

**Wandsworth
Clinical Commissioning Group**

REPORT TO BOARD

8th July 2015

Agenda No.

Title of Document	Forward View for Community Services
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Summary:	
<p>In October 2013 the CCG board agreed a decision to continue to work with the existing community provider (SGUH) to implement the redesigned community adult health services (CAHS) model over a 2 year period. This 2 year period ends in March 2016.</p> <p>At a national level commissioners are been asked to consider their timelines for commissioning community services in light of the increased drive to integrate community and primary care services as set out in the Five Year Forward View.</p> <p>These national drivers alongside the CCG's recent decision to commission an Multi-Specialty Community Provider (MCP) by April 2018 means that the board is now being asked to support a decision to delay the standalone tendering of CAHS to allow time to integrate the service with primary care and wider health and social care provision.</p>	
Key sections for particular note (paragraph/page), areas of concern etc:	
<ul style="list-style-type: none"> • Progress in delivering the new CAHS model • Benefits of further integration of the CAHS model • Managing financial risk • Next steps - creating a framework for integration into MCP 	
Equality Analysis	
<p>Has an Equality Analysis been carried out? An equality analysis was previously completed for CAHS. The contract extension will be for the same model of care delivered in an increasingly integrated way with other health and social care providers. As the MCP model develops further equality analysis will be part of this process.</p> <p>If a decision was made to go to open tender that would require further equality analysis in terms of potential impact on of the tendering process and new provider mobilisation period.</p> <p>Key issues from assessment</p>	

Information Privacy Issues

Has a consideration of privacy impacts been undertaken and controlled for? Data sharing and information governance requirements regulations are being addressed as part of the integration agenda.

Have any implications been identified in the following areas:

Achievement of Corporate Objectives/Risks:

A strong CAHS supports delivery of all corporate objectives:

- **Doing core business well** – delivering better care and a healthier future for Wandsworth through our clinical leadership, robust commissioning processes and excellent staff, focussed on delivering quality services and improved outcomes for patients.
- **Transforming primary care** – optimising impact and outcomes for patients through delivery of excellent primary care to all people registered with a Wandsworth GP.
- **Commission prevention and social care services**– where it will generate an increased health benefit for our population.
- **Reducing health inequalities** – the CCG will commission differentially to address specific population need where it will reduce health inequalities

Reputation: There is strong patient and public support for the CAHS model and satisfaction with the pace of implementation

Delivery:

Performance:

QIPP: CAHS is key service to delivering the reduction in NEL

PPI: Ongoing programme of PPI is well established in relation CAHS

Risks:

Difficulty recruiting key clinical staff
Impact of provider deficit

Financial Implications:

The financial value of the contract remains unchanged.

Recommendations:

The board is asked to approve the recommendation to retain the CAHS contract with the incumbent provider for up to two years from April 2016. This will give an opportunity to for the provider to work within an agreed contractual framework to integrate CAHS into the development of the MCP model which is expected to be tendered in 2017/18.

Committees that have previously agreed the report: