APPENDIX

Committee Health Overview and Scrutiny

Date 29 July 2020

Report by: Pam Green – Chief Operating Officer, North East Essex CCG

Subject – NEECCG CC2H and future NEE Integrated Community Services

1. Introduction

The North East Essex CCG Board approved the no fault termination of the 'Care Closer to Home Contract' to be enacted on the 2nd June 2020, with an associated 12 months' notice period. The contract covers the provision of adult community services in North East Essex, excluding community mental health. This also provides a small element of therapy services to 0-19 year olds.

The decision was made on the basis that the current contractual model has not delivered the levels of transformation expected and because it is not thought to be the right vehicle to deliver the local NEE Health and Wellbeing Alliances (The Alliance) aims and objectives to improve population health.

Our approved commercial approach will enable the Alliance to inform how the new service can deliver integrated and seamless pathways of care that improve the wider health and care system.

The CCG have issued public communication including thanks to the staff at ACE who have worked tirelessly to ensure local people and patients receive the care and treatment they need closer to their homes. The CCG have also stated that they remain extremely grateful to ACE staff for all their hard work and have assured them that there will be a positive future for them locally.

2. Background

A review of the Care Closer to Home contract was carried out jointly with the provider and commissioners (Anglian Community Enterprise, NEECCG and Essex County Council) during July and December 2019.

The findings were discussed with Alliance members at an Alliance Care Closer to Home Review session session in January 2020, with agreement that to deliver real change a more integrated solution with system partners should be sought, aligning with the ambitions of the Alliance Local Delivery Plan (LDP).

The CCG has been working with its Alliance partners to drive forward the agenda for integrated care. Our ambition is to create the most joined up system in the country in order to deliver improved outcomes and we are progressing well towards that aim. North east Essex has some of the most deprived communities in the country and it is the Alliance's mission to provide access to the best healthcare.

Strong local communities are at the heart of what the Alliance is seeking to achieve and to support this it is committed to an asset based community development approach in progressing its key priorities. This is outlined in the Alliance's Local Delivery Plan.

This approach means that the Alliance is committed to working and investing time with its local community and voluntary sector organisations to build on the assets that are already existing, recognising that each community has a unique set of skills and capabilities that can drive forward improvements. An asset based community approach makes visible and values the skills, knowledge, connections and potential in a community. By working with the Alliance to develop the new community services model it hopes to use the benefits of a community assets approach to tackle health and care differently and achieve more long term sustainable population health improvement. The Alliance as local health and care providers are felt to be best placed to know and appreciate the community assets within their locality which is why the commissioners are seeking to develop its new community model of care with partners that share its values and can demonstrate how integrated teams are already adding value to the local area.

The commercial approach being undertaken to source a new contract is not a traditional competitive procurement but is similar to the approach taken with the North East Essex Urgent Treatment Service, to develop a sustainable integrated model with Alliance partners, proposing to become the 'North East Essex Integrated Community Service (NICS). This sourcing exercise is designed to be an open process with the market that does not seek to restrict competition but rather seeks to commission the best possible care for patients by utilising local provider knowledge, experience and workforce. This therefore ensures local sustainability and complies with the principles of the Public Services (Social Value) Act 2012, i.e. to consider how as public sector commissioner's the CCG could improve the economic, environmental and social wellbeing of their local area through their procurement activities.

The Alliance in North East Essex has created strong local relationships that transcend organisational boundaries and have a collective focus on improving health and care. The principles of social value are strongly upheld by the Alliance which is why the contribution and value of the voluntary sector in supporting communities is keenly recognised. As key members of the Alliance it is envisaged that voluntary sector partners will have an important role in delivering the new integrated community services contract.

Essex County Council (ECC) are currently a collaborative commissioner and co-signatory to the current Care Closer to home contract. As key members of the North East Essex Health and Wellbeing Alliance ECC are a key stakeholder in the development of the new arrangements.

