

## Governing Body (public) meeting

**DATE: 28th November 2013**

Title	<b>Consolidated Provider Performance Reports</b>	
Recommended action for the Governing Body	That the Governing Body note the performance of the Community & Mental Health contracts shown in the attached. Note – Month 6 NHS 111 and Month 6 Acute reports should be available to circulate hard copies at the meeting for discussion.	
Executive summary	<p>The attached provides a consolidated report to cover 3 areas of contracting and performance: Acute, Community &amp; Mental Health Services.</p> <ol style="list-style-type: none"> <li>1. Community Health Services Contracts Month 6 – The report shows that Oxleas is continuing to over-perform across the following contracts; Universal Children’s, Universal Adults and Long Term Conditions. There is no financial impact as this is a block contract.</li> <li>2. Mental Health report Month 6 – The report shows the out-turn forecast position for Mental Health as overspent. This is related to overactivity on bed based services within Oxleas together with the number of referrals to tertiary mental health services at South London and Maudsley.</li> </ol>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> 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.

**Clinical Commissioning Group**

	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 5 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)	Executive Management Committee		
Audit (considered/approved by other committees/groups)			
Communications plan	Not applicable		
Author	Sarah Valentine		
	Clinical lead	Executive sponsor	
	Dr. Varun Bhalla	Sarah Valentine	
Date	15 November 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	NHS 111 Contracting – provided by the Commissioning Support Unit (CSU)

# Acute Contracting & Performance Section 1

**For Bexley CCG – November 2013**

Provided by the Commissioning Support Unit

**PLEASE NOTE:** that the Acute Contract Performance Report for Month 6 will be distributed at the Governing Body Meeting, taking place on 28<sup>th</sup> November 2013.

# Adult Community Contracting and Performance

## Section 2

### Month 6 September 2013 Performance Reporting

This report provides exception reports on key indicators and contracting issues that have arisen since the last report to the Governing body on 31<sup>st</sup> October 2013.

This report has been structured as follows:

<b>2.1</b>	Oxleas Adult Community Services
<b>2.2</b>	Oxleas Neuro-Rehabilitation Service
<b>2.3</b>	Current Procurements
<b>2.4</b>	Financial Summary for Community Health Services

## 2.1 Oxleas Adult Community Services

### 2.1.1 Activity Reporting

Reported actual activity against planned contracted activity for September 2013 for the Community Health Service provided by Oxleas.

Service	YTD	Apr-13	May-13	Jun-13	Jul-14	Aug-14	Sep-14
Twilight - Actual activity	12237	2386	2134	2017	2077	1921	1702
Twilight - Planned activity	7164	1194	1194	1194	1194	1194	1194
Variance to Actual %	71%	100%	79%	69%	74%	61%	43%
Night Nursing - Actual activity	407	74	77	91	58	53	54
Night Nursing - Planned activity	336	56	56	56	56	56	56
Variance to Actual %	21%	32%	38%	63%	4%	-5%	-4%
DN - Actual activity	73150	12181	13025	11248	12644	12652	11400
DN - Planned activity	64218	10703	10703	10703	10703	10703	10703
Variance to Actual %	14%	14%	22%	5%	18%	18%	7%
Virtual Ward - Actual activity	3879	709	660	693	671	619	527
Virtual Ward - Planned activity	3756	626	626	626	626	626	626
Variance to Actual %	3%	13%	5%	11%	7%	-1%	-16%
<b>UAS - Actual Activity</b>	<b>89673</b>	<b>15350</b>	<b>15896</b>	<b>14049</b>	<b>15450</b>	<b>15245</b>	<b>13683</b>
<b>UAS - Planned Activity</b>	<b>75474</b>	<b>12579</b>	<b>12579</b>	<b>12579</b>	<b>12579</b>	<b>12579</b>	<b>12579</b>
<b>UAS Variance to Actual %</b>	<b>19%</b>	<b>22%</b>	<b>26%</b>	<b>12%</b>	<b>23%</b>	<b>21%</b>	<b>9%</b>
SLT - Actual activity	954	219	201	224	181	62	67
SLT - Planned activity	1068	178	178	178	178	178	178
Variance to Actual %	-11%	23%	13%	26%	2%	-65%	-62%
Rehab - Actual activity	3033	595	686	547	503	344	358
Rehab - Planned activity	3750	625	625	625	625	625	625
Variance to Actual %	-19%	-5%	10%	-12%	-20%	-45%	-43%
Podiatry - Actual activity	3635	645	591	569	683	635	512
Podiatry - Planned activity	4248	708	708	708	708	708	708
Variance to Actual %	-14%	-9%	-17%	-20%	-4%	-10%	-28%
Specialist Nursing - Actual activity	1713	306	249	298	364	245	251
Specialist Nursing - Planned activity	1614	269	269	269	269	269	269
Variance to Actual %	6%	14%	-7%	11%	35%	-9%	-7%

