

Bath & North East Somerset Council

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| MEETING/ DECISION MAKER: | Cabinet Cllr Vic Pritchard, Cabinet Member for Adult Social Care & Health | |
| MEETING/ DECISION DATE: | 9th September 2015 | EXECUTIVE FORWARD PLAN REFERENCE: |
| | | E 2789 |
| TITLE: | <i>Your Care, Your Way: Draft Commissioning Intentions & Market Engagement Approach</i> | |
| WARD: | All | |
| AN OPEN PUBLIC ITEM | | |
| <p>List of attachments to this report:</p> <p>Appendix 1: <i>“Proposals to Review Community Services Consultation Document”</i></p> <p>Appendix 2: <i>“The story so far...Phase One Report”</i></p> | | |

1 THE ISSUE

- 1.1 The *Your Care, Your Way* community health and care services review programme has four key phases. Phase 1 “Analyse and Plan”, included extensive engagement, which ran from January to May 2015. The focus was on engaging key stakeholder groups to elicit feedback to help to better understand current service provision, identify needs and aspirations and consider some of the findings and key challenges and opportunities identified as a pointer towards priorities and strategies for the future.
- 1.2 The focus of Phase 2 is on developing the commissioning intentions document that will set out the overarching strategy, outcome framework and potential models on which consultation will be based during the latter part of this Phase. A further consultation period is planned during Phase 3.
- 1.3 Phase 2 includes key milestones, which are the focus of this report as follows:
- i) Approval of draft commissioning intentions, including outcomes, values, priorities and potential future service delivery models all covered in the consultation document attached as Appendix 1; and
 - ii) Approval of market engagement approach.

2 RECOMMENDATION

- 2.1 Approve, for consultation, the document attached as Appendix 1: *‘Proposals to Review Community Services Consultation Document NHS Bath and North East Somerset CCG and Bath & North East Somerset Council’*.
- 2.2 Approve the Market Engagement Approach set out in Section 5.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 During Phase 1 of the review process, our analysis and planning included establishing, as clearly and in as much detail as possible, patterns and trends in expenditure and activity in respect of all current community services. Current headline figures show that across commissioning organisations, which are primarily the Council and CCG, we spend £69.24m annually on community services in Bath and North East Somerset.
- 3.2 The information from Phase 1 has helped to define the current funding envelope for community services. As part of Phase 2: 'design and specify', work, we have further refined and analysed this information. This analysis is contained in pages 11 to 12 of the consultation document attached as Appendix 1. This has been and will continue to be an iterative process throughout Phase 2 and into Phase 3: 'service model development' to reflect feedback from engagement and consultation and start to firm up the commissioning strategy, drawing up of outcome-based service specifications and develop service models.
- 3.3 As the review progresses through Phases 2 and 3, which is planned to cover the period to Summer 2016, it is highly likely that both the CCG and Council will face further reductions in funding of public services arising from Government policy and spending review. This will also have to be taken into account as the envelope for funding service provision is finalised. The scale of the challenge will become clearer on the announcement of the Government's four-year plan to cut public spending by £20bn which will be published on 25 November 2015. Communication on how these funding reductions impact on B&NES Council and BaNES CCG will be addressed through the Council and CCG's annual financial planning and contracting processes and, also, further inform Phase 2 and 3 of the community services review.
- 3.4 Commissioners will work closely with providers to develop service models that reflect this funding envelope and align with the principles that all services must be affordable, provide value for money and demonstrate that resources are appropriately allocated to address priority areas of need.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Community health and care services play a vital role in meeting the statutory responsibilities of the Council and CCG. For the Council, these included those in the Care Act (2014); Mental Capacity Act (2005); Mental Health Act/Deprivation of Liberty Safeguards (2007); Children Acts (1989 and 2004) and SEND (Special Educational Needs and Disabilities) reform. Public Health responsibilities include a duty to promote the health & wellbeing of the inhabitants of its area and to reduce inequalities amongst its population.
- 4.2 *Your Care, Your Way* also supports the delivery of local strategic priorities, including those set out in the Health & Wellbeing Strategy, Better Care Plan, Council vision and priorities, and CCG 5-Year Strategy.
- 4.3 An Equalities Impact Assessment (EIA) has been undertaken and can be found on the *Your Care, Your Way* website (www.yourcareyourway.org). The EIA will be regularly reviewed and updated throughout all phases of the programme.

