

BNSSG CCG Governing Body Meeting

Date: Tuesday 6th October 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

Agenda Number :	6.3
Title:	Update on the Community Services Transfer
Purpose: For Information	
Key Points for Discussion:	
<p>This paper provides an update to the Governing Body on the following:</p> <ul style="list-style-type: none"> • transfer of the adult community contract and service transfers for stranded services as a result of the outcome of the procurement and notice by incumbent providers to cease providing these services from 31March 2020 • Update on the transfer of children’s community services as a result of incumbent providers serving notice on their community contracts including the notice by Weston Area Health Trust to stop providing Specialist Community Paediatrics and Children’s and Adolescent Mental Health Services from 31 March 2020. 	
Recommendations:	To note the successful transfer of Adult Community Health Services and the transfer of Specialist Community Children’s Services to Sirona care & health.
Previously Considered By and feedback :	Previous reports have been received by Governing Body, Strategic Finance Committee and Commissioning Executive
Management of Declared Interest:	Consideration has been given to potential or actual conflicts of interest. Conflicts of interest are regularly updated and those with any significant conflict of interest are not involved in any decision-making relating to their conflict.
Risk and Assurance:	A risk register will be developed with the provider to capture any risks post service transfer. The CCG and Sirona Quality team are meeting to discuss the quality reporting to develop a risk based approach moving forward.
Financial / Resource Implications:	The adult services and stranded services costs were managed within existing budgets that ensured a safe transfer. The Specialist Community Children’s Service budget was transferred within existing budgets that ensured a safe transfer of service.

Legal, Policy and Regulatory Requirements:	Legal advice has been sought where necessary to inform decisions in relation to stranded services.
How does this reduce Health Inequalities:	<p>The decision to contract with one Provider across BNSSG for Community Health Services aimed to ensure that there was a reduction in health inequalities across BNSSG and that consistency of services will be provided for all no matter where they live.</p> <p>The decision to encompass NSCP, BCH and WAHT SCCS into the CCHP contract will also deliver the same consistency across the geography of BNSSG.</p> <p>The provider has committed to transforming the CCHP contract which will support the reduction of health inequalities by addressing gaps in service across the three geographies.</p> <p>Additionally, as part of phase 3 of the COVID response, there is a national drive for system plans to address inequalities in service provision.</p>
How does this impact on Equality & diversity	Full Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) screening for services was undertaken by Sirona care & health for services that will change to ensure there is a consideration of equality and diversity issues and is reviewed by the subgroups for each area of work.
Patient and Public Involvement:	<p>There has been no requirement for formal consultation by the CCG. Communications and engagement are constantly under review to ensure the successful safe transfer of services and the engagement of all stakeholders in the process. This included a partnership group within the mobilisation structure and shared communications from all incumbents to staff and patients and carers during the transition.</p> <p>Incumbent providers notified patients about the change of services as part of their responsibility concerning records and data transfer. This was updated on Remedy.</p>
Communications and Engagement:	Regular meetings were held with the CCG and incumbents relating to the process of communications and engagement during the transfer period. The Communications team within the organisations involved followed an appropriate communications plan.
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Sponsoring Director:	Lisa Manson, Director of Commissioning

Agenda item: 6.3

Update on the Community Services Transfer

1. Background

The Adult Community Health Services contract was awarded to Sirona care & health in September 2019 and as a result, North Somerset Community Partnership (NSCP) and Bristol Community Health (BCH) as incumbent providers decided to cease trading by 31 March 2020 and served notice on a number of their remaining contracts. This resulted in a number of services originally provided by the incumbents “stranded” as they were not part of the adult community services procurement. These related to services for children or other adult services deemed out of scope and included musculoskeletal services, podiatry and bladder and bowel services. There were also some services providing support for adults and children with Personal Health Budgets through Partner2Care which had been hosted within NSCP.

