

Update for Health Scrutiny Committee on Neighbourhood Health and Care Services

25 November 2019

1. Introduction and Context

This paper provides an update to Health in Hackney members on the development of Neighbourhood Health and Care services in City and Hackney. This is a programme of work sponsored by the Integrated Commissioning Board (ICB) and builds on the work of the four care workstreams and the Neighbourhood pilots to date. All partners in the City and Hackney health and care system are committed to delivering integrated care as a strong integrated system of care can help our population to stay well, access seamless care pathways and realise better outcomes. This vision is also consistent with the NHS Long Term Plan and the East London Health and Care Partnership strategy.

City and Hackney Integrated Commissioning Board strategy

By 2022, we will have a single approach across City and Hackney that supports people and their families to live the healthiest lives possible and looks to address the underlying causes of poor health, whatever they may be.

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| More support for residents and their families to get healthy, stay well and be as independent as possible | Neighbourhoods where people and communities are actively supported to help themselves and each other | Joined up support that meets residents' physical, mental health and other needs |
| Easier ways for service users to be involved in decisions about their care | High quality GP practices, pharmacies and community services that offer more support closer to home | Thriving local hospitals there when patients need them |

The Neighbourhood Health and Care programme began in January 2019 where 'whole system' workshops were held with staff and patients.

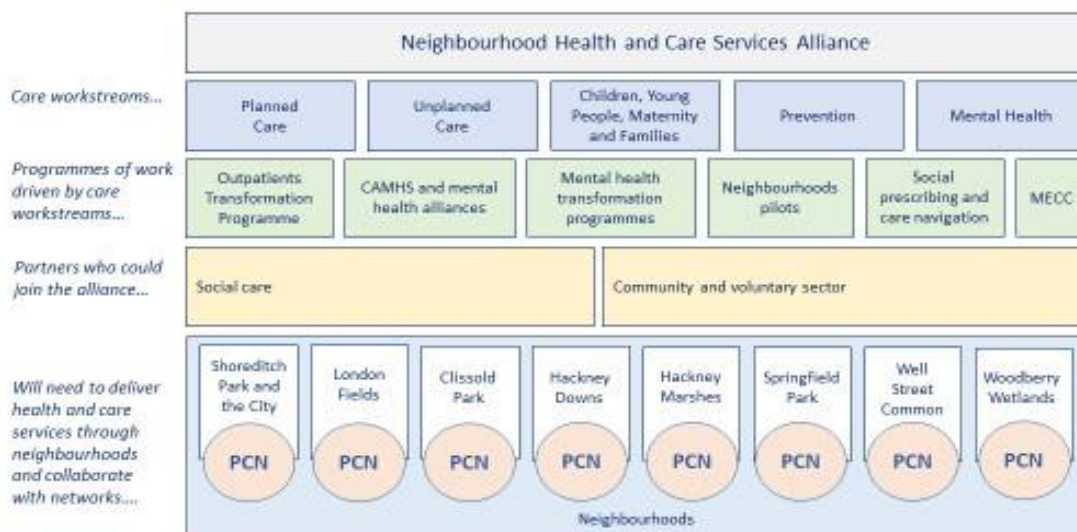
Staff and patients told us that they wanted:

- Patients to receive **pro-active and preventative** care and be supported to self-manage
- **Better continuity of care** – "not bouncing in and out of services"
- Physical health, mental health, social care and charity/voluntary support to be much **more effectively integrated**
- Care at home or locally, and **only in hospital when necessary**
- Neighbourhood services co-located where possible and **services joined-up around the patient's needs**
- **Better access** in relation to need – without thresholds / referral criteria that create 'cliff edges', particularly with transitions such as children to adult services

A key enabler for our vision is to ensure our community health services are well connected with other services provided to our community including physical health, mental health and social care services.

The intention is to establish an alliance of providers to come together to provide a range of community based health and care services. The programme is being called the Neighbourhoods Health and Care Services.

A neighbourhood health and care services alliance will require deep system integration in order to transform services



2. Strong Foundations

The Neighbourhoods Programme has established whole-system pilots which involve integrated service provision and system leadership from provider organisations

Local providers have come together as a Provider Alliance in order to facilitate closer collaboration to ensure that future joint working is underpinned by robust arrangements for system governance and accountability

Our local system already successfully operates contractual alliance agreements which integrate provision of mental and physical healthcare, for example the CAMHS Alliance and the Psychological Therapies Alliance

We believe that the maturity of local relationships exists to establish a contractual alliance which requires partners to demonstrate their commitment to future service transformation.

Our three local NHS provider organisations currently deliver good quality services and have sound finances. The CCG has recently been assessed as outstanding by NHS England and is in a strong financial position and the two local authorities are in a strong position in terms of delivery and finances. Integration of services on this scale presents significant challenges but the foundations in City and Hackney are stronger than in many areas.

3. Process to Date

With the ICB having agreed a vision and strategic objectives that require a much more integrated approach to the delivery of health and care services in City and Hackney, a Community Services Development Board was set up in March to work through key issues with the local provider alliance, including:

- The scope of services involved
- The financial envelope now and in future years
- Priorities for transformation
- The role of adult social care in an integrated model
- How an alliance should be structured, and how the integrated commissioning programme workstreams should work most effectively alongside local provider organisations
- The contracting approach

Services in Scope

It has always been our ambition to include enhanced primary care, community and mental health services in the scope of any Neighbourhood Health and Care Services contract, and to include community-focused non-PBR services currently within the local acute contract

It is our intention for adult social care services to be in scope, and we have letters of intent from social care partners to this effect

We have aimed to design a contractual process which can allow for agreed variations of scope during the term of the contract, allowing for an alliance or partnership to include new providers within the Alliance as part of service transformation.