5 THE REPORT

- 5.1 In October 2014, the Council and CCG launched the joint review of community health and care services with the aim of having a new fully integrated community services model in place by April 2017. The *Your Care, Your Way* review presents the opportunity to engage with all our stakeholders, think differently and design service models that better meet the needs of our ageing and growing population and enable them to continue living independently in their own homes. In this way *Your Care, Your Way* is aligned to NHS England's Five Year Forward View with its aim of breaking down boundaries between GPs and hospitals, between physical and mental health and between health and social care and empowering patients to take more control over their own care and treatment. *Your Care, Your Way* also supports the priorities in the Health and Wellbeing Strategy and the national exemplar B&NES Better Care Plan 2014/15-2018/19.
- 5.2 The programme is supported by detailed project plans aligned with nine individual work streams, each with its own project group. Work stream leads sit on a Project Team, reporting to the Joint Commissioning Committee (membership includes Council Directors, including those in joint Council/CCG roles, CCG Executives and CCG GP Board Members). The Health and Wellbeing Board has overall oversight of the programme.
- 5.3 The *Your Care, Your Way* review consists of four phases with stakeholder engagement and consultation playing a vital part in every stage of the process. Phase 1 – Analysis and Planning (Winter 2014-Spring 2015); Phase 2 – Design and Specify (Spring 2015 – Autumn 2015); Phase 3 – Service Model Development (Autumn 2015 – Summer 2016); and Phase 4 – Implementation and Delivery (Summer 2016-Spring 2017).
- 5.4 The initial engagement phase of the project, which ran from January to May 2015, was focussed on engaging with key stakeholder groups to elicit feedback to help to better understand current service provision, identify needs and aspirations and consider some of the findings and key challenges and opportunities identified as a pointer towards priorities and strategies for the future. 31 separate events were held during this time with 500 face to face contacts and over 700 website social media interactions and emails (see: www.yourcareyourway.org for more information including a write up of all engagement events). The Phase One report is attached as Appendix 2.
- 5.5 Nine key themes emerged from the Phase 1 engagement:
- Provide more joined up care
 - Consider the whole person
 - Focus on prevention
 - Reduce social isolation
 - Build community capacity
 - Guide people through the system
 - Value the workforce and volunteers
 - Share information more effectively
 - Embrace new technology

5.6 Further engagement is being undertaken with children and younger adults as well as with seldom heard groups. Work is also underway to structure Phase 2 Focus Groups that will be designed around the nine emerging themes from Phase 1 and will facilitate co-production of emerging models of care.

5.7 Phases 2 includes key milestones in as follows:

September 2015:

- i. Approval of draft commissioning outcomes, values and priorities and potential service delivery models, which are all included in the consultation document '*Proposals to Review Community Services*' attached in draft form as Appendix 1. Subject to approval, the proposals set out in this document will be the subject of consultation running from 10th September to 31st October 2015; and
- ii. Approval of market engagement approach.

5.8 In addition to this report to Council Cabinet, a mirror report went to the Council/CCG Joint Commissioning Committee on 27th August (this is not a public meeting) for input from senior commissioners from both the Council and CCG, and, also to CCG Board on 3rd September. As the Council is subject to different statutory and constitutional requirements, this report to Council Cabinet was published before the report to CCG Board and does not, therefore, include the outcome of the CCG Board meeting in respect of the recommendations made in section 2.

5.9 Commissioning Intentions Consultation Document

The draft commissioning intentions consultation document '*Proposals to Review Community Services*' attached as Appendix 1 sets out the overarching strategy, outcomes framework, priorities, and potential models on which initial consultation will be based. Following approval of the consultation document, an easy read version of this document will be finalised and published.

5.10 Learning from Phase 1 of the review as detailed in Appendix 2 has been invaluable in helping with the drawing up of the draft proposals in this consultation document. Three key areas are set out for consideration by stakeholders in this document:

- i. our vision and core values for future provision;
- ii. details on how we will transform services; and
- iii. the priorities that we will seek feedback from our community on.

