

BRISTOL CLINICAL COMMISSIONING GROUP
PEOPLE SCRUTINY COMMITTEE (BRISTOL CITY COUNCIL)
7th September 2015

Report of: *Programme Director, Children's Community Health Services (CCHS) Recommissioning*

Title: *Update on recommissioning of Children's Community Health Services (CCHS)*

Ward: *Citywide*

PART 1

RECOMMENDATION

- 1. To update the Committee on progress to date with the recommissioning of Children's Community Health Services for April 2017 onward.*
- 2. To inform the Committee of the consultation plans and route for consultation*

Summary

This report updates the Committee on work to date on involvement and engagement of people in the development of the service model and specifications for CCHS and informs the Committee of the consultation plan.

The significant issues in the report are:

The significant amount of involvement to date and the 12 week consultation period.

1. Policy

This project is part of the CCG two year plan for children's services.

2. Consultation

Not applicable

3. Context

Background

Community children's health services including Child and Adolescent Mental Health services were re-commissioned by Bristol and South Gloucestershire Primary Care Trusts (PCTs) in 2008-9. A contract for an integrated service covering the Bristol and South Gloucestershire areas was procured through a competitive tender process and the contract was awarded to the Community Children's Health Partnership (North Bristol NHS Trust and Barnardo's) for five years with a two year extension option. This contract period comes to an end in March 2016.

On 1st May 2015 North Bristol Trust wrote to commissioners giving notice to cease provision of the Community Children's Health Partnership (CCHP) contract from March 2016 and to indicate that they would not be bidding for the service in the future. The other providers of CCHS, not covered by the CCHP contract, have agreed to a 12 month extension. Commissioners are currently undertaking a process to appoint an interim provider to manage the CCHP contract for an interim year while we progress with the main procurement.

Following the NHS reforms of 2013, the commissioning responsibility for the services covered by the existing contract now sits with Bristol City Council Public Health, South Gloucestershire Council Public Health, South Gloucestershire Clinical Commissioning Group (CCG), Bristol CCG, North Somerset CCG and NHS England. In addition to their Public Health commissioning roles, the two Local Authorities (LAs) make a further contribution to the contract for some services. The six joint commissioners have been working together since April 2013 to manage the current contract. From October 2015, responsibility for commissioning Health Visiting (including Family Nurse Partnership) transfers from NHS England to local authority Public Health departments.

The Recommissioning Timetable

Activity	Date
Engagement	April – July 2014
Engagement Feedback	Nov - Dec 2014
Feedback analysis and service model development	Nov 2014 – May 2015
Write draft service specifications	Nov 2014 – May 2015
Governing Body approval processes	June - July 2015
12 week consultation period	Sept - Nov 2015
Revise service model and specification	Mid-Nov to Dec 2015
CCHS Procurement Programme Board sign off of final service model, specification, tender evaluation process and approval to start tender process	Jan 2016
Advert	Jan 2016
Procurement phase	Jan to Sept 2016

Contract award	Sept 2016
Service transition phase	Oct 2016 – Mar 2017
New service start date	April 2017

Service specifications

Service specifications have been developed with the engagement of many groups through individual meetings and via email feedback. Bristol City Council Public Health officers and South Gloucestershire Council Public Health officers jointly lead the development of the 0-19 service specification (health visiting and school health nursing)

There is an overarching specification which describes the overall service model and the key principles that apply across all services. The intention is that it will always be read alongside the other individual service specifications. This specification is available on request.

The current draft versions of the service specifications have been signed off by the Children's Recommissioning Programme Board for consultation. All individual draft specifications and the draft Quality Standards can be provided to members on request. There will be an opportunity for members to further comment on the service model and individual services during the consultation period. The specifications will next be reviewed following consultation taking into account all feedback received.

Involvement to date

An initial 'engagement' phase was conducted in Bristol between April and July 2014. Information describing the initial engagement process, the feedback received, how it was to be used to inform the service model and plans for further consultation are on the CCG and LA websites.

Feedback from the engagement process was publicised in November 2014 with the opportunity for children and young people, parents, carers and professionals to comment on the conclusions that had been drawn from the engagement feedback.

An internal exercise has been conducted recently to verify that the feedback received from all sources is reflected appropriately in the draft service specifications.

Engagement with seldom heard groups has continued through the first half of this year to gain input from groups that were not well represented in the initial engagement phase. Engagement with young people has also continued via the Healthwatch Young People's Reference Group.

Plans for consultation

Twelve weeks of consultation will take place from September to November 2015. A communication plan is being developed describing the communication channels and general mechanisms to be employed. The consultation is on the values, service model and outcomes which were identified in the engagement phase.

These will include:-

- a) Interactive consultation web site with pages that describe the key aspects of the service and ask the key consultation questions. These pages will be hosted by Bristol CCG but will be accessed transparently from any commissioning organisations' own websites
- b) The web page has been designed in conjunction with the Young People's Reference Group and has an opening animation that makes it easy for everyone to understand the purpose of the consultation
- c) An easy read option will be available.
- d) The web page will have a sign language video informing people of how to get involved and feedback on the plans.
- e) The web based option allows people to be able to translate it into any language
- f) Options to provide feedback in a number of different ways (via the web-pages, social media, email, post and face-to-face sessions) including attendance at one of many engagement events where we will demonstrate the web site and how people can comment.
- g) An animation developed and voiced by members of the Healthwatch Young People's Reference Group
- h) An interactive service model
- i) The option to request a printed version of the web pages

There will also be an opportunity to comment on the service specifications but as these are technical documents they do not form part of the consultation.

