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Community Adult Health Services (CAHS) proposed contract extension

Background

In April 2014 Wandsworth Clinical Commissioning Group (WCCG) commissioned a redesigned model for Community Adult Health Services (CAHS). The WCCG Board took a decision at this time to remain with St George's University Hospital Foundation Trust (SGUHFT) as the incumbent provider until 31st March 2016.
In July 2015 a proposal was taken to the CCG Board to further extend the contract in order to align with the development of a new model of integrated community and primary care known as a Multi-specialty Community Provider (MCP). While the Board supported the principle, a number of significant concerns were raised around SGUHFT capacity to deliver a high quality service during this time. It was agreed that an assurance process covering a number of key areas of concern, overseen at Board level, would be undertaken with the trust over the next six months pending a final Board decision on the contract extension in early 2016.

The table below considers these areas of concern and provides an update on progress to date.

Table 1.0 Area of concern and progress to date

	Area of concern	Progress to date	Risks	Mitigations	Assurance (Full/Partial/None)
1	**Senior leadership capacity to manage the CAHS service**	**Leadership capacity for CAHS:** • Alison Benincasa has returned to work as the Divisional Director of Operations for Community Services. Just prior to her return to work, SGUHFT appointed an Interim Chief Operating Officer, Paula Vasco-Knight. Alison Benincasa will now report directly to the COO and escalate any areas of concern so that this can be raised at an executive	The current risk is that CAHS do not have strong and robust leadership beneath Alison Benincasa to support the transformational change process. This takes considerable effort	Regular weekly and fortnightly meetings continue between the CCG and AB and PVK. An issues log is being maintained and actioned, which will facilitate prompt actions to be taken. AB is looking at the structure of management	**Partial assurance**

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		level. • Alison Benincasa, Paula Vasco-Knight Rebecca Wellburn and Claire Ratnayake will continue to meet fortnightly to discuss operational issues and strategic direction for the future of Community services. • Rebecca and Paula will meet weekly to discuss ongoing areas of concern and future planning for Community services. *Note: It is relevant to note that minimal cover was available as both Alison Benincasa and two senior managers were both off over the Christmas period. Low management representation/cover over the Christmas period from senior operational staff. **Leadership capacity for supporting the Enhanced Care Pathway (ECP)** • A general Manager from the acute setting will be supporting Alison with developing the in-reach process and discharge planning for complex patients.	on the part of the CCG to keep monitoring this process. This staff member is aligned to the acute setting and there is a risk that the focus will remain on acute and not Community	beneath her and addressing the gaps in the structure impacting on operational delivery This General Manager will be attending any meetings associated with the acute and integrated working. The GM has been advised that their presence is expected at these meetings and this will be monitored by PVK	
2	**Communication with GPs**	A six weekly Joint Communications meeting has been set up between the CCG, CAHS, and Federation with GP representation from	The risk is that these meetings do not get prioritised	The 6 weekly Communications meetings are supported by	**Full assurance**

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		the Localities. The meeting will: 1. Address operational glitches as they arise between community services and Primary care and address them together 2. Begin planning together strategically in preparation of the Enhanced Care pathway commencing in April 2016; identifying effective ways that Primary care and CAHS can work together to continue to deliver CAHS and the Enhanced Care pathway from April. The high level discussion points from this meeting would be formed into a newsletter that would be circulated to Primary care and CAHS staff. *Note: Full assurance, however only one meeting has been had and awaiting dates for the new year. In addition, there will be ongoing planning work around the longer strategic plans to deliver the Multi-speciality community Provider (MCP) over a phased approach. At appropriate times, Social Care, the voluntary sector and Mental Health will also attend this communications meeting. Paula Vasco-Knight has also expressed a wish visit the GP localities to meet some of the GPs and has been provided with dates for	and the importance of the meetings are not supported at executive level	executive level for all organisations involved and failure for these meetings to take place will be escalated to executive level SGUHFT have expressed an interest to remain sighted on any planning meetings that are appropriate for them to attend that the CCG will be running. This will ensure that SGUHFT can deliver timely and effective communication to their staff to manage staff	

