

Central
Bedfordshire
Council
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**TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

24 June 2016

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday
27 June 2016**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following outstanding report:-

13. Re-procurement of Community Health Services in Central Bedfordshire

The report outlines the proposed set of guiding principles for the “aligned” tendering process between Bedfordshire Clinical Commissioning Group and Central; Bedfordshire for the re-procurement of Community Health Services.

Members views are sought on the proposals outlined.

Should you have any queries regarding the above please contact the Overview and Scrutiny Team on Tel: 0300 300 4196.

Yours sincerely

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Central Bedfordshire Council

Social Care, Health and Housing Overview and Scrutiny Committee
27 June 2016

Recommissioning of Community Health Services

Report of Cllr Maurice Jones, Executive Member for Health

Advising Officers: (Muriel Scott), Director of Public Health
(muriel.scott@centralbedfordshire.gov.uk)

Purpose of this report:

- 1. To outline a proposed integrated procurement for Community Health Services (including 0-19 Children's Services) and joint working for the delivery and management of the Service.**

RECOMMENDATIONS

It is recommended that the Committee:

- Consider the proposal that CBC, BBC and Bedfordshire CCG, enter into a partnership arrangement for the procurement, delivery and management of Community Health Services.
- Advise as to what additional matters should be considered in order to enable the proposal to successfully proceed and to ensure robustness of the arrangement.

Background

- 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.
- In October 2015, responsibility for commissioning the Health Visiting services (0-5 Healthy Child Programme) transferred to Local Authorities. The Council together with Bedford Borough Council (BBC) provide community beds, rehabilitation and reablement services and domiciliary care in our respective areas.

3. In Bedfordshire the HCP is currently provided by South Essex Partnership Trust (SEPT) and the (CHS) by SEPT and Cambridgeshire Community Services.
4. The contract for the HCP is currently commissioned by Public Health on behalf of both the Council and BBC.
5. The contract for CHS is currently commissioned by Bedfordshire Clinical Commissioning Group (BCCG). There is a Section 75 agreement between the Council and BCCG with regard to the joint funding of adult re-ablement services as part of the Better Care Fund arrangements.
6. All the above contracts were recently extended until 31 March 2018 and require re-commissioning.

Changes to Services

7. The King's Fund think tank has identified an emerging consensus about the impact that community services can have on the quality of patient experience and avoidable hospital admissions and what is needed to improve their effectiveness (Community services: How they can transform care, Edwards 2014). The main steps identified are to:
 - Reduce complexity of services
 - Wrap services around primary care
 - Build multidisciplinary teams for adults and children with complex needs, including social care, mental health and other specialist services
 - Support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people, those with chronic conditions
 - Create services that offer an alternative to hospital stay
 - Build an infrastructure to support the model based on these components including much better ways to measure and pay for services
 - Develop the capability to harness the power of the wider community
8. The principles for the design of community services are:
 - To provide care closer to home
 - Simplify services and remove unnecessary complexity, through integration and collaboration.
 - Design services that are patient and family centred
 - Develop teams and services to provide support to patients as an alternative to admission or hospital stay.
 - Designed in line with evidence of best practice

Joint Working

9. 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.

10. 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.
11. Against this background, it would seem appropriate in principle to pursue the establishment of partnership arrangement between this Council, Bedfordshire Clinical Commissioning Group and Bedford Borough Council to jointly procure the range of community health services required within the combined area from April 2018.
12. 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.
13. 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.
14. 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

15. Any joint working 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.

16. It is generally agreed that governance mechanisms should 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.
17. 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.
18. The BCCG has engaged consultants to advise on procurement and will be considering proposed models for the services for both adults and children. This is using data from existing services including costs and workforce data, national guidance, health economics modelling and examples of 'best practice' from around the country where this is working well (such as Torbay, Greenwich, Manchester and Cambridgeshire). Details about this will be presented at the BCCG Governing Body meeting in July and subsequent Health and Well Being Boards.
19. The BCCG are also planning to publish the Prior Information Notice giving advance notice of the proposed tender to the market in September 2016, subject to their Governing Body decision

Conclusion and Next Steps

20. It is recommended that the Committee supports the principle of a joint arrangement for procuring and commissioning community health services.
21. If the principle of joint working is supported the governance issues and initial detail will need to be agreed with partners and set out in a formal agreement.
22. After further discussions and options analysis including proposed models for procurement and delivery updates, further formal decisions are likely to be required.

Council Priorities

23. 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

24. 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)

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

Legal Implications

26. 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

27. None at this stage and will be fully considered during the procurement process.

Equalities Implications

28. 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.

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