A detailed schedule of how and when specific stakeholders will be consulted with is also being developed across BNSSG to ensure consistency across the three areas and joint arrangements where this is appropriate.

4. Proposal

To note the consultation period commencement and duration, methods of interaction and plans to take into account the feedback received.

PART 2

RECOMMENDATION

- 1. To update the Committee on progress to date with the recommissioning of Children's Community Health Services for the interim period 2016-17.*
- 2. To update the Committee on progress on the procurement process for an interim provider.*

Summary

This report updates the Committee on progress to date, the process and timeline for the appointment of an interim provider for the Community Children's Health Partnership (CCHP) contract.

The significant issues in the report are:

To note the progress and timeframes in securing an interim provider

5. Context

Bristol Clinical Commissioning Group (CCG) is the lead Commissioner for the North Bristol Trust (NBT) Children's Community Health Partnership (CCHP) contract on behalf of Bristol City Council, South Gloucestershire CCG, South Gloucestershire Council and NHS England.

In October/November 2014, all commissioners agreed to the revised timeline for the recommissioning of CCHS which resulted in the need to extend the NBT CCHP contract by 12 months until the 31st March 2017. On 1 May 2015 NBT advised the CCG that they had taken the difficult decision not to extend the contract beyond March 2016 and did not intend to bid for the next contract

Commissioners endorsed the option of securing an interim provider whilst continuing to pursue the option of a contract extension and request that NBT reconsider a six month extension of the CCHP contract.

A letter from Andrea Young was received by Jill Shepherd on the 9th June 2015 informing her that NBT would not reconsider the decision and would not extend the current contract by six months. In that letter it states;

The Women's & Children's Directorate, who understood the detailed clinical, operational and financial analysis of the service, proposed two options for the future provision of the CCHP contract by the Trust. Their recommendation, which was considered by the Trust Management Team, and which was based on Monitor's transaction guidance¹, proposed not to extend the contract as primarily it does not fit with our strategic direction and was not part of the proposed core service offering by the Trust. The Trust Board considered the recommendation and determined not to extend the contract.

The Trust has not taken this decision lightly and it has been subject to much internal debate. In part, it is important to recognise that many of the changes we have successfully implemented in Bristol have been about securing strategic coherence and service alignment to provide improvements in quality and outcomes. NBT no longer provides any children's services or community services. For CCHP the strategic opportunities of working alongside other community or children's services are not easy to achieve in an NBT hosting arrangement. I recognise the timing of this decision causes some difficulties but the opportunity to realise those strategic opportunities should not be deferred.

The other providers of CCHS, not covered by the CCHP contract, have agreed to a 12 month extension.

In order to source an interim provider, the Commissioners are undertaking a rapid but robust competitive procurement process as required by procurement guidelines. The process is iterative, containing at least two sequential stages of tendering, and including dialogue with bidders at each stage in order to refine bidders' submissions and ensure the Commissioners' quality, safety and value for money needs are met. The process began with a formal advert in June 2015, and commissioners are planning that a preferred bidder will be identified during October 2015, with a formal award in late 2015

Bids received during the procurement process will be thoroughly scrutinised by a range of qualified and experienced evaluators. The assessment considers evidence of how providers will deliver quality, safe and efficient services during the interim period. The evaluation panel will include colleagues from each of the Commissioners, as well as work stream leads such as equality & diversity, HR & IM&T, and will include a service user representative and representation from young people.

The interim provider will be responsible for delivering the current integrated contract on a "lift and shift" basis so the existing relationships, links between services, integration and joint working will be paramount to the success of the interim period. Commissioners are emphasising the need for the interim provider to maintain the delivery of a clinically safe service and the imperative to ensure a smooth transition into a one year contract. We are requiring the interim provider to also take on the traded services which NBT hold with schools for the provision of therapy services to help ensure a holistic approach to the overall provision of services to children and young people.

Commissioners have been working through the financial detail to ensure we have all information to hand to allow us to go into an interim contract with robust, sound finances. If it transpires that there is a financial gap then commissioners will need to agree how to address this ahead of the interim contract commencing.

NBT have confirmed that the interim provider will be able to use the premises on Southmead Hospital site as well as take on the leases for all other properties currently

used for the delivery of CCHP services

The proposed CCHP financial envelope for 2016/17 would, as in previous years, include an uplift for inflation an increase for prevalence and demand based on demographic growth as well as a relevant NHS efficiency savings. Commissioners will not know their financial allocation for 2016/17 until later in the process.

The two current bidders are Virgin Healthcare and Sirona in partnership with Bristol Community Health and Avon & Wiltshire Partnership (AWP). Commissioners are seeking to have identified a preferred interim provider by the end of September 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.

6. Other Options Considered

None

7. Risk Assessment

Not relevant

8. Legal Duties

In early 2014, in order to ensure that the project was meeting Public Sector Equality Compliance, an Equalities Impact Assessment screening was commenced with the focus of the first phase of the project on ensuring that all our engagement/ involvement activity was inclusive and that protected groups (identified in the Equality Act 2010) were actively involved. It was therefore vital that demographic data was sourced for each of the geographical areas BNSSG to ensure that involvement activities mirrored local demographics and assisted Programme Board in identifying any gaps in its involvement activity with protected groups. This work has continued and recently the specifications were reviewed to ensure they included all issues raised in relation to protected groups.

The recommissioning is bound by and is following procurement law and guidance as described in section 5.

9. Health Inequalities

Health inequalities have been considered in the development of the service specifications and do consider how services can tackle inequalities in health outcomes, between different population groups, based on the best scientific evidence available.