Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Monday, 21st September, 2015.

Present: Peter Kelly(Chairman), Cllr Jim Beall, Mark McGivern substitute for Sarah Bowman-Abouna, Liz Hanley, Sean McEneany, Karen Hawkins, Jacky Booth substitute for Jayne Herring

Officers: Dave Smith (SBC Public Health), Jenna McDonald (LDS)

Also in attendance:

Apologies: Emma Champley, Kate Birkenhead, Simon Willson

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 17th August 2015

Consideration was given to the minutes of the meeting held on 17th August 2015.

AGREED that the minutes be approved as a correct record.

3 Review & Procurement of an Integrated Sexual Health Service in Teesside

The Group were presented with a report on the Review of an Integrated Sexual Health Service in Teesside. It was highlighted that the report was a product of the Integrated Sexual Health Service led by Tees Valley Public Health shared service with information provided by Stockton Borough Council (SBC) Public Health Team.

The Group noted that the current Sexual Health Service was commissioned in 2010 by NHS Tees for 5 years, as a result of the NHS reconfiguration in 2013 there were now seven commissioners with a contract managed by Tees Valley Public Health Shared Services and a procurement being led by SBC.

It was highlighted that the Tees valley Public Health Service commissioned sexual health services on behalf of the four local authorities across the Borough and was leading on the sexual health service review and procurement for a new service commencing in July 2016.

The Group heard that Tees Valley Public Health Shared Service developed, led and coordinated the project to date in order to ensure a fit for purpose product.

A Tees wide consultation was carried out in 2015 which received the views and experiences of 1063 people from across the borough. Results from the consultation highlighted that residents and service users provided positive feedback about the local sexual health service.

The Group noted that organisations were contacted in order to gage an interest in the integrated service for which a procurement was released on Friday 18 September 2015. It was heard that the procurement period would last for a total

of 8 weeks and would a selection evaluation and an evaluation award questionnaire from each commissioner, Members noted that the awards would be 75% based on quality and 25% Value for Money.

Members heard that the Service Specification was complete and reflected the needs of the Local Authority commissioners, Hartlepool and Stockton on Tees NHS CCG, South Tees NHS CCG and NHS England. It was noted that during the consultation period, there had been a strengthening of Service Specification particularly in areas such as the training centre and marketing and publicity.

It was highlighted that improvements were made to the contract review process by reducing to bi-monthly meetings with financial spend and activity being more closely monitored.

A service audit was carried out between April 2014 - March 2015 in addition to the provision of national information in order to assess how well the service was utilised. Members noted key highlights from the Tees Sexual Health Service Utilisation Report 2015.

A vision was developed in order to guide providers on what the service should reflect. It was heard that if an unsuitable bid was submitted, the organisation could be asked to resubmit their bid based on negotiation.

Members were presented with a table which provided the procurement timeline which included information on; the procurement period, evaluation, award, contract mobilisation and the service commencement.

It was heard that £680,000 per year was allocated in order to allow for the inclusion of another local commissioner.

The Group raised the following points/questions:

- What did SBC receive for managing the contract? It was highlighted that the CCG Tees Valley Public Health Shared Service managed the contract while SBC procured it.
- Were finances calculated in the same way when relating the CCG to NHS England? It was heard that all finances were calculated based on population.
- What involvement did NHS England have in the contract? Members were informed that NHS England provided commissioned Cervical Screening and that NHS England and NHS Commissioning Groups had been involved throughout the life of the project via the steering group.
- The Group were keen to understand whether any consideration had been given to incentive payments or reward systems which could be offered to hard to reach groups. It was noted that there was capacity for consideration of not only offering incentives but also to consider what the incentive/rewards could be.
- Members asked whether there was an option to extend the current contract, in response it was highlighted that extending the contract was an option and the current contract had been extended by 5 months due to the complexity of the

project, especially the development of a buildings use vision.

- The Group asked whether all buildings included in the delivery of sexual health services required CQC registration. It was heard that the framework stated that all buildings required CQC registration however, while all providers required CQC registration all services did not.
- Members of the Group congratulated the Public Health Team on the high response rate of the consultation.
- The Group suggested that it may be useful to have one representative from each of the seven authorities to attend the panel meeting. It was also suggested SBC requested delegation from all seven bodies in order to ensure a streamlined decision making process to facilitate contract award to timescale.
- Clarification was sought as to what determined the length of contract i.e. 7 years as opposed to 9 years. It was noted that due to the complexity of the service, it was important that behavioural changes could be monitored over time; therefore more time ensured a more accurate assessment of behavioural trends in order to provide evidence. It was also noted that many providers experienced a loss in their first year and required 2/3 years in order to stabilise, therefore the contract length had to be attractive to the market.

AGREED that the information be noted.

4 Forward Plan

The Group considered the Forward Plan and suggested the following amendments:

- The Five Year Forward Plan be removed from the Forward Plan
- Independent Living Services be re-scheduled for the meeting on 16 November 2015
- CCG Commissioning Plans be scheduled for the meeting on 16 November 2015
- Co Commissioning/ Primary Care Duplication to be scheduled for the meeting on 25 January 2016
- Transforming Care to be circulated to the group outside of the meeting
- Care Homes Update to be removed from the meeting on 26 January due to duplication

AGREED that the forward plan be noted and amended as outlined.