

WEST NORTHAMPTONSHIRE SHADOW AUTHORITY
SHADOW EXECUTIVE COMMITTEE MEETING

12.2.2021

Report Title	ICAN SYSTEM PARTNER PROCUREMENT
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Appendix 1. ICAN Presentation deck

1. Purpose of Report

- 1.1. This report seeks approval to give delegated authority to the Executive Director for Adults, Communities and Wellbeing in consultation with the Cabinet member for Adults to host a procurement on behalf of health and care partners in order to secure a system transformation partner who can support the service improvements in care for our residents and implementation of Integrated Care in Northamptonshire(ICAN) transformation programme.
- 1.2. The appointment of a transformation partner to help implement the ICAN programme would be funded by health partners as part of their three-year Long Term Plan and priorities. ICAN is a joint initiative and builds on the transformation of Adults Social Care already in progress. The ICAN programme would see the realisation of benefits across health and care in terms of improved outcomes for residents, reduced operating costs and less reliance on acute hospital care as we shift our focus to more community based care, prevention and joint working.

2. Executive Summary

- 1.3. The challenges of our health and care system are well documented and include:
- Too many people being admitted to our hospitals
 - 91 over 65s being admitted each day and this is increasing
 - Patients staying too long and when they no longer need acute care
 - Delays in discharging people
 - Very high occupancy in our hospitals
 - an inability to cope with any surge in demand and pressured winters
 - Too much reliance on bed based solutions in hospital and on discharge
 - Significant financial pressure on health and social care budgets
 - A lack of capacity in our facilities and workforce to meet the demand
 - A knock on impact to social care in care costs and market capacity to meet the demand coming from hospitals.
- 1.4. Longer-term these issues are likely to get worse as the County is set to see significant growth in its population, especially over-65s and our GPs and hospitals face workforce and capacity shortages that mean we cannot manage the demand effectively if we don't change.
- 1.5. Nationally there is also a recognition of the need for change and to work as systems in areas to achieve better outcomes and to use shared funding more effectively to improve care and wellbeing. To that end all areas must now form Integrated Care Systems (ICS) as a legal requirement from the 1st April 2021.
- 1.6. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health and care of the population they serve. Crucially they must work in a joined up way and within a shared system budget.
- 1.7. Significant activity took place during 2019 and 2020 to develop an integrated transformation plan for Health and Care as part of the work to establish the Northamptonshire Integrated Care System (ICS).
- 1.8. Integrated care systems enable organisations to work more closely together and coordinate services, to make real, practical improvements to people's lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.
- 1.9. A central priority of the local ICS will be how we improve services and outcomes around frail and elderly care and last year we worked with our health partners to shape the ICAN (Integrated Care Across Northampton) programme.
- 1.10. The ICAN programme has been designed to compliment and enhance the Councils Adults Social Care target operating model (TOM) and would continue

to establish consistent new and effective ways of working across Adult Social Care and Health. This will make it simpler for patients and providers to navigate care and access support.

- 1.11. The development of the ICAN programme was informed by independent analysis on our health and care pathways and processes to establish opportunities to improve services, deliver better outcomes for local people and achieve efficiency savings. The diagnostic work produced clear evidence of the potential of the programme and the requirement for investment in a system transformation partner to support its realisation. Our work showed that:
 - 6,600 people could avoid attending the emergency department each year.
 - 36,500 people annually could have less delay in their hospital stay.
 - 250 people are in hospital right now who could be at home.
 - 1 in 5 patients want more independence than we support them to achieve.
- 1.12. Health partners are in the process of ratifying an investment of between £2m and £6m to fund a system transformation partner that could support the system to realise annual savings of between £16m to £21m in what is expected to be an 18-month programme.
- 1.13. Having identified the required investment, Health partners have approached West Northamptonshire Council to host the procurement of a suitably skilled and experienced system transformation partner for the ICAN programme. This would in effect involve Health Partners providing the Council with the required funding to enable the Council to procure the system partner.
- 1.14. There are several benefits to the authority acting as the host including
 - Securing local authority influence and benefit from the ICAN programme
 - The Council is able to reclaim any VAT charged by an external partner
 - making sure that local people receive the best joined up health and social care services.
 - The pace that the Council is able to move at in order to secure the programme ahead of winter 21-22
 - The procurement and market expertise available in the council to oversee the procurement while health colleagues are focused on the COVID vaccination and wider pandemic issues.
 - The ability of the Adults transformation programme to be aligned into the ICAN programme and achieve better joint outcomes.
- 1.15. Subject to health partners providing confirmation of funding, approval of their business case (informed by market engagement) and a mini competition it is expected that the programme would start before summer 2021.
- 1.16. It is proposed that a compliant two stage procurement process is initiated through the Crown Commercial Framework so to seek interest from appropriately skilled and experienced organisations.

