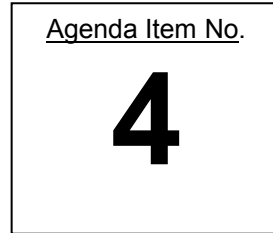


HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30 AM**



**ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE
PROPOSALS**

Report of the Director of Adult Care Services

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1. Purpose of report

1.1 The report outlines a process to identify and explore the opportunities Herts Valleys Clinical Commissioning Group (HVCCG)'s decision to recommission adult community health services presents to the County Council to develop and deliver more joined-up health and care services for residents.

2. Summary

2.1 HVCCG commissions a range of adult community health services to serve the population of West Hertfordshire.

2.2 At its Board meeting on 14 September 2017, HVCCG formally agreed to recommission elements of the existing adult community health services in West Hertfordshire.

2.3 This decision represents a significant development in the health landscape in Hertfordshire.

2.4 As a result of HVCCG's decision, initial activity has taken place within Adult Care Services (ACS) to identify what opportunities exist to input to a future specification so that it delivers joined up health and social care and supports the delivery of the County Council's strategic priorities.

3. Recommendations

3.1 Panel is asked to:

- Note and comment on the opportunities within this Report for joining up health and care services in Hertfordshire; and
- Recommend Cabinet agree that the Director of Adult Care Services undertake work with Herts Valleys Clinical Commissioning Group to develop a joint specification for adult community health services to align delivery with the County Council's priorities.

4. Background

4.1 HVCCG commissions a range of adult community health services from Hertfordshire Community NHS Trust (HCT) with a total value of approximately £41m.

4.2 [Your Care, Your Future](#) outlines the strategic vision for health and social care services in the West of the county. At its core is an ambition to see services delivered in a more integrated and joined-up manner and for health and care to be more easily available and accessible in the community. Delivering this ambition will require a significant shift of activity, currently provided in hospital settings, to the community.

4.3 Over the Spring/Summer of 2017, HVCCG explored the potential for redesign of adult community health services. This included a baseline expenditure and activity analysis and the development of an outline service specification with a focus on transformation, 'place based care' and integration with primary care services, mental health services and social care services.

4.4 At its Board meeting on 14 September 2017, HVCCG formally agreed to adopt a competitive dialogue procurement approach for the provision of community health services. As part of the rationale for this decision, the Board considered that, based on national average reference costs, HVCCG spends more on community based provision than expected via its contract with HCT and that in 17/18 the level of activity related to the HCT adult community services contract is less than expected given the contract value.

4.5 The services currently in scope for this contract include:

- Integrated Community Nursing and Therapy Services
- Community Intermediate Care Beds
- Specialist Palliative Care
- Bladder and Bowel
- Adult Speech and Language

- Lymphoedema (a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs. It develops when the lymphatic system doesn't work properly)
- Leg Ulcer and Tissue Viability Services
- Community Neuro Rehabilitation Service
- Podiatry (excluding Diabetes) – potential to link with new musculoskeletal (MSK) provider

4.6 The proposed timeframe for procurement and mobilisation will be 18 months, with a provider selected and a new contract mobilised to commence on 1 April 2019.

5. Implications and opportunities for integration

5.1 A competitive dialogue process for adult community health services represents a significant shift in Hertfordshire's health and social care economy. It raises the possibility of new provider organisations coming into Hertfordshire and thereby carries with it the risk of uncertainty.

5.2 It also presents a significant opportunity for the County Council to influence the design and direction of adult community health services. The health and social care integration agenda has long sought to better align social care with adult community health services, recognising the overlap in patients/service users and the extent to which coordination of resource and intervention can improve an individual's wellbeing and reduce the risk of their situation or condition deteriorating. There are also opportunities to support the delivery of the [Hertfordshire ACS Draft 15 Year Plan](#) and the 2020 vision for integration - [Joined-up care - aligning Adult Care Services with Health](#) – that was signed-off by Cabinet in July 2017.

5.3 Recommissioning adult community health services provides the opportunity to specify integration as a key element of the contract and therefore something which any future provider needs to consider as part of their business model and their tender submission. It also means that any future provider could have contractual obligations in respect of working with social care and will be able to be monitored and managed on that basis. This by no means guarantees integration and improved outcomes, but it does provide additional leverage to the commissioner to make changes happen and, managed properly, would support and complement the operational integration and joined-up care that already takes place.

