

Epsom Health and Care Integrated Business Case

Agenda item 15 Paper 11	
Author:	James Blythe, Director of Commissioning and Strategy
Executive Lead:	James Blythe, Director of Commissioning and Strategy
Relevant Committees or forums that have already reviewed this paper:	Executive Management Team Programme Delivery Board Epsom Health and Care Strategic Board
Action required:	For decision
Attached:	Epsom Health and Care Business Case Most Capable Provider assessment document
CCG Strategic objectives relevant to this paper:	Integration Quality and Performance Financial balance
Risk	There is no current risk on the CCG risk register but this is under review. Key risks are: defining new models; recruiting and developing the required workforce; overall culture change; ensuring return on investment in provider Alliance through achievement of contractual outcomes; and development in IT systems to facilitate integration of health and social care.
Compliance observations:	Finance: Subject to successfully passing the MCP assessment and agreement of contractual terms, the Epsom Health and Care Alliance is expected to contribute to returning the Surrey Downs health system to financial sustainability as set out in the document.
	Engagement : Extensive engagement has taken place in the development of the business case and the overall EHC approach
	Quality impact: The business case is subject to a Quality Impact Assessment.

	<p>Equality impact: The business case is subject to an Equality Analysis.</p>
	<p>Privacy impact: The business case is subject to a privacy impact analysis.</p>
	<p>Legal: Legal advice has been taken. The appended Most Capable Provider assessment is being used to determine objectively whether the EHC Alliance is the most capable provider of service in this instance. Governing Body's approval of the business case is subject to the Alliance demonstrating a 'pass' against the Most Capable Provider assessment and agreement of contractual terms.</p>

Background

When developing its commissioning intentions for 2016/17, the CCG determined that the further implementation of its integration and frail elderly strategy should be based on locality-level aspirations and business cases. This may produce three locality specific integration models, aiming to integrate GPs, mental health services, adult social care, acute hospital care and third sector services.

The Governing Body has recently had a presentation from the Dorking locality and is in receipt today of a presentation from the East Elmbridge locality. The enclosed Integrated Business Case ("IBC") constitutes the proposal for further development of the CCG's strategy from the Epsom locality, working with its partners on the Epsom Health and Care Strategic Board ("EHCSB").

The aim of the IBC is to outline how the Epsom Health and Care Alliance will deliver new care models during in 2016/17 and 2017/18. These new models of care are expected to support the transformation of services, to improve care, and to deliver services in the most appropriate setting to meet people's needs.

The business case sets out the potential changes in investment patterns and potential savings to the overall health economy that are expected through full implementation and the commissioning routes available in making progress towards achieving aims of the project.

Importantly, the business case allows the CCG to rapidly progress its integration strategy in its largest locality with the full support of its principal partners. What is different in the Epsom locality to other areas is the contractual and financial commitment from the local acute hospital provider to support delivery of the new model of care and to deliver the related changes to the pattern of investment and expenditure via collaborative working with community services, GPs and adult social care.

Services in Epsom already encompass the development of a Community Medical Team ("CMT") and a Community Multi-Specialist Provider ("CMSP") for the integrated provision of care for the over 65s. CSH Surrey and GP Health Partners ("GPHP") will deliver the key elements of the CMT and CMSP. To date, these services have been developed through new and existing underlying NHS Service contracts. More details in relation to the individual contracts are set out below.

Most Capable Providers – Underlying NHS Contracts

Work led by the EHCSB has indicated that care for the over 65s should encompass: acute and emergency services; community based health care services; GP/primary care service; and social services. At the time of writing, Surrey and Borders Partnership ("SABP") has indicated that it does not wish to be part of the Alliance. Mental health services for the over 65s will therefore continue to be provided under the annual service contract with SABP.

The other components are delivered by the following providers, which are, therefore, best place to deliver integrated services as an Alliance: ESHT; CSH Surrey; GPHP; and Surrey County Council.

Most Capable Provider (“MCP”) Assessment

Attached to this paper is a formal assessment issued to the proposed Alliance providers on 9th March. This assessment is intended to test the providers’ commitment and capability in a structured way, as well as allow the CCG to meet its obligations under the NHS Procurement, Patient Choice and Competition Regulations (No.2) 2013, (the “PPCC Regs”).

Contractual Model

The CCG has asked the Alliance, as part of the MCP assessment, to identify a host provider that is willing and demonstrably able to enter into (on behalf of the Alliance) an outcomes based contract with the CCG. This overlying contract is intended to drive and reward changes in provider behaviour in such a way that encourages collaboration and integration; it is not an activity based contract. The terms of this agreement have yet to be agreed.

The Governing Body is asked to agree the Integrated Business Case, subject to the provider Alliance offering satisfactory responses to the MCP assessment and agreement of acceptable terms in the Alliance Outcomes Contract.

Date of paper

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For further information contact:

james.blythe@surreydownsccg.nhs.uk