

Report to:	Governing Body	Agenda item:	GOV/15/01/15
Date of meeting:	27 January 2015		

Title of report:	Adult Community Services Procurement – Update
Governing Body Sponsor:	Ted Wilson, Group Director NEW and Programme Director for Optimising Community Teams
Author:	Rob Hayday, Associate Director
Appendices:	

1. Summary of issues (including link to objectives)
<p>As part of the Optimising Community Team programme, agreed as one of the CCG's priorities, is the Adult Community Services (ACS) procurement. A contract with Great Western Community Hospitals NHS Foundation Trust (GWH) has been in place since 2010. This contract, which is overseen by the NEW group in the CCG has been extended and work has been underway to procure a new community service. The new adult community services contract is due to begin in July 2016.</p> <p>The ACS procurement formally began on Friday 9 January 2015.</p> <p>This paper provides an update on progress.</p>

2. Recommendations (note, approve, discuss etc)
<p>The Governing Body is asked to note this update and approve the panel members identified in section 8.</p>

3. Link to CCG Strategic Objectives
<p>In its five year plan the CCG has indicated the importance of its community services which through this procurement process will be expected to meet the challenges faced by the local health economy in meeting the growing demands of patients and aging population and by supporting the CCG in delivering its out of hospital care model</p>

4. Legal / Regulatory implications
<p>The CCG has a duty to conduct its business in an open and transparent manner. It is also bound by the procurement legislation and is committed to delivering high</p>

quality services for patients by engaging with the market in fair and open competition.

5. Risk (threats or opportunities link to risk on register etc)

The procurement of Adult Community services poses risk to the CCG in the following ways:

1. There are insufficient providers engaged or able to meet the ambitions of the CCG that are intended to be delivered through this procurement or within the available resources.
2. The CCG could be open to challenge on the grounds of anticompetitive behaviour if it provides undue consideration or engages differently (to others) with the current service provider.
3. There are also potential risks associated with legal challenge resulting from conflicts of interest through the inherent structure of the CCG with its GP providers as members and leaders. These risks will be mitigated through careful consideration of those involved and this paper contains an update on how conflict of interest have been managed to date.
4. There are risks associated with delays to stages as set out in the procurement timetable. These can be mitigated by timely action and decision making with resources prioritised by line managers accordingly.
5. There are risks inherent in the competitive dialogue process which the CCG has sought to mitigate through the description of commissioning principles and a description of the integrator function that the CCG is looking for the successful bidder to provide. This information has been shared with the market as part of the Memorandum of Information issued at the start of the formal procurement.
6. The available resources are insufficient to meet the requirements of the GP membership or public necessitating a prioritisation of requirements by the CCG which adversely affects engagement and reputation. This could have a negative impact on other aspects of CCG business.
7. The staff and clinical leadership capacity is presently stretched and once the formal procurement process begins this pressure will increase further. This may necessitate the identification of key personnel to act on behalf of the organisation and its membership.
8. Significant change adversely affecting the public is not anticipated but where such change is proposed it would necessitate public consultation which would affect the timetable.
9. Service delivery of the existing contract may be adversely affected if provider staff are not appropriately engaged and seek alternative employment during the course of the procurement.

6. Resources implications (financial / staffing)

The resources for the current adult community services contract is the financial envelope available for the procurement. The project will require significant staff and clinical leadership capacity as it is an organisational priority.

7. Equality and Diversity

Refer to Equality Impact Assessment completed as part of GOV/14/11/09 which is included at the end of this paper for ease of reference.

8. Communications (Presentational)

As the formal procurement has now started the information relating to the Pre- Qualification Questionnaire (PQQ) is now publically available through NHS Sourcing web portal.

9. References to previous reports
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GOVp/14/09/10 Adult Community Services Procurement – Update GOV/14/11/09 Adult Community Services Procurement – update & decisions required in advance of formal procurement
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10. Freedom of Information

There are no exemptions

Adult Community Services Procurement – update & decisions required in advance of formal procurement

1 ISSUE

As part of the Optimising Community Team programme, agreed as one of the CCG's priorities, is the Adult Community Services (ACS) procurement. A contract with Great Western Community Hospitals NHS Foundation Trust (GWH) has been in place since 2010. This contract, which is overseen by the NEW group in the CCG has been extended and work has been underway to procure a new community service. This service is due to begin in July 2016 following the recent extension of the current contract. The ACS procurement formally began on Friday 9 January 2015.

