

 	<b>Health and Wellbeing Board</b> April 2021
	<b>Report from Borough Lead Director CCG</b>
<b>Brent Community Services Transfer</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	For Information
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	Appendix 1: List of Community Services
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Isha Coombes Programme Director, Integrated Care & Community Services Isha.Coombes@brent.gov.uk

## 1.0 Purpose of the Report

- 1.1 The purpose of this report is to update the Health and Well-being Board on the transfer of community based services from London North West University Hospital Trust's (LNWUHT) to Central London Community Healthcare NHS Trust (CLCH) with effect from 01 August 2021.

## 2.0 Recommendation(s)

The Health & Wellbeing Board is asked to note the decision to transfer community services to CLCH and the update on the mobilisation process.

## 3.0 Details / Background

- 3.1 The Brent and Harrow community health services contracts both expire on 31 March 2021. The Brent community health services contract is an annually renewed contract with London North West University Hospital Trust (LNWHUT). The Harrow community contract for adult services sits with Central London Community Healthcare NHS Trust (CLCH). Some elements of paediatric community health services are provided by LNWUHT for Harrow.

Local Authority commissioned children's services such as health visiting and School Nursing are provided by CLCH in Brent and by CNWL in Harrow. The full lists of services are listed in *Appendix 1*.

Brent CCG received notice from LNWHUT in respect of some community services provided to Brent residents with effect from 1<sup>st</sup> April 2021. The strategic direction for North West London is the integration of services; the CCG and collaboration with stakeholders including both Brent and Harrow Local Authorities took the decision to service notice to the LNWHUT on all community services. This approach supports the integration agenda and consolidating the number of community services providers in North West London. A further two drivers are:

- the services provided at LNWHUT are fragile and we need to transfer services by the end of March 2021. Subsequently all providers agreed that the 1<sup>st</sup> April did not allow sufficient time to safely mobilise the services and proposed a revised go live date of 1<sup>st</sup> August 2021, which was approved by the ICS Executive.
- we need services in place that are responsive to LNWHUT in preventing admissions and supporting early discharge; a provider already established in NWL is likely to be best place to achieve this.

It was not considered that going out to open competition would be advantageous in this scenario. At that point in time the NHS had just moved from a level 3 to a level 4 pandemic with our resource focused on responding to an increased in the number of COVID cases, vaccinations and continued recovery of services. Procurement would remove focus from recovery both for commissioners and those responding to bids who are delivering services.

Brent CCG Governing Body met and considered a number of options and approved a limited competition process within the NHS family as this would have the advantage of reducing the multiplicity of providers in NWL and allowing those remaining in the market to focus and concentrate on delivering high quality community services across the landscape, with more standardisation of service specification and delivery and the ability to rapidly implement changes across multiple boroughs. Greater sharing of provision across boroughs would also bring greater consistency with the interface between LNWHUT and local boroughs, increase equitable access, and streamline front door facilities.

### **3.2 Selection Process**

In discussion with Community and Mental Health Chief Executives and ICS Chief Executive with the CCG Accountable Officer, three main options were put forward for consideration for the selection of a new provider, for Brent adult and paediatric community services and some elements of Harrow paediatric community services. The options are outlined below.

#### **Option 1 – Full Competition**

This option would involve running a full OJEU procurement process, inviting full competition from inside and outside of the NHS to compete for the services, with a Pre-Qualifying Stage and an Invitation to Tender Stage. The overall timescale for the process would be around 3 months to reach a preferred provider and then a minimum of further 3 months' mobilisation period for the providers to undertake the transfer work. Under this process, a tender would be openly advertised to the market.

