

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** March 2016.

**Subject:** **INFORMATION REPORT –  
Community Health Services.**

**Responsible Officer:** Javina Sehgal, Chief Operating Officer,  
Harrow CCG.

**Exempt:** No

**Wards affected:** All.

**Enclosures:** None.

## **Section 1 – Summary**

The report provides an update on the new community health service for Harrow, the proposed operating model and the current mobilisation plan.

**FOR INFORMATION**

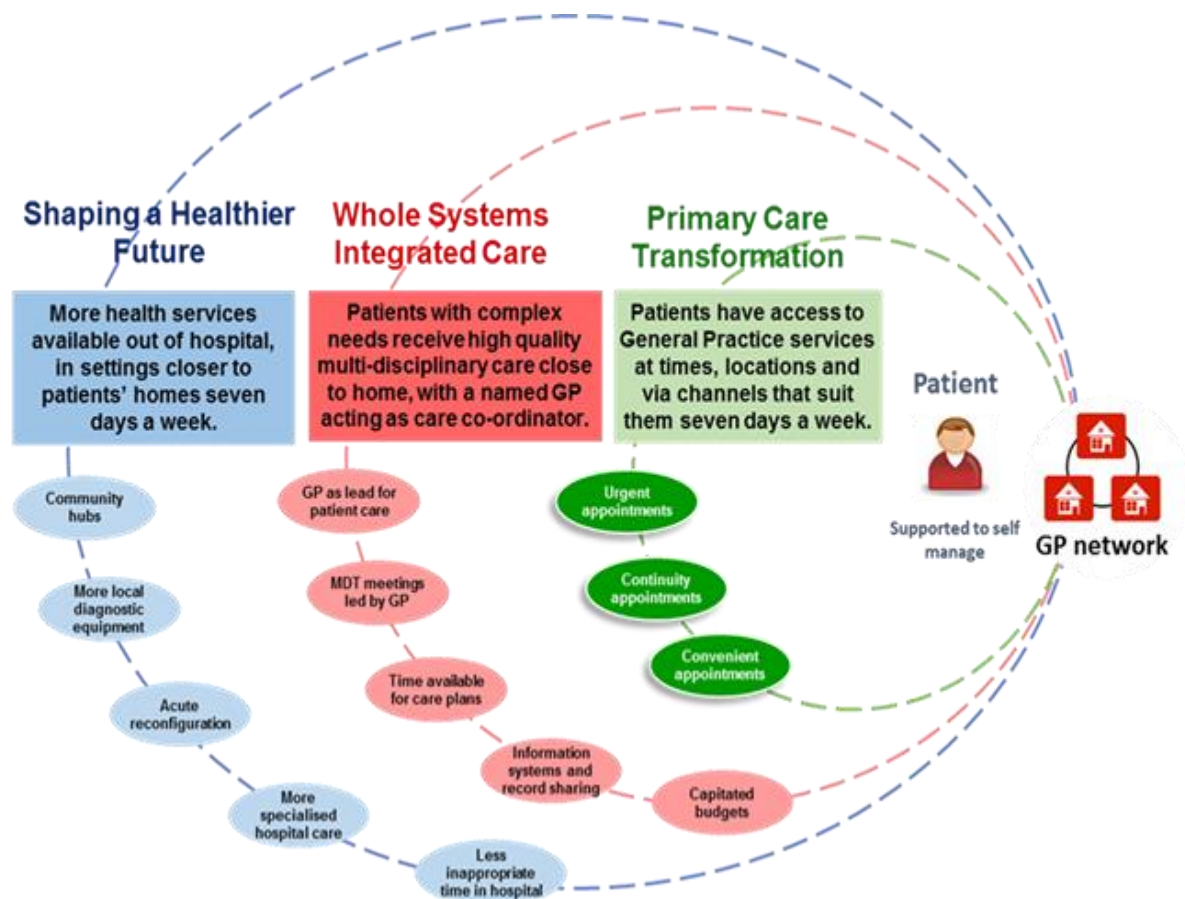
## Section 2 – Report

In 2012/13 in order to support the local delivery of Shaping a Healthier Future, NHS Harrow developed its Out of Hospital Strategy, which sets out the intention to commission services which reduce reliance on hospital based care through strengthening the range and focus of services delivered in primary and community settings.