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		the New Year.		expectations and any concerns raised.	
3	**Staffing levels**	The CCG were provided with a breakdown of staffing establishment in October 2015. However the CCG was not fully assured that the staffing levels matched the level of new investment given for CAHS of £2.7m. Paula Vasco-Knight provided further assurance around the contents of the data requested on the 22nd December 2015. The CCG has now undertaken a consolidation process with SGUHFT to review staffing levels and vacancies. SGHUFT were asked to provide - CAHS workforce model and vacancy information - CAHS recruitment tracker - WTEs by band pre and post CAHS redesign - WTEs by band and professional group pre and post CAHS redesign - Community Nursing clusters pre CAHS redesign - CAHS workforce by locality post CAHS redesign	The potential risk is that the level of transparency needed to complete this piece of work would not be shared resulting in concerns that there are gaps of knowledge. This information needs to be as accurate as possible in order for the CCG to use this information on staffing establishments and budgets for an on-going procurement.	A monthly tracker of recruitment into vacant posts was requested from SGUHFT and is now being closely monitored at the CQRM to ensure posts are advertised and recruited to in an expedient manner.	**Partial assurance**

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4	**CAHS investment**	SGUHFT are in year one of a two year financial turnaround programme as a result of their escalating level of deficit. Commissioners remain highly concerned about the impact of this financial position on quality and safety across all acute and community services.	While commissioners recognise that cost improvement plans (CIPS) must be applied equitably across all Trust services, there is also a recognition of the particularly high risk in relation to block based community services where a high proportion of cost is in direct staff costs.	All green and amber schemes are shared with commissioners and reviewed by a team including senior clinical representatives. Once a community CIP scheme has been implemented, delivery is then be monitored at the monthly Community CQRM to mitigate any impact on quality of patient care.	**Partial assurance**
		Another impact of the Trust's financial position has been a significant delay in the implementation of the CAHS elements of the SGUHFT estates and IT strategy.	The risk is that the four locality hubs which are central to the CAHS model will not be fully implemented. There is a risk that staff/patient facing time will reduce further due to the requirement for staff to return to offices to update clinical records.	The CCG has been assured that the impact of estates development on service delivery will be minimised and that delays associated with community services will be proportionate to the rest of the Trust. The CAHS staff are rolling out the use of hand held electronic devices to facilitate mobile working and reduce the need for staff to be office based.	**Partial assurance**

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5	**Reporting requirements**	In October 2015, SGUHFT provided a breakdown of the staffing establishment as requested by the CCG and data sharing agreement. SGUHFT will continue to provide the data on a monthly basis which will be shared at the Clinical Quality Reference Group.	The data is not always available and in the format it is needed to be provided in, which can make it hard to interpret	The CCG is working with SGUHFT to ensure the data provided is clear and consistent and provided in the way it is needed to be informative and useful	**Partial assurance**
6	**Engagement with the Enhanced Care pathway and developing Integrated working**	An extended specification was submitted to SGUHFT in September 2015 for in year deliverables and additional work described for moving forwards to deliver CAHS and the Enhanced Care pathway in April 2016/2017. **In-year deliverables:**			**Partial assurance (see individual deliverables)**
		Responsibility for coordinating MDTs Community services are currently required to carry out weekly MDT meetings across all four localities and this requirement is being met.		This continues to be monitored via KPIs which focus on the level of attendance from all professionals involved	**Full assurance**
		Facilitating participation of GPs and other professional staff groups at MDTs		There is on-going development of a shared, jointly owned care plan on a shared IT system	**Full assurance**

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		Patient cohort definition There is concern that this significant piece of work related to identifying patient cohorts for the most high risk patient groups (ED 1000) still has not commenced despite this work needing to commence in November 2015.	SGUHFT have provided the CCG with NHS numbers for the entire CAHS caseload and the information is being used to cross reference with Planning All Care Together (PACT) to define an agreed cohort of patients across CAHS.	This work to identify an agreed cohort known as the ECP 500 is complex and will take considerable focus to deliver an agreed patient group across multi-providers by April 1st 2016. The CCG is taking responsibility for overseeing this work which is being pulled together by the CSU on behalf of the CCG.	**Partial assurance**
		Engaging in the development of standard operating procedures and job descriptions for the ECP Work has commenced with SGUHFT and CCG colleagues on the development of the Consultant Geriatrician, Health and Social care coordinators and Health and Social care Manager job descriptions. Further work is required in scoping the consultant geriatrician post and this will be done collaboratively with SGUHFT colleagues.		SGUHFT are working with the CCG to develop this as a wider multiagency provider involved in the ECP and have been involved in designing the pathway and are keen for this to continue. SGUHFT will be attending regular meetings with the CCG and other Providers to continue this work	**Partial assurance**
		Joint care plan working The CCG is monitoring this through the Local Development Improvement Plan (LDIP) for CAHS		The Local Development Improvement Plan (LDIP) continues around integrated working with Primary Care and attendance is monitored via monthly reports	**Full assurance**

