

<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>HEALTH AND WELLBEING BOARD</b></p> <p style="text-align: center;"><b>20 JUNE 2016</b></p>	
<p><b>COMMUNITY INDEPENDENCE SERVICE PROCUREMENT</b></p>	
<p><b>Report of the Executive Director of Adult Social Services</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Information</b></p> <p><b>Key Decision: No</b></p>	
<p><b>Wards Affected: All</b></p>	
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## 1. EXECUTIVE SUMMARY

- 1.1. The Community Independence Service provides integrated community and social care through one multidisciplinary team in each borough. The service operates seven days a week enabling people to regain their independence and remain in their own homes following illness and/or injury. The service provides a patient-centric experience with as few separate interactions or home visits as possible. Services are currently delivered by a multidisciplinary team of community nurses, social workers, occupational therapists, GPs, geriatricians, mental health workers, reablement officers and others providing a range of functions which aim to:
- Avoid hospital admissions where clinically appropriate care can be provided in the community;
  - Facilitate early supported discharge from hospital;
  - Maximise independence; and
  - Reduce dependency on longer term services.
- 1.2 The CIS provides an opportunity for commissioners to negotiate contracts with acute trusts that reflect penalties to offset investment made in community

services. The introduction of the consequence of breach against KPIs will ensure commissioners are only spending against activity delivered.

- 1.3 The Community Independence Business Case 2014, described 2015-16 as an intermediate development year for the service using a dual lead provider model (Health and Social Care) and set out a further proposal to use an open market tender to procure a fully integrated CIS with a single lead provider model from 2016.

## **2. Key Matters for the Committee's Consideration**

- The Board are asked to consider the background to and the progress of the Community Independence Service procurement process.

## **3. Background**

- 3.1 Intermediate care and re-enablement services are a key plan of government healthcare policy to provide health and care closer to home. Intermediate care services are key to reducing the financial, quality and activity pressures being experienced in secondary care and the care service sector. The National Audit of Intermediate Care (2015) provides a comprehensive analysis of models and performance of services which support, typically older, frail people with high levels of need and complex comorbidities, after leaving hospital or at risk of being sent to hospital or long term care. Evidence from this audit (to which CLCH and Central London CCG are contributors) indicates that CI services improve the independence of frail, older people and that reduce the cost of delivering care.
- 3.2 The CIS delivers the following key functions:
  - A Single Point of Referral, Assessment & Rapid Response
  - In-Reach/Supported Discharge
  - Rehabilitation & Reablement
- 3.3 The Community Independence Service Business Case (Nov 2014) presented the case for an integrated Community Independence Service to be managed by lead providers from health and social care. The procurement was undertaken as a restricted tender between existing providers delivering services to tri-borough CCGs. The advertised restricted tender was for a one-year contract with no extension as with the intention of using the transition year to procuring a full lead provider model for 2016.
- 3.4 The timescale for procurement was delayed to allow an evaluation of the current model in October 2015. The evaluation process included 1:1 and group meetings with commissioners, provider teams, GPs and Clinical leads for the service as well as patient feedback and surveys. Following the evaluation commissioners agreed to move to procurement of an integrated CIS under a partnership of providers using either a lead provider or alliance model. Learning from the evaluation has been discussed during Market

Engagement and taken into consideration when developing the service specification.

3.5 The objectives of the service are to:

- Enable people to direct their own care to achieve identified and agreed goals.
- Support integration across health & ASC, through a jointly commissioned service that brings the elements of care into one service, which will reduce fragmentation and delays across the health and social care pathway.
- Supports behaviour change across the system to promote independence in patients and a reablement approach to care which should lead to better patient outcomes, right care in the right place (this also supports Out of Hospital)
- Compliments and supports whole systems integrated care and primary care transformation by providing supporting GPs to manage patients in the community by provision of a step-up service when required as part of a proactive approach to managing patient care and avoiding admission to hospital where conditions can be safely managed in the community.
- Maximise independent living by supporting care at home, delaying possible admission to long term care, avoiding inappropriate admission to a hospital or long-term care institution, and achieving earlier discharge;
- Improve the transition for patients between acute hospital services, community services and primary care;
- Improve value for money by lowering the costs of unscheduled care and care placement admissions as a consequence of reduced unnecessary hospital and long-term care admissions and readmissions;

3.6 In autumn 2015, a Triborough programme team was established to identify the requirements of the service for 2016-18 and develop the tender documentation including PQQ and ITT questions, Memorandum of Information and Service Specification. An evaluation of CIS performance including discussions with patients, clinical and non-clinical staff was undertaken in November and December 2015 and a full market engagement exercise undertaken with providers in January 2016.

## **4. Procurement Process**

### **Phase 1 – Market Engagement**

- In December 2015 Triborough Health commissioners authorised a three month extension of the Lead Health Provider Contract to cover the anticipated procurement timeline.
- A Memorandum of Information was published on the EU Portal on 13th January 2016 to advertise that a potential health & social care procurement of a fully integrated community independence service was being considered. The advertisement offered providers the opportunity to comment on the proposed service design and timescale for procurement through i) written response to a series of questions regarding future development of the Community Independence Service and ii) an opportunity to participate in 1:1 interviews with commissioners.

- Commissioners received 11 expressions of interest, 8 written responses and undertook 7 provider meetings. Responses were positive and all provider written responses contained confirmation of ability to bid and mobilise services within the timeframes indicated in the Memorandum of Information.
- Following a review of the market engagement exercise commissioners agreed to proceed to Phase 2 of this project, an open tender process.

## **Phase 2 - Procurement**

- Following completion of the market engagement exercises commissioners across health and social care jointly revised the CIS service specification. The intention was to strengthen the service model, building upon the first 12 months of the development of the CIS and enhance delivery to patients and residents across the three boroughs. The key service lines within the CIS model remain unchanged and areas identified for immediate improvement and development included:-

## **Phase 3 - Advertising the Opportunity**

- Following development and agreement of a joint service specification, finance and procurement documentation, an advertisement was placed on Contract Finder (EU Procurement Portal) on 4th March 2016. Interested parties were given 6 weeks to provide a written submission to bid for delivery of the service with final deadline of noon on 15th April 2016.

## **5. Outcomes of Tender Process**

- 5.1 Following development and agreement of a joint service specification, finance and procurement documentation, an advertisement was placed on Contract Finder (EU Procurement Portal) on 4th March 2016. Interested parties were given 6 weeks to provide a written submission to bid for delivery of the service with final deadline of noon on 15th April 2016.
- 5.2 A number of bids were received and marked by a multi-commissioner evaluation team. Commissioners hope to be in a position to appoint a lead provider in the near future with service commencement in July 2016.
- 5.3 The intention is to consolidate and improve the current service delivered by integrated community and social care by creating multidisciplinary health and social care teams to work across the boroughs, which operate seven days a week, enabling people to regain their independence following illness and/or injury and remain in their own homes. Healthcare teams must have the ability to flex across borough boundaries for delivery of services to ensure the ability to meet fluctuations in demand.
- 5.4 The new service procured will be contracted for an interim period of a maximum of 21 months (July 2016-March 2018) which will:

- Provide an opportunity to further develop the service whilst commissioners develop and procure Accountable Care Partnerships (as set out in Commissioning Intentions 2015).
- Allow the existing provider network to develop to a suitable level of competence for involvement in Accountable Care Partnerships.

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	CIS Business Case 2014		

**LIST OF APPENDICES:**

None