



## **Community Health Services in North Somerset**

### **Consultation Feedback Report June 2015**



**Feedback from the consultation on  
community health services  
in North Somerset  
2 February to 24 April 2015**

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## **1. Introduction – Our vision for joint commissioning**

*“We know that for people to be truly healthy it is not only the quality of healthcare services that matters. That is why we are committed to working together with our whole population, individuals and other organisations to create the healthiest communities.”*

**North Somerset Clinical Commissioning Group (the CCG)** is the lead partner in the project to jointly commission community health services for the people of North Somerset. The CCG, as the lead commissioning partner, also has responsibility for leading the public consultation. The other partner organisations undertaking the project comprise **North Somerset Council (the Local Authority)** and the **NHS England Area Team**.

## **2. Purpose of this report**

This report describes the CCG’s public consultation exercise for our joint project for the commissioning of community health services in North Somerset. It first describes the arrangements that the CCG made for consulting public stakeholders on the key areas, which were identified during the pre-procurement engagement phase, and have subsequently been developed. It then provides a themed summary of the feedback that people have contributed, detailing how this feedback is reflected in the future stages of the procurement process.

Public stakeholders in the context of this project means: adults, children, young people, parents and carers and professional stakeholders from health, social care, education and the voluntary and independent sectors.

The consultation commenced on 2 February 2015 and ran until 24 April 2015.

### **3. Background to the project**

#### **3.1 Commissioning**

The North Somerset CCG Governing Body made the decision to undertake a full procurement of Community Health Services on 15th October 2013. The 'trigger' for this process was the fact that the contract with North Somerset CCG's current provider of Community Health Services for North Somerset expires on 31 March 2016 (extended from March 2015).

The health and social care services that are included within the scope of this commissioning project include, but are not limited, to:

- All community-based services, including social care services provided, or commissioned, as part of integrated services.
- Both mental and physical community care
- Existing sub-contracted services
- Services for people with dementia
- Health visitors
- School nurses
- Children's Community Therapy Services, e.g., Speech And Language Therapy, Occupational Therapy
- Childhood immunisations (school based)
- Specialist community services, for example, Parkinson's disease services
- Any service that can demonstrate and deliver the Commissioners' system wide savings and efficiencies

At the end of the procurement process, the successful bidder will provide community health services for the North Somerset population from April 2016 for the next five years

#### **3.2 How the pre-procurement public engagement shaped the formal consultation**

Before embarking on the procurement process, and in partnership with Healthwatch North Somerset, we carried out an extensive pre-procurement public engagement exercise. This involved key stakeholders and a wide ranging number of community groups across a three month period. The report from this stage of the process is available on the CCG website here:

<https://www.northsomersetccg.nhs.uk/library/community-health-services-stakeholder-engagement-r/>

The feedback from people who participated in this was used to develop the requirements for the bidders. These requirements were contained within the Memorandum of Information and other bidder information documents. The feedback was also used alongside further involvement and co-production activities, to develop the outcomes framework.

This outcomes framework forms the foundation of the Commissioning for Outcomes approach we are using.

The feedback from this stage and our learning from this process also helped to shape the formal consultation, which is reported here.

#### 4. Consultation timetable

The timetable for the formal consultation is described in Table 1 below.

**Table 1:**

<b>Date</b>	<b>Project activities related to the public consultation</b>
<b>December 2014 to January 2015</b>	Determine the focus of the consultation based on the development of the elements of the procurement influenced by the engagement exercise.
<b>January 2015</b>	Distribute communication materials relating to the consultation to improve engagement.
<b>2 February 2015 to 24 April 2015</b>	<p>Consult with the local public, community groups, partners, patients, carers, professionals and local opinion formers, such as parish and town councils.</p> <p>Steering the consultation through a co-production Working Group comprised of commissioning partners and Healthwatch North Somerset</p> <p>Presenting the consultation plan to the North Somerset Health Overview Scrutiny Panel for their comments and approval.</p>
<b>May 2015</b>	<p>Analyse feedback from the consultation, and build into future stages of the procurement process.</p> <p>Produce the consultation feedback report (this report).</p>

#### 5. The North Somerset CCG's duty to involve patients and the public

Under section 14Z2 of the Health and Social Care Act 2012, North Somerset CCG has a statutory duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health services - this includes adults, children, young people, parents and carers.

