

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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COMMUNITY SERVICES RE-PROCUREMENT: SUBSTANTIAL VARIATION DECISION

Report from: Stuart Jeffery, Chief Operating Office, NHS Medway
Clinical Commissioning Group

Author: Sharease Gibson, Senior Programme Manager, NHS
Medway Clinical Commissioning Group

Summary

This report provides an update on the NHS Medway Clinical Commissioning Group (Medway CCG) Community Services Re-Procurement Programme (CSR) following previous updates provided in June 2017 and October 2017.

Appended to this report is a substantial variation questionnaire which is presented to the Committee to determine whether the revised model for community services constitutes a substantial variation to health services in Medway.

1. Budget and Policy Framework

- 1.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.
- 1.2. The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. The Community Services Re-Procurement Programme is critical to the development of the Medway Model – redesigning and improving the way in which community services are accessed and provided locally, supporting reductions in health inequalities, improving patient experience in using the services, which in turn, will ensure that patients remain well and cared for in their place of choice (home). This will also reduce the demand for A&E and inpatient care as well as continuing to support appropriate early discharge,

and improving the use of technology. This aligns with national direction to meet Sustainability and Transformation Plans (STP) expectations for local care.

2.2. Medway CCG has provided regular updates to the Committee to outline progress with the Community Services Re-Procurement Programme with reports presented in June 2017 and October 2017. Key highlights to date include:

- Due diligence stock take review of service specifications, activity and finances for services have been completed for the services listed below. Improvement action plans will be agreed where necessary and the outputs of these reviews will be used to inform the design of future services.

- Anti-Coagulation
- Cardiology (including Arrhythmia)
- Clinical Assessment Service
- Community Nursing
- Community Rehabilitation Services
- Community Respiratory
- Continence Care
- Cruse Bereavement
- Dementia
- Dermatology
- Diabetes
- Cellulitis
- Epilepsy
- Learning Disabilities (adult health)
- Lymphoedema
- Neuro Physiotherapy
- Nutrition & Dietetics
- Hand Therapy
- Specialist Palliative Care
- Phlebotomy
- Podiatry
- Speech & Language Therapy - Adults
- Stroke Services
- Tissue Viability and Wound Therapy

- The completion of Health and Social Care profiles which provide a summary needs assessment for each of the six local care teams.
- The Medway CCG Governing Body has agreed the clinical and strategic case for change which outlines the reasons for redesigning and re-procuring community health services.
- A series of engagement events attended by a range of stakeholders, including patients, patient representatives, health professionals, community and voluntary sector organisations, Medway Council representatives, and Healthwatch. The revised model has been informed by stakeholder feedback at these events.
- Procurement expertise has been commissioned to support the programme and an initial market engagement event is planned for 25 January 2018.

2.3. The programme will progress through the following stages:

- Service redesign (autumn and winter 2017)
- Extended engagement (spring and summer 2018)
- Procurement process (autumn 2018 to autumn 2019)
- New service go-live (April 2020)

2.4. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers (“responsible persons”) to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication

of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

- 2.5. The terms “substantial development” and “substantial variation are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
- 2.6. Medway CCG is required to seek guidance from the Committee in order to determine whether the proposed changes to community services constitute a substantial development of or variation in the provision of health services in Medway.

3. Advice and analysis

- 3.1. The Medway CCG Governing Body has agreed the clinical and strategic case for change (appended to this report) which was based on the following:
 - Due diligence stock take reviews
 - Research and review of models in other areas, including NHS Vanguard sites
 - Latest clinical guidelines and best practice
 - Strategic priorities
 - Local pilots and tests for change
 - Feedback to date from patients and stakeholders
- 3.2. The case for change outlines the following reasons for redesigning and re-procuring community health services:
 - To abide by procurement regulations – the CCG must re-procure services by April 2020.
 - To align with national, regional and local strategic direction.
 - To refocus resources where they have most impact.
 - To improve access by ensuring services are provided in the right place and at the right time.
 - To realign a highly competent and resilient workforce.
 - To treat the person, not the condition – ensuring a holistic approach to care planning.
 - To ensure prevention and patient empowerment is at the centre of community services.
 - To make better use of technology to support the delivery of community services.
 - To make better use of intelligence (data and feedback) to constantly develop the system.
- 3.3. The revised model for community services is wholly aligned to the Medway Model and the developing Primary Care Homes – centred on general

practices grouped around defined localities working with health, social care and the voluntary sector to develop and provide services closer to the patient's home.

