

## Improving People's Lives

**To: All Members of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**

**Bath and North East Somerset Councillors:** Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Ruth Malloy, Mark Roper, Andy Wait, Paul May, Liz Hardman, Gerry Curran and Rob Appleyard

**Co-opted Voting Members:** Gill Stobart

**Co-opted Non-Voting Members:** Chris Batten and Kevin Burnett

Chief Executive and other appropriate officers  
Press and Public

Dear Member

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel: Tuesday, 9th November, 2021**

Please find attached a **SUPPLEMENTARY AGENDA DESPATCH** of late papers which were not available at the time the agenda was published. Please treat these papers as part of the agenda.

Papers have been included for the following items:

11. **11.10AM VIRGIN CARE CONTRACT EXTENSION - OPTIONS APPRAISAL (Pages 3 - 100)**

Yours sincerely

Mark Durnford  
for Chief Executive

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Bath & North East Somerset Council		
MEETING:	Children, Adult, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	9 <sup>th</sup> November 2021	EXECUTIVE FORWARD PLAN REFERENCE:
		E
TITLE:	Virgin Care Contract – Options Appraisal	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p><b>List of attachments to this report:</b> Cabinet report pack - the suite of Cabinet papers will form the basis for this Panel’s discussions and include:</p> <p>A report, with the following attachments:</p> <p>Attachment 1: Options Appraisal – main report including appendices</p> <p>Attachment 2: Dashboard – performance and activity</p> <p>Attachment 3: Executive summary</p> <p>Attachment 4: Presentation</p>		

## 1 THE ISSUE

- 1.1 This Panel has received a number of reports on the Virgin Care Contract, the most recent report provided details of service user/patient experience and workforce planning.
- 1.2 Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) and B&NES Council, as joint commissioners of community services provided by Virgin Care, have requested a report setting out an options appraisal to help inform a decision on the future of the Virgin Care contract.
- 1.2 This is a seven year contract from 2017/18 to 2023/2024 with the option for BSWCCG and B&NES Council to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than the end of March 2022.

- 1.3 The original contract expiration date is the end of contract year seven and this point is deemed to be an ordinary exit date with the option to extend for a further three years.
- 1.4 An extra-ordinary B&NES, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body meeting has been convened for a decision to be taken on 11<sup>th</sup> November 2021, to ensure a joint decision is taken in public on the same day.

## **2. RECOMMENDATION**

### **Scrutiny Panel is asked to;**

- 2.1 Consider the content of the Cabinet Report and appendices to help inform understanding and context.
- 2.2 The Panel is invited to feedback on and reflect the views of the community on the services delivered through the contract and;
- 2.3 Feedback on the officer recommendation and consider the focus for performance improvements/delivery.

## **3 THE REPORT**

- 3.1 The Cabinet papers provide details of the options appraisal and background information to help inform a decision. There is a comprehensive overview of the performance of Virgin Care since being awarded the prime provider contract for the delivery of integrated health care, social care and public health services for the B&NES locality (since April 2017).
- 3.2 The full report gives information on the original decision to award the contract to Virgin Care, services that make up the contract, financial value and performance, service performance over the lifetime of the contract, services identified for development, quality and service user experience, priorities against Your Care Your Way, contracting and governance, legal position, response to COVID-19, horizon scanning, options appraisal and recommendation. The papers include a slide deck on performance and areas for development (section 6 of the main report).
- 3.3 In addition to the full report there are two presentations (1 presentation for the full report and the other as an overview) and a supporting executive summary to provide a concise overview of the main points to be considered and rationale for the recommended option.

## **4 STATUTORY CONSIDERATIONS**

- 4.1 The original Your Care Your Way Full Business Case November 2016 sets out how the procurement and decision making process for contract award to Virgin Care met legal and statutory duties.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 The full options appraisal with associated disbenefits and benefits is contained in section 13 of the main report.
- 5.2 Please refer to the Cabinet report and appendices for information on the finances relating to both the contract and options to be considered.
- 5.3 The employers National Insurance increase of 1.25% to fund the Government pledge of £36bn investment into Health and Social Care will have a financial impact on the contract. For the NHS element of the contract this increase will be fully funded as inflationary uplift will be passed down the NHS funding line from the department to the provider. For the Council element of the contract this is being planned for as a potential cost pressure as it constitutes a nationally mandated pay inflation change. We are awaiting further clarity on the implications for social care and public health.

## **6 RISK MANAGEMENT**

- 6.1 A risk assessment has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The full options appraisal with associated disbenefits and benefits is in section 13. Contained in the disbenefits and benefits of each option are the identified risks of each option.
- 6.3 The rationale for the CCG and Council jointly recommended option clearly outlines the consideration of associated risks and current operating context.

## **7 EQUALITIES**

- 7.1 As with all contracts Virgin Care are monitored in terms of their compliance with equalities requirements. Further details can be provided if required.
- 7.2 The original Your Care Your Way Full Business Case November 2016 sets out how the procurement and decision making process for contract award to Virgin Care met legal and statutory duties.

## **8 CLIMATE CHANGE**

- 8.1 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. Virgin Care as part of the transformation of the service are putting in place mechanisms to reduce the impact of climate change such as mobile working, the integrated care record, multi-disciplinary teams and also multi-agency hubs; the Community Wellbeing Hub is a clear example of this.

## 9 OTHER OPTIONS CONSIDERED

- 9.1 The full options appraisal with associated disbenefits and benefits is contained in section 13. This sets out the 3 options to be considered and a supporting rationale for the recommended option to Cabinet.

## 10 CONSULTATION

- 10.1 As a joint report between B&NES Council and BSWCCG there has been extensive consultation and development of the options appraisal between the organisations as joint commissioners to produce the full report with supporting appendices and attachments to the main report.

<b>Contact person</b>	<i>Claire Thorogood – Head of Contracting and Performance and Suzanne Westhead – Director of Adult Social Services</i>
<b>Background papers</b>	<i>Cabinet Papers of 11 November 2021</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Cabinet	
MEETING/ DECISION DATE:	11 <sup>th</sup> November 2021	EXECUTIVE FORWARD PLAN REFERENCE:
		E 3324
TITLE:	Virgin Care Contract Extension – Options Appraisal	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p><b>List of attachments to this report:</b></p> <p>Attachment 1: Options Appraisal – main report including appendices</p> <p>Attachment 2: Dashboard – performance and activity</p> <p>Attachment 3: Executive summary</p> <p>Attachment 4: Presentation</p>		

## **1 THE ISSUE**

- 1.1 B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body and B&NES Council, as joint commissioners, have requested a report setting out an options appraisal to help decide whether it wishes to extend the Virgin Care contract.
- 1.2 This is a seven year contract from 2017/18 to 2023/2024 with the option for BSWCCG and B&NES Council to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than end of March 2022.
- 1.3 The original contract expiration date is the end of contract year seven and this point is deemed to be an ordinary exit date with the option to extend for a further three years.
- 1.4 If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner (B&NES Council) must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/2022 – March 2022 latest date). The option to extend the contract term by three years can only be taken once.

- 1.5 There is no financial penalty to be incurred by commissioners if the decision is taken to not extend the contract term for the 3 year extension period. Initial dialogue with Virgin Care has identified their commitment to securing the 3 year extension term and their intention (at this stage) not to renegotiate the financial terms of the funding from BSWCCG and B&NES Council for the 3 year term. Virgin Care have also signified a willingness to explore the option for the removal of some identified services from the contract if the extension is approved (option 3).

## **2 RECOMMENDATION**

### **Cabinet is asked to;**

- 2.1 Approve Option 3 - Extend the contract term for the 3 year period (until 31<sup>st</sup> March 2027) but with identified services removed from block contract and/or improvement trajectories for identified services and delegate to Suzanne Westhead, Director Adult Social Care (DASS) in consultation with Cllr Born, Member for Adult Services authority to serve notice to extend the contract once assured that the total price for the contract as varied is agreed and affordable.
- 2.2 Note that an extra-ordinary B&NES, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body meeting has been convened for a decision to be taken on 11<sup>th</sup> November 2021, to ensure a joint decision is taken in public on the same day, for the recommendation of Option 3 - Extend the contract term for the 3 year period (until 31<sup>st</sup> March 2027) but with identified services removed from block contract and/or improvement trajectories for identified services.
- 2.3 Note the following risks:
- Contractual deadline of 31<sup>st</sup> March 2022 to inform Virgin Care of the decision to extend the contract for the 3 year term or not – limited time for slippage in the decision making process.
  - Consideration of the current contractual interdependencies between health care and social care commissioning and service delivery. The Council and CCG have a long history of integrated commissioning arrangements with a number of services which have jointly agreed service specifications to deliver integrated services, for example reablement.
  - As joint commissioners both B&NES Council and BSWCCG must agree on the option that is decided upon – if an agreement cannot be reached this will cause further delay in the decision making process.

## **3 THE REPORT**

- 3.1 The full contract extension options appraisal report gives a very detailed and comprehensive overview of the performance of Virgin Care since being awarded the prime provide contract for the delivery of integrated health care, social care and public health services for the B&NES locality since April 2017 to enable a decision to be reached on whether to extend the contract for the three year term or not.



- 3.2 The full report gives information on the original decision to award of the contract to Virgin Care, services that make up the contract, financial value and performance, service performance over the lifetime of the contract, services identified for development, quality and service user experience, priorities against Your Care Your Way, contracting and governance, legal position, response to COVID-19, horizon scanning, options appraisal and recommendation. Attached is a slide deck of performance an activity of services identified for development (section 6 in the main report).
- 3.3 At the back of the full options appraisal report there are a number of appendices which contains more detailed information on the different community services and sub contracted services that make up the contract, report references for quality and service user experience, detailed overview of contracting and governance arrangements for assurance and monitoring of the contract, Community Wellbeing Hub activity and progress update against transformation priorities of Your Care Your Way. The supporting appendices are on pages 46-63 of the main report.
- 3.4 In addition to the full report there is also a presentation and a supporting executive summary to provide a shorter overview of the main points of consideration in the options appraisal and rationale for the recommended option.
- 3.5 The joint recommendation from the CCG and the Council is Option 3 - Extend the contract term for the 3 year period (until 31<sup>st</sup> March 2027) but with the identified services set out above removed from block contract and/or improvement trajectory for identified services. The jointly agreed recommendation has been made based on the following rationale:
- Overall Virgin Care are a good provider and services have been delivered well to meet the needs of the B&NES population. Virgin Care recognise the services that require transformation to meet the needs of the system as an established strategic partner coupled with clear expectations from commissioners on rigorous performance reporting and escalation protocols with the senior leadership team in Virgin Care.
  - The system remains under considerable pressure from the impact of COVID-19, extending the contract term will limit disruption in the system allowing for focus on response and recovery.
  - This is a period of significant change for the NHS and social care systems with the embedding of new Integrated Care System and B&NES Integrated Care Alliance from April 2022 and focussing on a re-procurement process would distract from this.
  - Changes in Council leadership and Cabinet member responsibilities (elections in two years) will enable the Council to take a longer term view on how social care services are best delivered to meet the needs of the B&NES population
  - Virgin Care have by mutual agreement, been open to discussions regarding the potential to remove services from the main contract, giving greater ownership and emphasis to commissioners over statutory functions.

- A re-procurement process would require significant capacity from both the Council and CCG and incur one off costs of approximately £965,000 and will require an approved funding source for both Council and CCG.
- There is no guarantee that another provider would, in the current climate be able to mobilise and run the contract within the current budget envelope which may result in further additional increased costs for the Council and CCG, additional costs of pension contributions could be considerable in this area when transferring into NHS or Local Authority. These costs will need to be planned for, deferring such decisions could result in a greater deficit in the future.
- Virgin Care have signalled that they will not renegotiate the existing financial terms of the contract for the remainder of the contract term if the extension term is granted. Potentially appointing a new provider would incur mobilisation costs and the baseline value of the contract could be higher. These costs will need to be planned for, deferring such decisions could result in a greater deficit in the future.
- Analysis of the market indicates there are very few providers who have the necessary experience of delivering integrated health care and social care services.
- Given the current system pressure due to the impact of COVID-19 it will be challenging at this time for any new provider to respond to a procurement process of this size and complexity.
- This approach allows the CCG and Council to wait for the final legislative changes on procurement and consider its future approach.

## **4 STATUTORY CONSIDERATIONS**

- 4.1 The original Your Care Your Way Full Business Case November 2016 sets out how the procurement and decision making process for contract award to Virgin Care met legal and statutory duties.
- 4.2 The decision to extend for the three year term or not is a contractual requirement that must be completed prior to end March 2022.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 The full options appraisal with associated disbenefits and benefits is in section 13 of the main report. Contained in the disbenefits and benefits of each option are the identified risks of each option. Contained in the disbenefits and benefits of each option are identified resource implications of each option.
- 5.2 The rationale for the joint recommendation of Option 3 - Extend the contract term for the 3 year period (until 2026/27) but with the identified services set out above removed from block contract and/or improvement trajectory for identified services, clearly outlines the consideration of resource implications within the recommendation to Cabinet and CCG Governing Body.

5.3 Virgin Care's original bid planned for overspends in the early years of the contract as a result of investment in transformation to support ongoing investment into the services, increasing demand and the annual efficiency requirement for

services of 1%. In 2017/18 the contract was £1.2 million overspent, in 2018/19 £1.4 million overspent and in 2019/20 £0.7 million overspent. Virgin Care absorbed these costs and anticipated that a balanced position would be achieved in 2020/21 but a contract underspend of £0.3 million for 2020/21 has been confirmed. A balanced position for 2021/22 contract year is currently being forecast by Virgin Care (reported at the August 2021 Finance and Information Group meeting).

5.4 The current contract value, Year 5, 2021-22 is £54,548m, the funding for which is split CCG £28,147m, Council £21,930m and Better Care Fund £4,471m. The Council funding is fixed with cost increases managed through Virgin Care's savings plans. The CCG and Better Care funding is subject to NHS annual uplifts applicable to provider contracts.

5.5 The employers National Insurance increase of 1.25% to fund the Government pledge of £36bn investment into Health and Social Care will have a financial impact on the contract. For the NHS element of the contract this increase will be fully funded as inflationary uplift as the funding will be passed down the NHS funding line from the department to the provider. For the Council element of the contract this is being planned for as a potential cost pressure for a pay inflation change that have been nationally mandated and we are awaiting further clarity on the implications for social care and public health.

## **6 RISK MANAGEMENT**

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

6.2 The full options appraisal with associated disbenefits and benefits is in section 13 of the main report. Contained in the disbenefits and benefits of each option are the identified risks of each option.

6.3 The rationale for the joint recommendation of Option 3 - Extend the contract term for the 3 year period (until 2026/27) but with the identified services set out above removed from block contract and/or improvement trajectory for identified services, clearly outlines the consideration of associated risks.

## **7 EQUALITIES**

7.1 As with all contracts Virgin Care are monitored in terms of their compliance with equalities requirements. Further details can be provided if required.

7.2 The original Your Care Your Way Full Business Case November 2016 sets out how the procurement and decision making process for contract award to Virgin Care met legal and statutory duties.

## **8 CLIMATE CHANGE**

8.1 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. Virgin Care as part of the transformation of the service are putting in place mechanisms to reduce the impact of climate change such as mobile working, the integrated care record, multi-disciplinary teams and also multi-agency hubs; the Community Wellbeing Hub is a clear example of this.

## 9 OTHER OPTIONS CONSIDERED

9.1 The full options appraisal with associated disbenefits and benefits is in section 13 of the main report. This sets out the 3 options that have been considered and a supporting rationale for the recommendation of option 3.

9.2 The options appraised include:

Option 1: Extend the contract term for the 3 year period (until 2026/27)

Option 2: Do not extend the contract for the 3 year extension period and recommission both community health care, social care and public health services

Option 3: Extend the contract term for the 3 year period (until 2026/27) but with identified services removed from block contract (i.e. CHC return to CCG and ASC safeguarding return to Council) and/or improvement trajectory for identified services.

## 10 CONSULTATION

10.1 As a joint report between B&NES Council and BSWCCG there has been extensive consultation and development of the options appraisal between the organisations as joint commissioners to produce the full report with supporting appendices and attachments to the main report.

10.2 The Virgin Care Contract Extension Options Appraisal has been discussed at the following informal meetings:

B&NES Locality Senior Leadership Team on 13<sup>th</sup> July 2021 & 14<sup>th</sup> September 2021

BSWCCG At Scale Commissioning Committee on 19<sup>th</sup> August 2021

B&NES Locality Commissioning Group on 2<sup>nd</sup> September 2021

BSWCCG Governing Body 16<sup>th</sup> September 2021 & 21<sup>st</sup> October 2021

B&NES Council SLT 6<sup>th</sup> October 2021

<b>Contact person</b>	<i>Claire Thorogood – Head of Contracting and Performance and Suzanne Westhead – Director of Adult Social Services</i>
<b>Background papers</b>	<i>N/A</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

## **Virgin Care Contract Extension Paper – Options Appraisal**

### **BaNES, Swindon and Wiltshire Clinical Commissioning Group and Bath & North East Somerset Council**

**11<sup>th</sup> November 2021**



**COVID-19 immunisation in the community**

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**40,268**  
people supported









## 1. Introduction

1.1 B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body and B&NES Council, as joint commissioners of community services provided by Virgin Care, have requested a report setting out an options appraisal to help inform a decision on the future of the Virgin Care contract. This is a seven-year contract from 2017/18 to 2023/2024 with the option for BSWCCG and B&NES Council to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than end of March 2022.

## 2 Context & Background

2.1 Between January and December 2015, B&NES Clinical Commissioning Group (who merged with Swindon and Wiltshire CCGs in April 2020 to create BSW CCG) and B&NES Council carried out a review of community health and care services for children, young people and adults. The review, known as *Your Care, Your Way*, looked at the wide range of services providing care and support in people's homes and communities. Integral to this was the experiences of people using these services.

2.2 The top five priorities identified through the engagement process with B&NES residents were:

1. A person not a condition
2. A single plan
3. Invest in the workforce
4. Join up the information
5. Focus on prevention

2.3 Over 200 different community services were within the scope of the *Your Care, Your Way* review which were provided by over 60 different organisations. The commissioning and contract management of these services were at the time of the review all carried out by the CCG and Council.

2.4 Following the identification of the priorities of the B&NES local population, a new approach to contracting community services was identified as being required. A detailed assessment was undertaken, and legal guidance sought; this resulted in the 'prime provider model' being chosen as the best contracting method for delivering the community's priorities. Under this model, the CCG and Council would enter into a joint contract with a single prime provider and this organisation would have responsibility for the delivery and coordination of services, they would also have sub-contracting and commissioning responsibility for some specialist, third sector providers and small and medium-sized enterprises (SME's).

- 2.5 The driver for change to a prime provider model was taken based on the challenges faced by the local health and social care system, which continue, with an aging population; more people living with long term conditions resulting in the demand for health and social care services growing. Alongside this, aspirations and needs of the community were changing as people articulated that they expected more personalised services, services being more joined up and more choice and control over how their individual needs were met.
- 2.6 A procurement process was undertaken to identify the best possible organisation to deliver the newly developed prime provider contract. The process was conducted in four stages:
- Pre-Qualifying Questionnaire issued 29 February 2016
  - Issue of first round tender documents - 26 April 2016
  - Issue of final tender documents - 13 July 2016
  - Preferred bidder period 18 August 2016 to 31 October 2016
  - Contract start date April 2017
- 2.7 The full process from initiation, public engagement and consultation through to commencement of the contract took approximately 27 months with the associated costs of the procurement process being shared equally between the CCG and Council.
- 2.8 Virgin Care commenced delivery of the B&NES integrated community health and social care contract for Bath and North East Somerset in April 2017. 2021/22 is year 5 of the 7 year contract term with the option to extend by 3 years.

### **3 Services that make up the B&NES integrated community services for health care, social care and public health contract (prime provider delivery and sub contractors)**

- 3.1 A high level description of the services that make up the B&NES community contract with Virgin Care are outlined below:
- **Children's Services** - consist of medical support from the Community Paediatricians, universal services from Health Visiting, School Nursing, Family Nurse Partnership. Out-patient services include Speech and Language, Audiology and Bladder and Bowel. There are also a range of specialist services that support children with learning difficulties and those in need of continuing health care. Children with life limiting conditions have the support of the Community Nursing service, there is also a Safeguarding team and a team supporting Children in Care.
  - **Adult Health Services** – There are two community hospitals run within the contract, Sulis at St Martins Hospital and the John Stacey ward at Paulton hospital. There is also a minor injuries unit run from Paulton. Outpatient services include clinics for audiology, bladder and bowel, speech and language, physiotherapy and podiatry. Virgin Care provide specialist clinics for falls, orthopaedics, pain and Parkinson's disease. There is a team of discharge liaison nurses who work with acute hospitals

to arrange transfer or discharge of patients. There are also services provided to people in their own home, including community matrons, district nursing and reablement as well as specialist services that can be provided within a clinic or in someone's own home, such as heart failure or intravenous therapy (IV).

Lymphoedema and tissue viability services are also provided. The Care Coordination Team is now the single point of access for these services. There are teams dedicated to supporting people following a stroke, living with a long term neurological condition or living with chronic obstructive pulmonary disease. The continuing health care team undertake assessments for people requiring a NHS funded package of care. The learning disabilities team is an integrated health and social care team providing care and support for people with complex needs, it includes social work, nursing, support service co-ordinators, day services and supported living (helping people live independently).

- **Wellbeing** - a range of services to promote good health as well as some public health services which include adult and children's weight management, health checks, stop smoking and a variety of health improvement opportunities through the Wellbeing College. The wellbeing service also provides specialist interventions aimed at areas of high deprivation, including mental health support and the coordination of the Community Wellbeing Hub.
- **Adult Social Care** - in addition to the social care services provided as part of the integrated Learning Disabilities service there is a team supporting people with Autism Spectrum Disorders, a Hearing and Vision service, an Employment Inclusion Service and a Shared Lives Service which provides short breaks or fulltime placements for adults and their carer's. The full range of Adult Social Care Services are provided by the Adult Social Care team and there is an additional Adult Social Care Occupational Therapy Service. The access for social care services is co-located alongside health and wellbeing services at the Care Coordination Centre in Peasedown,
- **Sub-Contracted Services**— under the prime provider model in B&NES Virgin Care has responsibility for a group of commissioned services. These services are primarily with the third sector and include housing support, wellbeing and prevention of ill health and support for vulnerable people. The local hospice provision is also part of the subcontracted services. A full list of each of the sub contracted can be located in Appendix One.

3.2 Council statutory services included in the Virgin Care contract are Adult Social Care (PD1). The BSWCCG statutory services included in the contract are; Continuing Health Care (PD2) and Designated roles within Children's Health Services (PD3). These services are delivered in a co-ordinated way with both the Council and BSWCCG holding budget authorisation. These three services are referred to as delegated functions which must be delivered by Virgin Care and cannot be subcontracted.

3.3 B&NES Council have the co-ordinating commissioning role (lead commissioner) for the contract. Appendix One outlines the split of community services broken down across adults health care, adult social care, children's, public health and the two joint services which make up the community services delivered by Virgin Care in the contract.

- 3.4 Three of the services directly delivered by Virgin Care cannot be sub-contracted at any point (three delegated functions listed above) whereas the others can be via negotiation in line with contract regulations.
- 3.5 Each of the tables in Appendix One sets out the services contained in the contract to give an overview of the lead commissioning organisation, funding and if the service is directly delivered by Virgin Care, delivered through a combination of direct and sub-contracted delivery or delivered solely by a sub-contractor. This further serves to demonstrate the integrated nature of the contract between the Council and BSWCCG for community services in the B&NES locality.

#### **4 Financial value of the contract (years 1-7 and extension period)**

- 4.1 Table one outlines how community services are funded in the B&NES locality broken down by BSWCCG and Council statutory services as well as those services in the contract directly delivered by Virgin Care (prime) and those delivered by sub-contract partners under the prime provider model.
- 4.2 This funding table confirms actual funding for the first 4 years of the contract and provides a future model for the funding arrangements up until end of year 7 and if the decision is taken to extend for the three year term, the anticipated funding commitment until end of year 10 for both BSWCCG and B&NES Council as joint commissioners. The Council services in the contract are funded on a flat cash basis whereas the CCG services are subject to uplifts in line with annual inflation for NHS funded providers.
- 4.3 Table two outlines the % funding for both BSWCCG and Council statutory services in the contract for the 10 year contract term.

	Year 1 Actual	Year 2 Actual	Year 3 Actual	Year 4 Actual	Year 5	Year 6	Year 7	Year 1-7 Estimated Total	Year 8	Year 9	Year 10	Year 7-10 Estimated	Year 1 - 10 Estimated Value	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
	<i>Note 1</i>	<i>Note 2</i>	<i>Note 3</i>	<i>Note 4</i>	<i>Note 5</i>	<i>Note 6</i>	<i>Note 6</i>		<i>Note 6</i>	<i>Note 6</i>	<i>Note 6</i>			
Council Statutory services	4,212	4,632	4,236	4,226	4,228	4,229	4,231	29,994	4,232	4,233	4,234	12,699	42,693	
CCG Statutory services	1,771	1,827	1,895	2,004	2,071	2,094	2,118	13,780	2,141	2,166	2,190	6,497	20,277	
Services operated by Prime	33,290	35,405	36,779	38,339	39,116	39,601	40,098	262,628	40,611	41,138	41,682	123,431	386,059	
Services operated under Subcontract	7,908	14,718	14,813	12,362	9,133	9,191	9,251	77,376	9,313	9,378	9,445	28,136	105,512	
<b>Contract Total</b>	<b>47,181</b>	<b>56,582</b>	<b>57,723</b>	<b>56,931</b>	<b>54,548</b>	<b>55,115</b>	<b>55,698</b>	<b>383,778</b>	<b>56,297</b>	<b>56,915</b>	<b>57,551</b>	<b>170,763</b>	<b>554,541</b>	
Paid outside of Contract	0	0	347	256	806	473	498	2,380	525	553	582	1,660	4,040	
<b>Total Paid</b>	<b>47,181</b>	<b>56,582</b>	<b>58,070</b>	<b>57,187</b>	<b>55,354</b>	<b>55,588</b>	<b>56,196</b>	<b>386,158</b>	<b>56,822</b>	<b>57,468</b>	<b>58,133</b>	<b>172,423</b>	<b>558,581</b>	
The differential in cash value for the PD1 (Council Statutory services) element of the contract has fluctuated from year 1 - 3 due to rebasing of the value in year's 2 and 3.														
<i>Note 1: Original Agreed Contract Value expected to only increase by inflation applicable to CCG funded services.</i>														
<i>Note 2: Increase of £7m relates to CRC and Extra Care which will be removed from the contract in year 4. This is reflected in the final column in the table above, with a part year effect in year 4 and full year effect in year 5 – 7.</i>														
<i>Note 3: CCG inflationary uplift and £0.41m of Health variations.</i>														
<i>Note 4: CCG uplifted by annual inflator, part year effect of return of CRC and Extra Care Service to Council, Alcohol Liaison Service added to the contract £1m, Reablement service transferred to contract £1m.</i>														
<i>Note 5: FYE of removal of CRC and Extra Care Services.</i>														
<i>Note 6: Contract Values assumed at year 5 and uplifted by assumed inflation for CCG funded services.</i>														

**Table Two - % of contract funding for BSWCCG and Council Statutory Services**

Statutory Service spend on contract as % of overall Contract																	
Year	1	2	3	4	5	6	7	8	9	10							
Council Statutory services	4,212	4,632	4,236	4,226	4,228	4,229	4,231	4,232	4,233	4,234							
CCG Statutory services	1,771	1,827	1,895	2,004	2,071	2,094	2,118	2,141	2,166	2,190							
<b>Total</b>	<b>5983</b>	<b>6459</b>	<b>6131</b>	<b>6230</b>	<b>6299</b>	<b>6323</b>	<b>6349</b>	<b>6373</b>	<b>6399</b>	<b>6424</b>							
Contract Value	47,181	56,582	57,723	56,931	54,548	55,115	55,698	56,297	56,915	57,551							
<b>Council Statutory services as % of Contract</b>	9%	8%	7%	7%	8%	8%	8%	8%	7%	7%							
<b>CCG Statutory services as % of Contract</b>	4%	3%	3%	4%	4%	4%	4%	4%	4%	4%							
<b>Total Statutory Services as % of Contract</b>	13%	11%	11%	11%	12%	11%	11%	11%	11%	11%							

4.4 Virgin Care's original bid planned for overspends in the early years of the contract as a result of investment in transformation to support ongoing investment into the services, increasing demand and the annual efficiency requirement for services of c1%.

4.5 In 2017/18 the contract was £1.2 million overspent; in 2018/19 the contract was £1.4 million overspent and in 2019/20 the contract was £0.7 million overspent. Virgin Care

absorbed these costs. It was anticipated that a balanced position would be achieved in 2020/21 as reported at the December 2020 Finance and Information Group meeting. A further update at the June 2021 Finance and Information Group meeting, confirmed a contract underspend of £0.3 million for 2020/21. Please note, the above information excludes any impact of Covid-19 funding.

Year	Contract Overspend Value
2017/18	£1.2m
2018/19	£1.4m
2019/20	£0.7m

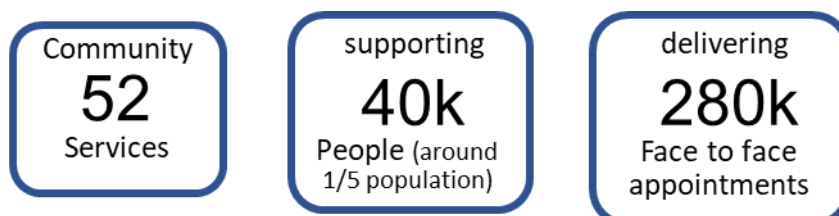
A balanced position for 2021/22 contract year is currently being forecast by Virgin Care (reported at the August 2021 Finance and Information Group meeting).

## 5 Performance over lifetime of the contract (years 1 – 5 YTD)

5.1 The performance of B&NES Community services delivered by Virgin Care and their partners against the agreed service specifications in the contract is reviewed regularly by the B&NES council and BSW commissioners and quality leads with the Virgin Care service leads and senior leadership team. The information used to review the performance is specified in the contract and includes, local scorecards, national measures and datasets and quality and safeguarding reporting. In the contracting and governance section of the report there is an overview of the governance process including the meetings where performance and quality reports are scrutinised for assurance purposes.

5.2 Overall, the services provided by Virgin Care and their sub-contractors are well delivered against the agreed service specification, examples are given below. Over the term of the contract there have been a number of changes to service delivery that have sought to improve the offer to B&NES residents and to improve ways of working with other health and social care partners.

5.3 In 2019/20, (the impact of COVID on 2020/21 means that it's not a representative year) B&NES Community services provided directly by Virgin Care supported the population of B&NES with;



5.4 However, commissioners have identified 7 areas that have been identified for improvement and these are covered later in the report in section 6.

5.5 Examples of services that are well delivered and have delivered improvements include:

### **Community Stroke and Neurological Service**

- Working collaboratively with the Integrated Stroke Delivery Network to develop the service to stroke patients, aligning the model with national drivers to support an Integrated Community Stroke Service
- Supporting stroke patients discharged from Acute and Community hospitals in line with national guidelines on Early Supported Discharge through intensive rehabilitation at home
- Adopting creative and responsive service delivery improvements to reduce waiting lists, as seen with the Botox service, where physios were upskilled to support therapy delivery models of care led by Consultants.
- Providing an in-reach service to patients in Sulis Ward, St Martin's with specialist stroke therapists providing bedside advice and support

### **District Nursing**

- Within the wider Virgin Care transformation plan, the service has used 'enablers' to work more efficiently and free up more time for direct care, using measures including:
  - Introducing electronic solutions to support mobile working
  - E-rostering to support greater resilience and oversight to staff management, including electronic time sheets
  - A pilot for e-scheduling to understand workflows and caseloads for staff
  - Collaborative working with the Primary Health Network to understand issues and barriers, with a focus on specific options to address concerns, including:
    - Securing funding to introducing a Phlebotomy service
    - Piloting a non-refusal referral process in the Care Co-ordination Centre, where the DNs take ownership of referrals to find an appropriate team to support a person even if the DNs won't be delivering care themselves
  - Attending Practice Managers' meetings
  - Joint working across health and care organisations to support recruitment and retention, including education for student placements.

