

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**WORKING WITH THE COMMUNITY AND VOLUNTARY SECTOR UPDATE**

<b>Date of the meeting</b>	15/11/2017
<b>Author</b>	N Arathoon - Principal Programme Lead
<b>Sponsoring Board member</b>	D Jenkins - Governing Body Lay Member for Patient and Public Involvement
<b>Purpose of Report</b>	To update the Governing Body on the CCG's work with the Community and Voluntary Sector.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Clinicians, Patients, Statutory and Third Sector partners have been involved in the transfer and development of services.
<b>Previous GB</b>	This is an update on the paper presented to the Governing Body on 15/03/2017

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
		<b>Any action required?</b>	
	<b>Yes</b>	<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: NA

## 1. Introduction

- 1.1 The purpose of this paper is to; update the Governing Body on the arrangements the CCG has in contracting for services with the community and voluntary sector, the changes which have been implemented during the period since the last report and to note the future plans involving the sector as it contributes to the transformation and delivery models within the Accountable Care System.

## 2. Report

- 2.1 As indicated in the last report, the CCG continues to commission a range of services from the community and voluntary sector either jointly with Local Authorities (LA) or directly, for example:
- Help and Care provision of My Health My Way (non-clinical health coaching) and Partnership for Older People (POPP);
  - The Council for Voluntary Services in Bournemouth, Poole and Dorset, provision of social prescription and voluntary sector navigation;
  - Various Carers and Befriending services.
- 2.2 Following the last report, the commissioning of some community and voluntary services under a grant agreement have transferred to health providers within Dorset to enable a more aligned service and patient pathway e.g. Osteoporosis Dorset has transferred to Poole Hospital to align with the Fracture Liaison Service, The Dorset ME Support Group Self-Care Co-ordinator has transferred to Dorset Healthcare University Foundation Trust to align with Dorset Chronic Fatigue Syndrome Service and The Huntington's Disease Association local funding and liaison officer has transferred to Dorset Healthcare University Foundation Trust to align with the Community Neurology Service.
- 2.3 The previous report set out the vision of The Five Year Forward View (FYFV) and our Sustainability and Transformation Plan (STP) which aims to create a system that; prevents ill health, co-ordinates and personalises services, engages patients and communities, and creates a more integrated model of care.
- 2.4 As a result, our local Council's for Voluntary Services agreed that they would:
- Focus their role in supporting us as commissioners;
  - Identify joint areas where we need to develop capacity and capability across Dorset to support:
    - \* Prevention at Scale; and
    - \* Integrated Community services.
- 2.5 As an example of this new way of working, the Council's for Voluntary Services and providers of My Health My Way and POPP have an equal place at the table with the CCG, Local Authorities, Public Health, Primary Care and Health providers as we work together as a time limited task & finish group to scope, model and develop a service specification for the alignment of non-clinical health coaching, social prescription and voluntary sector navigators in Dorset in preparation for the procurement process to begin in April 2018.

- 2.6 Funding of these services is provided by the CCG and Local Authorities. Health Coaching (My Health My Way) is currently funded by Dorset CCG at £500,000 per annum and is provided throughout the County.
- 2.7 Social Prescription and Navigation in Bournemouth and Poole is currently jointly funded by the CCG and Local Authorities at £150,000 per annum however the Bournemouth and Poole Local Authority contributions are non-recurrent.
- 2.8 The Partnership for Older Peoples Programme (POPP) is currently jointly funded by Dorset CCG and Dorset County Council at £750,000 per annum for residents of Dorset County Council area.
- 2.9 To enable this work to be undertaken in a timely manner, the contract for My Health My Way has been extended by the CCG and discussions are underway with the Borough of Poole and Bournemouth Borough Council to extend the existing contract with the CV's for the provision of social prescription and voluntary sector navigation for six months to line up the procurement for a service implementation date of 1 October 2018.
- 2.10 However, it is likely that the Borough councils will not be able to commit to recurrent funding past 31 March 2018. This will therefore decrease the financial envelope for the provision of the new model.
- 2.11 Discussions are ongoing with Dorset County Council regarding the alignment of the POPP to deliver the same outcomes in the Dorset County Council Localities for social prescription and navigation following re-procurement of the service in 2016. A separate work stream may be required to bring this work alongside that of the Bournemouth and Poole localities and deliver the outcomes of the new model.
- 2.12 Based on learning from the 13 Self-Care vanguards, it is likely that the new model of care which brings the three offers together will be provided within an Integrated Primary care/Community hub/primary care Home model, as an important spoke of the MDT for patients with long term conditions who have psychosocial needs which historically have presented to the GP.
- 2.13 A revised payment structure may be required in the future to enable the community and voluntary sector, which are often made up of small organisations to be flexible to the potentially population based and innovative approach of the future model.
- 2.14 As an Accountable Care System (ACS), we have been offered support from the newly formed Personalised Care Directorate, NHS England which brings together teams with extensive experience of supporting system transformation through self-care and personalisation. Drawing on learning from the New Care Models, Patient Choice and Integrated Personal Commissioning their focus is on supporting the implementation of personalised care at scale to improve outcomes and reduce demand and cost.
- 2.15 The NHS England team will support the work of this task & finish group through engagement with local system partners to quickly assess the personalised care landscape, including baselining relevant metrics and identifying local strengths and areas for development. They will then work alongside us to design a support package to augment the work of this group.

- 2.16 From a strategic perspective, the Council for Voluntary Services leaders have a place at both the East and West Accountable Care System groups and the Integrated Community and Primary Care Service Portfolio Board.
- 2.17 However, they do not currently have a place at the other STP groups e.g. Senior Leadership Team, Strategic Partnership Board or the other two Portfolio Boards; Prevention at Scale and One Acute Network.

### **3. Conclusion**

- 3.1 This paper updates the position of the CCG's commitment to working with the community and voluntary services in Dorset and sets out the direction for more formal arrangements to better integrate our health and social care services with the community and voluntary sector whilst ensuring a robust provision of Council for Voluntary Service across Dorset.

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