

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 22 July 2014**

For: PUBLIC session  PRIVATE Session   
 For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/07/25 Update on Children’s Community Health Services Re-commissioning Project</b>
<b>Authors:</b>	Debbie Hirons, Project Manager and Julia Cramp, Joint Associate Director – Children’s Commissioning
<b>Clinical Leads:</b>	Dr Martin Foley and Dr Debbie Beale
<b>Responsible Director:</b>	Jacqui Chidgey-Clark - Director of Quality and Patient Safety
<b>Executive summary:</b>	<p>This report provides an update to the Governing Body on the progress of the re-commissioning of children’s community health services project. There are currently 16 separate services provided by five organisations.</p> <p>In January 2014, the Governing Body approved the recommendation to seek a single contract/provider for children’s community health services and in March the initial timescale was extended to provision of the new contract to July 2015.</p> <p>A Project Manager is now in post, a detailed project plan is in place and a communication and engagement process is underway. Some consultation and engagement work with parents and carers and with children and young people on different elements of children’s community health services has been undertaken over the last couple of years. However, in this early phase of the project it has been identified that in order to ensure that statutory duties around stakeholder engagement are fully met there is a need to carry out further engagement and communication with a wide range of stakeholders and that in order to do this effectively there will need to be an extension to the current timescale. It has therefore been agreed that the start date for the new contract will be extended by 6 months to January 2016. This new contract start date will allow time for a robust process of stakeholder engagement to be carried out and also ensure that the organisation leading the contract is able to effectively mobilise all services following contract award.</p> <p>The Governing Body is asked to note the changes to the project timescale and the progress on the project to date.</p>

<b>Evidence in support of arguments:</b>	There are 16 different service elements for which detailed specifications will need to be developed to sit within an over-arching service specification for Children's Community Health Services. The range and complexity of these services mean that there is a need to engage with a large number and range of stakeholders including the people who currently use or may need to use services in future.
<b>Who has been involved/contributed:</b>	Discussion has taken place with the CCG Chief Officer, the Director of Quality and Patient Safety, and the Corporate Director of Children's Services at Wiltshire Council about extending the timescale for this joint commissioning project. This was an agenda item at the Community Child Health Project Steering Group, at which all commissioning partners are represented on 25 <sup>th</sup> June 2014.
<b>Cross Reference to Strategic Objectives:</b>	This work links to priorities within the CCG's 5 year plan, particularly for earlier intervention and improved support for disabled children and young people.
<b>Communications Issues:</b>	Alongside the need for wide stakeholder engagement there is a need to liaise and communicate with neighbouring CCGs that commission from Wiltshire's current providers, particularly Bath and North East Somerset CCG and Swindon CCG.
<b>Engagement and Involvement:</b>	A Communication and engagement plan has been developed.
<b>Financial Implications:</b>	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.
<b>Review arrangements:</b>	Regular reports will be provided to the CCG Governing Body on the progress of the re-commissioning project.
<b>Risk Management:</b>	A risk log is in place and is updated in a monthly highlight report to the project steering group and CCG programme office - the risk log is attached as an appendix to this report.
<b>National Policy / Legislation:</b>	There are some key national drivers for bringing services together in a single contract, including the NHS Mandate which has a focus on improving support for children with disabilities and complex health needs, the forthcoming Children and Families Act and the national agenda to improve safeguarding including early intervention. Children's community health services are key to these agendas.
<b>Equality &amp; Diversity:</b>	An initial Equality Impact Assessment has been undertaken – this will be updated throughout the project.
<b>Next Steps:</b>	The Governing Body is asked to note the revised timescale for the re-commissioning of children's community health services. A further update on the project will be provided in September.

## Update on Children’s Community Health Services re-commissioning project

### Purpose of report

Children’s Community Health Services in Wiltshire are currently being re-tendered to seek a single contract/provider of children’s community health services. This should 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.

This report provides an update on the project progress to date.

