**SPECIFICATION for end-to-end commissioning support to the London Any Qualified Provider (AQP) Framework for Care Homes provision for NHS Continuing Healthcare (CHC)**

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1. **Context and Purpose Statement**

Clinical Commissioning Groups (CCGs) commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care for their population. There are five CCGs in London – North Central; North East, North West, South East and South West. See **Appendix 1.**

NHS Continuing Healthcare (CHC) refers to a package of on-going care that is arranged and funded by the NHS where a person has a “primary health need” - this care takes the form of a care home placement. Individuals are assessed according to their needs (not on their condition or diagnosis) and if eligible the NHS fund all of the health and ‘social care’/personal care costs. In Q3 2020-21 there were 27,065 people assessed as eligible for NHS CHC, of which 2,767 were in London.

Individuals are assessed for eligibility for NHS CHC according to a detailed process set out in the National Framework for NHS Continuing Healthcare. Where they are deemed eligible, CCGs have a responsibility to provide and case manage the individual’s care package.

London CCGs use an Any Qualified Provider (AQP) Framework to place individuals eligible for continuing healthcare who have standard Continuing Healthcare needs. The Framework does not cover specialist providers. The Framework has been successful in delivering improvements in quality and achieving savings for standard CHC packages of care. The AQP Framework is supported by an online quality monitoring and capacity management system (CMS).

The London AQP for Care Homes has been in place since April 2013 and evolved over time. It provides the contractual framework by which the London CCGs access care home provision for NHS Continuing Care assessed clients. There are currently 210 Care Homes on the AQP contract. The AQP is in place to provide a consistent approach for CCG’s to manage the market for care home beds providing a price which is fair and equitable, allowing for a more sustainable provision both financially and non-financially including quality of provision.

The purpose of seeking support is to secure a service provider who can provide a comprehensive end-to-end commissioning support service to London CCGs to maintain and further develop the London AQP for Care Homes.

Sections within this specification include duplicative activities which the provider will be able to interlink and do once for a number of purposes to ensure appropriate operating model is delivered to meet all aspects of this specification.

1. **Policy and Process**
	1. **National and regional alignment**

The service provider will be required to keep updated on AQP progress and with national and London-wide developments in the following areas through meetings and webinars:

* + National Framework for NHS Continuing Care and NHS funded Nursing Care – revised October 2018 (published March 2019)
	+ London CHC leads meetings
	+ Long Lengths of Stay
	+ Act Now (plan for discharge early) – getting people “Home First”
	+ Capacity management Systems
	+ Personal Health Budgets
	+ Co-ordinate My Care <https://www.coordinatemycare.co.uk/>
	1. **National and local guidance**
		1. **National Policy and Guidance**

The service provider is to comply with all relevant legislation, relevant national policy and guidance documents including but not limited to the following:

**Data Protection Act 2018**

The Data Protection Act (‘DPA’) requires organisations to be registered with the Information Commissioner. Organisations should only process and share personal data in the manner and to the degree permitted by the DPA. In particular, personal data should be:

1. Obtained and processed lawfully

2. Accurate, relevant and not held longer than is necessary

3. Kept securely

Unauthorised disclosure is a criminal offence under the DPA although it allows for sharing information without the consent of the subject in certain circumstances. The Information Commissioner has published guidance.

**Equality Act 2010**

The act legally protects people with protected characteristics from discrimination and imposes a public sector equality duty.

**Employment legislation**

* The Employment Act 2008
* Working Time Directive and Working Time Regulations
* National Minimum Wage Regulations as amended from time to time

**London Living Wage**

The London Living Wage (LLW) reflects the high cost of living in the capital. Organisations can choose to pay employees the LLW, but CCGs cannot unilaterally require nursing homes to pay their staff LLW.

**Human Rights Act 1998**

In the provision of services the Provider shall at all times have due regard to and provide services in ways which are consistent with the principles of the European Convention of Humans Rights and shall in the performance of its functions under this Agreement act in a manner which is compatible with the Human Rights Act 1998. Under the Care Act 2014 (s73), the Provider is deemed to be exercising a function of a public nature for purposes of the Human Rights Act in its provision of care and/or support.

