Deployment of AAL Solutions Innovative Contracts & Public Procurement

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Bleddyn Rees
NED, European Connected Health Alliance
Partner and Head of Healthcare, Wragge Lawrence Graham & Co

Contents Page

1. What are Innovative Services for Active and Healthy Ageing?

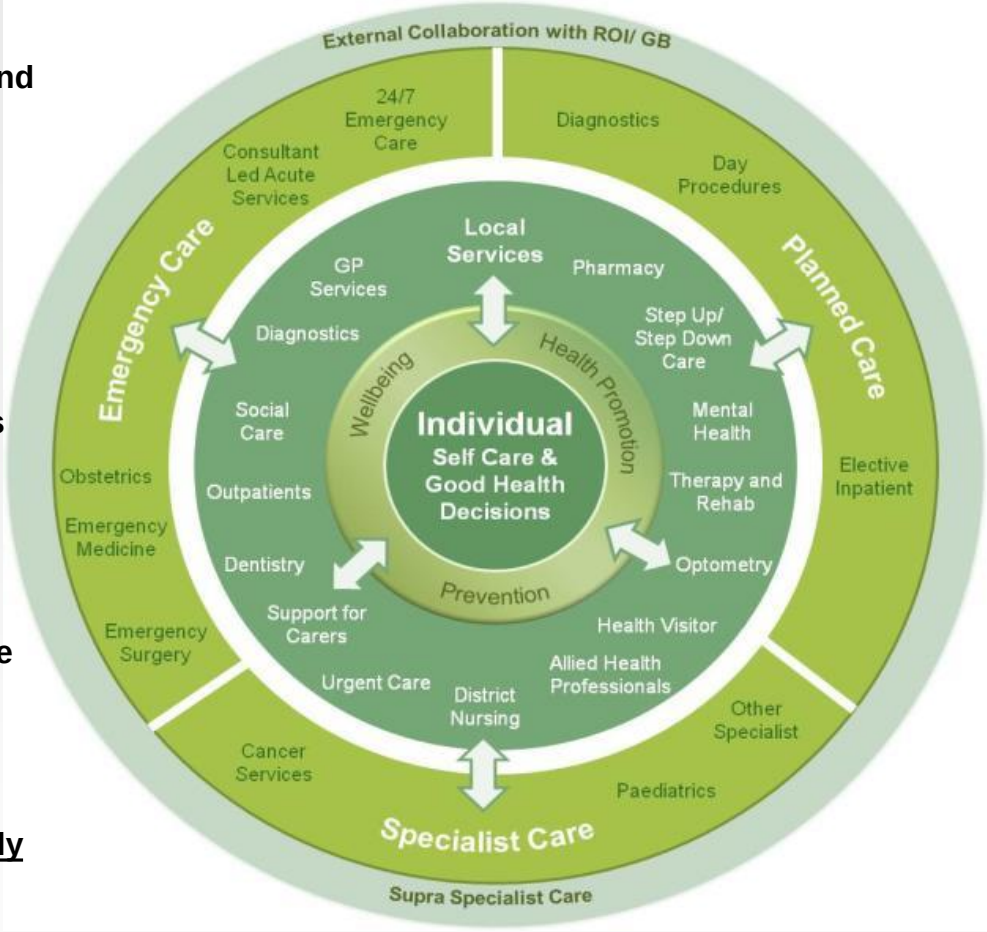
Wragge Lawrence Graham &Co

A combination of:

1. **Health Services;**
2. **Social Care Services; and**
3. **Well being services**
4. **Housing**

"Process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups".

Health = "physical, mental and social well being. Active refers to continuity participation in social, economic, cultural, spiritual and civic affairs not just the simple ability to be physically active or to be participate in the labour force."



WHO defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

NB. Wellbeing

Commissioners of Healthcare
Commissioners of Social Care

CONSUMERS
PATIENTS
PEOPLE
US

Primary, Secondary and Community Care

Domiciliary services

Assisted Living services

Care Homes services

Public Providers	Industry	University & Research Organisations

Technology devices, equipment and services

Consumer healthcare products and services

Pharmaceutical

ICT / telecoms

Current & Prospect ECHAlliance Ecosystems

Prospect Ecosystems

Yorkshire & Humber UK
Galicia Spain
Basque Spain
Estonia
Toulouse France
PACA France
Montpelier France
Limousin France
Skane Sweden
Republic of Ireland
Holland
Wales UK
Latvia