The right of patients to be involved in the planning and development of health services is also set out in the NHS Constitution -

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Throughout this procurement project, we have worked closely and alongside our People and Communities Board, which is North Somerset Council's Health and Wellbeing Board; the North Somerset Health Overview Scrutiny Panel and with Healthwatch North Somerset, the independent local consumer champion for Health and Social Care.

## **6. Consultation context**

The population of North Somerset is changing - it is both growing in numbers and also it is becoming more diverse. In particular, new housing developments in Weston, Worle and Portishead are attracting a younger population with young families and we also have an ageing population with the numbers of frail elderly people increasing significantly over the next ten to twenty years. This demographic context has a significant impact on health and social care as both young families and the elderly are the highest users of services.

## **7. Equality matters**

Our population profile also comprises people who are 'seldom heard from' and people who are vulnerable; this means, for example, people from Black and Minority Ethnic communities, people who are socially isolated for one reason or another, and children and younger people. We attended to, and carefully considered, the needs of these groups within our consultation plans. The North Somerset CCG cannot rely on a 'blanket' approach to consultation and takes steps to ensure that it tailors and targets the work it undertakes appropriately and proportionately. The diversity of local people's views is especially important for services that are universal and available to all so we need to ensure that they are also truly accessible to all. We aimed to ensure that all people wishing to could access the consultation process and provide their feedback in ways that were easiest for them.

## **8. Consultation techniques and methods**

North Somerset CCG planned and delivered a range of consultation techniques to make the process of listening to information and providing feedback both attractive and easily accessible to local people.

A stakeholder analysis, using equality based 'protected characteristics' as a further aid, was undertaken to identify all key stakeholders at the pre-procurement engagement phase. This learning and experience meant that we could then ensure that most effort and resource was directed towards the patients, users and carers receiving community health and social care services to consult with them and listen to their views.

We took great care to arrange to listen to people in places that were convenient for them and at times of the day that people could meet with us. This included events outside of office hours so that working age people could attend.

### **8.1 Our presentation pack**

A presentation pack of consultation materials was co-produced with lay people and partner organisations and comprised:

- Three versions of the consultation document, each containing details of feedback methods:
  - An easy-read consultation document, suitable for people with a learning disability and for people with literacy needs
  - An accessible "public" consultation document
  - A detailed consultation document
- An event presentation, available in digital form, but also presented in hard copy from interactive display boards
- An electronic survey, hosted online and accessible through the North Somerset CCG website.
- A flyer detailing the public meetings and contact methods
- A presenter feedback form to capture questions and answers from the events.

A full set of the consultation documentation is available as Appendices 1a to 1g

### **8.2 Our consultation methodology:**

#### **8.2.1 Publication**

The consultation was publicised using:

- Notices in the local media advertising the consultation process
- Promotion at the Your North Somerset event, held on 25 January 2015 at the Winter Gardens, Weston-super-Mare, which had a footfall of over 1500 local people.
- Direct mail to all stakeholders contacted at the engagement phase, including

- voluntary, community and social enterprise sector organisations, and
- all nursing and residential care homes
- Information posted in all GP surgeries and Pharmacies in North Somerset
- Inclusion in a number of newsletters, including
  - The North Somerset Healthwatch newsletter
  - “Noticeboard”, the local authority schools’ newsletter
  - A CCG stakeholder newsletter
- Via social media, comprising
  - The CCG Facebook page and Twitter feed
  - Tweet chats at specific times during the consultation period
  - Streetlife.com local forums for
    - Clevedon
    - Nailsea
    - Portishead, and
    - Weston-super-Mare
- The North Somerset CCG website
- People were invited to participate in the consultation by attending a public meeting; requesting a presentation at a group meeting of their own; or by reviewing the documentation published on the CCG website.

A total of 700 public consultation documents were distributed at public venues, consultation events, and by direct mail to:

- All North Somerset libraries
- For All Healthy Living Centre, Weston
- Marina Healthcare Centre, Portishead
- The North Somerset Lesbian, Gay, Bisexual and Transgender Forum
- Faithnet
- Nailsea and District, Diabetes UK
- Addaction, Weston
- ARA (Addiction Recovery Agency, Weston)
- Clevedon Community Hospital
- Clevedon Community Hospital League of Friends
- All North Somerset Children's Centres
- All North Somerset care homes
- Healthwatch North Somerset
- Weston General Hospital

Electronic copies of the public consultation document were sent to:

- A carer who could not attend the public meetings
- Gypsies and Travellers Strategic Group
- Weston college and staff
- All North Somerset GP Practices
- All North Somerset Pharmacies
- North Somerset Health Overview and Scrutiny Panel
- All North Somerset town and parish councils

### **8.2.2 Events and meetings**

The events and meetings included:

- Four open public meetings, one in each of the four localities where health and social care are provided – these are:
  - Weston
  - Worle
  - “Gordano Valley” including Clevedon, Portishead and Pill
  - “The Rurals”, including Nailsea, and Backwell

The Worle meeting was chosen to be an evening meeting to accommodate full time workers, as it was the most accessible venue. Other evening meetings and groups were attended by request.