TB Nursing - Actual activity	241	48	79	36	26	26	26
TB Nursing - Planned activity	258	43	43	43	43	43	43
Variance to Actual %	-7%	12%	84%	-16%	-40%	-40%	-40%
<b>LTC - Actual Activity</b>	<b>9576</b>	<b>1813</b>	<b>1806</b>	<b>1674</b>	<b>1757</b>	<b>1312</b>	<b>1214</b>
<b>LTC - Planned Activity</b>	10938	<b>1823</b>	<b>1823</b>	<b>1823</b>	<b>1823</b>	<b>1823</b>	<b>1823</b>
<b>LTC Variance to Actual %</b>	-12%	-1%	-1%	-8%	-4%	-28%	-33%
SUSD - Actual activity	3259	593	593	613	506	495	459
SUSD - Planned activity	3066	511	511	511	511	511	511
Variance to Actual %	6%	16%	16%	20%	-1%	-3%	-10%
UCC - Actual activity	10438	1693	1792	1661	1879	1618	1795
UCC - Planned activity	8000	1333	1333	1333	1333	1333	1333
Variance to Actual %	30%	27%	34%	25%	41%	21%	35%
Care Navigation - Actual activity	1210	104	176	110	187	306	327
Care Navigation - Planned activity	426	71	71	71	71	71	71
Variance to Actual %	184%	46%	148%	55%	163%	331%	361%
<b>OOHS - Actual Activity</b>	<b>14907</b>	<b>2390</b>	<b>2561</b>	<b>2384</b>	<b>2572</b>	<b>2419</b>	<b>2581</b>
<b>OOHS - Planned Activity</b>	<b>11492</b>	<b>1915</b>	<b>1915</b>	<b>1915</b>	<b>1915</b>	<b>1915</b>	<b>1915</b>
<b>OOHS Variance to Actual %</b>	30%	25%	34%	24%	34%	26%	35%
<b>TOTAL - Actual Activity</b>	<b>114156</b>	<b>19553</b>	<b>20263</b>	<b>18107</b>	<b>19779</b>	<b>18976</b>	<b>17478</b>
<b>TOTAL - Planned Activity</b>	<b>97904</b>	<b>16317</b>	<b>16317</b>	<b>16317</b>	<b>16317</b>	<b>16317</b>	<b>16317</b>
<b>TOTAL - Variance to Actual #</b>	<b>16252</b>	<b>3236</b>	<b>3946</b>	<b>1790</b>	<b>3462</b>	<b>2659</b>	<b>1161</b>
<b>TOTAL - Variance to Actual %</b>	17%	20%	24%	11%	21%	16%	7%

### 2.1.2 Commentary against Reported Activity

Commentary
<p>Services Over Performing (&gt;10%)</p> <ol style="list-style-type: none"> <li>1. Twilight nursing remains well above the contracted activity and is attributed to increased dependency of clients being seen within recent months. 305 Joint Visits were undertaken of which 261 were for Palliative Care.</li> <li>2. UCC attendance activity has shown sustained overperformance and the figure for September was 35% overperformance on planned activity.</li> <li>3. Presence of the Care Navigation team resulted in 104 avoided acute admissions. (361% overperformance – conflated due to introduction of Neuro-rehabilitation and Integrated Care for Adults and Older People services).</li> </ol>
<p>Services Under Performing (&gt;10%)</p> <ol style="list-style-type: none"> <li>1. Virtual Ward – underperformance by 16% due to unplanned sickness in team.</li> <li>2. SL&amp;T – underperformance showing as 62% (conflated due to activity being transferred into the Neuro-rehabilitation service).</li> <li>3. Rehab – underperformance showing as 43% (conflated figure due to activity being transferred into the Neuro-rehabilitation service).</li> <li>4. Podiatry – underperformance by 28%. The drop in contacts was due to a 0.6wte vacancy. Recruitment was unsuccessful, however, the role is now back out to advert. Difficulty in recruiting bank staff to cover this role. All new patient demand was met.</li> <li>5. TB Nursing – underperformance by 40%, reduced referrals accounting for low activity and was suggested to be a seasonal pattern.</li> </ol> <p>A breakdown was requested from Oxleas FT to ascertain what direct impact investment by commissioners has had on activity and head counts within the services.</p>