Connected Health Ecosystems - process

Generate innovative solutions

Implement innovative solutions

SKILLS + IDEAS

- **Companies**
  large, SMEs, start-ups / multi sectors
- **Academics**
  Education and Research organisations, multi sectors
- **Policy makers**
  Health/Social Dept., Industry/Economy Dpt., Research Dpt.
- **Citizens/Patients/Families**
- **Funders/purchasers**
  (public and private)
- **Health & social care providers**
  Public/private, primary care, hospitals/housing, social carers

FUNDING (€)

- **Public funds**
  (European, National, regional)
- **Investors**
  (business angels, VCs, private equity…)

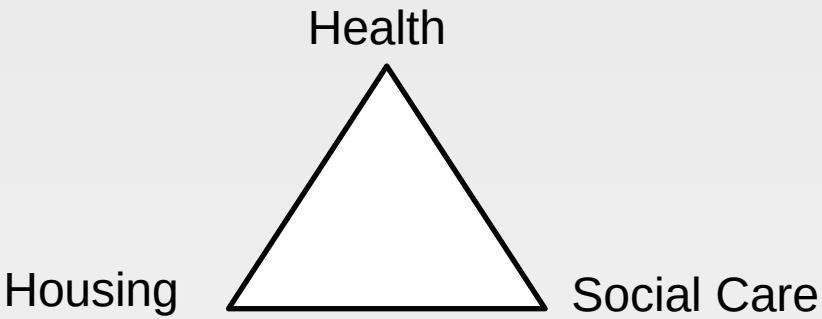
INNOVATIVE PRODUCTS & SERVICES

- **B2B / B2B2C**
  (Public & private intermediaries – Gvt, insurances…)
- **B2C**
  (consumers, patients, citizens associations, retail industry, mass market distrib…)

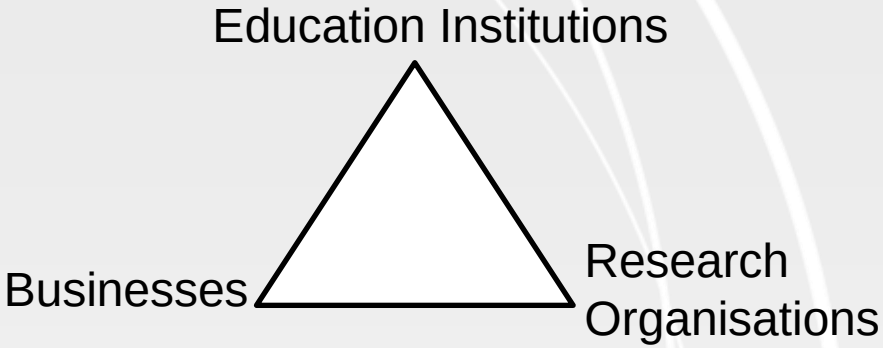
- Organisational models
- Workforce & Skills
- Incentive models
- Business/Reimbursement models
- Procurement models
- Evidence & scale-up
- Communication

ECOSYSTEM FOR INNOVATION ⟷ **ECOSYSTEM FOR IMPLEMENTATION**

3. What services can ECHAlliance Ecosystems deploy?



Services Triangle



Knowledge Triangle

- Clinical
- Social Care
- Housing
- Wellbeing
- Clinical R&D
- Technology R&D

B2C, B2B & B2B2C

Regional, National & International

4. ECHAlliance Ecosystems Key Features

- Collaboration of the willing
- Flexibility about how each is organised
    - evolving, work in progress & not prescriptive
- Working group coordinates and drives activities
- Quarterly Ecosystem Meetings
- ECHAlliance encourages, supports and promotes dissemination of best practice, ideas & solutions between its Ecosystems & wider international collaboration
- Sharing and learning with other Ecosystems
- Use of ECHAlliance web portal pages

4. ECHAlliance Ecosystems How do they work?

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1. Operate to a strategic agenda of the healthcare system

   e.g. Transforming Your Care (Northern Ireland)

2. Breaking down barriers and building relationships (trust):

3. Inside Health Departments (e.g. procurement – secondary, primary care etc.)

   - Between departments/public bodies (e.g. Health, Social Care, Housing and the Economy/Trade)
   - Between Universities/Research & Health & Social Care Public Bodies
   - Between all of the above and business
   - Between all of the above and people (you and me)

