Joint Health Overview and Scrutiny Committee
25 October 2019

Report of: Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group.

Title: Adult Community Health Services Procurement

Ward: Bristol, North Somerset, South Gloucestershire (BNSSG)

Officer Presenting Report: Dr Kate Rush, Associate Medical Director, NHS Bristol, North Somerset & South Gloucestershire CCG

Contact Telephone Number: 0117 947 1556

Recommendation

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

1 Summary

This paper provides an update on BNSSG CCGs procurement of Adult Community Health services and is for information only.

2. Background

On 10 January 2019, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) began advertising the procurement of Adult Community Health services, following approval from the Governing Body.

There are currently three main providers of Adult Community Health services in the CCG area: one in Bristol, one in North Somerset and one in South Gloucestershire. The contracts for these services end in 2020 and 2021. As part of routine work, the CCG is procured Adult Community Health services to ensure these remain available for the population.

The CCG took the opportunity to build consistency across the CCG geography, and advertised for a single provider of Adult Community Health services. More than 500 people, including service users, carers and clinicians, helped to develop the model of care and specifications for future Adult Community Health services and these people emphasised the importance of having consistent high quality care, no matter where people lived.

The contract is for a period of ten years, with an indicative contract value of approximately £106m per annum.

Bids were submitted in accordance with the CCGs Request for Proposals and all were deemed to be of high quality.
On 29 July 2019, Sirona care & health Community Interest Company was announced as the high scoring bidder.

The CCG undertook due diligence during August 2019 to ensure that the bid was accurate, feasible and based on sound assumptions.

The CCG Governing Body approved signing the contract at the Governing Body meeting on 3 September 2019.

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.

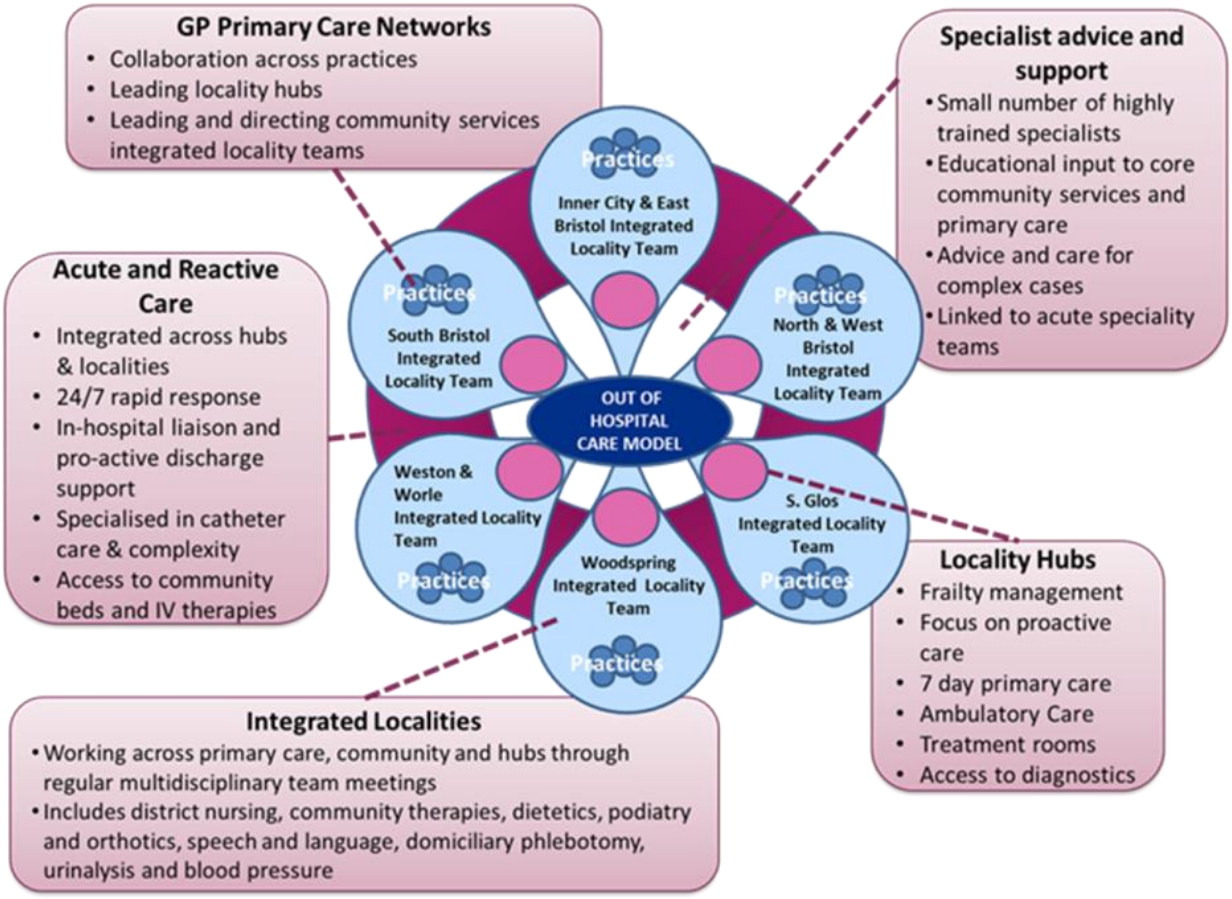
A 'you said, we did' document and summaries of workshops have been prepared so stakeholders can see what people said and how their feedback was used to shape the services that will be available in future.

4. Overarching vision for adult community health services

All feedback was used to develop the model of care and the service specifications. Specifications are the formal requirements that the CCG is asking a community services provider to fulfil. The CCG published the draft contract on its website, which incorporated the feedback received directly into the service specifications.

Figure 1 sets out the model of care for out of hospital care. . The vision is that Adult 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 process

The CCG has ensured 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. The CCG used of a bespoke process akin to a competitive procedure with negotiation.

The procurement launched in early 2019 with two rounds of negotiation meetings and proposals to secure the most advantageous bid. The broad milestones were:

- January-March 2019: Release of the Request for Proposals and Round 1 negotiation meetings and proposals submitted

- April-June 2019: Release of updated Request for Proposals 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

Negotiation meetings were held with the CCG and meetings also took place between bidders and neutral partners (stakeholders from across BNSSG, including Local Authority representatives), as well as meeting with a patient and carer panel. Patient and carer representatives and neutral partners also sat on the Adult Community Health services Programme Board, with the Governing Body being responsible for overall decision making.

A Public Reference Group made up of patients and carers also met throughout the process to ensure patient and carer views were taken into consideration, as well as providing advice about how to engage with patients, the public and carers.

6. Next steps

Work has begun with Sirona care & health to mobilise ready for service commencement on 1st April 2020. This will involve engaging with service users, stakeholders and the valued community services workforce. Meetings and engagement with existing Adult Community Health service providers is also underway to ensure a smooth transition and safe transfer.

The benefit the Programme has received from involving neutral partners will continue through mobilisation in the form of a Partnership subgroup, where stakeholders across BNSSG will focus on delivering the model of care and furthering integration across the system. A representative of each Local Authority will be a member of this group.

Going forward, the CCG and Sirona care & health will present attend HOSC meetings across BNSSG for the first three months following contract award. From that point onwards, attendance will be as and when required.

AUTHOR
Dr Kate Rush
Associate Medical Director
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group