This paper provides an update on progress.

2 TIMING

Routine. The formal procurement is underway.

3 RECOMMENDATION

The Governing Body is asked to note the contents and discuss any matters arising; and approve the panel members identified in section 8.

4 BACKGROUND

Within the Optimising Community Teams Programme is the ACS procurement project. The ACS Procurement project will, through the competitive dialogue process, agreed by the CCG Governing Body in July 2014 will ensure that there is a single contract in place which provides the following services for patients: Community Beds (inc Step up), Community Geriatrician/Frail Elderly Service, Stroke Therapies Neurology Stroke, Speech and Language Therapy (SALT), MIU, Continence, CTPLD, Hearing Therapies, Tissue Viability Lymphedema, Diabetes, Dietetics, Podiatry, Community Outpatient Musculoskeletal (MSK) Physiotherapy & Extended Scope Physiotherapy (ESP), Orthotics, Wheelchairs, Cardiac (PACE) & Respiratory Services (COPD), Core Community Teams (inc Care Co-ordinators) Outpatient Department services, and Fracture Clinic.

In November 2014 the Governing Body agreed that formal procurement could begin in January 2015.

5 THE START OF FORMAL PROCUREMENT

Formal procurement began on Friday 9 January with the publication of the advert relating to services the CCG wishes to procure. Released to the market alongside the advert was a Memorandum of Information, Overarching Service Specification

and the Pre-Qualification Questionnaire. Further details are contained in the sections below.

5.1 Publication of the advert and supporting documentation

The advert and information in support of ACS procurement is made available to the market through the use of Contracts Finder. Follow the link below to view the advert:

<https://online.contractsfinder.businesslink.gov.uk/Common/View%20Notice.aspx?site=1000&lang=en&NoticeId=1702193>

The advert has been placed on this recognised portal by the Central Southern Commissioning Support Unit Procurement Team. Colleagues from this team continue to support the CCG with this procurement as part of the SLA in place between the CSU and the CCG.

5.2 Pre-Qualification Questionnaire and evaluation of suitable bidders

At the start of any formal procurement the commissioner will select suitable providers. This is done using a Pre-Qualification Questionnaire (PQQ). The PQQ sets out the process for procurement, expectations of interested bidders, governance arrangements including in relation to non-collusion and anti-competitive behaviours, indicative timetable and the information that interested bidders must submit.

Through the PQQ the CCG intends to filter the number of bidders invited to the next stage of the formal process. The selection is made through the evaluation of information submitted against published evaluation criteria. The CCG intends that 3 bidders will be invited to the next stage of procurement unless the fourth bidder is within 5% of the score of the third candidate in which case only 4 candidates will be selected. This arrangement balances the availability of suitable providers with the resource deployment that will be required to service the future stages of procurement.

The PQQ evaluation criteria that has been published indicates the scoring that will be applied when reviewing submissions. Annex 1 contains details of the evaluation criteria extracted from the PQQ. For some parts of the submission a weighting has been applied indicating the importance of the response when selecting suitable candidates.

Interested bidders can access the PQQ and other documents via the www.nhssourcing.co.uk website where they must register. Instructions are contained in the advert.

5.3 Memorandum of information

The Memorandum of Information (MOI) provides details about the CCGs requirements to support the bidders to decide whether they wish to complete the PQQ to hopefully access the competitive dialogue phase. This is standard practice in procurements.