**Asylum and Immigration Act 2006(Employment Provisions) - Section 8**

The act imposes a duty on employers to prevent illegal working in the UK by carrying out document checks to confirm if a person has a right to work in the UK.

**Health & Safety at Work Act 1974**

This Act is an umbrella act for many regulations addressing health and safety in the workplace and in premises open to the public.

**Other**

* Francis, R. “The Francis Report” 2013.
* Department of Health “Supporting people with long-term conditions to self-care” 2006.
* Kings Fund Community Care February 2014.
* NHS England (2013b). Everyone counts: Planning for patients 2014/15 to 2018/19.
* Care Quality Commission. The state of health care and adult social care in England, 2012/13.
* The Care Act 2014.
* The Children and Families Act 2014.
* Technical Guidance for the NHS Workforce Race Equality Standard (WRES), March 2015.
* Who Pays: determining which NHS commissioner is responsible for making payments to a provider” (August 2021).
* The Health and Social Care Act 2012.
* The Mental Capacity Act 2005.
* The Disability Discrimination Act 1995.
* Safeguarding children and young people.
* Adult Protection.
* SUI and incident reporting.
* Infection Control.
* Confidentiality.
* Management and Control of Medicines.
* Kings fund report Recommendations for Integrated Commissioning <https://www.kingsfund.org.uk/publications/options-integrated-commissioning/summary>
* National living wage

<https://www.gov.uk/national-minimum-wage-rates>

* NHS Outcomes Framework Domains & Indicators:

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| --- | --- |
| **Domain 1** | **Preventing people from dying prematurely** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |
| **Domain 4** | **Ensuring people have a positive experience of care** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |

* + 1. **Local defined outcomes**

The service provider will be expected to develop effective partnerships between individuals and organisations to ensure that services are:

* + person centred.
	+ promote faster recovery from illness.
	+ prevent unnecessary acute hospital admissions.
	+ support timely discharge.
	+ maximise independent living.

The key service outcomes are based on the NHS Outcomes Framework and Adult Social Care Outcomes Framework and include:

* + People with care and support needs have an enhanced quality of life.
	+ People are helped to recover from episodes of ill health or following injury.
	+ People have a positive experience of care.
	+ People are treated and cared for in a safe environment and protected from avoidable harm.
	1. **Governance**
		1. **Information Governance**

The service provider will ensure that all information sharing guidelines and protocols are abided by to maintain the safeguard of patient identifiable data. If there any concerns regarding the safe transfer or use of patient identifiable data then these should be reported as a Serious Incident and referred to the local Caldecott Guardian.

* + 1. **Risk Management**

The service provider will be required to have a robust Risk Management policy and guidelines in place that reflects best practice and should be able to assure the commissioners of the safety and effectiveness of their service.

* + 1. **Insurance**

The service provider and all staff providing the service are required to have medical negligence indemnity insurance to meet in full any claims made against them as individuals. The Provider is responsible for ensuring that insurance and indemnity cover is place and proof of cover must be submitted to the CCGs upon request.

* + 1. **Business Continuity**

The service provider is required to have a robust business continuity plan which will incorporate specific actions around disruption to infrastructure, such as information systems and premises; staff shortages relating to sickness and maternity leave; winter planning; flu pandemic/ other disease outbreak.

* + 1. **Intellectual Property**

**Pre-existing Intellectual Property**. Except for rights expressly granted under this agreement, each party will retain exclusive interest in and ownership of its Intellectual Property developed before this agreement or developed outside the scope of this agreement.

**Independently Developed Intellectual Property**. Any Intellectual Property developed solely by a party under this agreement without the participation of the other party is and will remain the sole and exclusive property of the developing party.

**Jointly Developed Intellectual Property**. If the parties jointly develop Intellectual Property, the parties shall engage in good faith negotiations to establish their respective rights. In the event the parties cannot reach an agreement about such jointly developed property, each party will have equal ownership and rights in such intellectual property, without further obligation and without a duty to account to the other party.

* + 1. **Expertise and support**

The service provider will use all reasonable endeavours to meet all aspects of an end-to-end comprehensive service to support the implementation of the London AQP. The Provider will provide the necessary expertise and support to the CCGs to meet its obligations under the AQP. The provider will support the London Purchased Healthcare (LPH) Steering Board Chair and wider group and provide business and administrative support to the regular Steering Board meetings and contribute to its effective operation. There will be at least 6 Steering Boards over the financial year.

