

Joint Hull and East Riding Event

5 February 2025



WELCOME AND HOUSEKEEPING



WHO'S IN THE ROOM?



Why are we here today?

- Changing landscape across Hull and the East Riding around health and social care and devolution
- New opportunities for the VCSE in terms of future service delivery
- New and existing challenges for the VCSE in terms of longer-term sustainability
- Strengthen VCSE engagement and participation at both an Integrated Care System and Hull and East Riding level
- Recognition of similarities and differences but a need to join up approaches and thinking to maximise the potential of the VCSE





Humber and North Yorkshire
Health and Care Partnership

Design for the Future

Integrated Core Offer

Jason Stamp

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February 2025



Context

- NHS 10 Year Plan – shift from hospitals to community and an integrated focus on prevention delivered in community settings
- Utilising and growing the assets we already have across Community, VCSE and Primary Care Services
- Sustained challenges around finance and performance across all parts of the health and social care system
- Commitment that there has to be a significant change in how and where we deliver services in the future
- Development of Integrated Care Systems

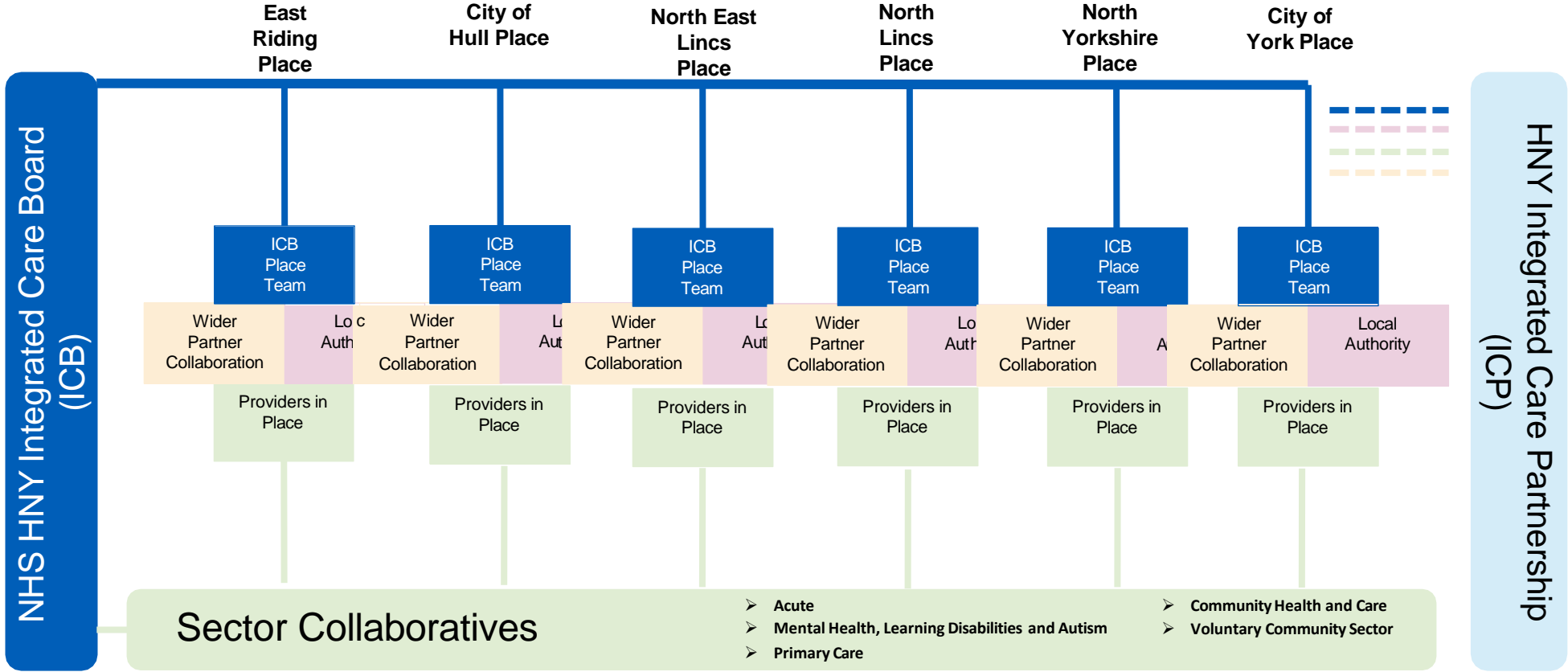


The Local Context

- Humber and North Yorkshire Health and Care Partnership
- 6 places (Hull, East Riding, York, North Yorkshire, North Lincolnshire, North East Lincolnshire)
- 5 Collaboratives (Acute, Mental Health, Community, VCSE and Primary Care)
- Design for the Future
- We Need to Talk engagement
- Moving from commitment to action



HNY Whole System Operating Model



The ICB will be the employer for the current CCG and Partnership Staff. The majority of staff will continue to work in Place and continue to undertake similar roles as they do now and some will undertake functions wider than Place where that is appropriate

Providers of health and care working in collaboration and as sector collaboratives both in Place and across the system to ensure health and care needs are met for the population at Place and across the system.

