

# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire West Clinical Commissioning Group, Lead Commissioner of Emergency Ambulance Services in Lincolnshire

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 September 2017</b>
Subject:	<b>Emergency Ambulance Commissioning</b>

**Summary:**  
This report provides an overview on how emergency ambulances are commissioned from the East Midlands Ambulance Service.

**Actions Required:**  
The Committee is invited to consider and comment on the information presented.

## 1. Background

### Commissioning Arrangements

The four Lincolnshire County Clinical Commissioning Groups (CCGs) (Lincolnshire East, Lincolnshire West, South Lincolnshire and South West Lincolnshire) commission emergency ambulances as part of a collaborative commissioning arrangement across the East Midlands, along with another 18 CCGs - 22 CCGs in total.

Emergency ambulances are commissioned from the East Midlands Ambulance Service (EMAS), which covers five counties Derbyshire, Leicestershire, Lincolnshire, Northamptonshire and Nottinghamshire.

Commissioning meetings are held at both (EMAS) Trust level, and at County (or divisional) level. For Lincolnshire this involves six CCGs, the four Lincolnshire

County CCGs and North and North East Lincolnshire CCGs. These six CCGs constitute the EMAS Lincolnshire Division.

The Trust level meetings include the contract lead commissioner team (Hardwick CCG), a lead commissioner from each County (two from Greater Lincolnshire) and EMAS management Board.

The local meetings include the contract lead commissioner team, local commissioning team from both the four Lincolnshire County CCGs and North/North East Lincolnshire CCGs and the EMAS Divisional management team.

The above arrangement provides a balanced approach to understanding and managing emergency ambulance services across all 22 CCGs and at a local level (Lincolnshire) .

Hardwick CCG provides lead commissioning with EMAS.

Lincolnshire West CCG provides lead commissioning across the four Lincolnshire County CCGs.

### **Contracting**

There is a single contract across the 22 CCGs and EMAS, which is managed by Hardwick CCG. Additional local requirements can be added to the contract.

The contract currency with EMAS is activity-based using four counts: calls; hear & treat; see & treat; and see & convey. Contracted activity is based on a three-year rolling analysis and adjusted for system changes that would have impact on any of the four counts, e.g. Clinical Assessment Service, or 111 changes.

Activity is agreed between the 22 CCGs and Hardwick CCG, and further between Hardwick CCG and EMAS. Discrepancies are managed locally though Hardwick CCG and involving the local lead and EMAS contracting team.

EMAS as a Trust is currently (2017/18) contracted to deliver national performance standards at Trust level only. This also includes improvement at Divisional level compared to the previous year.

The contract value across the four Lincolnshire County CCGs is £25.5m.

### **Commissioning Decision Making**

The majority of commissioning decisions are managed at Trust level as they are largely governed at national level. These are national "must be dones".

Regional (EMAS Trust level) application is determined through meetings between the commissioners (Hardwick CCG and the County Leads) and EMAS through negotiation. This requires negotiation between Hardwick CCG and the County Leads, who represent their specific CCGs.

Local commissioning, is managed at local level through the local lead commissioner with the involvement of Divisional General Manager.

In Lincolnshire County decisions usually involve all CCGs, but at times may be CCG specific. There is clear communication between Lincolnshire West CCG, as the lead commissioner and the other three CCGs. This communication is via the CCGs' own commissioners and includes attendance at CCG Boards etc.

Decision making involves the EMAS management, which is usually the Divisional Team and involve identifying issues, reasons and solutions.

Having a local approach is important in order to identify and meet local needs. This is particularly important now in view of the Lincolnshire Sustainability and Transformation Plan (STP) and system-wide changes to ensure that unintended consequences are mitigated.

In summary there is a myriad of influences on commissioning decisions including; performance, activity; 'local' issues/changes; STP; and the Urgent Care Board (A&E Delivery Board). It is critical that EMAS is committed to, and involved in these county-wide groups. There is also close working between lead commissioners and EMAS Lincolnshire Division which enables robust confirm and challenge on both parts.

Local working has delivered change which benefits the local population. One of the latest examples of this is EMAS being an alliance partner in the Lincolnshire Clinical Assessment Service (CAS). The CAS now provides additional clinical support to paramedics on-scene and has reduced the number of people previously taken to hospital, who are better cared for within other community-based services.

## **Future Commissioning**

There has recently been a number of significant changes to ambulance services including a new response programme, review of how EMAS is commissioned and their use of their resources.

We are still in very early stages of assessing and understanding the impact of these, they do offer significant opportunities for the health system to work differently.

### **2. Consultation**

This is not a consultation item.

### **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

The emergency ambulance service supports the work of the Joint Strategic Needs Assessment by looking to ensure people who call 999 are directed to the most appropriate services, and not just automatically conveyed to an acute hospital. This includes looking to improve pathways for to enable people to access care and treatment more locally and to meet the interdependency of services that people's clinical conditions require.

This approach specifically supports people with long-term conditions, including frailty.

For these people it is important that they are only taken to, and admitted into an acute hospital if they require higher levels of treatment and care.

Unnecessary admissions can create problems in both admitting people who clinically need to be admitted, and contributes to those who experience delays in their discharge.

#### **4. Conclusion**

There is a robust commissioning process and system across the 22 CCGs which supports sustainable development of emergency ambulances services to meet national and, regional requirements. This approach also provides a local focus to analyse, identify and deliver service improvement for the people of Lincolnshire.

#### **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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