### **Public Health**

- Children's healthy weight services adaption of services to include virtual contracts and new methods of delivering services including the development of Cook It videos
- Positive collaboration with between Virgin Care Service Leads and Commissioners to further develop and strengthen service outcomes reporting. This will enhance the clear and transparent information already provided via the Tableau reporting system which is available for commissioners to view service activity.
- Embraced new opportunities for supporting behaviour change via technology
- Provide multiple means of support – phone, virtual, apps and this has created choice and flexibility for service users
- Provided training and capacity building via MECC and brief interventions
- Marketing the service with partners and public – strong social media presence
- Holistic approach to changing behaviour and promoting wellbeing.
- The service delivers a range of health improvement and behaviour change interventions with onward referral to other pathways provided by other providers.

- In response to Covid-19, pause of face to face delivery, the service lead approached X-PERT and discussed the benefits of implementing a digital solution – this was implemented both locally and nationally
- Responding to Service User's needs - Cook it course delivered in Arabic (mums with babies in supported housing)
- The service has embraced and embedded the use of the Integrated Care Record.

### **Children's Community Health Services (Universal and Specialist)**

- Virgin Care has provided consistently strong performing, quality services around Children's community health for the past 5 years. These include universal Public Health Services and a range of Specialist services which include Looked After Children Health, Community Paediatrics, Audiological services and Therapies.
- Workforce stability has been maintained and professional clinical governance where appropriate has been developed across both B&NES and Wiltshire, where Virgin Care are also Children's Providers, to maximise standardised quality and manage resource effectively.
- Collaborative and Partnership working with Commissioners has been an underlying characteristic of Virgin Care Children's Services and there are many examples of positive service development which sit alongside routine performance management.
- During the Bath and North East Somerset Local Area SEND Inspection in 2019, the health provision provided by Virgin Care as part of the system -wide support provided to Children with Special Educational Needs and Disabilities was evaluated as Very Good. Virgin Care continue to be fully engaged as a key partner in the continuing quality of SEND provision in the area.
- During the COVID Pandemic, Virgin Care Children's services have swiftly adapted their models of care to continue to provide support to children and their families, in many cases exceeding their commissioned service requirement. Where services have been affected, prompt and robust recovery plans, agreed with Commissioners, have been implemented.

### **Care Co-ordination Centre**

- Your Care Your Way identified the frustration from the local community of trying to navigate your way around the health and care system. One way to simplify this was to introduce a care coordination centre to ensure a single point of access into health and care services.
- The Care Coordination Centre commenced in Peasedown St John in 2019 and now serves as the single point of access for the vast majority of adults health and care community services. Hundreds of calls per day are received into this central point.
- Teams based at the Care Coordination Centre include adults health services, social care advisors and prevention and wellbeing teams. This has served as an essential access point for information and support during the pandemic.
- In March 2021 the care coordination centre became host to the Compassionate Community Hub members (now the Community Wellbeing Hub), where 11 third sector organisations co-located with the Care Coordination Centre.
- Having access to social care and health professional advice has been fundamental to the safe operation of the community wellbeing hub, participating in multidisciplinary decision making and supporting subcontracted partners wherever required



- The Care Coordination Centre is now being developed to house a 'flow' team, dedicated to supporting the system and working with acute partners to try and create capacity across the health and care service.

### **Integrated Care Record**

- One of the key transformation priorities identified in *Your Care, Your Way* was - join up the information. Virgin Care have worked with health and care partners in B&NES and successfully delivered an Integrated Care Record (ICR).
- This significant development, led by Virgin Care, resulted in the ICR having all B&NES Community data, adults social care data, GP SystmOne data, Royal United Hospital Data and Avon and Wiltshire Mental Health Partnership data on one system which allows practitioners to have appropriate visibility over an individual's care record in order to make the best decisions about their care.
- The record also allows population health management to be deployed across Bath and North East Somerset, aligning data between these systems for the first time. This is important in the prevention agenda to provide essential information about identifying people who may need support now or in the future. The first set of reports have been developed and are being rolled out across the system and this will continue to be a key focus for Virgin Care as a system partner.
- The first users of the system were in social care practice and community matrons and during COVID-19 the training plans have expanded to allow a much wider range of professionals to be able to access the record to provide appropriate support with joined-up information. This has included COVID-19 notifications and alerting, for example, to let other partners know when an individual that they are supporting has been identified as COVID-19 positive.
- Feedback from the teams using the ICR include *"When reviewing adult social care placements it is difficult to obtain information about when the person last attended the GP or had their medications reviewed. The ICR has been useful to be able to check for any hospital admissions prior to the review, it is easy to use and navigate around and is great to have easy access to important information that is required to complete a person's annual review"*.
- The ICR project which Virgin Care led in B&NES, has now been identified for use across the ICS area.

### **Community Wellbeing Hub**

- Virgin Care have been instrumental in leading the development and operation of the Community Wellbeing Hub, alongside colleagues from 3SG, their members, BSWCCG and the Council.
- The Hub has provided a single point of access for community response and provides a joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include; food support, welfare support, mental wellbeing, housing support and physical wellbeing advice.
- Since 20<sup>th</sup> March until 10<sup>th</sup> September 2021 the service has supported over 15, 310 calls into Triage (staffed by Virgin Care) and 69% of calls are resolved at this stage. The Hub has co-ordinated over 5304 volunteer tasks since March 2020 including 3954 for food, 1114 for medication and 206 other activities i.e. electricity top up.
- 3SG volunteers have completed an impressive £109, 626.94 worth of shopping to support B&NES residents in the community. 3SG have access to approx. 2139 volunteers who have been supporting 169 residents in the community on a weekly/fortnightly basis.

- The Hub was set up in response to COVID-19 but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term. As part of this process the Hub is engaging with colleagues from Adult Social Care (ASC) within the Council and Virgin Care for the planning of community support that the Hub can offer residents in B&NES as part of the wider ASC transformation priorities.
- The Hub continues to support residents who have been shielding (CEV) and those self isolating, this has now been extended to the Hub working in collaboration with Test and Trace colleagues to undertake follow up welfare calls to people who are self isolating and referred to the Community Wellbeing Hub for their individual support needs to be assessed.
- Appendix Five gives a detailed overview of the activity and performance of the Community Wellbeing Hub from March 2020 until August 2021.

## 6 Service areas identified for development

6.1 A small number of services are experiencing challenges, including those brought about or exacerbated by COVID-19; limiting how services are delivered, temporarily closing some services and changing demand patterns. To recover the services back to expected levels of delivery, or to meet the increasing demands from complexity, the service often requires more activity and hence workforce. Please see section 7.8 in the paper for more details of the workforce pressures.

6.2 These challenged services contribute to CCG and Council performance against national metrics and they perform a key role in maintaining flow through the health and social care system. Appendix Two is an attachment to the main report providing an overview of performance for the key services identified by commissioners that need to be developed or changed, as identified below:

- **NHS Constitution standards Referral to treatment (RTT)** - is reported nationally for Community Paediatrics, Falls and Balance Service, Orthopaedic Interface Service. The target is to have 92% of the waiting list under 18 week and has been met in July 2021 (92.7%) and over all months, barring a few exceptions mostly related to COVID. The waiting list has increased in 2021 with referrals returning to pre-COVID levels and appointments limited with continuing COVID restrictions. The RTT levels are in line with other local and national providers, however, there are no patients waiting over 52 weeks for these services.
- **NHS Constitution standards Diagnostics** - The NHS Standard for Diagnostic Waiting Times is for 99% of the waiting list, at the end of each month, to have waited less than 6 weeks. The 99% Diagnostics waiting time target has not been met by B&NES Community Services over the last year in line with other local providers, July 2021 performance is 91.5%. Diagnostics has been identified as a priority area across B&NES, Swindon and Wiltshire areas and there is a programme in place to invest in and transform diagnostic services, of which Virgin Care are the group.
- **Adult Social Care Assessment and Review waiting times** - The timeliness of social care assessments within 28 days of referral saw overall improvement in the second year of the contract but since the COVID pandemic, this has been on a

downward trend, some of this decrease in the last year has been due to an increase in the complexity of people being supported, the diversion of staff (particularly from the review team) to support hospital discharges and workforce pressures. The rate of service users with up-to-date reviews has increased to 59.9% in July 2021 since its low point in October 2020 of 50.6% (target 80%).

- **Community Hospital Length of Stay** - The ongoing challenge is managing the flow of patients by supporting timely discharges. Actions to reduce the Length of stay were put in place in 2018 and had successfully delivered a reducing trend until winter 2019/20. From March 2020, the pandemic arrangements affected the length of stay. in spring 2021 nurse staffing capacity reduced significantly such that for a 12 week period the Sulis ward was closed and operated from the Council's Charlton House Care Home.
- **District Nursing** - The change in the service's model to align with geographical areas rather than around specific GP practices has created concerns from within Primary Care with decreased opportunities for effective communication. These largely were caused by the amount of face-to-face contact with District Nurses in the revised model and the number of referrals from GPs not being accepted by the service. This has now been recognised and increased collaborative working, including pilot schemes, accepting all referrals through the care co-ordination centre has sought to mitigate the issues raised. The resilience of the nursing resource has been identified as a risk, particularly given the high volume of activity delivered by the service. Again, as referenced above, joint working has been explored to support retention of staff and education for student placements.
- **Reablement** - Demand for reablement has generally remained high during the contract term to date. Average time spent in the service has seen a marked increase since August 2020 30 days peaked in April 40 and is at 38 days in July. Outcomes on discharge are recorded outside of the main adult social care IT system which presents challenges with tracking outcomes, particularly those who fund their own care. The lack of join-up between IT systems, coupled with changes in how data is recorded at source, has several impacts, including:
  - difficulty in establishing clear baselines against which to measure transformation activity, particularly where outcomes are concerned
  - practitioners may not be able to see a person's full history in one place
  - the Council's statutory social care data return contains inaccuracies due to the difficulty in comparing records between systems.
- **Continuing Health Care** – Performance against the key national measure of whether Decision Support Tools (DSTs) are completed within 28 days has been challenged throughout the life of the contract, with timeliness affected by issues including staffing/recruitment and complexity of cases.

## 7 Quality and Service User Experience

7.1 This section of the paper covers patient and safety and quality. The period covered in this report is April 2017 to August 2021. The information within this report is taken from

reports and score cards produced by Virgin Care and from minutes and reports produced by commissioners since April 2017. A full list of all reports used is detailed in Appendix Three. Virgin Care produce quality and safety data monthly in line with the contract Quality Schedule, with specific quality and safety reports produced on a quarterly, 6 monthly or annual basis. These reports are shared with the CCG and Council as joint commissioners.

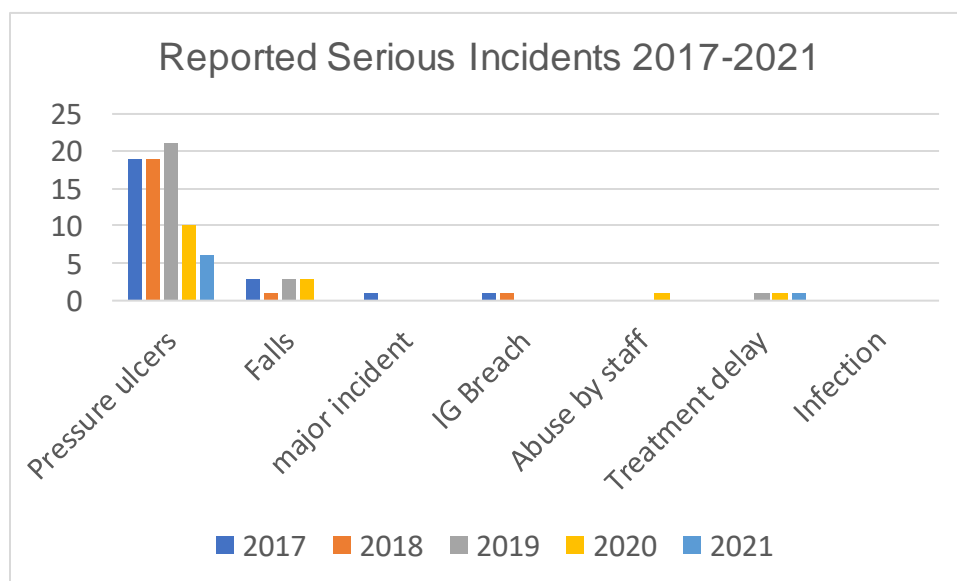
7.2 On a monthly basis, Virgin Care hold an internal quality and safety meeting which is also attended by a member of the CCG Quality Team. There is currently a bi-monthly Quality Group meeting which is chaired by the Associate Director of Patient Safety and Quality (CCG) and this meeting provides assurance on the quality data and escalates any concerns or issues to the Contract, Quality and Performance Meeting (CQPM). An overview of the governance arrangements for the Virgin Care contract are detailed in section 9.3 of the paper.

7.3 The areas that are covered within this report are the aspects that are monitored by the CCG Quality and Safety Team as part of the Quality Schedule for Virgin Care. This includes the following:

- Patient Safety
- Customer Feedback
- Workforce
- Infection Control
- Engagement
- Care Quality Commission (CQC)
- Quality Account

## 7.4 Patient Safety

7.4.1 The table below shows the number and type of Serious Incidents (SIs) that have been reported by Virgin Care (Adults) since May 2017.

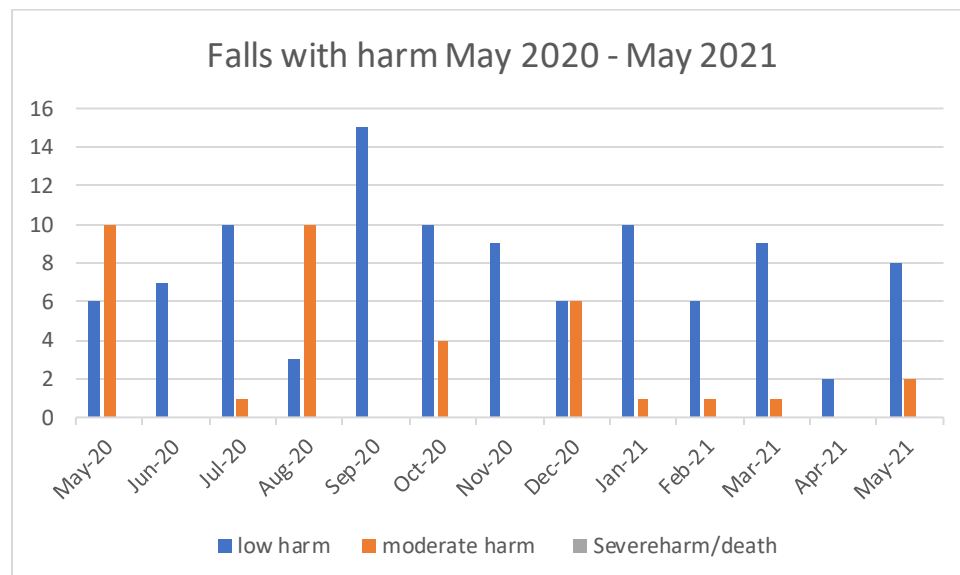


7.4.2 Virgin Care have processes in place to investigate the serious incidents and undertake root cause analysis on all their serious incidents. Previously, it has been noted that some of the reports do lack the detail that would be expected for a serious incident review, but this has been discussed with Virgin Care and there are now clear process and procedures in place for these investigations and this will continue to be monitored by the CCG. Virgin Care do invite the CCG Quality Team to be part of their serious incident review meetings.

7.4.3 Pressure ulcers (Category 3 and 4) are the main reason reported as a serious incident. This year Virgin Care have instigated a workplan to address the risk of people developing category 3 and 4 pressure ulcers whilst under the care of Virgin Care. This includes audits, teaching workshops, review of Pressure Ulcer Prevention Policy, review of pressure relieving equipment, new pressure ulcer care plan, updating pressure ulcer documentation and development of “top tips” guides.

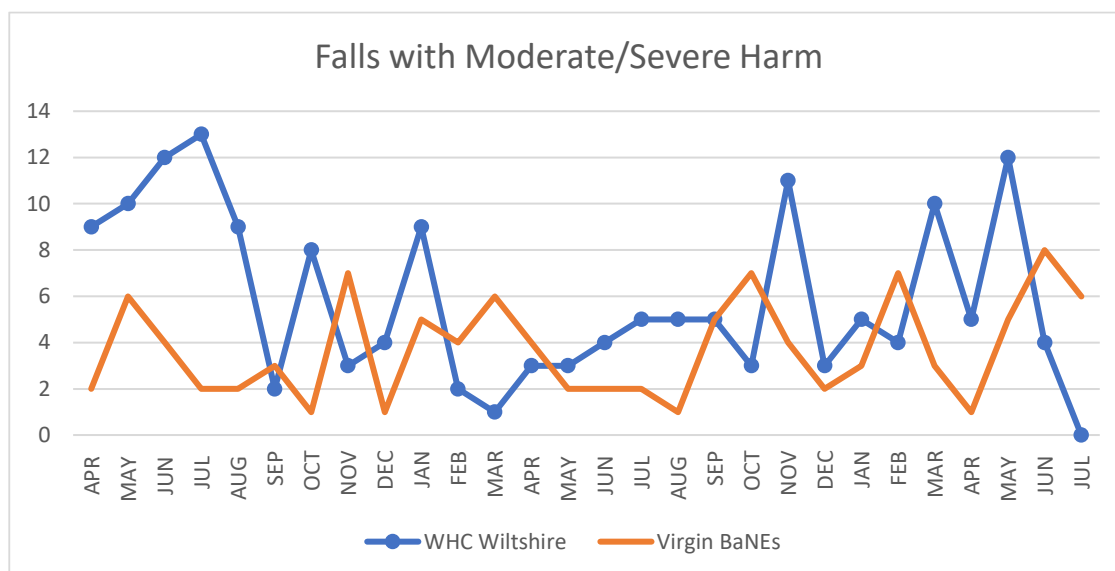
7.4.4 Virgin Care have also stated within the Quality Account 2020/2021 that one of their priorities for 2020/2022 will be to reduce the amount of Category 3 and 4 pressure ulcers by 25%.

7.4.5 The next highest reason for serious incident is falls. Although, there have only been 10 falls reported as serious incidents between 2017 and 2021, there have been several falls which have resulted in low or moderate harm. The table below shows the number and type of falls between May 2020 and May 2021.



7.4.6 In the Patient Safety Report (April 2019) Virgin Care explained that one of their key objectives is to maintain patient mobility and reduce falls. Virgin Care have comprehensive risk assessments for patients and undertake mobility assessments. From these assessments a personalised plan can be instigated for patients including therapy input. Virgin Care have access to specialist equipment and telecare to help reduce the risk of falls.

7.4.7 Patient falls resulting in harm is an issue for providers of health care. Other local acute and community providers also have falls as one of their main risks to patient safety. The number of falls is comparable to other local community service providers. The table below shows the number of falls with Moderate/severe harm from April 2017 to July 2021.



7.4.8 Virgin Care have had no reported never events in B&NES. Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers (NHS England definition)

7.4.9 Since April 2017, Virgin Care have responded to all but one (Nov 2017) CAS (Central Alerting System) within the prescribed timescale.

## 7.5 Safeguarding

7.5.1 Virgin Care have a dedicated National Safeguarding Lead and Local Safeguarding Leads within B&NES. Virgin Care work closely with both B&NES Council and BSW CCG to undertake safeguarding investigations. Virgin Care produce a quarterly safeguarding report for both adults and children. These reports are shared with joint commissioners.

7.5.2 Safeguarding children training is mandatory and, at the end of Q1 2021, compliance for level 1 training was 98%, level 2 was 88% and level 3 was 92%.

7.5.3 Between April 2017 and November 2017, Virgin Care had 3 serious case reviews (SARs) all relating to self-neglect. Following this Virgin Care developed an action plan around self-neglect which included the development of a risk register of people who were at risk of self-neglect. Virgin Care also have identified self-neglect champions within their services.

## **7.6 Customer Feedback - Complaints, Concerns and Compliments**

7.6.1 Virgin Care report their number of complaints, concerns and compliments on a monthly basis to commissioners and also produce a quarterly report. This quarterly report provides a summary of the complaints received within the quarter and identifies any key themes. However, there is limited information within the quarterly complaints, concerns and compliments reports to explain how any learning from complaints and compliments is shared across the organisation.

7.6.2 The number of complaints received each month ranges between 1 and 8. The key themes are clinical issues, communication, systems and processes, staff attitude and unwelcome decisions. The complaints are across both health care and social care.

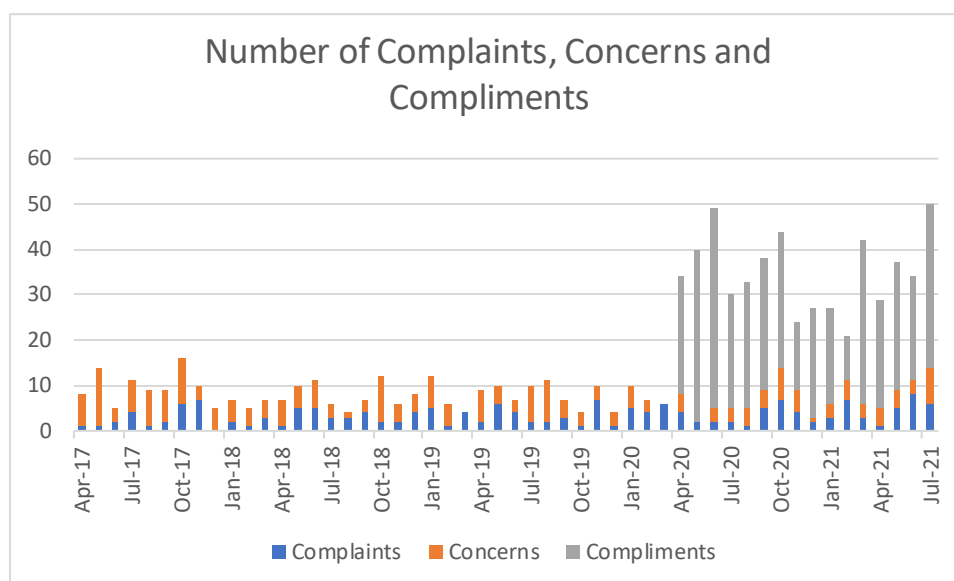
7.6.3 Since April 2017, records show that Virgin Care have responded to most of the complaints within the 30-day deadline.

7.6.4 Within the 2020/21 Quality Account, Virgin Care have stated that one of the priorities for 2021/2022 will be to reduce the number of complaints where communication is identified as an issue by 50%

7.6.5 Virgin Care also report the number and type of concerns that they receive each month. Examples of some of the concerns received are:

- Patient/service user unhappy with the experience of the service
- Patient/service user unhappy with the level of care provision
- Lack of contact from the service
- Lack of professionalism
- Lack of provision of bandages

7.6.6 The table below shows the number of complaints, concerns and compliments which have been received by Virgin Care since April 2017. Virgin Care have only reported the number of compliments received from April 2020.



7.6.7 Since April 2017, Virgin Care have had two complaints which were referred to the Ombudsman. Both complaints were reviewed by the Ombudsman with no concerns raised by the Ombudsman.

7.6.8 Virgin Care have systems in place to learn from complaints and customer feedback. One of these systems is “You said we did”. Examples of actions taken following feedback are included in the Quarterly Complaints, Concerns and Compliments reports. Examples of some of these responses to customer feedback are listed below.

Service	You Said	We did
Health Visiting	Clients from Chew Valley would like a clinic closer than Keynsham	A venue has been identified and booked, allowing easier access for clinics in the Chew Valley.
Connections Day Service	Service users said they would like to use the accessible bikes	The car park will be closed one day per week to allow the safe use of bikes
Children’s Audiology	Parents wanted advice on how to ensure that their baby kept their hearing aids on	We purchased a doll and obtained some customised caps to demonstrate how these could be used to help hearing aid retention
Rehabilitation Services	You wanted to go home from hospital	Our Physiotherapist arranged a home visit and she then personally collected equipment from



		different locations and took it to the person's house to enable the visit to go ahead quickly
Community Hospital wards	More information was requested about the wards	An information folder was devised and implemented at each patient bedside

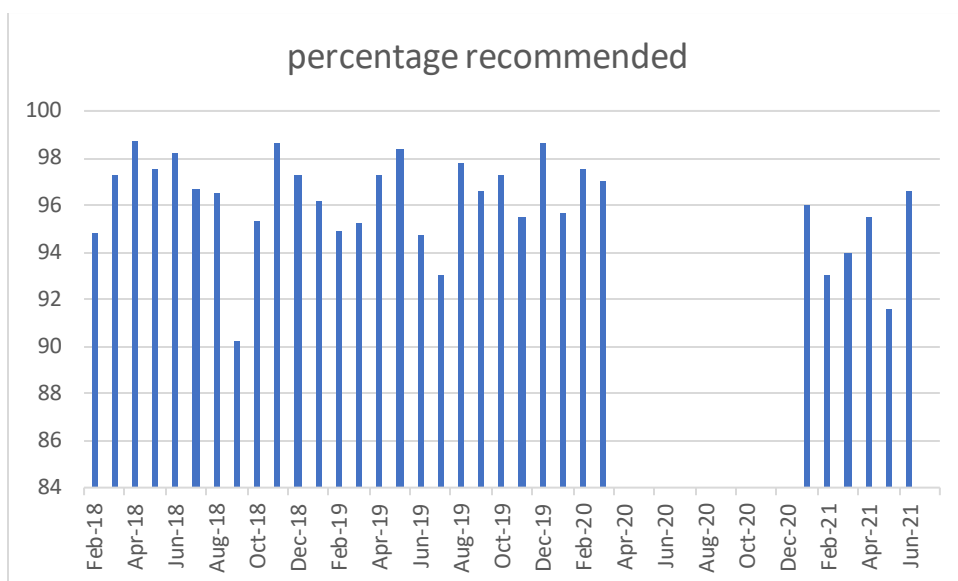
7.6.9 Examples of compliments received by Virgin Care are listed below.

<b>Team</b>	<b>Compliment</b>
<b>Supported Living Team</b>	Thank you all So much for your care of my brother in the past difficult year – your kindness, caring and support has certainly made life better for him and your support to me is very much appreciated. A billion thank you's.
<b>Midsomer Norton Reablement Team</b>	The Reablement team made so much difference to me, not simply by helping me achieve e.g. the ability to get upstairs and in and out of my front door and have a shower, but also their cheerfulness. They truly lifted my spirits.
<b>Paulton Minor Injuries Unit</b>	Thank you for your kindness shown after my recent falls, your warmth and friendly personalities are a credit to Paulton Hospital. Thank you.
<b>Learning Disabilities (LD) Complex Needs Service</b>	Thank you for your help, especially this year. I think your input with LD patients for practices and the clinicians who do this work is very important. Reviews are about enhancing lives and giving opportunities.
<b>Community IV Service</b>	A patient commented that since the team had been involved in her care, she feels her condition is being managed much more safely. She can access timely blood tests and treatments without delay. She said our involvement is priceless and has made the world of difference to her.

## 7.7 Friends and Family Test

7.7.1 Virgin Care receive patient/service user feedback through the Friends and Family Test (FFT). The responses are reported monthly to commissioners. Virgin Care have adopted both electronic and paper methods of data collection, although they are trying to promote use of electronic reporting. The majority of services within Virgin Care B&NES are collecting feedback via FFT. From March 2020 to January 2021, FFT was put on hold due to the COVID-19 Pandemic.

7.7.2 The table below shows the percentage of people who responded saying that they would recommend the service they received from Virgin Care.



7.7.3 The percentage of people who responded saying that they would not recommend the service they received from Virgin Care varies between 0% and 2.1% The main issues raised in the FFT feedback are:

- Parking
- Signage
- Ineffective treatment
- Difficult to receive an appointment
- Long waiting times
- Lack of a reception in some areas
- Lack of a receptionist in some areas

7.7.4 Example of positive feedback given to Virgin Care

- *“Our Learning Disability nurse was very caring, understanding, and willing to help us with different strategies to overcome our challenges. Kind, thoughtful, diligent, compassionate care”*

7.7.5 Currently the response rate for Friends and Family Test is below what would be expected, and Virgin Care have stated in their 2020/2021 Quality Account that one of their priorities for this coming year will be to restore or exceed the response rate for the Family and Friends Test.

## 7.8 Workforce

7.8.1 Workforce is an area where Virgin Care have experienced some difficulties and have been under increased scrutiny by commissioners. In May 2021, a Contract Performance Notice (CPN) was issued to Virgin Care following the closure of Sulis Ward due to staffing

capacity and the CPN was lifted in August 2021 (refer to section 9.2 in the paper). The main area of concern is the number of vacancies in critical roles, especially in professionally qualified health and social care roles. Virgin Care are experiencing difficulty recruiting registered nurses, therapists and social workers, however, this is a BSW system and national issue and not just related to Virgin Care as a provider and employer. Virgin Care currently have a recruitment action plan in place and have secured staff from an agency to cover vacancies within the community hospital wards. As of June 2021, the percentage of clinical roles covered by agency staff was 5.9%. The key services that are affected by staff vacancies are community nursing, community hospital wards, reablement and social work.

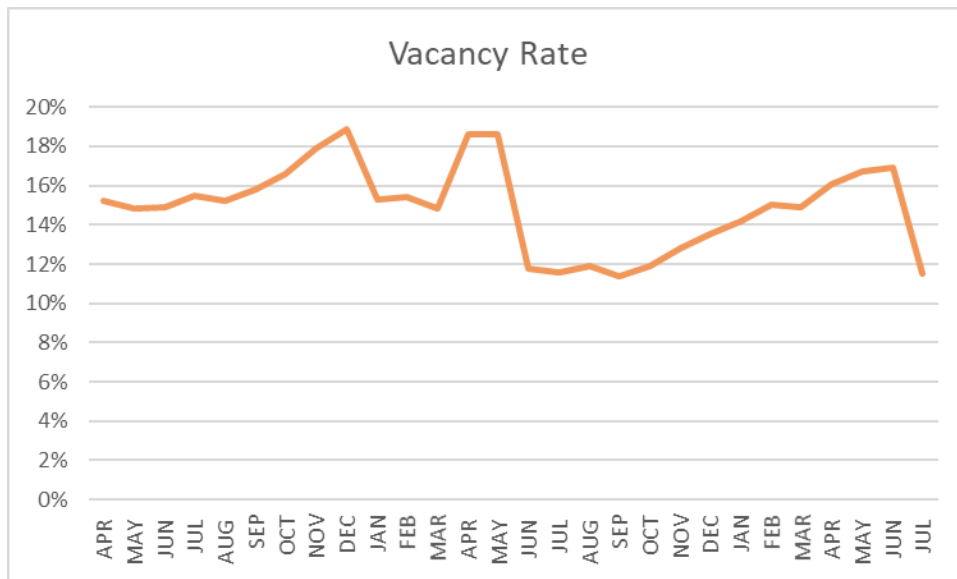
7.8.2 The community hospital wards have had ongoing recruitment issues over several years which has resulted in staff vacancies. This reached critical level in March 2021, when staffing vacancies and sickness resulted in closure of the Sulis Ward in St Martin's hospital at short notice. Commissioners were not kept informed of the risks relating to staffing within the community hospitals and this resulted in a Contract Performance Notice being issued to Virgin Care. This Contract Performance Notice was closed on 6<sup>th</sup> August 2021.

7.8.3 Virgin Care produce quarterly workforce reports and provide data monthly to the Quality Sub Group. However, Virgin Care have been advised that they need to provide more granularity to the data to establish exactly where the risks are. This request has been made as part of the Contract Performance Notice and within the Quality meetings. Virgin Care have agreed to provide more detailed information within future workforce reports.

