



Name of Meeting	Health and Adult Social Care Scrutiny Panel	Meeting Date	12.02.19
Title of Report	Kirklees Community Services Review– Progress Report	Agenda Item No.	
Report Author	Becca Spavin – Transformation Programme Manager, Joint Transformation Team, NHS Greater Huddersfield CCG/ North Kirklees Clinical Commissioning Group	Public / Private Item	Public
GB / Clinical Lead	Dr Jane Ford/Dr David Kelly	Responsible Officer	Helen Severns - Head of Transformation and Integration NHS Greater Huddersfield CCG/ North Kirklees Clinical Commissioning Group

Executive Summary				
Please include a brief summary of the purpose of the report	<p>The report attached was presented to Governing Body - Committees in Common: North Kirklees & Greater Huddersfield CCGs on 9th January 2019, with the aim of updating Governing Body (GB) members with progress on future Kirklees community services, specifically around;</p> <ul style="list-style-type: none"> ▪ The decision around the Locala Care Closer to Home (CCTH) contract that is required in March 2019, ▪ The proposed process to enable that decision and ▪ Progress to date against agreed work programme to support future Kirklees community services. <p>Following positive discussions at GB it was agreed:</p> <ol style="list-style-type: none"> 1. The list of options (paragraph 2.1) in relation to the CCTH contract decision were both correct and exhaustive and: 2. The process and principles (paragraphs 2.15 - 2.19) by which the decision in March 2019 will be made were both correct and appropriate. 			
	Name of meeting	SMT	Meeting Date	17/01/2019
Previous consideration	Name of meeting	Governing Body - Committees in Common: North Kirklees & Greater Huddersfield CCGs	Meeting Date	09/01/2019
Recommendation (s)	It is recommended that Health and Adult Social Care Scrutiny Panel note the progress to date and the planned next steps to support the decision around the CCTH contract in March 2019 and the ongoing future development of Kirklees Community services.			

Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Other	Click here to enter text.
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Implications						
Quality & Safety implications		<p>GH and NKCCGs must align our strategic plan and priorities with the quality outcomes we intend our Kirklees Community services to deliver for our population.</p> <p>Quality Impact Assessments will be undertaken as required in line with whatever decision is taken by the Governing Bodies in March 2019.</p>				
Engagement & Equality implications (including whether an equality impact assessment has been completed)		<p>As part of our legal responsibilities we need to ensure that we involve the public.</p> <p>At the development stage, it is recognised good practice to engage with relevant potential providers and we are actively seeking to do this. This includes GPs, practices and Federations, as well as a range of other potential providers.</p> <p>Equality Impact Assessments will be undertaken as required in line with whatever decision is taken by the Governing Bodies in March 2019.</p>				
Resources / Finance implications (including Staffing/Workforce considerations)		The financial envelope for Kirklees Community Services will be worked up with our finance teams as part of strategic planning.				
Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)		Yes		No	X	N/A
Strategic Objectives (which of the CCG objectives does this relate to?)	All.	Risk (include risk number and a brief description of the risk)		<p>There are risks to this work in relation to;</p> <ul style="list-style-type: none"> Capacity of team to fully complete required work to support decision process, Impact on/implications of aligned incentive contracts, Procurement challenge, Stakeholder relationships, Ensuring adequate resource and timescales and 		

			<ul style="list-style-type: none"> • Interdependencies with other key areas of work and potentially differing timescales.
Legal / CCG Constitutional Implications	<p>There may be a risk of a procurement challenge.</p> <p>There are the following legal implications;</p> <ul style="list-style-type: none"> • NHS Constitution, • Health and Social Care Act 2012, • Equality Act 2010, • NHS Provider licence, • The Competition Act 1998, • The Procurement, Patient Choice and Competition Regulations 2015 and • The EU Procurements Directives. 	Conflicts of Interest (include detail of any identified/potential conflicts)	<p>Please refer to paragraph 4.7 in the main report.</p>

1. Introduction

- 1.1 The contract between the CCGs and Locala for the delivery of community services has a 5 year term, with the option to extend for up to two years. The initial five year term comes to an end on 30 September 2020. In the light of these timescales, planning work commenced in both CCGs in the Autumn of 2018 to review performance against the current contract and also to hear views on the future model for care at or closer to home (out of hospital services) in Kirklees.
- 1.2 Following regular updates at Senior Management Team (SMT) this paper provides Governing Body (GBs) members with updates on the review of Kirklees community services, specifically around;
 - 1.2.1 The decision that is required in March 2019,
 - 1.2.2 The proposed process to enable a decision and
 - 1.2.3 Progress to date against agreed work programme.