These additional services were transferred to Sirona on the basis that they related to small amounts of activity and were provided by staff within the adult services teams that were TUPE’ing to Sirona. Sirona also held the Prime Contract for CCHP services for Bristol and South Gloucestershire, including CAMHS. The CAMHS element was sub-contracted to Avon & Wiltshire Partnership NHS Trust and the Bristol Community Children’s Services to BCH. Given that BCH was to cease trading, Sirona brought the sub-contract back in-house and transferred the staff and services into Sirona on 1 February 2020.

North Somerset Council also held a contract with NSCP for the community public health services for children and young people in North Somerset. At a Council meeting in December 2019, the Council agreed to transfer these services to Sirona for the remaining period of the contract i.e. 2 years to end March 2022. Staff and services transferred on 1 April 2020.

Furthermore, Weston Area Health Trust (WAHT) served notice on delivering Specialist Children Community Services (SCCS) including Paediatrics, Therapies and Children’s and Adolescent Mental Health Services due to their upcoming merger with University Hospitals Bristol (UHB). The Strategic Finance Committee agreed on 1 November 2019 to support the transfer of the North Somerset SCCS into the existing Community Children’s Health Partnership (CCHP) contract. These services transferred on 1 April 2020 to Sirona care & health as the lead provider under a contract variation to the existing CCHP contract. This transfer should enable improvements to service resilience and quality by ensuring a consistent approach for Children’s services across BNSSG, under one prime provider with the CAMHS element of the service subcontracted to Avon and Wiltshire Mental Health Partnership (AWP), mirroring the arrangements in place for South Gloucestershire and Bristol. The changes in arrangements for children’s community health services is outlined in the figures below;

Figure 1

Commissioning of Specialist Children's Community Services
prior to April 2020

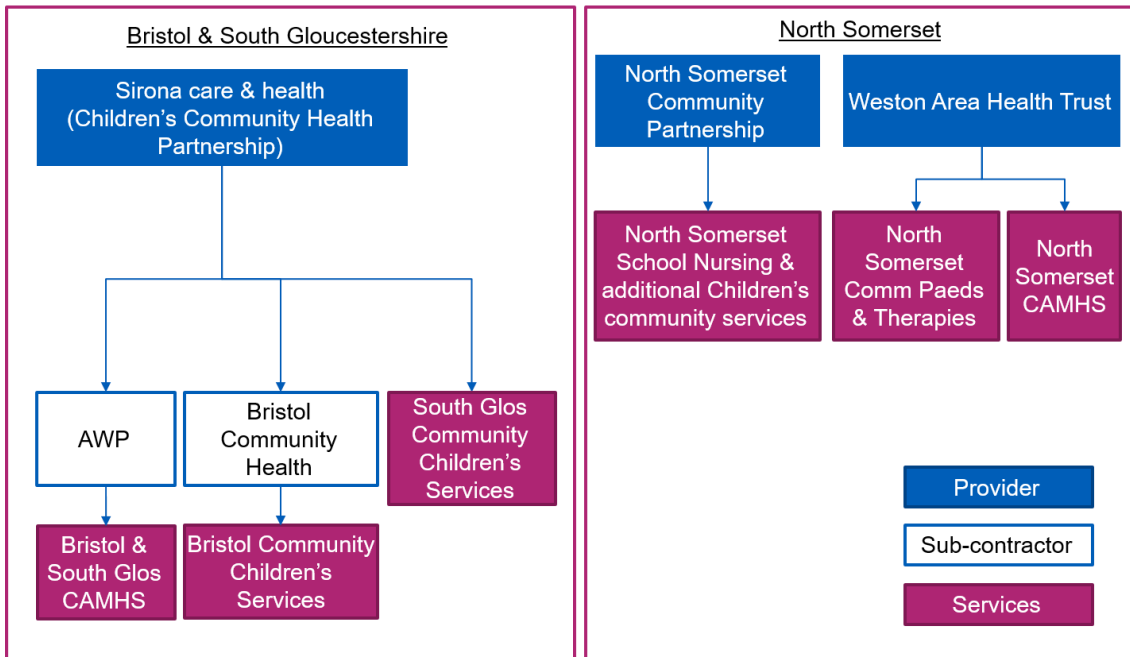
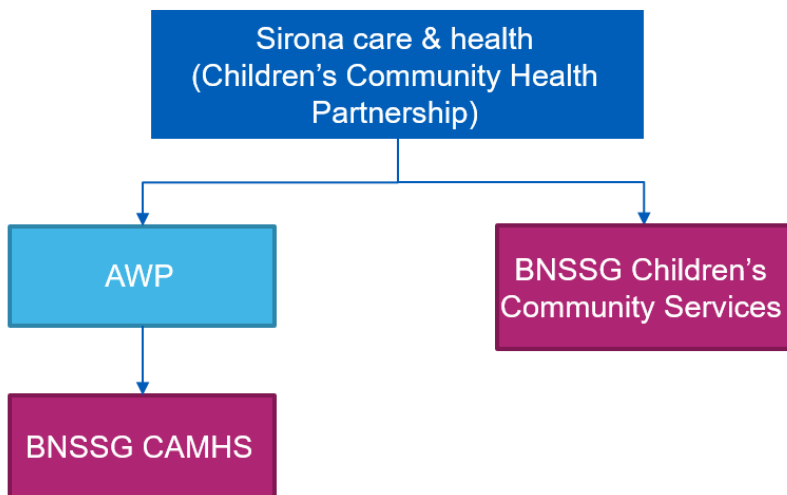