5.11 Views from this public consultation will be fed into the further refinement and development of the options and will also be taken account of by commissioners as they put together more detailed proposals. The priorities confirmed as part of the consultation will enable commissioners to develop final models of provision with service providers as part of Phase 3.

5.12 Market Engagement Approach

A key outcome of this next Phase of the Programme is to determine the most appropriate way to approach the market. The CCG and the Council are currently subject to different rules around public sector procurement and commissioning. We will only confirm the approach following engagement with the market place.

5.13 The CCG and the Council are both governed by the Public Contract Regulations 2015. The CCG is also bound by the NHS Procurement, Patient Choice and Competition Regulations 2013.

5.14 **Methodology for Market Engagement**

Experience shows that the understanding and readiness of the provider organisations is vital to the success of a new commissioning approach. This section outlines the plans for engagement with providers in order to provide input to the outline business case development and understand any concerns and risk factors in the approach from the provider and commissioner perspective. Key outcomes are summarised as follows.

5.15 The objectives of engaging with providers in respect of our review of community services are as follows:

- i. To ensure providers are engaged and informed about our commissioning intentions and that they understand the process and options for commissioners;
- ii. To assess whether Providers are ready to participate in dialogue around new models of care and provision;
- iii. For commissioners to understand the concerns that providers have about the commissioning process and population; and
- iv. For providers to be ready to respond to a new commissioning approach.

5.16 Regulations stipulate that contracting authorities intending to award a public contract for the services shall make known their intention. It is therefore proposed to advertise our intent to engage with the market and seek expressions of interest from interested Providers with which we shall engage. It should be noted that advertising our intent does not commit the Council or CCG to pursuing full market testing in any form.

5.17 **Approach and Timetable**

September 2015:

- Advert placed by means of a Prior Information Notice.
- Provider workshops to update on progress and further test the appetite for provision of services in Bath and North East Somerset.

September – October 2015:

- Individual meetings face to face/telephone with identified stakeholders. A semi-structured approach to the provider meetings will be taken, with some standard questions asked to all providers, some provider-specific questions and also allowing the providers to guide the conversations around the issues salient for them. These will allow more detailed insight regarding their understanding and view of the review and proposed segmentation and organisational development implications and readiness.
- Feedback will be collated and we will discuss further communication to try to address the main concerns and questions.
- Note in addition to this engagement a number of workshops will be offered to providers to explore the potential care model design – again this will be an opportunity to engage.

November – December 2015:

- A communication will need to be developed to inform providers of the outcome of the business plan and recommended route and will be published in December pending Cabinet and CCG Board approval.

6 RATIONALE

- 6.1 The recommended approach to public consultation on our core vision and priorities will ensure we are able to collect sufficient quantitative data to evidence the level of stakeholder support for the proposals and understand their priorities for funding. It will also ensure that all identified stakeholder groups (particularly seldom heard groups) are given the opportunity to share their views and that they are fairly and proportionally represented in the final analysis of the data. We also expect this consultation to raise awareness amongst stakeholders of the challenges facing the care and health system in Bath and North East Somerset and how the CCG and the Council are taking action to address these.
- 6.2 The market engagement strategy has been developed in consideration of delivering transformational change with our Community. In this situation there are currently many unknowns and consequently market testing models that rely on certainty and a minimum of discussion with providers may not be fit for purpose. We therefore propose the recommended approach to market engagement prior to more formal market testing in order to fully assess the market position and to mitigate risk as far as is possible in relation to our legal and statutory obligations.

7 OTHER OPTIONS CONSIDERED

- 7.1 None.

8 CONSULTATION

- 8.1 Parties consulted in preparing this report include the Monitoring Officer, s151 Officer, Council Strategic Management Team, Council/CCG Joint Commissioning Committee in addition to the extensive stakeholder engagement detailed in Appendix 2.

9 RISK MANAGEMENT

- 9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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| Contact person | Jane Shayler/Sue Blackman: 01225 396120 |
| Background papers | <i>List here any background papers not included with this report, and where/how they are available for inspection.</i> |
| Please contact the report author if you need to access this report in an alternative format | |