2.3.7 Reporting

The service provider will produce monthly reports for consideration by the London Purchased Healthcare Steering Board. The reports to include (but not exclusive):

* Nursing Home placement analysis.
* Quality reporting e.g.
	+ Outbreaks of infection e.g. MRSA.
	+ Pressure ulcers grade 3&4 or ungradable.
	+ Serious Incidents (SI) that would be reportable to the CQC.
	+ Patient (or family) experience and satisfaction.
	+ Complaints.
	+ Staffing levels and turnover.
* Market management e.g. financial sustainability, size of provider.
1. **Market Management and Analysis**

The service provider will be expected to deliver the following:

* 1. **Develop the market and shape relationships**
* Provide horizon scanning intelligence to CCGs within the scope of the services, providing strategic context, linking to policies and operation of the AQP to advise CCGs and provide information on the impact on the market.
* To support CCGs in their market management responsibilities (working with Local Authorities as needed) and shaping relationship with Care Homes. This will require operating very locally, at a CCG level, sub-regionally and regionally.
* There are over 700 stakeholders within the operation of the AQP Framework. These need to be understood and prioritised through relevant stakeholder mapping and effective management to support successful operation of this service.
* To provide service innovation within scope of the service to create value, deliver efficiencies and improve financial and quality outcomes and promote patient choice.
	1. **Provider placement data collection system functionality**
* Collects monthly AQP placement data from nursing homes through an online portal.
* Automatically validates data to prevent providers:
	+ entering incorrect AQP rates.
	+ entering placement dates in future.
	+ deleting previous placements without providing an end date and reason.
* Reviews and validates provider commentary on submitted data.
* Achieves 75% of AQP provider data returns by deadline and over 95% of returns 3 months after deadline.
* Presents the data in an agreeable form, producing online, interactive placement dashboards which are updated monthly.
* Develop such dashboards with the CCGs to monitor AQP usage and support broader market management at local and regional levels.
	1. **System support**
* collect monthly CHC nursing home placement data from all CCGs.
* cleanse data into a consistent format across all CCGs to support cross-CCG analysis.
* actively manage provider and CCG data collection to ensure timely returns.
* perform regular data quality checks such as checking for missing or erroneous data and following up with CCGs for clarification where required.
	1. **Market analysis**
* Analyse placement data to identify target providers for procurement.
* Monitor placement dashboards for trends and to identify areas of improvement or concern, for instance:
	+ notifying CCGs where incorrect AQP rates paid,
	+ inviting non-AQP homes accepting the AQP rate to join the AQP,
	+ investigating non-compliance with the AQP and
	+ identifying improvements to AQP price structure.
* Perform market analysis as requested by CCGs to support local work, for instance:
	+ cost impact and market analysis with LAs to support price setting,
	+ analysis of the use and impact of block contracts on the market,
	+ AQP savings analysis,
	+ market overview analysis to identify opportunities to increase AQP usage and
	+ support sub-regional market management plans.
	1. **Directory of Services system functionality**
* Co-develop bespoke service definitions and categories against an agreed scope (with appropriate links made with other related projects and programmes, such as Transforming Care Partnerships and South London Partnership work on mental health complex care), working with a wide range of stakeholders including:
	+ specialist providers.
	+ mental health trusts.
	+ clinicians.
	+ commissioners.
	+ brokerage officers.
	+ discharge/placement teams.
* provides an online directory of services (Dos) for:
	+ Children and Young people’s services.
	+ Learning Disability services.
	+ Mental Health services.
	+ Specialist Neuro and Physical Disability services.
* Organises services by bespoke service definitions and categories.
* Provides search functionality by service definitions and categories.
* Provides access to all CCGs, local authorities and hospitals to support standardisation, integration and partnership working.
* Supports CCGs, local authorities and hospitals to effectively manage the market.
* Increases efficiency through on demand access to a wide range of services.
1. **Contract Development and Pricing**
	1. **Contract Development**

The service provider will be required to:

Develop a full, service specification every three to five years, in advance of the end of the Nursing Home AQP contract term (which is three years with an optional two-year extension).

