

Collaborative Commissioning Board

Date of meeting	12th November 2019
Title of paper	HLSC Older Peoples Care Home Service Specification
Presented by	Steve Thompson, Director of Resources, Blackpool Council
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Agenda item	
Confidential	No

Update

This is the planned second paper regarding the review of the HLSC older peoples care homes service specification which was agreed in principle in August CCB meeting.

The original paper was received with the following decisions: Clinical Commissioning Board (CCB) very much welcomed the work that the Regulated Care working group had done in pulling this draft together.

In terms of decisions sought:

1. contents of the paper were noted and supported
2. approach to secure collective agreement supported
3. agreed delivery period supported
4. Adele Thornburn was nominated (in her absence) as an appropriate commissioner to support the process including knowledge of primary care support to be incorporated
5. final version of service spec to return to CCB in Nov or Dec, "the earlier the better" for planning to implement.

Decisions needed from CCB: -

- Agree final draft of the HLSC joint older peoples care home service specification v10
- Agree collective acceptance of the specification across 8 CCGs and 3 Local Authorities (not including Cumbria County Council, as an early version of the service specification is already in place)
- Agree to support the sign off process of the Specification through the partner organisation they represent by March 2020 or identify a named individual within their own organisation to facilitate sign off by this deadline.
- Agree that the service specification must be available to issue alongside the NHS new framework contract from 1st April 2020. The specification will be implemented as contracts become ready for renewal from April 2020 onwards. Blackburn with Darwen Council, Blackpool Council and Lancashire County Council to rollout in line with their contract renewal after April 2020.

Since August the following actions have taken place:

- HLSC wide survey sent to all care providers via provider forum networks – one response has been received from a collaboration making up approx. 20% of care sector providers, plus a further eleven individual replies.
- HLSC wide service user networks survey– comments from Healthwatch received
- Collation into themes for provider engagement event – all comments from the survey were listed and sent to potential attendees prior and post event.
- Open invitation to a Provider engagement event to discuss specification
- On 23rd September 2019 a provider engagement event took place with 30 care providers, Local Authority representatives, CCG representatives, CQC, NHS England, facilitated by MLCSU.
- Key Themes discussed were:
 - a. Contracts
 - b. Financial impact assessment of the service specification requirements, eg appointments
 - c. Reviews/audits frequency
 - d. Support wanted for providers – staff training, standardised tools
 - e. Clarity for equipment requests
- All items discussed in the meeting were listed and a response was sent to key stakeholders and sector representatives following the event
- Further amendments have been made to the specification following these engagement activities and actions are being taken to source dependency tools /supervision standards for providers and to review response times to care homes from health colleagues, e.g. referrals into services SALT, mental health etc.
- Version 10 and amendments were sent to all key partners for final review and no further comments received.



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Recommendations 12/11/19

- 1 For CCB to note the contents of the paper and review the final draft of the HLSC service specification v10
- 2 For CCB to agree an approach to secure collective agreement and local implementation of the HLSC service specification in line with contract renewal for older people's services, through November's CCB for sign off.
- 3 To nominate an individual in each CCG/Local Authority to facilitate sign off following appropriate local governance processes, to be completed by March 2020.
- 4 The service specification must be available to issue alongside the NHS new framework contract on 1st April 2020. The specification will be implemented as contracts become ready for renewal from April 2020 onwards.

Background - Paper reviewed in CCB 13/8/19

Purpose of the paper

The Regulated Care Workstream – Finance, Markets, Contracts and Procurement Sub-group have agreed a draft Healthier Lancashire and South Cumbria older peoples care home service specification. The collaboration on the work has taken place with colleagues and experts in CCGs, NHSE, Local Authorities, ICS, Trusts and care representatives, this latest draft is currently out for further consideration from care providers and other stakeholders.

This paper is to inform the Collaborative Commissioning Board and agree the next steps for the service specification - to ensure there is clear understanding about the purpose of this work, gain commitment and reach agreement on the process for adopting a final version of the specification across the 8 CCGs and Local Authorities, working to a timeline of November/December for a final paper for agreement through CCB.

This paper is to set the scope for this work and ask for commitment to the timeline and decisions proposed.

