

Clinical Commissioning Group

Governing Body

Paper Summary Sheet

Date of Meeting: 28 January 2014

For: Decision Discussion Noting Info

Agenda Item and title:	GOV/14/01/11 Children's Community Health Services
Author:	Julia Cramp, Joint Associate Director for the CCG and Wiltshire Council, Commissioning, Performance and School Effectiveness
Lead Director/GP from CCG:	Jacqui Chidgey-Clark, Director of Quality and Patient Safety
Executive summary:	Children's community health services in Wiltshire are delivered by five separate organisations. This paper considers whether the CCG should re-tender for a single provider of children's community health services. A single provider could lead to more equitable support across the county, easier access to services and the potential for improved joint work with GPs, Wiltshire Council and other partners to improve the health and wellbeing of Wiltshire's children and young people.
Evidence in support of arguments:	The delivery of some children's community health services differs across different parts of Wiltshire. The number of different service providers makes it difficult to develop clear multi-agency pathways for children with additional needs and disabilities.
Who has been involved/contributed:	Several discussions have taken place at the CCG's Executive Management Team.
Cross Reference to Strategic Objectives:	This works links to NHS Wiltshire's Business Plan to improve services for disabled children and young people and to emerging priorities within the CCG's 5 year plan to be submitted in February 2014.
Engagement and Involvement:	Some consultation work has already taken place with parent carers of disabled children through Wiltshire Parent Carer Council to look at how

	parent carers want services to be delivered. More work to understand the views of patients and service users would need to be undertaken during the project.
Communications Issues:	Throughout the project, there would be a need to communicate effectively with all current providers and with neighbouring CCGs that commission from Wiltshire's current providers, particularly Bath and North East Somerset CCG and Swindon CCG.
Financial Implications:	The intention is that a contract for a single provider of children's community health services would have the same value as the existing five separate contracts in the short term.
Review arrangements:	Regular reports would be provided to the CCG Governing Body on the progress of the re-commissioning project.
Risk Management:	The risks have been fully outlined in the attached paper. At the beginning of the project, a risk management plan would be developed.
National Policy/ Legislation:	There are some key national drivers for bringing services together in a single organisation, including the NHS Mandate which has a focus on improving support for children with disabilities and complex health needs, the forthcoming Children and Families Bill and the national agenda to improve safeguarding including early intervention. Children's community health services are key to these agendas.
Equality & Diversity:	An initial Equality Impact Assessment has been undertaken – this will need to be updated throughout the project.
Other External Assessment:	None.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to approve the recommendation to start a project to re-commission children's community health services as a joint project with Wiltshire Council. If the recommendation is approved, the CCG and the Council will need to quickly appoint a Project Manager to begin work on developing a project plan.

Children's Community Health Services in Wiltshire

Purpose of Report

1. Children's Community Health Services in Wiltshire are delivered by five separate organisations. This paper considers whether the CCG should re-tender for a single contract/provider of children's community health services. This could lead to more equitable support across the county, easier access to services and the potential for improved joint work with GPs, Wiltshire Council and other partners to improve the health and wellbeing of Wiltshire's children and young people.

Background

2. A full list of providers and services is set out in Appendix 1. The biggest single contract is with Great Western Hospital – with an approximate value of £8M. Wiltshire PCT transferred its children's community health services to Great Western Hospitals NHS Foundation Trust in 2011 as part of the national Transforming Community Services initiative. This transfer took place on the basis that Great Western would 'host' the services whilst longer term plans were made. The contract has been extended and will now end on 31 March 2015.
3. Other contracts for children's community health services are generally reviewed on an annual basis.
4. There are some key drivers for bringing services together in a single organisation:
 - The NHS Mandate for 2014-15 which has a focus on improving support for children with disabilities and complex health needs;
 - The forthcoming Children and Families Bill which contains new statutory duties for CCGs around children with disabilities, complex health needs and special educational needs;
 - The national agenda to improve safeguarding which places increased focus on CCGs to quality assure safeguarding practice by its providers, including the requirement for a number of Designated Doctor roles, usually undertaken by Consultant Paediatricians;
 - The focus on improving early intervention which is part of the role of many professionals working in different parts of children's community health services.

