

HEALTH SCRUTINY COMMITTEE	Agenda Item No. 7
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UNITINGCARE REVIEW AND OUTCOMES

1. PURPOSE

- 1.1 The purpose of this report is to review the actions taken by the CCG since the announcement that the contractual arrangement between the CCG and UnitingCare was coming to an end, and the outcomes as far as the reports published, learning undertaken, and the current provision of services is concerned.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission for Health Issues is asked to comment upon and note the report.

3. BACKGROUND

- 3.1 Following the announcement on 3 December 2015 that the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and UnitingCare LLP were ending their contractual arrangement to deliver urgent care for the over 65s and adult community services, the Scrutiny Commission for Health Issues received a report at its meeting on 13 January 2016 providing an initial overview of the situation, as well as a short report and verbal update at its meeting on 15 March 2016.
- 3.2 Immediately following the announcement the CCG's priority was to reassure patients that Older People's and Adult Community Services were still in place and not disrupted by this change.
- 3.3 Throughout the process, patients and carers have been advised that if they have any concerns they can call PALS at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on the Freephone telephone number 0800 376 0775.
- 3.4 Although the contract was only in place a short time (eight months) the CCG believes it had started to show initial signs of improvements to services. The procurement led to the creation of an innovative Outcomes Framework, improvements in integrating services, and extensive stakeholder engagement.
- 3.5 Independent investigations have been carried out by the CCG, NHS England, the National Audit Office, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), and the Public Accounts Committee – as detailed in Key Issues section 4.7 onwards.

4. KEY ISSUES

- 4.1 Since December 2015 the CCG has been working with a wide range of stakeholders, including CPFT, Local Authorities, Healthwatch, providers and other stakeholders to review the current model, taking into account experience to date and the views of stakeholders to determine the best solution on how to deliver the benefits of the model within the resources available.
- 4.2 This work links to local JSNA plans. The CCG's original drivers for integrating older people's

and adult community services are also still applicable.

- 4.3 The review of the workstreams has taken into account the work of the Better Care Fund and the new Sustainability and Transformation programme, as well as linking to the joint vision and delivery plan with Local Authorities for improving outcomes for older people and those with long term conditions through effective integration.
- 4.4 The CCG and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) remain committed to the outcomes and service model which was developed through the OPACS work. The CCG has commissioned services for 2016/17 from CPFT and other providers which reflect the conclusions of this review, and are aligned to both the Better Care Fund and the Sustainability and Transformation Programme (STP). The contract will allow the delivery of all existing services provided by CPFT. We are making significant investment in progressing the service model. In summary, we intend to build on the Neighbourhood Team approach, continue funding the Joint Emergency Team (JET) and the Dementia Intensive Support Service (DIST), and to make additional investment in community intermediate care capacity. Further details of this work are in section 4.9.
- 4.5 Although we remain fully committed to the model, the financial constraints we face mean that it is not possible to match the level of additional funding in services originally intended by UnitingCare for 2016/17. It is important that the CCG works with CPFT and other partners to manage expectations by being transparent about what we are not in a position to develop in 2016/17.
- 4.6 A summary of the recommendations, approved by the CCG Governing Body on 10 May 2016, are set out below (see Background Document 5.1 for the full paper):

Early Intervention and Well-Being Service

- Better coordinated and understood 'Well-Being Service', supported by an electronic directory of services
- Cover all adults who may be vulnerable or at risk of developing more acute health or social care needs
- CCG works with partner Local Authorities to commission these services, including social prescribing
- Work with partners towards the vision for joined up advice and support, via STP and BCF processes

Neighbourhood Teams

- The CCG builds on and supports development of the 16 Neighbourhood Teams
- Focus on developing joined up team working with primary care, social care and third sector services
- Seek opportunities for closer working between Neighbourhood Teams and emerging 'primary care at scale' groups, including selection of NTs as 'demonstrator sites'

Case Finding, Case Management and Multi-Disciplinary Working

- Shift to more proactive care and develop 'case finding' by building on existing work and tools
- Test use of the 'Rockwood' Frailty Score across the system
- Adopt the draft Operational Policy for case management
- A consistent approach to effective MDT coordination.