The 'Out of Hospital Strategy', *Better Care Closer to Home - Our strategy for co-ordinated, high quality out of hospital care*, sets out five strategic goals:

- Easy access to high quality, responsive primary care.
- Clearly understood planned care pathways.
- Rapid response to urgent needs within 2 hours.
- Social and Healthcare Providers to work together, with the patient at the centre, to proactively manage people with long term conditions, the elderly and end of life care patients out of hospital.
- Patients will spend an appropriate time in hospital.

Harrow CCG identified that there are significant opportunities to improve the quality of out of hospital services through the implementation of a whole systems approach to out of hospital services and in particular the re-commissioning of its existing community services.



Harrow CCG has commissioned and has received community services (district and specialist nursing, podiatry etc.) from London North West Hospital Trust for some years.

Over the term of the contract the quality of the services received has been variable with a number of contract query notices issued to resolve a range of issues affecting service delivery and ultimately affecting patient care.

In 2015 the GGG's Governing Body took a decision to re-tender the service contract and entered into a 'competitive dialogue' tender process with a range of providers.

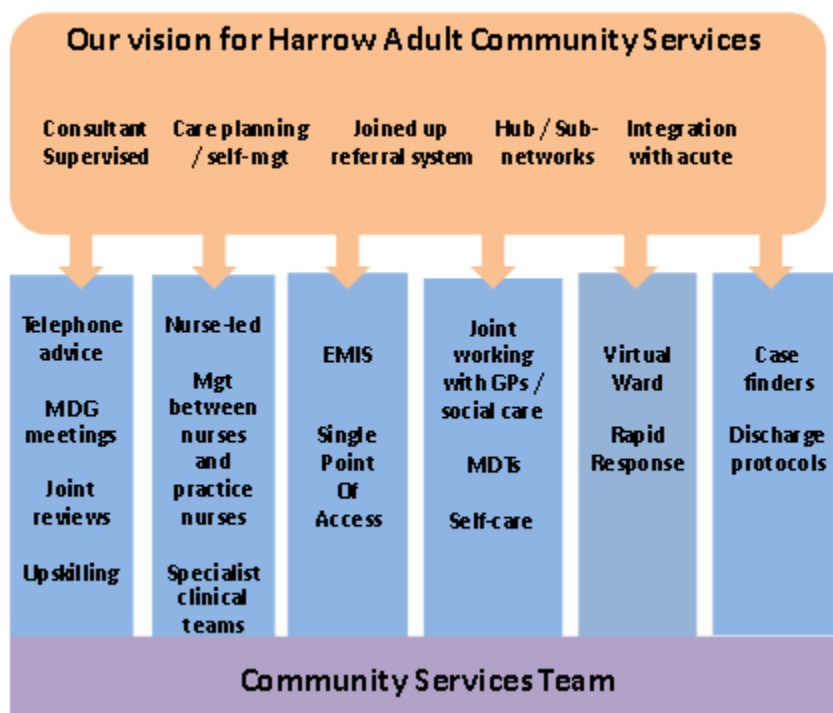
Following a prescribed tender evaluation process and due diligence the contract was awarded to Central London Community Healthcare – CLCH in December 2015.

CLCH is an established healthcare provider serving London and Hertfordshire.

**Proposed delivery model:**

The proposed model for Harrow Community Services is an integrated community model of healthcare that works alongside general practice within 3 operational Hubs and localises care within across 6 sub-networks.

The model will provide high quality and resilient operational delivery, whilst returning care to primary care localities, allowing practical engagement with GPs and Practice Nurses.



The three main aims of the service model are:

1. Provide High quality patient care with better outcomes. This will in turn prevent premature death, lower rates of exacerbation and enhance the quality of life for people with long-term conditions. By providing co-ordinated and localised care that focuses on self-care and empowering patients to stay healthy;
2. Move healthcare out of costly acute services into the community through joined-up referral and discharge management and up skilling of primary care providers. Resulting in the right patients being seen at the right time in the right place;
3. Improve patient's experience through patient-centred care delivered seamlessly between community and primary care to reduce reliance on acute services.

The service model is innovative, flexible and responsive in order to meet the requirements of Harrow CCG.