## Other Issues

Reported over-performance for Care Navigation services, Rehabilitation, Step Up and Step Down and reported under-performance for Rehabilitation and Speech and Language Therapy services are being reviewed with Oxleas as the activity counts for these services are being conflated with the activity for the Neuro-rehabilitation and Integrated Care for Adults and Older People services, which have been commissioned from Oxleas this year. Therefore, reported over-performance and under-performance are over-stated. An initial meeting took place on 21 October 2013, further meetings are scheduled to agree a baseline for next year.

### 2.1.3 KPI reporting

Oxleas' performance against KPIs agreed within the contract for September 2013 are outlined below:

THRESHOLD	Definition	July	August	Sept
	Percentage of patients on a caseload with a pressure ulcer of grade 2 or higher	2.2%	2.5%	2.0%
70%	Number of patients on an End of Life care pathway who have a personalised care plan as a proportion of all patients on an End of Life care pathway	100.0%	100.0%	100.0%
	Percentage of patients on an End of Life care pathway who died in their preferred place of death	62.5%	64.7%	66.7%
26 Days	Average length of stay in Intermediate Care Beds	32	36	16
95%	Number of Patients who are provided a Structured Rehabilitation Plan during their admission in Intermediate Care and recorded on RiO, as a proportion of all Patients who are admitted in Intermediate Care in the reporting period	100.0%	100.0%	95.2%
97%	Number of hours of Medical cover (i.e. GP Cover) is provided for Intermediate Care Beds, as a proportion of the Number of hours Medical cover is required for Intermediate Care Beds in the reporting period.	100.0%	75.0%	100.0%
85%	Number of Bed Days Occupied as a proportion of Total Number of Bed Days Available in the reporting period	97.1%	95.2%	90.0%

Less than 15	Secondary User Experience - Number of Complaints received in contract month.	4	3	3
80%	Percentage of Total Active caseload of Patients with a record of their ethnicity	67.0%	67.5%	68.7%
Less than 5%	Percentage of Cancellations of Appointment by Provider across all services as recorded on RiO (not including appointments which are brought forward and which are re-scheduled and accepted by the Patients)	4.3%	3.6%	3.3%
Less than 7.5%	Percentage of Did Not Attends by Patients across all Services as recorded on RiO	5.8%	5.9%	5.2%
Less than 15%	Total Agency & Bank Staff Employed Hours as a percentage of Total staff hours (Clinical Staff Only)	5.1%	4.8%	8.8%

#### 2.1.4 Commentary against KPI Report

Commentary
<p>KPIs not achieved:</p> <ol style="list-style-type: none"> <li>1. Percentage of patients on an End of Life care pathway who died in their preferred place of death: A threshold of performance needs to be agreed.</li> <li>2. Average length of stay in intermediate care beds: This is largely attributed to delayed transfer of care with Social Services, with a number of patients recording lengths of stay of more than six weeks. This will be a point of focus with the implementation of the Integrated Care service.</li> <li>3. Percentage of total active caseload of patients with a record of their ethnicity: Oxleas have been challenged about this which has been persistently low throughout the contract since April 2013. Oxleas advised this will improve with additional admin resource employed to deal with backlog of RiO data.</li> <li>4. Percentage of cancellations of appointment by Provider across all services as recorded on RiO (not including appointments which are brought forward and which are re-scheduled and accepted by the Patients) remains persistently high, but would be within the threshold, if those cancelled appointments which because patients are offered an earlier appointment or re-scheduled appointment which is acceptable to them is taken account of.</li> </ol>