Component parts of the original contract

The original Care Closer to Home contract encompasses a range of community health services and included the following core community services and elective pathways:

Service/ specialism	Description of scope
Audiology	Community Audiology Services
Cardiology	• Elective outpatients that can be safely performed in the community, simple ECGs excluding interventions • Community Cardiology and Rehabilitation
Community Nursing and Immediate Care	Community Nursing, Immediate Care, Rapid discharge and admission avoidance teams, Tissue Viability and Leg Ulcers, Pulmonary Rehab, ONPOS, Domiciliary phlebotomy
Continence	Community urology and continence
Falls	Falls prevention services
MSK and Therapies	• Pain management – elective outpatients and day cases • Community MSK and podiatry

	• Community therapies, physiotherapy, orthotics, dietetics, occupational therapy
Ophthalmology	• Community ophthalmology services, elective outpatients that can be safely delivered in the community
Rapid Assessment of Service and Community Beds	Community beds including rapid assessment and step up beds
Stroke Rehab	Stroke rehabilitation, Early Supported Discharge, Life after stroke services
Homecare and Support Service	Homecare and support, incorporating rapid response
Other	DEXA scanning services, community ultrasound, clinical assessment service (CAS)

The new Integrated Community Services contract is currently intended to cover all the broad service/ specialism areas plus lymphoedema so there are no planned reduction or gaps in services. The detail of the scope of the new contract is covered in section 3 below.

3. Component parts of the new contract

From day 1 of the new contract, the following services are expected to be included within the NICS contract;

Specification	**Description of Scope**
Overarching Spec	Defines overarching features of community model.
Musculoskeletal (MSK), Pain, & Therapies	Pain Management
	Podiatry (non-diabetic)
	Musculoskeletal Services (MSK)
	Outpatient Physiotherapy
	Occupational Therapy
	Dietetics (non-diabetic)
	Orthotics
	Prosthetics
	Speech and Language Therapy – Adult and Paediatrics (including paediatric Dysphagia)
	Paediatric therapy
	Pain guided injections/physio
	Physio triage
	Lithotripsy
Homecare and Support Service	Rapid response homecare
	Night Sitting
	Plaster of Paris (Pops) and Braces
Community Nursing and Intermediate Care	District Nursing
	Tissue Viability
	Chronic Obstructive Pulmonary Disease (COPD) Specialist nursing
	Pulmonary rehab
	Equipment Budget
	Domiciliary Phlebotomy (Housebound)
	Online Non-Prescribing Ordering Service (ONPOS) including management for GP Practices and Dressings
	Support to Care Homes
	Best Practice Leg Ulcer Pathway
	Outpatient Parenteral Antibiotic Therapy (OPAT) service
	Integrated Rapid Assessment Service (IRAS) Nursing at front of hospital

	Discharge Hub (supporting Discharge to Assess – D2A pathways)
	End of Life Virtual Ward - nurse input
	Rapid response – 2hr nursing response
Falls	Strength and Balance Service
Cardiology	Community Cardiology, Heart Failure Team,
	Cardiac rehab
	Consultant led aspects
	24hr ECG
Stroke Rehabilitation	Early Supported Discharge (ESD)
	Stroke voluntary services
Community Beds	Clacton Hospital inpatient beds
	Fryatt Hospital - Harwich, Inpatient beds
	GP out of Hours to Community Hosp.
Audiology	Community Service
Ophthalmology	Triage
	eCare/PAS
	Minor Eye Conditions Service (MECS)
Community Continence and Urology	Specialist community continence and Urology
Diagnostics	Community Ultrasound (urgent, routine, DVT)
	DEXA scanning
Lymphoedema	Linked to cancer and Leg Ulcer Pathways
Crisis Response	Urgent Community Response Service - 24/7 rapid 2hr response as part of multi-disciplinary integrated model

Future services

Further to those services set out in the scope for delivery from 1st July 2021, the Commissioners wish to consider a further introduction and phasing of the following services subject to further approval by commissioners:

From 1st July 2021

Two current pilots are underway during 2020/21. Dependent on the outcome of evaluation these services may be included within the service scope from day 1, 1st July 2021, with the expectation that they are delivered as part of the wider pathway for Ophthalmology services:

- Glaucoma Service currently being piloted with Primary Eye Care Services under a sub-contract arrangement with East Suffolk and North Essex NHS Foundation Trust; and
- Cataracts Service currently being piloted with Primary Eye Care Services.

From April 2022

Post go live of the service there is further potential consideration to introduce the following services:

- Phase 2 - Reablement Service in North East Essex
- Phase 2 – Diabetes Service in North East Essex.

The inclusion of reablement services will be dependent on ECC's role in the commercial sourcing exercise. However is included at this stage to signal a potential strategic alignment of health and social care services via the NICS contract.

4. Impact on other existing contracts

Within NEE, ACE currently also deliver the Harwich and Clacton Urgent Treatment Centres under the umbrella of the Urgent Treatment Service (UTS) Collaboration contract. ACE served notice on this contract on 10th June 2020, with an aligned termination date to the Care Closer to Home contract. The remaining partners within the UTS Collaboration will be working to deliver a solution for these elements of the service.

