

Adult Community Services

'Frequently Asked Questions' on the procurement of adult community health services Bristol, North Somerset and South Gloucestershire

Introduction

Community health services support thousands of people every year in Bristol, North Somerset and South Gloucestershire to stay well, independent and avoid unnecessary hospital stays.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG) is responsible for designing and purchasing health and care services for its population. Currently, three separate organisations provide adult community health services in our area. In January 2019, we began advertising for a single organisation to provide adult community health services from April 2020. Our vision is for truly joined-up services and a great experience of care for everyone. This will mean:

- More consistent care for people, with improved access to services and more joined-up working between different professionals
- Proactive care that supports people to stay well and independent, closer to home
- When people need more intensive support, it will be available and accessible to them in the community
- Better partnership working between organisations including social care and the voluntary sector

The [NHS Long-Term Plan](#), published in 2019, describes 'fully-integrated out-of-hospital care' as one of the biggest NHS priorities for the next decade. It also highlights the value of expanded teams of healthcare professionals working together to provide community services that join up around people – rather than making people fit around the way a service works. That's what this procurement is aiming to achieve.

We will continue to update this document on a regular basis. In the meantime, if you have any questions or queries, you can get in touch with us by email at:

bnssg.community.services@nhs.net

Frequently Asked Questions

1. How will changes to adult community health services benefit local people?

This is an exciting opportunity to ensure high quality, fully-integrated community services for our population into the future. We know that people do better in their own homes, and when they have access to multiple services that help to keep them independent, active and well in their community.

The new service model has the views of local people at its heart, and has been shaped through engagement with hundreds of people, including those currently using community services; as well as carers, staff and key partners including local authorities. We received feedback from more than 500 people when we were planning and developing services, to listen to what they wanted, both now and in the future.

As a result, we are bringing different services together, which will give people better access to the different types of support they need. We want to ensure consistently high-quality communication between health and care professionals, so that people do not need to tell their story over and over again. We also want to ensure stronger links with mental health support, social care and voluntary services; as well as more support for carers.

Services will recognise that for the vast majority of people 'the best bed is your own bed'. We value people's independence and want to keep them well and independent at home (or closer to home) for longer. When people require more intensive support; it will be accessible in the community rather than in secondary care (hospitals). This benefits everyone and also relieves pressure on our busy hospitals.

2. Why did you need to procure a new contract?

Two of the CCG's three existing contracts come to an end in March 2020 and the third contract comes to an end in March 2021. When a contract for a NHS service comes to an end, commissioners have a legal duty to review and ensure services are in place to meet the needs of the population, now and in the future.

We know that the quality of adult community health services in our area is good, and that our community workforce is providing some fantastic care. We are ambitious about the health of our population, and the ending of these contracts was an opportunity to look at how we can build on existing services and further enhance care for the future. We are excited about the transformative potential of 'fully integrated out-of-hospital services' as set out in the [NHS Long Term Plan](#), and our plans are aligned to this, with service specifications designed to significantly improve people's experience of care.

Having one provider for our area means we will be better able to ensure high-quality and equitable provision across Bristol, North Somerset and South Gloucestershire - meaning everyone will benefit from improved access to services and the same high standard of care wherever they live.

3. Did you involve local people in this process?

We received feedback from more than 500 people as we set out to plan and develop services, including people using community health services currently, staff, GPs, carers and voluntary organisations. Their responses and feedback have informed specification design.

We have engaged with Patient and Public Involvement (PPI) forums and Patient Participation Groups - these are groups made up of people from individual GP practices. We have held several workshops with our hospital trusts. And we gained important feedback from local carers at carers' forum events.

We set up a Public Reference Group that has been involved throughout the specification design process. Some patients and carers met with bidding organisations to provide suggestions. A public representative sits as a full member on the board that has overseen the procurement. The CCG has worked in partnership with primary care, hospital trusts, local authorities and the mental health trust throughout.

4. Did you involve local General Practitioners (GPs) and clinical staff?

It was incredibly important to us to listen to the views of healthcare professionals in addition to people who use services. As well as engaging with current community healthcare providers, we have engaged with GPs through our regular communication channels and regular meetings.

A number of GPs sit on the board that has overseen the procurement process, alongside representatives from local authorities, hospital trusts and the mental health trust. We also held several workshops with our hospital trusts.

5. Why didn't you consult on these changes formally?

The changes to the model of care (more integration, better partnership working, improved access) are enhancements, and do not constitute a 'significant variation' to services. While there is no requirement to formally consult, we are committed to engagement with our population, and the specifications for adult community health services have the views of local people at their heart.

For example, people told us that they wanted better access to social and community activities, and things like mental health support. They also said they wanted more continuity in their care, without having to tell their health history to different professionals all the time. Carers said they needed more support to manage their own health alongside the people they care for. Staff told us that there was scope for more integrated working between different groups of professionals, to provide a better experience of care for people using services. All of this feedback has been built into the new model of care.