A summary of information included in the MOI

- The CCGs vision and its ambitions for Community Services in the context of its 5 year plan.
- National context
- The objectives of the ACS procurement – refer to Annex 2
- Key relationships including with primary care and Wiltshire Council with the expectation the providers respect the developing relationships to date and build upon these foundations.
- Commissioner details and any associates to the ACS contract.. NB associate commissioners are still to be confirmed.
- Details of the contractual framework including the requirement for a provider capable of delivering 'high quality, patient-centred services in a safe and effective manner.'
- Indicative workforce details, future requirements and the expectation that TUPE will apply.
- Information on current estate used for the provision of services. NB Further details are being finalised for inclusion at the next formal stage
- Requirements for IT and Information Governance. This includes the use of the replacement IT solution that the CCG is investing in for the CSU to host and any future ACS contractor to use.
- Details of current activity provided by the current provider.

5.4 Overarching Service Specification

The CCG is commissioning 19 services through the ACS procurement. It is, however, looking for these services to be delivered in an integrated manner through a single contract with one provider. The overarching service specification provides an indication of how the provider will be expected to operate in an integrated way. It is not prescriptive as this operating model will be a matter for discussion during the competitive dialogue stage. The integrator is described in this specification as:

'an entity that performs a convening role and works intentionally and systemically to achieve improvements in health and well-being. The integrator is appointed by the commissioner to take contractual responsibility and manage a supply chain of service provision to deliver the overall contractual requirements. The role of the integrator is not only to manage its supply chain but also to work effectively with other parts of the system to support the commissioner in achieving quality and value for money.'

In order to secure a provider of ACS which operates in the correct manner the CCG has developed 12 principles. These are included at Annex 3. Included in this specification were examples of what each principle might mean in practice.

5.5 Uptake since launch of formal procurement

Since the start of formal procurement there have been over 1500 hits on the online advert. 15 organisations have registered with NHS Sourcing to gain access to the PQQ and MOI.

6 MARKET ENGAGEMENT – 23 JANUARY 2015

To support interested bidders with their PQQ submission the CCG will host a second market engagement event on 23 January 2015.

At this event the CCG will provide any relevant updates and be available to respond to queries identified in advance by interested parties. Queries should be submitted via the NHS sourcing portal and be received by no later than 5pm Tuesday 20th January 2015. Queries raised will be addressed privately with interested parties in closed meetings. Interested parties will be able to book 30 minute meetings. Interested parties will be limited to one 30 minute meeting. The purpose will not be for interested parties to pitch to the authority but will be for the receipt of guidance to support the completion of the PQQ. A maximum of two attendees per organisation is permitted. Interested parties should confirm their intention to attend the event by using the messaging service on the NHS Sourcing Portal, providing details of attendees and booking a private meeting (if required) by no later than 5pm Tuesday 20th January 2015.

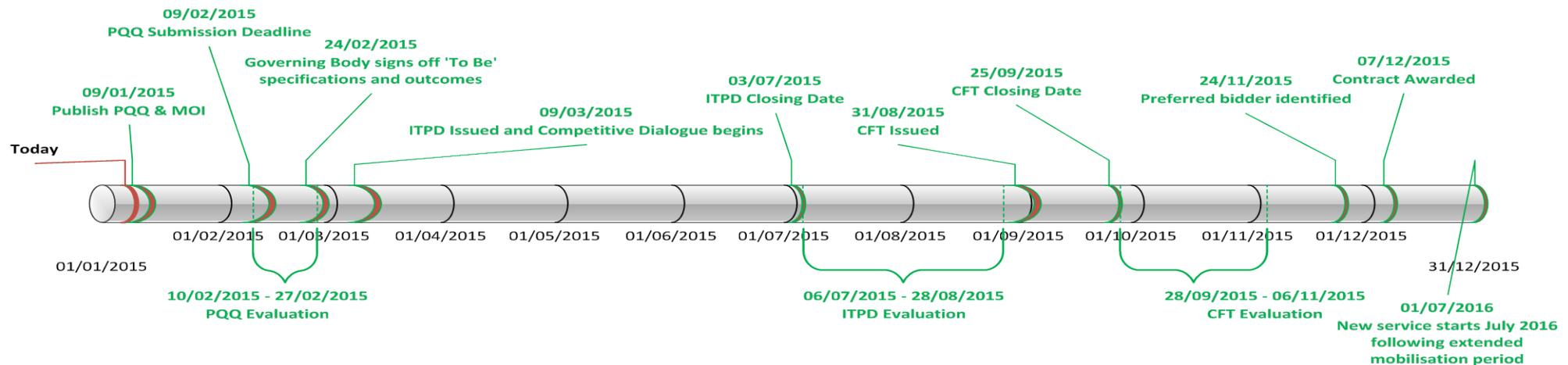
7. THE PROCUREMENT TIMETABLE

This section sets out the high level procurement timetable which has been amended since the information shared with the Governing Body in November. The Governing Body has agreed that it will procure the ACS contract using competitive dialogue. Arrangements are in hand to finalise the process which will follow the PQQ stage.

