

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

REPORT TO THE: HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE OF MEETING: 28TH FEBRUARY 2019

**SUBJECT OF THE REPORT: ADULT COMMUNITY HEALTH SERVICE
PROCUREMENT**

PRESENTED BY: DR MARTIN JONES, BNSSG CLINICAL COMMISSIONING GROUP

Recommendation

That the Panel note this report and comment/ask questions as required.

1 Summary

This paper provides an overview of the scope and process the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) is using to procure adult community health services and is for information only.

2 Background

BNSSG CCG has contracts with three separate community interest companies for adult community health services, one in each of Bristol, North Somerset and South Gloucestershire. Two of the contracts come to an end in March 2020 and one in March 2021. Two cannot be extended. The CCG needs to ensure that community health services are available when current contracts end as part of business as usual. The process of advertising for an organisation to provide services, evaluating bids from organisations and deciding on a provider is known as 'procurement'.

The procurement is being undertaken to ensure core services are available so people receive the same or enhanced care as currently. At this stage, no 'significant variations' to services are planned that may require public consultation. However, if any substantial changes are considered, the CCG will work with overview and scrutiny partners to develop and assure a formal public consultation process. The CCG wishes to emphasise that the procurement is about replacing service delivery contracts that are coming to an end.

3 Input from local people

Adult community health services are available for the almost one million adults across Bristol, North Somerset and South Gloucestershire CCG. They include services offered in people's homes or local communities such as community nursing, speech and language therapy, physiotherapy, specialist diabetes support and many more. They do not include primary care such as general practices or dentists.

The CCG has worked with local authorities, GPs and other frontline staff, provider organisations, the voluntary sector, mental health services, patients and carers, hospitals and others to develop a model for care outside hospital and service specifications to support this.



Between September and November 2018, the following activities took place to gain feedback from the public, patients and carers to help develop community services:

- surveys, both online and physical, completed by 196 people
- over three hours of filming with patients
- four specification development workshops
- one engagement planning workshop
- one carer's workshop
- review of existing data held by the CCG about patient opinions

The main things that those providing feedback said should be prioritised when developing and delivering adult community services were as follows.

Independence

- Patients wanted to be listened to by the workforce, including when a carer is present.
- Patients wanted to have a choice regarding the frequency and intensity of follow-up / aftercare
- Patients and carers said it was important to enable self-care.
- Stakeholders said it was important that patients felt empowered after experiencing community health services.

Consistency

- Stakeholders said that services should provide consistent quality across Bristol, North Somerset and South Gloucestershire.
- A system where a service is offered in one locality but not another was thought to be unfair.
- If a service does not exist in their own locality, patients and carers wanted to be able to access that service in a different locality if it exists.

Integration

- Having services which are integrated and 'working together' was a key priority.
- Stakeholders were positive about the idea of a physical 'locality hub', believing that referrals would be smoother if services co-locate
- Clinicians and patients said that the referral process needs to smooth and signposting should be offered to ensure joined up working.
- Those from the voluntary sector sought greater integration between Third Sector organisations, community services and primary care

Access

- People said that patients should be able to access services within a week even if their issue was not urgent.
- Stakeholders said that it is important for patients and carers to know which services exist nearby. 'Making health services visible' was seen as a key priority.
- Patients and carers said services should be located in an area which is relatively easy to access, for instance near public transport.
- There was mixed opinion about online access. Some people were positive about being able to book appointments online, have access to their own medical records and 'virtual appointments', but as a supplement to other approaches.
- Stakeholders said that people should not need to have a medical condition to access a locality hub, as the focus should be on prevention and proactive care.



Continuity

- It was felt that patients should have continuity of care, preferably from the same worker each time.
- It was felt that patients should have a care plan which contains clear, agreed outcomes and goals

Clear communication

- Stakeholders said that community health professionals should communicate effectively with each other and with other services.
- People felt strongly that patients should be asked what they want.
- People said that patients and carers should be asked how they prefer to be communicated with.
- It was stated that any changes to care plans should be discussed and communicated to patients.
- People noted that communication can break down when patients transfer between different parts of the care pathway so steps should be in place to address this.
- Patients and carers said they do not want to repeat themselves when they visit different services.
- It is appreciated when the workforce shows empathy, compassion and clear communication.

Meeting the needs of local people

- People said that the CCG should work with organisations that 'show they know what local people need'.
- Although there was a desire to take into account the needs of specific communities, consistent access to services across each locality was also important.

Signposting

- People said that better community outreach may be necessary to reach 'seldom heard' individuals and communities.
- Clinicians, patients and carers said that GPs should work with the Third Sector and know about organisations they can signpost people to.
- It was suggested that an up to date list of services should be created which people could be referred to.
- It was felt that appropriate signposting would empower patients and improve self-care.