Local Authorities working jointly with the NHS and with other partners in Place on population health and addressing health inequalities, community engagement and co-production, supporting local integration, provider collaboration and service transformation.

The ICP will enable the system partners to address the broader population health, socio-economic outcomes and inequalities. Working in partnership with the whole system (communities, public and private sector etc.) will be mutually accountable for the delivery of the agreed strategy.

Ambition



To create a 'home first' approach to health and care for residents of Humber & North Yorkshire, enabling delivery of high quality, effective, sustainable and integrated services based around localities to meet the needs of the populations in each Place

Our Integrated Core Offer

‘The best way to work as a team is in a team’ (Lord Darzi September 2024)



Principles:

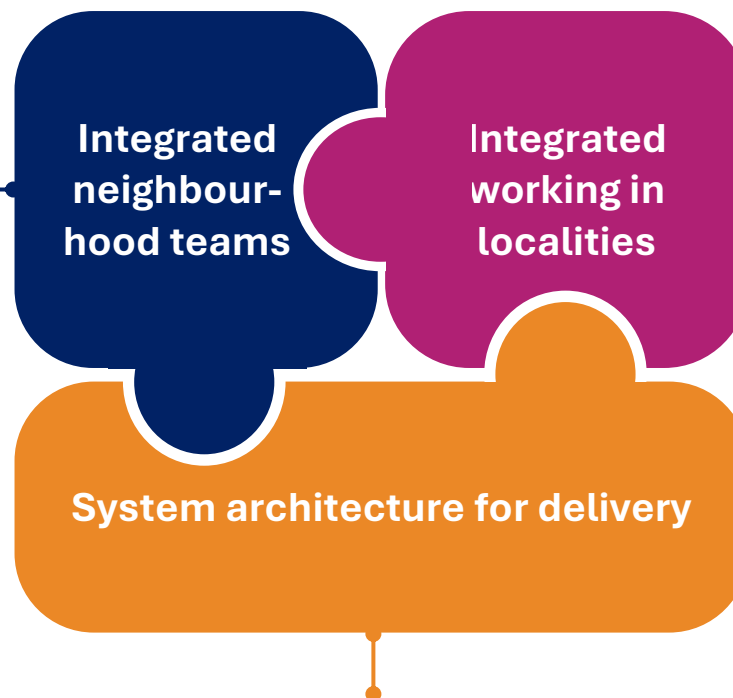
- 01** All core services geographically aligned to smaller geographic populations in each Place
- 02** Place functions to align resources (people and money) to support a truly integrated offer
- 03** There is no wrong front door
- 04** Access is enabled to draw upon specialist and wraparound services at time and place of need
- 05** Work to remove barriers and provide seamless care avoiding hand offs between the core team
- 06** Move from a service to an outcome mindset avoiding over-medicalisation

The Integrated Offer operates at neighbourhood and integrated locality level, with robust system architecture

Integrated Neighbourhood Teams

deliver pro active long-term conditions management, frailty and mental health, understanding where high-intensity users are and:

- **Streamlining access to episodic and urgent care**
- Providing more **proactive, coordinated, personalised care** for people with complex needs
- Helping people **stay well for longer** through a joined-up approach to prevention.



Providers take an **integrated approach** to help people remain at home. This includes:

- **Admission avoidance**
- **Hospital Discharge**
- **Children and Young People**
- **Preventative community wellbeing**
- Moving services traditionally delivered in hospital to **out of hospital settings** (e.g. outpatients, frailty).
- Working in an intelligent way to understand population needs and **align offer to demand** for care closer to home.

Data, governance and wider system architecture is aligned to support delivery, consistent with the NHSE National ambition to develop provider landscape through accelerated provider collaboration and accelerated place-based partnerships.

Transforming the VCSE at Place

- VCSE partners are key to the success of the future model, but change is required to enable more joined up working with other community services and primary care. There is significant variation in the offering across Places, so we will need to review commissioning, contracts and resourcing.
- Through this programme we are proposing a radical transformation in the way that VCSE services are resourced to maximise their impact on patient outcomes, hospital attendance and admissions avoidance



The Current Position

- The VCSE currently delivers a range of services in each Place which fall into the scope and remit of an Integrated Core Offer. These include social prescribing, hospital discharge support, children and young people's services and preventative work around frailty.
- Lack of consistency in how these are resourced, and long-term sustainability remains a significant risk.
- These are generally delivered alongside rather than integrated.
- Significant variations in the infrastructure support offer.
- Focus on what we deliver today rather than what we could deliver tomorrow.
- Limited opportunities for collaboration between organisations and sectors