- Joining existing community meetings, for example,
  - Alzheimer’s Society
  - District Diabetes Support Group
  - North Somerset Black and Minority Ethnic Network Focus Group
- A focus group held in an area of higher deprivation
- Presentations to partner meetings
- Presentations to wider CCG meetings – to raise awareness, such as the GP membership forum and provider forum
- North Somerset Health Overview Scrutiny Panel paper and presentation

### **8.2.3 Feedback**

The ways in which people could give us their feedback were:

- Direct feedback at a consultation event or meeting, recorded on the presenter feedback form (Appendix 1g)
- Use of the electronic survey
- By e-mail, at the address provided on the consultation documents
- By telephone, on the number provided on the consultation documents
- By posting on the CCG Facebook page or Twitter feed.

In addition to being able to provide feedback electronically, collection points for feedback forms in hard copy were also made available across all GP surgeries and pharmacies in North Somerset.

## 9. Consultation meeting and event record

**Table 2:** describes the number of people contacted and feeding back through the various methods described in Section 8 above.

Event or group	Contacts
Your North Somerset, public event	1500 (footfall)
Consultation event – Nailsea	19
Consultation event – Clevedon	9
Consultation event – Worle	7
Consultation event – Weston-super-Mare	9
Sandford Station Memory Cafe	21
Nailsea, Backwell and District Diabetes Support Group	22
North Somerset BME Network	30
Crossroads Care – Carer Engagement Event	18
Baytree Community Special School <sup>1</sup>	68
Worle Community School house council	13
Congresbury Parish Council meeting	10
Portishead Town Council meeting	21
Weston-in-Gordano Annual Assembly	16
North Somerset Joint GP Forum	41
<b>Total:</b>	1500 + 304

In addition we have recorded the number of times the consultation pages on the website were accessed between the day of the Your North Somerset event, where the consultation was announced, and the last day of the consultation.

The website activity is described for each of the information pages both in terms of the number of times the page was viewed, and also the number of individual people viewing the pages to give an understanding of people who have viewed a page multiple times.

For the document library pages, only the number of people viewing each page is available.

The activity is described in Table 3 below:

<sup>1</sup> The consultation was discussed with the Headteacher who then cascaded to the pupils and staff.

**Table 3: North Somerset CCG website consultation pages activity**

Page (links to pages in footnotes)	Number of visitors	Number of views
<b>Information pages</b>		
Overview page <sup>2</sup>	171	238
Time to have your say <sup>3</sup>	163	244
What you have said so far <sup>4</sup>	34	39
<b>Document library pages</b>		
Project documents library <sup>5</sup>	62	
Consultation documents library <sup>6</sup>	34	
Feedback documents library <sup>7</sup>	28	

<sup>2</sup> <https://www.northsomersetccg.nhs.uk/get-involved/changes-community-health-services/community-health-services-overview/>

<sup>3</sup> <https://www.northsomersetccg.nhs.uk/get-involved/changes-community-health-services/have-your-say-community-health-services/>

<sup>4</sup> <https://www.northsomersetccg.nhs.uk/get-involved/changes-community-health-services/community-health-services-what-you-have-said-so-far/>

<sup>5</sup> <https://www.northsomersetccg.nhs.uk/library/changes-community-health-services/>

<sup>6</sup> <https://www.northsomersetccg.nhs.uk/library/community-health-services-consultation-documents/>

<sup>7</sup> <https://www.northsomersetccg.nhs.uk/library/community-health-services-stakeholder-engagement-r/>

## **10. What did we ask in the consultation?**

A principal aim of the formal consultation process was to check with the people of North Somerset that we had captured their main points about what matters most to them about community health and care services

This had the additional benefit of assurance to the commissioners that the feedback from the pre-procurement public engagement exercise had been accurately reflected in the development of what we all require from the bidders.