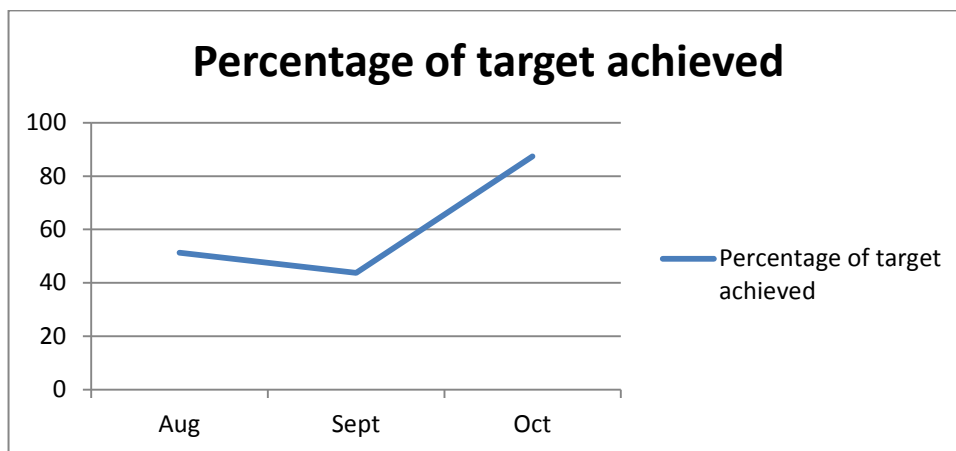
### 2.1.5 A&E Indicators (UCC)

A/E Indicators 2013	Threshold	June	July	August	Sept
Max Time in A&E	360mins	286	306	250	259
Median total time spent in A&E		64	65	59	58
Median Arrival to Treatment	60mins	42	44	39	35
Maximum Arrival to Treatment	360mins	244	225	238	230
Left Without Being Seen	5%	0.82	0.46	0.27	0.3
Unplanned re-attendance rate	5%	4	2.73	2.27	4.8
No of Breaches		13	5	4	4

### 2.1.6 Integrated Care for Older People

#### Admissions Avoided

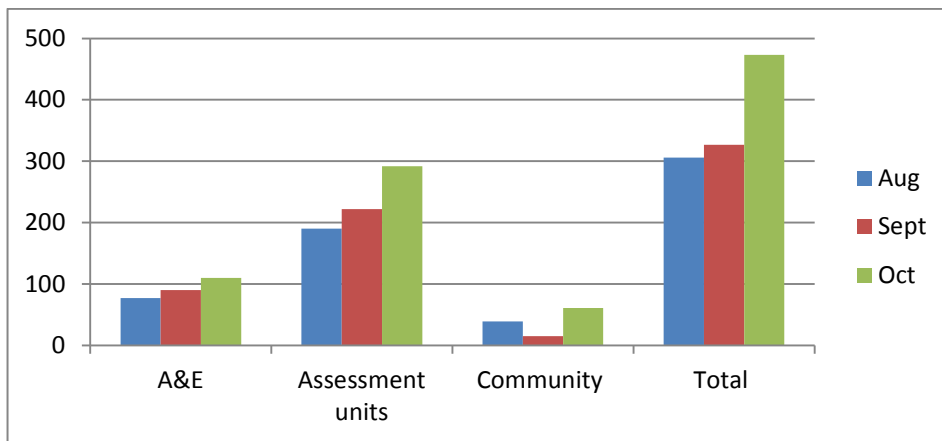
The integrated service commenced on 1 August 2013 with a target to avoid 238 acute admissions per month. The chart shows the trajectory towards achievement of the target in the first three months of operation.



Sustained progress towards, and then maintenance of, the target will need to be achieved to ensure the required savings. The target will be adjusted by 1 additional avoided per week for November onwards to take account of the revised savings required due to the revised costing for rehabilitation beds agreed by the Finance Working Group on 18 November 2013.