Decisions needed from CCB:

1. Note the contents of the paper and support delivery of a HLSC joint older peoples care home service specification
2. Support an approach to secure collective agreement across 8 CCGs and 3 Local Authorities (not including Cumbria County Council, as an early version of the service specification is already in place)
3. Inform and expediate speedy implementation of the service specification within the agreed delivery period.
4. If required for CCB, nominate an appropriate responsible CCB member to support any agreed process.
5. Agree whether a final version of the service specification needs to be returned for final sign off – agree a date in November or December 2019.

Executive summary

Delivery of a Healthier Lancashire and South Cumbria Older Peoples Care homes service specification is guided by the Care Act 2014, NHS long term plan and NHS England Enhanced Health in Care Homes Framework (EHCH). The NHS Long Term Plan includes a commitment to upgrade NHS support to all care home residents.

Across Lancashire and South Cumbria there are over 800 providers of regulated care, employing 46,000 staff, equal to the number of staff in NHS and with a considerably larger bed population of 17,000 in care homes alone, far higher than that of acute care, without accounting for the care providers delivering of care in the home.

Delivery of MDT approaches in health and care significantly reduce the impact on acute settings. One in seven people aged 85 or over are living permanently in a care home, however evidence indicates many of these people are not having their needs properly assessed and addressed.

The framework for Enhanced Health in Care Homes (EHCH) is based on a suite of

evidence-based interventions, which are designed to be delivered within and around a care home, and which can be applied to all care providers in a coordinated manner to make the biggest difference to recipients of care. The framework identifies seven core elements of the model and how they can be commissioned to deliver joined-up services, one of which is - Joined-up commissioning and collaboration between health and social care.

HLSC's joint service specification approach is to give clarity and efficiency to HLSC and to providers who would have a common delivery requirement for the same care commissioned by different organisations and a common set of performance indicators, and potentially, harmonised performance monitoring with less duplication of effort.

Other initiatives already rolled out across HLSC include the Contract and Quality monitoring tool to allow HLSC wide sharing of care homes quality data, the Capacity tracker to allow for ease of access to care bed vacancies and the championing of the Data Security and Protection Toolkit (DSPT) to allow personal identifiable information to be shared securely across NHS mail between health and social care partners.

Recommendations

6. For CCB to note the contents of the paper and review the initial draft of the HLSC service specification v7 – recognising that wider engagement with providers and service users is continuing, with a final version of the specification anticipated to be available as of November 2019.
7. For CCB to agree an approach to secure collective agreement and local implementation of the HLSC service specification in line with contract renewal for older people's services providers, through one of the following approaches:
 - a) Agree the service specification and processes via this paper, not resulting in another review in CCB November
 - b) Agree the service specification final paper should be brought to CCB in November 2019, CCB has authority to agree rollout on behalf of all 8 CCGs
 - c) Agree the paper will come to November's CCB for sign off, followed by individual CCG/LA sign off and governance processes, to be completed by March 2020
8. For CCB to note that implementation of the service specification must be available alongside the NHS new framework contract on 1st April 2020. The specification will be implemented as contracts become ready for renewal from April 2020 onwards.



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Introduction

The NHS Long term plan requires delivery of the Enhanced Health in Care Homes Framework (EHCH), one of the seven key elements is: Joined-up commissioning and collaboration between health and social care - Shared contractual mechanisms to promote integration.

The HLSC joint service specification objective is: A single contract specification between health and social care for the same Regulated Care service with the same provider. The aim is to rationalise requirements for care home providers to support the delivery of quality services for the service users in Lancashire and South Cumbria. The service specification is an amalgamation of different specifications to a clear single set of

requirements to be commissioned irrespective of whether this sits within a Local Authority or NHS contract.

Background

The need for a Healthier Lancashire and South Cumbria service specification was initially identified in 2017 by the HLSC Regulated Care Workstream to strengthen partnership working and enhance quality as part of a package of collaboration across health and social care across the footprint.

Healthier Lancashire and South Cumbria's Care home service specification has been developed with the aim of simplifying care delivery across health and social care, meaning that the same service standards will be expected from commissioners, irrespective whether they are Local Authority or NHS.

The service specification also has the aim of reducing the time needed to spend on administrative tasks and consolidating reporting requirements, allowing for more time to be spent with service users.

The EHCH framework applies equally to people who self-fund their care and to people whose care is funded by the NHS or their local authority: everyone has the right to high quality NHS services. The EHCH drives equitable quality provided by each service as designated by commissioners.