The feedback from the formal consultation also allows for adjustment of the requirements, before the call for final tenders, which is the final stage of the selection process.

In this context the following four consultation questions were asked:

- Do you think the proposed outcomes will result in better services?
- Do you think that the proposed opportunity services will enhance the current services offered?
- Do you think the proposal to group services around the four localities will improve access and integration; For adults? For children?
- Do you have any other comments or suggestions about the proposed outcomes?

The first three questions above concern how we require the successful bidder to provide community health and care services, based on what you told us in the pre-procurement public engagement.

We gave you information in the public consultation document, and also in the presentations and on the CCG website, to help you to be fully informed and to be in the best position to answer these three questions.

The final question was to give you a further opportunity to let us know of anything else that was really important to you.

## 11. What have you said to us in the consultation and what have we changed in response?

In addition to the responses to the consultation questions, you engaged with us at the events and presentations, and raised matters which were important to you. These questions and answers were captured and have been described in the themed analysis below.

For both the focused consultation responses, and the broader feedback, we have shown below how we have acted in response.

### 11.1 Consultation question responses

The online survey received a number of responses and the results analysis is contained in **Appendix 2 Consultation response summary**.

The high level results are as follows:

<b>1. Do you think the proposed outcomes will result in better services?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	36.8%	7
No	5.3%	1
Don't know	57.9%	11
<b>Comments</b>		
<ul style="list-style-type: none"> <li>It is not at all obvious that defining vague, aspirational outcomes will result in improved services. What matters is the mechanism put in place for the delivery of services, their availability and accessibility. The contractor should be required to produce a detailed action plan for meeting the seven-day working agenda. This should ensure that hospital A&amp;E units are not the only local NHS facilities able to provide 24/7 medical care.</li> <li>Some are very general and not specific enough</li> </ul>		

<b>2. Do you think that the proposed opportunity services will enhance the current services offered?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	28.6%	4
No	7.1%	1
Don't know	64.3%	9
<b>Comments</b>		
<ul style="list-style-type: none"> <li>The ideal is fine but the practicalities are much different</li> <li>Not enough detail of how service provision may change. It mentions certain areas of care eg diabetes but does not clearly identify all services. As a Clevedon resident I don't know about all the services available so difficult to comment on whether the plans fit. Also doesn't say what is good and bad about current services, how can I know if the proposal is better? I have been a patient of 2 services Physio and Lymphoedema both have been excellent and can't see why you would want these to change? Why change what works well?</li> </ul>		

**3. Do you think the proposal to group services around the four localities will improve access and integration for adults?**

Answer Options	Response Percent	Response Count
Yes	50.0%	7
No	0.0%	0
Don't know	50.0%	7

**Comments**

- Each of the four areas should have a clinic able to provide 24/7 services. These need to be complementary to and integrated with A&E, primary care and social care services. Financial incentives should be introduced to encourage the various groups responsible to work together cooperatively - particularly the primary-care practices.
- To some extent
- Perhaps?? What will happen to the little services like Physio and Lymphoedema they can't be cut into 4 surely?

**4. Do you think the proposal to group services around the four localities will improve access and integration for children?**

Answer Options	Response Percent	Response Count
Yes	15.4%	2
No	7.7%	1
Don't know	61.5%	8

**Comments**

- seems to be very poor / little provision for CAMHS services - not sure how grouping into localities will help. Most children go to the children's hospital in Bristol for A&E / admitted care, so again not sure locality working will be of benefit. Working closely with other agencies such as the council, schools and police on an entire North Somerset patch possibly more appropriate for children's services?

We have noticed that the survey records a high percentage of “Don’t know” answers for each question. We realise this suggests that the information provided in the consultation documents was lengthy and complex due to the nature and breadth of the services. This may have placed a high demand placed on respondents to give us their views.

To ensure that people continue to be informed about this procurement, we are publishing regular updates about progress in our newsletter, and will continue to respond to any queries for information.