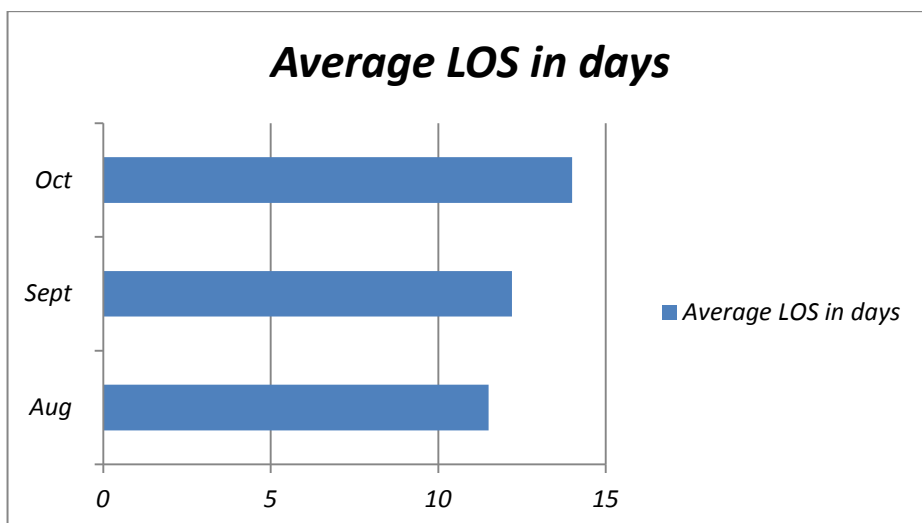
## Rapid Response

The chart shows the increasing activity of the Rapid Response Team with total patients seen rising to 473 in October. The increase in the numbers seen in assessment units in particular will be supporting avoided admissions. Members of RRT will be visiting GP practices in November to promote the service and target an increase in GP referrals to the team.



## Step Up Step Down and Reablement Beds

The chart shows the average length of stay in the 30 Step Up Step Down and reablement beds at Queen Mary's, which are now fully open as from the middle of October.



A slight increase in LOS will be noted which may be due to the progress into the winter months. The trend will be subject to weekly monitoring

## Community Geriatrician Service

The Community Geriatrician started in post on 11 November 2013 and will be engaging with GPs immediately to support them with case management and with Step Up Step Down to ensure appropriate referrals to the service maximise its potential to support admission prevention and earlier discharge.

### 2.1.7 Specialist Children's Services

#### Overview

The Specialist Children's Services contract transferred to Oxleas NHS FT from SLHT on 1 October 2013. The transfer was effectively implemented and staff and service users experienced a smooth transition. This contract includes:

- Community paediatric services
- Children's community nursing
- Speech and language therapy, occupational therapy and physiotherapy
- Neo-natal hearing screening and paediatric audiology
- Parenting service
- Eye clinic

As a result of the transfer this contract is now monitored alongside:

- Health visiting – commissioned by NHS England (London)
- School nursing, sexual health services and YOT health worker – commissioned by London Borough of Bexley
- CAMHS – commissioned by BCCG as part of the Mental Health contract

All these services are now integrated in the Oxleas Children and Young People Directorate which also includes CAMHS for Bromley and Greenwich and universal and specialist children's services in Greenwich. It is therefore suggested that going forward an integrated report is provided

#### Performance

The main issue with regard to performance has been the long waiting time for the Autism Assessment Service (ASD) which failed to be tackled under SLHT. A financial penalty was imposed on SLHT which resulted in the creation of a £76K fund to enable a waiting list initiative to tackle the backlog. The service is now meeting the 18 week RTT for initial assessment but the wait for the multi-disciplinary diagnostic clinic is in the region of 50

weeks. The move to Oxleas has created an opportunity for closer joint working with CAMHS and will enable reconfiguration and streamlining of the service, including a potential change of skill mix.

There have been improvements in DNA rates in most services, due to the introduction of text messaging, but the eye clinic remains a cause for concern with rates regularly in excess of 30%.

In terms of activity speech and language therapy, audiology, parenting and community paediatrics are all exceeding targets. Children's nursing team respite activity is performing at target level and paediatric home care contacts are significantly above target due to a higher number of discharges of children with complex needs

## Patient Safety/Experience

A total of four complaints were received in SCS in Q1/Q2, one of which related to Speech and Language therapy and three to community paediatrics. The latter were all related to the waiting time for autism assessment services. An action plan is being implemented to address this. However there were also two plaudits during the period for the autism service and one for the parenting service. There was one reportable Health and Safety incident to a member of staff in the children's nursing team. Action is being taken to mitigate future risks.

## Workforce

The majority of staff are now compliant with mandatory training, and safeguarding clinical supervision is now being implemented in line with Oxleas policy. Paediatric OT and physiotherapy are now fully integrated in a single management structure with generic therapy assistants working across all three paediatric therapies. This ensures the delivery of Continuing Health Care packages for children requiring intensive rehabilitation packages following discharge from tertiary hospitals.

