

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

Date of the meeting	14/11/2018
Author	N Arathoon - Principal Programme Lead
Sponsoring Board member	D Jenkins - Governing Body Lay Member for Patient and Public Involvement
Purpose of Report	To provide an annual update to the Governing Body on the CCG's work with the Voluntary and Third Sector.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Clinicians, Patients, Statutory and Third Sector partners have been involved in the transfer and development of services.
Previous GB	This is an update on the paper presented to the Governing Body on 15/11/2017

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
		Any action required?	
	Yes	Yes Detail in report	No
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: NA

1. Introduction

- 1.1 The purpose of this paper is to provide an annual update to the Governing Body on the arrangements the CCG has with the voluntary and third sector, the changes which have been implemented during the period since the last report in November 2017 and to note the future plans involving the sector as it contributes to the transformation and delivery of the Integrated Community and Primary Care Services (ICPCS) model of care.

2. Report

- 2.1 The CCG continues to commission a range of services from the voluntary and third sector. e.g. Citizen's Advice Bureau (CAB) support within GP practices in West Dorset.
- 2.2 In addition, the CCG has an ongoing grant arrangement regarding engagement and communication support - with Bournemouth Council for Voluntary Service (CVS), Dorset Community Action, Poole CVS and the Volunteer Centre Dorset. The voluntary organisations work closely with the CCG's Engagement and Communication team, providing information/key messages to 1000's of voluntary/third sector organisations and promoting opportunity for involvement in service improvement projects. Promotion can be targeted to specific groups in response to the project aims and equality impact assessments. Each of the organisations actively supports the CCGs social media messaging through their own channels. Bournemouth and Poole CVS also host quarterly Health and Care Forums – where information can be presented and views sought by the CCG. The CCG is currently planning the production of two short case study films to highlight the value of joint working with the voluntary sector across the Integrated Care System.
- 2.3 Bournemouth CVS, Dorset Community Action and Poole CVS have worked in detail with the CCG, enabling effective engagement with Voluntary, Community and Social Enterprise (VCSE) colleagues concerning key reviews, including the Integrated Children's Community Health Services and MSK Physiotherapy services. Their support for these reviews has included organising consultative meetings with VCSE colleagues, collating feedback on the reviews and promoting awareness of them through their e networks.
- 2.4 The CCG has invested £6.5m in the ICPCS model of care and the East Bournemouth locality has used this as an opportunity to enhance their frailty and rapid response services with our most complex population, in conjunction with the voluntary sector. In addition, the CVS's have assisted the CCG with a range of engagement activities concerning the development of integrated Primary and Community services.
- 2.5 At a strategic ICS/STP Governance level, the Voluntary Community Social Enterprise (VCSE) organisations are represented in the governance delivery arrangements at the ICPCS Portfolio Board and the two cluster Integrated Care Partnership Boards in the East and West.
- 2.6 Since the last report the CCG has not commissioned new services with the voluntary and third sector on long term contracts, however the sector has been influential within the ICS as follows;

2.7 Self-management Framework

The purpose of the Self-Management Framework is to bring together the key elements of a person-centred approach for a specific cohort of patients, to offer self-management to support individuals living with one or more long-term condition/s and their carers.

The self-management framework was developed following six task and finish group meetings from Oct 17 – March 18, by interested parties across STP partners including Help & Care, Bournemouth CVS, Poole CVS, Dorset Community Action, Citizens Advice Dorset and carers organisations.

The following work streams were discussed and informed by local and national Best Practice;

- A review of the current services in Dorset and open discussion on how to incorporate the new model within the local and national context
- A review of the national self-care new models and agreement on the core elements and outcomes of a new service for Dorset
- Discussion and agreement on the outcome measures/Key Performance Indicators to be used
- Information Technology - joining up and accessing data (Dorset Care Record and SystemOne)
- Workforce modelling including skills and competencies
- Agreement of the financial envelope and the services that this covers
- Patient and referral pathway with interdependencies/co-dependencies with other services
- Development of a Self-Management Framework to inform the service specification.

2.8 Non-clinical health coaching and link to social prescription for people with long term conditions and carers in Primary Care

As a result of the work undertaken in developing the Framework, the specification, key performance indicators and patient reported outcomes were agreed for the non-clinical health coaching and link to social prescription for people with long term conditions and carers in Primary Care. This service is currently out to procurement with a contract start date of 1 April 2019.

