



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

AGENDA ITEM 6

Children's Community Health Services Re-commissioning	
Author, including organisation	Judith Brown, Operations Director, Bristol Clinical Commissioning Group (CCG)
Date of meeting	17 June 2015
Report for Information	

1. Purpose of this Paper

To inform of progress with the planned re-commissioning of Children's Community Health Services including plans for an interim provider.

2. Executive Summary

Commissioners are currently working together to re-commission children's community health services. Children's Community Health Partnership (a working arrangement of North Bristol Trust (NBT) and Barnardos) are the current provider and it was expected that they would continue the contract for a further year to the end of March 2017. The recent decision by NBT Board to end the contract next year means we are looking for an interim provider for one year to manage the current service configuration whilst continuing to re-commission the redesigned services.

Commissioners are planning to consult, during the autumn of this year, on plans for the new service with a view to going out to tender in January 2016.

3. Background

Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs), with their partners in Local Authorities and NHS England (NHSE), are responsible for commissioning Community Health Services for children and young people. These services include health visiting, school nursing, child and adolescent mental health (CAMHS), speech and language therapy, occupational therapy and physiotherapy, community paediatricians, and a range of dedicated services for vulnerable children including children in care, children with learning disabilities and drug and alcohol problems. A full list of services with detailed descriptions is available on request.

A contract for an integrated service covering the Bristol and South Gloucestershire areas was procured through a competitive tender process in 2008-09 and the contract was awarded to the Community Children's Health Partnership (CCHP) for five years with a two year extension option. CCHP is a partnership between North Bristol NHS Trust (NBT) and Barnardo's, the Children's charity.

Bristol CCG is the lead commissioner for this contract.

Following the NHS reconfiguration in 2013 the commissioning responsibility was divided and now sits with commissioners as follows:

- Bristol CCG (Community Paediatrics, Therapies and CAMHS including Young People's Substance Misuse Treatment Services)
- South Gloucestershire CCG (Community Paediatrics, Therapies and CAMHS)
- Bristol City Council (Public Health) (School Nursing – Health Visiting from October 2015)
- South Gloucestershire Council (Public Health) (School Nursing – Health visiting from October 2015)
- NHS England (Immunisation services and Health Visiting until October 2015).

The re-commissioning of Children's Community Health Services (CCHS) is set against a picture of an increasing population of children and young people. In Bristol, the number of children under the age of five has risen by 22% in the last five years. The fastest increase has been in the most diverse inner city and east area. In South Gloucestershire, there was a 10.2% increase in children under the age of four in the five years leading up to 2012. In North Somerset, a quarter of the population is under 20 years old.

4. Update on progress

At a meeting on the 5 September 2014, the BNSSG Children's Community Health Services Re-commissioning Programme Board recommended a 12 month extension to the re-commissioning timescale for CCHS. The primary reason for this extension is to allow for a full twelve week formal consultation on the proposed outcomes specification. This proposed extension to the re-commissioning timescale has now been endorsed by all six Commissioning Organisations. The original contract period was due to end in March 2016.

Discussions were commenced in October 2014 with CCHP to extend until 31 March 2017 but on 1 May 2015, NBT announced that it was not willing to extend the contract beyond April 2016 and it would not be bidding for the new contracts from 2017. The reasons given for this decision were the lack of management capacity to provide the service and improve performance issues, financial pressure, IT infrastructure issues and the non-core nature of the

service. Alternative options are being explored to ensure we cover all possible solutions. A process is now in place to secure an interim provider for the one year period between April 2016 and end of March 2017 when the new permanent provider would be in place.

The timetable for the re-commissioning for a new service to commence in 2017 is going ahead as planned. Commissioners are seeking to have identified a preferred interim provider by the end of August 2015, after which there will be further discussions to ensure the capability and competency of the proposed interim provider. Commissioning organisations will be asked at the end of October/early November to authorise the interim contract award. The project timescales are available on request.

The Commissioners have made a commitment to ensuring the provision of the highest quality Children's Community Health Services which are integrated and able to intervene early. To achieve this aim they will continue to engage widely with children, families, carers, NHS organisations, Local Authorities, voluntary community groups and other professionals. This is to ensure the services are fully discussed, allowing them to build on current strengths and continue to make improvements to future services.

The revised timescale allows for the commissioners to meet its legislative requirements for consultation following the co-creation of the service model. The twelve week consultation will start in September 2015, with the formal procurement starting in January 2016. The contract will be awarded in September 2016 and with the new service start date of 1 April 2017. The project timescales are available on request.

Governance

There is a robust governance structure and this re-commissioning and appointment of an interim provider is being overseen by the Children's Community Health Services (CCHS) Re-commissioning Programme Board.

The purpose of the CCHS Re-commissioning Programme Board is to direct the procurement of an agreed model of children's community health services and oversee the development of the related service specifications and contract documentation. The Programme Board will decide on the procurement process and lot formations.

The Programme Board is chaired by Bristol CCG Operations Director, Judith Brown and includes representatives from all CCGs, Local Authorities including the Directors of Public Health and South West Commissioning Support Unit who provide advice on procurement.

There is a Children's CHS project risk register which is reviewed at the programme board. Risks of 12 or above are raised to the Bristol CCG Governing Body and entered onto the Bristol CCG corporate risk register.

