
Healthy Child Programme Contract and wider community health services: Authorisation to Proceed with Procurement

Report of Councillor Maurice Jones, Executive Member for Health
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This report relates to a Key Decision

Purpose of this report

1. This report seeks support for the proposed commissioning arrangements for the procurement of a Community Health Services Contract for children and young people which includes the Healthy Child Programme.
2. The report also seeks the support of the Executive for the proposed commissioning arrangements for CBC associated with Bedfordshire Clinical Commissioning Group's (BCCG) procurement of Community Health Services Contract for adults.

RECOMMENDATIONS

The Executive is asked to:

1. **approve the proposal that CBC, Bedford Borough Council and BCCG, enter into a partnership arrangement for the procurement of Community Health Services for children and young people;**
2. **given the intention to include CBC adult social care funding covering rehabilitation/rapid intervention within the procurement of Community Health Services, to authorise a Section 75 agreement with the CCG, if necessary;**
3. **note the current assumption, prior to soft market testing, that the contract term is likely to five years with a maximum extension of two years, commencing in 2018;**

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| <ol style="list-style-type: none">4. Adopt the Memorandum of Understanding between Central Bedfordshire Council, Bedford Borough Council and Bedfordshire Clinical Commissioning Group that sets out how the parties will work together to deliver the procurement of Community Health Services for children and young people5. Agree that the Director of Public Health, in consultation with the Executive Member for Health, is given delegated authority to proceed with the re-procurement of the Healthy Child Programme once the Memorandum of Understanding has been agreed by all parties. |
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Overview and Scrutiny Comments/Recommendations

3. The proposal was considered by Children's Services Overview and Scrutiny Committee (OSC) on the 21 June and by Social Care, Health & Housing OSC on 27 June.
4. **Children's Services OSC recommended**
 - a) That there is an aligned commissioning process with the CCG.
 - b) That a direct correlation between the conclusions and recommendations from the Health Needs Assessment and the re-procurement process be made apparent in the report.
 - c) The Executive assure themselves of the working arrangements with the CCG.
 - d) That adequate monitoring control of the contract be put in place and that the role of parents be correctly balanced and referred to in the model of service.
5. The response to the recommendations from Children's OSC is that the Health Needs Assessment is directly informing the re-procurement and that future documents will make this link more apparent. The role of the parents will be included in the model of service and will be directly informed by the planned work to engage with and obtain the voice of parents and children.
6. **Social Care Health and Housing OSC recommended**

The Committee supports the principle of a joint arrangement for procuring and commissioning community health services with a view to providing a better integrated service recognising the principles for the design for community services.

Introduction and background

7. In 2013 the NHS separated the of children's health services by transferring the commissioning of the 5-19 Healthy Child programme (HCP) to Local Authorities and transferring commissioning of Children's Community Health Services (CHS) to the newly created Clinical Commissioning Groups.
8. In October 2015, responsibility for commissioning the 0-5 Healthy Child Programme transferred to Local Authorities. The contract for the HCP is currently commissioned by Public Health on behalf of both the Council and BBC.
9. In Bedfordshire the HCP is currently provided by South Essex Partnership Trust (SEPT) and the CHS by SEPT and Cambridgeshire Community Services.
10. Specialist community services for children include Community Paediatricians, Looked After Children's' Health Team, Special Schools School Nursing Service and Allied Health Professionals such as Speech and Language Therapists.
11. Community Health Services for adults include a number of CCG funded services including Multi-Disciplinary Teams, Specialist Nursing, Allied Health Professionals, Community Geriatricians, Rapid Response and Rehabilitation, Self-Management and Step up / Step down beds.
12. The contract for CHS is currently commissioned by Bedfordshire Clinical Commissioning Group (BCCG). There is a Section 75 agreement between the Council and BCCG as a contribution to the Rapid Intervention and Rehabilitation Service part of the Better Care Fund arrangements. The CHS are a significant component of the delivery of the Better Care Fund and the broader integration agenda, so whilst the current financial contribution to the contract is limited, it is of significant strategic importance.
13. All the above contracts were recently extended until 31 March 2018 and require re-commissioning. The re-procurement of these services provides an excellent opportunity to improve outcomes and deliver person-centred services, and the contract extension permits sufficient time for re-procurement and contract mobilisation.

Pre-procurement Preparation

14. To provide the essential preparatory work for the re-procurement a number of activities have taken place. These include Health Needs Assessments, a re-refresh of the Joint Strategic Needs Assessment, several stakeholder events and workshops and the development of high level outcome based specifications.