7.8.4 Virgin Care vacancy rates are outlined below:

- The staff vacancy rate as of July 2021 is 11.5%
- The vacancy rate ranges from a low of 7.5% in August 2018 to a high of 18.9% in December 2019
- Virgin Care have had some difficulty calculating accurate vacancy rates due to some roles in the organisation being removed but still showing as a vacancy and duplicate roles. However Virgin Care have recently undertaken a data cleansing exercise to enable more accurate reporting.
- The vacancy rate is similar to other local community and acute providers
- Virgin Care currently have a recruitment Action Plan in place

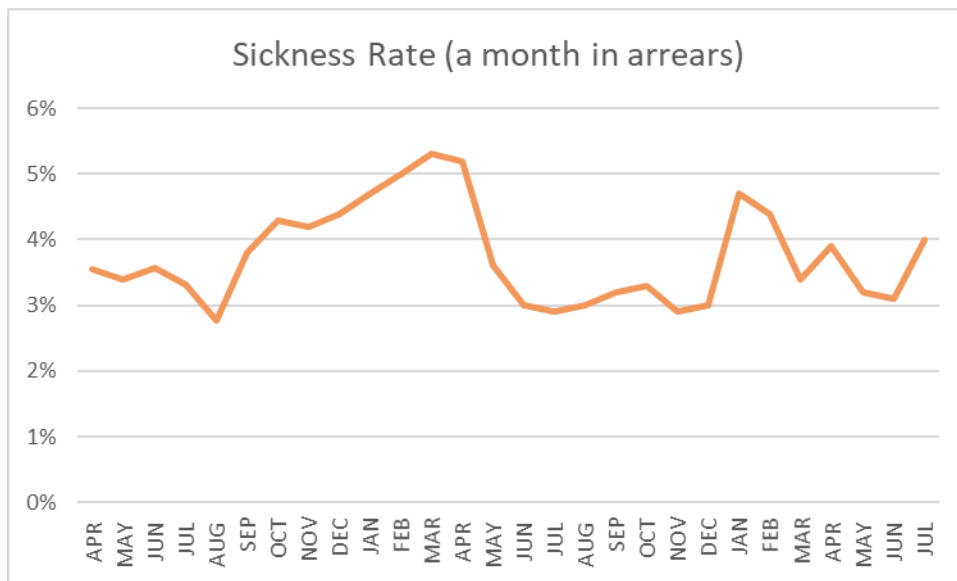
7.8.5 The table below shows the vacancy rates for Virgin Care from April 2017 to July 2021.



7.8.6 Virgin Care sickness absence rates are outlined below:

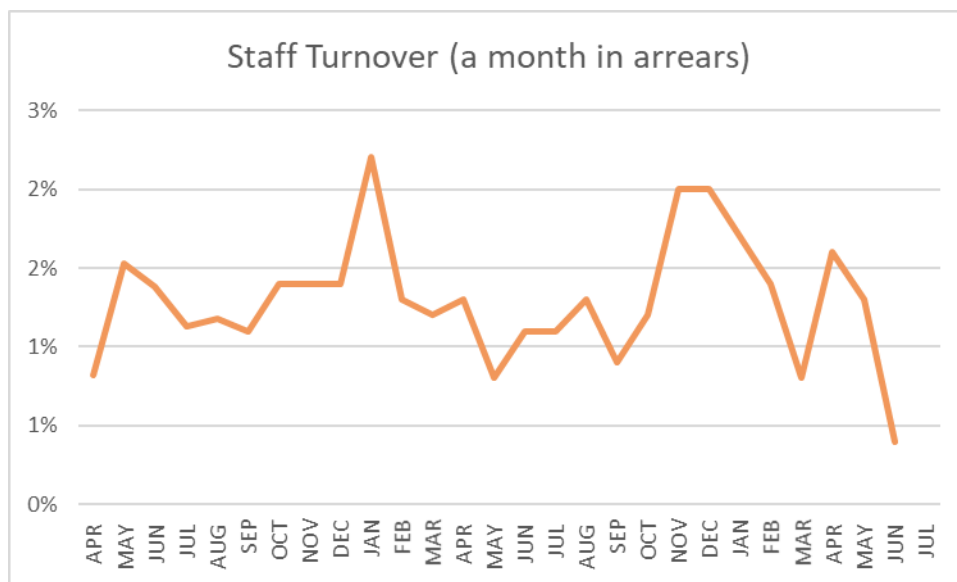
- Sickness absence rate varies from a low of 1.8 in March 2018 to a high of 5.3 in March 2020 (Target 4%)
- Since April 2017, the sickness absence rate has been above the target rate of 4% on 12 occasions.
- This reported sickness absence includes both long and short term sickness absences.
- Virgin Care have robust policies in place to support the management of Sickness Absence
- The rates of Sickness Absence within Virgin Care are comparable to other local providers

7.8.7 The table below shows the sickness absence rate for Virgin Care from April 2017 to July 2021.



7.8.8 Virgin Care staff Turnover rates are outlined below:

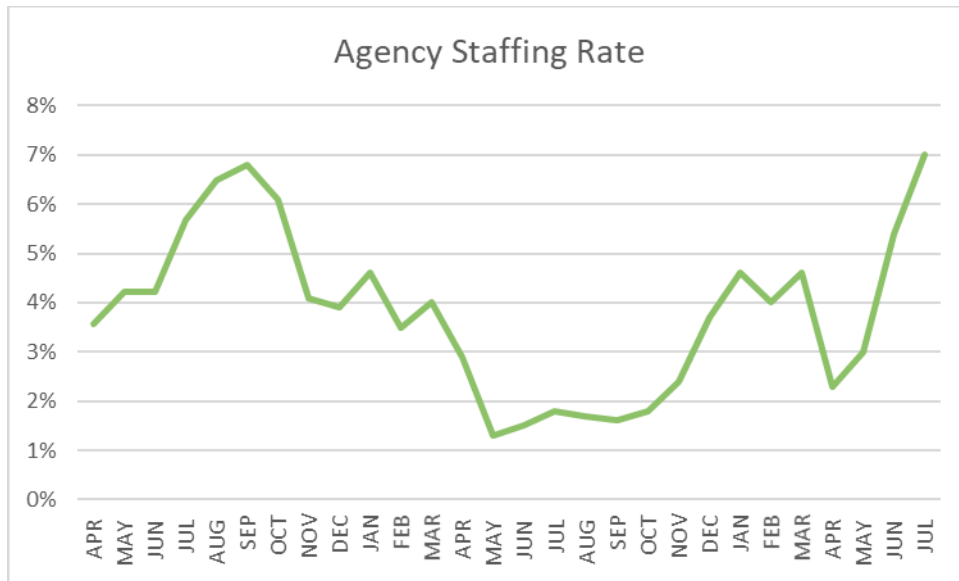
- Staff turnover rate (FTE) has ranged between 0.4% in June 2021 to 2.11% in November 2018
- This has remained consistent since April 2017
- The staff turnover rate is similar to other local providers.



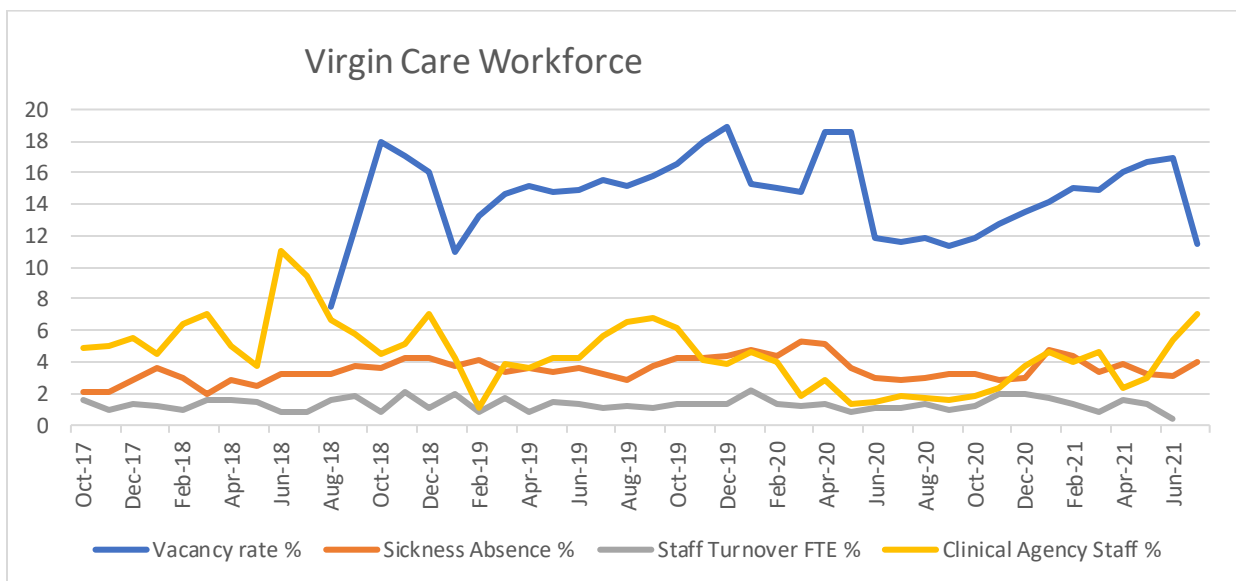
7.8.9 Virgin Care agency staffing rates are outlined below:

- The percentage of clinical staff who are agency staff ranges from 1.1% in February 2019 to 11.4% in June 2018
- This is consistently lower than the rate of agency staff within the comparable local community provider.

- The Chart below shows the agency staff rate from April 2017 to July 2021.



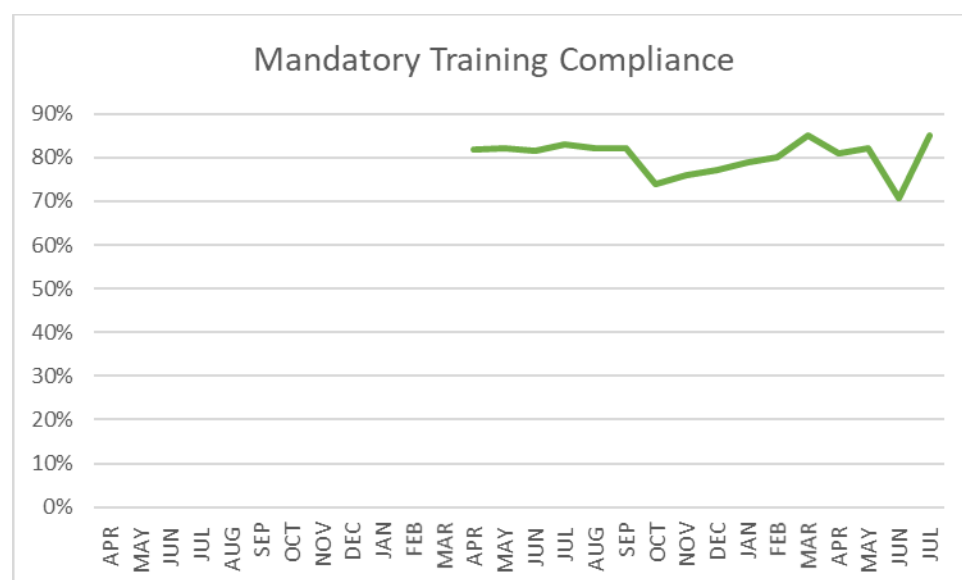
7.8.10 The chart below provides a summary of the workforce data for Virgin Care from October 2017 to June 2021



## 7.9 Statutory and Mandatory Training

7.9.1 Virgin Care work with The Learning Enterprise (TLE) to deliver on-line and face to face training. There have been difficulties delivering face to face training over the past 12 months due to COVID-19, and this has been especially noticeable in Basic Life Support and Manual Handling training.

7.9.2 Data for Statutory/Mandatory Training has been collected monthly since April 2020. The percentage of staff who have completed their statutory/mandatory training ranges between 74% and 95% for this period. Virgin Care do produce quarterly workforce reports, but these do lack the granularity of detail. In 2018 the percentage of staff who had completed their statutory/mandatory training was 81% (Quarter 3) and in 2019 it was 91% (Quarter 4). Therefore, the percentage of staff who have completed their statutory/mandatory training has remained consistent during the contract period and is slightly below the target of 87%. These figures are comparable to other local providers.



## 7.10 Appraisals

7.10.1 Virgin Care complete staff appraisals on an annual basis with a 6-month review. Over the last 3 years, the appraisal completion rate has seen an improving trend with slightly higher completion rates for Virgin Care when compared to other local providers.

Year	% Virgin Care Appraisal Completion
2019	91%
2020	80%
2021	95%

## 7.11 Staff Wellbeing

7.11.1 Virgin Care offer wellbeing support for their staff through the Wellness Centre and Employee Assistance Programme (EPA). Staff wellbeing has been identified as a high priority for the People Agenda for 2021. Commissioners have requested a more detailed quarterly workforce report.

7.11.2 Virgin Care undertake an annual Staff Survey and commissioners are currently awaiting the results of the latest survey. Previous staff surveys (2018) have shown that staff feel that Virgin Care provide good care for patients and service users, but only a small percentage of staff (18%) would recommend Virgin Care as a place to work. Senior managers and directors organised engagement sessions with teams to enable staff to discuss any concerns. Unfortunately, these sessions had to be stopped due to COVID-19. However, Virgin Care are relaunching their Partnership Forum for B&NES which will include drop-in sessions for staff as part of their approach to improve staff engagement. Virgin care also have a Freedom to Speak Policy which enables staff to raise concerns.

## **7.12 Infection Control**

7.12.1 Since February 2020, Virgin Care has put systems and processes in place to manage the COVID-19 pandemic. These have been in line with National Guidance and Virgin Care complete a Safe Return Risk Assessment in order to reinstate service delivery.

7.12.2 From April 2020 to June 2021, there has been 6 episodes of Clostridium Difficile within the community hospitals but no other outbreaks of any reportable infections.

7.12.3 Virgin Care have an Infection Control Nurse and link closely with the Infection Control lead in the CCG.

## **7.13 Engagement**

7.13.1 Virgin Care have a Citizens panel which currently has approximately 80 members. This Panel helps to decide how the “Feel the Difference” fund is utilised and is involved in consultation for service changes. Recent consultations have included the End-of-Life Strategy, Home First and Community Equipment. Virgin Care produce a bi-monthly Citizens Voice Newsletter.

7.13.2 Quarterly reports on engagement are completed and reviewed by the Virgin Care Internal Quality and Safety Meeting and then shared with commissioners.

7.13.3 Virgin Care also undertake surveys with their patients and service users. Examples of some of the surveys are:

- Children’s Speech and Language Therapy
- Active Aging Mobile Working
- Relative and Patient Discharge summaries from Sulis Ward
- Reablement Discharge Survey
- Parkinson’s Disease Clinic Survey

7.13.3 Virgin Care also participate in National Surveys such as the national stroke audit (Sentinel Stroke National Audit Programme SSNAP) and the Local Authority Adult Social Care and carers survey.

7.13.4 One of the quality improvements for 2021/2022 identified within the Quality Account is to enable more service user engagement.



## **7.14 Care Quality Commission (CQC)**

7.14.1 Virgin Care Services Ltd is registered with CQC and are currently rated as Good with no conditions attached to their registration. This was based on an inspection in 2017. This is the overall rating for Virgin Care Services nationally. CQC have not as yet undertaken a full inspection of all the services Virgin Care provide in B&NES yet but have undertaken full reviews on some specific services that are within the contract in B&NES. These are as follows:

- Bath Supported Living Service (managed by Virgin Care) rated as good based on the inspection in 2018.
- NES Supported Living Service (Frome Road) rated as Good in July 2018

7.14.2 Virgin Care have regular relationship meetings (face to face or virtual) with CQC. The risk of patient falls was discussed at the relationship meeting in August 2017 and it was agreed that a thematic review of falls would be undertaken. No other risks were identified.

7.14.3 During COVID-19 CQC introduced Transitional Monitoring Assessments. CQC completed a Transitional Monitoring Assessment with Virgin Care B&NES on 25/02/21 and advised that there were no significant risks.

7.14.4 The Registered Managers within Virgin Care B&NES attend the yearly mandatory update training event. The registered services within Virgin Care B&NES undertake Internal Service Reviews (ISRs). This is a self-assessment and Virgin Care also use peer reviews as part of their Internal Services Reviews.

## **7.15 Quality Account**

7.15.1 Virgin Care produce Annual Quality Accounts in which they highlight their quality developments and achievements and set quality objectives for the following year. A Quality Account is an annual report which must be completed by NHS providers about the quality of the services that they provide. BSW CCG provide a statement with comments on the Quality Account. The document enables providers to evidence their commitment to quality and quality improvement. The Annual Quality Account covers the achievements that providers have made over the past year and identifies key quality priorities for the following year. This document is published on an annual basis.

## **7.16 Adult Social Care and Safeguarding**

7.16.1 In July 2020 the Council shared with Virgin the outcome of the Council's yearly case audit for social care. 120 cases were audited and the findings of the audit aligned with the internal audits completed by Virgin Care's Principal Social Worker. The key outcome was that Virgin Care needed to establish a clear overarching and strategic vision for cultural change to be undertaken at pace, with an accompanying operational plan giving management and staff a clear direction about expectations and their engagement in that change. Virgin Care and the Council have agreed the areas of change required, the implementation plan and are co-leading the projects.

7.16.2 Over the last 19 months the health and social care system pressures caused by Covid 19 led to social care operational staff being reallocated from Review and Community Teams to support the Discharge to Assess process and manage the change in support required during the lockdown periods. It was recognised by the Council that this would lead to a reduction in performance on the review and assessment measures. In June 2020 the Council undertook an audit of people waiting in the community for assessment, following concerns being raised by both Virgin Care and Council staff that the level of risk being held was too high. The audit confirmed that urgent action was needed to ensure that people in the community were supported alongside those being discharged from hospital. The implemented actions have led to the number of people waiting over 21 days decreasing from 39 at the end of May 2021 to 19 at the end of August 2021. Performance on the completion of social care assessment in the discharge to assess period remains good. The one of area of continuing challenge is the waiting list for those requiring an Occupational Therapy Assessment for larger items of equipment or adaptations. Recruiting Occupational Therapists (OTs) is a regional challenge across the health and care system and although Virgin Care are offering a range of employment incentives recruitment is challenging. A review of this area of work forms part of the transformation work being undertaken by the Council and Virgin Care.

7.16.3 Safeguarding Performance against the Board's measures is extremely good, with 100% of all decisions and planning meetings in 20/21 being held within timescales. The change to online meetings has worked well for most people, but there have been face to face meetings when needed. The Safeguarding Audits undertaken by both the Council and Virgin Care show evidence of very good practice but there are always areas that can be improved. The Council Team also oversees a service user feedback process where people or their representatives share their views of the safeguarding process. This feedback for this year is once again positive with people saying that their views and wishes were listened to and met by the Virgin care and Council Safeguarding Teams. A recent Safeguarding Adults Review identified that there may be some reported safeguarding concerns that are not managed in line with the Council's expectations. An audit of these referrals is currently being undertaken by the Council team and the preliminary findings have been shared with Virgin Care together with recommendations regarding the actions required.

## **7.17 Quality and Service User Conclusion**

7.17.1 Since April 2017, Virgin Care have provided data to the commissioners in relation to quality and safety, providing data and reports in line with the Quality Schedule. There has been a lack of granularity in some of the workforce reporting at service line level. Virgin Care have recognised this and are now submitting detailed quarterly workforce reports.

7.17.2 Virgin Care are transparent in how they identify and manage any serious incidents. Virgin Care do complete root cause analysis for all serious incidents and these reports are shared with the CCG. Virgin Care identify learning and actions from the investigations, and these are also shared with the CCG. The two main reasons for serious incidents are Grade 3 and 4 pressure ulcers and falls. This is the same for other community providers within the BSW area.

7.17.3 Over the last 19 months the health and social care system pressures caused by Covid 19 led to social care operational staff being reallocated from Review and Community

Teams to support the Discharge to Assess process and manage the change in support required during the lockdown periods. It was recognised by the Council that this would lead to a reduction in performance on the review and assessment measures. Adult Social Care Safeguarding Performance against the Board's measures is extremely good, with 100% of all decisions and planning meetings in 20/21 being held within timescales. The Safeguarding Audits undertaken by both the Council and Virgin Care show evidence of very good practice but there are always areas that can be improved.

7.17.4 One of the main quality and safety risks at present is workforce. Like many providers, both in the local area and nationally, Virgin Care are experiencing difficulties recruiting to specific roles (registered nurses, therapists and social workers). Virgin Care have a recruitment plan in place and are working jointly with other local providers to support recruitment within B&NES. Workforce capacity is a challenge to Virgin Care and has impacted on some services, especially reablement, community nursing and community hospitals. However, this is a challenge that health and social care providers have nationally at this current time.

7.17.5 Despite these challenges, Virgin Care have continued to provide community services to people during a very difficult time due to the impact of COVID-19. Virgin Care monitor quality data through their own internal meetings and have made changes over the past 4 years to improve the patient experience+

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## **8 Progress Against the *Your Care, Your Way* Priorities**

8.1 Overall Virgin Care have made good progress to date against the transformation priorities as set out in *Your Care, Your Way*. If the contract extension is approved this will allow Virgin Care to fully realise the benefits of the transformation priorities over the longer term. A full breakdown of the progress to date by Virgin Care against the original core priorities of *Your Care, Your Way* are listed in Appendix Six with highlighted areas that still require further work.

8.2 Progress against transformation has been monitored through the Service Development Improvement Plan (SDIP) for years 1 to 3. Due to Covid the decision was taken to not include an SDIP in contract year 4 so as to allow Virgin Care capacity to focus on covid response and service recovery and this decision was in line with other providers in B&NES, Swindon and Wiltshire. This year (contract year 5) Virgin Care and Commissioners are developing a SDIP that is aligned to priorities for recovery and focus on areas that are already identified for development. At the August 2021 Contract Quality Performance Meeting (CQPM) the following priorities were agreed jointly to include in the SDIP with linked assurance reporting:

- (1) **Covid recovery;** (a) to support services to deliver to their pre-covid levels by the end of year 5 (suggest financial year) (b) to work with system partners to input into whatever additional COVID services are established to support recovery or output of long covid (report through FIG)
- (2) **Wellbeing; staff resilience and workforce;** (a) to evidence each quarter how colleague wellbeing is being supported, (b) to establish and deliver a workforce

quarterly report, highlighting developments in workforce plan. (report through Quality Group and CQPM)

- (3) **Adults Health – Reablement**; (a) to work with commissioning colleagues to define the reablement pathway, (b) set a trajectory and milestones for redesign completion and (c) to deliver against this (report through Reablement Steering Group)
- (4) **Social Care**; to co-deliver and lead where appropriate, the Council transformation plans for social care (report through Social Care Transformation Board)
- (5) **Wellbeing**; to develop and implement a new strategy for the Community Wellbeing Hub (aligned with community resilience Council ASC transformation plan) (report through Social Care Transformation Board)
- (6) **Children and young people**; to develop a children's co-ordination point in the Care Co-ordination Centre, development of Children's single point of access (SPA), development of Children's MDT to review pathways and development of metrics aligned with Wiltshire. (report through Social Care Transformation Board)
- (7) **Systems**; to be a proactive member of the ICS and to support ICA development and delivery of their priorities for the year 2021/22 and evidence this on request where not covered above. (report through CQPM)

8.3 Transformation progress has been reported to B&NES Council Children, Adults Health and Wellbeing Policy Development and Scrutiny Panel. Transformation progress in year 5 will be reported to the Contract Quality and Performance Monitoring meetings (CQPM), see section 9.3 for contract management and monitoring.

## **9 Contracting and Governance**

### **9.1 Contract extension**

- 9.1.1 The Virgin Care contract is a seven-year contract which commenced from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2024 with the option to extend the contract term by three years (2024/25, 2025/26 and 2026/27). The original contract expiration date is the end of contract year seven and this point is deemed to be an ordinary exit date with the option to extend for a further three years.
- 9.1.2 If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/22 – March 2022 latest date). The option to extend the contract term by three years can only be taken once.
- 9.1.3 There is no financial penalty to be incurred by commissioners if the decision is taken to not extend the contract term for the 3 year extension period. Initial dialogue with Virgin Care has identified their commitment to securing the 3 year extension term and their intention (at this stage) not to renegotiate the financial terms of the funding from BSWCCG and B&NES Council for the 3 year term. They have also signalled a willingness to explore the option for the removal of some identified services from the contract if the extension is granted (option 3).

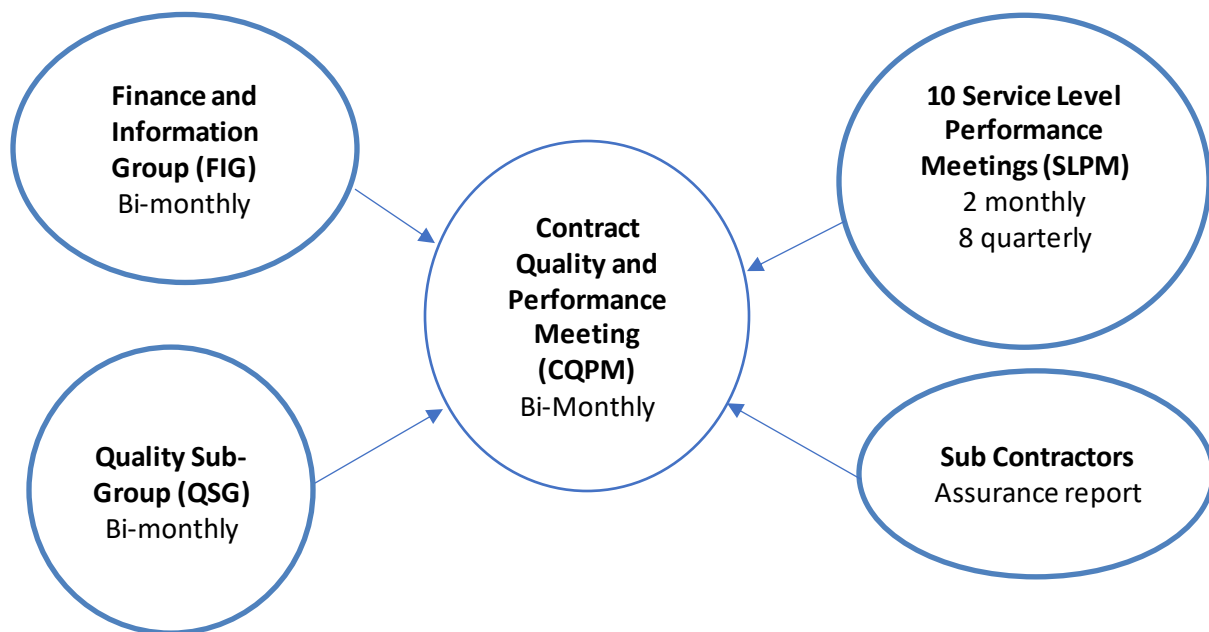
- 9.1.4 The contract documentation is the standard NHS contract with additional social care information included. Schedules include references to both council and CCG requirements.

## **9.2 Contract Performance Notices**

- 9.2.1 Throughout the life of the contract two contract performance notices (CPN) have been issued. The first was in relation to quality reporting and to timeliness of adult social care assessments and the standard of health quality reporting. The CPN was issued to Virgin Care on 5<sup>th</sup> January 2018 (contract year 1) and was in place for 9 months. The decision was taken in September 2018 CQPM to formally close the remedial action plan and thus the CPN.
- 9.2.2 The second CPN issued was in relation to closure of the Sulis Ward (12<sup>th</sup> March 2021) on 13<sup>th</sup> May 2021 (contract year 5). Review meetings were held with Virgin Care to deliver the agreed action plan on 20<sup>th</sup> May, 4<sup>th</sup> June and 2<sup>nd</sup> July 2021.
- 9.2.3 At the review meeting held with Virgin Care on 6<sup>th</sup> August 2021 commissioners took the decision to close the CPN as the provider was able to demonstrate all actions had been addressed including an agreed escalation process to commissioners of any future workforce challenges. It was also agreed in the review meeting that lessons learned from this process needed to be taken forward by both parties to ensure openness and transparency as well as improved provision of data Virgin Care responded positively to the agreed next steps with commissioners. The impact of this decision is further outlined in the section below.

## **9.3 How the contract is managed and monitored**

- 9.3.1 The Virgin Care contract is organised through the following contract governance structure and all governance meetings are attended by BSWCCG, B&NES Council and Virgin Care representatives.
- 9.3.2 The diagram below outlines the current governance structure for the Virgin Care Contract. Appendix Four outlines the purpose of each of the governance meetings held with Virgin Care.



9.3.3 Contract Quality and Performance Meetings (CQPM) are held bi-monthly. As a direct result of the recent CPN, it was agreed by commissioners and Virgin Care upon closure of the CPN, to introduce an additional meeting in the month where CQPM is not held to increase opportunity to raise issues and risks and if needed scrutiny of data and performance. Additional reporting has been agreed with Virgin Care, specifically for workforce monitoring, that will be routed through both the Quality Group and CQPM. Virgin Care shared their first newly focused and more robust workforce report with the Quality Group and CQPM at the August 2021 meetings and this will be submitted on a quarterly basis for ongoing oversight of commissioners.

## 10 Legal Position

### 10.1 Challenge from Virgin Care – contractual & financial implications

10.1.1 The contractual term up until the end of year 7 is that either party (provider or commissioner) can terminate a service by giving 12 months' notice. If the council or CCG decided to make significant changes to the contract for the 3 year extension term, and Virgin Care are notified of this decision by the end of year 5, the council and CCG are exposed to a level of risk for a 2 year period as Virgin Care could decide to terminate a service and only give 12 months' notice. Note, Virgin Care terminated their contract with East Staffordshire CCG early on the basis of significant material changes to the commissioning landscape.

10.1.2 There could be a challenge from Virgin Care if the decision is taken not to extend the contract for the 3 year term. This is most likely to be based on Virgin Care's view that they have delivered the requirements of the contract; operated at a financial loss for the first 5 years of the contract term and; responded to the pandemic in line with other providers in both B&NES locality and the BSW system.

## 11 Response to COVID-19

- 11.1 The end of 2019/20 (contract year 3) was the beginning of the Covid-19 Pandemic. Following national guidelines from the Government all routine reporting stopped as a level 4 incident was declared. In common with other providers, Virgin Care has had to adapt and modify the ways of delivering services. Virgin Care staff have been required to embrace technological solutions and have shown initiative and innovation in their approach.
- 11.2 Many services moved from face to face contacts to telephone and/or video contacts working to ensure those people experiencing digital poverty/lacking digital competency were not disadvantaged. Virtual support for colleagues was developed to ensure both formal and informal supervision provision continued for staff.
- 11.3 **Community Wellbeing Hub** in collaboration with the council and many third sector organisations established the Community Wellbeing Hub. The aim was to provide infrastructure to support some of the most vulnerable people, groups and communities throughout B&NES. To date over 16,000 calls have been received supporting people to access mental health and wellbeing advice, welfare (financial) and employment issues, emergency food parcels and food poverty, access to hospital transport and medication. This model will continue to develop in 2021/22 and beyond. The Wellbeing Service also put a bid forward to the Virgin Care 'Feel the Difference Fund' to develop information packs and lanyards to support and publicise Hidden Disabilities for people who are unable to wear face masks, the work was publicised with the help of BBC Radio Somerset.
- 11.4 **Adult Safeguarding Lead and Children's Safeguarding Team** continued to provide all statutory and support services by using virtual platforms. All multi-agency contributions were delivered virtually and there was no break in the provision of services into MASH, MARAC and Strategy meetings.
- 11.5 **Children's Speech and Language Team (SALT)** made changes to their central booking system as more support has been offered remotely. This has increased the flexibility and convenience of appointments for parents. The team are mindful of digital poverty and where this was identified, alternative support has been offered and all priority children have been seen face to face in an identified Covid-19 safe environment at St Martin's hospital.
- 11.6 **Multiple Services** worked together led by the Professional Lead for Physiotherapy to develop a community service for people experiencing long Covid-19 with a pathway developed and shared across BSW with other Lead Therapists.
- 11.7 **Health Visitors** offered additional visits in the early post-natal period to try to improve breast feeding rates and support mothers with perinatal mental health as their usual support networks have not been available to them. An early years community practitioner early weeks package was developed, in response to Covid-19 and cessation of baby and toddler hubs. This provided parents with an additional method of support for breastfeeding and emotional wellbeing within the Covid-19 restrictions

- 11.8 **Physiotherapy Service** introduced virtual osteo arthritis exercise classes enabling people to remain safe at home but also have their exercises demonstrated, ensuring that they are undertaken safely.
- 11.9 **Community Hospitals** adapted the ward layout and operational protocols to meet Covid-19 infection prevention and control measures and to significantly reduce the risk of spread of infection.
- 11.10 **Parkinson's Disease Service** has redesigned access to the nurses by introducing a 'no appointment required' advice line to resolve service user issues, a further appointment is made if the issue cannot be resolved immediately.
- 11.11 **Learning and Development Team** assisted with the provision of a training passport to ensure all colleagues who were redeployed to unfamiliar services had undertaken the training appropriate for their redeployment workplace.
- 11.12 **Health Visiting Service** delivered 93% of new birth visits within the 10-14-day post birth timeframe, this is a slight decrease from the 95% achieved last year. However, it is a significant success, as the health visiting service has maintained face to face delivery of new birth visits throughout the Covid-19 pandemic despite stringent Covid-19 infection prevention and control measures and not being able to access mothers and babies in the acute hospital neonatal intensive care unit to undertake new birth visits.
- 11.13 **Adult Speech and Language Therapy** use video calls successfully to treat patients, particularly those people within Nursing homes.
- 11.14 **Children's Immunisation team** (B&NES, Wiltshire and Devon) worked with schools to run community clinics from school facilities. They vaccinated 18% more children in a twelve week period than in the previous financial year.
- 11.15 **Falls Service** undertook video exercise classes with elderly clients to assist with their fall recovery programme.
- 11.16 **School Nursing Support Workers** put together virtual training sessions for primary schools on subjects including oral hygiene and hand hygiene which have been very well received.
- 11.17 **Physiotherapy, Musculoskeletal and Orthopaedic Interface (OIS) Services** provide a mixed model of virtual and face to face consultations to assess and treat people however OIS have ascertained it is more efficient with some diagnoses to see face to face rather than have an initial virtual appointment. Feedback has been collated as to service user experience. In December the feedback showed 49% OIS treated virtually and 44% physio appointments were virtual. There was a 93.78% satisfaction rate, 4.3% were not satisfied, and the remaining 1.9% were neutral.
- 11.18 **Continuing Health Care (CHC) Service** worked with the CCG's Infection Prevention and Control officers to provide advice and support to care homes.