## Estates and Facilities

The Child Development Centre at Queen Mary's was closed to patients over the summer due to the legionella outbreak and services relocated around the site. Services continued without disruption to service users and the CDC is now fully operational again.

## 2.2 Oxleas Neuro Rehabilitation Service

The neuro rehab service incorporating stroke rehabilitation has so far delivered 103 interventions on the bedded unit (based on discharged patients) and 1430 community / outpatient interventions. Oxleas is

currently setting up their RiO system to enable accurate KPI reporting. We are expecting this to be available from December onwards.

Dr Harris-Faulkner would continue to provide Clinical Leadership for this service and will undertake audits of the service and review KPIs and activity reports with the contracting team, to ensure effective clinical management of the service.

PROVIDER - SPECSAVERS						
Month	Summary of Contract Performance by month	Apr-13	May-13	Jun-13	Q1 Average	Jul-13
<b>Total Referrals Recieved during period</b>						
<b>KPI Measures</b>						
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					
Patient records and associated letters/reports completed and sent to GPs within 5 working days of hearing assessment and fitting, and follow up	Target	90%	90%	90%	90%	90%
	Actual	tbc	tbc	tbc	tbc	tbc
	Variance					
Minimum of one GP satisfaction survey will be designed and sent to all referring GPs. 95% of GPs sampled should report overall satisfaction with service	Target	95%	95%	95%	95%	95%
	Actual	tbc	tbc	tbc	tbc	tbc
	Variance					
Patient questionnaire to monitor satisfaction with amount of choice and control offered. 95% of service users sampled should report satisfaction with amount of choice and control	Target	95%	95%	95%	95%	95%
	Actual	100%	100%	100%	100%	100%
	Variance					
% of patients still wearing hearing aids at review stage. 90% of patients fitted with a hearing aid should be continuing to wear the aid(s) at review	Target					
	Actual					
	Variance					
Improvement in Benefit Profile	Target	90%	90%	90%	90%	90%
	Actual	tbc	tbc	tbc	tbc	tbc
	Variance					

Number of SUIs	Target	0	0	0	0	0
	Actual	0	0	0	0	0
	Variance	0	0	0	0	0
Number of complaints	Target	tbc	tbc	tbc	tbc	tbc
	Actual	tbc	tbc	tbc	tbc	tbc
	Variance	tbc	tbc	tbc	tbc	tbc
Completion of patient satisfaction surveys >80%	Target	80%	80%	80%	80%	80%
	Actual	77%	84%	86%	82%	67%
	Variance					
Number of patients affected by cancelled appointments by Provider (baseline to be set in 12-13)		tbc	tbc	tbc		tbc
Number of referrals not received through Choose and Book		tbc	tbc	tbc		tbc
Number of rejected referrals at triage and assess as per section 2.9.2 of spec		0	0	0		0
Number of patients accessing the service in extended opening hours		0	0	0		0
Number of requests to transfer provider (patient choice or clinical consideration) and action taken		0	0	0		0
Number of lost/damaged hearing aids		tbc	tbc	tbc		tbc
Number of aids replaced due to mechanical failure after 3rd year review		n/a	n/a	n/a		n/a

## 2.3 Current Procurements

There are five (5) tenders in progress in November 2013

- **MSK** (managed by BCCG)
  - i. The Invitation to Tender was issued on the 26th September and were received on 31st October 2013.
  - ii. 2 ITT responses were received
  - iii. These were evaluated by Sarah Valetine, Judith Hughes, Sarah Barron and the Clinical leads as well as other subject matter experts ie – HR.
  - iv. An award recommendation paper has been produced and GB are meeting on the 14th November to discuss.
- **Cardiology** (Managed by CSU)
  - i. Competitive Dialogue meetings commenced in October 2013.
  - ii. The ITT is due to be issued the week commencing 11th November
- **Diabetes** (Managed by BCCG)
  - i. PQQ responses were received on 25th October.
  - ii. They were evaluated by Charles O Hanlon, Judith Hughes, Alan Rubin , Steve Spears and the Clinical leads and other subject matter experts.
  - iii. Dialogue meetings have been arranged for Thursday 14th November
  - iv. The ITT is planned to be issued on 18th November



