

**NORTHAMPTONSHIRE HEALTH AND CARE
PARTNERSHIP – INTEGRATED CARE ACROSS
NORTHAMPTONSHIRE (iCAN): DIAGNOSTICS SERVICE
in Northamptonshire for Northamptonshire CCG**

Scope of Work and Statement of Requirements

Background

The Northamptonshire Health and Care Partnership Board (NHCP) are supporting a two-year transformation programme, Integrated Care Across Northamptonshire (iCAN), to support a shared vision for the future of “A positive lifetime of health, wellbeing and care in our community”. A vision which can only be delivered by integrated service and care delivery based on co-produced shared goals and full, long term, commitment from all partners.

Northamptonshire Health and Care Partnerships (NHCP) is made up of:

- Northamptonshire GPs
- Northampton Health Foundation Trust (NHFT)
- Kettering General Hospital (KGH)
- Northampton General Hospital (NGH)
- **Northamptonshire Clinical Commissioning Group (CCG)**
- Northampton County Council (NCC)
- As well as other organisations such as the East Midlands Ambulance Service (EMAS)

This service requirement will be led and managed by Northamptonshire Clinical Commissioning Group (CCG) on behalf of its system partners in NHCP specifically KGH, NGH and NHFT.

The iCAN programme aims to:

1. Ensure people stay well
2. Ensure people stay at home
3. Ensure no one is in hospital without a ‘Reason to Reside’

These aims will be achieved through four pillars: primary & community, frailty, discharge and ‘target operating model’, (TOM). These pillars also support the Ageing Well agenda nationally and will build on the local Covid recovery and re-set work. Northamptonshire County Council (NCC) is already progressing the TOM pillar which is funded and contracted separately. The NHCP Board has agreed that a system wide assessment across the other three pillars is needed to build a robust data and evidence base, with insights and frontline engagement. All NHCP partner organisations will be committing staff and resource to the iCAN programme. There will be a blended team, but external support is required for the detailed analysis, rigour, pace and change management of a transformation programme of this size and complexity, that we have never before achieved and fully implemented in our system. Therefore, commissioning this level of expertise will support sustainable and longer lasting benefits for the system. Our proposed partner and their teams will work full time with all system partners identified above, ensuring skills transfer and sustainable staff

development on day one. NHCP teams will be working side-by-side with the proposed partners team to compliment and transfer skills on a daily basis.

Scope of Work and Requirements

- Equip the system with the evidence and insights needed to build a system wide commitment to move with pace into the design and adoption phases which will have the desired benefit for our population. The comprehensive data, evidence and insights pack will provide the system with:
 - **Opportunity matrix/benefits model**
 - Identify priority opportunities for Primary & Community, Frailty and Discharge with a projected impact on outcomes and financial savings.
 - The benefits must be broken down to show the areas in which the benefits exist, both in terms of improved outcomes and financial benefits.
 - **Supporting analysis**
 - Extensive evidence base underpinning the highlighted opportunities that must be reviewed in detail with appropriate stakeholder(s). Insights that frontline teams believe in and patient stories for robust engagement must be included.
 - **Savings profile**
 - An understanding of how each of the priority opportunities will profile over time, both in terms of operational and financial performance must be provided. Financial savings net of costs must be developed jointly with a system finance representative and proposed partner.
 - **Readiness for change**
 - Understanding and detailing the system specific barriers to implementing sustainable change and how these inform implementation planning must be provided.
 - **Implementation plan**
 - High level plan for Primary & Community, Frailty and Discharge pillars informed by all aspects of the assessment and to maximise pace and scale must be developed in a phased and planned manner.
 - **Resource Requirements to Deliver Change**
 - If consequences of the analysis suggests that movement of people and/or money between organisations is required to sustainably deliver against our system aspirations, cost benefit and impact analysis must be undertaken and a clearly detailed change plan must be submitted.

○ **Governance Requirements**

- Designed governance requirements to deliver and sustain the change to complement and dovetail with the new ICS governance the system is putting in place must be developed. It must also be able to clearly monitor the benefits for our local population and significant financial savings.

One of the most beneficial deliverables of the service must be an independent and data based approach to evidencing the opportunities for improvements to both outcomes and financial performance. This should be such that it allows the system to quantify the opportunities that exist, and therefore prioritise the impacts. Equally, there are likely to be opportunities that do not make financial sense for a single organisation, but as a system provide better outcomes and finances. These must be clearly detailed and supported by a cost benefit analysis and a robust impact assessment and mitigation plan.

Costs

This Diagnostic Service must be undertaken on the basis of the maximum day rates per Grade definition agreed as part of the framework agreement. This will take into account discounts.

Type	Costs (excl VAT)	
Cost	£725,000.00	

- The Base location for this service is Northamptonshire.

Call-Off Contracts

The proposed supplier must submit a

- Non-Disclosure Agreement
- Declaration Form.

Based on the satisfactory verification of information provided by the proposed service provider within these two documents, the CCG on behalf of its system partners will enter into a Call-off Contract under the Framework Agreement.

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