- 3.4. The revised model has taken guidance from the experiences of NHS New Models Vanguard sites with regard to the provision of services to different population sizes (level 1 - 30,000 to 50,000; level 2 - 80,000 to 100,000; level 3 whole-population). Services will be developed as locally as possible and staff will be expected to move across the localities to deliver services. Services will only be 'centralised' if it is not clinically or financially viable to provide them locally.
- 3.5. The service redesign stage of the programme, including feedback from stakeholders, has identified the following four key development areas that the revised model will address:
 - Realigning and upskilling workforce
 - Improving access and simplifying services
 - Improving co-ordination of care
 - Ensuring a strong prevention and empowerment ethos
- 3.6. The revised model places integrated case management and care coordination at its centre and will ensure that a proactive approach aimed at increasing anticipatory care planning, admission avoidance and keeping people well at home is taken. Patients will be reviewed by a core multi-disciplinary team which may include geriatric or other specialist review, rehabilitation, education, social prescribing.
- 3.7. Patients referred for integrated care management will receive 24 hour, 7 days support from a care coordination centre. An urgent response team will also be available via the care coordination centre that will be able to respond to emergencies.
- 3.8. The location and accessibility of community services is currently not equitable across the localities, resulting in some patients having to travel further than others for the same services. The revised model will address these inequities and reflect the needs of the local populations by maintaining home visits and by the relocation of a range of services into Integrated Health and Wellbeing Centres. It is anticipated that approximately 82% of contacts in a community health setting (which equates to approximately 22% of all community service contacts – please note exclusions as detailed in the appended substantial variation questionnaire) would move to a location closer to home.

4. Risk management

- 4.1. The CSR Programme has a risk register which is managed in line with the CCG's Integrated Risk Management Strategy. Risks are reviewed by the CSR Programme Steering Group every month and form part of the risk register reviewed monthly by the CCGs Commissioning Committee.

5. Engagement

- 5.1. During 2017, the CCG has involved a range of stakeholders in our initial planning for the community services redesign and a Communications and Engagement Plan sets out who we will involve in the redesign and how we will reach all relevant audiences.
- 5.2. Medway Healthwatch sits on the programme steering group and has advised us on our engagement. In addition, the services of an expert organisation, the Public Engagement Agency (PEA), have been commissioned to develop the approach and support stakeholder engagement. A Patient Panel has been formed to ensure that communication is patient-centred and to tell their stories as real life case studies.
- 5.3. Specific engagement activities have included:
 - Review of existing provider patient experience information
 - Questionnaire
 - Involving Medway – Medway Model events and community health researchers
 - Stakeholder events (including four public and professional events, two presentations at the GP Monthly meeting, a presentation at a STP workshop).

6. Financial implications

- 6.1. There are no financial implications arising from this report.

7. Legal implications

- 7.1. The CCG has a legal duty to tender services when a contract is due to end.
- 7.2. The legal implications are set out with in the report and in particular Section 2.

8. Recommendations

- 8.1. The Committee is asked to determine whether it considers that the revised model presented is a substantial development of or variation in the provision of health services in Medway, taking into account the CCG advise that it does not consider the changes to be substantial.

Lead officer contact

Sharease Gibson
Senior Programme Manager, NHS Medway Clinical Commissioning Group
Phone: 01634 335154 E-mail: sharease.gibson@nhs.net

Appendices

- Appendix 1 - Substantial variation questionnaire (which references the following appendices)
- Appendix 2 - Case for Change – clinical and strategic
- Appendix 3 - Communication and Engagement Plan

Appendix 4 - Draft findings of public engagement summary report