The stage following PQQ will involve competitive dialogue. This has previously been described as involving the Invitation to Submit an Outline Proposal (ISOP), and the Invitation to Submit a Detailed Proposal (ISDP). As part of the PQQ documentation the competitive dialogue phase is now described as Invitation to Participate in Dialogue (ITPD)

The pipeline below summarises the key stages of the procurement.

Adult Community Health Services (ACS) Procurement



Once the ITPD stage is complete then dialogue with providers will cease and the bidders still involved in the process will be asked to complete their final tenders as part of Call for Final Tenders (CFT) stage. This tender will be evaluated by the panel supporting the procurement and the preferred bidder will be identified and recommended. The Governing Body will be asked to approve this recommendation in November 2015 ahead of the contract being awarded and the subsequent 6 month mobilisation phase.

8 PARTICIPATION IN FORMAL PROCUREMENT

The ACS procurement will lead to a high profile, high value contract and securing the right provider will require resource allocation from the CCG capacity that is also required to deliver other areas of business including enhancements to the quality of services for patients and efficiencies – both through QIPP and commensurate with the CCGs delivery plan for 15/16.

8.1 Participation in competitive dialogue and bid evaluation

Securing the right provider will involve decision makers participating consistently in the formal competitive dialogue sessions. During these sessions the CCG will shape the delivery model for ACS with pre-qualified bidders. It will be important to have the representatives present who are able to express the 'corporate view'. The competency of a panel needs to be carefully considered to mitigate risk of challenge.

The following individuals have been identified and include a clinical representative of each CCG Group.

Decision makers	Advisory role
CCG Chair	Director of Quality and Patient Safety
Chief Officer – Debbie Fielding	Director of NEW
Finance Lead – Deputy CFO	ACS Project Manager
NEW GP lead – Simon Burrell	Commissioning managers from CCG
Sarum GP lead – Toby Davies. Andy Hall as deputy	Informatics
WWYKD GP lead – Martin Foley	Specialist advice from CSU
Lay Member – Vice Chair – Peter Lucas	
Lay Member – PPI – Christine Reid	
Secondary Care Dr – Mark Smithies	
Wiltshire Council lead(s) (still to be confirmed)	

The involvement of Wiltshire Council on this panel should be noted as the CCG is keen to progress with the development of the relationships with the local authority and the integration agenda.

The CSU will provide training to the above which is designed to safeguard the CCG from challenges associated with anti-competitive behaviour through the adoption of appropriate conduct, as well as with due regard for requests for information made under FOI.

Officers of the CCG will support the evaluation processes through the review of relevant bid information.

8.2 PQQ Evaluation

It is envisaged that the following will be involved in the evaluation of the PQQ submissions. These do not need to be the same individuals as those identified to participate in the remainder of the formal procurement (ITPD and CFT including evaluation and recommendation of preferred bidder).

PQQ Evaluators will be taken from the OCT Strategy Board and will include:

GP representative

CCG Chief Officer

Finance Lead

Programme Director/Director of NEW Group

Support will be received from ACS project manager and CSU.

9 MANAGING CONFLICTS OF INTEREST

In line with the direction of the Governing Body Conflicts of interest relating to ACS procurement have been carefully managed. Recognising the importance of conducting the procurement in a fair and transparent manner, the CCG has deployed an enhanced Conflict of Interest declaration for use by relevant CCG leaders.

Declarations made using the above form have been reviewed by the Lay Member Chair of the Audit and Assurance Committee in line with advice received from the CCG's counter fraud specialist. It should be noted that there is no suggestion of impropriety as a result of the uptake of this advice.