Procurement options and analysis of risk

5. Four procurement options have been considered:
 - Option 1 – Tender only for children’s community health services provided by Great Western Hospital.
 - Option 2 – Tender for children’s community health services provided by both Sirona and Great Western Hospital.
 - Option 3 – Tender for services provided by Great Western, and for community paediatricians and children’s community nursing provided by Sirona, and for children’s community nursing provided by Salisbury Foundation Trust.
 - Option 4 – Tender for all children’s community health services provided by Great Western, Sirona, Salisbury District Hospital, Royal United Bath and Swindon Borough Council.

6. A summary of the risks/issues related to each option is set out below:
 - Option 1 – Focusing only on re-tendering services provided by Great Western is the simplest option to implement. Children’s Community Health Services are separately managed within Great Western and are not linked to services for adults (other than the sharing of some office locations).
 - Option 2 – Involving Sirona services in the tender creates several potential areas of risk:
 - The Lifetime Children’s Community Nursing Service is shared with five other commissioning CCGs. If Wiltshire CCG removed its financial contribution, this creates additional costs for other CCGs in terms of management overheads for the service.
 - The Community Paediatricians supporting Wiltshire’s children and young people may not wish to leave Sirona under TUPE if another organisation won the contract. This could leave Wiltshire’s population with reduced capacity in the short term.
 - Plans would need to be made to look at where Audiology would be based if notice was given to Sirona.
 - Plans would need to be made to separate out the Wiltshire elements from the Child Health Database provided by Sirona (Sirona is currently planning a move to a new system).
 - It is possible that losing this contract would de-stabilise Sirona. Further discussion is needed with the NHS B&NES Children’s Commissioning Lead.
 - Option 3 – If the CCG considered Community Paediatricians and Children’s Community Nursing alongside children’s community health services provided by Great Western, then the risks for Option 2 will still apply. In addition, the Children’s Community Nursing Service provided by Salisbury Foundation Trust is also provided to children from parts of Dorset and Hampshire. The staff are not Wiltshire-specific which could cause issues in relation to TUPE of Children’s Community Nurses to any new provider. Discussions would also need to take place with Dorset and Hampshire CCGs.

- Option 4 – There are several additional risks to re-commissioning for a single contract/provider for all children’s community health services. All three paediatric OT and Physiotherapy Services provide services for other areas. This would make TUPE discussions very complex. There would also potentially be significant issues related to buildings and IT and the need for OT and Physiotherapy staff to link back with acute trusts and provide clinics in hospitals.
7. Following discussion at the CCG Executive Management Team and the Clinical Commissioning Executive, it is recommended that the CCG should look at Option 4. There are specific risks related to this option – including clarity about NHS Wiltshire CCG funding for some services (where these are part of block contracts with acute trusts) and the fact that some staff providing OT, Physiotherapy and Children’s Community Nursing are shared with other CCGs. However, the advantages of having a single provider outweigh these risks.

Joint commissioning with Wiltshire Council

8. Wiltshire Council agrees that the re-commissioning of children’s community health services should be a joint commissioning project between the CCG and the Council. There are a number of reasons for undertaking the re-commissioning of children’s community health services as a joint project with Wiltshire Council:
- Wiltshire’s Children’s Trust Commissioning Executive (effectively a Joint Commissioning Board) has an agreed Children and Young People’s Plan 2012 – 2015 and a number of strategies, such as the Early Help Strategy, that could have an impact on how children’s community health services are delivered. The Council and the CCG are key partners in delivering the Plan and associated strategies. The focus in the Children and Young People’s Plan is on early intervention, narrowing inequality gaps and promoting healthy lifestyles.
 - The service specifications for children’s community health services need to set out how each specific service will work alongside children’s services that are either directly provided or commissioned by the Council. This will avoid any duplication or lack of clarity in pathways to provide the right help and support for children and young people.
 - Responsibility for commissioning of the School Nursing Service currently provided by Great Western already sits with Wiltshire Council.
 - Responsibility for commissioning the Health Visiting Service currently provided by Great Western will move to Wiltshire Council from April 2015.
 - NHS Wiltshire CCG and Wiltshire Council already have a joint contract for the Speech and Language Therapy Service currently provided by Great Western.
 - Wiltshire Council Children’s Services also has a contract with the Occupational Therapy Service provided by the Royal United Hospital to support the Council at tribunals for children with special educational needs.