5.4 Initial conversations have taken place between Council officers and HVCCG about the potential opportunities that HVCCG's decision regarding the recommissioning of adult community health service represents.

- 5.5 Adult Care Services officers have scoped some of the opportunities and risks associated with HVCCG’s decision to recommission community services. Different services have been assessed against a number of criteria, including:
- Risk to care market sustainability
 - Risk to care market financial sustainability
 - The council retaining accountability and control
 - Impact on service users’ experience
 - Impact on service users’ outcomes
- 5.6 This process has identified a number of areas where more joined-up activity could be of most benefit to service users and support the development of social care services.
- 5.7 These areas have been broadly categorised into short and long term services. Further detail is in the table below which demonstrates the opportunities for integration and alignment with the Adult Care Services 15 Year plan.
- 5.8 The short term services cover hospital discharge, prevention of admission and community beds. Each of these represents specific pieces of short term or immediate activity with individuals, where the better coordination of health and care services would significantly improve service user experience and service user outcomes.
- 5.9 The longer term services consider how joined-up care might better align health and care service around service users with ongoing and long-term care needs.

5.10

Short-term services	Opportunities for more joined-up activity between health and care	Links to the ACS 15 year plan
Integrated hospital discharge pathways	Development of an integrated specification for community-based intermediate care and enablement services that support hospital discharges. This would include: <ul style="list-style-type: none"> • Alignment of existing specialist care at home services and Enablement OTs into joint teams with health therapists, health care assistants and nurses. • Teams working within hospitals to ‘pull’ people out of beds. • Service specification to be based on ‘discharge to assess’ principles and protocols (as set out in the 10 High Impact Change model). 	Define our approach to ensure people are discharged from hospital at the right time, delivering required business process improvements with NHS colleagues (SA3) Build on new interventions which alleviate pressures in hospitals for example ‘Discharge to Assess’ and aligning care worker teams with the NHS (SA3)

		Put in place a new Occupational Therapy strategy to promote independence (SA3)
Prevention of hospital admission services	An integrated pathway and process (rather than a specific team) for joint prevention of hospital admission responses: <ul style="list-style-type: none"> • Alignment of triage and 'rapid' assessment functions so initial responses can be co-ordinated. • Quick, trusted access to specialist care at home and short term care home beds, and for therapy and nursing interventions and step up intermediate care beds. 	
Flexi – bed model	Develop an integrated service specification for 'discharge to assess' care home beds, including: <ul style="list-style-type: none"> • Access to a range of services, including therapy and nursing, which is flexible depending on the needs of the person in the bed. • A flexible pricing model depending on services accessed. • Creating a future alternative to intermediate care beds as commissioned in E&N Herts. • Developing joint-commissioning intentions around bed models 	
Long term services:		
Holistic case management	Establish integrated pathways / processes for the co-ordination of care for those with frailty and other long term conditions. This includes <ul style="list-style-type: none"> • Joint case finding and risk stratification processes between primary care, social care and community health services. • Creating virtual 'neighbourhood teams' to formalise requirements for community health and social care services in their alignment with GP 'neighbourhoods' (local clusters of GP surgeries). 	Review our services for people with complex needs and increase provision (SA4) Establish, deliver and evaluate a pilot project on using predictive data (SA2) Create integrated personal care services for those with chronic and complex needs alongside the NHS (SA4)

	<ul style="list-style-type: none"> Building on the Multi-Speciality Team (MST) approach to formalise joint assessment, care planning and case management for those with complex needs and multiple long-term conditions, which includes ensuring that services are adequately resourced by community health teams. 	<p>Roll out new practice principles which support delivery of these approaches (SA4)</p> <p>Develop our strategy for community hubs, making the best use of property and assets (SA2)</p>
Nurses aligned to social work teams	Replicate arrangements in Learning Disability teams where Community Nurses co-locate with social workers to support holistic case management.	Identify named workers to support individuals (SA1)
Clinical input into care homes	Establishing a service specification for nursing and therapeutic input to care home residents.	
Preventative and personalised approaches	<p>Joint development of service models and questions for providers around their experience of implementing preventative and personalised initiatives. e.g.:</p> <ul style="list-style-type: none"> Improved links with voluntary sector services Increasing utilisation of personal budgets Assistive Technology Carers services 	<p>Embed 'Community First' thinking into practice; and ensure a common understanding and approach (SA2)</p> <p>Develop our 'HertsHelp' offer (SA1)</p> <p>Target information at specific groups such as carers (SA1)</p>

