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| Health Scrutiny Panel 2 March 2015 | |
| Report of: Tower Hamlets CCG | Classification: Unrestricted |
| Community Health Services procurement: update on procurement and engagement plans | |

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Executive Summary

Tower Hamlets Clinical Commissioning Group (CCG) is currently procuring community health services (CHS). In September, the Health Scrutiny Panel received a verbal update about the project. This paper provides further detail, including plans for engaging with the community to co-design services.

At this stage, no decisions have been made about who should provide community health services. We have invited organisations to bid for the contract and expect to start working with them to co-design innovative services from April 2015, with a view to awarding a contract in December 2015 and have an improved service introduced from April 2016.

The procurement will be carried out using **competitive dialogue**, a method of procurement that is used to negotiate large and particularly complex contracts. This enables us to work with patients, carers, clinicians and providers to co-design services and come up with innovative solutions that best meet the needs of the community.

We are commissioning using **patient outcomes**. This is a best-practice approach in which providers are paid for delivering outcomes that are important to the people who use the services, as opposed to paying for the delivery of specific services.

A **Public and Patient Engagement Steering Group** has been formed to advise on and support with community engagement. It is made up of representatives from Healthwatch Tower Hamlets and the Tower Hamlets Health and Wellbeing Forum (voluntary organisations), as well as CCG Patient Leaders.

It is envisaged that successfully delivered community health services could underpin the future model of integrated care in Tower Hamlets.

Recommendations

The Health Scrutiny Panel is invited to:

- Note the commissioning approach being used to procure community health services in Tower Hamlets, including the timescales and governance arrangements;
- Note the plans for engaging the community, including the formation of a public and patient engagement steering group; and

- Consider a suitable date to receive an update on the community health services procurement

Background

Community health services help people get well and stay well without having to travel too far from home. They are crucial to a successful health service: if we can help more people get well and stay healthy without visiting their doctor or the local hospital, patients will benefit and we will reduce the pressure on primary and secondary care services.

People in Tower Hamlets are telling us some community health services need to improve. They should be able to get high quality health care close to home when they need it, but many of the existing services are providing an inconsistent level of care. While there are some examples of excellent services, such as those for people diabetes and some other long term conditions, a number of issues have been raised :

- primary, secondary and social care services aren't communicating or working together as well as they should
- people are having varied experiences when they use community health services. In particular, there are issues when first trying to access services, the complex system is difficult to navigate, health professionals don't always follow up with patients and it can be difficult to move from between services
- integrated care records should exist, but they do not
- some services are not spending enough time focusing on diagnosing people early and helping to prevent illness
- the CCG has concerns about the cost-effectiveness of the current contract

There is a significant amount of work to be undertaken, but we see this as an exciting opportunity to reshape community health services and improve the health of local people.

The current community health services contract is due to expire in April 2016, so we are bringing together patients, clinicians and a number of potential providers to help us co-design services and come up with innovative solutions that best meet the needs of the community.

The CCG's approach

Between March and September 2014 we worked with patients and clinicians to develop a vision for community health services, and a preferred approach to delivery.

Our vision:

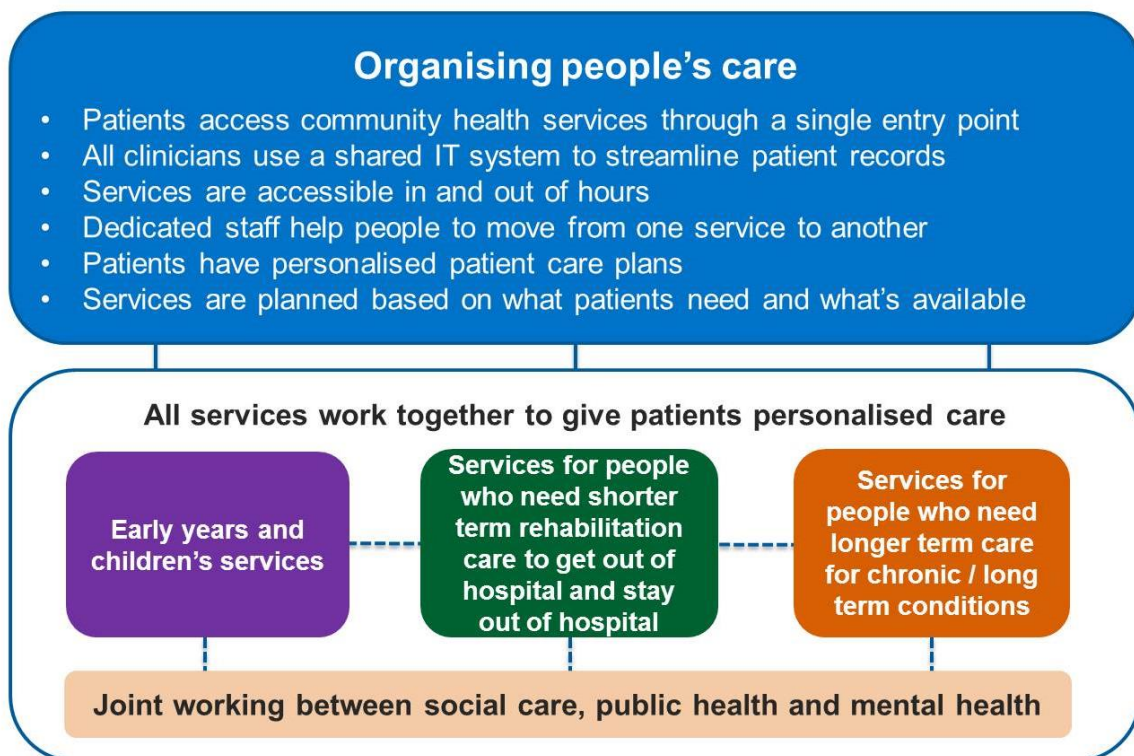
- **Access:** good access to services is key to effective take up of and navigation around community health services, based on patient need
- **Integration:** service integration is fundamental to the community health services vision where community, acute, mental health and social care services work together cohesively to deliver services that are appropriate for patients in the right place at the right time

- **Quality of care:** the reliability of services is crucial to the patient experience
- **Personalisation:** patients' social and personal circumstances must be understood and valued. Community health services will seek to put patients in control of their care where possible and a delivery model that offers patients options to manage their own care
- **Outcomes approach:** there will be a focus on commissioning for outcomes, encouraging and rewarding providers to develop more efficient models of care and gathering evidence base for effective community services.

Key elements of the preferred approach to delivery include:

- a single point of access for patients
- personalised care plans
- joint working between providers
- a focus on prevention and early diagnosis
- ensuring the patient voice is heard in the delivery of patient outcomes, in the co-design of services and strategy, and as a key aspect of quality and improvement
- providing corporate leadership for the community health system
- leading on community health system enablers, such as workforce development
- payment based on performance against outcomes (including patient experience)

The preferred clinical approach



Innovative commissioning:

We have chosen to commission a provider using **patient outcomes**. This is a best-practice approach in which providers are paid for delivering outcomes that are important to the people who use the services, as opposed to paying for the delivery of specific services. The CCG will run a programme of engagement with patients, carers and the wider community to

develop these outcomes.

The procurement, which began in September 2014 and is expected to run until December 2015, will be carried out using **competitive dialogue**, a method of procurement used to negotiate large and particularly complex contracts. This enables the CCG to work with providers, patients, clinicians and local stakeholders to co-design services and come up with innovative solutions that best meet the needs of the community. Competitive dialogue is a relatively new procurement route within the NHS. Ongoing discussions are held with a number of potential providers in response to a commissioner's outline requirements. Only when a provider's proposals are developed sufficiently are tenderers invited to submit competitive bids. Tower Hamlets residents will be recruited to sit on the procurement panel and help with the selection of a provider.

Governance

The **Programme Board** is an independent decision-making body made up of non-conflicted members of the CCG and external advisors and has overall responsibility for delivery of the community health services procurement programme providing the strategic steer for the programme. The Programme Board will advise the CCG Governing Body of its recommendations for a provider at the end of the procurement process

The Programme Board is advised by the following project boards:

- **Specification Development Group:** responsible for coordinating the development of patient outcomes, which will be used to select the provider and monitor their performance.
- **Clinical Reference Group:** provides clinical quality assurance to ensure the work of the Specification Group reflects clinical best practice.
- **Independent Procurement Group:** responsible for independently assessing, approving / rejecting and progressing the procurement project plan, whilst providing overall assurance to the Programme Board on the procurement exercise.
- **Communications and Engagement Task and Finish Group:** responsible for managing communications and ensuring patients, carers, staff and the wider community is involved in every stage of the procurement process.
- **Finance and Payment Mechanism Group:** responsible for developing a financial model which supports the spectrum of patient outcomes and service integration, including risk and benefit sharing, proposing changes to existing payment mechanisms and contractual arrangements where necessary.