- 11.19 **The Family Nurse Partnership (FNP) Service** developed “Walk and Talk” meetings with new patients as a way of providing support, improving wellbeing and to observe the interaction between parent and child which is not always possible on virtual platforms
- 11.20 **Quality Team** delivered a programme of mask fitting to ensure higher grade masks used for protection in aerosol generating procedures fitted colleagues securely ensuring safe service delivery.
- 11.21 Virgin Care provided a prompt and responsive approach to the Covid-19 pandemic and fully contributed to both the B&NES locality and the BSW activity, some examples include mutual aid for sharing resources such as personal protective equipment (PPE), lateral flow kits; supporting mask fit training with other providers, and having a collaborative approach to delivering the Covid-19 vaccine programme to the housebound, boating and homeless communities.
- 11.22 The unintentional impact and consequences of the Covid-19 pandemic particularly related to long periods of lockdown are becoming apparent, the increase in incidents of Clostridium Difficile infections and pressure ulcers has already been seen, the impact of long Covid is starting to emerge as is the impact on mental health for all age groups but particularly in children and young people. Older people have become deconditioned as a result of longer periods of inactivity, resulting in increased risks to mobility/falls, longer recovery time and increased support requirements. The reduction in the level that some services delivered as a result of the pandemic has also led to increased waiting lists which have been monitored and risk assessed. The impact will continue to be monitored and services adjusted to support the increased needs of people accessing services in B&NES.

## 12 Horizon Scanning

- 12.1 This section outlines for consideration, new legislation, introduction of the Integrated Care System and wider contractual arrangements across B&NES, Swindon and Wiltshire (BSW) for the delivery of community services.

### 12.2 Health & Care Bill Legislation

- 12.2.1 On 11 February 2021, the Department of Health and Social Care published the White Paper – Integration and innovation: working together to improve health and social care for all, which set out legislative proposals for a health and care Bill.
- 12.2.2 Subsequently on 6 July 2021, the Health and Care Bill was published. The legislation introduces new measures to promote and enable collaboration and co-operation within the NHS and between it and local authorities, public health and social care by:
- Enabling different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities

- Turning effective innovations and bureaucracy busting into meaningful improvements for everyone, learning from innovations during COVID
- Ensuring that there is the right framework for national oversight of the health system, that national bodies are streamlined, with clear roles and responsibilities, and that the public and Parliament can hold decision makers to account

12.2.3 Each ICS will comprise an NHS Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). In England, ICBs will be established as statutory bodies and will be responsible for the day to day running of the NHS, while the ICP will develop an integrated care plan to address the system's health, public health and social care needs.

12.2.4 The legislation is also proposing changes to procurement regulations from April 2022 which would mean a radical overhaul of existing obligations designed to work in concert with an increased focus on integration and local collaboration, and a decreased desire to put services out to competition except where the benefit to do so is clear. The final proposals/legislation is not yet available, but it is likely to have three strands:

- The non-competitive continuation of existing arrangements using the existing provider
- The non-competitive selection of a most suitable provider when a service is new or changing substantially but a competitive procurement is not appropriate
- The competitive selection of a new provider

### **12.3 Development of the B&NES, Swindon and Wiltshire Integrated Care System**

12.3.1 In December 2020 the Bath and North East Somerset, Swindon and Wiltshire Partnership (BSW) was formally accredited as an Integrated Care System (ICS). Despite the challenges of the second wave of the Covid pandemic work has continued since December on a broad range of activities associated with maturing the way BSW operates and continuing our journey towards becoming a thriving Partnership.

12.3.2 Central to this work has been the ongoing development of our arrangements at neighbourhood, place and system level ensuring our approach is based on the needs and opportunities that exist within our local communities. This is creating new and exciting possibilities in the way we think about health and wellbeing and our role in serving the population of BSW placing a greater emphasis on prevention and wellbeing and addressing the wider determinants of health. These are areas already focussed on extensively by our local authorities and the reason we are developing our place-based partnerships around the geographies served by each local authority.

12.3.3 This approach is relatively easy for some partner organisations who share a common geography with the local authority, but for others (e.g. acute trusts, mental health trusts and ambulance services) it means they must interface with multiple places. As place-based partnerships develop it will be important that these providers remain integral members of the place-based partnerships and are able to manage the complexity of operating in multiple partnerships.

12.3.4 The ICS guidance also includes the need for providers to work in collaboratives and in BSW there is already a well established acute hospital alliance and an emergent community services alliance.

## **12.4 Other BSW Community Contracts**

**12.4.1 Wiltshire Locality** – Wiltshire Health & Care deliver community adult health services whilst Virgin Care deliver children's health services as well as some social care commissioned services.

12.4.2 The Wiltshire Health & Care contract commenced in July 2016 and had a five year term, with the option to extend for a further two years which was agreed so the contract term is until June 2023. Wiltshire Health & Care is a Limited Liability Partnership (LLP) formed by the three acute hospitals Royal United Hospitals Bath NHS Trust, Great Western Hospitals Foundation Trust and Salisbury Foundation Trust.

12.4.3 The Virgin Care children's contract commenced on 1st April 2016, with a 5 year term and the option to extend for a further 2 years; The 2 year extension was exercised on 31/03/20 so the contract end date is 31/03/23.

**12.5.1 Swindon Locality** – In the Swindon locality, Great Western Hospitals Foundation Trust delivers not only acute services, but also community adult services and primary care services.

12.5.2 The adult community health services contract was let for three years with a possible extension of up to 24 months which was enacted so a contract end date of February 2022. On the basis of exceptionality and the demonstrable high performance and value for money of the current provider, the CCG's Governing Body approved a proposal to re-let the GWH adult community health services contract for a further two years, i.e. to February 2024.

12.5.3 A key requirement of the Swindon adult community health services tender was that the new provider takes an active role as a system integrator across all partners in Swindon. As a critical part of the adult system community services are in a unique position to be able maximize opportunities for system integration as they are so intimately connected with primary care, social care and the Voluntary, Community and Social Enterprise (VCSE) sector across Swindon.

12.5.4 The vertical integration of these services has been seen as an innovative model and has been successful in turning around services previously significantly underperforming as well as developing new ways of working to accelerate improvements in quality, safety and overall patient care.

## **13 Options Appraisal**

13.1 Three options are highlighted the in the tables below which outlines disbenefits and benefits of each option:

- Option 1: Extend the contract term for the 3 year period (until 2026/27)
- Option 2: Do not extend the contract for the 3 year extension period and recommission community health care, social care and public health services
- Option 3: Extend the contract term for the 3 year period (until 2026/27) but with identified services removed from block contract and/or improvement trajectories for identified services

**Option 1: Extend the contract term for the 3 year period (until 2026/27)**

Disbenefits	Benefits
Performance of a small number of key services within the contract remains a challenge– performance of these key services is included in Appendix Two, and includes Adults Social Care, District Nursing, Community Hospital Inpatients and Reablement	Continuation of integrated community services for health care and social care will limit disruption in the system allowing for focus on covid response and recovery
The current challenges facing some individual services listed above has a direct impact on patient flow	Continuation of a relationship with Virgin Care to deliver improved outcomes for the resident of B&NES and ensure delivery of the <i>Your Care, Your Way</i> priorities
As we move into an ICA it could inhibit collaboration and co-operation from other partners due to perceived commercial interests of Virgin Care. Due to Virgin Care company structure and Virgin Care's Board meetings not being held in public, this results in additional scrutiny and pressure for commissioners to fulfil this function	At a time of significant change for the NHS as the CCG transitions into the ICS, capacity to support a re-procurement will be compromised
Despite being publicly funded, private providers are often not recognised or treated similarly to NHS providers – NHSE/I often neglect to include or reference them when it comes to planning processes, access to funding opportunities, for example, Virgin Care does not receive workforce development funding	Virgin Care have national infrastructure and service improvement/change management processes to bring innovative solutions to the delivery of health and care, particularly digital technology, for example the integrate care record.
Limited contractual levers for the council to influence spend on care when the social work function is delegated to a private provider - reliant on ensuring good professional practice and effective working with the council commissioning team to support savings delivery	Demonstrated their ability to be 'fleet of foot' and ability to mobilise responses to incidents such as COVID-19, for example, the Community Wellbeing Hub through partnership working with the third sector

Although an integrated community services contract the expected benefits of being an integrated adult health and social care provider have not yet fully materialised with some adult health teams and social work teams still working in siloes. The perceived barriers to successful integration are: Cultural differences between health and social care and requirement to operate within different statutory frameworks can cause tension when health care is free and social care is not	Beneficial terms and conditions for employees and access to benefits and training & development opportunities and prepared to invest profits into front line delivery and staff development
	Recent changes in Council leadership and cabinet member responsibilities with elections in two years will enable the Council to take a longer term view on how social care services are best delivered to meet needs of B&NES population – return to be delivered in house at point of year 10 not 7

**Option 2: Do not extend the contract for the 3 year extension period and recommission both community health care, social care and public health services**

Disbenefits	Benefits
Capacity of BSWCCG and council to undertake a procurement process while the system remains in COVID-19 response and recovery mode (a new provider will need to commence delivery on 1 <sup>st</sup> April 2024, this is a maximum period of 30 months if contract decision taken in Oct 2021 for tender, procurement and mobilisation). This would also come at a time when the CCG is also transitioning its functions into the ICS NHS Board from April 2022	Opportunity to align community health care services across the B&NES & Wiltshire localities with the Wiltshire contracts also due for renewal
Potential to destabilise an already fragile health and social care system in Covid-19 recovery, with recovery plans and agreed transformation priorities not completed and potential to add further pressures to wider system partners	Opportunity for the Council to bring Adult Social Care services back 'in house' with more contractual levers to control how services are delivered and deliver Council savings
Very limited market choice of providers with appropriate experience of delivering community health care and adult social care services - there is no guarantee that another provider would deem the service to be financially viable which may result in further additional increased costs for the Council and CCG	Opportunity to revisit and reshape system recovery and transformation priorities with partners

Reputational damage to Virgin Care in the health care and social care system which could lead to a challenge from the provider on the decision not to extend the contract term, particularly as BSW CCG has already chosen to exercise the option to extend the Virgin Care Wiltshire contract and the Wiltshire Health and Care Community Contract	Opportunity for BSWCCG and Council under ICA to undertake a more 'light touch' procurement process for the selection of a new provider for integrated community services in B&NES locality from existing NHS providers and remove the stigma of a private provider delivering services
Needing to explain to the residents of B&NES why the previous decision to select a prime provider is no longer relevant for the B&NES locality after only 5 years	Opportunity with a new provider to enable a re-design of the delivery of community services in line with ICS development
The costs of running a procurement are prohibitive at this point given the council and CCGs financial positions. The estimated costs have been modelled in the table below and equate to approximately £965k given the scale and complexity of this contract. This would need to be jointly funded and would be a cost pressure of £482,500 for each organisation	

### Estimated costs for procurement of community health care and social care services

Community Services Procurement Programme Estimated Costs	2022/23 Budget	2023/24 Budget	2024/25 Budget
Programme Management	£61,000	£91,000	£79,000
Commissioning Strategy Workstream	£14,500	£33,000	£26,200
Procurement Workstream	£6,500	£81,000	£33,500
Communication Workstream	£54,000	£37,000	£35,000
Finance Workstream	£9,500	£41,500	£20,000
Estates Workstream	£13,500	£10,000	£15,000
Workforce Workstream	£8,000	£8,000	£16,000
IM&T Workstream	£14,500	£20,000	£29,500
Travel and Expenses	£0	£12,300	£12,500
Legal Costs	£0	£22,500	£29,600
Venue Hire	£2,600	£7,500	12,500
Stationary and printing	£0	£4,000	£4,300
Contingency	£0	£0	£100,000
<b>Total</b>	<b>£184,100</b>	<b>£367,800</b>	<b>£413,100</b>

**Option 3: Extend the contract term for the 3 year period (until 2026/27) but with identified services removed from block contract and/or improvement trajectories for identified services**

Please note for option 3 that all disbenefits and benefits highlighted for option 1 are relevant to this option. Listed below are additional disbenefits and benefits for consideration in this option.

It should be noted that the CCG Executive has taken the decision (August 2021) to withdraw continuing health care as a statutory function from the contract either in option 2 or option 3. The CCG understands the direct service costs for CHC to be £468k per annum and overhead costs cannot be removed with each individual service line as stipulated in the contract. The council has also confirmed its decision to remove strategic adult safeguarding from the contract either in option 2 or option 3 and understands the direct services to be £375K.

Both the council and CCG have indicated to Virgin Care the withdrawal of these two service lines and Virgin Care's assessment of the direct service costs are expected imminently to ensure there is no discrepancy.

<b>Disbenefits</b>	<b>Benefits</b>
Depending on financial value of identified services to be removed from the block contract could be deemed by Virgin Care to be a material change to the contract and thus make whole integrated contract non viable	Opportunity for commissioners and Virgin Care to negotiate by mutual agreement service areas to be removed from the contract with a clear rationale as to the benefit to B&NES population of doing so giving greater control for performance of statutory services for BSWCCG and Council
Decisions to remove (by negotiation with Virgin Care) individual service lines from the contract could further hamper delivery of integrated community services	Allows commissioners to work with Virgin Care to deliver the benefits of the transformation priorities for the remainder of the 5 year contract term
Virgin Care are a critical partner to the successful realisation of the Council's ASC Transformation priorities and in turn saving's for the next 2 years – a decision to remove adult social care from the Virgin Care contract will hamper progression with identified transformation priorities	Opportunity for the newly appointed Managing Director of the B&NES Virgin Care contract to continue to stabilise the senior leadership team SLT in year 5 and for the remainder of the contract to retain commissioner confidence and deliver improved services
Cost to Council of in-housing Adult Social Care as contractually not allowed to remove overhead costs from the contract and this is a cost pressure	
Decision to remove whole and/or part of PD01 Adult Social Care statutory services from block contract, then the Council and BSWCCG will need to determine which	

organisation will be the lead commissioner (currently B&NES Council) if there is removal of a significant proportion of Council funded activity this will require consideration of lead commissioner status moving forward	
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For both option 1 and option 3 Virgin Care will be expected to continue to develop collaborative delivery models through partnership working with other providers in B&NES locality and across BSW.

For both option 1 and option 3 there is a future requirement to ensure the contract for integrated community services has a clear contractual reporting line for adult social care services to B&NES Council Director Adult Social Services (DASS) to drive accountability and focus on improvement and this would be explicit within our jointly agreed commissioning intentions for the remainder of the contract term.

## 14 Recommendation

- 14.1 The joint recommendation from the CCG and the Council is Option 3 - extend the contract term for the 3 year period (until 2026/27) but with the identified services set out above removed from block contract and/or improvement trajectories for identified services.
- 14.2 The jointly agreed recommendation has been made based on the following rationale:
- Overall Virgin Care are a good provider and services have been delivered well to meet the needs of the B&NES population. Virgin Care recognise the services that require transformation to meet the needs of the system as an established strategic partner coupled with clear expectations from commissioners on rigorous performance reporting and escalation protocols with the Senior Leadership Team in Virgin Care
  - The system remains under considerable pressure from the impact of Covid-19, and extending the contract term will limit disruption in the system allowing for focus on response and recovery
  - It is a period of significant change for the NHS and social care systems with the embedding of new Integrated Care System and B&NES Integrated Care Alliance from April 2022 and focussing on a re-procurement process would distract from this
  - Changes in Council leadership and cabinet member responsibilities (elections in two years) will enable the Council to take a longer term view on how social care services are best delivered to meet the needs of the B&NES population
  - Virgin Care have by mutual agreement, been open to discussions regarding the potential to remove services from the main contract, giving greater ownership and emphasis to commissioners over statutory functions
  - A re-procurement process would require significant capacity from both the Council and CCG and incur one off costs of approximately £965,000 and will require an approved funding source for both Council and CCG.



- There is no guarantee that another provider would deem the service to be financially viable which may result in further additional increased costs for the Council and CCG. Additional costs of pension contributions could be considerable in this area when transferring into an NHS or Local Authority.
- Virgin Care have signalled that they will not renegotiate the existing financial terms of the contract for the remainder of the contract term if the extension term is granted. Potentially appointing a new provider would incur mobilisation costs and the baseline value of the contract could be higher
- Analysis of the market indicates there are very few providers who have the necessary experience of delivering integrated health care and social care services
- Given the current system pressure due to the impact of Covid-19 it will be challenging at this time for any new provider to respond to a procurement process of this size and complexity
- This approach allows the CCG and council to wait for the final legislative changes on procurement and consider its future approach



**Virgin Care Flu Jab Team**

## Appendix One – Overview of Community Services in the Virgin Care Contract

CCG Health Services	Council and CCG Services	Council Services for Adult Social Care	Council Services for Children	Council Services for Public Health	Total Community Services
28	2	9	8	5	52

Services directly delivered by Virgin Care	Services delivered by Virgin Care and sub contractor	Services delivered by a sub contractor
36	6	10

### Council led services for Adult Social Care

SD No	Description	Directly provided, Sub-Contracted or both	Funded
PD01	Adult Social Care Statutory Services	Direct	Council
SD02	Adult Carers Support Service	Sub-Contract	Council & BCF
SD14	Community Based Mental Health Pathways (Community Links and MH Reablement direct, etc.)	Direct & Sub-Contract	Council & BCF
SD20	Community Mental Health Services For Older Adults and Those With Dementia (Day centre service)	Sub-Contract	Council & CCG
SD23	Direct Payments Hub	Direct & Sub-Contract	Council
SD27	Home From Hospital/Home Response Service	Sub-Contract	Council, CCG & BCF
SD28	Homelessness Prevention Pathway Services - Rural Floating Support	Sub-Contract	Council
SD29	Housing Related Support - Positive Accommodation and Support Pathway	Sub-Contract	Council
SD30	Independent Living Service	Sub-Contract	Council & CCG

### Services for Children Health (1 Council)

SD No	Description	Directly provided, Sub-Contracted or both	Funded
PD03	Looked after Children	Direct	CCG
SD05	B&NES Children's Community Health Service Overarching Specification	Direct	CCG
SD07	Children's Bladder and Bowel Service	Direct	CCG
SD08	Children's community nursing and psychology services	Direct	CCG
SD09	Children's Continuing Care Service	Direct	CCG
SD10	Children's Learning Disability Service	Direct	Council
SD12	Children's Speech and Language Therapy Service	Direct	CCG
SD60	Safeguarding Children Service	Direct	CCG

### Council led services for Public Health

SD No	Description	Directly provided, Sub-Contracted or both	Funded
SD01	0-19 Public Health Nursing	Direct	PH
SD16	Community Equipment - Public Health Service	Sub-Contract	PH
SD39	NHS Health checks	Direct & Sub-Contract	PH
SD50	Substance Misuse Services	Sub-Contract	CCG, Council & PH
SD52	Wellness	Direct & Sub-Contract	CCG, Council, BCF & PH

### Council and BSWCCG services

SD No	Description	Directly provided, Sub-Contracted or both	Funded
SD31	Integrated Reablement Service	Direct	Council, CCG & BCF
SD43	Adults with a learning disability	Direct	Council & CCG

## BSWCCG Health Care Services

SD No	Description	Directly provided, Sub-Contracted or both	Funded
PD02	Continuing Health Care	Direct	CCG
SD13	Adult Audiology (incl hearing therapy)	Direct	CCG
SD15	Community Bladder and Bowel Service (Adults)	Direct	CCG
SD17	Community Hospital Inpatients	Direct	CCG
SD19	Community Nursing (Adults) Inc District Nurses	Direct	CCG
SD21	Community Pain Management	Direct	CCG
SD22	Specialist Dementia Services	Sub-Contract	CCG
SD24	End of life Care	Sub-Contract	CCG
SD26	Movement Disorders Clinic and Falls & Balance Service (Clara Cross)	Direct	CCG
SD35	Lymphedema Nursing	Direct	CCG
SD38	Physiotherapy Outpatients and Primary Care Specialist Physiotherapy	Direct	CCG
SD40	Orthopaedic Interface Service	Direct	CCG
SD42	Children's Community Audiology Service	Direct	CCG
SD44	Specialist Cardiac and Respiratory Services (Adults)	Direct	CCG
SD46	Specialist Cardiac and Respiratory Services (Adults) - Heart Failure Nursing	Direct	CCG
SD47	Specialist Diabetes Services (Adults) - Diabetes Education	Direct & Sub-Contract	CCG
SD48	Specialist Neurology and Stroke Services (Adults)	Direct & Sub-Contract	CCG
SD49	Speech and Language Therapy (Adults)	Direct	CCG
SD51	Urgent Care facility at Paulton MIU	Direct	CCG
SD54	Podiatry	Direct	CCG
SD55	Osteoarthritis Hip and Knee Programme	Direct	CCG
SD57	Tissue Viability Nurse Service	Direct	CCG
SD58	Community IV	Direct	CCG
SD59	Community Paediatric Service	Direct	CCG
SD61	Falls Rapid Response	Direct	BCF
SD63	First Contact Practitioner	Direct	CCG
SD64	Heart Failure Rehab	Direct & Sub-Contract	CCG
SD65	Breathing Space	Sub-Contract	CCG

## List of sub Contractors in the Virgin Care contract by individual service

PD/SD code	Current Provider	Table 1 & 2 - Prime Provider Contract Schedule
SD48b	Stroke Assoc	Specialist Neurology and Stroke Services (Adults) - Community Stroke Co-ordinator
SD48b	Stroke Assoc	Specialist Neurology and Stroke Services (Adults) - Communication Support Service
SD2b	The Carers Centre	Adult Carers Support Service - New Carers Centre
SD20b	Alzheimer's society	Living Well and Staying Well (Prevention and Self Management) - Day Services
SD20b	Peggy Dodd	Living Well and Staying Well (Prevention and Self Management) - Day Services
SD23b	WECIL	Direct Payments Support
SD24b	Dorothy House	End of Life Care
SD24b	Village Agents	End of Life Care
SD25b	Knightstone	Extra Care Housing Services - The Paddocks
SD25b	Knightstone	Extra Care Housing Services - The Orchard
SD25b	Methodist Homes	Extra Care Housing Services - Walcot Court
SD25b	Curo	Extra Care Housing Services - Extra Care Schemes
SD25b	Curo	Extra Care Housing Services - Step Down Beds
SD25b	Guinness	Extra Care Housing Services - Avondown House
SD25b	Knightstone	Extra Care Housing Services - Rockhall House
SD27b	Age UK	Regaining Health & Independence - Home Response
SD27b	Age UK	Regaining Health & Independence - Dementia Support Worker Service
SD27b	The Carers Centre	Regaining Health & Independence - Dementia Support Worker Service
SD28b	Bath Mind	Homelessness Prevention Pathway Services - Marlborough Lane low level MH accommodation & support
SD28b	Curo	Homelessness & Housing Support - Temporary Accommodation - Somer

SD28b	Curo	Homelessness Prevention Pathway Services -Temporary Accommodation - Dartmouth
SD28b	Developing Health and Independence	Homelessness Prevention Pathway Services - Developing Health and Independence - 1 Barton Buildings
SD28b	Developing Health and Independence	Homelessness Prevention Pathway Services -Developing Health and Independence - Burlington Street (EX Stall street)
SD28b	Developing Health and Independence	Homelessness Prevention Pathway Services - Developing Health and Independence - Reach
SD28b	Developing Health and Independence / Julian House	Homelessness Prevention Pathway Services - DHI & Julian House - Assertive Outreach Service
SD28b	Julian House	Homelessness Prevention Pathway Services - Julian House - Barnabas House and Annex
SD28b	Julian House	Homelessness Prevention Pathway Services - Julian House - Manvers Street
SD28b	Julian House	Homelessness Prevention Pathway Services - Julian House - Peter House
SD28b	Julian House	Homelessness Prevention Pathway Services - Julian House - Henrietta Street
SD28b	Second Step Housing Association	Homelessness Prevention Pathway Services - BANES Floating Support Service
SD28b	Solon South West Housing Association	Homelessness Prevention Pathway Services - Rackfield House
SD28b	Stonham	Homelessness Prevention Pathway Services - Newbridge Road
SD28b	Stonham	Homelessness Prevention Pathway Services - The Paragon
SD29b	Curo	Positive Accommodation and Support Pathway - Young Parents Service
SD29b	Curo	Positive Accommodation and Support Pathway - Pathways
SD29b	Curo	Positive Accommodation and Support Pathway - Bath Foyer
SD29b	Curo	Positive Accommodation and Support Pathway - Mediation Service
SD30b	Curo	Independent Living Service - including Older People
SD30b	Curo	Independent Living Service - Livewell formerly Sheltered
SD30b	Curo	Independent Living Service - Rural Dementia Service
SD32b	General Practices	Sexual Health Service -General Practice - LARC including fitting of IUD's
SD32b	Community Pharmacies	Sexual Health Service - Pharmacy Sexual Health
SD39b	General Practices	NHS Health Checks

SD52bCH	Clean Slate	Regaining Health and Independence (Early Intervention and Targeted) - Worklessness
SD52bCH	Community Pharmacies	Regaining Health and Independence (Early Intervention and Targeted) - Pharmacy Smoking
SD52bCH	Julian House	Homelessness Prevention Pathway Services - Julian House - Travelling Community Support Worker
SD52bCH	General Practices	Regaining Health and Independence (Early Intervention and Targeted) - Smoking in general practice
SD52bCH	Developing Health and Independence	Stop Smoking - DHI (activity-based payment)
SD52bCH	Wiltshire Community Health	Regaining Health and Independence (Early Intervention and Targeted) - Counterweight Services
SD52bCH	Counterweight Ltd	Regaining Health and Independence (Early Intervention and Targeted) - Counterweight Services
SD52bCH	Age UK	Regaining Health and Independence (Early Intervention and Targeted) - Older People's Information Service
SD52bCH	Bath Ethnic Minority Senior Citizens Association	Regaining Health and Independence (Early Intervention and Targeted) - Day Services for B&OME NB + £5,200 rent deducted at source
SD52bCH	Age UK	Regaining Health and Independence (Early Intervention and Targeted) - Day Services
SD52bCH	Deaf Plus	Deaf, Deaf Blind and Visually Impaired Equipment and Support Service
SD52bCH	RUH	Regaining Health and Independence (Early Intervention and Targeted) - Health in pregnancy
SD52bCH	Writhlington	Wellbeing Services
SD43b	Freeways	Adults with a learning disability and their families - Freeways - PSI/LD New FS service
SD43b	Keyring	Adults with a learning disability and their families - Keyring - Living Support Networks - Bath Keyring Network
SD43b	Swallow Ltd	Adults with a learning disability and their families - Training for Independent Living
SD43b	Swallow Ltd	Adults with a learning disability and their families - Hawthorns
SD43b	Swallow Ltd	Adults with a learning disability and their families - Redfield Road
SD16b	West of England Community Care	Community Equipment- Home Safety Equipment Scheme - Public Health
SD14b	Bath Mind	Community Based Mental Health Pathways - Mosaic Mental Health Support
SD14b	Bath Mind	Community Based Mental Health Pathways - Safe Haven
SD14b	Creativity Works	Community Based Mental Health Pathways - Creative Links
SD14b	Soundwell Music Therapy Trust	Community Based Mental Health Pathways - Music Therapy

SD14b	St Mungo's	Community Based Mental Health Pathways - Mulberry House & Mews
SD14b	Soundwell music therapy trust as part of St Mungo's block	Community Based Mental Health Pathways - Social enterprise project (SP)(St Mungo's)
SD22b	Alzheimer's Society	Alzheimer's Society - Dementia Support Worker Service
SD22b	RICE	Research Institute for the Care of Older People - Dementia Assessment service
SD50b	Community Pharmacies	Substance Misuse Services – Pharmacy provision of opiate substitution treatment
SD50b	Community Pharmacies	Substance Misuse Services - Community Pharmacies - Pharmacy Needle Exchange
SD50b	Developing Health and Independence	Substance Misuse Services – Adults
SD50b	Developing Health and Independence	Substance Misuse Services - Young People
SD50b	GP Practices	Substance Misuse Services - General Practice Shared Care
SD50b	Developing Health and Independence	Substance Misuse Services - DHI & SDAS - Alcohol Liaison Service
SD52bMH	Quartet	Regaining Health and Independence (Early Intervention and Targeted) - Community Fund (MH)
SD52bMH	St Mungo's	Regaining Health and Independence (Early Intervention and Targeted) - Building Bridges / Peer Mentoring
SD52bMH	Developing Health and Independence	Regaining Health and Independence (Early Intervention and Targeted) - Social Prescribing

**Appendix Two – Overview dashboard of performance for the following services delivered by Virgin Care identified by commissions as requiring improvement (attached)**

- NHS Constitution standards Referral to treatment (RTT)
- NHS Constitution standards Diagnostics
- NHS Constitution Standards Urgent Care
- Adult Social Care Assessment and Review waiting times
- District Nursing
- Reablement
- Continuing Health Care



### **Appendix Three – References and information taken from the following reports/papers for the quality and service experience section of the report**

B&NES Quarterly Complaints and Concerns Report Q4 2020/21 – Virgin Care April 2021

B&NES Quarterly Complaints and Concerns Report Q3 2020/21 – Virgin Care January 2021

B&NES Quarterly Complaints and Concerns Report Q2 2020/21 – Virgin Care October 2020

B&NES Quarterly Complaints and Concerns Report Q1 2021/2022 – Virgin Care July 2021

Virgin Care B&NES Quality Exception Reports 2017-2021

B&NES Performance Summary reports 2017-2021

CCG STEIS Database (B&NES and BSW)

Virgin Care Tissue Viability Report Q1 2021/2022

Virgin Care Workforce Report Q1 2021/2022

Virgin Care Quality Dashboards 2017-2021

Virgin Care Exception and Assurance Reports 2017-2021

Virgin Care Engagement Report – January 2019

Patient safety Report April 2019

CQC Registration and Internal Review Process Report - July 2019

CQC Website

Virgin Care Quality Account 2020/2021

#### Appendix Four - Purpose of each governance meeting held with Virgin Care

Meeting	Purpose	Frequency
<b>Contract Quality Performance Meeting (CQPM)</b>	<ul style="list-style-type: none"> <li>• April 17 - October 2019 held monthly basis, since December 2019 bi-monthly basis until August 2021</li> <li>• As of August 2021, there will be a return to holding a monthly CQPM. There will be a full CQPM held every 2 months and on the alternate month this will be a smaller group of delegates to review performance, discuss key strategic and operational issues and agree meeting agenda for full CQPM</li> <li>• Provide strong, co-ordinated and coherent leadership of the commissioning and contracting of services from Virgin Care on behalf of the local health and care economy</li> <li>• Ensures governance systems are in place to oversee the safe and effective delivery of commissioned services</li> <li>• Holds the provider to account for its service delivery, transformation, finance and quality obligations, managing performance in accordance with the contract</li> <li>• Ensures that Commissioners meet their responsibilities and obligations as set out in the contract.</li> <li>• There are agreed Terms of Reference for CQPM</li> <li>• Receive assurance reports from FIG, QSG, SLPMs and sub-contracts</li> </ul>	Monthly
<b>Finance and Information Group (FIG)</b>	<ul style="list-style-type: none"> <li>• April 17 - December 2019 held monthly basis, from February 2020 bi-monthly basis</li> <li>• Informal mid point meeting in place since June 2021</li> <li>• Support the CQPM in managing issues relating to finance, activity and other forms of data and information relating to the contract</li> <li>• In year performance monitoring and management and informing strategic discussion and action</li> <li>• Enables challenge to arrive at joint agreement of financial and activity plans, including planning assumptions and bases of calculation</li> <li>• Ensures ongoing monitoring of activity and financial performance to support joint management of variances</li> <li>• There are agreed Terms of Reference for FIG</li> </ul>	Bi Monthly
<b>The Quality Sub Group (QSG)</b>	<ul style="list-style-type: none"> <li>• Now held on a six-weekly basis</li> <li>• Seek assurance from Virgin Care that high quality and safe services are being delivered</li> </ul>	Bi Monthly

	<ul style="list-style-type: none"> <li>Responsible for reviewing and ensuring compliance against the contractual quality standards (incidents, workforce reports, surveys and safeguarding)</li> <li>Providing assurance on progress with any regulatory body action plan</li> <li>Determining compliance against the Commissioning for Quality and Innovation (CQUIN<sup>1</sup>) thresholds</li> <li>Ensure that any assurance received is outcome based where possible and provides adequate assurance to Commissioners; providing oversight of quality and safety during times of organisational change and service redesign</li> <li>There are agreed Terms of Reference for QSG</li> </ul>	
<b>Service Level Performance Meetings (SLPM)</b>	<ul style="list-style-type: none"> <li>SLPM feeding into CQPM: <ol style="list-style-type: none"> <li>Adult Social Care and Safeguarding (monthly)</li> <li>Children's (quarterly)</li> <li>Continuing Healthcare (monthly)</li> <li>Mental Health (quarterly)</li> <li>Learning Disability and Physical Sensory Impairment (quarterly)</li> <li>Public Health – Wellness and Health Checks (quarterly)</li> <li>Public Health – Sexual Health (quarterly)</li> <li>Public Health - Substance Misuse (quarterly)</li> <li>Specialist Health (quarterly)</li> <li>Community Adult Health Care (quarterly)</li> </ol> </li> <li>Provide service-level assurance by holding Virgin Care to account for the performance and quality obligations of the individual services</li> <li>Offer support where needed to the provider in delivering the services</li> </ul>	Range from Monthly to Quarterly

Where a sub contracted provider delivers a service an assurance report is submitted to an allocated SLPM for each provider and a Service Manager from the Virgin Care sub-contractor team is in attendance at the SLPM to deliver the assurance update on the performance of the sub contracted provider in the quarter reporting period. The Senior Manager responsible for sub-contractors at Virgin Care provides an assurance update at CQPM on performance of sub contractors.