3. Recommendations

3.1 It is recommended that the Shadow Executive Committee:

- a) Subject to confirmed funding in full from health, approve delegated authority to the Executive Director for Adults, Communities and Wellbeing in consultation with the Cabinet member to procure and appoint a system transformation partner on behalf of the health and care system for the delivery of Integrated Care in Northamptonshire(ICAN)

3.2 Reason for Recommendations:

- The option proposed aligns most closely align with local government reform and transformation outcomes
- The Council is able to reclaim any VAT benefiting the system and maximising the investment in delivery
- The ability of the Council to progress matters before the winter of 2021 in order to secure early benefits.
- The future Council and customers will receive the maximum benefit from the option proposed and the proposal enables the integration of Adult Social Care and Health.

4. Report Background

- 4.1 In 2018 Northamptonshire celebrated the 70th anniversary of the NHS. Within a few weeks of the NHS being founded in 1948, our social care system was also set up to meet the needs of the time. Historically our services were set up in very different ways and based on varying different priorities and approaches and this has created differences in the way people receive support, how we approach it and budgets not always being held where the demand is.
- 4.2 These differences now mean our community is not getting the high quality and continuity of care we would all want to provide. There are too many hand-offs, there are too many delays and we don't always deliver the best outcomes we could. In addition, the cost and inefficiency of these ways of working means that we cannot meet the demand we have within the budgets we have, we do not have the capacity to meet the growing demand and we will not improve outcomes for our residents and patients.
- 4.3 Our population is growing older and people are living longer with complex conditions. The number of people living in Northamptonshire is expected to grow from 741,000 in 2018 to 803,000 by 2028 – that's an increase of more than 8% in 10 years. But for our elderly population there has been a steady increase in the over 65s of around 65% from 122,000 in 2014 to an anticipated 201,000 by 2034 and this is rising and faster than most other areas. We are also seeing a rise in mental health demand and the longer term implications of some of our health inequalities.
- 4.4 Until very recently our health and care organisations were accountable only for the specific care that they provide to the patient or service user. Unfortunately, this has meant that someone who needs care for a variety of conditions could be receiving services from five or six different organisations with very little coordination between them. This is confusing and a wasteful use of resources, and the reality is that this situation leaves no one taking overall responsibility for the coordination of this fragmented care.
- 4.5 But as a set of system partners we have increasingly seen the benefits for staff and patients of working together and this has been proven in COVID where the barriers to doing the right things and getting the best outcomes have been broken down. We have been working together on a joint programme of change and transformation, ICAN (integrated care across Northamptonshire), that will permanently change how we work, where and how we provide care and improve outcomes for people. We have undertaken significant analysis of our challenges and compared ourselves to others and we see a huge opportunity for improvement.
- 4.6 We want to build on this work and the requirement for the creation of our Integrated Care System (ICS) creates opportunities to act together to make change and implement the opportunities we have found. We now need a partner to add the skill and capacity required to help us drive this programme at the pace and scale required to make urgent, lasting and positive change. Our aim in the longer term is to empower people to choose well, stay well and live well.

4.7 **The need for Change**

4.8 The number of people living in Northamptonshire is expected to grow from 741,000 in 2018 to 803,000 by 2028 – that's an increase of more than 8% in 10 years.

4.9 The Northamptonshire Health and Care system has been challenged over many years and this has been characterised by:

- Too many people being admitted to our hospitals
- 91 over 65s are admitted each day and this is increasing
- Patients staying too long and when they no longer need acute care
- Delays in discharging people
- Very high occupancy in our hospitals
- an inability to cope with any surge in demand and pressured winters
- Too much reliance on bed based solutions in hospital and on discharge
- Significant financial pressure on our budgets
- A lack of capacity in our facilities and workforce to meet the demand
- A knock on impact to social care in care costs and market capacity to meet the demand

4.10 We know that we cannot continue as we are. Working under this pressure and with these demands does not produce the best outcomes for people and is inefficient. If don't make changes we will need to build more hospitals, spend more on social carer and we will need significantly more GPs to deal with the demand we expect.