Engagement

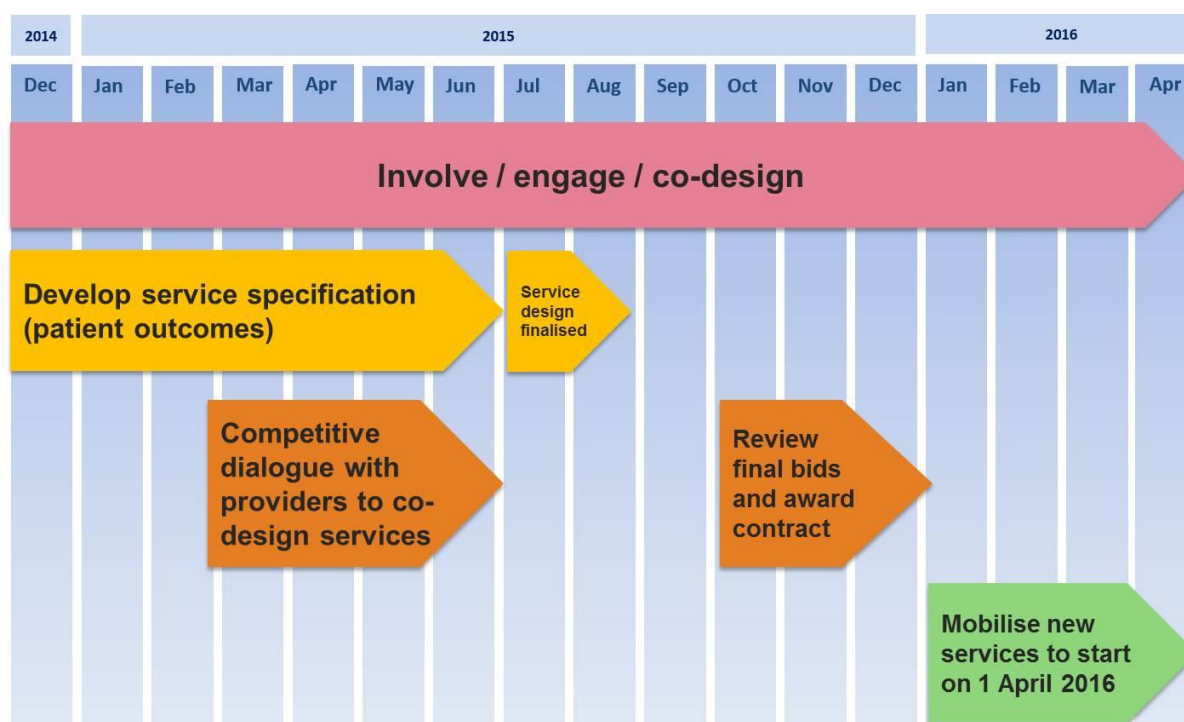
Between March and September 2014 we engaged with the community to confirm a preferred clinical approach and agreed the method of procurement. This included desktop research, communications to patients and staff, a community workshop, a meeting with the Health and Wellbeing Forum, six meetings with Healthwatch including a community health event, the CCG's AGM, programme events and locality meetings and a locality chairs meeting, a Clinical Commissioning Forum meeting and a CCG Organisational Development Session.

In December, a **Public and Patient Engagement Steering Group** was formed to advise on and support with community engagement. It is made up of representatives from Healthwatch Tower Hamlets and the Tower Hamlets Health and Wellbeing Forum (voluntary organisations), as well as CCG Patient Leaders. At the group's first meeting procurement plans were broadly welcomed and one member from the Health and Wellbeing Forum described them as 'really innovative and aspirational'.

Patient engagement plans are currently being developed in conjunction with the Public and Patient Engagement Steering Group. They broadly fall into four tiers of engagement:

1. Dec 2014: Formation of a Public and Patient Engagement Steering Group
2. Jan – June 2015: Engagement with patients, carers, staff, providers and the wider community to design patient outcomes. These will be used to help select a provider and monitor its ongoing performance
3. Feb – March 2015: Recruitment of local residents to sit on the procurement panel and aid with the selection of a provider
4. Jan – April 2016: Local residents to support the provider with ongoing co-design and development of services

High level timeline



Next steps

Organisations have been invited to bid for the contract and we expect to start working with them to co-design innovative services from April 2015. Between January and June we will be engaging with the community to design patient outcomes.

The Health Scrutiny Panel is invited to:

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- Consider a suitable date to receive an update on the community health services procurement