### Background

Current Community Child Health Services in Wiltshire are provided by five providers with varying service models and pathways. The five providers are Great Western Hospital, Sirona, Salisbury District Hospital, the Royal United Hospital and Swindon Borough Council. The following services currently commissioned by Wiltshire CCG, NHS England Area Team and Wiltshire Council are part of this project:

Provider	Service
Great Western	<ul style="list-style-type: none"> <li>• Child Health Information Service</li> <li>• Speech and Language Therapy</li> <li>• Children’s Community Nursing</li> <li>• Children’s Continuing Care</li> <li>• Children’s Learning Disability Nursing</li> <li>• Training &amp; Development Nurses</li> <li>• Community Paediatrics</li> <li>• Health Visiting and screening programme</li> <li>• Family Nurse Partnership</li> <li>• School Nursing and National Child Measurement Programme</li> <li>• Schools Immunisation Programme</li> <li>• Safeguarding Named Nurses</li> <li>• LAC Service (including LAC Designated Nurse)</li> </ul>
Sirona	<ul style="list-style-type: none"> <li>• Children’s Community Nursing</li> <li>• Community Paediatrics (including Designated Doctor for Safeguarding)</li> <li>• Community Paediatric Audiology</li> <li>• Child Health Information Service</li> </ul>
Salisbury District Hospital	<ul style="list-style-type: none"> <li>• Children’s Community Nursing</li> <li>• Occupational Therapy and</li> </ul>

	Physiotherapy <ul style="list-style-type: none"> <li>• Portage</li> </ul>
Royal United Hospital and Swindon Borough Council	<ul style="list-style-type: none"> <li>• Paediatric Occupational Therapy and Physiotherapy</li> </ul>

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 Act 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.
- 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.

An over-arching service specification will be developed to set out how each specific service, under the umbrella of a Community Child Health Service, will work alongside children's services that are either directly provided or commissioned by the Council. This will avoid duplication in pathways to provide the right help and support for children and young people.

## Project progress

The project commenced in May 2014 with the appointment of a Project Manager who reports to a project steering group chaired by Carolyn Godfrey, Director of Children's Services, Wiltshire Council, with membership representing all partners.

Progress on key elements of the project is set out below.

### 1. Procurement process

- A project plan has been developed (appendix 1) setting out key milestones.
- This plan has been shared with neighbouring commissioners in B&NES and Bristol who are re-commissioning their Community Child Health services within a similar time frame. Discussions have also taken place with Swindon and Dorset commissioners.
- A business group has been established with key leads identified for HR, IM&T, Estates, Finance and contracts.
- Existing providers have been asked to provide service activity and workforce information.

### 2. Communication & Engagement

- An initial stakeholder event entitled 'Setting the Scene' was held on 1<sup>st</sup> July 2014 at which a wide range of stakeholders, including parent carers were represented.

- A Communication and Engagement Plan has been developed (appendix 2).
- Initial meetings with current providers to gather information on current service issues have been carried out.
- Dates for briefing each GP Forum have been set.
- There is agreement with Wiltshire Parent Carer Council (representing approximately 1,000 parents and carers of children with a special educational need or disability in Wiltshire) to carry out a Wiltshire wide parent engagement process in September/October.
- A summary of engagement around Children's Community Health Services undertaken to date has been produced.

### **3. Service specifications**

- Current service specifications have been collated and key issues to be resolved or changes needed in the revised specifications have been identified.
- Work has commenced on initial drafts of new service specifications.
- The vision and principles of an over-arching service model have been drafted in the form of a presentation for consultation events.

## **Key issues and Risks**

### **1. Communication and Engagement**

In this early phase of the project it has been identified that in order to ensure that statutory duties around stakeholder engagement are fully met there is a need to carry out robust engagement and communication with a wide range of stakeholders and that in order to do this effectively there will need to be an extension to the current timescale. It has therefore been agreed by the executive leads of the project that the start date for the new contract will be extended by 6 months to January 2016. This new contract start date will allow time for a robust process of stakeholder engagement to be carried out and also ensure that the organisation leading the contract is able to effectively mobilise all services following contract award.

