

Draft NHS Standard Contract 2020/21

Audio presentation 2 of 4

Local system collaboration and integration

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NHS England and NHS Improvement





Welcome

- This is the second of four audio presentations which we have prepared to help to explain the changes proposed to the NHS Standard Contract for 2020/21.
- This is the agenda we will be working through in the four separate presentations:

Presentation 1	Introduction to the Contract
Presentation 2	Local system collaboration and integration
Presentation 3	New national policy initiatives included in the draft Contract for 2020/21
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- Members of an ICS or STP need to work together to achieve their System Financial Improvement Trajectory and longer-term financial balance for their System
- Our expectation for 2020/21 is that every CCG, NHS Trust and NHS Foundation Trust within an ICS/STP will sign up to and act in accordance with a System Collaboration and Financial Management Agreement (SCFMA)
- See new Service Condition 4.9 and additional Condition Precedent (Schedule 1A)
- NHSE/I will also sign each SCFMA: it isn't a party to the System Financial Improvement Trajectory, but NHSE commissioning spend will have a bearing on the local System's financial position



- Each local SCFMA should complement broader collaborative arrangements likely to exist already at ICS/STP level - typically involving a wider set of partners, including the relevant local authorities and provider organisations from the independent and voluntary sectors: eg Local System Plans, covering operational matters (which we'll look at later)
- The key aim of the SCFMA is to promote collaboration across the NHS organisations within each local system in the delivery of the System Financial Improvement Trajectory for 2020/21 and of the sustainable management of NHS finances in the longer term
- Collaboration means shared objectives, openness and transparency, and collective decision making about use of system resources



- A model SCFMA is published on the NHS Standard Contract webpage
- It is not a mandatory template local systems are encouraged to use it as a starting point, but may adapt content as appropriate, building elements of it into existing local agreements
- Key is that each ICS/STP must have in place an agreement which meet the **minimum requirements** set out in the Contract definition of an SCFMA, namely that it:
 - o describes the collaborative behaviours expected of the parties
 - requires open book accounting by and financial transparency between the parties
 - describes processes for reaching consensus and resolving disputes about how best to use financial and other resources available to the ICS/STP
 - sets out a mechanism for management of the aggregate financial position of the parties to achieve and maintain the system financial improvement trajectory for the ICS/STP
- The model SCFMA provides more detailed suggestions for what should be covered in each of these areas



- The SCFMA provides an opportunity to address locally how commissioners will decide on re-investment of any funding withheld through contractual sanctions applied to local Trusts or of any element of unearned CQUIN funding
- So re-investment can be considered locally under the SCFMA regime, rather than being overseen by NHS England and NHS Improvement as in 2019/20



- Nothing within any local SCFMA must compromise patients' rights to choice or seek to prevent or deter the parties from complying with their responsibilities under the various regulations which govern procurement and competition within the NHS
- Most Trusts will ultimately be party to just one SCFMA, although ambulance services Trusts, for example, may need to sign up to more than one
- Agreeing the terms of an SCFMA will be a challenge for some systems. Partners within each system should do all they can to ensure that an SCFMA is agreed and signed alongside each local commissioning contract
- But where agreement of the SCFMA cannot be reached by the national deadline for contract signature (27 March 2020), this should not delay signing contracts



Supporting implementation of Local System Plans

- SCFMAs are part of wider moves towards greater system-level accountability, collaboration and co-operation
- All in support of the Triple Aim of better health for everyone, better care for patients, and sustainability for the NHS locally and throughout England
- Each ICS/STP must produce a Local System Plan, setting out locallyagreed actions to deliver Long Term Plan commitments and local improvements
- For 19/20 we introduced a new SC4.6, requiring commissioners and providers to use all reasonable endeavours to contribute towards the implementation of Local System Plans in support of that Triple Aim. And a new Schedule 8, in which parties can set out specific obligations for the commissioner and/or provider derived from Local System Plans, so that they can be held to account and performance managed under their Contract for delivering their agreed contributions



Supporting implementation of Local System Plans

- Local System Plans may not have been sufficiently developed this time last year to make full use of Schedule 8 in your Contracts, but they definitely should be by now
- Notes in Schedule 8 give you an idea of what could be covered:
 - Specific actions for parties derived from Local System Plans
 - Perhaps covering integration with other providers/services
 - Actions which Commissioners will take to ensure other providers play their part
 - Co-operation in respect of specific patient groups/pathways
 - Operational rather than financial matters



Working together to deliver new national service models for Anticipatory Care and Enhanced Care in Care Homes

In January 2019, NHS England and GPC England agreed *Investment and Evolution:* a fiveyear GP contract framework.