2. Detail

Options for next steps

- 2.1 It is recommended that the GBs decision in March 2019 should be to determine an agreed course of action, from one of the following options:
 - Option 1 – Do nothing,
 - Option 2a – Extend the current contract, keeping existing specification and contract terms,
 - Option 2b – Extend the current contract and revise the specification and contract terms,
 - Option 3a – Go to market immediately (i.e. April 2019), keeping existing specification and contract terms and
 - Option 3b – Go to the market immediately (i.e. April 2019), with a new specification and contract terms.
- 2.2 Details on the proposed steps to enable us to reach a decision in March 2019 are set out later in the document.

Progress against programme plan

- 2.3 In advance of the March 2019 decision point, a programme of engagement is underway and as per the original programme progress is on plan to meet the timescale of March 2019.

Needs Assessment:

- 2.4 The Governing Body meetings have received and endorsed the following key strategic documents;
 - Joint Strategic Assessment - February 2018,
 - Director of Public Health's Annual Report - October 2018,
 - Health and Well-being Plan – November 2018 and
 - Integrated Commissioning Strategy – November 2018.

- 2.5 Our vision is to move towards population based commissioning across the health and social care system, built around the needs of local people and delivered by a collaborative of providers over populations of 30,000 to 50,000 people.
- 2.6 For people in Kirklees, we want a joined up system of health and social care which is supported by community, voluntary sector and wider provision that allows people to maximise their independence from formal services and to reach their goals and aspirations, while getting the right support when needed. Community, GP practice, primary and social care needs to be integrated in a way that achieves improved outcomes within a smaller financial envelope.

Review/Evaluation of current Care at or Closer to Home (CCTH) service:

- 2.7 The service review is focused on the delivery of the CCTH service specifications, KPIs and quantitative and qualitative evidence from 2015-2018 for;
- Community workforce (including Matrons and District nurses),
 - Long Term Condition management,
 - Therapies and
 - Specialist nursing.
- 2.8 Early in 2019 the CCGs will circulate a questionnaire to GP practices in order to gather views on other CCTH services outside of those provided by Integrated Community Care Teams.
- 2.9 Alongside this internal work Locala have developed a Strategy document for delivery of the remaining 2 years of the contract which highlights;
- Successes,
 - Service gaps and
 - Areas of particular focus for 2018-2020 including Partnerships, Integration, Service Realignment and progress against the original Tender response.

Engagement – around both review and delivery model development:

- 2.10 Engagement opportunities are being undertaken, for example attending;
- Dewsbury and Thornhill Cluster – 1st November 2018,
 - Cleckheaton and Heckmondwike Cluster – 8th November 2018,
 - Commissioned services meeting – 13th November 2018,
 - Informal Governing Body - 14th November 2018,
 - Mirfield/Dewsbury and Ravensthorpe Cluster – 15th November 2018,
 - North Kirklees Council of Members – 20th November 2018,
 - Batley and Birtall Cluster – 22nd November 2018,
 - Greater Huddersfield Practice Manager Reference Group – 29th November 2018,
 - Locala meeting on their 2 year Delivery Plan – 29th November 2018,
 - LA and CCG Transformation Design Day – 3rd December 2018,
 - Joint Clinical Strategy Group (CSG) – 5th December 2018,
 - Integrated Commissioning Board – 6th December 2018,
 - LMC Interface Meeting – 11th December 2018,
 - NK CSG – 12th December 2018,
 - GH CSG – 19th December 2018 and
 - Calderdale and Huddersfield Foundation Trust - 19th December 2018.
- 2.11 Meetings are in the diary for early 2019 to engage with key My Health Huddersfield, CHFT, MYHT, Kirklees Council and CURO colleagues.

- 2.12 Efforts will continue to liaise with SWYPFT and Health Watch to set up appropriate conversations.
- 2.13 Early themes coming from these sessions include;
- Ensuring clear responsibilities/skill mix and robust KPIs for commissioned services,
 - Workforce: concern over morale and service skill mix and numbers,
 - Getting back to a position where the system take a holistic, and not task focused, approach to patients,
 - Ensuring Appropriate referrals (including definition of housebound),
 - How to better share records and information and
 - Improving communications between providers.

Delivery Model Development:

- 2.14 Links have been made with key colleagues and organisations to ensure appropriate links between work on Primary Care Networks and integration.