9. The Area Team currently has responsibility for commissioning the Health Visiting Service so staff from the Area Team would also need to be involved in this project. The Council's Public Health Team take the lead on commissioning the School Nursing Service and the Consultant in Public Health with this responsibility would also need to be involved in the work.

Timetable and resources for re-commissioning of children's community health services

10. The re-commissioning of children's community health services is a separate project in its own right – there are no significant links with the Community Transformation Project which has a focus on meeting the needs of older people. The largest contract for children's community health services is with Great Western Hospitals NHS Foundation Trust. This contract is now due to end on 31 March 2015. To meet the requirement to have a new contract in place for the full range of children's community health services by 1 April 2015, a summary procurement timetable and process is outlined below. It is proposed that a single stage open procurement process should be used.
- Mid February: Meet Chief Executives of existing providers to explain reason for decision to move to a single provider.
 - Late February: Formal notice of more than a year given to existing providers.
 - Late February: Procurement strategy and detailed project plan produced.
 - Late March: Advert for procurement published.
 - March – June: Service specifications updated and evaluation framework and criteria finalised. Engagement with key stakeholders, including service users.
 - Early May: Market engagement event to set out broad objectives for interested providers, and overview of how tender documents will be structured.
 - Mid June: Formal tender process started.
 - End June: Question and answer session for interested providers once they have had an opportunity to look at tender documentation.
 - Mid September: Pre-Qualification Questionnaires and service proposals submitted by providers.
 - Mid September – mid October: Evaluation of written bids followed by presentations from providers.
 - Mid October: Recommend provider and standstill period.
 - Early November: Award contract.
 - November – end of March: 5 month mobilisation period.
11. The re-commissioning of children's community health services is a large and complex project that will require a dedicated Project Manager for at least three days a week from February 2014 to the end of March 2015. The role of the Project Manager will be to set out a detailed plan for the work, ensure that all timescales are met and that key people are booked well in advance to attend briefings, events and undertake the evaluation of

bids. There will continue to be a role for a Project Manager once the contract is awarded as there will be staffing, premises, finance and IT issues to resolve in bringing together services currently sitting with five separate providers.

12. The CCG and the Council will need to agree which organisation will provide procurement advice and support.
13. The Council's Commissioning Team, under the direction of the joint commissioning lead for Children's Services, will ensure that service specifications are updated. Input will be needed from Executive Directors of the CCG and GPs to ensure that the specifications are appropriately focused on improving health outcomes for children and young people.

Governance

14. A decision needs to be made on the governance for this work. A project Steering Group with senior representatives from the CCG and the Council would need to be established. The Steering Group would also need GP representation.
15. The CCG's Governing Body would need updates at regular intervals throughout the project. Regular updates would also be provided to the Children's Trust Commissioning Executive which has a link with the statutory Health and Wellbeing Board.

Conclusion and recommendations

16. A range of options for re-commissioning of children's community health services have been looked at. There are risks and issues associated with each option. However, re-commissioning also offers an opportunity to set out a vision and direction of travel for children's community health services that will have a significant impact on the health of our children and young people. It is recommended that the CCG undertake a project to bring together children's community health services provided by five separate organisations into one contract. Due to the level of work required for the re-commissioning process, it is recommended that a contract should be awarded for five years with the potential to extend for a further two years if the services are working effectively.
17. It is recommended that the re-commissioning of children's community health services is undertaken as a joint commissioning project with Wiltshire Council.
18. The timescale for undertaking this work is tight, but if a decision is made to start the work in February, then it will be possible to have a new contract in place for April 2015.

