

# Community Services

## Health and Wellbeing Board

Date: 12 October 2016

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

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### 1. Purpose and Reasons

- 1.1 To provide an overview of the procurement process for the award of adult community services contract.
- 1.2 To provide the Health and Wellbeing Board with a summary of service issues at the time of the contract transfer.

### 2. Recommendations

The Board is recommended to:

- 2.1 Note the contents of the report.

### 3. Detail

- 3.1 NHS Swindon CCG (the CCG) and Swindon Borough Council (SBC) have a long history of integrated commissioning and integrated service delivery for health and social care.
- 3.2 The CCG is the commissioner of health services in Swindon, Shrivenham and the surrounding areas and SBC is the commissioner for public health and social care for people within the Borough of Swindon. For the purpose of this tender adult community health services and some social care services were included in the contract value. The majority of community services are for Swindon only as Shrivenham receives its community services from Oxford Health NHS Foundation Trust and Oxfordshire County Council.
- 3.3 Following an extensive period of engagement and review the CCG with SBC sought to re-commission its community services via a provider model which integrated acute and community pathways, incentivised to shift the emphasis of treatment to effective prevention and management of patients, particularly those with Long Term Conditions and the Frail Elderly including alignment to adult social care.
- 3.4 The current contract for the provision of these services ends on the 17th February 2017. The CCG with SBC therefore sought to re-commission services from a capable provider who would work with the CCG and SBC over the

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Further information on the subject of this report can be obtained from Gill May, 01793 683700.

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contract period to deliver services and to redesign the delivery of a community-based model of care to meet the CCG and SBC commissioning intentions and link to our plans through the Better Care Fund. The new contract for these services was awarded for a period of three years with the option to extend for any period up to 24 months and will commence from the 18th February 2017.

- 3.5 These community and social care services will be contracted on an outcomes basis reflecting the Swindon population needs. The provider will be expected to deliver transferred services within a cost envelope of circa £17,500,000 per annum representing the CCG and SBC funding. The CCG and SBC expect financial efficiencies to be delivered over the term of the contract.
- 3.6 As many NHS and social care organisations, the CCG and SBC are facing a significant challenge to ensure that high-quality, affordable, community health and care services can be delivered in the face of reductions in funding allocations and increasing demands. Service transformation will be required in order for community services in Swindon to remain at the heart of a sustainable health and care system. To this end the CCG and SBC are requiring the provider, over the period of the contract, to work with all existing health and social care providers, SBC, and the CCG to devise a reconfigured model of delivery to create sustainability, and support the transformation in line with Swindon CCG's and SBC's agenda to deliver the Five Year Forward View Vision and the Better Care Fund. This is in line with the CCG ethos of integrating health and care and empowering local communities to have greater ownership of decisions and resources, tailored to local needs.
- 3.7 SBC will be the provider of social work and some Occupational Therapy services as well as the commissioner of domiciliary, residential and nursing care. The CCG and SBC are planning to tender for a prime contractor for domiciliary care and this procurement will need to align with the work of SBC with the possibility of future links between both contracts as part of a One Swindon Budget. There is an expectation that social work services will work closely with community health services to ensure an integrated approach for patients and service users
- 3.8 A provider was sought that was able to demonstrate to the CCG and SBC that they can deliver a high quality service and that they have a clear understanding of the strategic direction for services within Swindon and of the need for close engagement and system leadership with other providers within the geography.

## Procurement Process

- 3.9 In March 2016 the Integrated Adult Community Health Services were formally advertised through the Official Journal of the European Union (OJEU) and Contract Finder, and interested organisations were invited to express interest in the services. The Commissioner intended that by conducting a tender exercise, suitably qualified organisations would compete to provide the services, and

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propose innovative models of service delivery which would improve the quality of service to patients. It was anticipated that new contracts would be awarded between September 2016 and February 2017 with a view that the newly appointed provider would commence service delivery from February 2017.