ACE also provide an HR and Occupational Health service to the CCG. This is due to expire on 31st June 2021. There has been no agreement to end the contract before this date.

There are other contracts where ACE provide services to the NEE population however these are either not commissioned by the CCG or ACE are a sub-contractor so therefore no direct contractual relationship is in place with North East Essex CCG. As part of its due diligence the CCG did liaise with the appropriate stakeholders prior to the termination notice being issued.

As at 13th July 2020, ACE, as a sub-contractor for the delivery of Learning Disability (LD) Services in Essex, has informed Hertfordshire Partnership NHS Foundation Trust (HPFT) that they are unable to provide LD therapy services beyond 30 June 2021 following the termination of their Care Closer to Home contract. This is due to the nature of governance requirements for such services which would be cost prohibitive to provide for one small service area. They consequently wish to agree a mutually acceptable date to transfer services and the staff to HPFT. The suitability of the successor provider is being considered by the lead commissioner on behalf of the Essex CCGs and the three Essex local authorities. However this will have no impact on ACE's right to terminate the contract. The CCG will keep the Health Overview and Scrutiny Committee updated of any changes in relation to this position and any other contract held by ACE.

5. Aspirations of the NEE Integrated Community Service

Integration

The NEE Integrated Community Services contract is exclusive to North East Essex and will underpin the Alliance plans, delivering a transformation of community services that seeks meaningful integration with acute services, Primary Care Networks, primary care services, mental health, Voluntary Sector Organisations and other statutory and community partners.

The aim of the new integrated model with the North East Essex Health and Wellbeing Alliance is to collaborate with partners who understand their local population in order to maximise the wellbeing of people of North East Essex. Through the collaborative working to date the Alliance has recognised that health and care services continuing to work on their own, no matter how excellent they are individually, would not be good enough to address future health and care needs. What is needed is an integrated approach that not only provides the services needed but prevents the need for the services. This has been the ethos behind the new proposed model of care.

The new model aligns its objectives to the 'Live Well' domains outcomes of the Alliance, reflected in **figure 1** below and aims to facilitate the Integrated Community Model of Care approach through an exciting opportunity to redesign services to underpin the ambitions of the Alliance. The CCG has endorsed the support of the Alliance Partners and made the decision that working with an Alliance of providers will be the best solution to provide an affordable, sustainable and fully Integrated Community Service in North East Essex; working towards the establishment of whole system community service collaboration through an Alliance contracting model. This will build upon the broader Alliance infrastructure and relationships that have been developed since inception of the Alliance. As noted above the CCG believes this approach reflects its obligations under the Public Services (Social Value) Act 2012 to be a responsible commissioner by supporting the local economy and social well-being of its residents and workforce.

The new integrated model of care will also be informed by a population health management approach. Through this approach the ambition is to build collective capability across the whole

system to support the delivery and work of the integrated neighbourhood teams to make informed data-driven decisions that enable teams to act together (across the NHS, local authorities, public services, voluntary sector organisations, communities and local people) to make best use of collective resource to achieve practical and tangible improvements.

The key objectives of the new service will to support **the Alliance Live Well domain outcomes and indicators through:**

- Helping people to '**Stay Well'** by:
  - improving access to services in order to help them maintain healthy lives and manage health concerns, ensuring equality of access and outcomes for our population including those with protected characteristics from marginalised groups
  - Work in collaboration with the local community to identify and manage changing need and demand
  - Develop and collaborate with community assets to enable signposting where this will help to address people and populations wider determinants of health
  - Integration of services to reduce duplication
  - n and prevent patients having to retell their stories, making it simple for patients and professionals to access the support they need.
- Supporting people to '**Feel well**' and maintain a mental wellbeing through:
  - joined up physical and mental health services and care
  - Improving Parity of Esteem.
- Empower people to '**Be Well**' through embedding a preventative approach working with local assets within the community
- Work in partnership with child health and care providers to ensure children (in conjunction with their families) can '**Start well**'
- Embed an ethos of enablement so that people can live safely and independent as possible so that they can **'Age well'**
- Make sure people within NEE '**Die Well**' through working with system partners to ensure good quality care and choice is available for people at the end of their life.

Figure 1

The service will aim to underpin the delivery of the Live Well ambitions and integrated community approach though the following principles:

- Achieve collaboration of partners and integrated pathways across community, Acute, Mental Health, Primary Care Networks, Primary Care and other statutory and voluntary sector organisations where appropriate, sharing the same 'Live Well vision and outcomes for the best of the local population
- Maximise on attraction and retention of the workforce through opportunity for new, shared roles, upskilling, utilising mutual aid and impacting on ability to manage workforce capacity at a system level to deliver the 'Live well' ambition
- Reduce the complexity of care for service users and other professionals, making it seamless at the point of delivery
- The NICS Alliance will be designed to be fluid in nature, allowing new partners to join or leave as we need to respond to changes in population demand or national guidance.
- The NICS Alliance will determine how it will work together considering any gain and risk, including any requirements to reinvest in service transformation (in full or in part) - please note this includes the commissioners.