Core components of the model include:-

#### **Care Planning and Delivery**

- Community Nursing and integrated teams in partnership with Practice Nurses, the Enhanced Practice Nurses and GPs;
- Single Point of Access;
- Rapid Response;
- Empowering patients ; Assistive Technology, self-care and better use of health services.

#### **Operational improvement**

- Integration through MDTs and care planning;
- Consultant supervised;
- MDGs;
- Educational sessions;
- Up skilling GP and Practice Nurse Knowledge to improve appropriate referrals to acute services.

#### **Whole Systems Integrated Care**

A key part of CLCH's co-ordinated community model of healthcare is the Whole Systems Integrated Care (WSIC) approach. This will allow CLCH to use their experience to build upon the work that has already started in Harrow. The aim is to address the fragmentation and variation in services by providing a standardised method across Harrow to support acutely ill patients in the community, prevent patients entering hospital, help them to return home following necessary admission, and support them within their own homes. It is intended to create a seamless link between rapid response and GP services.

CLCH has a strong track record on WSIC and were an enabling partner in the Tri-borough Whole Place Community Budget pilot in 2012 which produced the foundations of the Whole Systems programme.

For Harrow the core principle to deliver a WSIC programme is ensuring that GPs remain the co-ordinators of care with the rest of the system wrapped around that registered population. As such, the continuity and insight of a patient's registered GP cannot be replaced by CLCH's clinical services, but it will enhance it.

CLCH will utilise the existing 'EMIS', as the primary clinical system in Harrow, and use this to ensure smooth and regular communication with GPs about their registered patients care, treatment and outcomes.

The WSIC programme will utilise the existing Care Navigators to provide non clinical support to the operation of the virtual wards.

### **Current position**

Since the award of the new contract for community services awarded to CLCH in December 2015 a number of actions have taken place to progress the mobilisation of the new service and contract, and to close the existing contract with London North West – NHS Hospitals Trust, the incumbent service provider.

A working group with members from each partner agency has been established to operationalise the process and this group reports to the Community Services Mobilisation Board.

There are a number of 'domain themed' sub groups e.g. HR/Workforce, IM&T, KPI's and contracts and these report into a weekly 'checkpoint' teleconference to report progress against the work plan, hi-light any blockages or issues and to agree any necessary further actions.

1. Specification & contract due diligence
2. Estates
3. Supplies & equipment
4. KPI & other performance management
5. Finance & procurement
6. Governance
7. Contract
8. IM&T
9. Quality & Clinical
10. HR/Workforce
11. Operational
12. Communications

A formal 'Heads of Terms' agreement is in place which signals the CCG's intention to work with the provider and it offers assurance to both parties around the commitment to work together to finalise the contract mobilisation and move towards formal contract sign off.

The Heads of Terms serves as an aide memoire to record the main points of principle on the agreement between the CCG and the provider – CLCH, pending the completion of the full ‘Standard NHS contract’, expected June 2016.

### **Section 3 – Further Information**

Copy of mobilisation work plan attached.

### **Section 4 – Financial Implications**

No funding implications as the service is funded within the CCG’s operating baseline.

### **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes

There are no adverse impacts as a result of re- tendering this contract.

### **Section 6 – Council Priorities**

The Council’s vision:

#### **Working Together to Make a Difference for Harrow**

Please identify how the report incorporates the administration’s priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

#### **The CCG Corporate Objectives and Board Assurance Framework:**

*(Reference to how the organisation’s objectives for year are supported by this paper). Please list BAF and Corporate Risk reference no.)*

- BAF 1 – Improve the health and wellbeing of local residents of Harrow, in line with commissioning plans.
- BAF 3 – Manage resources effectively.
- BAF 4 – Implement out of hospital strategy.
- BAF 6 – Improve performance against priority targets.
- BAF 7 – Ensure people have a positive experience of care.
- BAF 8C – Improve the Quality 7 Safety of the treatment and care provided to patients.

## **STATUTORY OFFICER CLEARANCE**

Not required

<b>Ward Councillors notified:</b>	<b>NO</b>
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### **Section 7 - Contact Details and Background Papers**

**Contact:** Garry Griffiths, Assistant Chief Operating Officer.

[Garry.Griffiths@nhs.net](mailto:Garry.Griffiths@nhs.net)

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**Background Papers:** List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.