**11.2 Other feedback received during the consultation**

The feedback from all the events was gathered and grouped into the themes below. The themes which emerged were:

- Integration and patient experience
- Quality of services
- Access to services and equipment

- Innovation
- Outcome-based commissioning and the procurement process
- Financial sustainability

### **Integration and patient experience:**

- Carers should be involved, with carers holding care plans and being present when, for example, physiotherapy exercises are being taught to the cared-for
- Services need to respond to issues that arise, which may not necessarily be in their field of expertise, i.e. a nurse reporting back to the nursing team that a person requires more assistance at home – and the OT service responding by providing new aids to assist.
- Health professionals need to understand that teenagers need to be treated as neither children, nor as having the understanding of adults. If they felt more confident in a healthcare environment then they would engage better with the NHS and their health. This should include medical professionals trained to deal with teenagers.
- Mental health needs to be part of an holistic assessment.
- Continuity of staff is important as trust is built over a period. At transition to adult services, there is a handover to a new contact and a new relationship must be built. There have also been gaps in services, especially OT, when staff go on annual leave, or maternity leave.
- Working in partnership beyond health and social care, for example links with local authority planning department to plan for population increase linked to new housing.
- Discharge home from the hospital at the right time with the appropriate support is essential for ensuring the service outcomes are achieved.
- An example: Appointments are not being automatically cancelled when an individual is an inpatient in hospital. In one case, this led to discharge of the individual from the outpatient consultant's care as a result of a [Did Not Attend] DNA record.
- Will I be able to get hold of someone who knows my case?
- Do GPs support the changes?

### **Quality of Services:**

- The importance of maintaining quality when moving services from acute to community
- The final service needs the flexibility to allow different delivery models in the four localities to meet the different needs of their respective populations.

### **Access to services and equipment:**

- Seems to be very poor / little provision for CAMHS services - not sure how grouping into localities will help
- Services need to be more visible, so that people are aware of what is available out there for them. Many positive experiences of existing community health services, but only once people knew to ask – some of which were several years down the line.
- People were pleased when services are brought to them, particularly when there are issues of mobility, or lack of transport to get to traditional places of healthcare.

- For children with complex physical and mental health needs, delivery of services on school premises is beneficial for the pupils as it provides a familiar environment and prevents the time and resource taken to travel to off-site clinics. This is currently the case for school immunisations, orthotics, and eyes, and is a significant positive.
- It has taken up to 6 months to rebook an appointment for a wheelchair assessment, which meant that a child was unable to receive the physical support required for them to learn effectively.
- Will specialist teams work in localities as well?
- Elderly people can be discharged home from an acute provider on a Friday evening and no support services are available. 7-day working is needed from all providers, and should include discharge programmes.
- Any new services should remain free at the point of delivery.
- Enablement schemes should continue, with a focus on retaining community rehabilitation.
- All current services should continue.

### **Innovation**

- Each of the four areas should have a clinic able to provide 24/7 services. These need to be complementary to and integrated with A&E, primary care and social care services. Effective use of mobile technology to maximize time available for care. Financial incentives should be introduced to encourage the various groups responsible to work together cooperatively - particularly the primary-care practices.
- Inclusion of telehealth and telecare
- Independent providers should have access to shared care plans and assessments.
- Access other types of services, which would not necessarily be commissioned, such as homeopathy

### **Financial sustainability**

- People currently pay for social care services and not for health services. Will integration mean that the dividing line is movable?
- The contract needs to provide flexibility to cope with the expansion of Portishead

## **11.3 How we have reflected your feedback in shaping the call for final tenders**

We are commissioning for outcomes. This means that the successful bidder chosen to deliver services will be required to ensure that all outcomes are met. We will monitor these outcomes to make sure this is happening.

We have demonstrated below, grouped by the themes described above, selected elements from the outcomes framework which will encapsulates the feedback received.

As the final outcomes framework will not be agreed until the contract is awarded in October 2015, the outcomes given below relate to the outcomes framework as

it stands at time of publication of this report. This is the version released to the bidders at the second Invitation to Negotiate phase (ITN2), which forms pages 11 to 30 of the ITN 2 bidder information pack available from the online project document library<sup>8</sup>, and which is also included as Appendix 3.