4.11 We need to turn our focus to prevention and early intervention and we need to move away from an over reliance on bedded solutions. It is crucial that our health and social care organisations work together with the voluntary and community sectors to help older people to maintain their independence for longer. This means doing things differently, being less risk averse and offering new solutions together that keep people well in their community but also offers alternatives to hospital admissions and more effective step down options that support full recovery when they leave.

4.12 We also need to simplify things for our staff and patients. Our services are complex and confusing and people in our community get care from different organisations and have to repeat themselves. They have told us loud and clear they want things to be simpler, consistent and listen to them more. Making our processes and ways of working simpler will also help our community care providers to know what to expect, the care we need to procure and the outcomes we want from them.

4.13 We have looked at the level of external capacity and skills we might need to deliver in order to start implementing change before Winter 2021-22 and considered what it might cost to secure the estimated benefits over an anticipated 18-month programme. We have also undertaken significant engagement across our workforce and created a consensus on our issues, our plans and need to changes required

The Vision for Integrated Health and Social Care

- 4.14 In 2020, a diagnostic exercise was undertaken to establish what we need to do to make the improvements in our health and care that the people of Northamptonshire deserve. We know:



We could listen more to people's choices
1 in 5 patients want a more independent outcome than the professionals involved in their care are aiming for

We could do more to offer everyone the same choices
We see variation by where people live, what time they access our services, rather than just on the person's need

We could do more to tailor services for different needs
We see people who access our services more frequently, and yet we don't have an effective way of tailoring the way in which we interact

We could act sooner to avoid escalation
35% of escalations that result in a visit to A&E could have been avoided in the 2 weeks before the escalation. The biggest opportunity is in accessing the right services to meet a changing need

We could be more aware of the services that exist
The knowledge of existing services varies, with both ambulance and front door teams unaware that urgent community services offering services like prescribing already exist

We could do more to always have the right services in place
For frail patients, the front door services differ across the county, we need to take the best practice and ensure a consistent offering to increase the 8% of admissions we facilitate

We could support patients in a better place for them
1 in 3 patients in our acute hospitals and 1 in 2 patients in our community hospitals are there despite that bed no longer being the best place for them to be

We could make better use of our capacity
We have capacity of the wrong sort, and patients in beds who could have gone home whilst other patients for those beds, causing flow issues throughout the system

In practice this means:

- 6,600 people could avoid an escalation to ED each year.
- 36,500 people annually could have less delay in their hospital stay.
- 250 people are in hospital right now who could be at home.
- 1 in 5 patients want more independence than we support them to achieve.

- 4.15 We have identified how we want to change and the Integrated Care in Northamptonshire Programme ('iCAN') is the means to facilitate change. We now need to move the programme from the assessment phase to Design, Adoption and Sustain. This should enable us to achieve our goals for 2025. It would mean that a person in Northamptonshire will be able to say:

iCAN

- ... be sure that the right choices are available to me;
- ... be sure that the right services are there to help me look after my own health;
- ... be sure that the right services are there to detect, diagnose and treat me;
- ... be sure that I get the right treatment;
- ... be sure that the right care and support exists to help me manage;
- ... be sure that the care and support is in the right place for me.

- 4.16 This will allow our population to:



The Opportunity

- 4.17 We have identified a clear set of opportunities that will enable us to provide a health and care system that produces better outcomes for our residents, improves their experience and which is manageable within our financial envelope.
- 4.18 The opportunity should support us moving more of our demand and capacity from hospital sites to community sites so we are closer to the people we serve. This will also free our hospitals to focus on more acute and specialist care.
- 4.19 We want to work in Multi-Disciplinary Teams ('MDTs') which will allow us to do more for the people of Northamptonshire in their communities and closer to home in a joined-up way that suits them and brings the appropriate service to them quickly and effectively.
- 4.20 We will focus on older people to ensure that they are best served to remain at home whenever possible and because this is where our greatest level of demand on the Acutes comes from. We will ensure that our MDTs operate across health and care pathways and are digitally enabled to provide the right care at the right time in the right place. We will work closely with all partners in our STP (NHCP - Northamptonshire Health and Care Partnership), notably the Voluntary Sector, but also social care, GPs and community groups to bring all resources to bear for our residents. Based on the evidence we have gathered we are looking to achieve some significant improvements including.
- 5% reductions in over-65 escalations that would have resulted in admission
 - 5% reduction of over-65 attendances that would have resulted in admission
 - 5% reduction in over-65 admissions from A&E
 - 7% reduction of over-65 bed-days through reducing the Length of Stay
 - 5% reduction in the cost of care for over-65s upon discharge
 - 20-30% reduction in the number of people in Residential or Nursing homes by enabling home living first.
- 4.21 Based on the detailed analysis we have done and achieving this level of improvement we believe that there are significant system savings to be made. We estimate that overall net benefits could total £17-20m for NHCP by 2025.

