

MEETING: GOVERNING BODY MEETING IN PUBLIC

AGENDA ITEM: 3.1

DATE: 12 JANUARY 2016

TITLE: OLDER PEOPLE AND ADULT COMMUNITY SERVICES:
STABILISATION OF SERVICES FOR PATIENTS AND FUTURE
SERVICE DEVELOPMENT

FROM: ANDY VOWLES, CHIEF STRATEGY OFFICER

FOR: DECISION

1 ISSUE

- 1.1 The CCG implemented the first phase of its Stabilisation Plan in response to the ending of the contractual arrangement with UnitingCare (UC) to deliver urgent care for the over 65s and adult community services on 3 December. The main focus was on ensuring service continuity for patients (service stabilisation), clear communication messages to patients, carers and staff and reviewing and managing any contractual risks.
- 1.2 This paper reports on the implementation of the Stabilisation Plan, and sets out the approach to reviewing the UnitingCare model and workstreams in order to put new arrangements in place from April 2016.

2 STRATEGIC AIMS/EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

- 2.1 This work relates to the CCG Strategic Priority of improving care for older people. It is relevant to the Assurance Framework strategic aims 1, 2 and 3 in particular (Quality, finance, transformation). It relates to EDS goals 1 and 2 (improved health outcomes for all, improved patient access and experience).

3. KEY POINTS

3.1 Stabilisation Plan

The CCG and UnitingCare agreed a joint plan to cover the immediate requirements of service stabilisation following the ending of the contract. Following meetings with Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), UnitingCare, NHS England and Monitor on 2 December, the plan was initiated in anticipation of the contract ending on 3 December.

On 3 December the CCG and UnitingCare mutually agreed to end the contract. The CCG and UnitingCare worked closely together to secure a safe transition of all

service contracts to the CCG, and service continuity for patients and assurance for staff. 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.

The CCG communications team worked jointly with colleagues from UC, CPFT and CUHFT to issue communications to staff, stakeholders, including Healthwatch organisations, and the media. The first phase communications were designed to provide assurance to staff and patients regarding service continuity for patients. Other workstreams included a rapid clinical safety assessment, and a review of information technology continuity.

With facilitation from regulators, the CCG, CPFT, CUHFT and UnitingCare agreed the approach to financial close down of the contract. This was concluded on 18 December 2015.

3.2 Future service development

The CCG is 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. 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.

The CCG recognises the need to provide as much clarity as possible for patients, front-line staff, local organisations and the system as a whole.

The proposed framework for this review work takes into account the following:

- The CCG remains committed to the Older People Programme integrated model of care delivery, including the outcomes framework
- The views of local partners and stakeholders, including local providers, partners in local government and Healthwatch organisations:
- The Urgent and Emergency Care Vanguard, in particular those workstreams which were being led by UnitingCare
- The need to maintain momentum on service transformation and improvement and staff confidence in the integrated model of care.
- The need to be as transparent as possible with patients and the public
- The Better Care Fund Plan in particular those workstreams led by UnitingCare
- Financial affordability

3.2.1 Process for future service development

The review process is being undertaken in three stages (recognising that this will not be entirely sequential)

1. Internal review, with input from clinical and management leads, subject matter experts, Local Commissioning Group Boards and the Patient Reference Group.
2. Engagement with key external stakeholders such as the local acute Trusts, CPFT, the Local Medical Committee, Local Authorities, the consortia set up to deliver End of Life Care, Well-Being Services and Healthwatch organisations. Due to the linkages between UnitingCare and the UEC Vanguard programme, engagement with the Strategic System Resilience Group will be essential.
3. Broader engagement with a wider range of stakeholders including public and media facing communications.

The table set out in Appendix A is intended as a checklist of all UnitingCare services development work-streams which need to be considered.

3.2.2 Decision making process and timescale

The decision on the range, scope and value of services which will replace the OPACS contract with UnitingCare rests with the CCG Governing Body. However, as there are clear links with the Better Care Fund, relevant aspects will need to be discussed and agreed by the Cambridgeshire and Peterborough Executive Partnership Board, and endorsed by respective Health and Well-Being Boards.

Before making decisions, the CCG wishes to engage with local partners during January to March 2016 as part of the review process described in 3.2.1. 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> Cambridgeshire & Peterborough Executive Partnership Board including Local Authorities, providers, voluntary sector (25.1.16) Strategic System Resilience Group (Urgent & Emergency Care Vanguard, 26.1.16) LCG Board and Clinical Leads meeting (26.1.16) Health Executive (1.2.16) – CCG and Provider CEOs
FEB 2016	Sharing Proposals <i>(Following interim report to Governing Body 9.2.16; see Appendix C for schedule of stakeholder engagement)</i> Strategic System Resilience Group (16.2.16)

	Cambridgeshire & Peterborough Commissioners Workshop (w/c 22 nd Feb, date TBC, to include Local Authorities, Healthwatch organisations, Health & Well-Being Board representatives)
MAR 2016	Finalisation and Agreement of Proposals <i>See Appendix C for schedule of stakeholder engagement</i> Strategic System Resilience Group (10.3.16) Cambridgeshire & Peterborough Health Executive (21.3.16) Cambridgeshire & Peterborough Executive Partnership Board (tbc) Health & Well-Being Boards (tbc) Governing Body (22.3.16)

3.3 Integrator Function

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 clear feedback from partners that there needs to be a clear lead within the CCG to help support the principles of integration that remains important to the delivery of these services.

3.4 Rationale for ending of contractual arrangements

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.

These discussions involved the CCG, UnitingCare and its partners, Cambridge University Hospitals NHS Foundation Trust, (CUHFT – Addenbrooke's), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and regulators, Monitor and NHS England. The focus was on retaining as much of the outcomes based model of care as possible, while managing the immediate financial pressures.

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, CUHFT and CPFT. Since the procurement process concluded in July 2014, the local health system landscape has changed substantially. 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 terminated.

3.5 Internal and external review

The CCG is carrying out an internal review into the factors which led to the termination of the UnitingCare contract, in order to ensure that any learning is taken into account by the CCG and if appropriate the wider NHS. The CCG has commissioned internal auditors, West Midlands Assurance Services to conduct an Internal Review and the Terms of References are set out at Appendix B. We expect this to be complete by the end of January.

In addition, NHS England is commissioning an external review. At the present time, the Terms of Reference for this review have not been finalised.

4.0 RECOMMENDATION

Members are asked to

- a) Note implementation of the Stabilisation Plan
- b) Endorse the proposed process for future service development set out in Section 3.2
- c) Note the service development work-stream checklist in Appendix A
- d) Note the Terms of Reference for the Internal Review, and the proposed external review to be commissioned by NHS England

Author

*Matthew Smith, Assistant Director Improving Outcomes,
Programme Management Lead Older People
5th January 2016*

APPENDICES

- A SERVICE & WORKSTREAM CHECKLIST**
- B TERMS OF REFERENCE FOR INTERNAL REVIEW**
- C SCHEDULE OF STAKEHOLDER ENGAGEMENT**