Benefits to the VCSE

- Sustainability through longer-term contracting arrangements
- Realisation of real costs, including inflationary increases year on year
- Stronger relationships between organisations and other partners
- Recognition of smaller groups and organisations rather than just the usual suspects
- Focus on transformation – thinking and working differently
- Potential increased flow of resource into the VCSE
- VCSE organisations are key to delivering a Neighbourhood Health offer



Challenges for the VCSE

- Missing data around what the VCSE currently provides in each place, how it is funded and what resource is available
- Limited understanding of the size, scale, skills and capacity of the current VCSE Workforce
- Variation of how the VCSE is engaged in each of the six Places and how VCSE infrastructure support is funded
- Current commissioning and contracting arrangements
- Ongoing need to challenge perceptions of the VCSE
- In order to bring about change the VCSE needs to be transformational



Next Steps

- Alignment of delivery elements of the existing Community and VCSE Collaboratives to form a Primary Integrated Health Care Collaborative from 1 April 2025. This will be co-chaired by Andrew Burnell (Chief Executive – CHCP) and Jason Stamp (Chief Officer – Forum CIO)
- VCSE and Community Collaboratives to continue
- VCSE Workforce Mapping – University of York Business School
- Defining the role of VCSE in each Place and engagement with Integrated Neighbourhood Teams development through the Health and Care Partnerships
- Reviewing the operation of the Place-based VCSE Assemblies



Next Steps

- Complete the mapping of current Community Service provision across all six Places, including existing sub-contracting arrangements with the VCSE
- Complete the mapping of current resource around Community Service provision in each Place, including Local Authority spend
- Understanding the current level of investment in the VCSE at system and Place level
- Negotiate cross-boundary working where there are shared providers and a need to develop a single approach



New Relationships and Connections

- Community Providers
- Community Services
- NHS
- Local Authorities
- Acute Services (Hospitals)
- Primary Care

- The person sitting next to you



QUESTIONS



Developing the Integrated Core Offer

Based on what you have heard so far, what do you think are the opportunities and challenges for your organisation and the wider VCSE in this new model of working?



LUNCH AND NETWORKING (1 Hour)



CHECK IN



Developing the Integrated Core Offer

Thinking about the work you currently do, what do you bring to the Integrated Care Offer? What things need to change to allow you to be part of this new way of working?



FUTURE WAYS OF WORKING AND SHARED COMMISSIONING PRINCIPLES



CURRENT LANDSCAPE

- Inconsistent processes across the public sector
- Competitive processes feel like the default position
- Confusion around the difference between contracts and grants
- Common understanding of social value
- Price/ Value for money scoring is unrealistic
- Lack of sufficient time and support to build effective partnership and collaborative arrangements
- Limited understanding of the impact of commissioning/ de-commissioning decisions on the VCSE



THE OPPORTUNITY

- Integrated commissioning is the direction of travel
- Increased focus on the role of the VCSE as a key delivery partner alongside public sector organisations
- Live examples of collaborative and partnership approaches to deliver services in the city (Hospital Discharge, Health Inequalities, elements of Community Services)
- Support from VCSE infrastructure organisations
- Appetite to think and work differently from public sector partners
- Carnall Farrar ‘magic formula’ demonstrates the financial value of the VCSE



COMMISSIONING PROCESSES

- Horizon scanning and forward planning
- Approved provider list to support streamlined future processes
- Co – design and Co-production approach with VCSE organisations and users of services wherever possible
- Increased market engagement to support all commissioning
- Consistency of approaches across all parts of the public sector
- Incorporate sufficient time to develop collaborations and partnerships as part of the tender process
- Realistic timescales to support the procurement process
- Consideration of the application of financial thresholds as part of the process
- Transparency around when and how decisions will be made
- Shared definition and understanding of Social Value (if applicable)
- Proportionality in commissioning processes used
- Clearer process for managing TUPE



CONTRACTS

- Consideration of longer-term contracts (beyond 3-year maximum) wherever possible
- Understanding the difference between contracts and grants in determining the preferred procurement route
- Consider a range of contract options at the start of the procurement process – lead provider/ sub-contracting, alliance contracting etc.
- Consistency around performance management, contract review and the awarding of potential extension periods
- Inflationary increases to be supported as part of longer-term contracts



MONEY

- Payment in advance rather than arrears
- Agile contracting and payment processes (30-day standard)
- Consistency in contracting and payment processes across all parts of the public sector
- Consideration of a finance envelope rather than cheapest price in commissioning decisions



DE-COMMISSIONING

- Advance notice of a minimum of three months wherever possible
- Clear rationale for the decision to be shared
- Offer of additional support from Sector Connect to explore sustainability and future funding options
- Equality Impact Assessments to be completed to support all de-commissioning decisions
- Negotiated 'wind down' and exit strategy to be agreed



New Ways of Working

Looking at the draft Commissioning Principles do these cover everything we need or is there anything missing?

What do we need to do at Place and in our VCSE Assemblies & Networks to respond to the Integrated Core Offer?



NEXT STEPS



EVALUATION AND CLOSE



THANK YOU