Supporting relatives and carers

- There were repeated comments that it was important to support carers and relatives.
- Carers said they need support to access services themselves and feel able to leave the person they care for safely whilst they do so.
- It was reported that community enablement teams help carers and relatives live well.
- People said that supporting families should be considered within a patient's long-term care plan.
- Carers said they would like the opportunity to feed back about services to help improve them.

A 'you said, we did' document and summaries of workshops have been prepared so stakeholders can see what people said and how their feedback was used to shape the services that will be available in future.

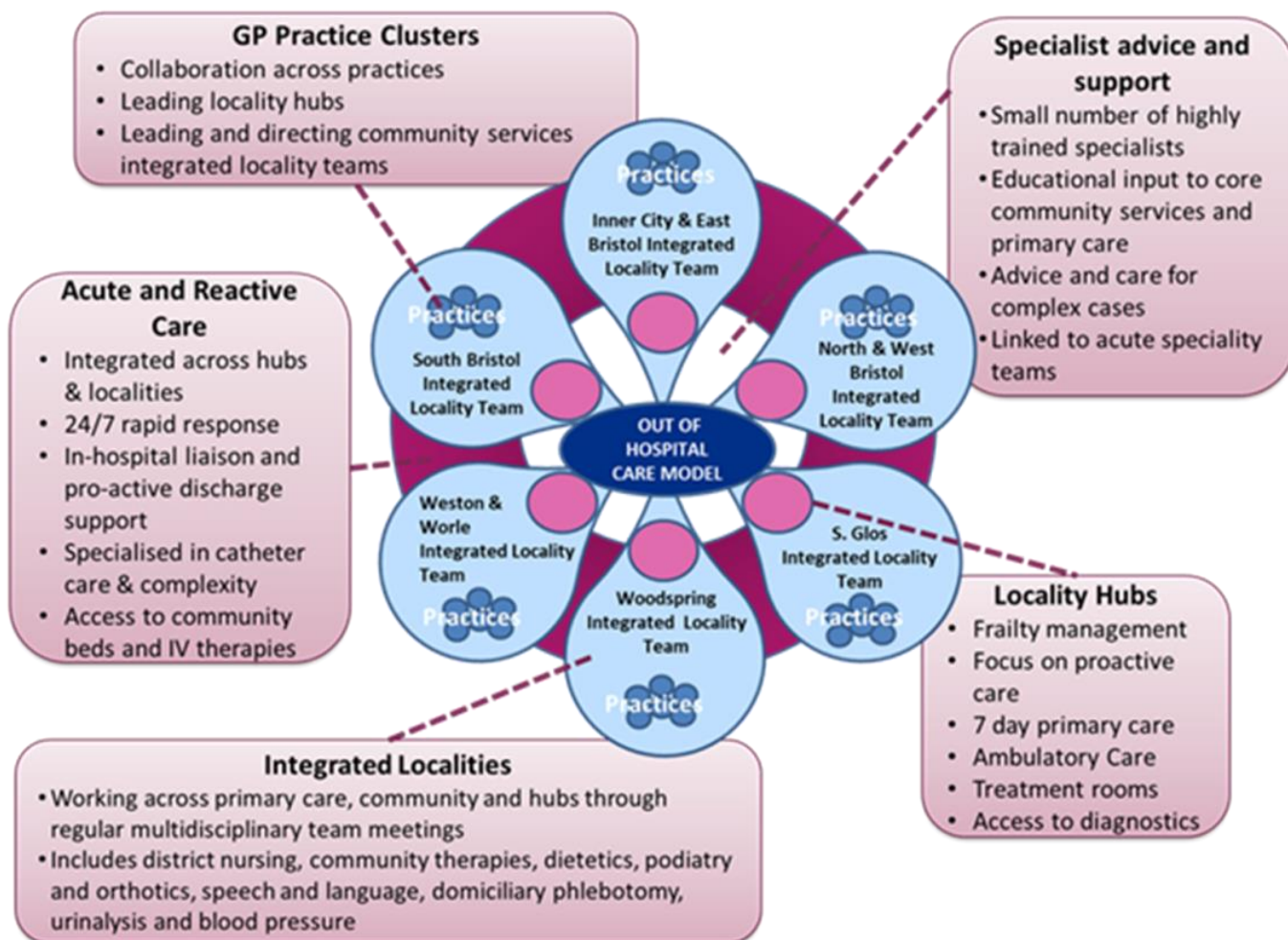


4 Overarching vision for adult community health services

All of the feedback from local feedback was combined with that from clinicians and other stakeholders to develop and refine specifications to be procured. Specifications are the formal requirements that the CCG is asking a community services provider to fulfil.

Figure 1 sets out the model of care for community health services that the CCG intends to procure. The vision is that community health services should be seamlessly integrated with primary care, providing care based on need and managing complexity and risk tailored to the person. An overarching principle is to enable people to support themselves as much as possible through a 'home first' approach. The home first principle aims to keep people living and supported in the community.

