

DATE: 15 JANUARY 2016

**TITLE: BRIEFING NOTE – OLDER PEOPLE’S AND ADULT
COMMUNITY SERVICES UPDATE**

Background

On 3 December 2015 the CCG and UnitingCare (UC) mutually agreed to end the contractual arrangements to provide Older People’s and Adult Community Services (OPACS). Following the announcement the CCG immediately implemented its Stabilisation Plan.

The CCG’s immediate priorities were to ensure continuity of services for patients, to manage communication messages, and to review and manage any contractual risks.

There were discussions over a number of weeks between the CCG and UnitingCare about the financial sustainability of UnitingCare and the way that it was implementing the new model of care for older people and adults receiving care in the community. All organisations worked hard to retain the arrangements, but it was agreed finally that the situation was not financially sustainable for any of the partners.

The model was developed by UnitingCare with a 5-7 year expectation of cost, including upfront investment to be supported by the partners in the consortia, CUH and CPFT. Since the procurement process, the local health system landscape has changed substantially. The UnitingCare partners were no longer in a position to support the organisation as envisaged in the short to medium term. Partners in the health system did act to provide short term support but the arrangement was not sustainable, and it was agreed that the contract had to be ended.

The decision to end the contract with UnitingCare was not an easy one, and involved discussions between UnitingCare, its partners, the CCG and regulators before the decision was made.

Regarding the ending of the contract, the local financial landscape has changed considerably since the OPACS procurement process concluded in July 2014. Therefore the model developed by UC, which had a 5-7 year expectation of cost at that time, has been reappraised as unsustainable in the long term – which is why the responsible decision, to end the contract, had to be made as soon as possible.

Phase 1: Stabilisation

Since the announcement the CCG and UnitingCare have been working together to ensure a smooth transition of contracts. The CCG implemented the first phase of its Stabilisation Plan to tackle the immediate priorities of ensuring service continuity for patients, managing

communication messages, and reviewing and managing any contractual risks. This included joint telephone calls between UnitingCare and the CCG to all UnitingCare sub-contractors so that they were informed of the change and reassured of the CCG's commitment to the service. It was also important for the CCG to receive assurance from service providers that they would continue delivering services until at least the end of March. All providers gave this assurance and we have been pleased by the practical and swift response from all those providers.

As ever, improved health outcomes and improved patient access and experience are the main priorities. The CCG has been committed to the continuation of service provision and since taking the OPACS contract back in December 2015, service has continued as normal. Co-operation between the CCG, Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and UnitingCare and its partners has been crucial throughout.

Phase 2: Reviewing workstreams

The CCG is now in the process of reviewing all UnitingCare services and workstreams in order to maintain the benefits and improvements the model has been able to deliver to date (see appendix A for full details). We will be reviewing the workstreams, some of which were only partially developed, over the next three months in partnership with our stakeholders in Local Authorities and Healthwatch organisations. This work includes identifying clear leads, as well as working through how the UnitingCare 'integrator function' could be fulfilled.

UnitingCare did not directly deliver front-line services, but had a team of over 20 staff focused on delivering the integrator function, supported by four Integrated Care Boards, multiple sub-contracts and a range of workstreams which aimed to facilitate service re-design and cultural change to deliver the intended transformation. The CCG is working with partners to work through each of these, and consider how they fit with the Urgent & Emergency Vanguard, System Resilience, Better Care Fund and other structures. We have had feedback from partners that there needs to be a clear lead within the CCG to help support the principles of integration – and that remains important to the delivery of these services.

From now until March 2016 we will be working to review services and to develop proposals moving forward.

The proposed framework for reviewing workstreams takes the following into account:

- Commitment to the integrated model of care delivery
- Views of key stakeholders
- The Urgent and Emergency Care Vanguard programme and Better Care Fund Plan, particularly workstreams led by UC for both
- Transparency with patients and the public
- Financial affordability

The aim is to ensure full discussions, sharing of proposals, and the endorsement of future plans from all relevant parties. The table below sets out the headlines of this engagement for consideration:

DATE	STAKEHOLDER ENGAGEMENT & DECISION PROCESS
DEC 2015 – 12.1.16	Preliminary / Internal discussions CCG Clinical & Management Executive Team; Older People Clinical Leads; feedback from providers, Healthwatch organisations and Local Authorities
12.1.16 – 9.2.16	Wider Engagement and Stakeholder priorities <i>See Appendix C for schedule of stakeholder engagement</i>
FEB 2016	Sharing Proposals <i>(Following interim report to Governing Body 9.2.16; see Appendix C for schedule of stakeholder engagement)</i>
MAR 2016	Finalisation and Agreement of Proposals <i>See Appendix C for schedule of stakeholder engagement</i>

Internal investigation

The CCG is now undertaking an internal review, which will include engagement with key stakeholders, to look into the factors which led to the ending of the UnitingCare contract. The review will ensure that any learning is taken into account by the CCG and, if appropriate, the wider NHS. We expect this to be complete by the end of January. The Terms of Reference for the review can be found at Appendix B.