5. How do payment models to Health & Social Care providers traditionally work?

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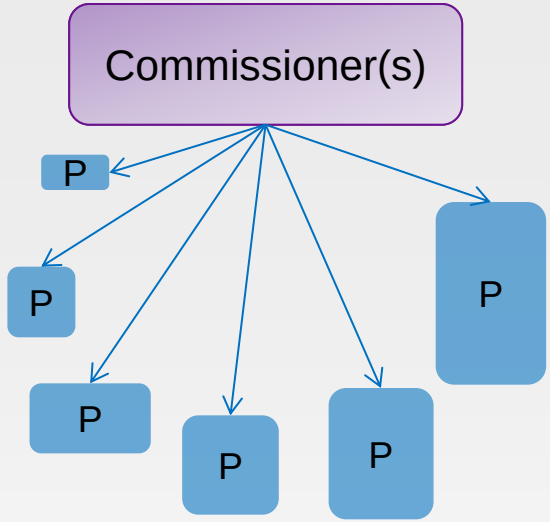
1) **Block grant type funding**:
   - e.g. to run a whole hospital or specific services A&E or maternity
   - used where demand/volume risk is unpredictable or too volatile or
   - where the duration of services or the exact treatment(s) is unknown e.g. mental health

2) **Payment for specific services/activity**:
   - payment by Results (PbR) in the NHS in England
   - Based on activity defined by HRGs (Human Resource Groups or Diagnostic Resource Groups (DRGs))
   - fixed fees e.g. per resident in a care home

3) **Capitated Models**
   - demand risk transferred and provider treats a defined population for a defined period of time.

4) **Shared Provider/Commissioner 'risk' models (demand/effectiveness)**
   - "Alliance" contracting
   - Joint Ventures or Partnerships

6. Traditional Healthcare Contracts



Separate contracts with each party

Separate objectives for each party

Commissioner is the co-ordinator

Expectation of dispute

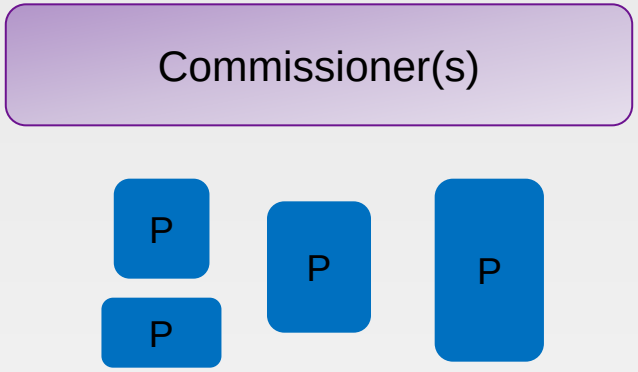
Change not easily accommodated

6. Alliance Provider Contract Structure

Overarching Alliance contract between all parties setting out governance arrangements, risk/reward mechanism and performance regime

Individual bi-lateral service contracts with Providers (P1, P2, P3) incorporating, for example, mandatory NHS Standard Contract terms

6. Alliance Contract



One contract, one performance framework

Shared risk and reward framework

Aligned objectives, collective accountability

Expectation of trust – no fault, no blame

Change and innovation in delivery are expected

6. Alliance Contracting – purpose and working principles

- Success relies on strong relationships and trust
- Shared responsibility drives improvement, innovation and efficiency
- The heart of an Alliance is a set of agreed ‘principles’
- Decisions as an Alliance made on “best for service” basis rather than individual position

6. Alliance Principles

Typical alliances principles:

- no harm
- best for project / service decisions
- accountable for actions
- open honest communications
- collective responsibility and mutual support
- trust, integrity and respect
- proactive pursuit of innovation / outstanding performance

We will not tolerate:

