Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

Market testing statement – Integrated NHS Continuing Healthcare Service singular delivery partner

Northamptonshire is embarking on an exciting journey to secure sustainable improvements to the personal outcomes and life experiences of local people with complex needs.

NHS continuing healthcare means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the National Guidance (DH revised 2012). Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery.

Northamptonshire has a population of 694,900, projected to increase to 877,800 by 2026. Approximately 0.1% of the population is in receipt of NHS Continuing Healthcare (CHC) at any one time. This is in keeping with the East Midlands average.

The CCGs commission the function as laid out in the Department of Health National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (DH revised 2012). The CCGs must be assured that they are meeting their statutory obligations both under the National Framework and in asserting value for money. This means assurance in respect of effective and efficient decision making processes and that the services individual patients receive are safe, of high quality and deliver value for money for the local health system.

CHC is an access to funding and care mechanism for people with complex and intense needs, providing care and support over and above contracted NHS provision, making best use of the latter in the first instance. CHC funding for care arrangements may be required because needs have grown or require a change in the management of a condition, or because care is required following a significant health event such as brain injury or stroke.

Local strategies that respond to demand management as well as the operational deployment of contracted workforces all influence CHC spend:

- The case finding, risk stratification and management of long term conditions, including dementia
- The management of end of life care across the local system
- Acute hospital in flow and outflow arrangements and the influences of the local care and support market
- The procurement of outcome based and cost-controlled pathways of care, particularly for 'significant health-event' presentations where there may be life time care and support needs
- The support of informal carers to continue caring to either avoid or mitigate formal care arrangements
- Local specialist health services responsiveness to early intervention and the part they play in reducing the need for additional care arrangements – there is a need to re-connect CHC provision and the role local specialist teams could play in early intervention, oversight and case management
- Public health awareness campaigns e.g. the majority of traumatic brain injury presentations come from males aged between 20 and 45

- Local Authority responsiveness to changing need, early intervention and the often contentious interpretation of 'Primary health need'
- How well the LA works with the CCG and our local specialist teams in formulating packages of care for individuals where there are shared pressures and 'lifetime' needs
- The deployment of micro-commissioning for those who are eligible for CHC e.g. how staff in the CHC team put together an individual package of care and how well these care arrangements are reviewed for effectiveness and appropriateness – contractual frameworks have assisted in providing the parameters for a commissioned package of care, but this relies on strict adherence to the nature and expectation of service specifications and regular reviews of those individual care arrangements.

A number of national drivers and requirements are central to the commissioning spend and associated outcomes expected within CHC delivery:

- Transforming Care: The local plan describes our intention to provide a range of enabling and early intervention services, to move away from the use of institutional settings, to drive a further uptake of personal health budgets and to support individuals to live ordinary, and sometimes extraordinary, lives
- Personal Health Budgets: increasing the uptake and use of personal health budgets
- Self-management and assisted technology
- Care closer to home
- A focus on outcomes
- Management of pathways in and out of Acute Hospital care

As part of the new models consideration - integration and system alignment - we wish to ascertain market interest in a new model of CHC delivery. We believe that an integrated CHC model, more so than other contractual vehicle, has the potential to:

- Enable the reallocation of investment across complex care pathways to services that deliver the greatest value (cost and outcome) to service users and the system as a whole;
- Incentivise the delivery partner to co-ordinate services around the needs of service users; and
- Support collaboration with and between other providers involved in the delivery of services
- Offer an embedded early intervention, case finding and case management service
- Make best use of existing NHS provision prior to CHC eligibility determination, or in partnership with CHC funding make best use of all resources in the management of long term needs

We expect that such a partner would be able to demonstrate the following key attributes:

Area	Attribute
Expertise in improving services and outcomes for people with complex and/or intense needs	A proven understanding of health and social care outcomes and the ability to be creative and innovative in enabling individuals to achieve personal outcomes – the things people care about the most, seeing the potential and making that happen.
	Ensure the model promotes equitable and consistent care provision and costs

	A culture of delivering – and supporting delivery of – person-centred care, planned and delivered based on the perspectives of the people who might be clients of the services and their families.
	A delivery partner that is integral to the care system to ensure equitable service for NHS patients entering and leaving the system
	Proven experience of development, implementation and application of case management for complex patients
A thorough understanding of the Continuing Healthcare framework, the relationship with local specialist services, local priorities, national policy and emerging new care models	Appropriate representation of an NHS clinical function - assurance that the service is delivering for patient outcomes as well as financial control
	Proven experience of working to national policy and legal frameworks
	A detailed understanding of, and support for, Northamptonshire's ambitions to improve learning disability services through the Transforming Care Programme
	Constructive working relationships with built in autonomy/thresholds to manage within an integral working environment; maintaining a statutory function (CCGs remain responsible and accountable for service and packages)
Relevant capabilities in system improvement, market management, and market development	An organisation who believes in giving permission from the top and generating enthusiasm from the bottom
	The ability to maintain focus on the population they serve and, in so doing, identify and act on opportunities to improve the overall system of care for that population – a visionary with the ambition to make things work
	A robust record of financial sustainability and complex and varied contract management, including the ability to manage and evidence a range of outcome measures as well as collaboration with potential partners and sub-contractors in service delivery.
	A proven record of financial probity and successful management of high value budgets – in Northamptonshire there is a combined commissioning spend of £50m
	An understanding of the variables in the local provider market and a proven record of driving up high quality provision and driving down poor quality provision whilst ensuring value for money.
	Improved working between health and social care teams ensuring the service user/patient is the prime focus
	Connectivity to Acute hospital in flow and outflow and access to services that prevent admission or facilitate early discharge and prevent DTOCs