<b>Integration and patient experience</b>	
<b>Feedback</b>	<b>Service outcomes (referenced examples)</b>
Carer involvement	<ul style="list-style-type: none"> <li>• Proportion of people and carers who report that they felt those involved with their care worked as a team, communicating well together, sharing information and coordinating care (A.3.1)</li> <li>• People and their carers are aware of the treatment options available, have their choices and preferences reflected in their care plan and understand the elements of their care, including the medicines they have been prescribed (4.4.1)</li> <li>• Where a Do Not Attempt Resuscitation (DNAR) decision has been made, the proportion of carers that report they support the decision (5.4.3)</li> </ul>
Communication between services	<ul style="list-style-type: none"> <li>• Proportion of people and carers who report that their history and care plan was known and used by all involved in their care (A.3.3)</li> <li>• Integrated teams demonstrate good organisation, communication, and ownership within a multidisciplinary team that is supported by an integrated management structure. Competency based approach across disciplines (C.1.3)</li> <li>• Governance structures are set up to facilitate integration: There is evidence of inclusive senior and board meetings with multi-organisational membership. Structures are in place to facilitate sharing of people, resources, systems, and places (C.3.3)</li> </ul>
Communicating with teenagers	<ul style="list-style-type: none"> <li>• Proportion of people and carers who report being able to obtain relevant information in an accessible language and format (A.5.1)</li> <li>• Achieve or maintain Young People Friendly accreditation (A.5.4)</li> <li>• Staff are supported and trained to understand and take into account a diversity of social and cultural norms, values and beliefs in their decision making and delivery of care and support (C.2.4)</li> </ul>
Inclusion of mental health	<ul style="list-style-type: none"> <li>• Staff are trained in caring for people with both physical and mental health problems (C.2.5)</li> <li>• Staff are trained in caring for people with learning disabilities and reduced mental capacity (C.2.6)</li> <li>• Proportion of people whose mental wellbeing improves following interventions (2.5.1)</li> </ul>
Continuity of	<ul style="list-style-type: none"> <li>• Proportion of people and carers who report that they know</li> </ul>

<sup>8</sup> [https://www.northsomersetccg.nhs.uk/media/medialibrary/2015/01/Bidder\\_information\\_pack\\_ITN\\_2.pdf](https://www.northsomersetccg.nhs.uk/media/medialibrary/2015/01/Bidder_information_pack_ITN_2.pdf)

staff, especially at transition	<p>who is the first point of contact or lead professional for all aspects of their care (A.3.2)</p> <ul style="list-style-type: none"> <li>The service will provide appropriate health input into Education, Health and Care (EHC) plans for Children with Special Educational Needs and, where appropriate, act as lead professional (2.4.2)</li> </ul>
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<b>Quality of services</b>	
<b>Feedback</b>	<b>Service outcomes (referenced examples)</b>
Maintaining quality for services moved from acute to community	<ul style="list-style-type: none"> <li>Care is provided in a safe environment with robust safeguarding plans in place including staff training across the provider-led system plus audit for protecting vulnerable people from avoidable harm with responsive action plan (B.1)</li> <li>Robust systems and measures are in place to reduce pressure ulcers, healthcare acquired infections, falls and medicines related incidents (B.4)</li> </ul>
Service flexibility to meet differing needs of each locality	<ul style="list-style-type: none"> <li>Staff are empowered to deliver excellent outcomes for individuals (C.2)</li> <li>The service supports delivery of the Healthy Child Programme, <i>for each locality individually</i> (1.1 and 1.2)</li> <li>Personalised packages of care are constructed, and treatment systems are responsive to people's needs (4.4)</li> </ul>

<b>Access to services and equipment</b>	
<b>Feedback</b>	<b>Service outcomes (referenced examples)</b>
CAMHS services and localities	<ul style="list-style-type: none"> <li>Staff collaborate with staff in partner organisations, co-locate where beneficial, and share training, information and data, technology, and systems (C.1.5)</li> <li>People experience improved mental health and wellbeing and quality of life through early support and diagnosis (2.5)</li> </ul>
Awareness of available services	<ul style="list-style-type: none"> <li>Proportion of people and carers who agree that they have been able to access information which allowed them to make informed choices about their care, they understand all the elements of their care, including the medicines, and wider determinant's e.g. lifestyle they have been prescribed, and that their choices and preferences are reflected in their care plan (A.4.2)</li> <li>Proportion of people who report that they feel informed and involved in making shared decisions about their care (A.5.2)</li> </ul>
Near-patient services	<ul style="list-style-type: none"> <li>Proportion of people and carers who report that they are able to access services at times and in locations which they find acceptable (A.6.1)</li> <li>Health equity audit on access to services is conducted by the provider and the findings are shared and acted on</li> </ul>