Process to enable decision

- 2.15 GHCCG and NKCCG Procurement Policy sets out the decision tree for existing health and social care and new and significantly changed health and social care (please find this diagram in appendix 1).
- 2.16 Point 4 in decision tree asks whether there is a case that can be made to extend. It feels important at this stage for the Governing Bodies to confirm the principles that will guide the consideration of this case, should this point in the decision tree be reached. This question is essentially in two parts: is it possible within the contract conditions to extend the contract; and whether this right of extension should be taken.
- 2.17 In answer to the first part, as stated the Contract does have provision for the commissioner to request to extend the contract for a further two years.
- 2.18 To support whether the commissioners should exercise this right i.e. can a case be made for extension, it is proposed that the following key principles should inform our case for change:
- Delivery and Service Model – Have we finalised the service and delivery model that needs to be procured?
 - Market maturity – Are there sufficient established providers to deliver the service model that supports a competitive procurement?
 - Quality of care – Has the service delivered improvements in quality, including clinical effectiveness, patient safety and patient experience? Is there evidence of workforce modernisation and improvements in staff experience?
 - Performance of service – Has the service delivered against the agreed Key Performance Indicators and outcomes?
 - Deliverable and sustainable – Are services sustainable across multiple levels, for example finance, workforce, estate, technology and primary care network model maturity?
 - Co-dependence with other strategies – Does the service fit with our system Health and Wellbeing plan key principles and outcomes and other strategic priorities in our system?
 - Value for Money – Has the service made best use of the Kirklees £ to ensure a sustainable financial position within the context of a balanced Health and Social Care System?
- 2.19 Dependent on agreed option we would make clear the timescales for agreeing any revisions to either specification or contract terms.

3 Next Steps

- 3.1 As per the programme plan the following activities will be undertaken;
 - 3.1.1 Continue to action stakeholder engagement and delivery model development as per attached map,
 - 3.1.2 Continue engagement work to identify key themes from existing engagement and any gaps (led by the Engagement and Communications team) and
 - 3.1.3 Continue review of current CCTH services.

4 Implications

4.1 Quality & Safety Implications

- 4.1.1 GH and NKCCGs must align our strategic plan and priorities with the quality outcomes we intend our Kirklees Community services to deliver for our population.
- 4.1.2 Quality Impact Assessments will be undertaken as required in line with whatever decision is taken by the Governing Bodies in March 2019.

4.2 Engagement & Equality Implications

- 4.2.1 As part of our legal responsibilities we need to ensure that we involve the public. Consequently, a communications, engagement and equality plan to support the work required between now and March 2019 will be developed.
- 4.2.2 Once analysed all the data will be used to develop the EQIA and consideration given to the potential impact of any change to the commissioning of services which could have a differential impact on any protected groups. Where this is identified consideration will be given to any mitigation of the potential impact.
- 4.2.3 Equality Impact Assessments will be undertaken as required in line with whatever decision is taken by the Governing Bodies in March 2019.

4.3 Resources / Finance Implications

- 4.3.1 The financial envelope for Kirklees Community Services will be worked up with our finance teams as part of strategic planning.

4.4 Data Protection Impact Assessment

- 4.4.1 A Data Protection Impact Assessment will need to be undertaken as part of the commissioning cycle processes.

4.5 Risk

- 4.5.1 There are risks to this work in relation to;
 - Capacity of team to fully complete required work to support decision process,
 - Impact on/implications of aligned incentive contracts,
 - Procurement challenge,
 - Stakeholder relationships,
 - Ensuring adequate resource and timescales and

- Interdependencies with other key areas of work and potentially differing timescales.

4.6 Legal / CCG Constitutional Implications

4.6.1 There may be a risk of a procurement challenge.

4.6.2 There are the following legal implications;

- NHS Constitution,
- Health and Social Care Act 2012,
- Equality Act 2010,
- NHS Provider licence,
- The Competition Act 1998,
- The Procurement, Patient Choice and Competition Regulations 2015 and
- The EU Procurements Directives.

4.7 Conflicts of Interest

4.7.1 Governing Body GPs/primary care professionals do have a significant potential conflict of interest, as a potential provider of this service, and we have taken steps to document how we will seek to manage this conflict throughout the commissioning cycle.

4.7.2 At the development stage, it is recognised good practice to engage with relevant potential providers and we are actively seeking to do this. This includes GPs, practices and Federations, as well as a range of other potential providers.