### **2. Risk log**

A risk log has been commenced (appendix 3)

## **Conclusion**

The Clinical Executive is asked to note the revised timescale for the re-commissioning of children's community health services. A further update on the project will be provided in September.

### **Name and title of Director**

**Jacqui Chidgey-Clark – Director of Quality and Patient Safety**

Report Author: Debbie Hirons; Project Manager, Community Child Health Services and Julia Cramp, Joint Associate Director – Children’s Commissioning

## Appendix 1

Re-commissioning Children's Community Health Services – High Level project plan June 2014																						
Task	May 14	June	July	Aug.	sept	Oct	Nov	Dec		Jan 15	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan 16
Give notice to existing contractors																						
Open and maintain risk register																						
Develop and maintain detailed project plan																						
Develop Communication plan																						
Establish Stakeholder reference group																						
Establish procurement working group																						
Develop procurement strategy and timeline																						
Meet with providers																						
Gather detailed information from providers : Activity; IT; Estates; Workforce;																						
Clarify existing contracts																						
Confirm finance																						
Update service specifications																						
Draft PQQ																						
Market engagement event <b>To be discussed</b>																						
<b>Place advert for expressions of interest PQQ</b>									Early													
Deadline for PQQ return										mid												
Draft and agree overall service outline principles and outcomes																						
Develop detailed Invitation to Tender Document with questions																						



## Appendix 2

### Community Child Health re-commissioning Communications and Engagement Plan June 2014

#### 1. Introduction

Currently Community Child Health Services in Wiltshire are made up of a basket of individual services that are separately commissioned by Wiltshire CCG, NHS England South and Wiltshire Council. These services are:

Child Health Information Service ( CHIS)

Paediatric Therapy Services – OT and Physio ( including in special schools)

Speech and Language Therapy

Children's Community Nursing Service

Children's Continuing Care Team

Children's LD Nursing

Training & Development nurses

Community Paediatrics – Including Designated Doctor for Wiltshire

Community Paediatric Audiology

Health Visiting Service and related screening programme

Family Nurse Partnership

School Nursing and National Child measurement programme

School age Immunisation programme

Safeguarding Named Nurses

LAC service (including LAC Designated Nurse)

Portage (Salisbury area only)

These services are currently delivered by five separate organisations. Bringing the delivery of these services under one overall umbrella will 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.

There are some key drivers for bringing services together:

- 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.
- 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 will 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.

## **2. Purpose of communications and engagement**

The purpose of this communication and engagement plan is to:

- Ensure that any revised service specification is developed with strong engagement and collaboration between commissioners, providers, GPs, children & young people, parents, SEN colleagues, clinicians, provider managers etc.
- Ensure that there is an open, clear, consistent and co-ordinated approach to informing and involving key stakeholders in developing plans.
- Outline how the views and ideas of service users and stakeholders will be heard and acted upon.
- Establish the process by which key communications messages are agreed by all agencies.

- Proactively manage media interest in the project to protect and enhance the reputation of each organisation.
- Ensure the need to meet statutory duties to involve (Section 242 NHS Act 2006) is met and/or exceeded that we are compliant with equality legislation.
- Ensure that all communications are timely, accurate and consistent.

### 3. The CCG's duty to involve patients and the public

- The CCG has a statutory duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health services. In our case this includes children, young people, parents and carers. The right of patients to be involved in the planning and development of health services is set out in the NHS constitution.
- We have and will continue to listen and act upon patient and carers feedback at all stages of the commissioning cycle because of the evident added value of commissioning services that are informed by the experiences and aspirations of local people.

The population of Wiltshire is growing and becoming more diverse. This means that we cannot rely on a "one size fits all" approach to involvement in the re-commissioning of children community health services. Involvement and communication needs to be responsive to, and informed by, the diversity of groups and communities represented across Wiltshire.

