

Report to: STRATEGIC COMMISSIONING BOARD

Date: 23rd October 2019

Executive Member: Councillor Eleanor Wills – Executive Member for Adult Social Care and Population Health

Clinical Lead: Dr Ashwin Ramachandra – CCG Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **Future Provision of NHS 111 Services**

Report Summary: The current contract for NHS111 services in the North West region expires in September 2020. This report proposes how these services should be commissioned in the future.

Recommendations: Strategic Commissioning Board are asked to Agree in principle the direct award of core NHS111 services to NWAS, subject to the development and funding of an agreed service specification.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	The CCG has a budget of £619k to fund the 111 contract with NWAS in 19/20.
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	Our recommendation is that any ‘in principle’ support is subject to satisfactory resolution of finances. Should costs materially increase against current projections ‘in principle’ support may need to be reviewed.

Legal Implications:
(Authorised by the Borough Solicitor)

It is unsatisfactory that there is no clarity over the financial situation and consequently we cannot commit more than budgeted. In any other circumstances we would say we cannot continue until we have further information but given the nature of the service this could put lives at risk. We are advised by the external legal advice that we are entitled to rely on that the award is legally compliant.

How do proposals align with Health & Wellbeing Strategy?

NHS111 is a key national service that supports people with urgent needs to self-care or receive appropriate treatment

How do proposals align with Locality Plan?

NHS111 supports individuals to be treated closer to home

How do proposals align with the Commissioning Strategy?

NHS111 is a key commissioned service and the option to develop modular services provides opportunities to increase integration with local services.

Recommendations / views of the Health and Care Advisory Group:

This report relates to a contracting decision only.

Public and Patient Implications:

Whilst the contracting arrangements will not impact on the services provided to patients the proposed arrangements would create opportunity for more integrated patient care.

Quality Implications:

There are no specific quality issues

How do the proposals help to reduce health inequalities?

The services ensure individuals are able to access 24/7 support to manage their health.

What are the Equality and Diversity implications?

There are no specific Diversity and Equality implications

What are the safeguarding implications?

None

What are the Information Governance implications? Has a privacy impact assessment been conducted?

The proposal relates to contractual arrangements only.

Risk Management:

The paper from Directors of Commissioning states Legal advice has been taken as to the risks of directly awarding the service to NWAS.

At present there are no financial projections available from the SPB about how the cost of this service might change from September 20.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Jessica Williams



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1. INTRODUCTION

- 1.1 An urgent request from SPB Commissioners was received on 26 July for CCG approval of the Future Provision of NHS 111 Services (with approval to be confirmed by 30 August). SLT discussed an initial proposal to revise current ambulance and NHS 111 governance arrangements and follow an approach to developing models of integrated urgent care with a “core” component at North West level and “modular” elements to be developed for each sub-regional footprint.
- 1.2 If GM is in a position to confirm there will not be a cost increase to Localities for the current level of service provision and would be subject to agreement for any increase in contract scope, we could potentially give a commitment in August to work with GM as a whole to explore the new commissioning arrangements. This was fed back to GMHSCP.
- 1.3 The initial proposal was discussed at Commissioning Leadership Group in August and at September Directors of Commissioning (DOCs). At DoCs it was agreed to present a further paper to seek approval of a ‘in principle decision’ from each CCG mindful of the lack of financial analysis.
- 1.4 This report is seeking an in principle decision regarding the commissioning of NHS 111 service when the current contract expires in September 2020.

2. CURRENT COMMISSIONING ARRANGEMENTS

- 2.1 The NHS111 call service is a national service provided at a regional level. It is a free to call service which provides non-emergency triage and advice.
- 2.2 In the North West region the service was awarded to NWS in September 2015 for a period of five years. The value of the contract is circa £18m per annum.
- 2.3 NHS Blackpool CCG are the lead commissioner for 999, 111 and Patient Transport Services provided by NWS. To support their commissioning there is a regional Strategic Partnership Board (SPB) and local groups in each of the five sub-regions of the North West.
- 2.4 Since 2015 there have been a number of changes with regard to NHS111 services, including the national development of NHS111 on-line, a revised national strategy for urgent and emergency care and the development of the concept of “core” NHS111 services and “modular” services.
- 2.5 Core services include:
 - (a) resilient NHS111 infrastructure;
 - (b) Call taking, answering, triage and immediate advice; and
 - (c) clinical supervision of the service
- 2.6 Modular services could include:
 - (a) Further advice and support following initial triage;
 - (b) links to GP Out of Hours Services; and
 - (c) more specialist services, such as support for clinicians face to face with patients.

3. PROPOSED COMMISSIONING ARRANGEMENT

- 3.1 The SPB have considered a number of options for the future commissioning of NHS111 services, including:

- (a) a short-term extension of the current contract;
- (b) a procurement process;
- (c) a direct award to NWAS of the service as currently provided; and
- (d) a direct award to NWAS for core services.

- 3.2 The preferred option recommended by the SPB is for an in principle decision for the direct award of core services to NWAS. This would provide continuity of service provision, allow for further integration of 999 and 111 call management and allow a focus on the development and commissioning of the modular elements to be provided across Greater Manchester (GM).
- 3.3 Legal advice has been sought on the risks of such a direct award. The rationale for the direct award is that by integrating 111 and 999, NWAS is the only possible provider which makes the risk of challenge low.
- 3.4 The contract length would be agreed as part of this process. Given the complexities of integrating 999 and 111 services it is envisaged that a further five year contract would be appropriate.
- 3.5 The next steps would be for the development of service specifications for both core modules, at the North West level, and modular elements at a GM level.
- 3.6 Agreeing this approach does not commit us to agreeing a contract or direct award without further decision points in line with the timetable set out below.
- 3.7 The SPB propose setting up a Task and Finish group to conclude the North West specification by 31 December 2019 allowing quality, finance and performance levels to be built into 2020-2021 plans and revised arrangements to be in place from September 2020.
- 3.8 Working to the same timescale, at a GM level, there would be agreement of the modular services to be provided.

4. RECOMMENDATIONS

- 4.1 As set out at the front of the report.