What we need to do

- We are committed to making change and have the support of all system partners in NHCP. We have made progress:
- We have the **data, evidence and insights** to know what action will deliver best results for our population.
- We can build on the **strong clinical engagement** in the system
- We have a **clear NHCP and iCAN vision**
- There is **strong leadership alignment** to drive change
- We can **learn** from other systems
- We need to build the right foundations for success, culture, digital, IG, communications, OD
- We need to be self aware, we don't have a track record of successful delivery as a system

4.22 At this point we have proposed that we should have West Northamptonshire Council, on behalf of the partners in NHCP, lead a procurement using an appropriate framework via a mini-competition open to organisations that specialise in organisational change and are prepared to share the risk of successful implementation.

4.23 This report therefore seeks approval to give delegated authority to the Executive Director for Adults, Communities and Wellbeing in consultation with the Cabinet member to procure and appoint a system transformation partner to support the continued drive and implementation of Integrated Care in Northamptonshire (iCAN) on behalf of the Northamptonshire Health and Social Care System.

4.24 In supporting Health partners to take forward the iCAN programme through the proposed procurement the Council is ensuring its ability to actively influence and benefit from the iCAN programme making sure that local people receive the best joined up health and social care services.

5. Issues and Choices

5.1 Health partners have proposed that the Council procure the systems transformation partner rather than take forward this activity themselves. The rationale for this decision is based upon

- the strong working relationships between the Council and health partners,
- the Council's proven track record in taking forward a similar approach in its implementation of the Adult Social Care TOM
- the need to act before winter 2021 to secure the capacity and change and current pressure on health resources to support this themselves
- the financial advantages of the Council hosting the arrangements

- 5.2 The local system knows what needs to change and the opportunities available. However, unless we have the right capacity, with the right skills and experience to help us design new ways of working, based on evidence, we will be unable to implement the required changes sustainably at pace and scale. The consequential impact for the system of not providing the required capacity will be that at some point the demand for service will become greater than the capacity available.

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.2 The development of the ICAN programme was informed by independent analysis establish opportunities to improve services, deliver better outcomes for local people and achieve efficiency savings. The work produced clear evidence of the potential of the programme and the requirement for investment in a system transformation partner to support its realisation.

- 6.3 Health partners have identified that investment of around £6m with a system transformation partner would be needed to provide the capacity and expertise to help them realise a benefit range of circa £16m to £21m in annual recurrent gross savings within an 18-month period.

- 6.4 Should the recommendation of this report be approved then Health Partners would provide the Council with the required funding to enable the Council to fund system partner work in line with agreed contract mechanisms. The Council would not have any liability for the realisation of efficiency savings not being achieved.

As such other than facilitative support to procure the activity, there are no resources or financial implications arising from the proposals.

6.5 Legal

There are no legal implications arising from the proposals.

6.6 Risk

There are no significant risks arising from the proposed recommendations in this paper.

6.7 Consultation

There has been no need to consult on this process as this solution does not create any detrimental impact on services and patients and social care clients and will instead provide improved processes, experiences and outcomes for these often vulnerable groups.

6.8 Consideration by Overview and Scrutiny

Overview and Scrutiny will be engaged should the recommendations of this report be approved.

6.9 Climate Impact

These proposals do not have any climate impact

6.10 **Community Impact**

The procurement of a system partner will enable the integration of health and Social Care across the Northamptonshire ICS footprint. ICAN will however be influenced and orientated in its local delivery by the communities with both North and West Northants Councils

7. **Background Papers**

ICAN Presentation Deck



iCAN Presentation
Deck v1.0.pdf