HERTFORDSHIRE COUNTY COUNCIL
SCHOOLS FORUM

28th November 2018

AGENDA ITEM

11

TITLE OF REPORT **INTEGRATED THERAPIES**

Report of the Director of Children's Services

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1. Purpose

1.1 To update the Forum on the Integrated Therapies Service model jointly developed by HCC and CCG commissioners.

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2. Summary

2.1 Hertfordshire County Council, East and North Hertfordshire CCG, and Herts Valleys CCG have developed an integrated therapies offer for children and young people. This offer includes Speech and Language Therapy and Occupational Therapy.

2.2 The purpose of this offer is to manage the needs of children and young people holistically, whilst also identifying the most efficient way of commissioning the provision, to ensure the biggest possible spend on therapy and reduce spend on contract management.

2.3 This paper sets out how commissioners plan to deliver an integrated therapies offer.

3. Recommendations

3.1 It is recommended for the Forum:

- To note the progress made on the development of the Integrated Therapies Service Model
- To note the long-term vision for the future development of therapy provision.

4. Background

4.1 Hertfordshire County Council and both CCGs have shared a commitment to provide an integrated therapies offer since 2015.

4.2 In summer 2017 commissioning agencies agreed to align all extant Occupational Therapy and Speech and Language Therapy contracts to enable a future commissioning opportunity.

4.3 There is now an agreement to deliver an integrated offer by September 2019. This paper will outline the service model.

4.4 The short-term objective which commissioners are working to is to put in place a clear whole-system offer which includes Speech and Language Therapy (SALT) and Occupational Therapy (OT). CCGs decided to exclude physiotherapy.

4.5 In the longer term there is a vision for a holistic model of care with embedded integrated practice. This vision is outlined in this report.

5. Contents of report

5.1 Work undertaken to date

5.1.1 The proposed commissioning model presented here is the result of activities which have transformed and reviewed the models of care in the SALT and OT services.

5.1.2 The model of care in the SALT service has been subject to a transformation process since September 2015. As a result of this process the service has introduced and embedded the three tier approach to delivery. This model is delivered across the CCG and Local Authority funding streams. The SALT service was reviewed in 2016 and findings from this review (including parent feedback) have been factored into an on-going improvement process.

5.1.3 In April 2018 HCC introduced a revised service specification in order to codify the service model which had emerged.

5.1.4 The OT service was reviewed in early 2017/18. This review identified areas for improvement in the service model; and parent feedback was similar to that captured through the SALT review. As a result of this review an improvement plan was introduced with HCT. The service delivers to one service model across CCG and Local Authority funding streams.

5.1.5 As a result of this activity commissioners have robust relationships with HCT, and are engaged in constructive dialogue to improve the service offer.

5.1.6 Furthermore, commissioners are assured that both SALT and OT are integrated at point of delivery. This means that both services have one service model funded by CCGs and the local authority.

5.2 Current contracts

5.2.1 The table below outlines current contracts for the provision of SALT and OT with the contract values.

	SALT	**OT**
HVCCG	£1,520,000 Block contract	£742,694 Block contract
ENHCCG	£1,567,590 Block contract	£627,201 Block contract
HCC	£1,693,850 Contract until September 2019	£506,168 Contract until September 2019
Total Value	£4,781,440	£1,876,063
Total Combined Value	£6,657,503	

5.2.2 All contracts are currently provided by Hertfordshire Community NHS Trust (HCT).

5.2.3 Contracts noted as 'Block contact' are included in both CCGs block contracts, which are assumed to roll-on indefinitely unless commissioners give notice on the full contract or part of the contract.

5.2.4 Current HCC contracts have an end date of 31 March 2019. However both commissioners and provider have agreed in principle to an extension until September 2019. Consequently, these contracts are stated above as ending in September 2019.

5.3 Proposed integrated service offer

5.3.1 Commissioners agree that there should be one whole-system model of SALT and OT provision.

5.3.2 By September 2019 all commissioners will work to one set of specifications. This means there will be one model of care for SALT and one model for OT, monitored by one set of Key Performance Indicators shared across the system.

5.3.3 The models of care which commissioners have developed are evidence-based best practice models, which achieve strong outcomes for children and young people whilst achieving improved value for money.

