

**Agenda Item 11**

Report to: (Governing Body/Committee): Governing Body

Date of Meeting: June 2019

Subject: Alliance Agreement

Presented by: Helen Kenyon, Chief Operating Officer NELCCG

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | At its March meeting the Governing Body received a progress update in relation to the development of an Alliance model to support delivery of Integrated Urgent and Emergency Care for the population of North East Lincolnshire.  It was noted that the first phase of delivery was to commence in June 2019 with the implementation of an Urgent Treatment Centre that would initially operate for 12 hours a day 7 days a week and become the front door to the hospital for people presenting with urgent (non life threatening conditions), with an expectation that over time the hours of operation of the unit would increase, and additional elements of the service including a comprehensive community response would be implemented.  This report highlights the work that has been undertaken since March in relation to the development and implementation of the Alliance and Urgent treatment Centre.  The report also highlights that due to the national requirement for areas to establish Primary Care Networks one of the Federations informed the alliance members that it did not want to continue to be a member of the alliance at this time as its partners needed to focus their attention on the establishment of PCNs. It is now believed that the Federation, may now be at a point where it could reengage with the alliance and meetings are taking place with the federation to progress this. In order to allow time for these conversations to take place it is proposed that the requirement to sign up to the alliance by the 30th June be amended to 301st July, to allow the PCNs to complete the actions they need to take to become established (by 1st July), and then through the federations sign up to being a member of the Alliance. | |
| **Recommendations:** | The Governing Body are being asked to note the work that has been undertaken in relation to the establishment of the Integrated Urgent Care Alliance, and extend the timing for the formal sign off of the agreement by all partners to the end of July 2019, to allow the PCNs to complete the work they need to do to become established and hopefully re-engage with the alliance | |
| **Committee Process and Assurance:** | The CCG has established and internal working group that has been working with and overseeing the development of the Alliance. This has developed an assurance process around the development of the alliance using the CCGs procurement processes as the basis for that assurance process. This process has been signed off by the CCGs Care Contracting Committee.  The Shadow Alliance submitted its first assurance report to the CCG in January 2019, and this was subsequently reviewed by CCC and feedback was provided to the alliance from that. Whilst areas for further work were identified, there were not felt to be any significant assurance issues at that time.  The end of March 2019 report has subsequently been received and whilst it didn’t highlight any significant areas of concern there were a number of areas where further clarity will be sought as part of the request for the end of Qtr 1 report, due at the beginning of July.  Throughout the process the alliance has been obtaining legal advice on the development of the formal agreement to ensure it is fit for purpose for all participants. The Integrated Governance and Audit Committee will be asked to review the final draft of the alliance agreement prior to signing by the CCG.  A Union Board will also continue to be updated on the work taking place in relation to the establishment of the Alliance given its importance to the area. | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | There is a risk that not all of the partners that would be required to deliver the full scope of the alliance in relation to integrated urgent and emergency care will sign up. The Panacea federation has indicated that it does not wish to sign up to being a member of the Alliance whilst its partners were working through the implications of establishing Primary Care Networks, however it has now indicated that it may be in a position shortly to sign up. Given the clear benefit to the system of all General Practice being participants to the Alliance it is therefore proposed that a short delay to the signing of the alliance agreement be agreed to allow time for partners to work with the Panacea GPs to see if they would then be in a position to included.  There is also a risk that the alliance model fails to deliver the CCGs aspiration in relation to a redesigned and operational integrated Urgent and emergency care service. The CCG is working with the providers to ensure that they fully understand the requirements of the spec and how they can best deliver against them.  There is a risk that a provider not currently part of the alliance could challenge the process, however the approach that the CCG is taking is in line with that proposed in the 10 year plan, and has been receiving legal advise on how to proceed in a way that would reduce that risk. | |
| **Legal Implications:** | There is a risk that a provider not currently part of the alliance could challenge the process, however, the scope of the alliance – Integrated Urgent Care is not traditionally an area that has been subject to independent sector working and the approach that the CCG is taking is in line with that proposed in the 10 year plan. It has also been receiving legal advice on how to proceed in a way that would reduce that risk of challenge. | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **Yes** |
|  | If yes to the above – have the DPIA screening questions been completed? | **No** |
|  | Does this project involve the processing of personally identifiable or other high risk data? – **not by the CCG** | **Yes** |
|  | If yes to the above has a DPIA been completed and approved? | **No** |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | There are no financial implications explicitly for this report, however the development of an integrated Urgent and emergency care system would result in changes to financial flows and amounts and this is currently being worked on by finance colleagues | |
| **Quality Implications:**  *.* | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | The development of the Alliance is currently being overseen by the CCC, and is not subject to procurement at this time | |
| **Engagement Implications:** | This paper has been developed in conjunction with alliance partners, and whilst there has been no specific engagement with the public on this, the development of the integrated urgent and emergency specification has been engaged upon both nationally and locally. | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>  The development of an integrated urgent and emergency care system for NEL is in line with constitutional requirements | |
| **Appendices / attachments** |  | |