- 5.11 The proposed recommissioning of this contract does not include all elements of adult community health services. A number of other clinical pathways, including Diabetes and Musculo-Skeletal Services have either been recommissioned or are in the process of being recommissioned. These processes have their own timeframes and separate procurement processes.
- 5.12 HCT also provides Children's Community Health Services, some of which are commissioned by HVCCG and other elements, most notably Health Visiting and School Nursing services, commissioned by Public Health.
- 5.13 The Children's Community Health Services commissioned by HVCCG are not within scope of this procurement, however HVCCG are currently undertaking a review of their Children's Community Health service activity and spend.

5.14 Health Visiting and School Nursing are already in the process of being competitively tendered by Public Health. The award of this contract is scheduled for February 2018. Conversations are taking place between HVCCG, Children's Services and Public Health to ensure alignment between this activity and any future commissioning intentions.

6. Next steps

- 6.1 The Director of Adult Care Services proposes to undertake work with HVCCG and set out the council's future model of care for community services in Hertfordshire. This would establish the council's own strategic intent (as defined in the 15 year plan). Officers would constructively challenge HVCCG to consider how its vision for adult community health services could support the council's model of care and what changes could be made to the traditional way of delivering community health services.
- 6.2 Within this model of care, there will be a number of specific activities and pathways which could benefit from being jointly specified in any community health contract as identified in the table in point 5.10. The next steps would involve convening a series of workshops with HVCCG to develop joint specifications and processes in the priority areas listed above.
- 6.3 At this stage there is a preference for alignment of services into jointly specified, integrated care models; rather than necessarily moving resources into joint contracts.
- 6.4 Further internal work may need to be undertaken on businesses cases, particularly where the County Council is proposing alternative uses of health resources, such as clinical input into care homes and nurses aligned to social work teams to support longer term case management.
- 6.5 Joint work with HVCCG could also be required to devise a series of questions and requirements into the tender documentation to ensure bidding providers demonstrate the requisite levels of experience and ambition around the personalisation of services, and understand the level of partnership working with social care providers to deliver the integrated care specifications.
- 6.6 The outcome of this work will be brought back to Panel for consideration and any changes to Council policy will be brought back to Panel and Cabinet for approval.

7 Financial Implications

- 7.1 The financial implications will depend on the scope and scale of the County Council's involvement in the contract and the procurement. Each area for proposed inclusion or alignment will need to be assessed to ensure that would be a financial or value for money benefit for the County Council, service users and residents.

8. Risk implications

- 8.1 There are system risks attendant on HVCCG's decision. For the County Council there is a risk that any disruption to the provision of adult community health services might increase demand on social care resources or jeopardise existing process and areas of good practice. HVCCG are developing a risk register for the procurement process which will identify how major system risks could be mitigated. The Integrated Care Programme Team will also develop a parallel risk log for the County Council.
- 8.2 Any proposal for alignment or inclusion will only be made following full consideration of the required governance and risks by the County Council. Any agreements that are made by HVCCG will be considered through the appropriate County Council governance arrangements and clearly documented.

9. Equalities implications

- 9.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.
- 9.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.
- 9.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

- 9.4 The equality impact of recommissioning adult community health services will be assessed by HVCCG, which will also be responsible for outlining how any potentially negative impact might be avoided or mitigated against. Where there are specific proposals for the inclusion or alignment of County Council services in any future contract an equality impact assessment will be undertaken by ACS on each specific proposal and its potential impact upon individuals or groups with protected characteristics.

10. Consultation

- 10.1 HVCCG will be leading on the consultation and engagement process accompanying its decision to recommission adult community health services. Any proposals for alignment or inclusion of Council services will be assessed as to what consultation might be required with service users and stakeholders.

11. Property or accommodation implications

- 11.1 The property implications of the recommissioning process will be addressed by HVCCG. There is potential to explore whether a new contract could support the development of community hubs, helping to align services council and health services around certain premises.

12. Background information

[Your Care, Your Future](#) (2015), Herts Valleys CCG
[Joined-up care - aligning Adult Care Services with Health](#) (July 2017)
[Hertfordshire ACS Draft 15 Year Plan](#) (Oct 2017)

Herts Valleys Board Meeting 14 September 2017
<http://hertsvalleysccg.nhs.uk/publications/board-documents/board-papers/14-september-2017>