

Community Heath Services in Tower Hamlets

Health Scrutiny Panel, 2 March 2015

Community health services help people get well and stay well without having to travel too far from home.

Why are we procuring?

People in Tower Hamlets are telling us community health services need to improve.

The current contract is due to expire in March 2016.

It's a nightmare if you're a carer trying to work your way through the system... Who provides it? What assessment do I need? My son has a personal care package, that took five assessments because everybody has their bit of the budget.

Community workshop 31/05/2014

Themes from patient feedback:

- Excellent provision of some services, such as diabetes
- Good support for some people with long term conditions
- Services are locally accessible
- Primary, secondary and social care services aren't communicating or working together as well as they should
- Variable patient experience, with specific issues around initial access, care coordination, follow through and transition
- Lack of an integrated care record
- Variable focus on prevention and early diagnosis

Tower Hamlets
Clinical Commissioning Group

What services are we procuring?

Most community services currently managed by Barts Health NHS Trust.

Some community services managed by other providers are excluded.

Services being procured:

- Coordination function, such as the out of hours and single point of access service, advocacy and interpreting
- Early years and children's services, such as speech and language therapy, safeguarding teams, audiology and community nursing
- Adult rehabilitation and therapy services, such as psychology teams, audiology, inpatient beds and termination of pregnancy
- Adult recovery and prevention services, such as community mental health teams, foot health, stroke rehabilitation and community diabetes and education

Engagement undertaken so far

Between March and
September 2014 the CCG
engaged with the
community to confirm a
preferred clinical approach
and agreed the method of
procurement.

Engagement activity so far:

- Desktop research
- Community workshop (31/5/2014)
- Health and Wellbeing Forum (9/7/2014)
- CCG Organisational Development Session (22/7/2014)
- Six meetings with Healthwatch, including community health event (14/8/2014)
- AGM (02/09/2014)
- Programme events (10/6/2014 & 16/11/14)
- 13 bulletins issued to staff and board members
- Updates via GP e-bulletin and intranet
- Written updates to Barts Health CHS staff
- Clinical Commissioning Forum (5/8/2014)
- Locality meetings (at least one in each) and locality chairs meeting

Method of procurement

We are bringing together patients, clinicians and a number of potential providers to co-design services and come up with innovative solutions that best meet the needs of the community.

This type of procurement is called competitive dialogue.

Competitive dialogue:

Ongoing discussions with a number of potential providers in response to a commissioner's outline requirements. This enables patients, clinicians, commissioners and providers to co-design services.

Only when a provider's proposals are developed sufficiently are tenderers invited to submit **competitive** bids.

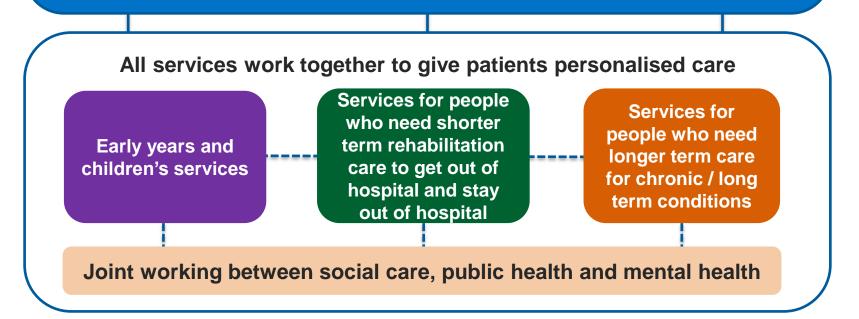
Outcomes-based commissioning:

Paying for health and care services based on delivering outcomes that are important to people who use them.

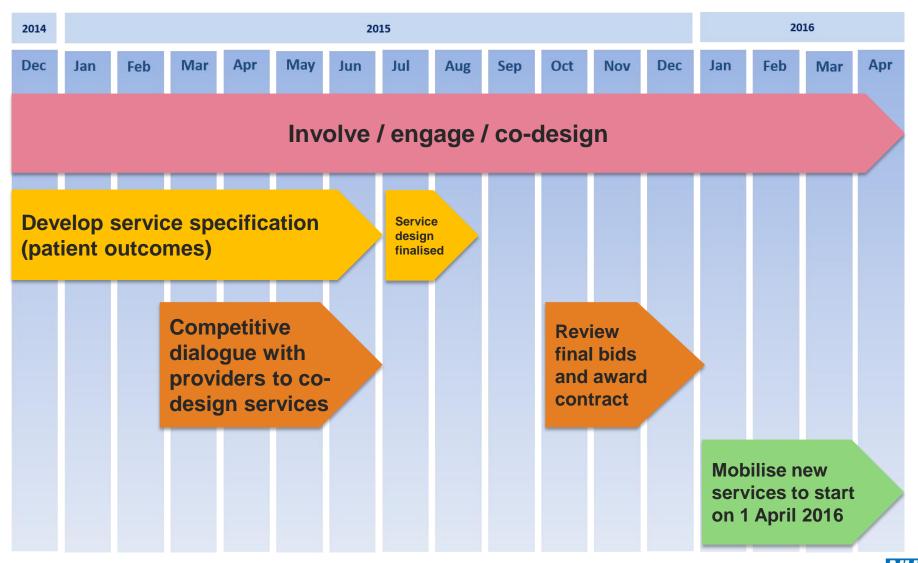
The preferred clinical approach

Organising people's care

- Patients access community health services through a single entry point
- All clinicians use a shared IT system to streamline patient records
- Services are accessible in and out of hours
- Dedicated staff help people to move from one service to another
- Patients have personalised patient care plans
- Services are planned based on what patients need and what's available



Procurement timeline



Engagement