Figure 1: Adult community services model of care



The model outlined in Figure 1 groups services according to the level of need and complexity of people they support, all designed to help people to stay in the community. The service groupings are:

- **Integrated locality teams** focusing on relationships with primary care to support people who have relatively stable needs to manage and reduce the risk of acute worsening of their condition. This incorporates multidisciplinary team meetings with the community services, primary care, social care and mental health to identify patients



who need proactive support to maintain their health and wellbeing. Access to adult community services will be through a single point of access located within the integrated locality teams that will respond in a timely manner to patient needs and develop a consistent care plan agreed with the patient and named contact for the person being referred, keeping patients central to decisions about their care.

- **Acute and reactive care teams** work across localities and hubs to manage patients who have acutely worsening conditions and are at risk of a hospital admission/attendance. These teams will provide a timely response to prevent admission, including rapid response. The teams will have links to secondary care and community beds to help patients remain in a community setting and enable prompter discharge from hospital. An integrated care bureau and a falls service sit within this specification to enable the home first principle of working.
- **Specialist advice and support** has clinical staff knowledgeable about specific conditions such as diabetes and heart failure. There is an expectation that community services will strengthen links between secondary care specialist knowledge and primary care support and ensure patients, carers and professionals within the community are empowered and educated to better understand and manage the specialist clinical condition. This should support the adult community services staff to increase their generalist skills so patients with multiple health care needs do not have to see too many people, enabling continuity and more holistic care.
- **Locality hubs** are a range of service models that are provided through physical building(s) and/or virtual connections of professionals within a locality that give people and professionals across a larger area access to multiple services with a focus on proactive care. We expect the community service will work with other partners across health and social care and the third sector to have services available to our population in a setting that brings organisations together in the same place to meet population need and focus on proactive care and a holistic approach to improve health and wellbeing.

5 Procurement approach

The CCG needs to ensure that the process used to award the contract for adult community health services is fair, transparent and proportionate. The Public Contracts Regulations 2015 require that a competitive procurement process is followed for contracts of this scale unless there is good evidence against this. The CCG has significant flexibility to procure healthcare services under 'light touch' public procurement rules, as long as a fair and transparent process is followed. The CCG has decided to use of a bespoke process akin to a competitive procedure with negotiation.

At this stage it is planned that the procurement will launch in early 2019 and have two rounds of negotiation meetings and proposals to secure the most advantageous bid. The broad milestones are:

- January-March 2019: Release for Request for Proposals and Round 1 negotiation meetings and proposals submitted
- April-June 2019: Release of updated Request for Proposals if desired and Round 2 negotiation meetings and proposals submitted by shortlisted bidders
- July-September 2019: Due diligence, Governing Body review and NHS England assurance prior to contract award



It is expected that the CCG will offer a contract of 7-10 years and that the indicative contract value may be about £1.02m per annum.

The CCG has set up a Procurement Programme Board to oversee the procurement process and content. The Board is chaired by the Chief Executive and the Deputy Chair is the Director of Commissioning, who is the Senior Responsible Officer for the procurement. Other board members include the Director of Transformation, the Director of Finance, clinical leads (GPs), CCG managers and members of local authorities and other partners. A patient and carer representative is part of the Board.

Partner organisations have been invited to sign a Memorandum of Understanding to agree to be 'neutral partners', meaning that they will not bid for the contract or support one bidding entity over another. These neutral partners include the local authorities. Each local authority is part of the Programme Board and will help to evaluate some parts of the bids. A Prior Information Notice was issued on 10 September 2018, calling for organisations to express an interest in learning more about the procurement by 10 October 2018. A Market Engagement Event was held on 15 October 2018 and another on 16 October 2018. These events were each attended by over 20 people. They aimed to inform interested organisations about the scope of the procurement and likely timescales.

An article about the procurement was published in the Health Services Journal (HSJ): (<https://www.hsj.co.uk/finance-and-efficiency/ccg-to-tender-billion-pound-community-services-contract/7023370.article>).

A Public Reference Group has been set up to support the procurement. This group is made up of patients and carers. It has provided advice about the process and how to engage with patients, the public and carers. It is planned that this group will have an ongoing role in supporting the procurement process, including meeting with potential bidders.

6 Next steps

In order to ensure equity between bidders and the legality of the procurement process, the CCG needs to keep information confidential during the procurement. It would not be fair for some bidders to have access to information before others. The CCG also has a duty to keep private the information about and submitted by bidders during an active procurement. For this reason, the CCG will not issue detailed updates about the procurement publicly except in general terms.

It is planned that the CCG may be in a position to announce which organisation has signed the contract for adult community services in late summer/early autumn 2019. NHS England will undertake a rigorous review to ensure that all processes have been followed appropriately and all risks managed before the CCG signs a contract.