Figure 2

Commissioning of Specialist Children's Community Services
post April 2020



2. COVID-19

In March 2020, a system-wide incident response was undertaken due to the COVID-19 pandemic. This coincided with the final phase of the mobilisation and transfer of adults and

children's community health services. As a result, Sirona quickly transferred many of its activities on-line including the induction process for staff and a wide range of training and support videos to ensure staff were up to speed with any new/different processes. During the month of April, Sirona deployed, albeit virtually, considerable additional support resources to ensure help was at hand for all staff as they familiarised themselves with the new arrangements within Sirona and those introduced as a result of the pandemic

As a result of the pandemic, adults and children's services have had to adapt at pace to align to National guidelines. This included pausing all non-essential services to enable resources to be focused on the delivery of essential services or for staff to be redeployed to other areas of the system. Other services were adapted to meet the guidelines either through offering virtual appointments or changes made to caseloads to ensure appropriate prioritisation was undertaken. As services have begun to restart as part of phase 3, referrals have steadily increased. Sirona are reviewing the waiting lists to ensure those that are clinically urgent are prioritised.

The impact of COVID-19 on the Provider is described in further detail in the sections below.

3. Transfer of Community Health Services

Throughout the Mobilisation Period, there was a strong governance arrangement in place between the CCG and Sirona overseeing the Mobilisation process. The co-ordinating Mobilisation Group met fortnightly with regular updates and "touchbases" in between. This undoubtedly helped both organisations to deal with the added complexity and workload of the pandemic, with a robust project plan and key actions clearly documented so changes in the way these would be provided could be reviewed and implemented quickly.

In summary, this has led to:

- the successful transfer of:
 - 2251 staff
 - 2251 staff records
 - 5 instances of EMIS (service user records) to one organisation
 - BNSSG wide implementation of Aadastra
 - Over 100 premises transferred
- The conversion of the Welcome & induction of new staff & their Mandatory training programme to on line & webinar within a space of two weeks from concept to reality
- The distribution of staff ID, Uniforms and NHS Care Identity cards
- The bringing together of 3 Digital Infrastructures to allow access to corporate systems
- Roll out of NHS Mail to 1700 staff and the migration of a further 2251 NHS Mail accounts to Sirona
- The implementation of new operational and corporate structures
- The establishment of processes and structure to respond to the Pandemic in line with the National and Local Command structures including:
 - Undertaking detailed Demand and Capacity Modelling to ensure services are available to respond to the Covid-19 requirements