Following the review it was concluded that the Chief Finance Officer, Simon True-love, has a potential conflict of interest and he has voluntarily removed himself from the decision making panel associated with ACS procurement. This is indicated in the table above and he is replaced by a deputy providing finance expertise on the panel above.

The CCG will ensure that it maintains a panel of decision makers who do not have any actual or perceived conflicts of interest

10 NEXT STEPS

The next steps in the ACS procurement project involve:

- A. Hosting the second market event.
- B. Confirmation of the organisations who wish to be associate commissioners to the ACS contract.
- C. Completing and signing of the 19 Service specifications that will be released to pre-qualified bidders as part of the Invitation to Participate in Dialogue information pack.
- D. Production of the ancillary documents to support the ITPD stage. This will be similar in content to the published PQQ and MOI but will contain more detail.
- E. Agreement on individuals to take part in the next stages of the formal process. This will become known as the panel.
- F. Training for the panel and other relevant staff.
- G. Design of the ITPD process including the scheduling of diaries to allow attendance.
- H. Engagement

11 CCG Strategic Objectives/Priorities

The CCG in its 5 year strategic described its intent to commission an out of hospital model of care which would provide high quality and affordable services to patients which were local, patient centred and which were shaped through close working with Primary Care and other stakeholders. Delivery of the OCT procurement project will assist the CCG fulfil this strategic objective.

The CCG must also comply with contracting requirements and, having previously extended the contract for adult community services with the current provider; it must now offer the opportunity of provision to the healthcare market.

12 Options

The CCG has confirmed its desire to enter into a competitive dialogue process involving for the re-procurement of community services. There are no options presented in this paper for consideration. The CCG, through the authority vested in those involved in the competitive dialogue will ensure that the right services are designed for the Governing Body to award the contract in November 2015.

13 Risks

The following risks are flagged:

1. There are insufficient providers engaged or able to meet the ambitions of the CCG that are intended to be delivered through this procurement or within the available resources.
2. The CCG could be open to challenge on the grounds of anticompetitive behaviour if it provides undue consideration or engages differently (to others) with the current service provider.
3. There are also potential risks associated with legal challenge resulting from conflicts of interest through the inherent structure of the CCG with its GP providers as members and leaders. These risks will be mitigated through careful consideration of those involved and this paper contains an update on how conflict of interest have been managed to date.
4. There are risks associated with delays to stages as set out in the procurement timetable. These can be mitigated by timely action and decision making with resources prioritised by line managers accordingly.
5. There are risks inherent in the competitive dialogue process which the CCG has sought to mitigate through the description of commissioning principles and a description of the integrator function that the CCG is looking for the successful bidder to provide. This information has been shared with the market as part of the Memorandum of Information issued at the start of the formal procurement.
6. The available resources are insufficient to meet the requirements of the GP membership or public necessitating a prioritisation of requirements by the CCG which adversely affects engagement and reputation. This could have a negative impact on other aspects of CCG business.
7. The staff and clinical leadership capacity is presently stretched and once the formal procurement process begins this pressure will increase further. This may necessitate the identification of key personnel to act on behalf of the organisation and its membership.
8. Significant change adversely affecting the public is not anticipated but where such change to be proposed so it would necessitate public consultation which would affect the timetable.
9. Service delivery of the existing contract may be adversely affected if provider staff are not appropriately engaged and seek alternative employment during the course of the procurement.

14 Quality issues

Commissioning quality outcomes is a key aspect of the CCG strategy. Not only is the provision of quality services important for patients it is also a mechanism for driving efficiency. To ensure that quality services are commissioned therefore, members of the Quality and Patient Safety Directorate will be fully involved in the development of the services that are being procured and the subsequent competitive dialogue

15 Partnership issues

Throughout the Optimising Community Teams Programme in which the ACS procurement is a project there has been collaborative working with stakeholders including Wiltshire Council. The intention is that this arrangement continues. The CCG is also engaged with the current adult community service provider, GWH, and this client contractor relationship will continue for the remainder of the contract and include developments that are required in FY 15/16.