- The GP contract framework commits additional funding through the core GP contracts and through a new Network Contract Direct Enhanced Service (DES), as part of the commitment to a £4.5bn rise in spending on primary care and community services by 2023/24
- A cornerstone of the new framework is the creation of primary care networks (PCNs) through the new Network Contract DES - an addition to the core GP contract. If a GP practice opts to take on the DES and delivers the requirements in the specification, then it gets paid extra money
- Seven new service specifications will be added to it by April 2021: these must all be delivered by PCNs. These support delivery of the triple aim: improving health and saving lives, improving the quality of care for people with multimorbidity and helping make the NHS more sustainable. They are supported by a strong clinical evidence base and complement each other: delivering one enables the delivery of others



- Enhanced Health in Care Homes and Anticipatory Care will be delivered in partnership with providers of community services. These service models will include requirements that are phased over the **next four years**
- EHCH and Anticipatory Care can only be delivered by an integrated multidisciplinary team from both general practice and community services providers.
- Providers should act as equal partners, holding joint responsibility for delivery of the services



- NHSE/I convened expert working groups to produce service descriptions for EHCH and Anticipatory Care
- We plan to incorporate community services requirements into the NHS Standard Contact from 2020/21 for inclusion in contracts for providers of services which have a role to play in delivery of the EHCH and/or Anticipatory Care models



- The draft Contract (full length and shorter-form) sets out brief proposed wording in Service Condition 4, with the service-specific detail contained in new Schedules 2Ai and 2Aii, which aligns closely with the content of the service descriptions document
- The intention is that CCGs will indicate in their contracts:
 - Whether the provider is to be involved in the delivery of the EHCH and/or Anticipatory Care model
 - If so, in partnership with which PCN(s)
 - \circ In the delivery of which particular requirements
- And supplement those headline requirements with specific locally-determined service obligations (co-designed with PCNs and community services providers) as necessary



- NHSE/I will continue to develop and refine the proposals through annual GP contract negotiations with GPC England, and in response to feedback from engagement activities over Dec/Jan (<u>https://www.engage.england.nhs.uk/</u> that engagement has now closed, but those wishing to provide further feedback or raise questions should do so to <u>england.networkscontract@nhs.net</u>)
- Final NHS Standard Contract requirements will be confirmed on the basis of that and any further feedback received via our consultation
- Further implementation support will be provided by NHSE/I between the agreement of the GP Contract and implementation of the services



Alignment of community Mental Health services with Primary Care Networks

- Alignment and co-operation with primary care providers through PCNs is a developing theme
- For 19/20 we introduced a requirement for Providers of community services to use reasonable endeavours to organise and deliver their services so as to integrate effectively with local PCN configuration
- For 20/21 we added a similar requirement for **Providers of community** mental health services for adults and older adults
- They must use reasonable endeavours to agree with local PCNs, by 31 March 2021, local arrangements for integration of those community mental health services with complementary services being provided by the practices which are members of those PCNs
- In other words, they must during 20/21 plan for more integrated delivery from 21/22 onwards



Help and support

Website:

https://www.england.nhs.uk/nhs-standard-contract/20-21/

This hosts the full-length and shorter-form Contracts, the Contract Technical Guidance and other publications including

- model Collaborative Commissioning Agreement
- model sub-contracts and guidance

Model grant agreement and guidance <u>https://www.england.nhs.uk/nhs-standard-contract/grant-agreement/</u>

Email helpdesks for queries:

- on the NHS Standard Contract via nhscb.contractshelp@nhs.net
- on CQUIN via <u>e.cquin@nhs.net</u>
- on Who Pays? via england.responsiblecommissioner@nhs.net
- on the eContract system <u>england.econtract@nhs.net</u>
- on the National Tariff Payment System nhsi.pricing@nhs.net



Contract Technical Guidance

Our <u>Contract Technical Guidance</u> contains detailed advice on use and interpretation of the NHS Standard Contract and, more broadly, on many aspects of commissioning and contracting within the NHS, including

Contract duration and extension	Managing provider performance and quality of care
Varying contracts	Managing activity and referrals
Financial sanctions	Information requirements and counting and coding changes
Sub-contracting	Managing payment
Managing disputes	Contract termination and exit arrangements

Please do use the Technical Guidance as a reference point.



Feeding back

The Contract consultation closes on Friday 31 January 2020.

You are welcome to feedback your views on the changes we are proposing to the Contract for 2020/21. You can do this in two ways:

- by using the online survey available at <u>https://www.engage.england.nhs.uk/consultation/proposed-changes-nhs-standard-contract/</u>
- by email to <u>england.contractsengagement@nhs.net</u>, using the template response document available at <u>https://www.england.nhs.uk/publication/draft-nhs-standardcontract-2020-21-a-consultation-stakeholder-response-document/</u>

We will publish the final version of the Contract as soon as possible after we have reviewed the consultation responses.



Conclusion

- Thanks for listening.
- Remember, there are three other separate presentations which you can access on the NHSE/I YouTube channel:

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