We also understand that NHS England is commissioning an external review. At the present time, the Terms of Reference for this review have not been finalised. We will keep you up to date with this as we hear more.

Financial impact

A financial close down of the contract was agreed and concluded on 18 December 2015.

Immediate financial pressures have been managed, however the CCG must now develop the OPACS workstreams in line with current, and potential future, financial obligations.

Following detailed work to review the financial impact on the CCG of the ending of the UnitingCare contract, the CCG has revised its end of year forecast from a predicted £4m surplus to a deficit position of £8.4m.

Before the contract came to an end we were already working across the local health system to manage the financial pressures for next year. This has not changed and we will continue to work together to ensure that we commission good quality care for our patients within the resources available to us. At this point the forecast deficit is less than 1% of our total budget and in this context we will also be looking closely at the allocations we have just received for the next three years.

Appendix A – Checklist of workstreams to consider

OPACS STABILISATION & SERVICE DEVELOPMENT PLAN HEADLINE

NB: The purpose of this document is to act as a checklist for UnitingCare service development workstreams. The CCG recognises that there are complex inter-dependencies with other workstreams / organisations; the overall coordination and governance form part of the CCG review process with partner organisations. 6.1.16

SERVICE DEVELOPMENT WORKSTREAMS	MAIN SERVICE PROVIDER	CCG LEADAREA	CCGLEAD
Outcomes Framework development & implementation	CCG	CCG Strategy & Improving Outcomes Team	MatthewSmith
Prevention & Well-Being Service	Peterborough Plus Cambridgeshire Health & Well-BeingNetwork	Better Care Fund Healthy Ageing workstream	CathMitchell
Joint Emergency Team (JET) service	CPFT	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
Neighbourhood Teams (including integrated careworkers)	CPFT	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
Intermediate Care and Communitybeds	CPFT	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
Unplanned Acute services for older people (including front of house design)	All acuteproviders	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
Single Point of access (SPA): OneCall (Linked to Planned Care Coordination)	OneCall: South Central Ambulance Service Planned Care Coordination:CPFT	CCG 111/OOH	NigelGausden
End of Life (EOL) Care (incl enhanced hospice at home)	EOLC consortia – Arthur Rank, SueRyder	CCG End Of Life Care Programme	RobBailey
Primary Care enhanced services (including ComplexDressings)	GPpractices	CCG Primary Care Programme	AliceBenton
Development of Careplans	All	Better CareFund	GillKelly
Development of 7 dayservices	All	Better CareFund	GillKelly
Development of Shared assessments	All	Better CareFund	GillKelly
Development of Single View of Patient Record -OneView	Orion,Rainmakers	Better CareFund	BillWilson

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SERVICE DEVELOPMENT WORKSTREAMS	MAIN SERVICE PROVIDER	CCG LEADAREA	CCGLEAD
Development of dementia strategy	All	Better CareFund	TBC
Development of Frailty Scoring and Pathway/MDT/Case Management / RiskScoring	CPFT Acutes, Socialcare	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
Long Term Conditions (LTCs) inc stroke and heart failure service	CPFT (NT /ICT); Acutes; Primary Care; socialcare	Urgent & Emergency CareVanguard	Sara Rodrigues; Simon Pitts; Mark Evans; Liz Philips; IanWeller
MedicationReview	CCG,CPFT	CCG MedsMgt	SatiUbhi
Support to Care Homes (incl enhancedservice)	GP practices /CPFT	Urgent & Emergency CareVanguard	Sara Rodrigues Discharge planning Simon Pitts Admission avoidance
Organisational development (OD) and workforce development inc Uniting CareAcademy	All /CPFT	CCGHR&OD	KathyBonney
Communication &engagement	CCG	CCG Comms & Engagement	JessBawden
Contractmanagement	CCG	CCGContracts	SarahShuttlewood
Qualitymanagement	CCG	CCGQuality	JillHoughton
Governancearrangements	CCG		TracyDowling

Appendix B – Terms of Reference for internal review

TERMS OF REFERENCE

REVIEW OF PROCUREMENT, OPERATION AND TERMINATION OF THE OPACS CONTRACT

Review Objective:

Internal Audit has been asked to undertake an independent internal review of the circumstances that ultimately led to the termination of the Older Peoples and Adult Community Services (OPACS) contract. The objective of the review is to document and evaluate CCGs systems, processes and controls deployed in the procurement and management of the subsequent contract in order to identify any systemic weaknesses that may have contributed to termination of the contract and importantly identify learning points for future procurements.

