COMMUNITY HEALTH, WELLBEING AND SEND SUPPORT SERVICES QEIA LOT 2 PLYMOUTH

Please note that the content of this paper is extracted direct from the NEW Devon CCG QEIA which was produced and approved to support the procurement of Community Health, Wellbeing and SEND support services. The original document is a complex Excel spreadsheet which is not able to be converted to a PDF to be included in the papers for Plymouth City Council Cabinet.

SUMMARY DESCRIPTION OF THE CHANGE PROPOSAL:

The re-procurement of children's and young people's health and care services within the Plymouth City Council geography reflects a strategic ambition for an integrated service delivery model that is specified in an overarching service specification. The service specification sets out a consistent model and service offer based on needs and demographics coupled with quality of care, access and outcomes for children's young people and their families. Within the Plymouth City Council geography the population is approximately 53,000 children and young people under 18 years of age.

The strategic ambition is that we want children and young people in Plymouth to have the best start in life, growing up in loving and supportive families: being happy, healthy and safe.

Key propositions:

1. This is contracted through a prime provider contract - who will have a leadership responsibility in partnership and delivering a whole system approach consistent with the Thrive framework
2. The service model is integrated and delivered equitably and in response to population needs
3. Services are accessed through a single point of access. Population level interventions will be accessible to all through the universal offer.
4. Services will have continued service improvement and efficiencies over the lifetime of the contract, that manages demand through effective prevention and early help
5. A new outcomes framework and reporting schedule is implemented

There has been a comprehensive programme of engagement with children, young people and families throughout the summer, which in turn builds on 5-6 years of engagement.

The feedback from these engagement processes has been used to inform the specification as have a number of co-production workshops with a wide range of providers and other stakeholders

Over the lifetime of this contract there is an opportunity to change for the better the system of care and support available. The strategic document titled “Children and young

people's community health and care services for the future" sets out the strategic intentions linked to current state, case for change and future state.

Together, we have agreed the followed principles:

• Prevention is a fundamental aspect of provision: whereby the provider priorities the early identification of each child or young person's needs and risks to health so as to help avoid them becoming ill.
• Early help should be embedded across the system: children and young people and their families will be offered help and information early in their life and early in the development of specific needs, whether these by health and/or care or educational needs.
• Innovation and Evidence Based provision: we and providers will continuously strive to improve the lives of children and young people through innovation and ensuring the best and most current evidence is used by existing practise and systems. Together we will use technology and different ways of working with children and young people, using methods of communication that will engage them effectively.
• Sustainability is key: we and providers will use early help and proactive intervention, will help drive sustainability of the system. However, we will also need to ensure efficiency and effectiveness through the use of technology and good workforce management.
• Systems should be Responsive and Accessible: the system will respond to the changing needs of the population delivering support that is designed with children, young people and families and that is delivered at the right time and in the right place.
• Services should be personalised and use a strengths based approach: this develops choice and control for children, young people and their families using known information to tailor and personalise the response.
• Systems and Services should be integrated: to ensure that it is united by a common focus on delivering outcomes for children, young people and their families within a co-ordinated seamless experience. There is 'no wrong door' and professionals are able to work across the system to deliver the best possible care. The integrated system uses information and data to develop and deliver effective practise. It is also capable of understanding, managing and accepting risks with children, young people and their families.
• Build upon the strength and resilience of individuals, families and communities: recognise that children and young people live in families and communities; value and enable the role these play in developing and sustaining happiness, wellness, health, and safety.
• Empower children, young people and their families to help themselves, build resilience and safely manage risks.

SAFETY:
The provider will be working to the general conditions of the NHS standard contract to ensure that there is a safe transition between the incumbent and the new provision including succession planning and continuity of care. The procurement timeline awards

the contract in August 2018 with a start date from April 2019 enabling sufficient time for contract mobilisation.

The re-procurement of these children's health and care services is not expected to adversely impact on the safety of people served by these services. It is expected that this will have a positive impact through consistent quality standards, KPI's and outcomes.

Within the tender process the assessment and evaluation process is specifically designed to assess the capability of the bidding providers and following the award of the contract to the new provider, a thorough negotiation and agreement process will be undertaken before the final contract is signed.

This process will ensure that all assurance is forthcoming on all of these elements. Once the integrated service provision begins, the provider will be expected to provide written and face-to-face assurance and evidence of their performance, quality outcomes and well planned improvement and/or development of their services.

EFFECTIVENESS:
The proposal will drive forward positive improvements in terms of the effectiveness of care and outcomes for service users across the lifetime of the contract.

The service specification has been produced using national guidance, benchmarking and standards and robust service user and family involvement and engagement.

The service specification sets out a requirement for services to work to all relevant NICE and Royal College / Intercollegiate guidance, see sections 3 and 4 of the service specification

Where guidance or standards do not currently exist we will work with other providers and professional bodies to develop, implement and then monitor these.