In addition, the public sector equality duties outline how the CCG as public body must, in the exercise of its functions, **have due regard for the need to:**

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The application of the duties will further strengthen our approach to involving our communities in the work that we do, by ensuring that our practise is inclusive.

### 4. Involvement and our partners

During this process Wiltshire CCG will work closely with other commissioners, both in the local area and in neighbouring areas. Many children and young people rely on integrated education, health and social care services, and sometimes receive these across local authority boundaries.

We will share our practice and outcomes with partners with the aim of ensuring the highest standards across the whole procurement process. However every commissioner is responsible for making sure public and patient involvement takes place in their area. The sections below outline how engagement will take place in the Wiltshire area.

## **5. How to involve – developing a shared approach to involvement**

The CCG will offer a range of involvement techniques in the re-commissioning programme to suit different needs. It is important that we make the effort to reach the people who use children's community health service thus we will do our utmost to go to speak to them in places that are convenient for them. We are committed to engaging people from all backgrounds and will make every effort to engage with black and minority ethnic communities and representatives of people in groups with other protected characteristics which the NHS have historically found hard to reach.

Alongside a range of traditional methods of engagement such as interview , workshops and focus groups the CCG website and social media will be used to reach a larger audience increasing awareness of the process and encouraging more people to get involved.

The methods we use will vary from “what works well?” and “what could be improved?” to asking more specific questions about individual services. The questions we ask and the activities we use with young people will be co-designed by them and led by the Council's Children's Services Voice & Influence team.

We will work with Wiltshire Parent Carer Council to seek the views of a wide range of parent/carers of children with additional needs. However, we recognise that not all service users proactively engage in formal groups. To reach these parents we will work with our partners such as Healthwatch to find the most effective ways to enable people to speak to us about their experiences.

We are holding an initial engagement event on 1<sup>st</sup> July 2014 to set out the re-commissioning process for a wide range of stakeholders and to begin to ask people involved in delivering services about current good practice that can be further developed and what they feel the current gaps and issues are. The information gathered at this initial event will then inform the further development of this Communication & Engagement plan. We are committed to a ‘ you told us , we did’ approach to engagement and so will plan and deliver further stakeholder events during the coming months to check out our understanding of what people have told us and ensure the future service is shaped by stakeholders.

The involvement of Clinical experts in the development of service principles, outcomes and specifications is vital and we will establish clinical task & finish groups in specific service areas in order to ensure robust clinical engagement.

The CCG believes it is important that public stakeholders are able to shape this re-commissioning programme from the outset, which is why this involvement plan is designed to maximise involvement opportunities in the important initial stages of re-commissioning. These include drawing up principles and outcomes of a service model, reviewing and developing service specifications, selecting providers and performance managing the new service.

It is proposed that a project structure is established to allow a **stakeholder reference group** to sit alongside the project steering group. This will allow key stakeholders to sit on the project team to guide and develop proposals and to ensure they are fully included and able to influence within project boundaries.

Suggested membership: one rep from each of the following;

Parent group

Children & Young People worker

Mainstream Schools

Special schools

Children's Centres

Hospices

Children with Disability Team

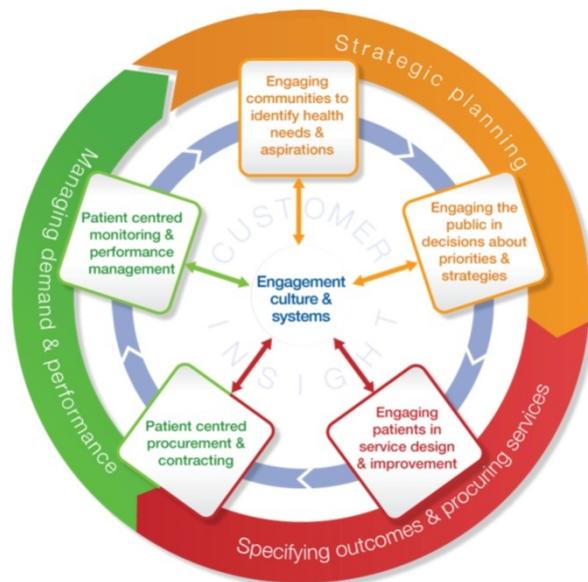
GP

CAMHS

One Clinical expert from each service area.