The CCG will continue to be mindful and cautious to ensure that it behaves in a fair and transparent manner so as not to disadvantage providers not currently contracted. The CCG will therefore continue to exclude the current provider from discussions which provide an unfair advantage. Where this is not possible the CCG will share relevant information with the market.

16 Estate/Infrastructure

Information on the current estate in use has been published in the MOI. As part of the procurement process the estate which is currently in use as part of the community services will be available for use by the successful bidder. The CCG will expect the successful provider to make use of the estate in line with the service specifications and the CCG will work with the successful provider on developments associated with estate in line with the providers agreed service provision. The arrangements for use of the estate will be identified during the formal procurement and at this time the CCG will articulate its vision which will be in line with its strategy which is being led by the Chief Finance Officer.

17 Procurement Issues

The CSU continues to support procurement by the CCG of ACS.

Throughout the procurement it will be vital that conflicts of interest are managed. This will be paramount to mitigate risk associated with legal challenge.

The timetable for ACS procurement is challenging and will need to be adhered to. This will consume significant staff resource

The Governing Body has previously decided that it will have one contract with one provider body. This contract will be for five years with the option for a two year extension to fit with strategic intent of the CCG.

18 Equality and Diversity

Refer to Equality Impact Assessment at the end of this document

ANNEX 1 - Evaluation criteria and scoring extracted from published PQQ

WILTSHIRE ADULT COMMUNITY HEALTH SERVICES PROCUREMENT - PQQ EVALUATION SCORING AND WEIGHTING						7.1.15
The following table sets out the selection criteria and weightings that will apply in the evaluation of Pre Qualification Questionnaire (PQQ) submissions						
QUESTION		To be completed by	Score	Max	Weighting	Weighted score
FORM A - Organisation and Contact Details						
	Full name of Applicant.	Consortium Lead	Not Scored			
	In the case of a Consortium, please provide both the name of the Consortium (if you have one) and the name of the Lead Organisation	Consortium Lead	Not Scored			
	Full name of the organisation completing this PQQ response (indicate whether Lead Organisation, Consortium Member or material sub-contractor)	Consortium Lead	Not Scored			
	A1) Organisation Details	Consortium Lead	Not Scored			
	A2) Contact details	Consortium Lead	Not Scored			
	A3) Consortia and sub-contracting	Consortium Lead	Not Scored			
FORM B - Grounds for mandatory rejection						

	B1) Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?	Each Consortium member / material sub-contractor	Pass/Fail			
FORM C - Grounds for discretionary rejection						
	C1) Is any of the following true of your organisation? - multiple questions	Each Consortium member / material sub-contractor	Pass/Fail			
	C2) Has your organisation - multiple questions	Each Consortium member / material sub-contractor	Pass/Fail			
	C3) Licences / Registrations	Each Consortium member / material sub-contractor	Pass/Fail			
	C4) Contracts/Disputes - multiple questions	Each Consortium member / material sub-contractor	Pass/Fail			
	C5) Pensions	Each Consortium member / material sub-contractor				
	C6) Self certification against relevant policies - see below	Each Consortium member / material sub-contractor	Pass/Fail			
	C6a) Recruitment, Employee Relations, Health & Safety	Each Consortium member / material sub-contractor	Pass/Fail			
	C6b) Procedures for ensuring compliance with clinical registration requirements for	Each Consortium member / material	Pass/Fail			

	staff	sub-contractor				
	C6c) CPD requirements for staff	Each Consortium member / material sub-contractor	Pass/Fail			
	C6d) Staff handbook setting out terms and conditions	Each Consortium member / material sub-contractor	Pass/Fail			
FORM D - Economic and Financial Standing Regulation 24						
	D1) FINANCIAL INFORMATION - multiple questions	Each Consortium member	0 - 4	4	3	12
	D2) INSURANCE	Each Consortium member / material sub-contractor	Pass/Fail			
	D3) PERFORMANCE BOND OR FINANCIAL GUARANTEE	Consortium Lead	Pass/Fail			
FORM E - Technical and Professional Ability						
	E1) EXPERIENCE AND CONTRACT EXAMPLES - see below					
	E1a) Contract 1	Consortium Lead	0 - 4	4	1	4
	E1b) Contract 2	Consortium Lead	0 - 4	4	1	4
	E1c) Contract 3	Consortium Lead	0 - 4	4	1	4
	E2) INFORMATION SECURITY & DATA PROTECTION - see below					
	E2a) Data protection registration	Each Consortium	Pass/Fail			