Of course, if any significant variations were proposed as services begin to be developed further, we would formally consult.

You can see the service specifications at our website [here](#).

You can read the summary of the engagement we undertook [here](#).

6. Why can't you just keep things as they are now?

Two of the CCG's three existing contracts come to an end in March 2020 and the third contract comes to an end in March 2021. The CCG is required by law to advertise when contracts of this size come to an end.

We are ambitious about the health of our population, and the transformative potential of 'fully integrated out-of-hospital services' as set out in the NHS Long Term Plan. Our vision is for everyone using services to have access to joined-up, proactive care that helps them to stay well and independent in the community for longer. Having a single provider will support this aim. Teams of health professionals will also work more closely together, making it easier for patients to get the care they need.

We have an incredibly hard working community healthcare workforce in the region, and listening to staff views was a key part of our engagement phase. This is about building on the good work that is already being done within community services, and making sure they are fit for the future needs of our population in Bristol, North Somerset and South Gloucestershire.

7. What will this mean for current community services staff?

We recognise the skill and commitment of community services staff in our area. We want to retain these skills in our health and care system, and build on the good work already being done.

Although the way that services are currently organised will change to become more joined-up and consistent, it is our intention and expectation that frontline professionals will continue to have clearly defined roles, and be able to provide even better care for the population of Bristol, North Somerset and South Gloucestershire into the future. All current nurses, therapists and other frontline community staff will be able to continue to provide services, under the management of the selected provider. Services will be organised in a more joined-up way, so that people using them and staff working in them all benefit from the changes.

All procurement exercises are subject to stringent NHS workforce regulation and employment laws, including TUPE (Transfer of Undertaking Protection of Employment) regulations. These provide existing staff with particular safeguards in respect of their employment. The staff's existing HR teams will continue to offer advice to staff around these terms and conditions.

8. What will this mean for local people receiving services now?

Our first priority is to ensure continuity of care and maintain patient safety during transition. We are working closely with existing providers to make sure that people are kept informed throughout the process.

Until April 2020, people will use services just the same as they do now. After that, services will all continue to be available, and over time will be easier to access. Teams will work consistently, and in a more integrated way, across all parts of Bristol, North Somerset and South Gloucestershire. Over the next one to two years, services will begin to respond more quickly when people need rapid care or more intensive support in the community.

9. How was the 'high scoring bidder' determined?

The CCG used an equitable, proportionate and transparent process to select a high scoring bidder. All bidders submitted proposals. A panel of evaluators, including clinicians, subject matter experts, partners and patient representatives assessed and scored the proposals. The high scoring bidder was the bidder with the highest score overall. The CCG is now continuing this rigorous process by checking all the details in the high scoring proposal.

The process has also included opportunities for patient and carer representatives to meet and directly question the organisations who made a bid for the contract – to ensure they put patients' needs at the heart of their plans.

10. What happens next?

The CCG has evaluated all proposals as part of a rigorous procurement process and is now finalising requirements with the high scoring bidder. This is not necessarily the final outcome, as detailed checks will now take place before a contract is signed. An announcement about the final outcome is expected in September 2019.

People will continue to use services as normal through to March 2020. From April 2020, services will continue to be available, but will be more joined up, with a single point of access for enquiries and teams of professionals working closely together around people's needs.

Nurses, therapists and other community health professionals will continue their activities. Services will continue to be delivered as part of the NHS and remain free to use.

11. When will the provider be in place?

If the due diligence process is completed successfully, a contract will be signed in September 2019 and the provider will begin managing all services from 1 April 2020.

12. What is the value of the contract?

The value of the contract is around £1.1bn, spread over ten years. We are investing in innovative services, and are keen to provide long-term certainty for community services staff.

13. Ten years is a long contract – what if something goes wrong?

Our vision is for high quality, consistent, equitable and proactive community services that keep people well, closer to home.

We advertised for a long-term partner to work collaboratively with all stakeholders across the health and care system. The benefits include more joined-up and consistent care for people wherever in Bristol, North Somerset or South Gloucestershire they live, more collaboration between organisations, and less reliance on hospital services. This is fully in line with the NHS Long Term Plan which sets out a vision to achieve ‘fully integrated out-of-hospital care for the first time in the NHS’.

We have opted for a ten year contract in order to invest in genuine transformation, and to provide certainty and stability for our community workforce. The CCG will meet monthly with the provider to review progress and make sure all services remain high quality. The CCG has formal contract mechanisms available to make sure care is delivered as expected. There is scope to make changes to the contract or to end early if the wider policy landscape changes, but the CCG plans to work closely with the provider to ensure that services adapt to changing population needs.

14. How will the local voluntary sector / charities be involved?

Voluntary and community sector groups are important partners for health and social care. Not only will community services work closely with, and refer people to, voluntary sector services - the voluntary sector will be involved in providing at least 3% of the annual contract value in coming years. This means that the voluntary sector will be funded for their important work in supporting people to stay well and independent, closer to home.