- 3.10 A thorough procurement process was followed to ensure high quality tender documentation and specifications for services were produced. The NHS South, Central & West Commissioning Support Procurement Team managed the procurement process on behalf of Swindon Clinical Commissioning Group.
- 3.11 A Swindon Community Services Re-Procurement Project Board was established which was chaired by Bill Fishlock CCG Lay Member. This Board over saw the process and made a recommendation to the Governing Body on the preferred bidder for the services. A risk register was maintained and over seen by this Board.
- 3.12 Two bidders went through the full evaluation process, a Moderation meeting took place on 22nd July 2016, and a preferred bidder was identified and put forward for recommendation to the Governing Body. The evaluation panel, chaired by Swindon CCG and moderated by NHS South, Central & West Commissioning Support Procurement Team, and consisting of subject matter experts from Swindon Clinical Commissioning Group, Swindon Borough Council and service users took part in the following process.
- 3.13 In total, twenty different evaluators including service users were involved in the evaluation of bids. Each member of the evaluation panel was required to complete, sign and return conflict of interest and confidentiality forms prior to the evaluation of bids. The procurement team gave the need for confidentiality a high profile throughout the evaluation process.
- 3.14 The preferred bidder was identified as Great Western Hospitals NHS Foundation Trust. The recommendation was approved by the Governing Body and the preferred bidder notified.
- 3.15 At the same time as the completion of this process the incumbent provider SEQOL notified the CCG that they were considering their options in terms of sustainability as an organisation.

### Transfer of services

- 3.16 Following a series of meetings with SEQOL key Executives it was agreed that the transfer of services should be made prior to the expected end date of the contract. This would enable staff to move to the new provider and give them some certainty for the future. The decision was taken to make the transfer prior to the increasing service pressures which are seen annually from November through to February.

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- 3.17 The CCG approached Great Western Hospitals NHS Foundation Trust (GWH) and asked if they could take the services early under a care taker arrangement. This would involve a variation to the existing GWH contract to host the services from 1 October to SEQOL contract cease date of 17 February 2017.
- 3.18 The GWH Board agreed to this earlier transfer. As a result, GWH have not been able to complete the usual due diligence process as part of the contract award process. The CCG has agreed with GWH that both the CCG and GWH will carry out a shared due diligence process of services that transfer in the first 3 months of the care taker period. This will enable both parties to understand if there are any services issues which would need resolution prior to the formal contract start date 18 February 2017.
- 3.19 GWH retain the right to not move to contract mobilisation if the due diligence period identifies any service issues that would impact on their ability to deliver the services within the procured contract value. This would mean that the CCG would need to formally advertise and re-procure those services.
- 3.20 There are a number of other services which SEQOL provide that were not part of the procurement process. A new provider has been found for those services and the CCG will need to plan a formal re-procurement process for those within the next 3 months.

## **SUCCESS Services**

- 3.21 SWAST will manage the Home Visiting service. Children and Young People and Urgent Care Clinics will continue to operate, with support from the host surgeries and GWH. A formal review of SUCCESS with the membership will need to take place as national guidance on funding becomes available. This will enable the model to be clarified and services to be procured.

## **LD and Autism services and IAPT**

- 3.22 These are core services for Avon and Wiltshire Partnership Trust so they have agreed to take these services from 1 October 2016.

## **Adult Social Care Services**

- 3.23 In light of the decision by SEQOL to request an early transfer of services given the financial sustainability of the organisation, Swindon Borough Council agreed to transfer all adult social care services from 1<sup>st</sup> October 2016. This includes social work and OT services, Fessey and Whitbourne Care Homes, day services for people with a learning disability (OK4U), Enterprise Works, Building Futures, Swindon Support, Shared Lives. The staff of the reablement team will be seconded to GWH as part of an integrated team with Rapid Response. Day Services for Older People will transfer to First City.

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## Quality and patient safety concerns and early warning signs

- 3.24 The CCG became concerned in April 2015 specifically in relation to capacity, skills and leadership within the SEQOL community nursing service and lack of assurance that the Serious Incident process in SEQOL was robust.
  - 3.25 Serious incident data and analysis of complaints received by the provider and CCG identified a continued upward trend in relation to poor patient experience and clinical outcomes and was clearly highlighting gaps in relation to leadership, knowledge / expertise and workforce.
  - 3.26 To note, these concerns were placed on the CCG risk register and reported as areas of concern to the regional Quality Surveillance Group.
  - 3.27 During 2015/16, the CCG worked closely with SEQOL in order to gain detailed assurance in relation to the local quality schedule requirements and specifically the community nursing service. Assurance was sought in response to a reported increase in activity, together with identified care and service delivery problems noted within the serious incident, safeguarding and patient experience processes. A detailed community nursing action plan was submitted by SEQOL to the CCG in response to the concerns raised, which included workforce and capacity issues.
  - 3.28 The Executive Nurse informed the Care Quality Commission (CQC) of the concerns at the time and has liaised with the local CQC lead.
  - 3.29 A review of the community nursing action plan continues and is a standing agenda item within the monthly quality review meetings in order for the CCG to be assured of progress.
  - 3.30 The service remains on the CCG risk register until improvements can be fully evidenced and embedded.
  - 3.31 In May 2016 in response to a specific complaint and in addition in recognition of the outcomes of RCA investigations following reported serious incidents (most notably category III / IV pressure ulcers) an external review was commissioned by the CCG. The findings of this review have been built into the community nursing action plan.
  - 3.32 The external review focused on the following:
    - 3.32.1 Leadership of the community teams
    - 3.32.2 Their operating model, including case load allocation and public and patient access to the service
    - 3.32.3 Workforce model and skill mix (specifically impact of the band 6 Community Nursing role)
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## 3.32.4 End of life care provision

This review has been shared with both the CQC and NHS England (NHSE).