		member / material sub-contractor				
	E2b) Transfer of data outside EEA	Each Consortium member / material sub-contractor	Pass/Fail			
	E2c) Completion of IG Toolkit	Each Consortium member / material sub-contractor	Pass/Fail			
	E3) EXPERIENCE AND CAPABILITY - see below	Consortium Lead				
	Quality and Service Delivery:					
	Please outline your experience of delivering services in a community setting and how you have ensured that quality, consistency and equality are maintained across your service offering, through internal processes and supply chain management. Max 1000 Words	Consortium Lead	0 - 4	4	5	20
	Partnering and Collaboration:					
	Please describe your experience of engaging with a range of partners and other organisations in order to deliver multiple services at the highest possible level of quality. Briefly describe the strategy that you have developed to ensure that you can source a comprehensive service offering to meet commissioner requirements. Max 1000 words	Consortium Lead	0 - 4	4	5	20
	Service Development & Innovation:					

	Please provide an example of where you have supported a customer to deliver a major organisational change programme. Include examples how patients and public were involved in this development. Max 1000 Words	Consortium Lead	0 - 4	4	5	20
	Please provide examples of where you have delivered service improvements using innovation to change working practices and deliver benefits. Max 1000 words	Consortium Lead	0 - 4	4	5	20
	Mobilisation:					
	Please describe your experience of designing and implementing mobilisation plans to put in place a large scale new or significantly redesigned service. Max 500 words	Consortium Lead	0 - 4	4	4	16
	Business Continuity / Disaster Recovery / Risk Management plan:					
	Please describe your Business Continuity/ Disaster Recovery/ Risk Management plans and processes to ensure the continuity of services should there be, for example, adverse weather, or a pandemic flu outbreak which results in loss of staff, or a fire or utility failure resulting in loss of your building. Max 500 Words	Each Consortium member	0 - 4	4	1	4
Signature	Must be completed but not scored	Consortium Lead	Not Scored			
TOTAL						124

Scores attributable to the criteria above will be allocated using the criteria below

SCORING MATRIX		SCORE
Deficient	Question not answered – or – Response to the question significantly deficient. Answer does not provide satisfactory evidence as to the organisation’s capability	0
Limited	A response that is inadequate or only partially addresses the question. Answer provides some evidence as to the organisation’s capabilities.	1
Acceptable	An acceptable response submitted in terms of the level of detail, accuracy and relevance. Answer provides sufficient evidence as to the organisation’s capability.	2
Good	A good response submitted in terms of the level of detail, accuracy and relevance. Answer provides significant evidence as to the organisation’s capability.	3
Excellent	A very good response in terms of the level of detail, accuracy and relevance. Accompanying evidence provides strong assurance as to the organisation’s capability.	4

Annex 2 Objectives of ACS procurement - Extracted from published MOI

- The key objectives of the ACS procurement are:
- To provide enhanced community services for patients which are responsive and working in tandem with primary care
- To provide services which are integrated across the health and care system locally and in so doing knocks down actual or perceived barriers.
- To secure the services of a community provider that will work with the CCG in delivering its five year strategy for integrated patient centred services delivered in the right place and at the right time
- To allow the CCG to work with a provider who can deliver outcome based community services
- To provide services which are outcome and evidenced based over time and which also provide choice and plurality.
- To develop innovation and productivity within the community services which releases capacity across the system and in so doing improves patient pathways
- To establish a collaborative relationship with an integrator who provides services which are true to the 12 principles of community service provision provider
- To contract with a provider who will work with local partners in developing innovative models and solutions to local pressures.
- With demonstrable input from the provider ensure that the public and patients share in the responsibility for their healthcare and prevent unnecessary demand for services.
- To secure the provision of services which provide value for money