Scope and Relevance:

Client System(s) and Review Period

The OPACS procurement and subsequent contract 2013-2015

Links (e.g. BAF etc)

The OPACS procurement was a significant undertaking for the CCG incorporating extensive consultation with stakeholders, the design of a new clinical outcomes framework based, the undertaking of a competitive procurement exercise and the subsequent letting of a contract to new Lead Provider of Services. This procurement was designed to achieve better clinical outcomes, services designed to meet patient needs in a sustainable manner.

Much of the work undertaken was groundbreaking and as such carried inherent risk but the termination of the contract soon after its inception is an indication that there were mismatched expectations of the financial investment required to deliver the service delivery model.

Work Required:

Review available documentation to establish procurement and associated governance timelines,

Identify reasons for the termination of the contract and match this to pre contract forecasts and assumptions in order to identify any "optimistic" bias.

Identify the role of independent advisers to the CCG particularly legal and financial advisers, particularly around the awarding of the contract to a Limited Liability Partnership, Due Diligence undertaken and robustness of risk analysis undertaken.

Examine whether the CCG operated robust processes for the validating of provider supplied data including triangulation with other externally reported data (e.g. Provider information to the independent regulator).

Identify any weaknesses in process and make recommendations for future improvement.

Areas for Special Attention:

In addition to the review of available documentation Internal Audit will need to interview key members of CCG Senior Management including:

- Chief Strategy Officer
- Chief Finance Officer (Acting)
- CCG Clinical Lead
- CCG Chair
- Chief Operating Officer
- Assistant Director Improving Outcomes
- Director of Corporate Affairs
- Other members of the Governing Body as appropriate

The review will also seek to obtain and reflect opinions and views of the relevant Healthwatch bodies.

References + Previous IA Report:

N/A

Agreement of Client Management:

ToR Agreed With:

Final Report Target Date: 31/01/2016

Appendix C – Schedule of Stakeholder Engagement

Schedule for Stakeholder Engagement for older people and adult community services: stabilisation of services for patients and future service development.

05/01	Hunts Overview and Scrutiny Panel: Social Wellbeing
7/01	CCG Patient Reference Group
13/01	Peterborough Scrutiny Committee for Health Issues
14/01	Cambridgeshire Health and Wellbeing Board
18/01	East Northants Health and Wellbeing Forum
19/01	Joint Pboro H&WB/Scrutiny session on STP
19/01	Cambridgeshire & Peterborough Strategic System Resilience Group (UEC Vanguard)
20/01	Hunts Health and Wellbeing Board GROUP
21/01	Herts Health Scrutiny Committee
21/01	Cambridgeshire Health Committee
22/01	Healthwatch Peterborough
26/01	Cambridgeshire and Peterborough Executive Partnership Board
26/01	LCG Board and Clinical Leads meeting
1/02	Health Executive meeting – CCG and Provider CEOs
02/02	Hunts Overview and Scrutiny Panel: Social Wellbeing
02/02	Peterborough Health Scrutiny Commission Group Reps meeting
16/02	Cambridgeshire & Peterborough Strategic System Resilience Group
22/02(TBC)	Cambridgeshire & Peterborough Commissioners Workshop (to include Local Authorities, Healthwatch organisations, Health & Well-Being Board representatives)
23/02	Healthwatch Peterborough
25/02	Northants Health and Wellbeing Board Workshop

25/02	Cambs health and Wellbeing Board supportgroup
02/03	Northants Health, Adult Care and Wellbeing Scrutiny Committee
03/03	Cambs Health Committeeworkshop
10/03	Northants Health and Wellbeingboard
10/03	Cambridgeshire HealthCommittee
10/03	Cambridgeshire & Peterborough Strategic System ResilienceGroup
15/03	Hertfordshire Health and WellbeingBoard
15/03	Peterborough Scrutiny Committee for HealthIssues
17/03	Hertfordshire Health ScrutinyCommittee
17/03	Cambridgeshire Health and WellbeingBoard
21/03	Cambridgeshire and Peterborough HealthExecutive
24/03	Peterborough Healthwatch AGM
24/03	Peterborough Health and WellbeingBoard
31/03	Hertfordshire Health ScrutinyCommittee
TBC	Cambridgeshire and Peterborough Executive Partnership Board