The outcomes framework and quality and performance schedules will be consistent across services and set out system, service and person-centred outcomes.

The effectiveness of service delivery will be actualised in terms of maximising the reach of population level interventions (e.g. through mandated checks), improved access and reduced waiting times, quality of care including person centred outcomes and care plans.

The integrated service model and integrated service specification is firmly based on the principle of prevention and health promotion, self-care, self-help and personalisation (Thrive Framework).

The provider will be expected to provide a robust early help offer that communities are fully able to access. This will based on accessing the right support at the right time and in the right place. This will be based on needs and not contingent on a diagnosis and will be monitored using outcomes and KPIs.

The incoming service provider will be expected to demonstrate clear and robust leadership, competence and reliability during the tender bidding process and then the lifetime of the contract.

Business continuity plans will be required from the provider as part of contract mobilisation and start of the contract.

Strong partnership working and a commitment to developing a network approach to further build on the integration work in Plymouth will be paramount including through utilising a community assets approach.

The contract will be clear about the level of provider responsiveness required towards changing responsibilities and the needs of the population.

The provider will be expected to have a highly skilled and skill-mixed workforce that will deliver the service described in the overarching specification (Plymouth).

Over the lifetime of the contract the provider would need to improve access and waiting times, it is recognised that across the current services and providers these are variable in relation to targets.

EXPERIENCE:
The service specification will result in an improved experience for children, young people and their families and other stakeholders such as police, education and the third sector. It is also expected that this will positively impact on staff experience and ultimately recruitment and retention of staff. This will result in higher quality of staffing with the right skills and experience which will then improve the experience of service users.

The engagement with children, young people, families and stakeholders has informed and been an integral part of the strategy and design of the service specification.

As part of the pre-procurement phases there has been a comprehensive public engagement and mapping of recent engagement. This provides a robust baseline against which improvements can be measured against. Qualitative metrics will be included in both the audit and reporting schedules for the service.

The integrated service model describes the key components that commissioners and service users would expect. These include, hours of operation greater than the typical 0900 - 1700 across seven days a week, and offer access through other sites rather than the traditional GP surgery or healthcare premises e.g. schools, community centres.

Technology (digital platforms) is a key component to the new delivery model/service description thereby improving access and experience for children, young people and their families as well as referrers and wider stakeholders

The overarching specification (Plymouth) sets out an integrated model of care and seeks to address current issues and gaps for specific needs and cohorts of children or young people and in doing so improve the experience of service users that care is accessible in the right place at the right time and this is both person-centred and improves outcomes.

Through the tender bidding process we will require providers to describe how they will offer informed choice, services that achieve dignity, respect and compassion and control of care. Only those providers scoring highly on these elements will be considered for the contract award.

The provider will be required to demonstrate that their service offer will be appropriate to support people with the 9 protected characteristics. In particular, in forming this specification we have discussed the presence of a large military population in Plymouth and their needs.

In terms of Friends and Family Test (FFT), feedback complaints and feedback from PALs we have reflected on the current provider's performance and built this into the new specification and this will in turn be included in contract schedules 4 and 6 of the new contract (1 April 2019).

In response to complaints, PALS, SIRI and user experience the provider is expected to undertake a deep dive or service improvement activities, as appropriate, this should include co-production with service users, this to be monitored through contract reporting.

SYSTEM AND OTHER IMPACTS:
This service specification has been co-produced with a range of providers and commissioners.

The pooled funding arrangements and partnership agreements which are currently in place in Plymouth will continue. These describe the lead commissioner role where this applies and also the accountability that sits with this role (see contract QEIA for more detail).

We have mitigated any risk as organisational standards and requirements are reflected in the overarching service specification.

The service specification will undergo a value for money/cost effectiveness assessment before the tender process starts in January 2018 and if this proves unaffordable adjustments will be made and a further QEIA undertaken.

The services will be delivered from a range of premises. Providers will be expected to work with other providers in the system to consider the best use of the one estate and co-location of services to meet the population needs including through links with the

Voluntary and Community Sector (VCS). This will also consider the ability to maximise offer choice where appropriate supporting right care, right place, right time.

Significant engagement has been undertaken over the past five years and specifically on this change throughout the summer of 2017.

In terms of the environment, social value, privacy impact, visitors, etc. - this will all be accounted for through the contract award process and does not specifically pertain to this service description. In terms of reputation and impact on employees and other staff, again this will be picked up through the total procurement QEIA and not here. This process is being overseen by the CSU.

The impact should be a positive one where there is sustainable and better integration across children's and young people's health and care community services and improvements on keeping children in their communities and accessing the right support, at the right time in the right place. The Service will contribute to reducing the number of young people requiring out of area and or high cost placements with consequent benefit for children, young people, families and the system.

The key impacts are across all impact definitions: service users / carers, financial sustainability, impact on partners, reputation, less so in terms of environment. The detailed engagement that has been completed as part of the re-procurement provides a baseline where both staff and users express their views. This provides a baseline to which the new provider can be measured against.