Incorporate the most recent guidance, regulations and codes of practice for providers and commissioners into the specification during service specification development.

Coordinate input from various stakeholders across London including providers, commissioners, clinicians, provider representative groups, patient and carer representatives to develop best-practice service specification.

* Facilitate in-person meetings (separately and together) between providers and commissioners to co-produce and agree the service specification, including pan-London commissioning processes.
* Track provider and commissioner feedback throughout the contract term to incorporate into the specification during development and refresh.
* Incorporate the specification in the NHS Standard Contract template.
* Manage the sign-off of the service specification by all London CCGs and the LPH board.
	+ 1. **Collaborative Commissioning Agreements**

The service provider will be required to work with the lead commissioner, South East London CCG to:

* + Draft the Collaborative Commissioning Agreement (CCA) for the CCGs in advance of the end of the Nursing Home AQP contract term and in accordance with the [NHS Standard Contract Technical Guidance](https://www.england.nhs.uk/wp-content/uploads/2021/01/9-Contract-Technical-Guidance-2021-22-040121.pdf) Sections 12 and 13 (pages 21-22).
	+ Issue and collect sign off CCA from all London CCGs.
	+ Update new CCAs if new CCGs join the Nursing Home AQP.
		1. **Contract variations**

The service provider will be required to:

* Vary the AQP contract in accordance with the National Variation agreement to the NHS Standard Contract, as mandated by NHS England; incorporating local variations including new prices and any agreed changes to the service specification.
* Manage the coordinating commissioner to sign the variations in accordance with the [NHS Standard Contract Technical Guidance](https://www.england.nhs.uk/wp-content/uploads/2021/01/9-Contract-Technical-Guidance-2021-22-040121.pdf) Sections 12 and 13 (pages 21-22).
* Issue the variations to all AQP providers; managing the process for sign off and collection.
* Update appropriate resources to providers and commissioners to aid the implementation of the variation, in particular to the implementation of new prices.
	1. **Pricing**
		1. **Price development**

The service provider will be required to:

* To develop and maintain a bespoke cost model for the nursing homes AQP service specification. The model should look to capture the “fair” cost of CHC service provision.
* Review and refresh the cost model every three years.
* Update the cost model annually for inflation and statutory increases to provider costs, such as pensions and National Living Wage increases.
	+ Coordinate input to and review of cost model from a large number of stakeholders (over 200), including commissioners (CHC leads and clinicians), providers (provider head office staff, finance staff, home managers and clinicians), provider representative groups and regulators (NHS improvement pricing lead and CQC market oversight group).
* Work with providers to develop the cost data template to support the model. This will need to capture all relevant costs to an individual cost driver level; so as to allow updates to the model to account appropriate inflationary indices on an annual basis (i.e. changes in the Living Wage).
* Build in appropriate data validation checks to ensure an accurate data return is provided by AQP providers, running additional checks as appropriate to identify data issues.
* Manage appropriate access to provider data returns through user registration and permissions.
* Achieve a provider data return rate representing over 30% of the relevant market (130 nursing homes).
* Input the provider cost data into the cost model to determine a pan-London sustainable and efficient rate.
	+ 1. **Price review**

The service provider will be required to:

* Co-ordinate the annual price review for the Nursing Home AQP contract.
* Review changes to relevant guidelines and regulations to ensure cost model complies with National Tariff/CQUIN guidance and update model and report where necessary.
* Produce an annual cost model report, which is reviewed by the Care Quality Commission (CQC) Market Oversight Group and NHS Improvement pricing leads before being shared with CCGs.
* Propose appropriate price setting which considers the impact on CCGs against market sustainability.
* Perform additional per-CCG cost impact and market analysis to help CCGs to interpret the report and set prices that support market sustainability.
* Perform per-CCG analysis to model price impacts of London Living Wage on request.
* Facilitate CCG price setting to meet timelines ahead of the new contract year, co-ordinating sub-regional level discussions.
* Manage provider price review communications.
* Share the cost model report with and issue a price review outcome letter to providers (the pricing updates are implemented through the annual contract variations).
1. **Procurement and Contract Award**

The service provider will be expected to open the AQP annually to procure and award contracts to new providers to ensure maximum market coverage. The service provider will therefore be required to deliver the following:

* 1. **Overall process**
* Deliver the procurement process on-time and to the advertised timescales (5 months from the receipt of tenders to the go-live date) in line with agreed CCG expectations.
* Deliver the procurement process without challenge from providers.
* Deliver the procurement process in accordance with Public Contracts Regulations 2015, The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 and best practice guidelines.
	1. **Market engagement**
* Open the AQP for procurement to add new providers as needed to ensure maximum market coverage.
* Maximise number of tenders through pro-active market engagement with providers.
* Publish “Future Opportunity” and “Contract Notice” announcements on Contracts Finder.
* Work with CCGs to identify their key service providers.
* Present the procurement opportunity at CCG care home forums.
* Draft communications and resources for CCGs to share across their local market.
* Draft offer documents including terms of bidding, qualification criteria, offer information and guidance.
	1. **Receipt of tenders**
* Manage an online procurement portal for the tenders.
* Publish offer documents.
* Accept and respond to provider clarification questions about the tender.
* Track applications progress and provide weekly update reports to CCGs.
	1. **Evaluations**
* Manage the evaluation process for the procurement.
* Deliver standard and equal treatment for applicants.
* Maintain a full audit trail of the evaluations process.
* Manage a “challenge free” process where all providers accept the results.

The evaluations have three components:

*Compliance checks*

* Review tenders to ensure providers are:
	+ compliant with CQC and ICO registration,
	+ hold valid insurance and
	+ are not subject to any relevant exclusion grounds under Public Contracts Regulations 2015.

Validate all applicant information and issue clarification questions as required through the procurement portal.

*Technical evaluations (service delivery)*

* Co-ordinate nomination of clinical and commissioning evaluators from CCG directorates across London.
* Provide evaluator training on the evaluation methodology and qualification criteria.
* Issue and collect Conflict of Interest declarations from all evaluators.
* Manage evaluators to complete the evaluations through an online procurement platform and provide on-going support.
* Act as a moderator to ensure consistent application of the evaluation criteria.
* Facilitate moderation meetings to determine the evaluation outcomes.
* Issue clarification questions to applicants and share the responses with evaluators.

*Financial evaluations*

* Co-ordinate nomination of financial expert evaluators from CCG directorates across London.
* Provide evaluator training on the evaluation methodology and qualification criteria.
* Issue and collect Conflict of Interest declarations from all evaluators.
* Run credit checks on all applicants and share credit check details with evaluators.
* Share provider accounts to evaluators to enable evaluation.
* Create a Financial Assessment Tool for evaluators to conduct a ratio analysis and provide support and training on its use.
* Act as a moderator to ensure consistent application of the evaluation criteria.
* Facilitate moderation meetings to determine the evaluation outcomes.
* Issue clarification questions to applicants and share the responses with evaluators.
* Manage the offer and execution of parent company guarantees for organisations that cannot complete the financial evaluation.
	1. **Contract award**

The service provider will be required to:

* Manage the contract award and mobilisation for all providers.
* Issue individual outcome letters to all applicants and providing feedback as required.
* Publish a contract award notice on Contracts Finder.
* Manage an online contract mobilisation process through a Capacity Management System where providers submit contractual information and select homes to be included on a Capacity Management System AQP list. Information to be validated through the Capacity Management System
* Generate and issuing contracts to successful providers, and tracking returns.
* Add successful nursing homes to a Capacity Management System AQP list following go-live date. Homes are added to the list with CQC registration information and contact details submitted by providers during the online mobilisation process.
* Add successful nursing homes to monthly quality reporting and daily vacancy reporting on a Capacity Management System from the go-live date.
* Publish AQP guidance and resources for providers and commissioners on a Capacity Management System.
1. **Contract Management and Quality Monitoring**
	1. **Contract Management**
		1. **Capacity Management System (CMS)**

The service provider will be required to implement and maintain an on-line system for use by CCG directorates, care homes and associated partners (Local Authorities, Hospitals etc.). This will provide a directory of services, vacancy management for AQP homes and AQP Quality Monitoring information. The service provider will be required to deliver the following:

* + 1. **CMS Functionality Requirements**
* CMS to be accessible through standard online portal.
* Provides an online directory of all CQC registered nursing homes in England.
* Provides functionality for all homes on the system to share bed vacancy updates online.
* Vacancy updates include four different bed types:
* Nursing beds.
* Nursing dementia beds.
* Residential beds.
* Residential dementia beds.
* Enabling provider head office contacts to have an overview of vacancy reporting from all their nursing homes.
* Automatically syncs daily with CQC through an API for updated inspection ratings and registration information.
* Provides functionality for provider concerns to be shared on the list with commissioners in accordance with pan London safeguarding vulnerable adults’ protocols.
* Provides functionality for care homes to display a voluntary suspension on placements into their home.
* Allow providers to manage changes to their contact details.
	+ 1. **CMS Required Implementation Support**
* Implement programme of training and implementation of CMS across London, where required.
* Transfer of information from historical systems, if appropriate.
* Publish weekly engagement reports which are circulated across London.
* Give CMS presentations, demonstrations and webinars including at local care home forums, through the SIP Improvement Collaborative and at regional Long Length of Stay (LLOS) network events.
* Collaborate with relevant partners e.g. the Enhanced Health in Care Homes (EHCH) group as part of the Urgent and Emergency Care (UEC) network, including attending meetings to present AQP updates and agree engagement strategies.
* Publish guidance and resource documents.
* Managing provider queries and changes to contact details.
* Enabling provider head office contacts to have an overview of reporting from all their nursing homes.
	+ 1. **CMS Future Development**

The service provider will be expected to work with London system partners to undertake agreed developmental work on the CMS. All such proposed developmental work will need to be discussed and approved at the London Purchased Healthcare Steering Board.

* + 1. **Contract Management Support**
* Implement contract changes, including:
	+ Adding/removing homes to/from the Nursing Home AQP and sharing this information through CMS.
	+ Updating home information on CMS AQP list to display up to date contact details.
	+ Terminating provider contracts when required e.g. care home closures.
	+ Issuing change of control notices.
	+ Novating contracts upon sales of provider businesses.
	+ Preparing and circulating variations.
* Act as an escalation route to resolve provider and/or commissioner non-compliance with the contract terms, including supporting and attending poor performance meetings with providers as required.
* Interpret and apply contract terms. Provide advice to CCGs as regards contract compliance and escalation routes.
* Draft and share contract documents and templates, e.g. the AQP contract itself, Additional Care guidance packs, contracts that mirror terms of AQP contract that can be used for non-AQP spot-purchases, annual variations and parent company guarantees.
* Run CMS and AQP training sessions.
* Develop a system to undertake financial checks on AQP providers to assure financial stability of providers during life of the contract (frequency to be agreed), as well as through procurement.
	+ 1. **Information Requests**
* Support CCGs, individually and through single pan-London responses, with regards to AQP-related content in the following areas, which are non-exhaustive:
* Freedom of Information requests (FOI).
* Continuing Healthcare Assessment Tool (CHAT).
* NHSE Strategic Improvement Programme (SIP).
* CMS reports.
* Internal and external CCG audits.
	1. **Quality Monitoring**

The service provider will be required to ensure that AQP providers adhere with the terms of the AQP contract and report on activity and performance. This is to be undertaken via on online CMS and the service provider will be required to deliver the following:

* + 1. **Online Quality Data System Collection Functionality**
* Providers to complete monthly online quality reporting for all of London CCGs through single online system.
* Ensure 75% of AQP provider data returns by deadline and over 95% of returns 3 months after deadline.
* Validates provider reported data including checking all answers are consistent with the total number of service users in the home, ensuring sub-totals of metrics add up to the total metric.
* Allow providers to add additional comments to each data item to provide context to the data.
* Allows commissioners to specify and ask providers three qualitative questions online every six-months, in addition to regular monthly quality reporting.
* Allows providers to view copies of all historic reports.
* Allows providers to view recent punctuality of report completion to incentivise on time submissions.
* Give central provider contacts an overview of the reporting and submission status of all their homes. Automatically issues reporting links and reminder emails to all central contacts each month.
* Develop a system in conjunction with commissioners to share intelligence and enable that intelligence to be effectively responded too through the AQP as well as supporting connection to stakeholder mechanisms such as Local Authorities and CCGs, including at sub-regional level though quality surveillance approaches.
	+ 1. **System Support**
* Facilitate commissioners, clinicians and providers to jointly develop the standardised reporting requirements, based on the NHS Outcomes Framework.
* Proactively manage provider quality reporting for timely and complete returns
* Review and validate provider commentary on submitted data.
* Co-ordinate development of the additional qualitative questions with commissioners.
* Manage changes to provider contact details.
	+ 1. **Online quality dashboard creation system functionality**
* Analyses provider quality data returns to produce monthly online dashboards.
* Dashboards to be available to all CCGs to support collaborative market management.
* Dashboards to show quality over time and are produced at a range of levels:
	+ individual dashboards for every AQP nursing home.
	+ aggregate dashboards at CCG level.
	+ aggregate dashboards at CCG Directorate (32) level.
	+ a pan-London overview.
* Produce exception reporting and highlights this to commissioners through the dashboards and the commissioner home page.
* Exception reporting includes notable changes in nursing homes in the CCG’s local area including: a change in home manager or a sharp rise/fall in a quality reporting metric, a provider not reporting.
* Presents Provider responses to qualitative questions on the dashboards every six months.
* Includes Care Quality Commission (CQC) inspection ratings are included in the dashboards and updated daily from the CQC portal.
* Allows nursing homes to view their individual online dashboard, supporting provider internal quality improvement processes.
* Allow commissioners to view provider comments that provide further context to the data.
* Allows nursing homes to view their reporting archive.
	+ 1. **System Support**
* Actively monitor provider performance under the Nursing Home AQP.
* Collecting quality data through CMS monthly gives commissioners faster and more frequent access to nursing home performance information.
* Source and cleanse raw London Ambulance Service (LAS) data monthly, matching LAS database to CQC home names.
* Upload and analyse cleansed London Ambulance Service (LAS) data monthly.
	+ 1. **Online Resource Centre Functionality**
* Accessible by all AQP and registered nursing and residential care homes.
* Includes information from sources such as:
	+ Skills for Care.
	+ CQC.
	+ NHS Digital.
	+ Healthy London Partnership.
* Includes on-demand announcements to care homes as requested by CCG directorates and other partners, including:
	+ Public Health England guidance.
	+ NHS Digital guidance on completing the Data Security and Protection toolkit and how to access NHS Mail.
	+ Winter guidance and winter readiness packs from the Enhanced Health in Care Homes (EHCH) programme.
	+ Infection prevention guidance from the Social Care Institute for Excellence (SCIE) and NICE
* Includes a resource library for AQP homes including:
	+ AQP FAQs.
	+ information about the contract.
	+ copies of the contract.
	+ instructions to support completion of the reporting.
	+ individual CCG directorate information pages including contact details and information regarding local arrangements for equipment supplies and incontinence products.
		1. **System Support**
* Support AQP Care Homes to perform in line with NHS Digital requirements and information governance toolkit compliant.
* Provide phone and email support to care homes using system.
* Provide demonstrations and instructional webinars to support care homes using system.
* Manually update the resource centre when relevant resources are shared by individual CCGs or ECHC network
* Explore possible expansion of public access to information to support choice and reduce long lengths of stay in hospital settings.
1. **Summary of Key Performance Indicators and monitoring arrangements**

CCGs and service provider to agree any deviations from this specification and manage those deviations through issue and risk management approaches. During the operation of the service, the provider will report any deviation to the CCG that might emerge and associated report and mitigating action plan. This will be reported by the LPH Steering Board and signed off as acceptable.

An initial summary of KPIs is provided below, **these will be further developed and refined through the procurement process and agreed with the service provider on appointment**.

* Achieves 75% of AQP provider data returns by deadline and over 95% of returns within 3 months on an ongoing basis.
* Achieves a provider pricing data return over 30% of the AQP Care Homes.
* Achieves good or outstanding qualitative feedback from CCGs and AQP providers through regular structured feedback.
* Provides at least quarterly reports to CCGs on the performance of the AQP framework covering placement, financial and quality aspects by CCG and by provider.
* Supports the development of the AQP Framework and CCGs work on trusted assessor approaches, reducing long lengths of stay, delayed transfers of care, acute performance through the AQP process and timelines.

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***Appendix 1***

**London footprint**

