

Health and Social Care: Cornwall doesn't need an 'Integrated Care Provider'

*Submission to NHS England's consultation on the contracting arrangements
for Integrated Care Providers*

by

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Observations

1. NHS England (NHSE) is proposing to insert a layer of 'Integrated Care Providers' (ICPs) into the NHS hierarchy, and is currently consulting about contracting arrangements for them.

It says the aim is to help bring about joined-up care, especially for patients with multiple conditions.

ICPs will come between Clinical Commissioning Groups (CCGs) and many of the organizations that do the actual work of delivering health and social care services.

These contracts, if implemented, would add another purchaser/provider split to the NHS. Such splits and the associated procurement processes not only impose costs and delays in decision-making in the NHS: they are inherently detrimental to the collaborative working which joined-up care necessitates.

2. It is suggested more than once in the consultation document^[1] that the Dudley model provides a template for other parts of the country. This ignores the fact that for Dudley right now this model is primarily centred on integrating primary care with other parts of the NHS system.^[2] This is a remarkably limited application of the principle of joined-up care.

Moreover, the Strategy Unit that has evaluated the Dudley New Care Models Programme has warned that NHS England should be 'very cautious in using the example of Dudley in considering replication'. Indeed, in a recent report the Unit has identified a risk that social care could be 'lost': "Better integration with social care' was one of the founding arguments for the Multi-Specialty Community Provider; yet uncertainty remains as to how/whether/when this might happen.'^[3] The consultation document ignores this warning.

3. In Cornwall, the chief officer of Kernow CCG participates on equal terms with the chief executives of Cornwall Council, the Royal Cornwall Hospital NHS Trust and the Cornwall Partnership Foundation Trust in the 'Transformation Board', which, although not a decision-taking body, is overseeing the development of joined-up health and social care plans for Cornwall and the Isles of Scilly. This process has included co-production workshops across the county, in which not only professionals but lay people with experience of receiving services have taken part.^[4]

Recently, a partnership bid to the Department of Health & Social Care for a Social Prescribing Scheme for Cornwall, led by a third-sector organization, Volunteer Cornwall, was successful. It brings an investment of £900,000 over the next 3 years, which will 'enable healthcare

professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.’ So this promising project is coming into being to promote joined-up care without recourse to an ICP or a costly procurement process.[5,6,7]

4. Across the Tamar, in Devon, there have been two major developments recently. The two Devon CCGs have agreed that Devon Children and Families Alliance should be the preferred bidder for community health and wellbeing services across the county. The alliance comprises five Trusts and Livewell Southwest, a community interest company. The contract is worth £166m over seven years, with the potential to extend for three years. The alliance will take over from Virgin Care, the current provider.[8]

A second set of community health services, for children with special educational needs and disabilities in Plymouth, is expected to be awarded to Livewell Southwest, which will run the service in partnership with University Hospitals Plymouth Trust, Plymouth City Council, and charities Barnado’s and The Zone, and mental health support scheme Xenzone. That contract, also for seven years, is worth nearly £88m.[9]

Livewell Southwest is an independent, award winning social enterprise providing integrated health and social care services for people across Plymouth, South Hams and West Devon, as well as some specialist services for people living in other parts of Devon and in Cornwall too. It aims to care for people in new ways that are more efficient, with health and social care professionals who would have previously worked in individual teams now working together: joined-up care, in fact.[10]

It works with a wide range of community groups and professionals so support is responsive and provided within the local community. Its website says: ‘You will find our teams in community hospitals, GP practices, sports centres, health and wellbeing hubs, at community events and even at football matches.’[11]

In 2016 Livewell Southwest was inspected by the Care Quality Commission. It received a rating of ‘good’ overall. Its mental health inpatient unit and community learning disabilities team received a rating of ‘outstanding’. Evidently it is doing good work.

Conclusion

These examples show that at local level, charities, other voluntary bodies and community interest companies are perfectly capable of coming up with sound ideas and schemes for joined-up care. Ways need to be found of encouraging these and helping them to develop.

In Cornwall, where it is estimated that one in three people do voluntary work,[12] staff in health and social care organizations recognise very well the need for joined-up care and are learning to work with third-sector organizations and harness the energy and local knowledge that the best of them have. Adding ICPs into the mix would create complexity and costs, and at the very least set this work back, if not stifle it completely.

It seems that inserting an extra layer into an organizational hierarchy structured by contracts is seen by some at NHS England as a means of bringing about collaborative working. Sad to say, this suggests that the people who commission such systems simply do not comprehend how collaborative working can grow from the grass-roots, and how it can be nurtured.

Notes and references (All websites last checked on 4 October 2018.)

- [1] NHS England, *Consultation on contracting arrangements for Integrated Care Providers (ICPs)*, August 2018
<https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/>
- [2] Paul Maubach, in House of Commons Health and Social Care Committee, *Oral evidence: Integrated care: organisations, partnerships and systems*, HC 650, 6 March 2018, at Q172
<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/integrated-care-organisations-partnerships-and-systems/oral/80041.pdf>
- [3] F.Battye, A.Mulla & M.Begum, *Evaluation of the Dudley New Care Models Programme: Strategic Level Evaluation*, December 2017 (Final report published 26 July 2018)
<https://www.strategyunitwm.nhs.uk/publications/evaluation-dudley-new-care-models-programme>
- [4] Cornwall and the Isles of Scilly Health and Social Care Partnership, *Cornwall and Isles of Scilly Transformation Board*
<https://www.shapingourfuture.info/about/cornwall-isles-scilly-transformation-board/>
- [5] Volunteer Cornwall, *Social Prescribing Boost for Cornwall*,
<https://www.volunteercornwall.org.uk/latest-news/22-news/285-social-prescribing-boost-for-cornwall>
- [6] Volunteer Cornwall, *Social Prescribing*
<https://www.volunteercornwall.org.uk/how-we-help/health-social-care/social-prescribing>
- [7] Cornwall and the Isles of Scilly Health and Social Care Partnership, *Social prescribing is just what the doctor ordered*, 15 August 2018
<https://www.shapingourfuture.info/social-prescribing-is-just-what-the-doctor-ordered/>
- [8] Nick Carding, Virgin Care set to lose children's service contract to NHS consortium, *Health Service Journal*, 25 September 2018 (paywall)
<https://www.hsj.co.uk/service-design/virgin-care-set-to-lose-childrens-service-contract-to-nhs-consortium/7023440.article>
- [9] Information on CCG meetings in Devon can be found at
<https://www.newdevonccg.nhs.uk/governing-body/governing-body-meetings-100205>
- [10] Livewell Southwest (home page)
<https://www.livewellsouthwest.co.uk/>
- [11] As 10.
- [12] 'In Cornwall it is estimated that one in 3 people do voluntary work and the scheme will ensure volunteers can contribute to social prescribing by supporting those on the scheme to access activities and develop new activities.' Department of Health & Social Care, *Social prescribing schemes to receive funding from the Health and Wellbeing Fund: 2018*, 2 August 2018
<https://www.gov.uk/government/publications/social-prescribing-schemes-to-be-funded-by-the-health-and-wellbeing-fund-2018/social-prescribing-schemes-to-receive-funding-from-the-health-and-wellbeing-fund-2018#volunteer-cornwall>