All the original service specifications from the various organisations across Lancashire and South Cumbria were reviewed and a working group, reporting into the Regulated Care Finance, Markets, Contracts and Procurement Subgroup, was formed to achieve a consensus view and a single amalgamation of requirements.

An early decision was made to base the specification on the current Cumbria specification as this was the most recently delivered as part of contract renewal in March 2017 and it was agreed a person-centred outcomes based approach would be best practice.

Colleagues and experts from Local Authorities, CCGs, ICS, LCFT, ELHT and NHSE have reviewed each outcome to ensure it reflects the requirements of each organisation.

We have shared an early version of the service specification with colleagues from CQC to ensure that the expectations of the service specification are within the requirements of regulatory 'good' care.

Early iterations of the draft have already been shared with some providers via the Regulated Care Finance, Markets and Contracts and Procurement Sub-group, and the Health and Social Care Partnership, with the latter agreeing to act as a critical friend.

A survey has been issued to capture feedback from care providers and the wider system if stakeholders would like to comment further. Healthwatch have agreed to review the specification from a service users' viewpoint and service user representative groups have been asked to comment via the survey.

It is important to note that the service specification is not a contract, this service specification will sit alongside the NHS/ Local Authority contract which will remain the same and continue to set out the local terms and conditions expected from each Local Authority or NHS organisation. The service specification will be implemented across Lancashire and South Cumbria in a phased approach in line with contract renewal.

Governance and reporting (list other forums that have discussed this paper)

The work to develop the service specification has been undertaken by a task and finish group consisting of representatives from the four Local Authorities, CCGs and CSU. This group was established under the Regulated Care Finance, Markets, Contracts and Procurement Sub-Group which who report back into Regulated Care Programme group, whose membership contains wider representation across health and social care and provider representation, and which in turn reports into the Healthier Lancashire and South Cumbria governance structure.

Governance of the agreement to deliver the service specification lies within each organisation, however all organisations (with the exception of Cumbria) will use the centralised Contract and Quality Management System to monitor performance and quality data.

Each Local Authority and CCG will use the HLSC service specification alongside their own contract, which will be rolled out as contracts are renewed.

The work has been ongoing and reviewed in Regulated Care Finance, Markets, Contracts and Procurement Sub-Group meetings since December 2017, in addition to Health and Social Care Partnership, Regulated Care meetings – Programme Group, Quality Sub-Group, Workforce Sub-Group, and care provider forums.

Upcoming key delivery dates are as follows:

1. Provider engagement event – September 2019
2. Final service specification available – November 2019
3. CCB agreement of final service specification – November/ December 2019
4. Completion of CCG/Local Authority governance processes – March 2020
5. Implementation of service specification in line with contract renewal – April 2020

Conflicts of interest identified

In the past concerns have been raised regarding working with different requirements from different commissioners. The intention is that it is not a change to the requirements of each organisation, rather it is an amalgamation of different specifications to a clear single set of requirements to be commissioned irrespective of whether this sits within a Local Authority or NHS contract.

An early version of the service specification has been shared with colleagues from CQC to ensure that the expectations of the service specification are within the requirements of regulatory 'good' care, and have been shared with some providers via the Regulated Care Finance, Markets, Contracts and Procurement group, and the Health and Social Care Partnership, with the latter agreeing to act as a critical friend.

The current draft of the service specification is being shared with the provider networks and a provider engagement event will be held in September 2019.

A communications and engagement plan has been developed to meet the following objectives

- To engage and gather feedback from providers, and service users' representative groups.

- To ensure feedback from the providers is fed into the task and finish group to facilitate changes as appropriate.
- Facilitate the role out of the service specification to the regulated care sector so it becomes business as usual.
- To engage with and keep informed our service users, partner organisations and stakeholders
- Actively engage with providers of care to increasingly demonstrate our decisions are in partnership

With all of the engagement in mind, we do not expect any additional conflicts of interest to arise

Implications

<i>If yes, please provide a brief risk description and reference number</i>	YES	NO	N/A	Comments
Quality impact assessment completed		Y		Under review
Equality impact assessment completed	Y			https://app-0cx.uassure.co.uk/EIA/EIADetail?id=213
Privacy impact assessment completed			Y	No personal details required
Financial impact assessment completed			Y	No financial impact required
Associated risks	Y			See EIA
Are associated risks detailed on the ICS Risk Register?			Y	