### **Option 2 - Light Touch Internal Selection Process**

This would be an internal competition only between established NHS community services providers in North West London. This would mean inviting CLCH and CNWL to respond to a Memorandum of Information setting out the scope of the services and responding to a broad range of leadership criteria for selection (rather than a service specification). This would include aspects such as:

- Vision for the services
- Leading integration between providers
- Strategic fit
- Leadership and Credibility
- Governance in place for a safe and responsive service
- Workforce
- Efficiency

### **Option 3 – Direct Award to an NHS Provider Agreed by the Governing Body**

This would involve the awarding a one of the current NHS community services providers, selected on the basis of best strategic fit to provide the services, integration with other services such as local authority children's services and proposed delivery against benefit criteria. The overall timescale for the process is around 3 months to reach a preferred provider and then a minimum of further 3 months' mobilisation period for the providers to undertake the transfer work. Under this process, a tender would be openly advertised to the market.

Brent CCG Governing Body considered the options on 16 December 2020 and approved Option 2 because this achieves a balance between meeting the service requirements to transfer services rapidly and safely within an on-going Covid pandemic incident and delivering a degree of assurance that the provider has the capabilities to provide improved high quality services for Brent patients.

A final selection process was concluded on 13 January 2021, and CLCH was announced as the preferred provider for Brent community services on 15 January 2021. Harrow subsequently announced CNWL as the preferred provider for their paediatric community services. The selection panel comprised of Brent & Harrow CCGs Accountable Officer & Clinical Chairs, Brent Local Authority Chief Executive, Harrow Local Authority Deputy Chief Executive and NWL ICS Chief Financial Officer.

### **3.3 Future arrangements for community services.**

CLCH will be expected to deliver services as currently configured from the 01 August 2021 and then enter into the transformation journey in partnership with the CCGs, services users and carers, general practice, the local authority and other stakeholders. The transformation programme is expected to be a longer term initiative which will focus on reducing health inequalities and improving services and pathways.

### **3.4 Mobilisation of the Community Services**

#### **Governance**

A Joint Mobilisation Steering Group has been set up, including representatives from CLCH, CNWL, LNWHUT and Brent and Harrow CCGs.

The Joint Mobilisation Steering Group is responsible for ensuring the development and agreement of a project plan and ensuring safe service transfer. It provides executive oversight and support to the mobilisation programme as well as the post go live period of transition.

The Steering Group will also ensure coordination and alignment of Harrow CCG Children's Services from LNWHUT to CNWL.

The Steering Group reports into the NWL ICS Executive which provides scrutiny and oversight of the mobilisation process ensuring that gateways are delivered within agreed timelines.

#### **Due diligence & business service transfer planning**

As part of the mobilisation process, the CCG will engage with CLCH and LNWHUT to plan progression toward contract signature following completion of due diligence.

CLCH has provided a list of due diligence information requirement to LNWHUT covering the following domains; finance details, estates, medical devices, workforce, quality, infection prevention, clinical systems, communications, medicines management and information management and technology.

All 3 provider organisations are continuing to work together through the work stream leads to obtain the due diligence required. The process includes a strong focus on the quality and safe transfer of the services underpinned by an agreed process for gathering and sharing information.

#### **Contract award decision and market transparency**

For the purposes of market transparency, the CCG published Contract Award Notice (CAN) to ensure compliance with the lawful obligation for market transparency of the contract award decision. Ultimately this process seeks to limit the risk of a legal challenge therefore the CCG will set out how it is complying with procurement regulations. In setting out how the CCG is

complying with the regulations, this would include confirming and also justifying the grounds on which the contract is being lawfully awarded. The CAN was published in the Find a Tender Services (FTS) for a 30-day period which ended on 11 March 2021. The CCG has not, so far, received any notification of challenges to the decision to award the contract to CLCH.

### **Contract signature**

All parties will work towards a contract signature to be completed before the 31<sup>st</sup> July 2021. The CCG is working with providers during the mobilisation period to prepare and negotiate the full set of contract documentation.

## **4.0 Financial Implications**

- 4.1 The contract envelopes are provisional at this stage, pending agreement between Trust and Finance teams. The indicative envelopes are based on the contract values held with LNWHUT for the existing services. This selection process takes place on the assumption that the ICS does not have any more funds available than are currently committed.