The re-commissioning is managed by a project group which co-ordinate the work of the following work streams

- Patient and Public Involvement
- Professional Engagement
- Quality/Clinical Reference
- Communications
- Estates
- Information Management and Technology
- Finance

The reporting structure for the re-commissioning and interim provider process are available on request.

Commissioning Responsibility

In October 2015, commissioning responsibility for Health Visitors and the Family Nurse Partnership will pass from NHS England to Local Authorities.

Collaborative Commissioning Agreement

It has been agreed that the costs of the re-commissioning process and thus the risk will be shared across each of the commissioning organisations based on the value each organisation contributes to the current contract(s). Currently this is 8.6% for Bristol City Council but this will increase when funding for Health Visiting is transferred in October 2015. This increase will be met from the public health budget.

What has happened so far?

In early 2014 the commissioning organisations worked together to seek the views of children, young people, parents, carers and health, education and social care professionals on the current children's community health services and how we can use this opportunity of re-commissioning to make them better by trying to remove boundaries and make services more integrated. This phase is known as the engagement phase and the result of this work can be found on the Bristol CCG website at

https://www.bristolccg.nhs.uk/media/medialibrary/2014/11/childrens_chs_involvement_1.pdf

In September 2014 it was agreed that there needed to be further involvement to allow for co-design and co-production of the service model and service specification with patients, public and health and social care professionals. This work has continued over the last 8 months.

All of the engagement, involvement and co-production work has informed the service specifications. There is an overarching specification, individual service specifications and a quality standards document. The latter sets out the outcomes to be achieved which have arisen directly from the feedback received during engagement and the draft is available on request. The project team have taken the points identified as important to service users and set them under seven main headings:

- Outcome 1 – Service user experience
- Outcome 2 - Early identification, intervention and service access
- Outcome 3 – Communication
- Outcome 4 – Integration of Services
- Outcome 5 – Delivery of safe, high quality, evidence based services
- Outcome 6 – Workforce Requirements
- Outcome 7 – Moving into adulthood

Measures will be further developed using feedback received during consultation and also during competitive dialogue with the provider to ensure that we achieve the main high level outcomes. Details are available on request.

We have completed the draft specifications and they have been signed off by the Programme Board. Prior to this they were all checked by the Equality Group representing all commissioners to ensure all aspects had been addressed. The comments from this group were fed into the specifications. In addition South Gloucestershire PPI representatives have checked to ensure that the feedback has been captured adequately and this was forwarded for inclusion in the specifications. Bristol and North Somerset will undertake a similar exercise.

We will continue to collate all comments received now and throughout the consultation phase. In December, after the consultation phase is complete all comments will be fed in to a final version of the specifications ready for the tender process. A separate report on feedback from the consultation will be produced.

At this time (December 2015) final sign off will be requested to proceed to tender.

Equality Impact Assessment (EIA)

A cumulative EIA is being undertaken and to-date has reviewed the work of the engagement phase. This identified some groups that had not been engaged with and this now being addressed.

The cumulative EIA will also look at the proposed service model when agreed.

Next Steps

The first draft of the service specifications is complete and the consultation period is being planned. Many children, young people and parents asked for a consultation exercise using modern technology so it will be primarily a web based consultation, though hard copy will be available upon request. A web based consultation will allow us to make a significant amount of information available and accessible. A 12 week consultation will begin in September 2015, following the school holidays, to ensure maximum engagement.

5. Key risks and Opportunities

There is a risk that we may not be able to secure an interim provider for just one year however there is an event arranged for 25 June to which over 20 providers have indicated an interest where we will explore this.

The clinical safety of the service remains our priority and commissioners will work closely with NBT to ensure that current contract standards are achieved throughout the remainder of the contract.

The re-commissioning process provides a significant opportunity to improve the quality of community health services for children, and the service user experience. The engagement phase has provided commissioners with a clear view of what children, young people and their families want from these services. This view is well aligned with that of professionals and referrers into the service. However there is a risk that a service which meets all the requirements and expectations identified may not be affordable within the available funding envelope

The full risk register for the programme is available on request.

6. Implications (Financial and Legal if appropriate)

Bristol Local Authority will be a co-commissioner in the new re-commissioned service as outlined above. The contracts will be awarded for a period of 'five plus two' financial years from 2017/18. Bristol LA would need to commit future year budgets in 2015/16 and 2016/17 for future financial years. If Bristol LA is not in a position to commit to these budgets by 1 April 2017, this could have current and future implications for the collective commissioner group.

7. Conclusions

The project is still on track in line with the original plan to tender for a new service provider from April 2017. The decision by NBT not to extend passed the end of March 2016 will result in commissioners securing an interim provider. Both of these elements are managed under a strong governance process.

The next steps in the re-commissioning are to complete our website for the consultation process and plan for engagement events which will run from September through to mid November 2015. At the same time we will secure an interim provider.

8. Recommendations

The Health and Wellbeing Board are asked:

- To note that progress is in line with the project plan to secure a new provider from April 2017
- To note the requirement and steps being taken to secure an interim provider
- To note risks being managed.
- To note plans for a web based consultation
- To note the financial sums relating to each commissioner of this contract



14-15 Service by
Commissioner for HW