## **Appendix Five – Overview of Community Wellbeing Hub (CWH) activity from March 2020 to August 2021**

The following activity has been delivered by the Community Wellbeing Hub partners since March 2020:

### **Direct food support**

- 747 emergency food boxes were delivered including frozen meals which supplemented each box. This included Bath College and DHI winter and summer homeless programme. In total 943 individuals received support.
  - 26% of emergency food was delivered to families, 55% lived alone, 19% lived with other adults
  - Breakdown of enquiries received by gender - 57% female and 43% male.
  - 27% of enquiries were repeat requests.
- 33 people received a Christmas meal delivered by the Hub with a small gift.
- 124 unwanted food government parcels collected and redistributed.

### **Other basic support needs delivered**

- 42 urgent medication collections have been arranged (first wave March/April 20 and third wave June/July 21). This is in addition to the support provided from 3SG volunteers.
- 29 hearing aid batteries collected or arranged for service for vulnerable people (March – June 2020).
- Various requests for welfare visits to be made to vulnerable people where the Hub or Test and Trace have been unable to reach individuals.
- Letter and email correspondence to all Clinically Extremely Vulnerable (CEV) people in November 2020 and January 2021. Virgin Care Triage Team made 632 follow up calls during that time and 56 people were given direct support (Food, Citizens Advice, Mental health, volunteer support).
- 2 webinars targeted to CEV's to support them during lockdown which included real life experiences of those shielding.
- Direct referrals being received from Test and Trace since June 2021. 29 individuals required direct contact to be made and 16 required further support (Food, Citizens Advice, Mental health).

**Other logistical support delivered by The Hub in partnership with the Council includes:**

- Two members of Council staff redeployed to assist the 3SG during the busiest month of April 2020 and matched 290 individuals with volunteer support.
- During March and April 2020, delivery of PPE equipment to care homes, local charities and face shields to all pharmacies in B&NES.
- Over 50,000 frozen meals provided to support local food offers including the Hub and other charitable work - 45,000 frozen meals provided by the Bath Masonic Hall Trust have been delivered to local charities including Sporting Family Change, Mercy in Action, Children's Centres, Southside Family project and included in emergency food boxes. 5,400 frozen meals provided by The Ivy restaurant distributed to local charities and 10 local nurseries.
- 41 Council PCs delivered to council staff at various locations within B&NES, South Gloucestershire, South Somerset and Bristol.
- COVID Vaccination programme in Dec 2020/Jan 2021 - support to the Pavilion and Three Valleys Health was offered in setting up the vaccination site which included recruitment of volunteers, gritting, signage, barriers. Direct support given by Virgin Care and the Council to the Pavilion for their volunteering programme including advertising and process, 400 people recruited (200 were Council staff)

## **Appendix Six - Transformation progress against original Your Care Your Way priorities, Virgin Care updated position in August 2021**

Each of the transformation priorities of Your Care Your Way (YCYW) are listed below with an update on progress to date.

### **A person, not a condition**

***Services will take into account all of a person's strengths as well as those of their family, their community and their wider support network:***

- 3 conversations model has been established in social care.
- The Compassionate Community Hub was established alongside B&NES Council and third sector partners and operationally led by Virgin Care. There are now 13 partners at or participating in the hub, alongside volunteer service coordination. Hub is strengths based in design and focuses on services available in community and networks available. Impact has been significant including 80% of people being supported on the first call and not requiring any follow up.
- The Care Coordination Centre (CCC) was a central part of the delivery strategy of YCYW, co-locating health/social care and prevention services for the past 2 years. There is a daily multi-disciplinary team (MDT) meeting to support cases coming in through the care coordination centre in order to join-up care and a weekly wellbeing and third sector MDT, all with health and care representation. The next stage of care coordination will be to deliver a children's integration into the CCC which had been delayed due to COVID.

***Staff will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them:***

- Social care services are now co-located alongside health and wellbeing services at the Care Co-ordination Centre, located in Peasedown St John (CCC)
- Third sector organisations have been training staff in the CCC to widen their knowledge of support available and community assets.
- There are representatives from all areas of health, care and community, at all Funding Panels to ensure widest breadth of community services are drawn on. Third sector services are represented through commissioning representation at the panels.
- Virgin Care have also worked with the primary care networks to operate a joint social prescribing link worker model, with social prescribers working within the wellbeing hub and practices.

***Staff will seek to understand any barriers to meeting these goals and work with the person to overcome them:***

- The Compassionate Community Hub, later re-named to the Community Wellbeing Hub (CWH), has supported over 16,000 calls between March 2020

and August 2021 and will now continue to develop in order to use community assets to ensure that services wrap around people. It includes a joined-up referral and support mechanism to share appropriate information about someone's journey.

- Making Every Contact Count (MECC) practitioners have increased significantly in numbers and rolled out across partner organisations and direct provision
- The introduction of the funding panels has sought to ensure every area of an individual's need is addressed by all areas working together.

### **Join up the information**

***A Care Co-ordination Centre will provide a single point of contact for people who require care and support, their families and health professionals:***

- There is one set of call system infrastructure within the CCC and now the Community Wellbeing Hub is co-located with this service.
- There are further developments in this CCC for example; children's services CCC solution will be introduced in 2022; switch board services will be completely integrated into the CCC by the end of 2021/22 year to ensure delivery of a 24/7 CCC response.
- Work to re-design the B&NES website was delayed during COVID but is now underway to improve communication and visibility of the care coordination centre to the B&NES community and service users.

### ***Signposting to other services:***

- Signposting is captured within the CCC and within the Community Wellbeing Hub through a new referral management system which was introduced for health services and most recently in COVID, a referral management system for third sector and prevention based services has also been introduced. This has been the first time the third sector have been able to join up a referral and signpost with appropriately shared information to support someone's journey.

### ***Booking, scheduling and case management:***

- Signposting, booking and management of cases all take place at the CCC now alongside the Community Wellbeing Hub which is based upstairs at the CCC.
- Colleagues have access to the integrated care record and joint referral system from this base. Dynamic scheduling, allowing increased efficiencies, failed at pilot phase within first system of choice, procurement is now in progress for an alternative scheduler.
- A digital referral management portal is being updated and launched for all internal referrals by the end of this year.
- Health Roster is in place for all services to support digital rostering of colleagues within the service. Electronic prescriptions are also in place across a large number of services.

***Single assessment:***

- Teams will continue to be integrated further to extend the remit and reach of the Community Wellbeing Hub in order to achieve the next phase of coordinated care

***Case management:***

- Social prescribers from Primary Care Networks (PCN) are closely linked into the developing CWH and CCC in order to align and support care and community opportunities. Cases are managed in the service presently across adult services, and supported through the Integrated Care Record (ICR), however there are a number of professional groups that need to be added into the CCC in order to ensure that case management can be supported for all people through this service.

***Management of Patient Portal:***

- Management of a patient portal has now been superseded by national programmes around patient portal and is not a viable standalone local solution. In CCG areas this is being led by BSW. This requirement is superseded by a national programme development and change and would no longer be a B&NES initiative

***Telehealth monitoring:***

- Only very limited telehealth monitoring has taken place until this point in the contract. This was planned for year 3 however, this has been delayed due to COVID.
- A couple of services are now in place and piloting remote solutions. Firstly, a remote weight management service has been introduced within the wellbeing service. Secondly, a pilot of remote monitoring and artificial intelligence using productive risk analytics is currently being undertaken in social care. This is presently in the roll out phase and evaluating how else this service could be used, for example, in reablement. Virgin Care are also working with B&NES Council on remote monitoring opportunities.
- These initiatives will take this area of transformation back on track for delivery against the objective within the contract timeframe.

***A single plan******Single assessments will form the basis of a single care and support plan to give people choice and control of the care and support they receive:***

- An Integrated Care Record (ICR) is now live and being used
- The focus has developed on ensuring that plans that are developed are shared appropriately across health and care professionals and therefore provide people with appropriate choice.



- Next development is to assess if care plan functionality can be used within the ICR to further share plans and to agree how this is going to be commonly accepted across health and social care.

***People will be able to view their integrated care record and control how information is shared across providers and with their own choice of friends, relatives or carers:***

- Despite challenging start with an ICR having to be re-procured, the ICR programme is now well established and utilised. It includes 5 data feeds from GP, Acute, Community and Social Care and the Mental Health Trust. The final feed will be to include Children's Social Care data which will be provided by B&NES Council.

***The records are used to inform and appropriately share information which leads to more rapid decisions being made and more joined-up care being experienced by the service user:***

- Virgin Care have led an evaluation of its use so far and now the ICR is being adopted across the rest of the ICS using the same instance and with a sharing of the lessons learnt in the B&NES deployment.

***People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met:***

- A number of MDTs have been introduced - daily MDTs now take place at the care coordination centre.
- Weekly MDT meetings take place with partners to ensure needs met appropriately.

## **Focus on prevention**

***Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage:***

- Activation measures were being rolled out prior to COVID and planning is now being undertaken to understand how these can be applied in the new normal. Virgin Care are now following the latest NHS E guidance on how activation measures can be managed and tracked via a wellbeing score. This was planned for year 3 roll out but was delayed. The project has now re-commenced, a measure identified, and this will be implemented in the integration of the first response and wellbeing teams.

***Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission:***

- Risk stratification in this way relies on information being in the source system, the ICR, to carry out this analysis. The data is now in the system and the integrated care record is starting to be utilised for this analysis. The first programme has been to identify people at risk who are eligible for an NHS health check and to target these people for being checked. Other use-

cases are also live in the areas of learning disabilities and respiratory case finding.

- The next phase is to take the enhanced risk finding to the care coordination centre to identify people at risk of hospital admission or exacerbating conditions. There are other ways that this is being achieved for example through the community wellbeing hub whereby there is a structure of escalation to identify people who are being supported in the community who are deteriorating and bringing this to a daily multi-disciplinary meeting where a proactive response can be identified to support an individual to avoid a hospital admission.

***Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time:***

- There needs to be more discussion and review of this indicator and impact. B&NES did not in the end specify a 'rapid response' service, however, new reablement model now coming into place in order to provide 2 week rapid assessment and rapid response features in the NHS Long term plan. This will be provided through the urgent 2 hour response services that will come into development in Q3 and Q4 of 21/22. This is a critical part of supporting B&NES Council to deliver its adult social care transformation in the coming two years.
- A number of initiatives including CCC services and outreach from the Community Wellbeing Hub, work to support this agenda, however, further work is needed to ensure that this is embedded by all partners in the system and through the flow hub. The CSDS is starting to report on the flow of this data.

***Staff will be trained in evidenced-based health coaching so that self-management is the focus for all interactions:***

- Training has taken place across the prevention services and colleagues in the Community Wellbeing Hub to ensure that self-management is promoted. Additional Making Every Contact Count (MECC) practitioners have been trained across directly provided services and out commissioned partners.
- Specific health coaching courses are being delivered and the new service will go-live in Sept 2021, with colleagues having been redeployed during COVID from setting up this service.

**Invest in the workforce**

***The award-winning “People Flourish” programme will help staff improve the way they work in teams and with people who work in different ways to themselves:***

- Training opportunities for colleagues have increased in frequency and number over the period of the contract. A large number of apprenticeships

are offered and in place including nursing apprenticeships qualifications and therapy support workers.

- Virgin Care B&NES have recently also uplifted the number of rotational therapists into their services.
- 'Have Your Say' workforce survey has shown increased engagement and satisfaction scores from colleagues - most significantly between year 3 and year 4 of the contract and it now stands at an engagement score of 73% which is in line with the NHS responses nationally.
- A fortnightly manager's briefing now takes place to ensure direct communication for all support services, alongside weekly colleague newsletters highlighting training opportunities and other opportunities to develop and learn.

***Investment in mobile working technology will reduce the time spent on paperwork allowing frontline staff to focus on providing high quality care:***

- Virgin Care have deployed almost new 600 laptops within the contract to ensure that teams have access to the latest technology and have used this mobile technology to support new ways of working within teams.
- Use of technology has led to an increase of up to 30% patient facing times in teams, supported by audit. In addition, this has meant increased resilience of services when working from home. This has enabled teams to go straight to their first visit rather than visiting base and has enabled further hub working.
- There are some teams where mobile devices have been delivered but new ways of working are yet to be fully embedded, change programmes continue for these teams. Virgin Care now also offer patient digital appointments, wider ranges of remote monitoring, wellbeing platforms online and a new referral platform to eliminate the final pieces of paperwork in the service.
- To support colleagues, Virgin Care have invested in a full time IT trainer delivering a 'back to basics' approach to IT in order to deliver against the identified digital literacy challenge that still remains in some services, with the aim to support colleagues to develop their skills in this area

***There will be a cap on management costs so that resources are invested into front line care:***

- This cap is and remains in place in the contract

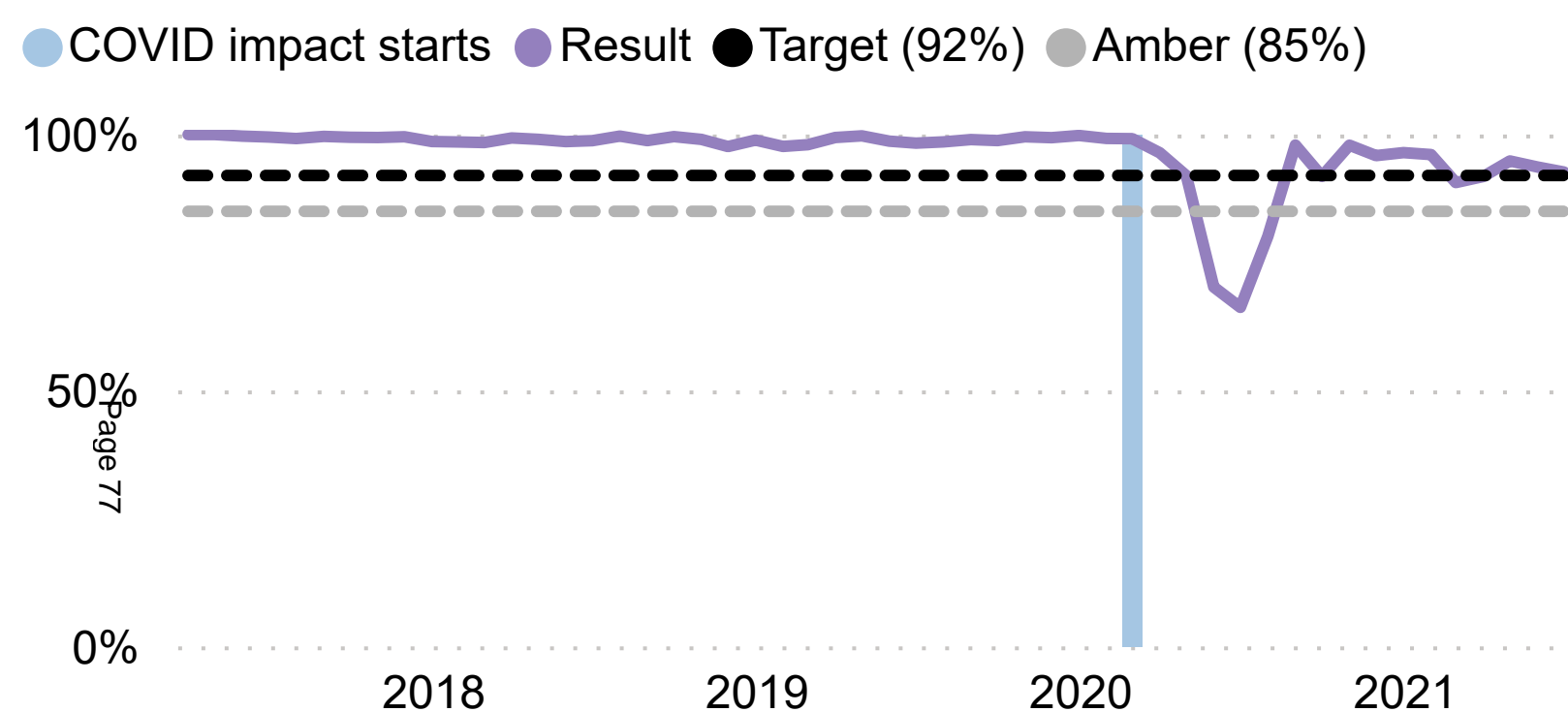


# B&NES Community Services: Virgin Care performance summary

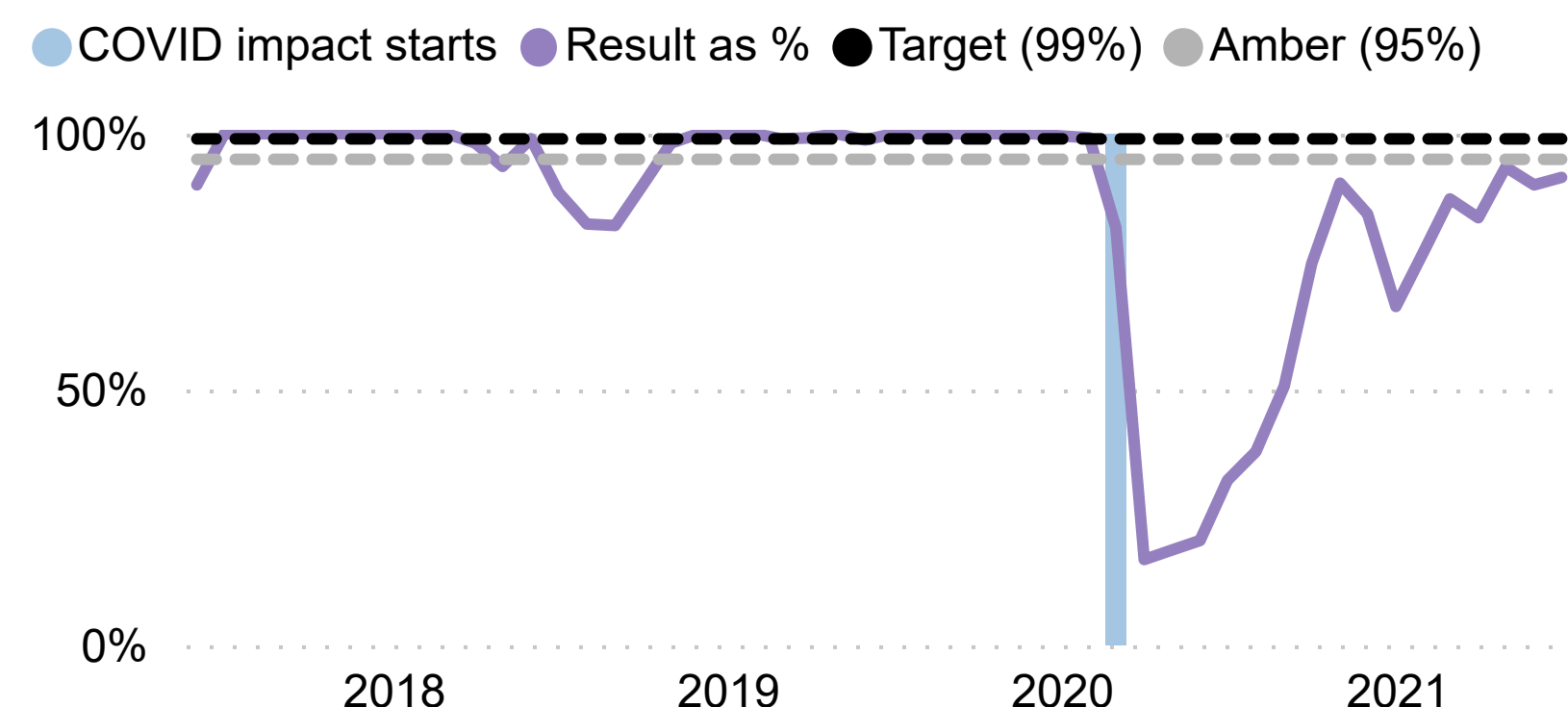
This report summarises performance over the term of the contract to date (since April 2017) for services which have experienced challenges, including those brought about or exacerbated by COVID. Many of these services contribute to CCG and Council performance against national metrics and they perform a key role in maintaining flow through the health and social care system. The charts below include performance against targets for selected measures from the more detailed pages that follow. Further information on the factors that have contributed to performance are detailed in the subsequent pages.