Brent contract value (all services): **£28.1 million** (indicative 20/21 figures)

## **5.0 Communications Plan**

The Steering Group will review with a view to sign off a joint communication plan. The communication plan will outline the approach for both internal and external communications. However, as part of the TUPE process internal communication with staff has started.

Because there is no significant service change to the specifications and delivery of services this transfer from one NWL NHS provider to another NWL NHS provider does not trigger any engagement or consultation obligations, since it is only a change in the identity of the service provider. However, websites and paperwork will be changed so that patients understand which service provider they are receiving services from and how to make raise issues about services, who they can complain to etc.

## **6.0 Legal Implications**

- 6.1 Legal advice was sought on the process of transfer of the community services to a new provider. The decision not to run a procurement process posed some legal risks to the CCG, which it mitigated through publication of a Contract Award Notice prior to entering into the contract with the new provider. The decision did not pose any legal risks to Brent Council, since it was the CCG and not the Council that awarded the contract.

The contract award decision was ratified by Brent and Harrow CCG Governing Bodies, informed by the contract recommendation report from the Assessment Panel.

## **7.0 Equality Implications**

### **7.1 Equality and Health Inequalities Impact Assessment (EHIA)**

Brent CCG has recently undertaken a review of a number of service specifications for their community services to ensure they are in line with new NHS England standards and are inclusive of quality and safety developments. The expectation is that the new provider will be able to deliver the services as specified. The CCG and CLCH will work with stakeholders to develop and agree a service development plan that will seek to ensure continuous improvement in outcomes for our patients.

The provider will be required to provide holistic and integrated care that empowers people to be in control of their healthcare outcomes, working seamlessly with the local authority, primary, mental health, acute care services and the voluntary sector/s.

The new provider will be required to build upon the North West London ICS intentions for Integrated Out of Hospital Care and strengthen community services through transformation to deliver a borough based partnership.

The proposed principles governing the transfer include the following:

- Increased concentration of community services and consolidation of the provider landscape
- One community services provider for adult and paediatric services for Brent residents
- Support ICS delivery programmes including reducing health inequalities and improving local care provisions
- Supports sustainability of community services - workforce, financial and clinically

### **6.2 Quality Impact Assessment (QIA)**

In order to address the combined pressures of population growth, deepening levels of health and social care needs and the demand for cost containment, the community service specifications will be reviewed and redesigned to ensure that patients are managed at the right time, in the right place and by the right people. The CCG's vision is that a greater proportion of patients will be treated and managed proactively in their own homes and communities, with acute, hospital based care used only when necessary.

#### **Service Specifications**

The service specification reviews are expected to contribute to the following positive outcomes for patients:

- Improved and/or maintained health status through coordinated delivery of high quality care in the most appropriate setting

- Improved experience and satisfaction with the care an individual is receiving
- Increased feelings of personal control and reduced levels of confusion about the packages of care being delivered
- Streamlined and coordinated access to appropriate Health and Social Care services in the community
- Reduced duplication of professional assessments and time spent on inappropriate assessments
- Seamless patient pathways so patients do not fall through the gaps
- Reduced need for hospital admissions and re-admissions, along with a reduced length of stay in acute & community hospitals when required.

#### **7.0 Consultation with Ward Members and Stakeholders**

There will be on-going engagement events with stakeholders affected by the transfer of community services to the new provider. The CCG will be working with LA engagement colleagues to develop a detailed engagement plan.

#### **8.0 Human Resources/Property Implications (if appropriate)**

The existing workforce will be expected to be TUPE transfer across to the new provider for both the Adults and Children's Services. The existing NWL community services providers currently have a very large workforce across the NWL patch to support and accommodate the new service/s transition.

**Report sign off:**

**Jonathan Turner – Borough Director Brent  
CCG**