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		Development and delivery of the Front Door A&E (OPAL) service The CCG has been attending monthly operational meetings for the OPAL service and will continue to do so in order to reach full assurance that the service is working in partnership with community teams to facilitate timely discharge of frail elderly patients.	The Front Door team (Older People Liaison service) is now in place and is being operationalised. The team have taken a while to build up to full capacity but are gradually getting there.	The meetings are continuing to occur and the CCG has a presence at the meetings and will support the design to ensure that CAHS are fully imbedded in the pathway. CAHS also attend all the operational meetings to develop this service on an on-going basis.	**Partial assurance**
		The on-going Rapid Response service and ensuring the service is fully recruited to The CCG requested for two additional GP locums using existing CAHS funding to be in post by 1st October 2015. Additional GP locums to be appointed by 1st November 2015 (subject to additional CCG funding). The CCG is aware that there are currently x3 GPs (1.8WTEs) operating the service and a contractual notice has been sent by the CSU on 23rd December 2015.	Rapid response has proved to be an on-going issue for SGUHFT to recruit into and this has left an on-going gap in this element of the service for the past 2 years	The CCG has taken the decision to decommission this element of the service from CAHS and are in the process of considering the most effective way to commission this to integrate with Primary care	**Partial assurance**

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		Delivery of Complex Discharge meetings 3 times weekly complex discharge meeting has been set up by SGUHFT colleagues in order to discuss, review and arrange discharge for the most complex patients. The standardised operational process for the meetings was due to be in place and delivered by 31st October 2015.	The CCG has been involved with a two day workshop at SGUHFT which was facilitated by Emergency Care Improvement team (ECIP). ECIP are focusing on a number of hospital Trusts nationally including SGUHFT and supporting the Trust to address the management of patient flow. The complex discharge meeting will be prioritised as one of the areas of focus and the CCG will help to support this work to ensure the process fits with the ECP.	Daily discharges are monitored through delayed transfers of care and this is reported regularly to the CCG. The CCG will be involved in future workshops that ECIP will be hosting and can therefore influence the format of the meetings by working in partnership with SGUHFT.	**No assurance**

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		Engagement in the development of the ECP for patients in Nursing and residential homes The CCG is continuing to work with SGUHFT staff via the Nursing Home Task and Finish Group		The CCG will be reviewing the way it commissions services to nursing homes from April 2016 and this will be working on the ECP pathway which provides an in reach service to deliver integrated care planning across provider groups	**Full assurance**
		Review of community beds at QMH, RGH and Brysson Whyte Acute Admissions Avoidance pathway It was agreed this would be a piece of work for 2016. SGUHFT have confirmed as part of Miles Scott's letter that this will be advanced in 2016. SGUHFT are willing to engage in work with the CCG and any other relevant provider to undertake this work	The way that this service is currently commissioned means that SGUHFT activity is very low and the service is not fully utilised. A new specification will be developed to support the PACT ECP patients which will ensure there is a more responsive service to deliver both urgent and planned assessments with a Consultant Geriatrician.	KPIs will be designed around this service and monitored. The on-going development of this service is being monitored by the executive team from SGUHFT at fortnightly review meetings.	**Partial assurance**

Recommendation

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In light of the work that is being undertaken to address ongoing concerns, the recommendation to the CCG Board is that the CAHS contract to be extended for up to a further 18 month period with the exclusion of the Rapid Response element of the service. The extension of the contract for up to 18 months will also serve as the notice period for SGUHFT as incumbent provider.

The Board is asked to confirm approval of this decision.