## Planned Care - NHS Constitution (Referral to Treatment (RTT) and Diagnostics)

### RTT: % waiting < 18 weeks (Apr-17 - Jul-21)

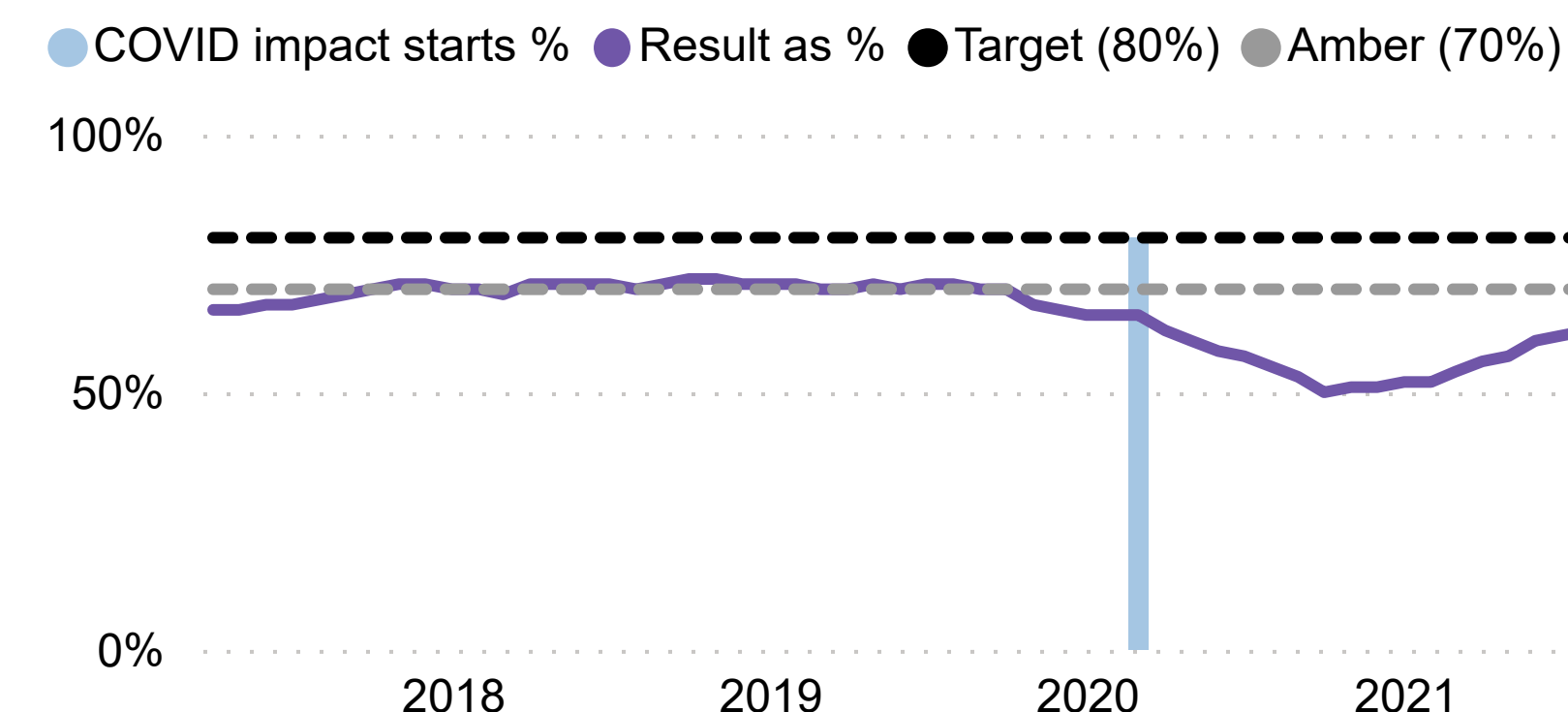


### Diagnostics: % waiting < 6 weeks (Jun-17 - Jul-21)



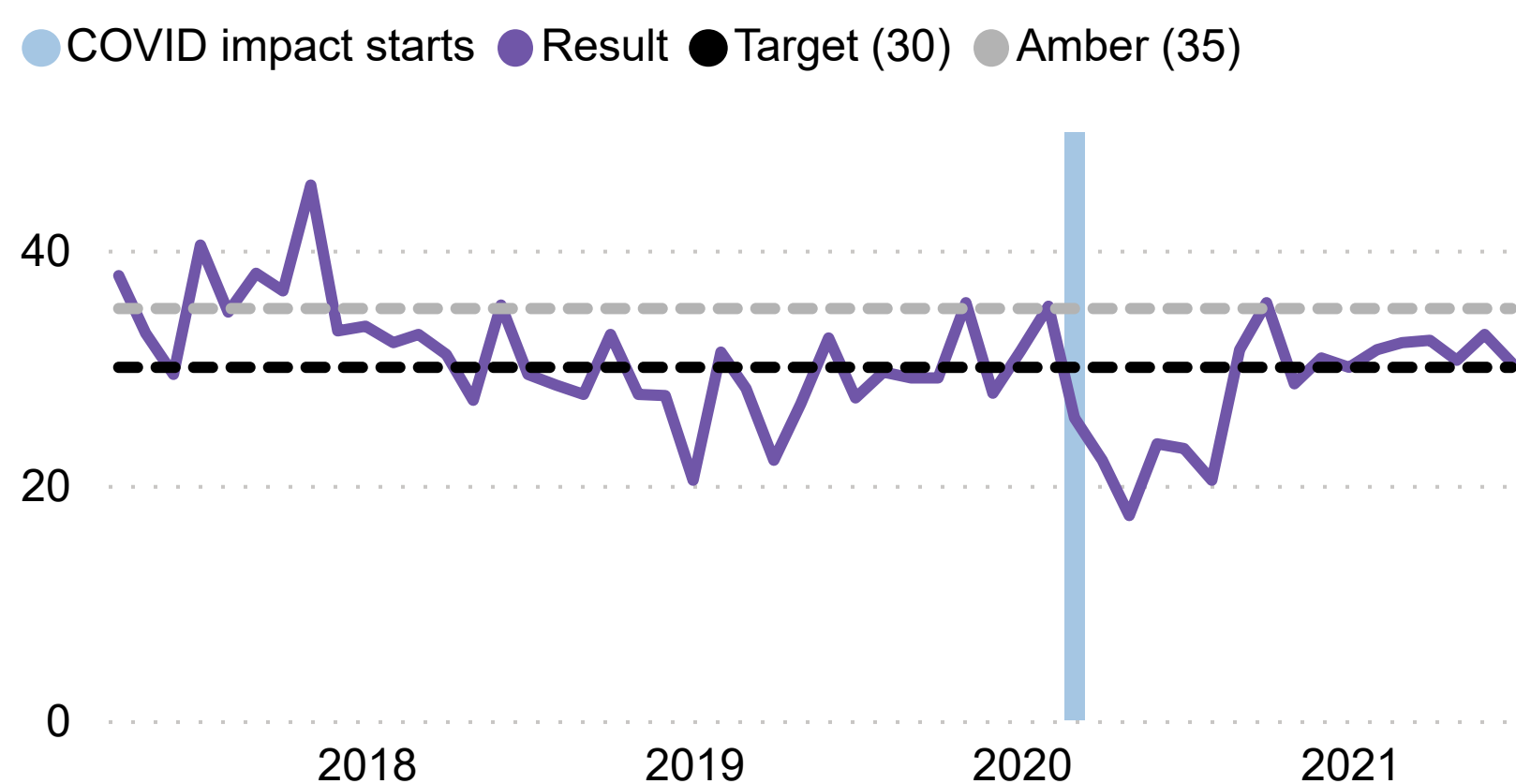
## Social Care

### Annual reviews: proportion of people with an up-to-date review (Apr-17 - Aug-21)



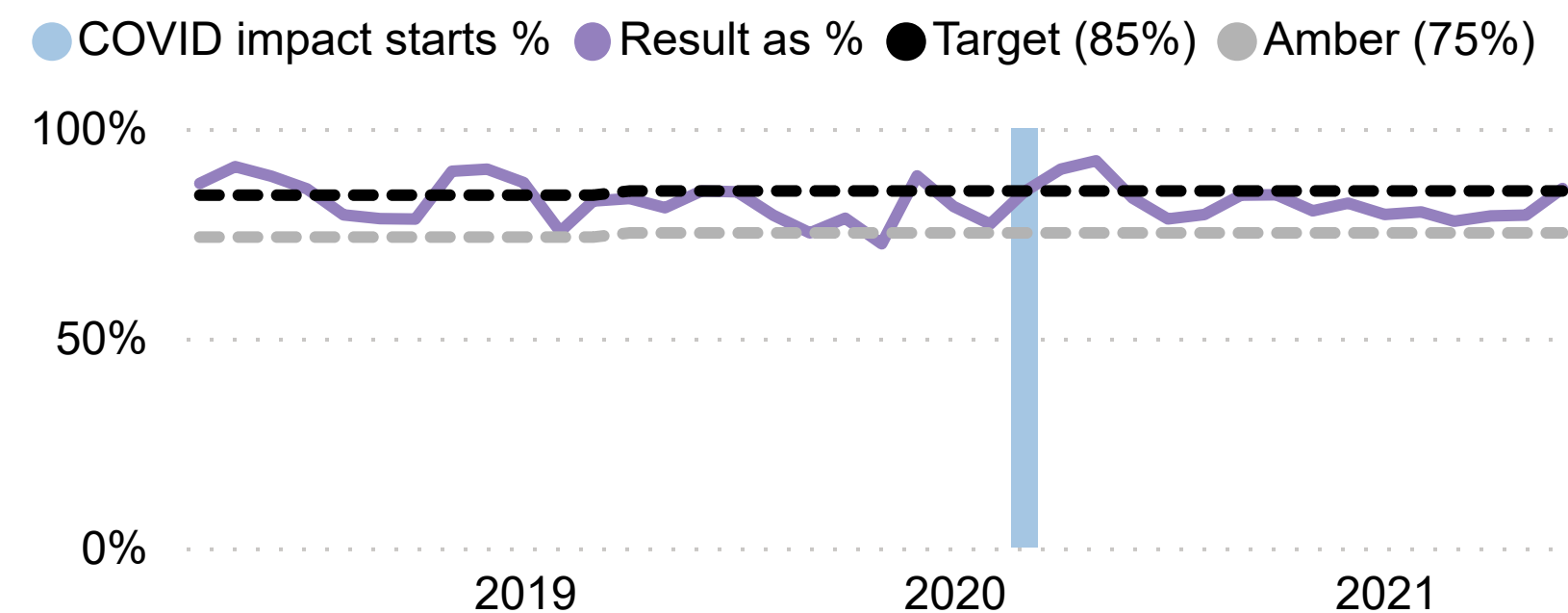
## Community Hospitals

### Length of Stay (days) (Apr-17 - Jul-21)



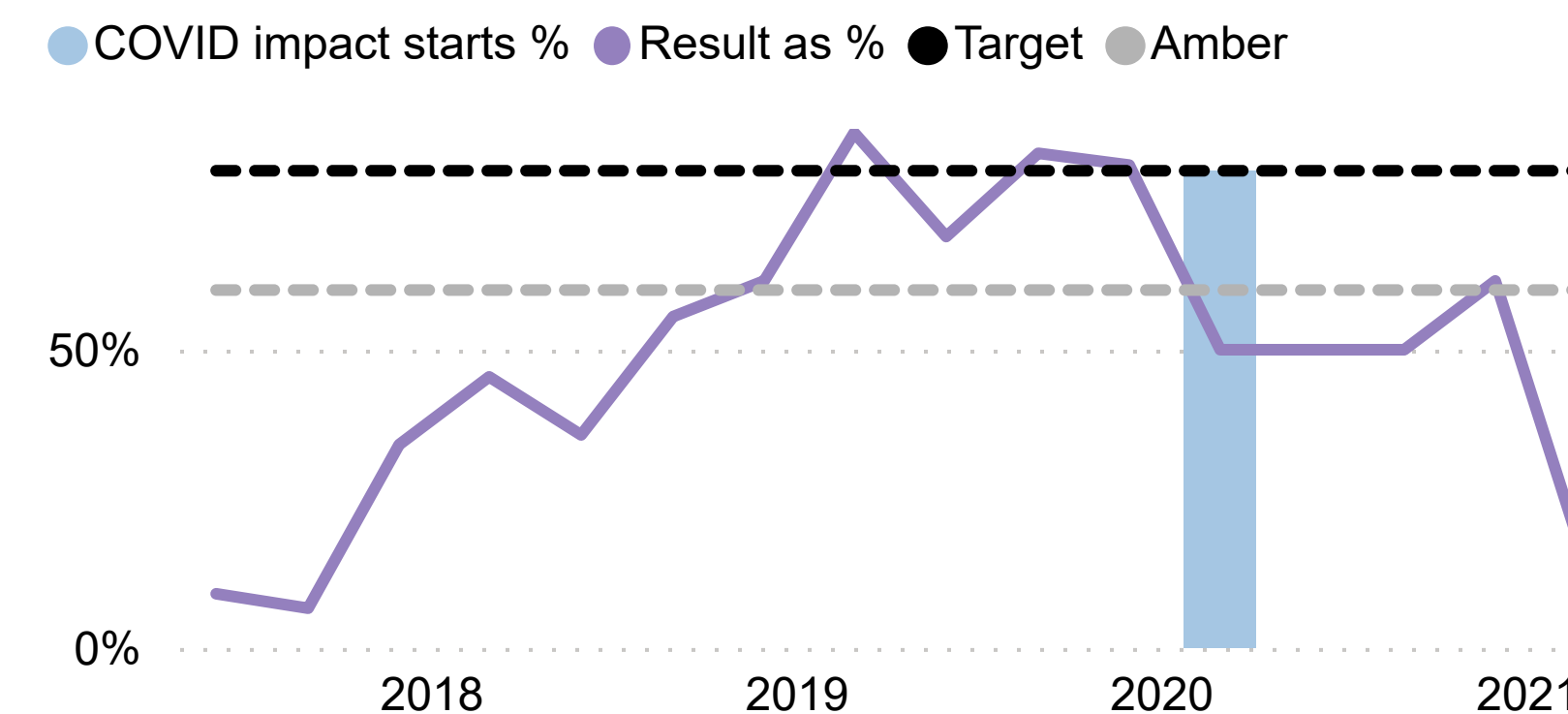
## Reablement

### Reablement: % of people (65+) at home 91 days after discharge into service (ASCOF 2B(1)) (Apr-18 - Jun-21)



## Continuing Healthcare

### Decision Support Tool: % undertaken within 28 days of referral (Jun-17 - Mar-21)

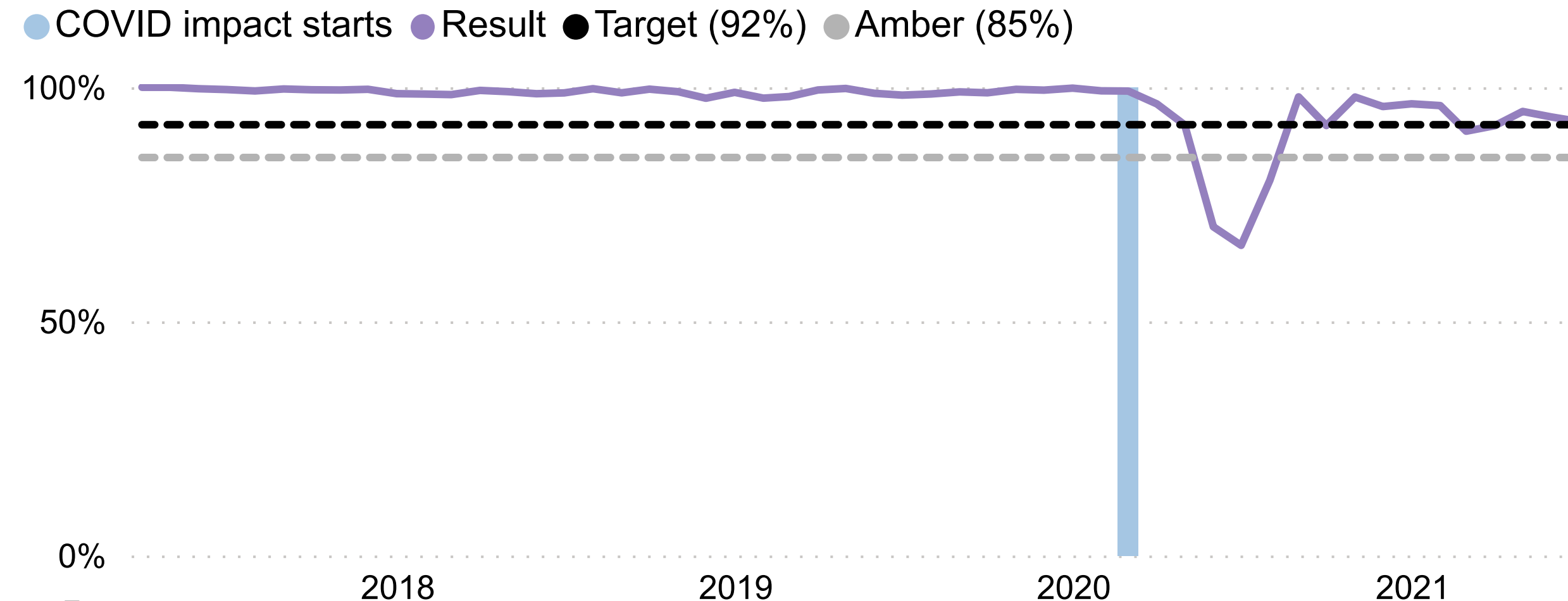


# NHS Constitution: Referral to Treatment (RTT) performance

**Source:** NHS Digital, <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>, via SCW CSU.

Waiting times performance for Virgin Care consultant-led services which count towards the NHS Constitution standards for referral to treatment.

## RTT: % waiting < 18 weeks (Apr-17 - Jul-21)



Page 78

The NHS Standard Referral to Treatment (RTT) target is for 92% of the incomplete waiting list to have waited less than 18 weeks. (It should be noted that due to the ongoing pressure in the health system national performance in June 2021 is below the standard at 69% and in B&NES, Swindon and Wiltshire the standard is only being met by some community and independent sector providers.)

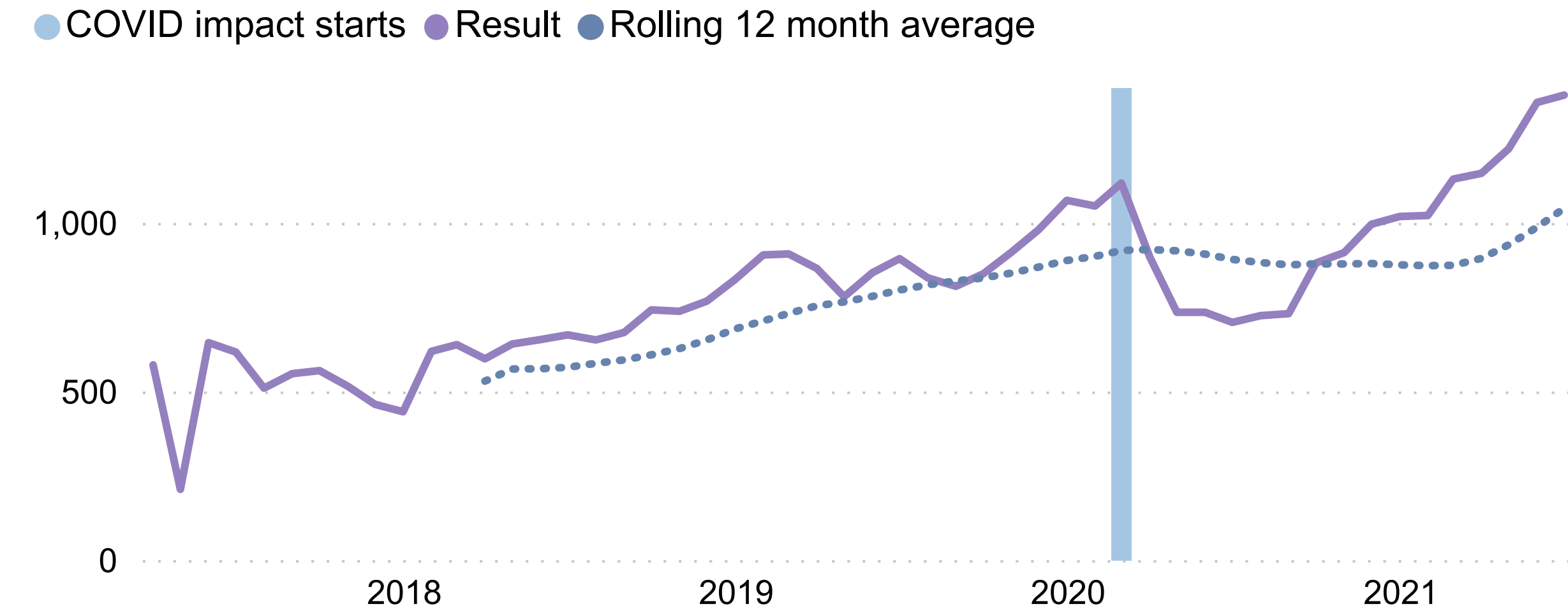
For B&NES Community Services, RTT is reported nationally for the Consultant led services, including services that directly interface into a consultant led service in an Acute Hospital: Community Paediatrics, Falls and Balance Service, Orthopaedic Interface Service.

The 92% < 18 week target has been met overall across the life of contract (51 months for which national data has been published: April 2017 to June 2021) barring a few exceptions, mostly related to COVID. The rate for July 2021 is 92.68%

The exceptions by service are as follows:

- Orthopaedic Interface Service – May to August 2020, October 2020 – During the first lock down the service used virtual appointments where possible, but longer waiters did increase. In August, a focus on treating patients from the backlog drove the recovery.
- Falls and Balance Service – Nov 2018 (91%), Mar 2019 (88%), April to July 2020 – During the first lock down, face to face appointments were very limited.

## RTT: Incomplete pathways (Apr-17 - Jul-21)



- Community Paediatrics - March to July 2021, July 81.6%, Activity has dipped in months affected by the January 2021 lock down. While activity has been increasing back towards normal levels, > 18 week waiters increased to 87 in July, the highest level to date.

The overall RTT incomplete waiting list decreased significantly during the first lock down. With the reduction in face to face services in the first lock down the services triaged and contacted patients on the waiting list and removed any duplicates or patients that no longer required treatment. There was also a reduction in referrals in the first lock down. The waiting list has increased again in 2021 (to 1,379 in July) with referrals returning to pre-COVID levels and appointments limited with continuing COVID restrictions.

July 2021 performance is taken from the provisional national data source.

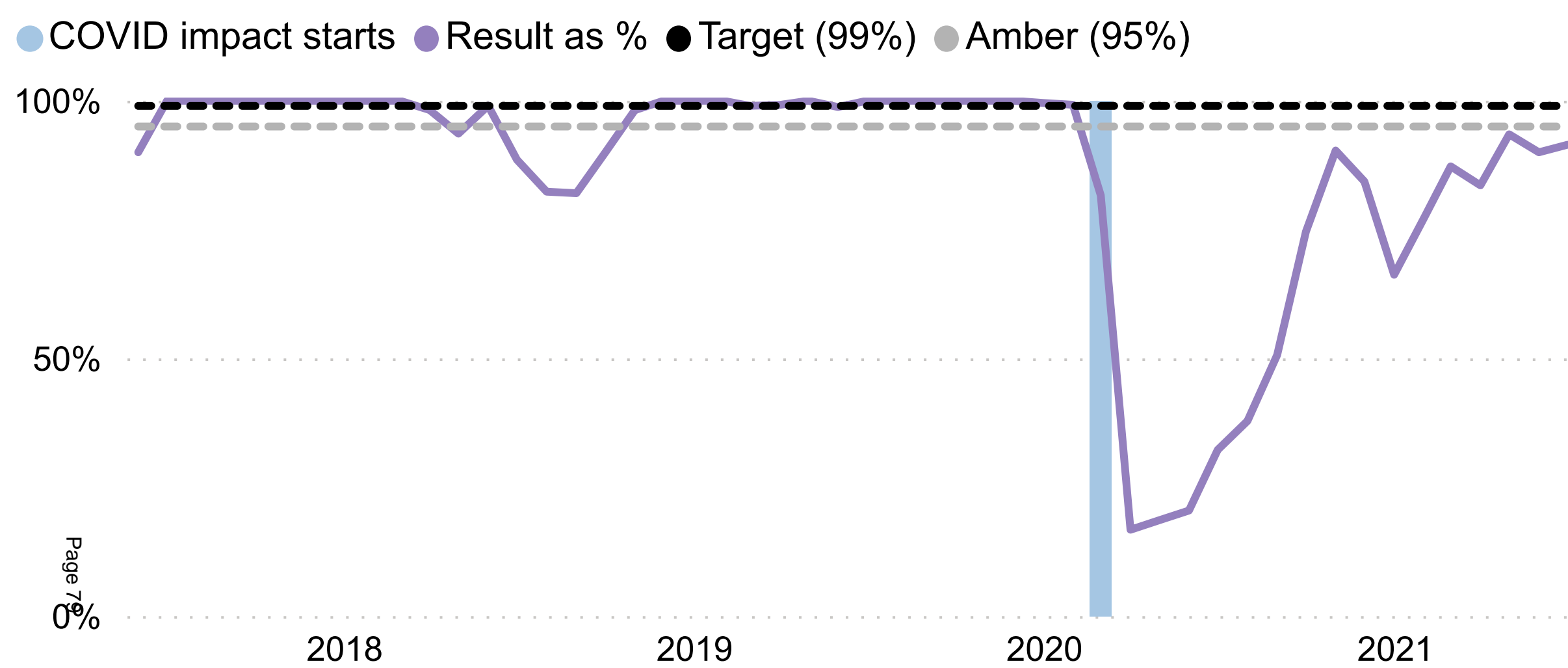


# NHS Constitution: Diagnostics performance

**Source:** NHS Digital, <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/>, via SCWCSU.

Waiting times performance for Virgin Care services which perform diagnostic tests which count towards the NHS Constitution standards for waiting times.

## Diagnostics: % waiting < 6 weeks (Jun-17 - Jul-21)

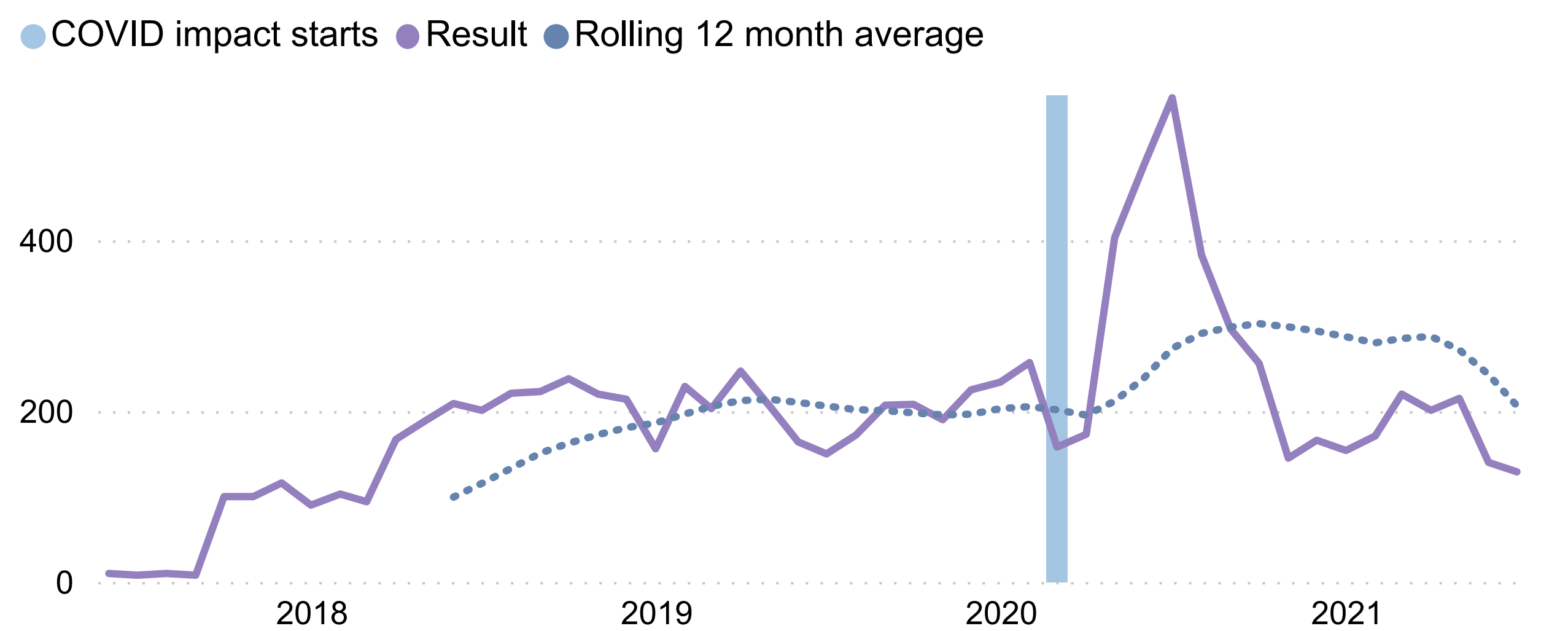


The NHS Standard for Diagnostic Waiting Times is for 99% of the waiting list, at the end of each month, to have waited less than 6 weeks. (It should be noted that due to the ongoing pressure in the health system the national performance in June 2021 is 77% and in B&NES, Swindon and Wiltshire only a couple of independent sector providers have met the target in the last year.) For B&NES Community Services diagnostic tests are reported nationally for Audiology Assessments (Audiology Service) and Echocardiography (Heart Failure Specialist Nursing team)

The 99% Diagnostics waiting time target has not been meet by BANES Community Services over the last year in line with other local providers. July 2021 performance was 91.5%, the month end waiting list was 129, a small reduction on 140 in June 2021, with 11 people waiting for more than 6 weeks, for Audiology Assessments.

Audiology Assessments are undertaken in a face to face and close contact environment and activity has been significantly impacted during the Covid period. The diagnostics target has not been met since February 2020. Prior to this the target was narrowly missed for 4 months in 2018/19 due to high numbers of referrals and a lack of maternity cover. Performance was recovered by putting on weekend clinics.

## Diagnostics: Total waiting (Jun-17 - Jul-21)



Echocardiography performance was impacted by COVID and missed the target from June to Sept 2020 as Echos in the community were not available and patients were redirected when possible. Prior to this there was a 6 month period of missing the target June to November 2018. There was a unexpected increase in referrals which was managed by redirecting patients and bringing in additional resource in Autumn 2018.

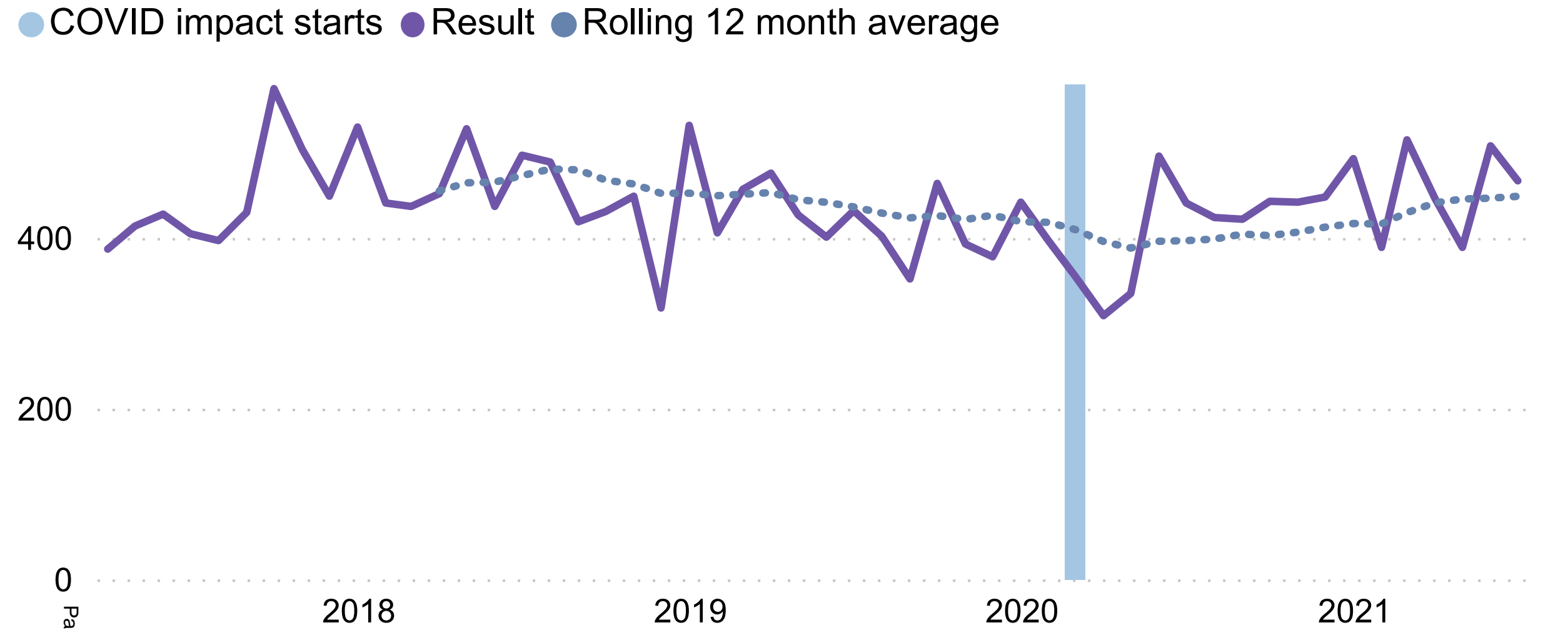
July 2021 performance is taken from the provisional national data source.

# Adult Social Care performance

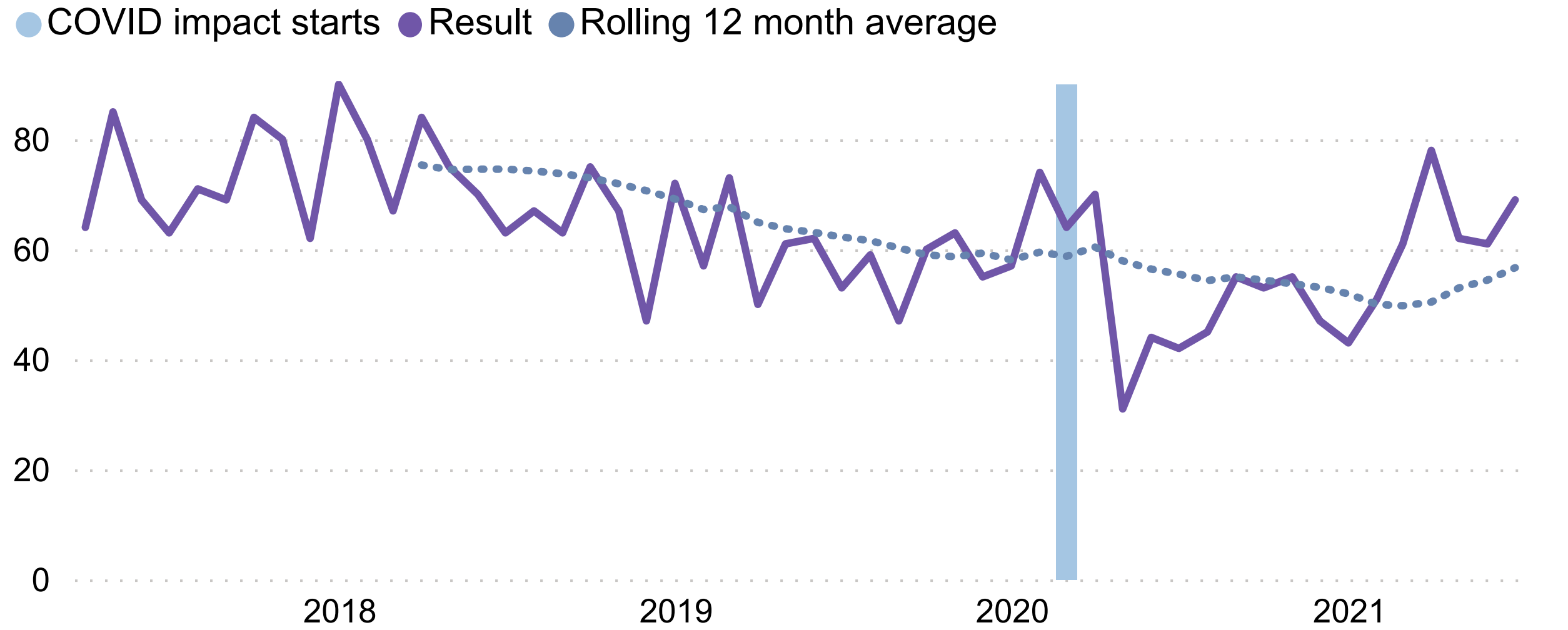
Source: Virgin Care scorecards, July 2021

Demand and activity for statutory Adult Social Care services.

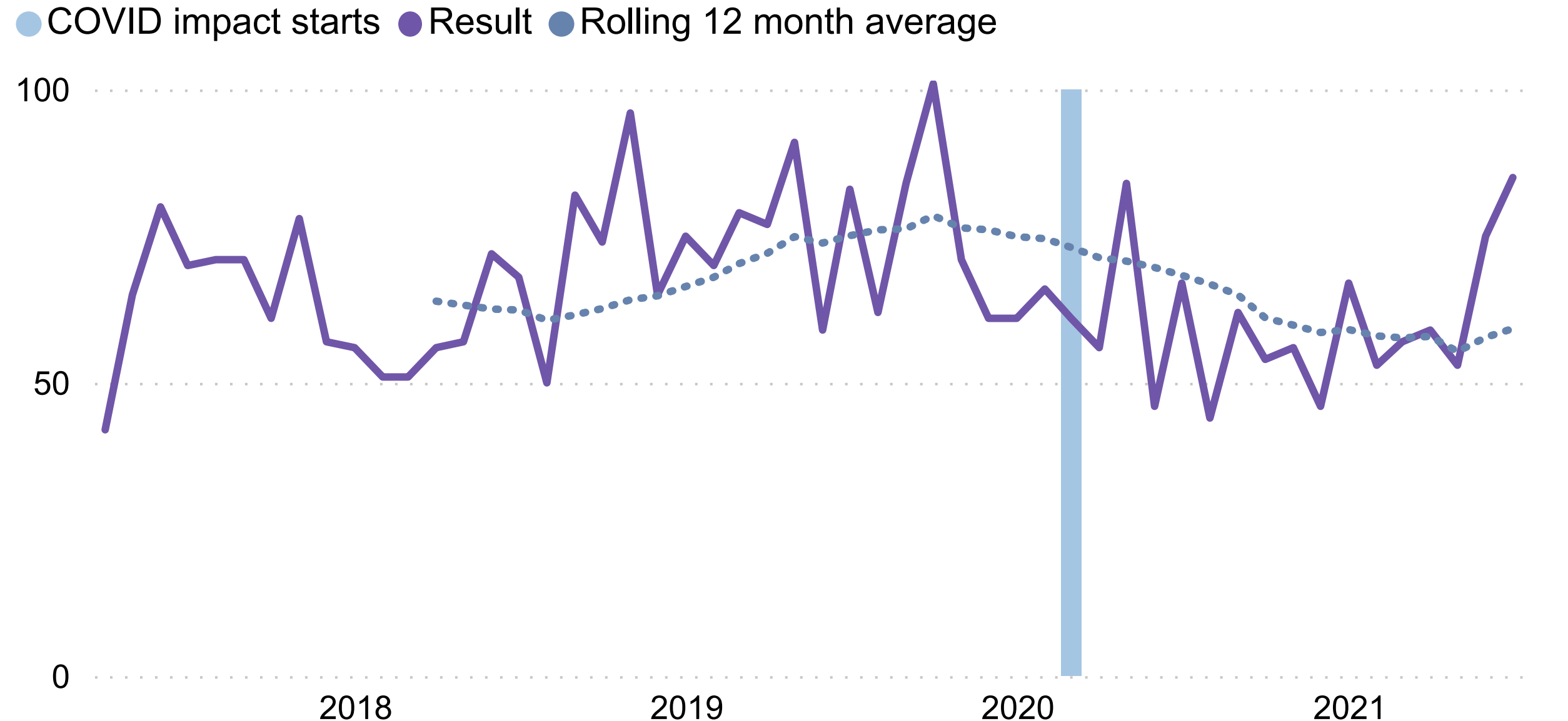
## Referrals (Apr-17 - Jul-21)



## Assessments completed (Apr-17 - Jul-21)



## Reviews completed (Apr-17 - Jul-21)



Adult Social Care services provided by Virgin Care include providing advice and guidance, carrying out needs assessments and reviews to plan the support required by adults with needs, as well as supporting carers. As at July 2021, 1,349 people receiving council-funded services were supported by Virgin Care social work teams.

Referrals remained reasonably consistent pre-COVID, albeit with a slight downward trend. Since an initial reduction at the start of the pandemic, pre-COVID levels have since resumed. Many referrals are supported with advice/guidance or signposting to an appropriate service.

The number of assessments completed per month has been variable but there was a generally reducing trend seen prior to the pandemic. The move to a strengths-based model of social care may be a factor in this change, as practice has changed over the contract term. During the early months of the pandemic, visits to people were dependent on social distancing being possible and on the willingness of the individual being assessed (or their carer) to receive a visitor, so this limited productivity for both assessments and reviews.

Reviews completed were on an upward trend through to Autumn 2019 but reduced over the winter prior to COVID taking effect. In 2020/21, there has been an increasing proportion of scheduled reviews carried out, which indicates that people are being seen before they reach a point of crisis where they need an unplanned review.