Tackling health inequalities

The new integrated community services model also has the wider ambition of recognising and addressing health inequalities and the wider determinants of health by improving access to more integrated care. The Alliance has been working with Professor Sir Michael Marmot who led the review into heath inequalities that was first published in 2010 to utilise his evidence based approach to tackling health inequalities in north east Essex. This approach focuses on addressing the social determinants of health which include the conditions in which people are born, grow, live, work and age, which can lead to health inequalities.

The North East Essex Health and Wellbeing Alliance is now working to become the first Marmot Alliance in the country and in doing so is working in close partnership with the Essex County Council Public Health team. It is hoped that this prestigious partnership will help to gain extra support around tackling health inequalities and making long term population health improvements.

6. Continuity of service access and quality

Maintaining the existing workforce is critical to maintaining both access and quality of care through the transition phase and beyond.

ACE has not given any indication that it will exit the contract arrangements before the end of the notice period and this may therefore be a low risk. However the CCG's experience with services such as dermatology has shown that it is provident to have contingency arrangements to ensure the continuity of services. The CCG has previously received legal advice that as a responsible commissioner it should explore caretaker arrangements to ensure that patient safety is not compromised by a disruption in services. On that basis should ACE choose to exit earlier than the 12 months' notice period there would be a requirement to appoint a caretaker provider to hold the Care Closer to Home contract and to support the Alliance to complete the community model of care model. This would be an immediate and temporary solution required only if ACE exit from the contract with insufficient notice to provide the CCG with time to procure a new contract via the open market. This would be essential to ensure continuity of care; patient safety and ensure the workforce are supported and stabilised.

In order to safeguard services should a more immediate transition be required the CCG have liaised with East Suffolk and North Essex Foundation Trust (ESNEFT) to potentially act as a 'step in' caretaker provider *but only if required*. ESNEFT as a key partner in the Alliance, is the

CCG's largest provider of services and consequently there is already a quality and governance monitoring framework in place that underpins that contract. This provides a robust quality and performance assurance process. As a local NHS employer ESNEFT also has the financial and clinical governance infrastructure to support a large scale transfer of staff if required. If a caretaker arrangement should be required for the NICS contract therefore the assurance framework would already be in place for these services. However this is not indicated at present.

ESNEFT is experienced in mobilising services at pace, whilst maintaining safe and effective services. They have provided early step in arrangements for two services when the providers went into administration and they completed the formal changeover in services within days as opposed to the months usually required for mobilisation. The local workforce was maintained and enhanced for both services therefore ensuring continuity of services for patients and offering stability to staff. This has provided supportive evidence of ESNEFT's suitability as a potential caretaker.

For the NICS process specifically, in parallel to the commercial sourcing exercise the CCG will also be undertaking a due diligence process for any caretaker arrangement to enable a quick decision to made for step-in arrangements if required. A formal decision on a caretaker contract has not yet been made and would have to be made in light of procurement guidance and would need to be agreed formally by the CCG Board in accordance with the CCG's Statement of Financial Instructions (SFIs).

7. Timeframe

The Prior Information notice was issued on the 22nd of June 2020, inviting providers to express an interest to be part of the single alliance to deliver the NICS service. The table below sets out the future milestones, leading to a go live date of the 1st July 2021.

Stage 1 Structured Dialogue	15th June to 20th Aug 2020	PIN, Expression of Interest & qualification
Stage 2 Structured Dialogue	21st Aug to 16th Oct 2020	Invitation to submit Outline solutions (ISOS)
Stage 3 Structured Dialogue	19th Oct to 26th Jan 2021	Invitation to submit Detailed solutions (ISDS)
Contract Award	27th Jan to 12th Feb 2021	Award contracts
Mobilisation	15th Feb to 30th Jun 2021	Mobilisation phase
Go Live	1st July 2021	Service(s) commence

The CCG are keen to engage with the Health Overview and Scrutiny as part of the NICS sourcing exercise, commercial sourcing rules permitted. The formal communications plan for the project is being finalised and will include the timescale for engagement with key stakeholders, including HOSC. Once finalised these will be shared with a clearer timeline for stakeholder involvement.