Name and title of Director

Jacqui Chidgey-Clarke – Director of Quality and Patient Safety

Report Author: Julia Cramp, Associate Director (joint with CCG),
Commissioning, Performance and School Effectiveness, Wiltshire Council
Children's Services

Background Papers and Appendices

Appendix 1: Table of Children's Community Health Services

APPENDIX 1 - CHILDREN'S COMMUNITY HEALTH SERVICES IN WILTSHIRE

West & Part of North Wiltshire		
Sirona Health and Social Care	Based in Bath	<ul style="list-style-type: none"> * Children's Community Nursing Service for long term severe and life-limiting conditions * Community Paediatricians *Audiology *Child Health Database
Royal United Hospital	Based in Bath	<ul style="list-style-type: none"> * Occupational Therapy * Physiotherapy
Whole of Wiltshire (except Children's Community Nursing)		
Great Western Hospital	<p>Based in Swindon</p> <p>Contract end date 31 March 2015</p>	<ul style="list-style-type: none"> * Health Visitors and School Nurses * Children's Community Nursing for severe long term and life-limiting conditions for East Wiltshire * Children's Learning Disability Nurses * Training and Development Nurses - training for schools and settings to support children with complex health needs * Speech and Language Therapy * Children's Continuing Care Team providing support in home (usually overnight) for children requiring frequent interventions, e.g. ventilated children * Hillcote residential short breaks unit - based in Salisbury

		*Child Health database
Eastern Wiltshire		
Swindon Borough Council		* Health Occupational Therapy * Physiotherapy
Southern Wiltshire		
Salisbury District Hospital		* Children's Community Nursing for severe long term and life-limiting conditions * Occupational Therapy * Physiotherapy

Equality Impact Analysis – the EIA form

Title of the paper or Scheme:

Children’s Community Health Services in Wiltshire

For the record		
Name of person leading this EIA Julia Cramp	Date completed	30 December 2013
Names of people involved in consideration of impact Julia Cramp		
Name of director signing EIA Jacqui Chidgey-Clark	Date signed	January 2014

What is the proposal? What outcomes/benefits are you hoping to achieve?

To re-commission children’s community health services as a joint commissioning project with Wiltshire Council. The re-commissioning involves moving from five providers to a single contract/provider and is intended to achieve more equitable, easily accessible support from community health services for Wiltshire’s children and young people. If children’s community health services are delivered under a single contract, this will make it easier to ensure that there is joined-up support for children and families with services provided and commissioned by Wiltshire Council for children.

Who’s it for?

Wiltshire’s population of children and young people. There is a universal element of service provision (Health Visiting) and the remainder of children’s community health services are focused on children with additional needs/disabilities.

How will this proposal meet the equality duties?

This proposal is mainly focused on meeting the needs of vulnerable groups, particularly children with disabilities and complex health needs. The service specifications developed during the project will need to ensure that providers who wish to deliver children’s community health services can meet the equality duties.

What are the barriers to meeting this potential?

None identified at this stage.

2 Who’s using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

The CCG undertakes contract monitoring and has data from most providers about the numbers of children using children’s community health services. More detailed information will be sought during the re-commissioning work.

How can you involve your customers in developing the proposal?

Wiltshire Parent Carer Council (representing approximately 800 parent carers of children with significant special educational needs and/or a disability) have been involved in extensive

consultation to look at the support they want from community health services, alongside education and social care support and how they would like services to work in a more integrated way. Consultation work with children/families using specific services will need to take place throughout the re-commissioning project.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

- a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified? The recommissioning work will need to ensure that there is no adverse impact on any specific group covered by the Equalities Duty.
-

What can be done to change this impact?

- b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups? The proposal does not create benefit for any particular group although the project is intended to provide equitable, easy access for children and families to all children's community health services.
-

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Opportunities for further consultation will be built into the project plan.

4 So what?

Link to business planning process

What changes have you made in the course of this EIA? None to date.

What will you do now and what will be included in future planning?

If the Governing Body approves the recommendation to re-commission children's community health services in a joint commissioning project with the Council, a detailed project plan will be developed which will include further consultation with, and involvement of, key stakeholders, including service users. The preparation of tender documentation and service specifications will focus on improving outcomes for children and families.

When will this be reviewed?

The EIA will be reviewed in 6 months.

How will success be measured?

Building in the views of services users into the service specifications and ensuring that the needs of diverse groups will be met.