- 3.33 It should be noted that in addition to the review during April and May 2016 members of the quality and patient safety team, including the Executive Nurse CCG carried out a number of quality visits including shadowing staff on home visits. This covered both day and night nursing services. The outcome of these visits confirmed that whilst some improvements had been made to service delivery the workforce issues facing them, particularly with a loss of the band 6 workforce and having a greater dependency on the band 3 and 4 roles continued to have a direct impact on the quality of care being provided. The outcomes and learning from the RCAs provide evidence to further support this.
- 3.34 It is important to note that the CCG team shared that the staff are caring and compassionate.
- 3.35 CCG quality lead is working closely with SBC Safeguarding team in order to have oversight of any safeguarding alerts specific to the community nursing service. There have been a few alerts raised by domiciliary care agencies relating to missed visits by community nurses and lack of communication. The Safeguarding lead is a member of the CCG SI panel for review and alignment of those RCAs that are joint safeguarding investigations.
- 3.36 The external reviewer is working closely with SEQOL and has agreed a timeline for the caseload review, the methodology to be used and implementation of an acuity tool. The CCG Executive Nurse has received assurance from the reviewer that SEQOL staff were expressing positively the opportunities the announcement of the new provider could bring. A programme of learning and development support has been agreed as part of the case load review, targeting the band 6 and 5 staff specifically.
- 3.37 The CCG continues to be concerned that any assurance from SEQOL in response to improvements and implementation of the action plan are predominantly based on verbal evidence. Dedicated meetings are therefore in place to continue to provide oversight of progress in order to support transition of services to the new provider.
- 3.38 A detailed high level chronology of quality review meeting discussions, actions and outcomes has been presented to CCG Commissioning for Quality Committee.

## 4. Alternative Options

- 4.1 Not applicable.



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## 5. Implications, Diversity Impact Assessment and Risk Management

### Patient Benefits

- 5.1 The re-procurement of services followed engagement with the patients and public of Swindon. The clear indication from them was that they would want to see greater integration between health services in Swindon which reduce the duplication of care and reduce the time they spend giving their information to multiple staff.
- 5.2 The early transfer of services will support the sustainability and continuity of community and social care services for the population of Swindon.

### Financial and Procurement Implications

- 5.3 To support a solvent closure of SEQOL has caused further financial pressures for the CCG. There is further detail to work through but it is anticipated that we will invest a further £0.7m plus circa £1.3m capital for purchase of assets. Swindon Borough Council also experienced financial costs due to the early transfer of services of £0.7m.
- 5.4 In addition, the CCG has had to provide legal assurances to GWH and AWP that any financial pressures found as part of due diligence will be underwritten by the CCG whilst the work takes place to mitigate those cost pressures and manage them out of the services this year.
- 5.5 Procurement implications: Those services not part of the original procurement will need to be reviewed over the next 3 months and then a procurement plan put in place.

### Legal and Human Rights Implications

- 5.6 Legal advice has been taken on the details of any indemnities and the variation orders required for all providers. These document have been agreed by commissioning and provider legal firms.

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.7 The early transfer of services was to support staff currently employed by SEQOL, to allow them to transfer to their new provider and have clarity about their future employment. SEQOL had reported that staff had started to leave the organisation as they were unsure about the future and this could have impacted on services sustainability.

### Diversity Impact Assessment

- 5.8 Completed as part of the procurement process for community services.

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### Risk Management

- 5.9 A transition Board is in place between commissioners GWH and SEQOL to ensure executive level oversight of:
- 5.9.1 TUPE/Staff transfers
  - 5.9.2 Novation of contracts
  - 5.9.3 Leases/Estates
  - 5.9.4 Transfer of Assets
  - 5.9.5 Governance
  - 5.9.6 Records (Current and historic)
  - 5.9.7 Outstanding legal / insurance claims / complaints / NHSLA
  - 5.9.8 CQC
  - 5.9.9 Business Transfer Agreements.
- 5.10 These meetings are taking place weekly, and risks identified are on the CCG risk register.
- 6. Consultees**
- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.
- 7. Background Papers**
- 7.1 None.
- 8. Appendices**
- 8.1 None.