Integrating Information

- Wider consultation on the proposed solution (maximising the benefits from existing systems) and detailed development of an agreed model
- Progress work via the Better Care Fund Data Sharing Group to support engagement and change as well as providing governance for the project(s)
- Aligning with the wider digital roadmap, as well as the wider programmes of work within the – Better Care Fund, Sustainability and Transformation

Primary Care, Prevention and Long Term Conditions

- Development of improved care pathways for Long Term Conditions is taken forward by the STP Proactive Care & Prevention programme
- Development of primary care at scale is linked with the development of OPAC services, and also taken forward as part of the STP Primary Care & Integrated Neighbourhoods programme
- Work with demonstrator sites where partners are able and willing to accelerate local integrated working (known as 'trailblazer sites').

Single Point of Access (OneCall)

- Development and evaluation of the new 'OneCall' service operated by CPFT is continuing. The new Integrated Urgent Care service links into this using JET as a disposition where appropriate.

Joint Emergency Teams

- The CCG continues to invest in the JET in 2016/17
- That the CCG, CPFT and other partners work to deliver on a joint improvement plan to continue to improve the JET service in terms of effective operation, onward pathways, and also appropriate referral into the service

Discharge & Intermediate Care

- Develop the discharge planning protocol
- Carry out the intermediate care beds review
- Develop community intermediate care in line with the UEC Vanguard proposals, including Integrated Care Workers.

Working with Care Homes

- That the CCG rolls out the Care Educator approach in line with the UEC Vanguard proposals
- That the CCG reviews the Care Home Local Enhanced Service with a view to offering a more comprehensive approach during 2016/17

Other Services

- Investment in the Dementia Intensive Support Service should continue
- Further development of End of Life Care Services will be taken forward within the STP

The Outcomes Framework

- Outcomes Framework metrics are built into Better Care Fund plan outcomes
- The Outcomes Framework should be reviewed to take into account the new context in which it is operating, updated national outcomes guidance and experience to date
- This review should if possible identify a small number of key outcome metrics which the whole health and social care system can sign up to and measure performance against

Integrator Function

- Further development of the OPAC Service model is taken forward through the relevant STP workstreams and Better Care Fund structures
- The CCG should work with CPFT to produce localised performance reporting which supports both front-line staff and the commissioning process (dashboard development).
- Engagement work should be taken forward in future via the STP and BCF processes
- Regular communications for staff and other stakeholders should be produced to update on progress and services.

- 4.7 Several independent reports have now reviewed the collapse of the UnitingCare contract.** West Midlands Ambulance Service (CCG Internal Auditors) conducted the CCG's internal review which was published in March 2016. In response to the findings of the report, the CCG Governing Body acknowledged that there were lessons to be learned, and that the CCG would in particular review how it conducted complex, high value procurements in future, and examine any related procurement policy. (See Background Document 5.2)
- 4.7.1 Part one of NHS England's report into the contract collapse was published in April 2016. Findings highlighted in this report included that: parent guarantees should have been put in place; VAT was an issue; and for financial certainty the contract should have been delayed. Recommendations were made for both NHS England and for all CCGs. (See Background Document 5.3)
- 4.7.2 The National Audit Office published its report on the collapse of the UnitingCare Partnership contract in July 2016. The CCG welcomed the thorough work undertaken, accepting the findings of the report in full and the suggestions it made for the CCG and the wider health system. (See Background Document 5.4).
- 4.7.3 In common with the CCG's review conducted by its internal auditors and part one of the NHS England report, the NAO report notes the wide disparity between the CCG's contract expectations and UnitingCare's expectations of income. The CCG recognises that there were too many outstanding issues at contract signature and that there were also gaps in the procurement advice the CCG has received. There has been much learning since, and where the CCG has been able to, changes have already been made.
- 4.7.4 Cambridgeshire and Peterborough Foundation Trust (CPFT) published their review, which they commissioned from the Judge Institute, in September 2016. The report concluded that an urgency of approach meant there was not enough opportunity for learning in preparation for a large scale system transformation. Further knowledge of competitive tendering, and of how to interact with LLPs, was required of the CCG to ensure management of the unforeseen operational and financial difficulties. Lastly, a stronger working relationship was required between the Commissioner and the involved Trusts. This last point particularly highlights the need for fully collaborative long-term endeavours within the health and social care system; which the recently published Sustainability and Transformation Plan (STP) should help to resolve, in light of the system-wide approach required. (See Background Document 5.5).
- 4.8.5 NHS England published part two of their report into the UC contract collapse also in September 2016, which was undertaken externally by PricewaterhouseCoopers LLP. The CCG welcomed the latest report from NHS E and was already working to address the issues raised. (See Background Document 5.3)
- 4.8 A Public Accounts Committee (PAC) hearing took place on 14 September 2016.** The Committee had some important questions for the CCG and other representatives from the NHS locally and nationally. The committee felt that there is a lot for the CCG to learn from the collapse of the UnitingCare contract and the organisation is already demonstrating significant changes through its new governance structure and forward planning with the support of NHS E.
- 4.8.1 The Public Accounts Committee furthermore issued a report into the UnitingCare contract in November 2016. In response the CCG said it would fully consider the recommendations to ensure all possible learning was accounted for. (See Background Document 5.6)
- 4.8.2 Each of the reviews into the contract failure has recognised the complexity of the procurement and each has made recommendations for all of the organisations involved, as well as the wider NHS, to learn from. The CCG has accepted the findings from all of the reviews.
- 4.9 When the contract ended the priority for all partners was ensuring the continuity of services for patients.** Making sure the health and social care system delivers good quality services to those who need them remains as important to the CCG today. The organisation is continuing to develop services along the lines of the model in the UnitingCare contract with