This service will see the current provision of non-clinical health coaching (My Health My Way), social prescription in Dorset (Partnership of Older People Programme), Voluntary Sector Navigation in Bournemouth (Bournemouth CVS) and Active Signposting in Poole (Poole wellbeing collaborative) pulled together under a lead provider to deliver a universal population based approach across Dorset.

Through this procurement we are bringing together a number of funding streams to embed personalisation and self-management and place it at the heart of our future model of care linking ICPCS and Prevention at scale.

2.9 **Memorandum of Understanding (MOU) for Personalised Care Demonstration Sites**

Dorset CCG, Dorset County Council and Help & Care are signatories to a MOU with NHS England to demonstrate Personalised care as an everyday reality for people in Dorset's ICS. It requires the systematic implementation of a number of evidence-based interventions, involving changes to front line practice and to commissioning, as well as stronger partnership and co-production arrangements. Whilst the ways and means will be diverse and locally distinct, a number of specific elements will need to be universally adopted to realise the full potential of Personalised care: Enabling choice and embedding shared decision making, social prescribing and community capacity building with stronger partnerships with the voluntary sector, personalised care and support planning as a proactive process, supported self-care tailored to people's level of knowledge, skills and confidence and measured through tools such as the Patient Activation Measure (PAM).

This MOU is aimed at achieving scale, spread and sustainability across all sectors and to develop person-centred care, as a whole population approach. This will support Dorset's ICS plans to ensure people can make informed choice and decisions in order to manage their health and wellbeing better, with care and support available closer to home, at a time and place that suits the person, their family and carers.

As a result, Bournemouth Council for Voluntary Services (CVS), Poole CVS, Help and Care and Dorset Community Action are signed up to exploring new ways of working to deliver the personalisation of care to support the new care model implementation within Dorset.

2.10 **Sign-posting to Person-centred support training offer**

Utilising funding of £90,000 from the Memorandum of Understanding with NHS England to embed and scale up the offer of Personalised Care for Dorset, and in preparation for the delivery of the Non-Clinical Health Coaching and link to Social Prescription for people with long term conditions and carers in Primary Care service, the CCG and Voluntary Community Social Enterprise (VCSE) (Bournemouth CVS, Poole CVS, Dorset Community Action and Help & Care), colleagues have developed a training package to deliver person centred support to non-clinical staff in Primary and Community care across all 13 Dorset localities. The training includes introductions to the role of Personalised Care & Support Planning (PCSP) and conversations, Non-clinical Health Coaching, Social Prescription and Voluntary Sector Navigation.

As previously discussed, bringing these key non-clinical services together within Primary Care will enable a new way of working to be embedded within Dorset, drawing on core skills developed for the health and care workforce alongside that of Primary Care Home Network developments and The GP Forward View (2016).

The training is currently being delivered and has been well received by target participants with good numbers attending local sessions with positive evaluation and feedback being captured.

The training is booked electronically on Eventbrite and outcomes are documented and communicated to the Primary Care Workforce Centre, who have supported the training offer by cascading information to GP Practices.

The training sessions will take place between October – December 2018, with an additional ‘mop-up’ session planned in January 2019, to ensure as many staff are reached as possible within this time period.

In addition, there has been interest from clinical staff from both Primary and Community teams i.e. community matrons have indicated they would like to book on to the training, to see how this fits within their localities/community support options. The VCSE Training Team are also attending a GP practice meeting in Weymouth to update GP/staff on the training offer. Planning is underway to deliver Dorset wide training for clinicians with the support of NHS England.

2.11 **Primary Care Home Networks (PCHN)**

A joint presentation was made by the Primary Care team and National Association of Primary Care (NAPC) to Council for Voluntary Services colleagues and a mixture of leaders from the third sector introducing NAPC and PCHNs in June 2018.

In addition, the third workshop of the Transforming Primary Care Conversations focused on the delivery of Networks and Primary Care Homes both locally and Nationally. This had a good number of attendees from across the voluntary sector with the support of local CVS to identify the invitations.

Further development of PCHN’s will be undertaken at the November CCG membership event where the CVS and identified third sector leads across the county will give their views on where they think networks are in terms of their development and join the Membership event to discuss with localities/networks about next steps and how to contribute to further development.

Engagement of the voluntary sector is a specific expectation of PCHNs and is explicitly mentioned in the PCHN Development Grid that all localities are using to guide their development.