4. Finances and Long-term Plan Funding

The CCG Commissioners are setting out and confirming allocations for the services in scope for the next five years. In these allocations, provision has been made for inflationary uplift and population growth

The plans for any alliance contract will include a Transformation Investment Fund and a mechanism to link any available contract investment to expected service transformation outcomes. Partners would need to make joint applications against transformation criteria. The way the fund functions will be written into any alliance agreement.

The CCG will aim to provide some initial 'pump prime' non-recurrent investment to resource Year 1 transformation priorities, however future years investment is not guaranteed. We are asking for clarity about national Long Term Plan growth funding for Ageing Well community health services priorities, which will be distributed and phased in over the next four years.

By signing up to an Alliance Agreement all Alliance Partners are collectively responsible for ensuring financial balance for all services within the financial envelope for the duration of the Alliance Agreement. This will include making decisions around how underspends are reinvested and how savings are made to cover overspends.

5. Commissioning Approach

In September 2019, the CCG set out proposals to directly award a long-term contract to join up and improve out-of-hospital services to an alliance of local provider organisations

After receiving endorsement of this approach from both ICB and the CCG Governing Body, in October 2019 we published a Prior Information Notice (PIN) for 28 days, notifying the market of our intention to directly award alliance contracts.

The Prior Information Notice (PIN) was published to ensure the CCG remains compliant with the Public Contracts Regulations 2015 and the NHS Procurement, Patient Choice and Competition Regulations 2013. The CCG is prohibited from engaging in anti-competitive behaviour i.e. awarding contracts without competitive tendering where competition exists.

The CCG must uphold the principles of **Transparency** and **Equal Treatment** of potential providers when it awards contracts.

To satisfy the requirement for **Transparency** the CCG published a PIN on 7th October 2019 advertising the CCG intention to award a contract for NH&C Alliance Services. This notice was published in:

- The UK Government Contracts Finder website
- The Supplement to the Official Journal of the European Union: Tenders Electronic Daily website
- The NEL CSU procontract tendering portal

To satisfy the requirement for Equal Treatment the notice was open and expressions of interest could be submitted during a 28 day period; until 17:00 on 4th November 2019.

No expressions of interest were received during the 28 day period.

No informal enquiries were received during the 28 day period.

6. Application Process

We have also established an “application framework” to evidence the readiness of local providers to collaborate effectively to transform and integrate out-of-hospital health and care services

The application process is designed to evidence the capabilities of the local provider alliance to work jointly with system stakeholders and to develop the necessary plans, infrastructure, and operational detail necessary to safely deliver new services.

The application consists of 6 domains:

- Financial and organisational due diligence
- Working as an alliance
- Integrated governance
- Effectiveness, transformation and care models
- System safety and quality
- Alliance organisational development, culture and leadership

Responses to the application document will be regularly assessed on behalf of the CCG governing body by an oversight group chaired by CCG Non-Executive Director Honor Rhodes

The final application will be submitted by 28 February 2020.

Next Steps

The Oversight Group will make a recommendation to the CCG Governing Body on the providers’ response to the application process and the Governing Body will make a decision on whether to proceed to contract negotiations.

We are working towards having an interim alliance agreement in place before the end of the 2019/20 financial year to provide assurance on the key issues around how the alliance partners will work

together. This will also allow us to move quickly to put in place service contracts and have the alliance up and running quickly during 2020. Our aim is for the alliance to be in place by July 1st 2020.

The extension to the application process will require extensions to service contracts for East London Foundation Trust and the Homerton community health services contract. These extensions can be ended early if and when the alliance agreement and service contracts are concluded.

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NB. Continuing Healthcare – an explanatory note

To be eligible for NHS continuing healthcare, an individual must be assessed by a team of healthcare professionals (a multidisciplinary team). The team will look at all care needs and relate them to:

- what help is needed
- how complex the persons needs are
- how intense the persons needs can be
- how unpredictable they are, including any risks to your health if the right care isn't provided at the right time

Eligibility for NHS continuing healthcare depends on the assessed needs, and not on any particular diagnosis or condition. If needs change then a person's eligibility for NHS continuing healthcare may change.

A decision about eligibility for a full assessment for NHS continuing healthcare should usually be made within 28 days of an initial assessment or request for a full assessment.

Clinical commissioning groups must assess for NHS continuing healthcare if it seems that it may be needed.

For most people, there's an initial checklist assessment, which is used to decide if a full assessment is required. However, if care is needed urgently – for example, if terminally ill – the assessment may be fast-tracked.

Full assessments for NHS continuing healthcare are undertaken by a multidisciplinary team (MDT) made up of a minimum of 2 professionals from different healthcare professions. The MDT should usually include both health and social care professionals who are already involved in your care.

The team's assessment will consider needs under the following headings:

- breathing
- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- mobility
- communication
- psychological and emotional needs
- cognition (understanding)
- behaviour

- drug therapies and medication
- altered states of consciousness
- other significant care needs

These needs are given a weighting marked "priority", "severe", "high", "moderate", "low" or "no needs".

If you have at least one priority need, or severe needs in at least 2 areas, you can usually expect to be eligible for NHS continuing healthcare.

The Continuing Healthcare pathway in North East London is described in the diagram below and is currently under review due to concerns about delays in meeting national standards and potential handoffs between multiple providers on the pathway. The Planned Care workstream is actively involved in this review and designing a local option to strengthen local integration. This is in part linked to the Neighbourhood Health and Care programme but not an interdependent project.