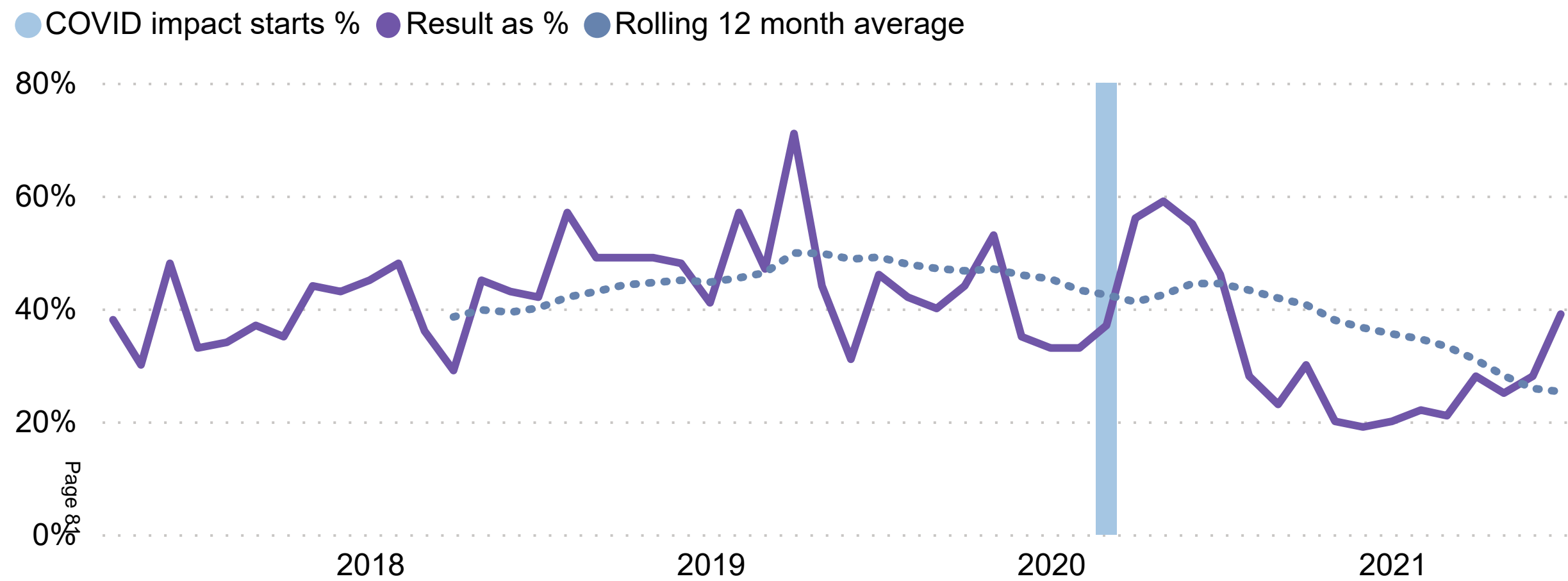


# Adult Social Care performance

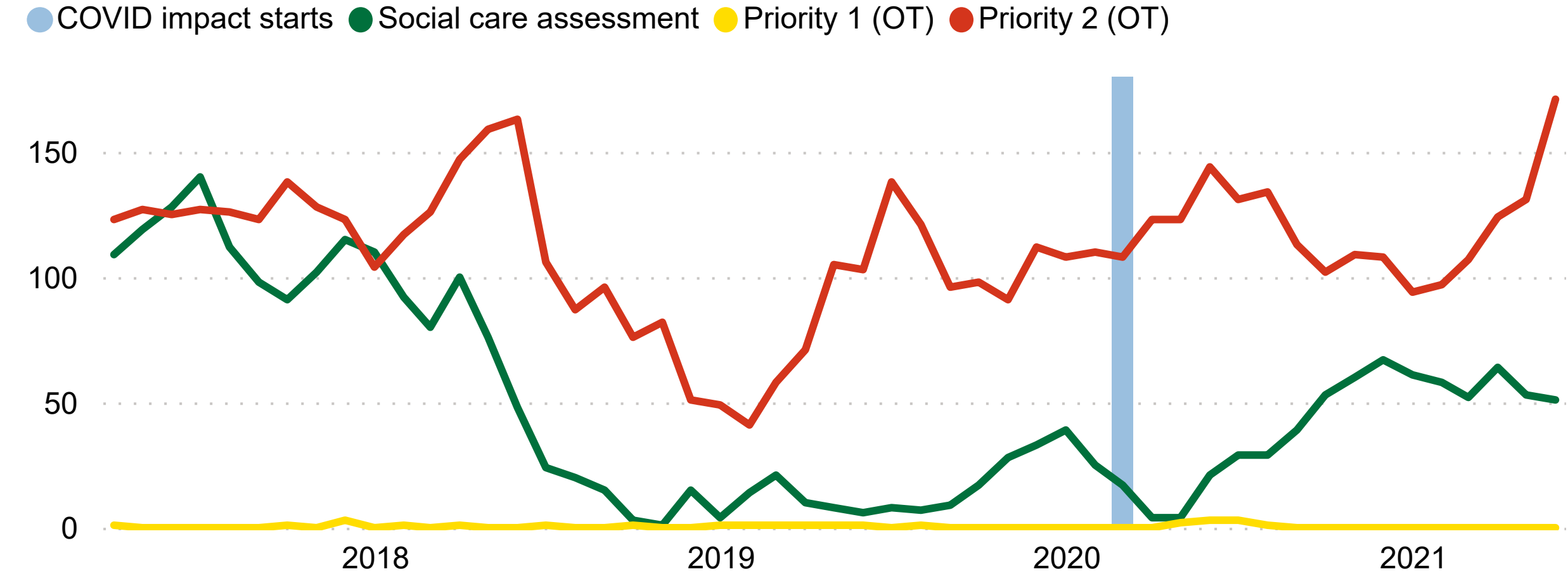
Source: Virgin Care scorecards (except for reviews, taken directly from LAS), July 2021

Performance for statutory Adult Social Care services, including timeliness of assessments, waiting lists for assessments and timeliness of reviews.

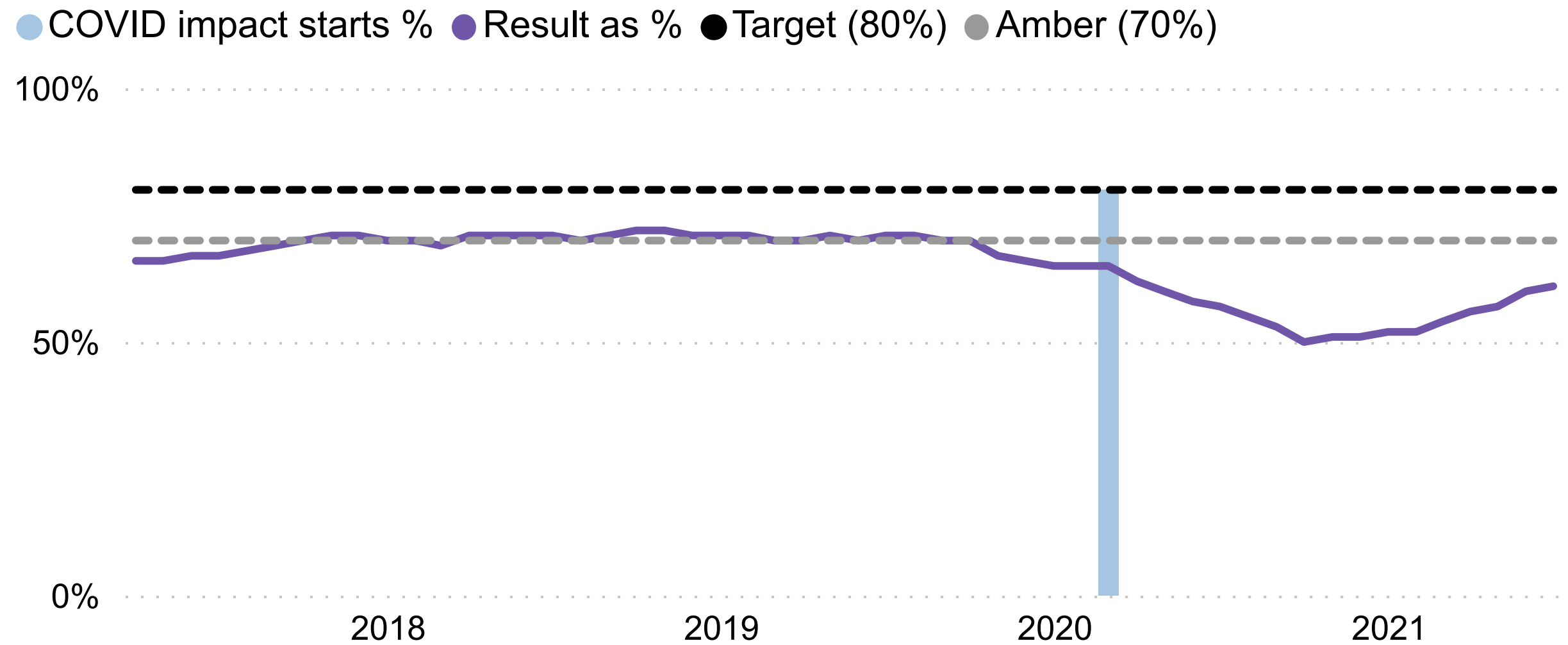
## % of social care assessments carried out within 28 days (non-LD) (Apr-17 - Jul-21)



## Total number of people waiting for social care and OT assessment (Apr-17 - Jun-21)



## Annual reviews: proportion of people with an up-to-date review (Apr-17 - Jul-21)



Delivering assessments within 28 days of referral has continued to be challenging across the lifetime of the contract. The teams delivered an overall improvement in the second year of the contract but this has been on a downward trend since with workforce pressures a key issue (see workforce section). From March 2020, the pandemic played a role in this reduction with delays due to individual choice.

The waiting list for social care assessments was high at contract commencement but reduced significantly by autumn 2019. An increase over the following months was addressed with actions including a new workforce model and the waiting list was reducing when COVID restrictions commenced. After peaking in December 2020, the list has slowly been reducing since then. Occupational Therapist waiting lists for the lower priority group are high, but this is similar to other local authorities.

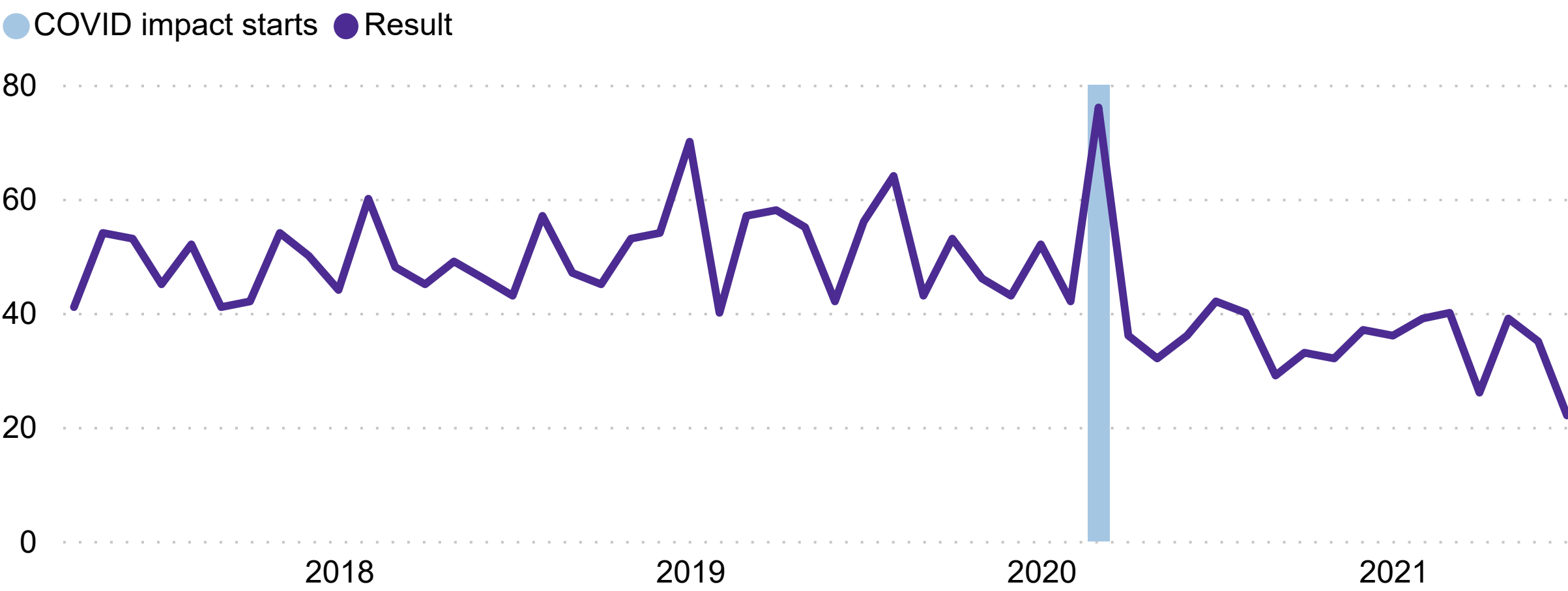
The methodology for the rate of service users with up-to-date reviews has changed over the life of the contract; what's shown in the chart is not reflective of what was being monitored up until the autumn of 2020, when the revised methodology was introduced. The rate has increased to 62% since its low point of 50% in October 2020. People overdue a review have been triaged to ensure that those with the highest need are seen first and that others remain safe with their current services.

# Community Hospitals performance & activity

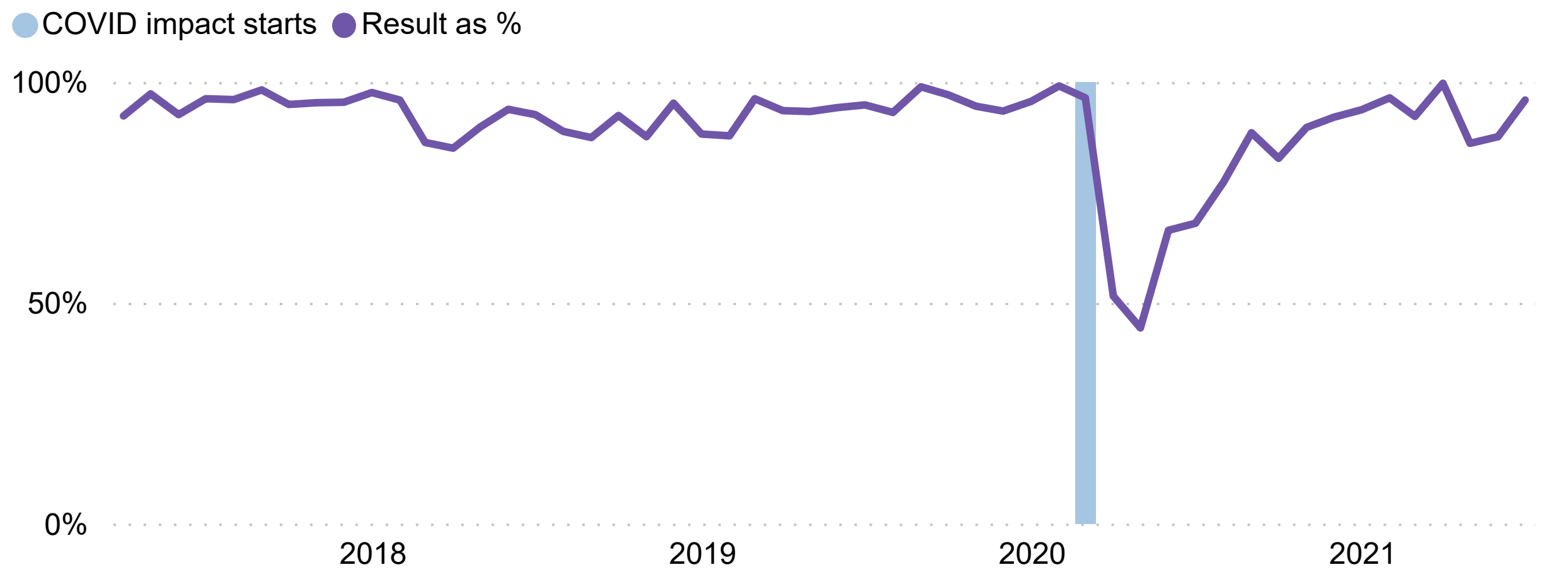
Source: Virgin Care scorecards, July 2021

Activity and performance information for the Community Hospitals operated by Virgin Care in B&NES, including average length of stay and occupied bed rate.

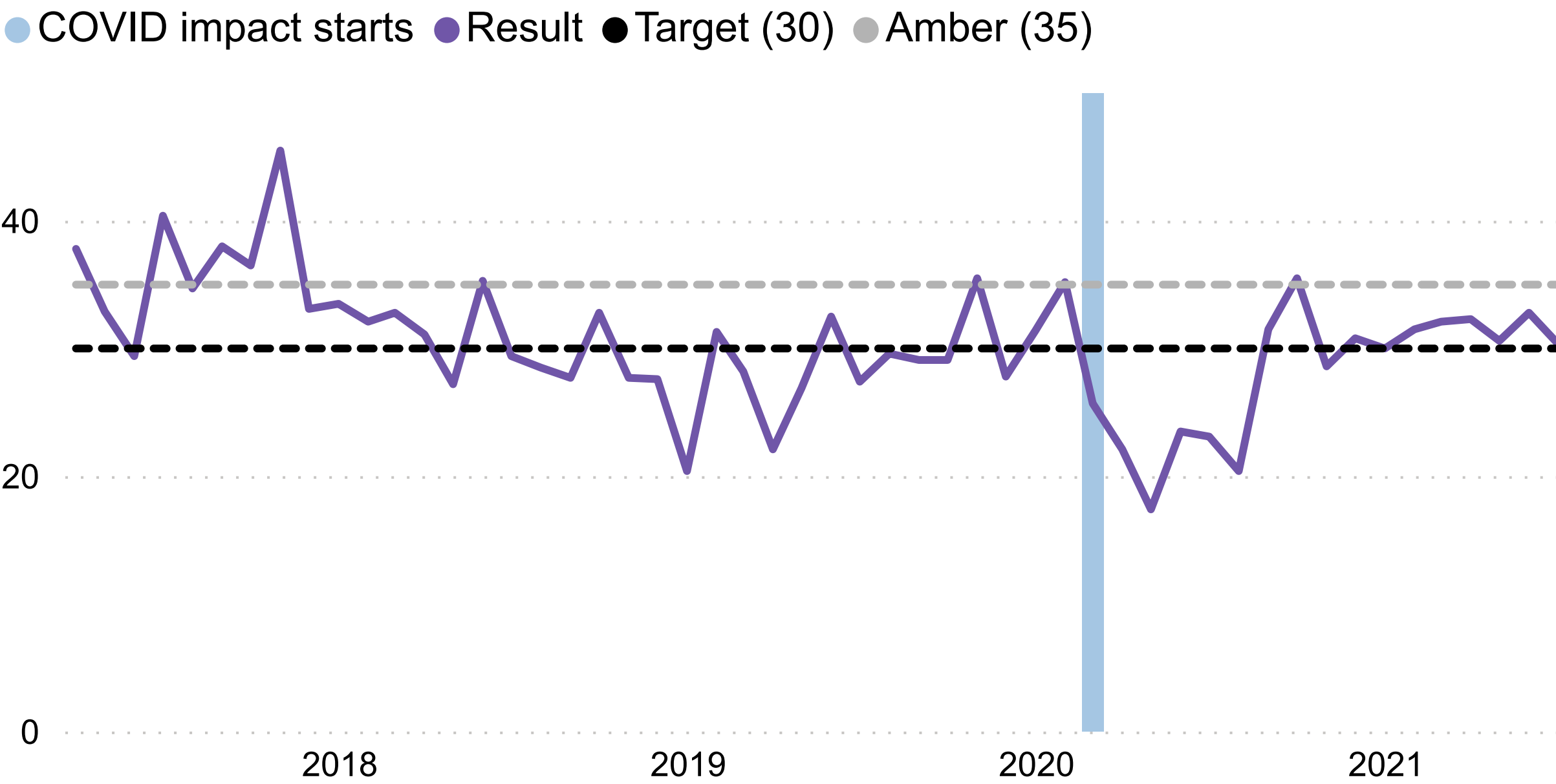
## Admissions (Apr-17 - Jul-21)



## % Occupied beds (Apr-17 - Jul-21)



## Length of Stay (days) (Apr-17 - Jul-21)



Virgin Care operates community hospitals in Bath (St Martin's Hospital) and Paulton, providing inpatient services for non-acute patients. The ongoing challenge in community hospitals is managing the flow of patients by supporting patients to be ready for discharge and this is monitored by the length of stay measure.

Admissions before the pandemic remained within a relatively stable range, but the clearance of acute hospitals in March 2020 to preserve capacity for COVID patients is likely to have impacted on admissions in that month. Since then, the reduced bed base (from 52 to 40) has meant that the level of admissions is not comparable to the pre-COVID levels. The rate of bed occupancy remained high, particularly in winters, until the pandemic response began but is returning to full occupancy in recent months.

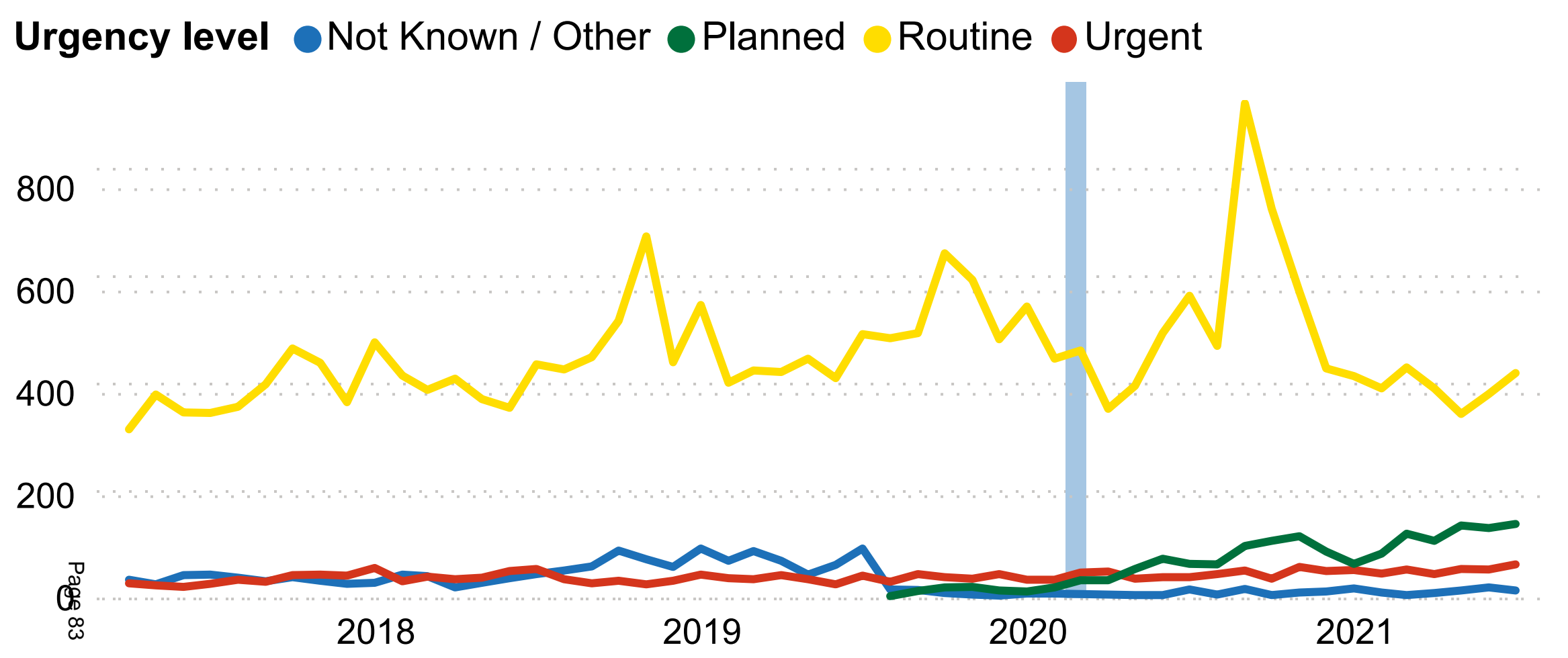
Actions to reduce the Length of stay were put in place in 2018 and delivered a reducing trend, towards meeting the agreed target, until winter 2019/20, but increased thereafter. From March 2020, the arrangements in place to protect acute capacity affected the length of stay. Since December 2020 the rate has remained in the acceptable range when not meeting the target. At the start of spring 2021, nurse staffing capacity reduced significantly such that for a 12-week period the Sulis ward was closed and operated from the Council's Charlton House Care Home. Since mid-June 2021 Virgin Care secured agency and recruited new staff to re-open Sulis Ward and increase capacity (available beds increased to 47).

# District Nursing activity & performance

Source: Virgin Care scorecards, July 2021

Total contacts and referrals by urgency for the District Nursing service.

## Referrals by urgency (Apr-17 - Jul-21)

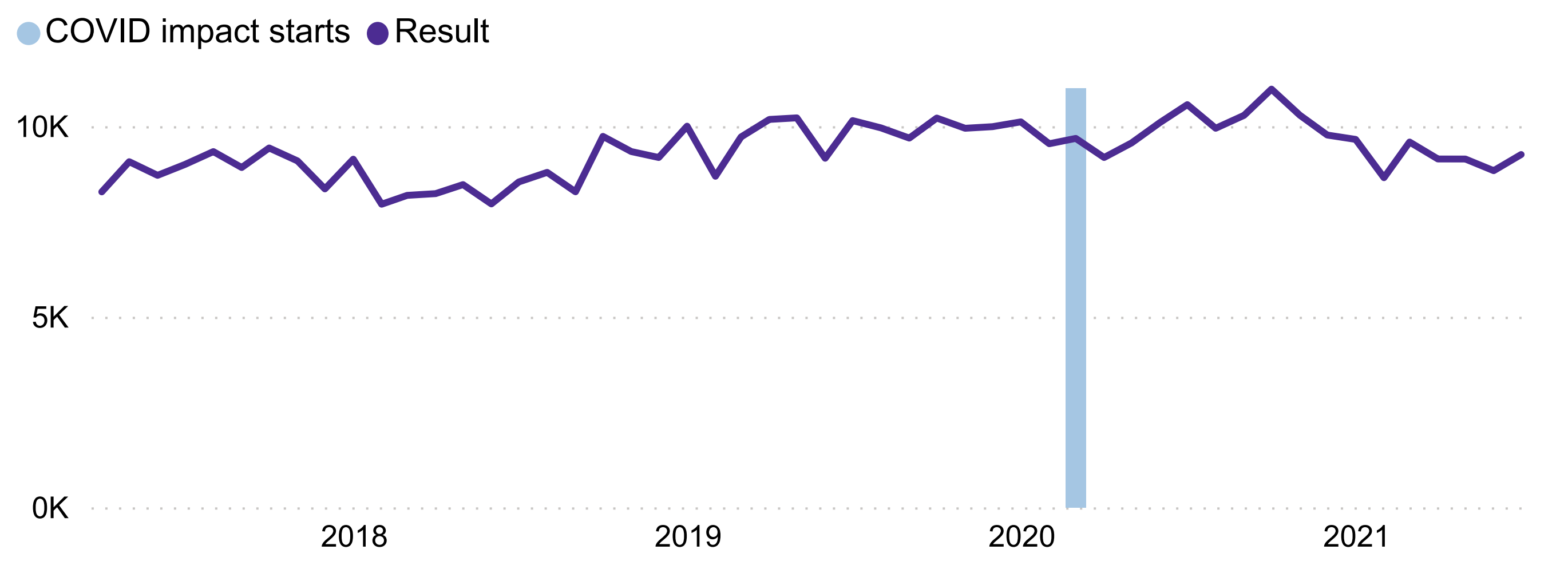


District Nurses (DN) provide nursing care to housebound adults, enabling them to maintain independence. Over two-thirds of referrals come from Primary Care, and the service provides a critical role in supporting people first seen by a GP. Changes to the DN model, to align around geographies rather than GP practices, generated concerns in Primary Care around reduced face-to-face contact. Collaborative working recently has sought to address these concerns, as noted in the main report. The resilience of the nursing establishment has been a concern which has been mitigated through developing retention and education for student placements.

The service has undergone transformation with electronic solutions introduced to support mobile working, with a focus on freeing up more time for direct care.

Referrals into the service have been increasing across the life of the contract with autumn peaks for Flu immunisation showing on the chart. There have also been significant increases in referrals for assessments and blood tests, a mix of increasing demand and transformation of the service. These referral types tend to be single tasks compared to traditional District Nursing patient support. In 2019/20 the urgency level options changed and the planned (therapies only) and urgent referral pathways (usually admission avoidance) were clarified and are now recorded separately. Contacts increased in 2018/19 (FY 2019) and have continued at a similar level since.

## Contacts: (Apr-17 - Jul-21)



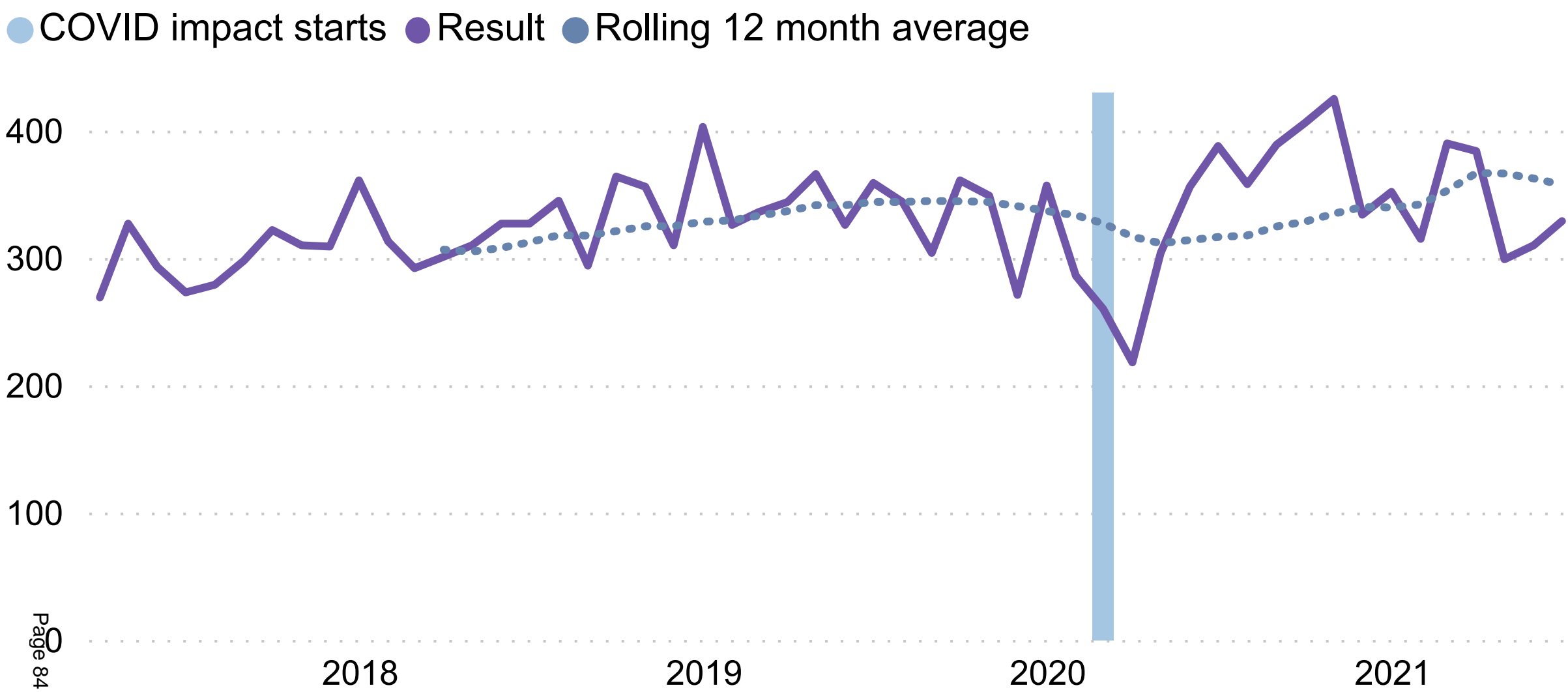


# Reablement: demand & time in service

Source: Virgin Care scorecards, July 2021

Trends in reablement demand (referrals) and average time in service.