- **AQP Bexley Community Clinics for Dermatology, Gynaecology, Minor Surgery and Urology** (managed by CSU)
  - i. The tender advert was issued by the CSU on 17th September 2013.
  - ii. PQQ responses have been received and are being evaluated the week commencing 11th November 2013.
  - iii. Award recommendation is planned for the week commencing 25th November 2013
  
- **Unscheduled Urgent Care** (managed by CSU)
  - i. The business case for UUC was approved, following on from this a tender advert and a bidder event were published.
  - ii. PQQ responses are due back by Fri 22nd November
  - iii. A bidder event is taking place on 13th November
  - iv. Shortlisted bidders from the PQQ evaluation will be invited to a dialogue meeting prior to the ITT being issued.
  - v. The ITT is planned to be issued to the shortlisted bidders on 9th December.

## 2.4 Financial Summary for Community Health Services

Directorate	CC	CC Description	Original Plan	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
Community Health	135211	Community Services	20,258	19,048	1,424	1,292	-132	11,029	11,029	0
	135216	Carers	160	160	13	13	0	93	93	0
	135221	Hospices	1,111	1,011	84	84	0	590	590	0
	135226	Intermediate Care	143	143	12	12	0	84	83	0
	135231	Long Term Conditions	1,349	1,405	117	117	0	818	818	0
	135236	Palliative Care	0	0	0	0	0	0	0	0
	135241	Wheelchair service	629	629	52	47	-5	367	380	13
<b>Total Community Health</b>			<b>23,651</b>	<b>22,397</b>	<b>1,703</b>	<b>1,566</b>	<b>-137</b>	<b>12,980</b>	<b>12,993</b>	<b>12</b>

The Community Health directorate continues its trend of reporting breakeven in most areas. The exception to this is the Anti-Coagulation service which is expected to overspend by £250k by the year end. The service has recently been re-tendered and forms part of the QIPP programme for 2013/14 in moving more clients from secondary care to this community service.

The wheelchair service has an overspend position of £13k at the end of month 7 which is an improvement on the month 6 position, and it is anticipated that this trend can be continued to secure a breakeven position at year end.

# Mental Health Contracting & Performance

## Section 3

### Month 6 September 2013 Performance Reporting

This is a report on the mental health contracts performance for Month 6 (September 2013). The report has been structured as follows:

<b>3.1</b>	Financial Update
<b>3.2</b>	Contracts Update
<b>3.3</b>	Mental Health CQUIN Update
<b>3.4</b>	AQP   Procurement   Tendering Update

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

### 3.1 Financial Update

The Month 6 variance report shows the out-turn forecast position for Mental Health as + £361,000. The budgetary position at Month 6 is shown in the table below :-

CC Description	Original Plan	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
Mental Health Contracts	21,124	21,080	1,757	1,756	0	10,540	10,796	256
Child and Adolescent Mental Health	547	547	46	46	0	274	274	0
Dementia	40	40	3	3	0	20	20	0
Improving Access to Psychological Therapies	560	1,022	258	258	0	502	502	0
Learning Difficulties	1,439	1,428	119	134	15	714	717	3
Mental Capacity Act	0	0	0	0	0	0	0	0
Mental Health Services – Adults	0	0	0	0	0	0	0	0
Mental Health Services – Advocacy	119	119	10	10	0	60	60	0
Mental Health Services - Collaborative Commissioning	0	0	0	0	0	0	0	0
Mental Health Services – Not Contracted Activity	488	488	41	52	12	244	346	102
Mental Health Services - Older People	691	683	57	57	0	341	341	0
Mental Health Services – Other	1,844	1,517	-10	-10	0	759	759	0
Mental Health Services - Specialist Services	0	0	0	0	0	0	0	0
<b>Total Mental Health</b>	<b>26,853</b>	<b>26,925</b>	<b>2,281</b>	<b>2,307</b>	<b>27</b>	<b>13,453</b>	<b>13,814</b>	<b>361</b>

## 3.2 Contracts Update

### 3.2.1 Mental Health Contract – Oxleas

An overspend remains forecast on the Oxleas contract. This reflects the following areas of activity which carry over from previous months.

The Mental Health Placements Panel continues to review all cases presented and seeks the most appropriate and cost effective solution to the demand placed upon commissioned services. This does however still result in a higher demand being placed on limited resources which results in the above reported overspend.