Finally, the CCG recognises that existing children's community health service data is beneficial to understanding the service experiences of those who use them; this data will be drawn upon throughout the re-commissioning process.

## **6. Involvement throughout the re-commissioning process**



This diagram illustrates the need for involvement throughout the process. In the re-commissioning of children's community health services, there will be five main phases of involvement.

### **Understanding the need and creating a vision for the future**

- Bring together results of previous consultation
- Identify key stakeholders
- Develop consultation briefing presentation – outline of service and service elements; process; vision
- Raise awareness of project with key partners and stakeholders: direction of travel; way forward; use of existing consultation mechanisms in each organisation to share the briefing
- Establish Stakeholder Reference Group

### **Developing the service model and associated pathways**

- Share good practice findings and issues identified in current services with wider stakeholders
- On line survey in response to initial findings
- Share and seek views on service principles; outcomes; delivery model
- Begin to develop over-arching vision, principles and outcomes for delivery model
- Consultation on final proposal for service principles; outcomes and model of service delivery with stakeholder reference group

## Developing the specifications

- Revisit people we have engaged with to make sure that children, young people, parents and carers needs and aspirations are clearly captured within these specifications.
- Update all relevant service specifications informed by good practice and policy guidance.

## Identifying the service provider(s)

- Involvement in this stage is detailed and technical as patients and carers help the CCG to identify the provider(s) best placed to deliver the new services.
- Establish ways of involving key stakeholders in bid evaluation process

## Performance management of the new service

The final phase of involvement will complete the engagement cycle. The CCG will design a performance management process for the new services which will ensure the continued involvement of service users.

## 7. Previous engagement

A document setting out previous consultation and engagement work with parents and carers and children and young people has been produced. We will use what has been learnt from this previous work to inform service models and help shape children's community health services.

## 8. Key stakeholders

We will be engaging with the following range of critical stakeholders/audiences:

<b>Internal</b>
North East Wiltshire GP Commissioning Group
West Wiltshire, Yatton, Keynell & Devizes GP Commissioning Group
Sarum GP Commissioning Group
Local Area Team NHS England
Wiltshire Council
Wiltshire Public Health
NHS local providers of community child health services:- Great Western Hospitals Trust Royal United Hospital Trust

Salisbury NHS Hospitals Trust Sirona
Council providers of child health services: Swindon Borough Council
CAMHS
Wiltshire Council : Education, Schools, Disability Teams, Children Services
Maternity services
<b>External</b>
Children's Trust
Parents and carers
Children and young people who receive services
Children's Centres
MPs
Local councillors - county, district and parish
Voluntary organisations (through the Children's Voluntary Sector Forum)
Hospices
LMC
Local media

## 9. Stakeholder Mapping

The stakeholders above have been mapped according to their perceived level of interest (attached stakeholder communications worksheet).

## 10. Timescales

A project group has been established with sign up and agreement to these engagement processes. Detailed timescales are set out in the Plan and Record section of this document and in the project Plan.

## 11. Communications Protocol

- All communications will be shared with Julia Cramp and Debbie Hiron for comment prior to publication/distribution
- All communications will reinforce the agreed key messages above
- All staff enquiries will be referred to Julia Cramp/Debbie Hiron
- All media enquiries/approaches will be referred to and shared between:

- NHS Wiltshire - TBC
- Wiltshire Council - TBC

## **12. Evaluation process**

The effectiveness of this strategy will be evaluated throughout by the Project steering group to adjust activity as necessary and ensure that views of stakeholders inform the service model and future service delivery.

