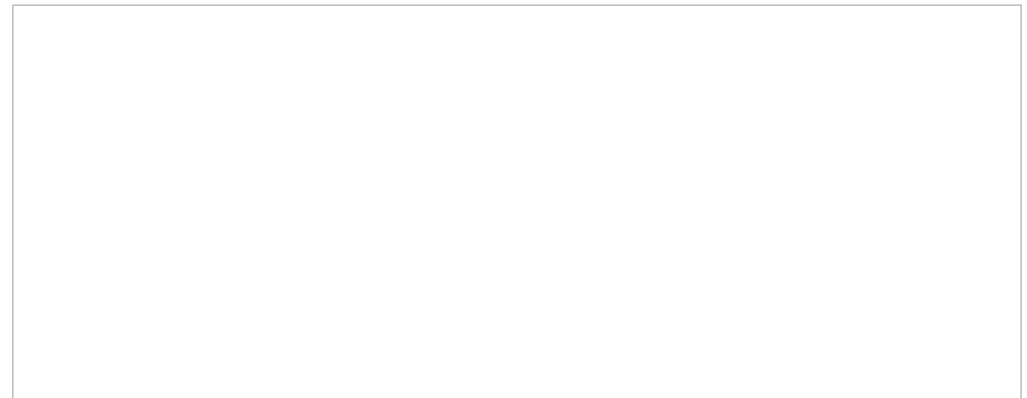
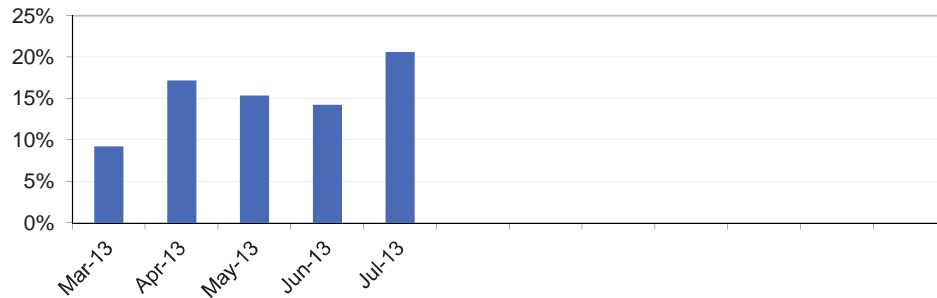
Time taken for call back <10 minutes



Provision of all consultations (including appropriate clinical information) to the practice the patient is registered with by 8am the next working day



Percentage of Repeat Callers (those that trigger a positive return against the Repeat Caller Database) where we have immediately notified the GP (via electronic/PEMS message).



DEFINITIONS



Reference	Measure	Description
	TELEPHONY VOLUMES	
--	Calls Offered	All calls in reporting period received by 111 in the site. A call is received as soon as the call connects to the services telephony system.
--	Calls Answered	Of the total calls offered how many were answered by an agent
--	Of which, Calls Answered in Beckenham site	Of the total calls answered how many were answered by an agent sat in the Beckenham site (based on the site-specific skillset of the agents, from the telephony system)
--	Of which, Calls Answered in Dudley site	Of the total calls answered how many were answered by an agent sat in the Dudley site
--	Calls Answered from Out of Area	Of the total calls answered, how many were from patients whose location at the time of call was outside of the 111 service area. Any calls answered where the patients location at the time of the call is not captured are apportioned according to the share of calls where the location of the caller is known, and any decimal is rounded off.
QR03	Total number of calls engaged	Of the total number of calls travelling to NHS Direct from the Cable & Wireless cloud, what percentage were given an engaged tone. This measure is as provided by Cable & wireless from the kickem system.
QR04	Total number of calls abandoned after 30 seconds	Of the total calls offered and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?
QR05	No of calls answered within 60 seconds	Of the total answered calls, how many were answered within 60 seconds of being queued for an advisor
	No of calls answered within 30 seconds	Of the total answered calls, how many were answered within 30 seconds of being queued for an advisor
QR06	No of calls referred to Ambulance Service within 3 minutes which are life threatening	Uses Adastral standard report "QR09 Life Threatening Conditions", with filters set to include all clinical and non-clinical calls.
QR07	Provision of interpretation service/ appropriate provision where required within 15 minutes of initial contact	Of the total number of calls requiring an interpreter service, how many had interpreter services within 15 minutes. This measure is as reported by Language Line.
QR08	Frontline staff and Advisors training in recognition of safeguarding issues for adults and children to an appropriate level	Of the staff deployed at the sites handling 111 calls for Sutton & Merton, what proportion are trained to the agreed level. This measure is as provided by L&D.
QR09	Percentage of answered calls triaged	Of the total calls answered, how many are flagged in the Adastral system as having been triaged at some point during their call.
QR10	Percentage of answered calls transferred to 999	Of the total number of calls answered, what were the number of final dispositions that result in an ambulance being dispatched. This includes CatA and CatB historically and is corresponds to Red1+ Red2 and Green3 + Green4 categories respectively as per Minimum Dataset definitions.
QR11	Percentage of patients advised to attend Accident and Emergency Department	Of the total triaged calls received and where an ambulance has not been dispatched, how many were referred to a type 1 or 2 A&E department as per Minimum Dataset definitions using Dx code outcomes.
--	Percentage of patients to primary care	Of the total calls received and where an ambulance has not been dispatched, how many were referred to a primary care service. A referral is a suggestion to get in touch with that service as soon as it is available. Primary care services may include (but not be exclusive) to a GP practice, a GP out of hours service, dental care, walk in centre, minor injuries unit, urgent care centre or a pharmacist.
	Percentage of answered calls referred to a Clinical Advisor	Of the total answered calls, what percentage were directly triaged by a clinician during their 111 episode.
QR12	Warm Transferred to NHS 111 service Clinician where required	Of the total answered calls that were transferred to a trained 111 clinical advisor (i.e. clinician without a lapsed professional certification), how many were transferred while the caller was on hold.
QR13	Maximum Warm Transfer time (30 seconds)	Of the calls transferred while the caller was on hold, what was the longest wait experienced by any patient before the transfer completed, measured in seconds.
QR14	Time taken for call back <10 minutes	Of the total calls where person was offered a call back, for how many was the person actually called back within 10 minutes of the end of their first call.
QR15	Provision of all consultations (including appropriate clinical information) to the practice the patient is registered with by 8am the next working day	Of all calls where there is a need to transfer a record to the practice the patient was registered at, how many were completed by 8am the next working day. This report is as produced by the Standard adastral reporting suite in use by all users of Adastral, report "QR02 Supply of Clinical Details"
QR16	Percentage of Repeat Callers (those that trigger a positive return against the Repeat Caller Database) where we have immediately notified the GP (via electronic/PEMS message).	Measure to be confirmed.