Principles for Service Delivery

15. Principles for service delivery have been developed in collaboration with stakeholders such as local residents, clinicians and the community and voluntary sector. The principles for children and adults were developed in parallel, and while there are similarities, there are also differences that reflect the needs of individuals at different stages of life.
16. The principles for Children's CHS are to:
 - Be child and family focused
 - Focus upon prevention and early intervention
 - Be integrated
 - Provide accessible and flexible service
 - Communicate and share information
 - Be evidence based and best value
17. The principles for adult's CHS are to deliver:
 - Care that is co-ordinated around the needs of patients, carers and service users
 - A workforce that is empowered, skilled and has the right competencies
 - Patients who have confidence to take control of their situation
 - Services that can be flexible to meet individual needs
 - Information shared across organisations to support patient care and good commissioning
 - Prevention through all services

Transformation of Services prior to Re-procurement

18. The contract for the current provider of the Healthy Child Programme was extended until March 2018 and included the requirement to transform services prior to re-procurement.
19. The five areas agreed for Children and Young People are:
 - Special Educational Needs and Disability
 - Autism
 - Integration
 - Services for children with complex needs
 - Admission avoidance
20. The areas proposed for adults are:
 - Implementation of the complex rehabilitation pathway including early supported discharge for stroke patients
 - Multi-disciplinary team working around the 9 clusters of GP practices and the use of risk stratification
 - Improved access to community services for care homes
 - Integration of the rapid response element of care (2017/18)

21. Learning from the transformation of services will be used to inform the final specifications for service delivery.

Joint Arrangements

22. Evidence from around the country has provided some support for the conclusion that joint working between Health Providers and local authorities on the provision of services has the potential to provide benefits in terms of service quality and cost efficiency. It is noted that the most successful partnerships have a common thread of clear and transparent structures and governance.
23. In light of the evidence of the potential benefits which may arise from partnership working in this context, BCCG, BBC and CBC have begun to develop a draft vision for a local model for community services which is likely to result in the need for substantial change in the way services are currently modelled and delivered and there may be a need for investment in new services.
24. Against this background, it would seem appropriate in principle to pursue the establishment of partnership arrangement, such as a Memorandum of Understanding (MOU) (Appendix B) between this Council, Bedfordshire Clinical Commissioning Group and Bedford Borough Council to jointly procure the range of community health services.
25. Joint arrangements in this field are increasingly popular both nationally and locally: for example during 2015/16, 60% of the adults' community services budget is already included within the Better Care Funds covering the three organisations. In addition, new Better Care Fund arrangements announced last autumn require integrated health and social care systems to be developed for the future.
26. The re-procurement of community health services for children, young people and adults has the potential to present an opportunity to reconfigure and deliver services which are more person-centred and improve outcomes. Care will be delivered closer to home, support the best start in life for children, and promote self-management and independence, ultimately reducing unnecessary admissions to acute or residential care. It is considered that that there is a likelihood that overall joint arrangements for health and care services will improve patient experience, help to provide efficiencies of scale, improve the quality of care by avoiding duplication and creating seamless care and also create opportunities to address local workforce challenges.
27. It is envisaged that new models will allow joint working within different parts of community health to be extended in the future where appropriate and subject to agreement and governance.

Issues for Consideration

28. Any joint procurement arrangements should be subject to the establishment of appropriate governance mechanisms which need to include the consideration and approval of appropriate options for service delivery and procurement approach. Thereafter decision making process, implementation and management of the service will require similar governance considerations and establishment.
29. The governance mechanisms could include a partnership agreement or Memorandum of Understanding which records the basis of the partnership i.e. the objective of procuring better outcomes for community health and the structure of the partnership including how, by whom and in what forum decisions are made both in relation to the procurement process and to the subsequent management of the service delivery post implementation. Experience has shown that the most successful partnerships are those in which there is clarity of purpose and status of the partnership, scope of any powers or decision making and governance.
30. There are a number of options for how the partnership might be structured and these are matters which will need to be considered and agreed in due course. Each of the parties must have an appropriate input into the design of the partnership and an appropriate level of influence in the ongoing operation of the arrangement.

Reason/s for decision

31. The re-procurement of CHS for Children, Young People and Adults, presents an excellent opportunity to deliver services which are person-centred, improve outcomes and deliver maximum efficiency, therefore it is recommended that the Committee supports the joint arrangement for procuring and commissioning community health services.

Council Priorities

32. Full and effective delivery of Community Health Services including the Healthy Child Programme will contribute to the achievement of the following Council priorities:
 - Enhancing your local community
 - Improved educational attainment
 - Promote health and well-being and protect the vulnerable

Corporate Implications

Risk Management

33. The process requires sound and timely management to ensure decisions can be taken at the appropriate time based on all viable options and the decision process is open and transparent.

Staffing (including Trades Unions)

34. There are no specific staffing issues arising from this report.

Legal Implications

35. The legal implications at this stage centre around setting up appropriate governance mechanisms in line with requirements in the Constitution to ensure open and transparent decision making at all stages.

Financial Implications

36. The financial implications are set out in the exempt Appendix A.

Equalities Implications

37. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Ensuring better outcomes under CHS and HCP should be for the benefit of all residents and equality duties should be considered and embedded in the context of any joint working to avoid discrimination.
38. BCCG will undertake an Equalities Impact Assessment as part of the procurement process.

Procurement

39. The Executive Committee and the Executive Member for Health will be briefed on the progress of the procurement.

The timetable is expected as follows:

Event	Timescale
Procurement Process	September 2016 – September 2017
Mobilisation	October 2017 – March 2018
Contract start	April 2018

Appendices

Appendix A – Exempt Financial Information

Appendix B - MOU – to follow