- Bullying or dominating behaviour
- Unsafe work practices

6. Alliance Decision making

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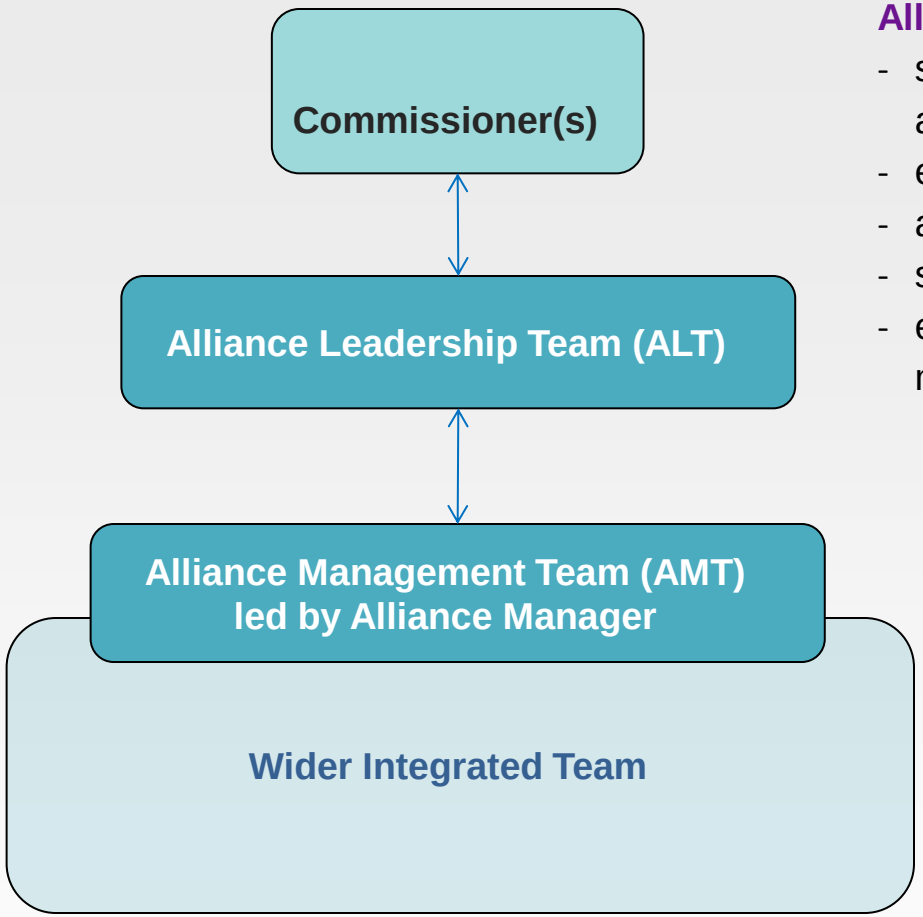
Unanimous, “best for service” decision-making on all key issues

Unanimous	a win:win however hard the journey
Principle based	Return to principles agreed at the outset and written into the contract
Best for service	Rigorously apply ‘best for service’ test

6. Alliance Governance



Alliance Leadership Team

- senior members (including commissioner) with authority to commit
- ensures delivery outcomes sought
- agrees governance of the service or project
- sets up roles and accountabilities
- ensures data collection is in place for performance monitors

Alliance Management Team

- key people with subject expertise
- implementation plan
- identifies target costs and ensures actual costs are less
- implements delivery of desired outcomes
- regularly reviews performance to find improvements
- reviews risks and mitigating actions

Alliance Manager runs the alliance

MEDICINES MANAGEMENT TECHNOLOGY SUPPORT

Mark Timoney
Pharmaceutical Branch
DHSSPS (Northern Ireland)

Future Timelines

2014 Productivity

2017 Routine use - ECR

2018 33% will have 3+ LTCs

2019 Microchip drug delivery systems

2022 Teleconsultations and remote monitoring

2023 Regenerative medicines

2024 Routine Genomics

Adherence and long term conditions

- People > 65
  - 14% of the population of most industrialised countries
  - nearly 1/3 of global medication consumption
  - 4 or more medicines for prevention of chronic disease
- 30 - 50% of people do not adhere to prescribed medication
- 10% (approx) hospital admissions are due to medication-related problems

Phase 1

- Articulate need - specification
- Engage health leads, technologists and entrepreneurs to produce solutions
- Niche situations
- Primary care is a priority and in the context of long-term conditions.
- Community pharmacists
- ‘solution’ in terms of an appropriate ‘intervention’

SBRI – Medicines Adherence

- Ecosystem event at UU Dec 2012
- Medicines Management

\Technology meeting Feb 2013

- Outline bid developed April 2013
- Ministerial approval July 2013
- Partner Engagement Aug/Sep 2013
- Project delivery group Oct 2013

SBRI – Medicines Adherence

- Press Release Dec 2013
- Project stakeholder scoping Jan 2014
- Health Hack Feb 2014
- Specification Feb 2014
- Competition launch Mar 2014
- Competition close May 2014

Wragge Lawrence Graham & Co

Questions?

www.echalliance.com
www.wragge-law.com

@bleddyn_rees
#WraggeLaw

Bleddyn.Rees@wragge-law.com