5.3.4 Key features of this integrated model will include:

- One management structure will oversee both SALT and OT.

- Both services will work in the three-tier model of support (universal, targeted, and specialist levels). At the universal level both services will focus on upskilling the wider workforce to make the environment around a child safer and more accessible.
- That at the universal level the service provider will adopt a skills mix approach to achieve increased value
- That both services will introduce the episodes of care approach, to that therapeutic interventions are goal oriented and time limited.
- Families will have a single point of contact for both services.
- There will be one monitoring regime led by HCC for the whole service offer, with an agreed set of performance indicators.

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5.4 Commissioning activity to achieve an integrated offer

5.4.1 HCC's current contracts are let under Public Contract Regulations (PCR), and HCC legal team advise that these contracts must be subject to the requirements of PCR.

5.4.2 NHS contracts are not subject to this requirement, as existing block contracts are assumed to roll on indefinitely.

5.4.3 It is proposed that to achieve an integrated offer commissioners are currently undertaking the following actions:

- Agree to one set of service specifications.
- Both CCGs will amend their block contracts to incorporate the new specifications.
- HCC will consider procurement options, in compliance with PCR.

5.5 Timeline for achieving an integrated offer

5.5.1 To achieve an integrated offer by September 2019, the following timescales must be met:

January 2019	• Agree and finalise service specifications • HCC to agree procurement options. • CCGs to inform HCT of amendments to block contacts
February 2019	• HCC to launch tender subject to procurement options
May 2019	• HCC to award contract
September 2019	• New contract arrangements mobilised

5.6 Risks and Mitigations

Risk	Mitigation
That the HCC procurement option results in a different service provider which must be aligned with HCT. This could cause disruption to families as well as making the health landscape more fractured.	HCC will expect the provider of its services to work in close co-operation and integration with the provider of the CCG service. HCC has worked closely alongside HCT in order to improve knowledge and understanding of the service, to reduce this risk.
That after the implementation of the new contract model, therapist capacity remains constrained. This means that schools will still experience a shortage of therapists.	There is a national shortage of qualified therapists. No commissioning model in isolation will increase the amount of available therapists. The commissioning model seeks to be as efficient as possible so that as much resource is invested in therapists as possible, by reducing the amount invested in contract management costs. Further the commissioning model will seek to reduce need for Band 6 or Band 7 therapists (which are the hardest and most expensive to replace) by reducing the amount of direct therapist sessions, and increasing the universal offer (which can be delivered by staff at a range of bandings). It is also recognised that there is ongoing need to provide information to public and professionals about how therapy is delivered, and how this has changed over time.

5.7 Long-term vision

5.7.1 This paper has outlined a proposal to achieve an integrated therapies offer in the short-term. However there is a long-term process to improve the offer for children, families, and young people.

5.7.2 The ultimate vision for an integrated offer is to develop a locality based model, in which multi-disciplinary teams (MDTs) utilise a key-worker approach, so that families have a single-point of contact. The skills mix within MDTs will encourage professionals to share expertise, and develop an integrated practice; the therapeutic assessment process should be

holistic and person-centred. Specialist knowledge will be targeted at cases where it can achieve the biggest impact. Universal interventions will be delivered flexibly.

5.7.3 It is proposed that this can be achieved by 2022 as per the following timeline:

	Milestone
Short term objectives (September 2019-September 2020)	• To put in place the contractual framework for integration. • To achieve consistent quality indicators and service standards across both therapies. • To develop a holistic assessment framework • To establish a single-point of contact for families
Medium term objectives (September 2020-September 2021)	• To develop the evidence-base to inform the skills mix required in locality MDTs • To agree with commissioning partners the distribution of MDTs.
Long term objectives (September 2021-September 2022)	• To roll out MDTs with integrated practice.

6. Conclusion

6.1 Commissioners have outlined the Integrated Therapies Service model for the recommissioning of a whole-system offer over the coming year.

6.2 This service model represents an attempt to continue long-term programmes for improving the therapeutic offer whilst complying with statutory procurement frameworks.

6.3 The model puts in place a contract framework which allows commissioners to continue to work towards a long-term vision for developing integrated practice and delivering an improved offer to families.

6.4 School Forum is asked to note this approach and the long-term vision which is being worked towards.