

Item:

Report to:	NHS Hull CCG Board Part 2
Date of Meeting:	22 March 2019
Title of Report:	Commissioning Support Services – Lead Provider Framework - Lot 1 Out of Scope and IT eMBED Health Consortium
Presented by:	Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery
Author:	Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery

STATUS OF THE REPORT:	
To approve	<input checked="" type="checkbox"/>
To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>
To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>
For information	<input type="checkbox"/>
To note	<input type="checkbox"/>

PURPOSE OF REPORT:
To provide an update in respect of outsourced commissioning support services for the residual corporate functions which are currently provided by eMBED Health Consortium and seek approval for the proposed preferred options for those services where the contract ends on 31 March 2020.
RECOMMENDATIONS:
The CCG Board are recommended to approve the proposed preferred options for those residual services provided by eMBED Health Consortium where the contract end date is 31 March 2020, namely Out of Scope and GP (Primary Care) .

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If yes, detail grounds for exemption		

CCG STRATEGIC OBJECTIVES

1. Integrated commissioning

This report proposes that NHS Hull CCG will continue existing partnership working with the commissioners within the Humber health system.

2. Integrated delivery

The services discussed in this report underpin the infrastructure supporting integrated delivery.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	Costs of the existing eMBED contract are as follows:				
		2016/17	2017/18	2018/19	2019/20
	Out of				
	Scope				

ENGAGEMENT:

Stakeholders that have been engaged include:

- Contract and service leads from the 4 Humber CCGs.
- CCG Chief Finance Officers from across the Yorkshire and Humber region
- Directors and service leads from the current provider of services.

Engagement has included consideration of the current service and make, share, buy scoping in order to reach the proposed recommendations.

LEGAL ISSUES:

This service was originally procured through the NHS England Lead Provider Framework – Lot 1, and is fully compliant with Public Contract Regulations.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

The NHS Constitution, "The NHS belongs to us all" (March 2012), outlines 7 key principles which guide the NHS in all it does. These are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

These are:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism
4. NHS services must reflect the needs and preferences of patients, their families and their carers'.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

This paper specifically supports **Key Principles 5 and 6.**

COMMISSIONING SUPPORT SERVICES - LEAD PROVIDER FRAMEWORK - LOT 1 **Out of Scope**
AND IT
EMBED HEALTH CONSORTIUM

1. PURPOSE OF THE REPORT

To provide an update in respect of outsourced commissioning support services for the residual corporate functions which are currently provided by eMBED Health Consortium and seek approval for the proposed preferred options for those services where the contract ends on 31 March 2020.

2. BACKGROUND

The CCGs across the Yorkshire and Humber region participated in the procurement process leading to the award of the Lot 1 Corporate Functions contract which commenced on 1 April 2016.

The procurement was undertaken by accessing the NHS England Lead Provider Framework (LPF).

CCGs procured in accordance with their requirements from a menu of services, CCGs were not required to purchase all services available.

NHS Hull CCG commissioned the following services:

Three-year contract (April 2016 to March 2019):

- Procurement
- Financial Services
- Human Resources Services and Organisational Development (HR and OD).

The above services will cease being provided by eMBED on 31 March 2019 with the exception of Financial Services which ceased on 28 February 2019 to maintain stability at the financial year end.

Four year contract (April 2016 to March 2020):

- **Out of Scope**
-
- GPIT (CORE)
- GPIT (NON CORE/discretionary)

Out of Scope

Each of the residual services has been reviewed from a Make, Share or Buy perspective. This exercise has been completed in conjunction with the other three Humber CCGs (NHS East Riding of Yorkshire CCG, NHS North Lincolnshire CCG and NHS North East Lincolnshire CCG). However it is important to note that each CCG may not have the same preferred future operating model.

3. SERVICES WHICH END 31 MARCH 2020

3a. Out of Scope

1. [REDACTED]
 [REDACTED]
 [REDACTED]
 2. [REDACTED]
 3. [REDACTED]
 4. [REDACTED]
 5. [REDACTED]
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 [REDACTED]
 6. [REDACTED]

- | | |
|------------|------------|
| (b) (7)(C) | [REDACTED] |
| (b) (7)(D) | [REDACTED] |
| (b) (7)(F) | [REDACTED] |

[REDACTED]

██████████

Out of Scope

[REDACTED]

3a (i) Out of Scope

- [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
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3b (i) Out of Scope

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3b(ii) Out of Scope

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3c. GP (PRIMARY CARE) IT

The service specification covers three areas:

- Core GP IT services (available to all general practices)
- Add-on GP IT services (discretionary, to align with CCG strategies)
- Out of Scope Services (General Practice Business Support Systems).

For the Humber CCGs the Core service is currently commissioned by:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS North East Lincolnshire CCG
- NHS North Lincolnshire CCG.

Most other commissioners in West Yorkshire and North Yorkshire also commission this service.

3c(i) MAKE, SHARE, BUY OPTION APPRAISAL – GP (PRIMARY CARE) IT

Options	Benefits	Risks
1. Bring the service in house (MAKE)	CCG has control over the GP IT function	CCG has very limited internal expertise to support a specialist area
		Potential TUPE implications <i>There are unlikely to be eMBED employees directly attributable to Hull CCG as all work across multiple CCGs</i>
		Resilience due to low critical mass of staff
		Loss of economies of scale
2. Shared service with one or more CCGs in the Humber (SHARE)	Economies of scale	Potential TUPE implications <i>There are unlikely to be eMBED employees directly attributable to Hull CCG as all work across multiple CCGs</i>
	Greater control than a wider shared service	Resource implications to facilitate change and mobilise a new service with limited internal expertise
3. Re-procure the service (BUY)	Lead Provider Framework is available albeit no longer mandated.	Existing provision has not delivered acceptable service provision.
	Alternative provider e.g. Local Authority may have a service offer which would support the development of the integrated commissioning agenda	Potential TUPE implications <i>There are unlikely to be eMBED employees directly attributable to Hull CCG as all work across multiple CCGs</i>
	Economies of scale	Market may not respond to the tender

3c(ii) PREFERRED OPTION FOR GP (PRIMARY CARE) IT

The preferred option for GP (Primary Care) IT is **Option 3 – BUY**.

Current proposals are for an open procurement for NHS Hull CCG and NHS East Riding CCG combined. Additionally North Lincolnshire CCG and North East Lincolnshire CCG will have a combined separate open procurement. Lessons learned from the eMBED contract experience will be factored in to the procurement evaluation criteria.

4. **RECOMMENDATIONS**

The CCG Board are recommended to approve the proposed preferred options for those residual services provided by eMBED Health Consortium where the contract end date is 31 March 2020, namely **Out of Scope** and GP (Primary Care) .