4.7.3 For primary care practitioners who are CCG Governing Body members, the handling of conflicts of interest in the decision making process will be managed in line with our policies, and will be dependent on the circumstances at the time of decision making.

5 Recommendations

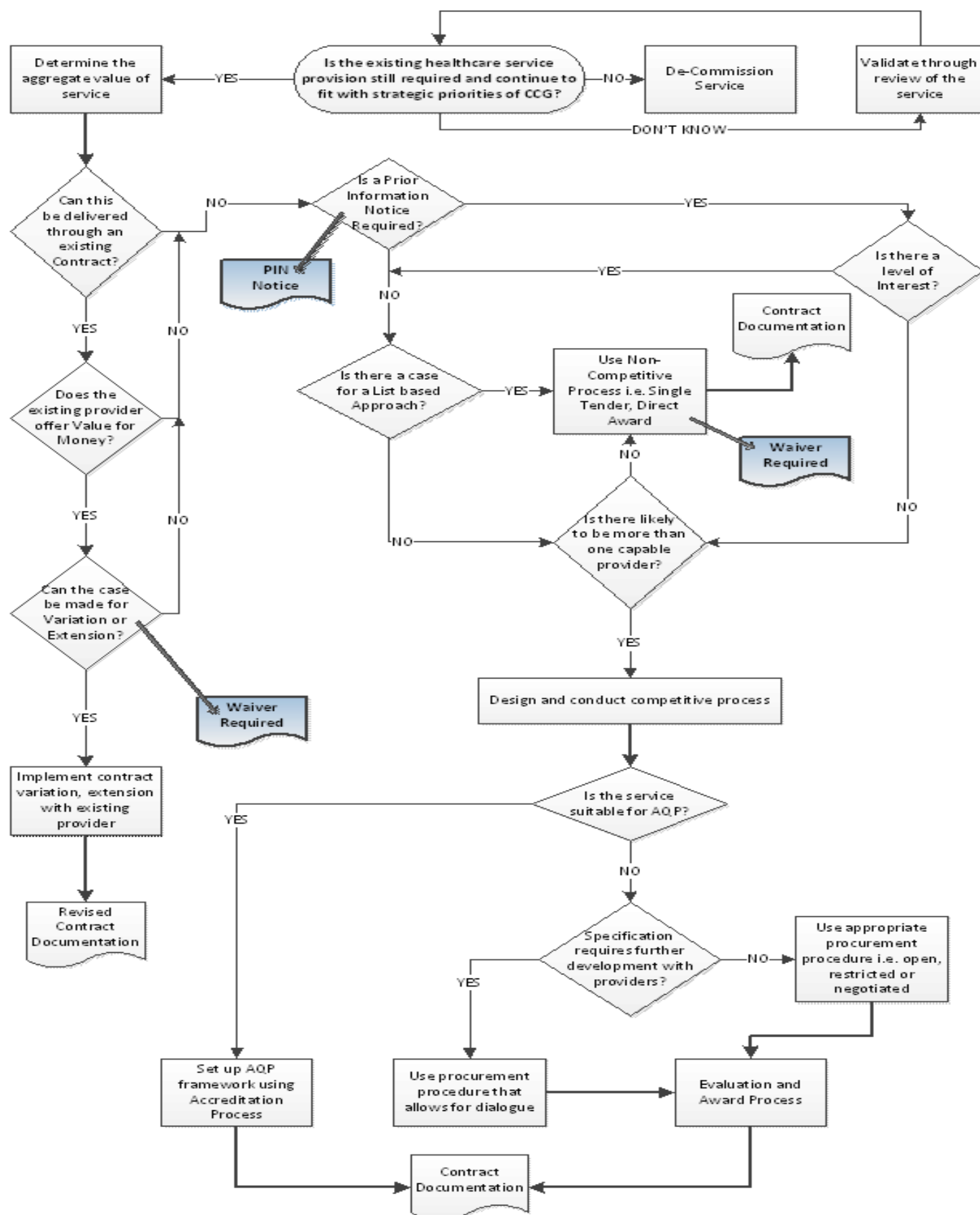
It is recommended that GBs note the progress to date and the planned for next steps.

It is recommended that GBs support the described process to enable decision (paragraphs 2.15-2.19).

Appendix 1:

GHCCG and NKCCG Procurement Policy decision tree for existing health and social care and new and significantly changed health and social care

Appendix 1: Approach for Existing Health and Social Services



Approach for New or significantly changed Health and Social Services