**Annex 3 – Principles agreed by the CCG for use throughout procurement –
extracted from the Overarching Service Specification**

PRINCIPLES

1. Patient centred care with existing General Practice at the centre of all community provision.
2. The community provider functions in a genuinely community focused way.
3. Local integrated teams work in a way such that they function as a single team with primary care.
4. We anticipate the devolution of significant levels of clinical governance to the 20 integrated team areas
5. Specialist support services will work with the integrated/primary care teams, in a way that is supportive and focused on the community style of working. These will work with the integrated/primary care teams with appropriate links to secondary care but is in general not an extension of secondary care.
6. Integrated team will work increasingly with social care and mental health.
7. Utilisation of the simple point of access, which is able to link primary, community, community specialist support, social care etc. especially for complex cases.
8. Rehabilitation in the community will be developed.
9. Full consideration will need to be given to bed based care in the community.
10. The new provider will work continuously with the CCG, other local providers and the voluntary sector to allow and encourage a progressive approach to developing and improving the delivery of community care.
11. We expect future providers to develop partnerships with local providers, including the voluntary sector, to enhance care of the individual in the local community area.
12. The future provider will ensure patient and public involvement throughout the length of the contract.

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Adult Community Services procurement

For the record	
Name of person leading this EIA: Rob Hayday	Date completed: 10 November 2014
Names of people involved in consideration of impact: Not applicable	
Name of director signing EIA: Ted Wilson	Date signed

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

As part of the Optimising Community Team programme, agreed as one of the CCG's priorities, is the Adult Community Services procurement. A contract with Great Western Community Hospitals NHS Foundation Trust (GWH) has been in place since 2010. The CCG will procure a new contract for adult Community Services. The formal procurement will begin in January 2015 and the new contract will be in place in July 2016. In line with the CCG's five year strategy, the aim of the procurement is to seek an enhanced adult community healthcare service

Who's it for?

The new contract will be for services commissioned in line with the current portfolio of services provided by GWH in the community and will be for adults served by the commissioning responsibilities of Wiltshire CCG. Broadly this means those living within the county of Wiltshire and those whose GP practice is a member of Wiltshire CCG

How will this proposal meet the equality duties?

The CCG will ensure that through the procurement it is mindful at all times and compliant with the responsibility that the CCG has under the Public Sector Equality Duty.

What are the barriers to meeting this potential?

The procurement will be complex due to the size of the current contract and the arrangements in place across Wiltshire with the current provider. However, at the heart of the procurement are service descriptions which are currently commissioned for patients. These have been reviewed and patients have been involved in this process. To secure the right future services the CCG will describe outcomes that are required and these will be proposed to patients/groups to ensure engagement. The resource envelope of the CCG will need to be considered when commissioning the new services.

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 will procure services for the people of Wiltshire in line with those in operation under the contract with the existing provider. Commissioning of these services is influenced by the Joint Health & Wellbeing Strategy produced by Wiltshire Council Public Health available at:

<http://www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm>

How can you involve your customers in developing the proposal?

Patients/Groups will be engaged in the review of desired outcomes that are to be commissioned as

part of the procurement.

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

At this stage it is not anticipated that the procurement needs to be paused

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 CCG intends that the procurement delivers an enhanced community health service for adults during the 5 year contract period. During this time, where changes to service delivery are identified the CCG and its provider will ensure that it meets any obligations for formal consultation with the public and associated involvement of the Overview and Scrutiny Committee (OSC) of Wiltshire Council

What can be done to change this impact?

At this stage there is anticipated adverse impact though as part of the CCG's commitment to engage with the public the CCG will share its plans with the OSC

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

Not applicable

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

No, not at this stage.

4 So what?

Link to business planning process

What changes have you made in the course of this EIA?

None required.

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

The need for formal consultation, should it become necessary, is already flagged as part of the Stakeholder Engagement Plan which supports the ACS procurement

When will this be reviewed?

Throughout the procurement process during 2015 and thereafter during the contract

How will success be measured?

Wiltshire CCG will, through contract management, expect to see the community services provider deliver good outcomes for patients