Plymouth's wellbeing strategy also sets out the following aim:
Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate. Plymouth will also expect that the successful provider(s) will, at a minimum, pay the living wage.

In this context the procurement will contribute to the overall system approach to prevention and wellbeing in Plymouth.

Potential people with protected characteristics	Does this group currently use/access the service?	What impact will there be on this group from the proposal	Numbers of people affected	Impact score	Additional information
Women	Yes	Neutral	26,726	0	Full engagement has been undertaken for all groups including hard to reach groups. Figures are from the 2016 ONS midyear estimates for the age range 0-17. We have included the whole population of children and young people as the Health Visiting Service provides mandated checks to all families with children under 5 and all these children are open cases to the Service. School Nursing provides a universal offer to all school age children and young people. The Integrated Service will therefore affect all in the population.
Men	Yes	Neutral	25,628	0	Full engagement has been undertaken for all groups including hard to reach groups. See note in above box.
Asian	Yes	Neutral	334	0	Estimated for the 0-17 age group using the school census 2017
Asian British			0	0	
Black	Yes	Neutral	285	0	Estimated for the 0-17 age group using the school census 2017
Black British	Yes	Neutral	0	0	
Chinese	Yes	Neutral	159	0	Estimated for the 0-17 age group using the school census 2017
Gypsy or Roma	Yes	Neutral	23	0	Estimated for the 0-17 age group using the school census 2017
Irish	Yes	Neutral	56	0	Estimated for the 0-17 age group using the school census 2017
Mixed heritage	Yes	Neutral	921	0	Estimated for the 0-17 age group using the school census 2017
White	Yes	Neutral	1,547	0	Estimated for the 0-17 age group using the school census 2017
White British	Yes	Neutral	30,274	0	Estimated for the 0-17 age group using the school census 2017
Other ethnic backgrounds	Yes	Neutral	455	0	Estimated for the 0-17 age group using the school census 2017
Physical	Yes	Benefit	389	5	Estimated for the 0-17 age group using the school census 2017
Sensory (hearing and/or partial sight)	Yes	Benefit	117	2	Estimated for the 0-17 age group using the school census 2017
Deaf people	Yes	Benefit	175	3	Estimated for the 0-17 age group using the school census 2017
Learning disabilities	Yes	Benefit	2,157	5	Estimated for the 0-17 age group using the school census 2017

Mental health	Yes	Benefit	2,333	5	Estimated for the 0-17 age group using the school census 2017
Dementia	No	Neutral	0	0	
Other long term conditions	Yes	Benefit	1,398	5	Estimated for the 0-17 age group using the school census 2017
Lesbian, gay and bisexual	Yes	Neutral	0	0	Applies equally to all, irrespective of protected characteristics - no data available for this cohort
Men to women	Yes	Neutral	0	0	Applies equally to all, irrespective of protected characteristics - no data available for this cohort
Women to men	Yes	Neutral	0	0	Applies equally to all, irrespective of protected characteristics - no data available for this cohort
Trans	Yes	Neutral	0	0	Applies equally to all, irrespective of protected characteristics - no data available for this cohort
< 5 years old	Yes	Benefit	15,881	5	2016 ONS midyear estimates for the age range 0-17
5-18 years old	Yes	Benefit	36,473	5	2016 ONS midyear estimates for the age range 0-17
18-65 years old	Yes	Benefit	0	0	Unable at this time to determine number of parents or carers in this age group
65-85 years old	No	Benefit	0	0	Unable at this time to determine number of grandparents or carers in this age group
> 85 years old	No	Neutral	0	0	
Asylum seekers and refugees	Yes	Benefit	11	1	The current number of unaccompanied asylum seekers in Plymouth is 11. Plymouth could be expected to take up to 42 unaccompanied young people under the government's plan to accept 3000 unaccompanied children
Travellers	Yes	Neutral	0	0	It is noted that children, young people and their families who are hard to reach or vulnerable should be suitably prioritised, there is no data available for this cohort.
Variation in care provision	Yes	Benefit	0	0	Applies equally to all, irrespective of protected characteristics - but there is no data available for this cohort.
Rurally isolated	No	Neutral	0	0	
Parity of esteem	Yes	Benefit	52,354	5	This will be a key requirement of the Integrated Service
Least deprived parts of the population	Yes	Benefit	7,262	-5	The integrated service model would be designed to meet need across the city and so contribute toward reducing inequality through utilising principles like proportionate universalism. This would mean that whilst we would want to see improvements for the whole population, the speed of improvement and CYP positively affected should be higher in the most deprived areas. Have used the IMD 2015 by LSOA to group all the LSOA in the CCG/STP into

					deprivation deciles then added the population (using the 2015 ONS midyear estimates) for these LSOA to calculate the population aged 0-17 in the deprivation deciles.
Most deprived parts of the population	Yes	Benefit	23,278	5	See note in above box