

**Agenda Item 09**

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

Date of Meeting: March 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:** | The attached report and embedded papers provide a progress update in relation to the development of the Alliance model and agreement that is being developed to support delivery of Integrated Urgent and Emergency Care for the population of North East Lincolnshire.  The first phase of delivery will commence in June 2019 with the implementation of an Urgent Treatment Centre that will 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). Over time the expectation is that the ours of operation of the unit will increase, and additional phases including a comprehensive community response will be implemented.  In order to ensure that all partners that will be involved in the delivery of integrated urgent care are operating under the right governance arrangements the alliance has developed a structure and process to facilitate joint working.  This report is not to provide assurance to the CCG as the strategic commissioner around the development of the alliance & integrated Urgent and emergency care. The Governing Bodys Care Contracting Committee is overseeing the assurance process of the development and delivery of integrated Urgent and Emergency Care, and was assured that sufficient progress was being paid as part of the December assurance submission by the Alliance members (the next submission is due at the end of March 2919). This paper is in relation to the CCG as a partner in the alliance and therefore needing to be assured that the right governance processes are being established that will keep each individual partner “safe”. | |
| **Recommendations:** | The Governing Body are being asked to confirm their continued commitment to entering into an alliance agreement with the other partners for the delivery of Integrated Urgent and Emergency Care. | |
| **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 next assurance return will be due at the ned of March 2019 and then quarterly thereafter until the full implementation of the revised working arrangements/ model.  A Union Board workshop has also taken place to provide union board members with an opportunity to better understand the detail and work taking place to develop this new way of working. | |
| ***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 alliance is therefore seeking assurance from all current partners that they are still intending to sign the alliance agreement when complete.  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 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 | |
| **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** |  | |