2.12 **Development of a Single Point of Contact - a new commissioning model for Dorset’s VCSE Sector.**

Discussions between the Dorset commissioning organisations, including the CCG and Bournemouth CVS, Poole CVS and Dorset Community Action and many smaller providers began in November 2017 to discuss and work up a new commissioning model for Dorset’s VCSE sector around a Single Point of Contact (SPOC) commissioning model.

The SPOC model (a brokerage role to manage relationships and contracts between VCSE organisations and commissioners) would enable collaboration of small and larger organisations to be able to bid for health and social care services, enabling smaller organisations to deliver bespoke support without the overheads or administrative burden of attending contract meetings, writing reports etc. and to enable commissioners to commission truly place based, local support.

The National Association for Voluntary and Community Action has described a SPOC as follows:

'A SPOC is an enabler to connect, develop and support other voluntary organisations. It needs to have the confidence of commissioners and local VCSE organisations. It is a mandated partner who is part of the planning and commissioning cycle and has provision for sharing contract management data. There needs to be a distinction between the delivery and the strategic functions.'

Locally, commissioners have embraced this development for the following reasons;

- There is growing interest in the VCSE as a potential way to relieve pressure from increasing demand for health and care services and offer more effective ways of responding to patients presenting with social needs.
- There is recognition that the VCSE sector can strengthen the resilience of both individual citizens and the health and care system as a whole to manage and reduce system pressure.
- Work at national level to evaluate and understand the impact of the 'Reducing Winter Pressures Fund' found that a key lesson was that a 'single point of access' greatly increased the confidence of clinicians that there are viable alternatives to medical interventions and admissions to hospital.

The SPOC under development focuses on VCSE organisations with a turnover of less than £100,000 per annum. The aim is to provide a partnership framework in which these organisations can work together and with NHS colleagues to enhance local health and well-being outcomes.

The following aims have been identified in developing the SPOC:

- Increased opportunities for small organisations to deliver services through collaboration;
- Keep niche services available in our communities;
- Provide more choice for individuals and develop the potential for the most appropriate delivery of services;
- Develop place-based services, using local knowledge, making use of locally responsive and innovative services and assets;
- Offer increased opportunities for volunteers to contribute to local health and care services;
- Build the reputation of the local VCSE sector and evidence of its effectiveness;
- Enable communities (both geographical communities and communities of interest e.g. women's/men's health issues) to co-produce services and develop knowledge of commissioner's needs;
- Influence commissioning processes to create a level playing field for small local organisations and the people they reach.

An initial application has been submitted to the Big Lottery with the aim to have a decision from their panel (the new lottery process involves both written applications and discussions concerning the projects merits) about whether they would welcome a more detailed application by December 2018. If successful we aim to have a final decision from them about whether they would fund the development of the SPOC by June 2019.

The CCG has signalled its support to develop this new way of working and discussions are ongoing as to the funding requirements outside that of the National Lottery bid which has been submitted.

- 2.13 A few contractual issues have arisen through the last year which would be timely to be considered as we plan for 2019/20 and beyond. We are currently not uplifting our voluntary and third sector contracts in line with inflation, nor reflecting the national minimum wage increase. The scale of our investment with the voluntary and third sector is such that this approach is likely to start impacting on the service provision as we go forward. An example of is that the recently procured social prescription and non-clinical health coaching was undertaken on the basis that providers should make no assumption on inflationary uplift for the 3 years of the contract period which is equivalent to approximately £80k by year 3 and 2 whole time equivalent staff.
- 2.14 In addition, we will need to ensure we take a flexible approach in the future to enable new third and voluntary sector organisations to grow and enter the market. We also need to consider the population growth impact on services commissioned with the voluntary and third sector.
- 2.15 From a strategic perspective, the Council for Voluntary Services leaders are active participants at both the East and West Integrated Healthcare Partnership Boards, and the ICPCS Portfolio Board.
- 2.16 The Primary Care Home Network Development has also fostered and built relationships between primary care and all their stakeholders.

3. Conclusion

- 3.1 This paper updates the position of the CCG's ongoing commitment to working with the voluntary and third sector in Dorset. Population and inflationary pressures on our voluntary and third sector providers should be considered alongside our approach with public sector providers.

Author's name and Title: Nichola Arathoon, Principal Programme Lead,
Integrated Community and Primary Care Services
Date: 29th October 2018
Telephone Number: 01305 368912