## Total referrals (Apr-17 - Jul-21)



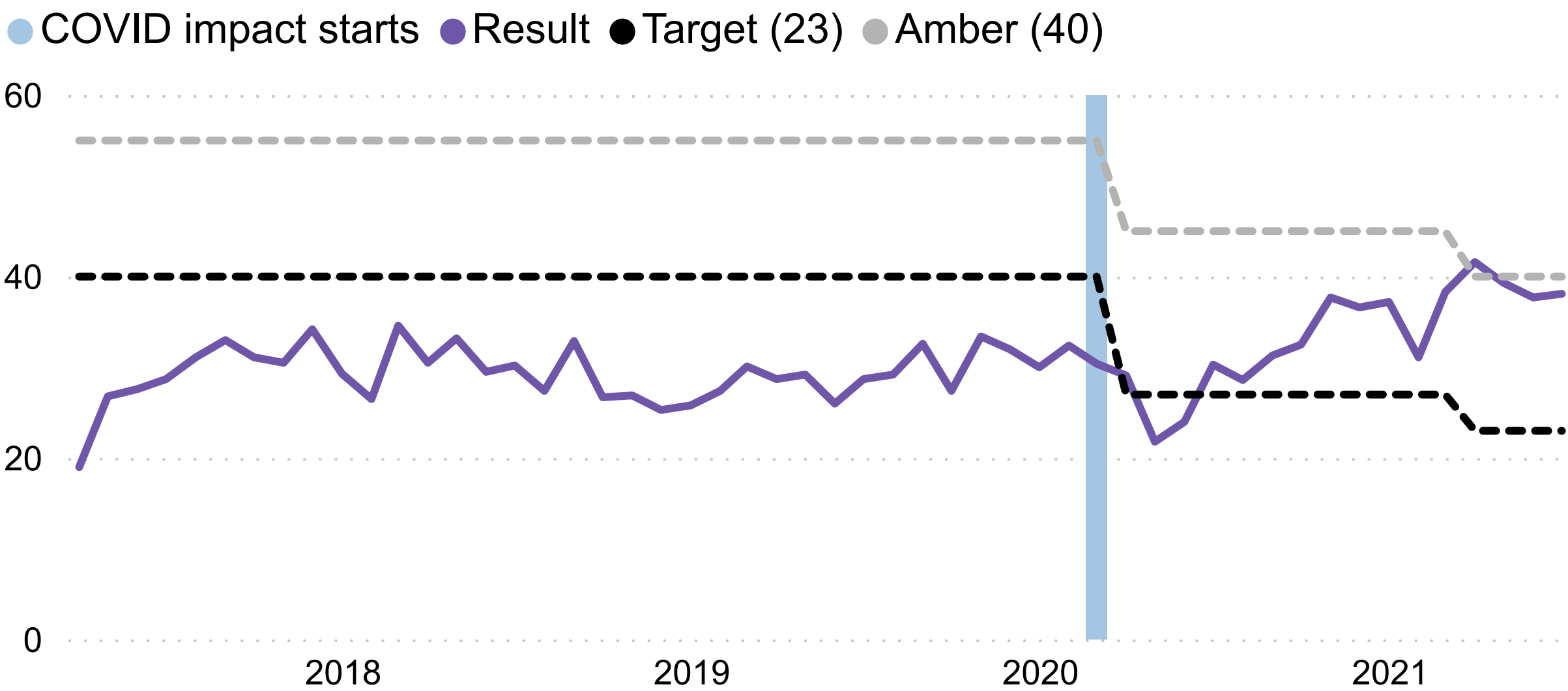
The reablement service provides short term therapy and support by working with adults in their own home or care home to prevent hospital admission, to facilitate early hospital discharge and to provide rehabilitation and support in order to help people maintain/regain their independence.

Demand for reablement has generally remained high during the contract term to date, as the service performs a critical role in maintaining people's independence and in maximising capacity within the health and social care system.

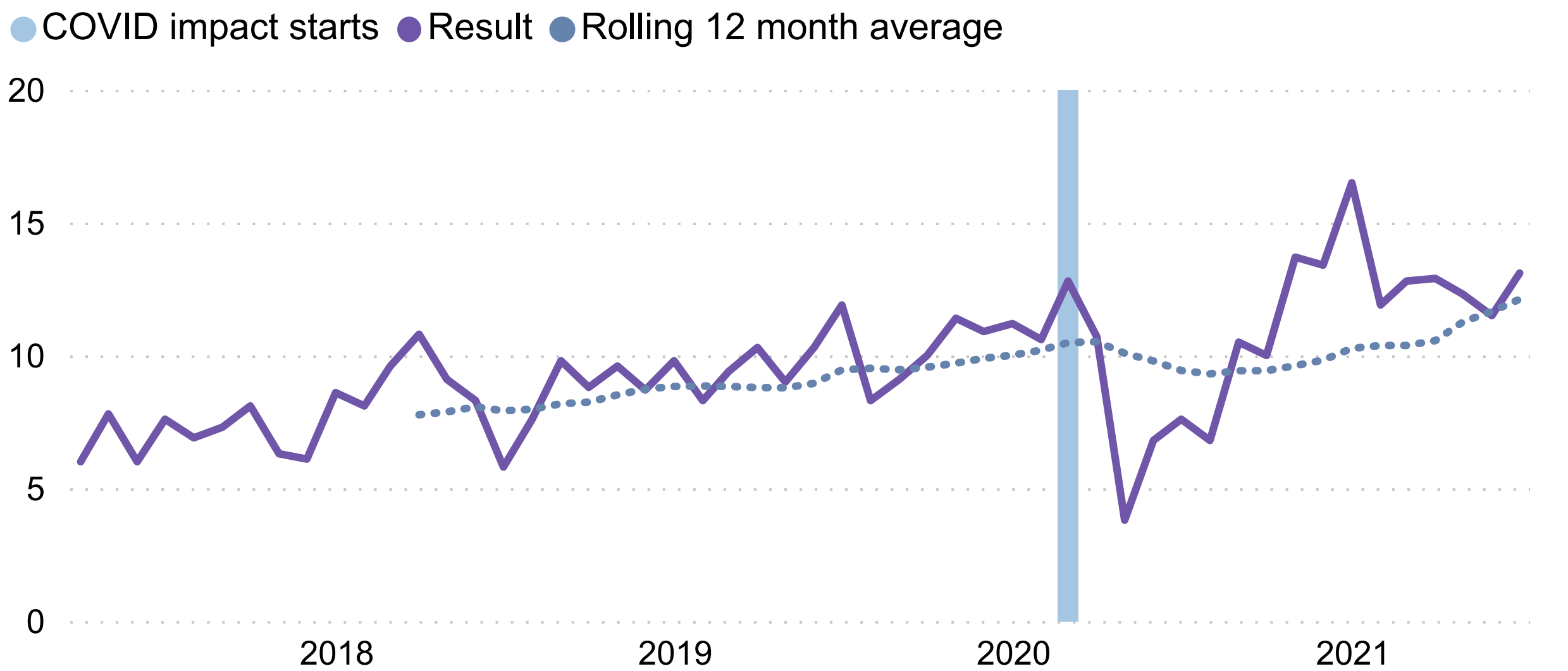
Average time spent in the service has seen a marked increase since the summer of 2020 (from 30 to a peak of 40 in April 2021; currently 38 for July 2021), which impacts on capacity to take new people into the service and impacts on hospital discharge efficiency. Average contacts per referral have increased at the same time (from 10.7 for the 12 months to June 2020 to 12.5 for the year to July 2021), particularly for the Home First pathway, which may indicate a greater level of complexity in the needs of people using services.

The time people wait to receive their first visit after a referral also increased between August 2020 and January 2021. Despite reducing since then, it remains above pre-COVID levels.

## Average time 1st to last visit (days) (Apr-17 - Jul-21)



## Average time referral to 1st visit (days) (Apr-17 - Jul-21)

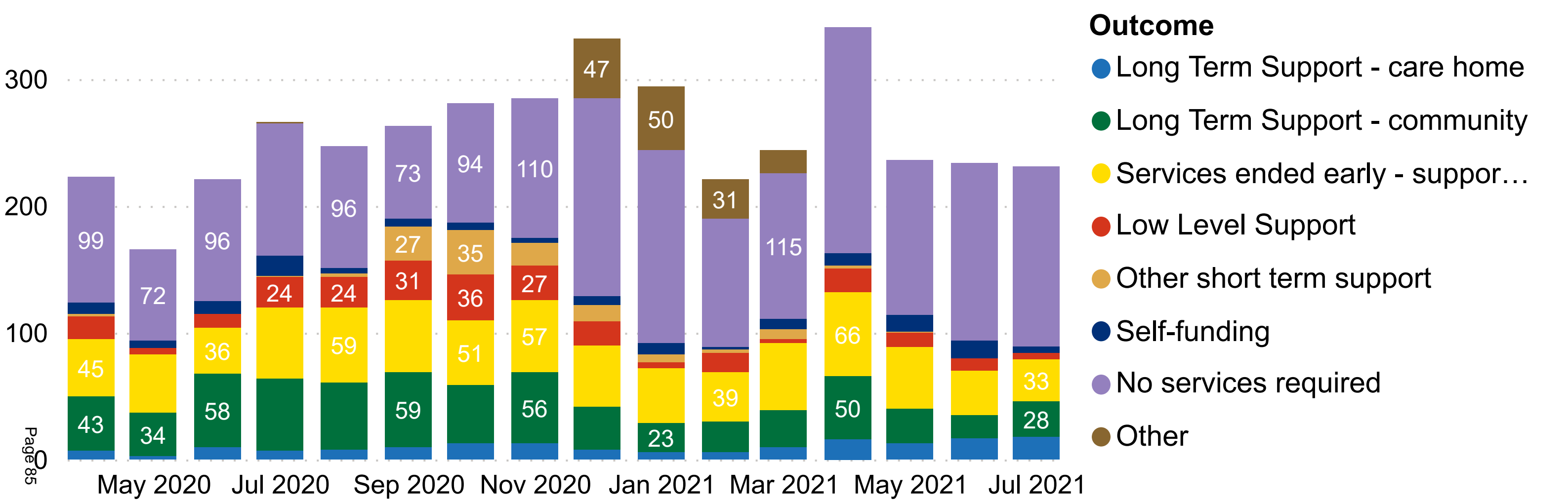


# Reablement outcomes

Source: Virgin Care scorecards, July 2021

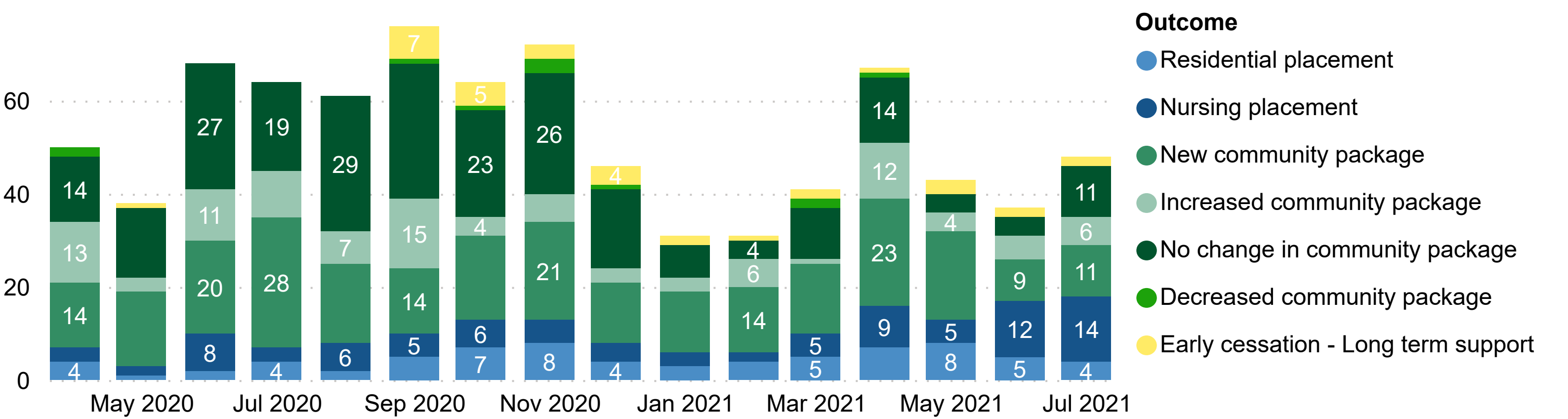
Outcomes at the end of reablement and performance for the national measure of outcomes 91 days after hospital discharge.

## Outcomes at the end of reablement (Apr-20 - Jul-21)

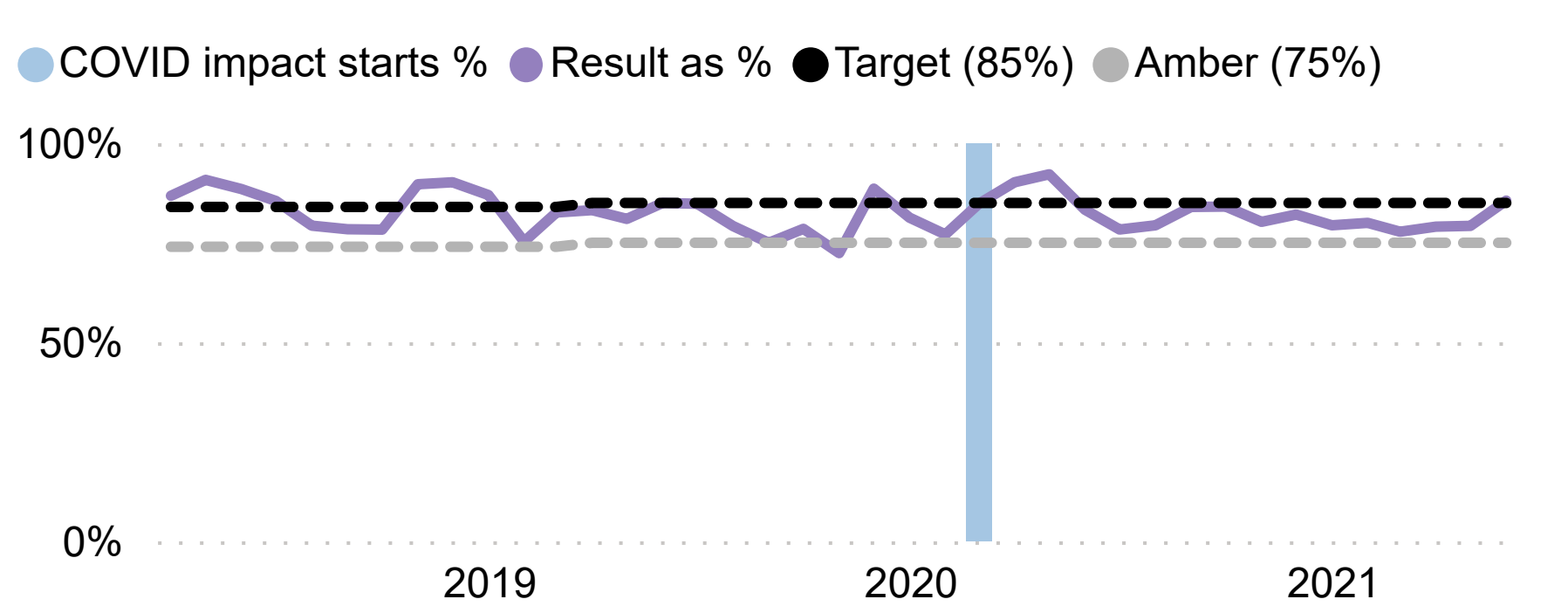


The chart below provides further detail about people included in the blue and green sections of the chart above, plus those people from the yellow section who use council-funded services when reablement ends early. The blue sections in the chart below correspond to the blue section in the chart above, the green below to the green above and so on.

## Outcomes for people requiring council-funded services after reablement (Apr-20 - Jul-21)



## Reablement: % of people (65+) at home 91 days after discharge into service (ASCOF 2B(1)) (Apr-18 - Jun-21)



One of the aims of the reablement service is to help maintain people's independence and, where appropriate, keep them living in the community. Outcomes on discharge are reported by Virgin Care but are recorded outside of the main adult social care system, which presents some challenges with tracking what happens to people who fund their own care, for example.

Of the reported outcomes, under 20% of people require a council-funded service at the end of reablement (with approximately one-fifth of this group in care home placements), which is comparable to regional, peer-group and national averages. Almost half of this group already had a funded service before reablement. Over 40% of people require no services at the end of reablement, but this group may include people who fund their own care.

Performance against the national Adult Social Care Outcomes Framework (ASCOF) measure has remained within the acceptable range throughout the contract to date, as the vast majority of older adults are at home 91 days after discharge into reablement. B&NES' performance is broadly in line with statistical near neighbours and national and regional rates.

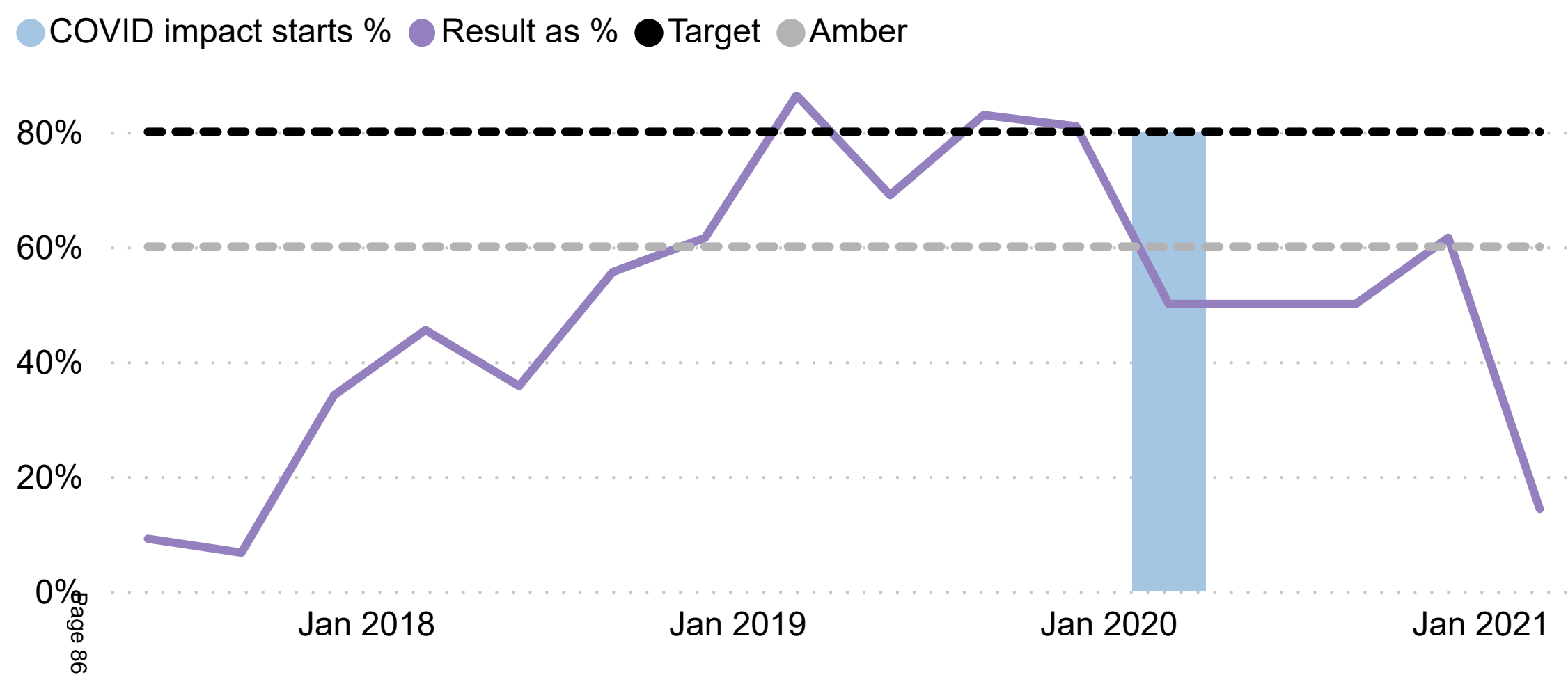


# Continuing Healthcare (CHC) performance

Source: Virgin Care scorecards, July 2021

Performance against national measures of Continuing Healthcare (CHC) services

## Decision Support Tool: % undertaken within 28 days of referral (Jun-17 - Mar-21)



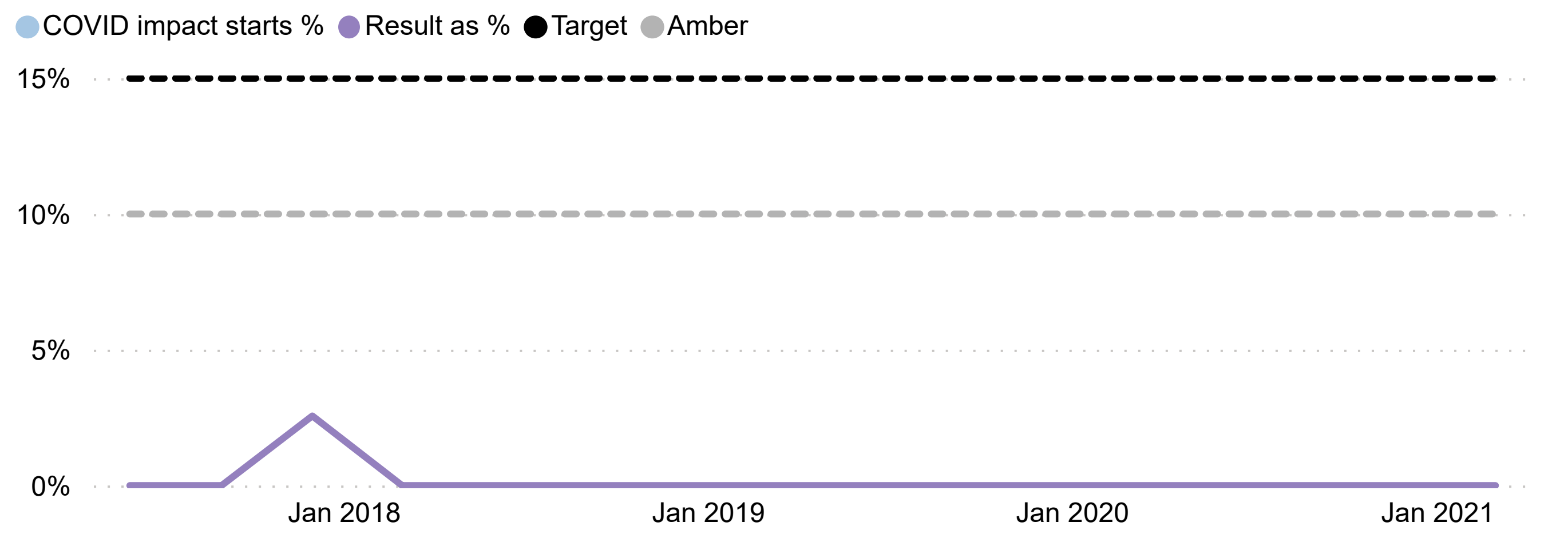
CCG's have a statutory duty to assess individuals for NHS Continuing Healthcare funding (CHC). CHC is a package of ongoing care arranged and funded solely by the NHS specifically for individuals who are found to have a "Primary Health Need". Such care is provided to an individual aged 18 or over to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

CHC is free to patients, unlike support provided by Local Authorities, which may involve the individual making a financial contribution depending on income and savings. CHC can be provided in any setting (apart from acute hospitals) including a person's own home or in a care home. CHC funding is not for life and reviews are carried out after three months and then annually. In B&NES, the service is delegated to Virgin Care.

Earlier in the contract period to date, there were two measures that contributed to the CCG Quality Premium score, which are reported in the charts above.

The National Framework for CHC and NHS Funded Nursing Care (FNC) 2018 states that 80% of assessments (or Decision Support Tools (DST)) for CHC should have a recommendation on eligibility within 28 days of notification. This measure continues to be monitored closely by NHSEI.

## Decision Support Tool: % undertaken in acute setting (Jun-17 - Mar-21)



Virgin Care have only met this target for 9 months of the total contract. Virgin Care have reported that factors impacting on meeting the 28 day KPI set by NHSEI are: staffing issues at different periods during the contract (including where recruitment issues have affected the sector at large and not just specific to B&NES); complexity of cases requiring more than 28 days to reach a conclusion; data quality issues related to datasets held outside of the main system for recording CHC; and, post-COVID, the impact of work related to discharge to assess arrangements.

The other measure reflects the national best practice guidance that DSTs should not take place in acute hospitals and instead should be undertaken in the community setting, without the pressure to discharge the patient. Performance has been consistently in the best quartile nationally throughout the contract. However, this measure is not an area of focus locally and CCGs are no longer being monitored against the target at national level.

## **Virgin Care Contract Extension Paper – Options Appraisal**

### **Executive Summary**

**BaNES, Swindon and Wiltshire Clinical Commissioning  
Group and Bath & North East Somerset Council**

**11<sup>th</sup> November 2021**

COVID-19 Immunisation in the community



## Introduction

B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body and B&NES Council, as joint commissioners of community services provided by Virgin Care, have requested a report setting out an options appraisal to help inform a decision on the future of the Virgin Care contract.

This is a seven-year contract from 2017/18 to 2023/2024 with the option for BSWCCG and B&NES Council to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than end of March 2022.

This paper is part of a detailed options appraisal which is due to go to B&NES Council Cabinet and BSWCCG Governing Body on 11<sup>th</sup> November 2021 for a decision on whether to extend the contract for the three-year term with Virgin Care or not.

## Context and Background

The Virgin Care contract is a seven-year contract which commenced from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2024 with the option to extend the contract term by three years (2024/25, 2025/26 and 2026/27).

If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/22 – March 2022 latest date). The option to extend the contract term by three years can only be taken once.

There is no financial penalty to be incurred by commissioners if the decision is taken not to extend the contract term for the 3 year extension period. Virgin Care remains committed to this contract and are not seeking to renegotiate the financial terms of the contract from BSWCCG and B&NES Council for the three-year term. They have also confirmed their support for the transfer of two services to the CCG and council, namely Continuing Health Care and Adult Safeguarding respectively, if the extension is approved (option 3).

The overall value of the contract year 5 (2021/22) is £54,548m. The estimated total funding for years 1-7 is £383,778m and the estimated total funding for years 1-10 is £554,541m. The Council services in the contract are funded on a flat cash basis whereas the CCG services are subject to uplifts in line with annual inflation for NHS funded providers.

## Services included in the Virgin Care Contract

CCG Health Services	Council and CCG Services	Council Services for Adult Social Care	Council Services for Children	Council Services for Public Health	Total Community Services
28	2	9	8	5	52



Services directly delivered by Virgin Care	Services delivered by Virgin Care and sub contractor	Services delivered by a sub contractor
36	6	10

The 52 services within the contract are grouped into the following areas:

- Children's
- Adults
- Wellbeing
- Adult Social Care
- Sub Contracted

Virgin Care operate as a prime provider and subcontract services to a number of smaller community providers within the B&NES locality of whom a number of them are in the voluntary sector.

Overall, the services provided by Virgin Care and their sub-contractors are well delivered against the agreed service specification. Over the term of the contract there have been a number of changes to service delivery that have sought to improve the offer to B&NES residents and to improve ways of working with other health and social care partners. The performance of B&NES Community services delivered by Virgin Care and their sub contracted partners against the agreed service specifications in the contract is reviewed regularly by the B&NES council and BSW commissioners and quality leads with the Virgin Care service leads and senior leadership team.

Virgin Care Services Ltd is registered with the Care Quality Commission (CQC) and are currently rated as Good with no conditions attached to their registration. This was based on an inspection in 2017. This is the overall rating for Virgin Care Services nationally. CQC have not as yet undertaken a full inspection of all the services Virgin Care provide in B&NES yet but have undertaken full reviews on some specific services that are within the contract in B&NES. These are as follows:

- Bath Supported Living Service (managed by Virgin Care) rated as good based on the inspection in 2018.
- NES Supported Living Service (Frome Road) rated as Good in July 2018

## Options Appraisal

Three options are highlighted the in the tables below which outline disbenefits and benefits of each option.

- Option 1: Extend the contract term for the 3 year period (until 2026/27)

- Option 2: Do not extend the contract for the 3 year extension period and recommission community health care, social care and public health services
- Option 3: Extend the contract term for the 3 year period (until 2026/27) but with identified services removed from block contract and/or improvement trajectories for identified services

For option 3 the services identified for improvement include:

- NHS Constitution standards Referral to treatment (RTT)
- NHS Constitution standards Diagnostics
- Adult Social Care Assessment and Review Waiting Times
- Community Hospital Length of Stay
- District Nursing
- Reablement
- Continuing Health Care

It should be noted that BSWCCG has taken the decision to withdraw the Continuing Health Care (CHC) service as a statutory function from the contract either in option 2 or option 3. The Council has also confirmed its decision to remove strategic adult safeguarding from the contract either in option 2 or option 3.

### **Recommendation**

The joint recommendation from the CCG and the Council is Option 3 - extend the contract term for the 3 year period (until 2026/27) but with the identified services set out above removed from block contract and/or improvement trajectories for identified services.

# Virgin Care Contract Extension – Options Appraisal

11<sup>th</sup> November 2021

# Introduction

- Joint commissioners - B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body and the Council
- 7 year contract - 2017/18 to 2023/2024
- Option to extend by 3 years - 2026/2027 (1 possible extension)
- Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than end of March 2022.

# Services that make up the joint contract

CCG Health Services	Council and CCG Services	Council Services for Adult Social Care	Council Services for Children	Council Services for Public Health	Total Community Services
28	2	9	8	5	52

Services directly delivered by Virgin Care	Services delivered by Virgin Care and Sub Contractors	Services delivered by a Sub Contractor
36	6	10

## Financial Value of the Contract

- Virgin Care's original bid planned for overspends in the early years
- Addressed through transformation efficiencies of 1%, to include reinvestment
- In 2017/18 the contract was £1.2 million overspent
- In 2018/19 the contract was £1.4 million overspent
- In 2019/20 the contract was £0.7 million overspent
- In 2020/21 a contract underspend of £0.3 million is confirmed
- For 2021/22 Virgin Care: forecast a balanced position
- *Please note, the above information excludes any impact of Covid-19 funding*
- There is no financial penalty to be incurred by commissioners if the decision is taken to not extend
- Initial dialogue with VC - supportive of 3 year extension on existing terms
- Open to removal of a small number of services

## Financial Value of the Contract

- The annual value of the contract at year 5 (2021/22) is £54m, contributions as follows:

○ CCG	£28,147m
○ Council	£21, 930m
○ Better Care Fund	£4, 471m

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- The Council funding is fixed with cost increases managed through Virgin Care's savings plans
- The CCG and Better Care funding is subject to NHS annual uplifts applicable to provider contracts

## Performance over the lifetime of the Contract

- Overall, the services provided by VC and their sub-contractors are well delivered against the agreed service specification
- Changes put in place to the benefit of residents and to improve our partnership working with other health and social care partners.
- Robust governance and review arrangements in place – regularly liaison Virgin Care senior management
- Examples of services that are well delivered and have delivered improvements include:
  - **Community Stroke and Neurological Service**
  - **District Nursing**
  - **Public Health**
  - **Children's Community Health Services (Universal and Specialist)**
  - **Care Co-ordination Centre**
  - **Integrated Care Record**
  - **Community Wellbeing Hub**



# Service Areas Identified for Development

- A small number of services are experiencing challenges
- COVID-19 route cause in some cases:
  - ▶ limiting how services are delivered
  - ▶ temporarily closing some services
  - ▶ changing demand patterns
- Impact upon CCG and Council KPIs and
- in maintaining flow through the health and social care system:

1. NHS Constitution standards Referral to treatment (RTT)
2. NHS Constitution standards Diagnostics
3. **Adult Social Care Assessment and Review waiting times**
4. Community Hospital Length of Stay
5. District Nursing
6. **Reablement**
7. Continuing Health Care

## Options Appraisal

- **Option 1: Extend** the contract term for the 3 year period (until 2026/27) on existing terms
- **Option 2: Do not extend** the contract for the 3 year extension period and recommission community health care, social care and public health services
- **Option 3: Extend the contract term for the 3 year period (until 2026/27) but with identified services removed from block contract and/or improvement trajectories for identified services**

# Recommendation

## Option 3:

- extend the contract term for the 3 year period (until 2026/27)
- with the identified services removed from the block contract

## Rationale:

- Overall, Virgin Care is a good provider and services have been delivered well
- There is recognition of where improvement is required and a commitment to make changes
- The system remains under considerable pressure from the impact of Covid-19
- Future demand and population needs as we emerge from the pandemic TBC
- Good alignment with our Corporate and Medium Term Financial Strategy, social care transformation plans
- A period of significant change for the NHS and social care systems - new Integrated Care System (April 2022)

# Rationale

- Market uncertainties at this time:

- maturity of market (small number of providers)
- Baseline value of contract could increase
- Suppliers will price in risk

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- Virgin Care amenable to removal of services from the main contract, giving greater ownership over statutory functions
- Virgin Care engaging on the basis of no uplift in costs to the council during the extension period of the contact
- Cost of a re-procurement - approximately £965,000 (50:50)
- Mobilisation risk and costs
- Changing legal frameworks will facilitate future joint procurements
- Commitment to engage Cllrs from 2022 on any future tender