## Plan and Record of Engagement Activity

We aim to carry out informing and engagement activity that will:

- Engage all relevant stakeholders in the re-commissioning of child health services
- Ensure plans reflect local needs
- Identify key stakeholders who can support the review and future implementation and build relationships for successful plans
- Meet the statutory duty to engage under Section 242 of NHS Act 2006
- Meet the requirements of equality legislation and the Equality and Human Rights Commission

Wiltshire Community Child Health Service Stakeholder Engagement Plan			
Key Priority 1 :Establish Vision, principles and outcomes of the overall service			
Action	Delivery Deadline	Action by	Action Completed
Map recent stakeholder engagement processes and findings and summarise	End May 14	JC/ST	June 2014
Develop consultation briefing document/presentation for use with existing groups to include a high level service description to	June	DH /JC	June 2014
Meet with clinical leads in existing providers to clarify current service provision and issues	June	DH	End June 2014
Meet with Parent Carer Forum to agree methods of further engagement and consultation	June	DH	June 2014
Set out children and young people engagement process and plan with the Voice & Influence Team	June	DH	May 2014
Establish stakeholder reference group; begin to develop over-arching principles and	End June	DH	June 2104

outcomes			
Meet with GP exec Groups to share the vision, further develop over-arching principles & outcomes	June/July	DH/JC	June/July/August
Market engagement event for potential bidders to set out process , vision and expected service outcomes	TBC	DH/JC	
Initial stakeholder event to : <ul style="list-style-type: none"> <li>• Clarify procurement process and vision</li> <li>• Identify commissioning gaps and opportunities for each service element</li> </ul>	1 July 2014	DH/JC/TT	
Work with Wilts Parent Carer Forum to set out mechanisms for Wilts wide focus groups	Sept 2014	DH/SH	
<b>Key Priority 2 : Agree detailed service specifications for each service element</b>			
Meet with service providers to clarify existing service delivery and gaps	End June	DH	
Task and finish groups for key service areas	July – Sept		
Update all specifications to form part of new service and agree with stakeholders ref group	November	DH	
Develop over-arching service specification and agree with stakeholder ref group	November	DH	
<b>Key Priority 3: Identifying new service providers</b>			
Establish ways of Involving key stakeholders in bid evaluation process	November	DH	

### Appendix 3

Risk Impact (1=Insignificant 4=Significant) Probability (1=Rare, 4=Almost certain)	Impact	prob	Score/ status	Mitigating Actions	Score/ status after mitigation	Review Date
Risk of being unable to meet all stakeholder expectations particularly in current fiscal constraints	2	2	4	Full Stakeholder engagement in project with clear communication		July 14
Risk of inadequate stakeholder engagement in process and subsequent challenge	4	4	16	Communication & Engagement plan in place with a range of stakeholder engagement methods and delivery monitored; Extended timescale by 6 months	8	July 14
Risk of limited market engagement	2	2	4	Market event; full engagement of current providers in project		July 14
Risk of demotivating and destabilising current NHS workforce during time of change	2	2	4	Ensure full on-going engagement of staff in developing the specification . Good stakeholder communication		July 14
Risk of timescales slipping	4	2	8	Good project planning, management and highlight reporting to steering group		July 14
Risk of limited bidder pool as neighbouring areas similar procurement timescales	4	2	8	Communication with neighbouring commissioners ; good market engagement		July 14
Risk of inadequate finance information	4	3	12	Clear communication of expectations with providers; early finance engagement		July 14
Risk of inadequate information from providers: HR;IT; Estates	4	3	12	Clear communication of expectations with providers; early finance engagement		July 14
Risk of financial gap in combining existing service delivery models for specific services ( ie – new services up to 18 years. Some existing up to 16)	4	3	8	Clear communication of expectations with providers; early finance engagement		July 14
Risk of challenge from bidders re process	4	3	8	Transparency of process at every stage; Equality Impact assessment updated		July 14
Risk of inconsistency across service bids	2	2	4	Strong and detailed evaluation criteria		July 14