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and other providers of older people's services.

- 4.9.1 In common with other areas, we have worked closely with our NHS and Local Authority partners to develop a Sustainability and Transformation Plan to address the challenges of a growing and aging population. This was developed to be a robust plan owned by all the organisations providing health and care locally, to allow us to meet our ambitions for health and care and to make services financially sustainable.
- 4.9.2 The CCG continues to support the model of care that is now being delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) locally and is working closely with all our health and care partners to ensure that patients receive good outcomes from the care they receive within the resources available to the health and care system as a whole.
- 4.9.3 As of November 2016, so far the following has been delivered within OPAC services:
- New integrated neighbourhood teams (also covering older people mental health services) and mobile working have improved productivity. Four of the 16 teams are now in new co-located team bases. The other 12 are currently virtual.
 - Four Joint Emergency Teams (JETs) are up and running, with recruitment of support workers underway
 - Case-management methodology has largely been agreed
 - Development of a common approach (pathway) to care for people with multiple long term conditions
 - A commitment to social prescribing
 - Engagement with voluntary sector, linked to development of Wellbeing Services
- 4.9.4 A strengthened, joint commitment to working together has made all this possible and the health and care system will continue to work towards our shared goals as such.
- 4.9.5 Forthcoming developments within OPAC services are also planned as follows:
- The local Sustainability and Transformation Plan (STP) includes £40m investment in Community and Primary Care over the next five years, including
 - Case Management
 - Long Term Conditions support
 - End of Life Care
 - A joint commitment from Social Care and Health services to adopt a neighbourhood focus
 - Pilots to link neighbourhoods more closely with General Practice and GP Federations, as well as linking the JETs with ambulance services and A&E
 - Review of Intermediate Care (includes community beds and hospital at home services)
- 4.9.6 The CCG is confident that the model of care in place for our Older People's and Community Services remains the best solution for patients.

5. BACKGROUND DOCUMENTS

- 5.1 Cambridgeshire and Peterborough CCG Governing Body paper, 10 May 2016 (agenda item 2): <http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/GB%20Meetings/2016-17/20160510/Agenda%20Item%2002.1a%20-%20OPAC%20Service%20Review%20v4.2.pdf>
- 5.2 Cambridgeshire and Peterborough CCG internal review, March 2016: <http://bit.ly/2h5nYYL>
- 5.3 NHS England report, part one April 2016 and part two September 2016: <https://www.england.nhs.uk/mids-east/our-work/uniting-care/>
- 5.4 National Audit Office report, July 2016: <https://www.nao.org.uk/report/investigation-into-the-collapse-of-the-unitingcare-partnership-contract-in-cambridgeshire-and-peterborough/>
- 5.5 CPFT-commissioned review, September 2016: <http://bit.ly/2h1XTt8>

- 5.6 Public Accounts Committee report, November 2016:
<http://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/633/633.pdf>