	(A.6.2)
Delivery of services on school premises for children with complex physical and mental health needs	<ul style="list-style-type: none"> <li>The service will provide appropriate health input into Education, Health and Care (EHC) plans for Children with Special Educational Needs and, where appropriate, act as lead professional (2.4.2)</li> <li>Coordination of training delivered to school staff to support pupils with complex health and or additional needs, e.g. use of epi-pens (2.4.3)</li> </ul>
6 months to rebook a wheelchair assessment	<ul style="list-style-type: none"> <li>All people can access care, information and support which is timely, co-ordinated and recognises the importance of wider determinants of health and social care (2.3)</li> </ul>
7-day working, including discharge	<ul style="list-style-type: none"> <li>The service supports the timely discharge of medically fit patients by secondary care back into the community (3.4)</li> <li>Proportion of people and carers who report that when they were discharged from a service, a plan was in place for what happened next and it was delivered without unnecessary delays(4.3.1)</li> <li>Proportion of community staff who report that there are adequate levels of community nursing to support end of life care in the community 24 hours a day, 7 days a week (5.3.2)</li> </ul>

Innovation	
Feedback	Service outcomes (referenced examples)
24/7 integrated primary, secondary, community and social care clinic in each locality.	<ul style="list-style-type: none"> <li>The organisation and its staff are committed to working in a joined up and integrated way (C.1)</li> <li>Staff collaborate with staff in partner organisations, co-locate where beneficial, and share training, information and data, technology, and systems (C.1.5)</li> </ul>
Independent providers access to shared care plans and assessments.	<ul style="list-style-type: none"> <li>Number of frail elderly who have a health and care summary and plan which is accessible to all integrated care partners 24/7 which includes contingency planning for emergencies or deterioration (2.4.8)</li> </ul>
Telehealth and telecare	<p><b>Note:</b> Telehealth and telecare are both ways of achieving the specified outcomes. The commissioning for outcomes approach is about defining what we want to achieve, and allowing the provider the freedom to decide how best to do this. Hence there are no outcomes specifying the use of telehealth and telecare.</p> <p>However, Innovation is one of the 9 Critical Success Factors required to win the contract.</p>
Access to extra-normal services, e.g. homeopathy.	<p>Note: Access to services not normally commissioned is via the individual commissioning process.</p>

## **12. What were the limitations of this public consultation?**

This public consultation was planned and developed to provide the best opportunities for access for our local population that we could undertake within the overall constraints of the project, such as time and resources available.

We used our existing communication channels and networks to help us to secure the broadest and deepest out reach into our local communities to inform them of what's happening. However, we are aware that not all people will have heard or seen our communications and that some people may not have been able to provide feedback into our process because of this. The equality impact assessment at the pre-procurement stage identified opportunities for involving certain groups, and as a result of this analysis, a one-off focus group session was held at the For All Healthy Living Centre; the centre is situated in an area of North Somerset with a high deprivation index, and is a community centre with regular attendance from the immediately local population. The focus group was held in this location to ensure we were able to hear from a group who are seldom heard from.

To try to ensure that the community voice influencing the procurement is as strong as possible we have involved Healthwatch North Somerset from the very beginning of the project. We will continue to work closely with them until the chosen provider is delivering on the new contract. This will continue to help to ensure that the patient, carer, service user and public voice is 'ever present' during the procurement process and will continue to help us as commissioners to understand what matters most to our local people.

### 13. What happens next?



***This diagram illustrates the need for engagement and involvement throughout the commissioning process.***

#### **a. Identify the services providers(s)**

Involvement in this stage is detailed and technical as patients and carers help the North Somerset CCG and its partner commissioners to identify the provider(s) best placed to deliver the new services. Volunteers from Healthwatch North Somerset will continue to work alongside us during the final stages of the selection process.

#### **b. Performance management of the new services**

The final phase of involvement will complete the engagement cycle. North Somerset CCG will design a performance management process for the new services which will ensure the continued involvement of patients and carers.

To keep you involved throughout all of these phases, we will advertise the opportunities to work alongside us in a timely way and feedback what we are doing as the project evolves through our North Somerset CCG Newsletter and our website.

Consultation on the procurement of community services in North Somerset – June 2015

Please contact us to make sure that you are included on our contact list at [procurement@northsomersetccg.nhs.uk](mailto:procurement@northsomersetccg.nhs.uk) or telephone 01275 547117.

## **Appendices**

Appendix 1 Consultation documentation

- a. Consultation pack – easy read
- b. Consultation pack – public
- c. Consultation pack – detailed
- d. Event presentation
- e. Consultation survey
- f. Consultation poster
- g. Presenter feedback form

Appendix 2 Consultation response summary

Appendix 3 ITN 2 Bidder information pack

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**May 2015**