Contract monitoring meetings with Oxleas show an increasing trajectory in occupied bed days for working age adults (107% for Acute IPU and 94% for Inpatient Rehab as at end of August). This evidences maximisation of the existing bed based services – the highest cost resource - and as such, more complex patients are being placed in services not currently commissioned under the block contract as described above.

Actions are currently underway to review each ‘cost pressure’ placement and expedite discharge or step down where appropriate. This includes requiring case coordinators and case managers to return to the placement panel on a quarterly basis. The purpose of this is to update on progress and suitability of each of these placements as well as to assure clinical effectiveness.

To reduce the pressure on beds, Home Treatment Teams and the Crisis Teams / Early intervention teams are working above 100% capacity.

An informal meeting has taken place with Oxleas to discuss their development of improved MH pathways in response to the expected national and local efficiency targets that may be implemented in 2014/15. The plans will be formally brought to the Mental Health Strategic Programme Group in December 2013 by Oxleas and the Governing Body will be updated on that presentation.

### 3.2.2 Improved Access to Psychological Therapies

Quarter 2 data shows a 16.5% increase in referrals to the IAPT service. This has contributed to the waiting list for treatment (although referral to assessment is being met within 21 days). To alleviate this, MIND have 4 x trainees currently appointed as well as an additional 5 volunteer Counsellors joining the team.

MIND reports that this will reduce the current assessment to treatment wait of up to 4 months and additional sessions at weekends and new group sessions will also contribute to this.

GP practice hosting arrangements have now been finalised. Invoices from GP practices will be paid by MIND directly following transfer of CCG funding for this to the provider.

### 3.2.3 Non-contracted Activity

Activity to reduce the costs of Out of Borough activity continues as reported last month. There has been some movement of placements and currently this has achieved a saving of approximately £119K per annum (£49K in 2013/14) annum following the transfer of one patient to a more clinically appropriate setting. There is however still a cohort of out of borough placements which remain under review.

The Acute Liaison Service delivered by Kent and Medway Partnership Trust commenced on 1 November 2013. Reporting on this service will be available in January 2014. Bi-monthly meetings to reconcile activity have also been scheduled. The most recent in November resulted in a £1.5k credit to the CCG.

Similarly, the acute liaison service delivered by Oxleas has also been resolved following negotiation and commenced on 1 October 2013. Robust contract monitoring will hold the provider to account for avoided admissions.

### 3.2.4 South London and Maudsley

Bi-monthly meetings are now scheduled for reconciliation and update of current referrals. All activity is cost per case and with pressures of GP direct referrals remaining consistent, consideration is being given to the establishment of a tertiary referrals panel including Oxleas. Whilst all referrals are reviewed for appropriateness, the CCG also needs to ensure that for complex mental health referrals, due consideration is given from a commissioning and clinical perspective and service users are triaged to the most appropriate service.

The main cost pressures relate to eating disorders, noting that there is no local service available for outpatient therapy and intervention. There have been 8 x new assessment requests totalling £2,880 and 4 x approvals for new treatment totalling £18.5k since September 2013. A fuller review of activity in this service area will be carried out in the New Year to identify real costs that include patients currently under treatment. This may inform alternatives to the current model of provision.

## 3.3 Mental Health CQUIN

In Quarter 1, Oxleas failed to reach the performance target in staff training to enable the team to give brief advice on smoking cessation. As such, payment was withheld pending the end of year report and achievement of the target by year end.

In Quarter 2, Oxleas have achieved all CQUIN targets and therefore payment may be awarded for this (noting that quarter 1 payment as described above remains withheld pending year end results).

### 3.4 AQP / Procurement / Tendering Update

#### 3.4.1 Mental Health Recovery Day Service – Joint Procurement

Following analysis of Pre-qualification questionnaires five providers are being invited to tender across the three lots (Employment hub, centre for well being and planning and resource centre).

#### 3.4.2 Chapel Hill Residential Rehabilitation Service

Plans remain on target for this re-tender exercise.

#### 3.4.3 Learning Disability

The Integrated Commissioning Unit is also closely engaged in the re-procurement of residential, respite and day services for adults with learning disabilities.

# **111 Contracting & Performance Section 4**

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**This report will be circulated in hard copy at the  
Governing Body**