- 200 staff released, trained and redeployed to Covid related activity
- Detailed and extensive Communications both within Sirona and to support the system wide communications activity
- Flexible working through revised Terms and Conditions; Bank working and Passporting arrangements with other providers
- Reconfiguration, Sourcing & Distribution of 200 mobile devices to enable remote and mobile working
- Implemented new ordering, distribution and monitoring of PPE stocks and supported system wide new stock system
- The development of workarounds where systems could not be implemented immediately including ESR Self Service; Procurement Ordering systems; Business Intelligence Reporting

The priority throughout this period has been the on-going provision of services and the response to the Covid-19 pandemic. This means that much of the softer, although highly important, elements of Sirona's plans now need to be expedited especially in relation to the organisational and cultural change agenda and the building of new and constructive relationships at local and community level. Sirona has plans in place to ensure these are given a high priority over the coming months whilst still ensuring it remains in a strong position to respond to Winter and any further spikes in Covid-19 activity.

3.1. Adult Community Health Services

As described above, the new contract for Adult Community Health Services went live on 1 April 2020, a successful transition, with the provider moving to focus on mobilising the response to COVID-19.

Service response to COVID-19

As part of the national response to COVID-19, non-essential services were paused to enable resources to be prioritised in the appropriate way. The list of services is shared below with the response to COVID and current status as the provider moves into phase 3.

Services that continued throughout COVID-19

Service Area	Service	Comments
Integrated Network Teams	Community Nurses	Appropriate changes within caseload prioritisation within COVID
Integrated Network Teams	Community Rehabilitation (PT & OT)	Appropriate changes within caseload prioritisation within COVID. No planned therapy in North Somerset due to service remaining redeployed to support discharged and

		admission facing services (see below).
Integrated Network Teams	Support to Nursing and Residential Homes	Provision increased
Integrated Network Teams	Single Point of Access	
Specialist Advice & Support	End of Life Care	Speciality Team aligned to CN Team from Palliative Care Home Support
Specialist Advice & Support	Health Links	
Acute and Reactive Care	Rapid Response and Reactive Care	
Acute and Reactive Care	Integrated Care Bureau	Moved from acutes to community setting
Specialist Advice & Support	Tuberculosis Service	Service continued to operate throughout COVID-19.

Partial provision during COVID-19

Service Area	Service	Comments
Integrated Network Teams	Podiatry and Orthotics	Urgent cases were seen during COVID-19. Service is restarting.
Integrated Network Teams	Speech and Language Therapy (SALT)	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Specialist respiratory and pulmonary rehabilitation	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Specialist Heart Failure Care	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Tissue viability and specialist wound care	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Continence	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Community Diabetes Service	Urgent Cases were seen during COVID-19. In process of restarting

Specialist Advice & Support	Integrated Community Musculoskeletal Services	Urgent Cases were seen during COVID-19. Service has restarted.
Specialist Advice & Support	Learning Disability (LD)	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Dermatology	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Refugee Services (The Haven)	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Parkinsons Disease	Urgent Cases were seen during COVID-19. In process of restarting
Specialist Advice & Support	Lymphoedema	Urgent Cases were seen during COVID-19. In process of restarting

Services that have stopped during COVID-19

Service Area	Service	Comments
Acute and Reactive Care	Walk In Centre	Currently closed – WIC shares premises with GP Practice. Staff redeployed to support other MIUs/Urgent Care Centre.
Specialist Advice & Support	Latent TB Service	Service was paused due to COVID-19. The Haven are currently undertaking screening, where needed.
Locality Hubs		Part of transformation plan
		Community Rehab services were put on hold and staff redeployed to discharge facing and admission avoidance services. Services are being restored but due to high demand in these services planned therapy in North Somerset has been paused.

Adult's Transformation Plan

A key requirement of the new contract was the delivery of the transformation plan during year 1 with significant transformation to the service areas; Integrated Network Teams, Acute & Reactive, Specialist Advice and Support and Locality Hubs. Due to COVID-19, parts of the plan have been expedited to support the BNSSG system with some projects requiring reprioritisation.

The projects accelerated or introduced as part of the COVID-19 response includes:

- Care Home Support
- Virtual Multi-Disciplinary Teams / Remote monitoring / Video Consultations
- Home Visiting pilot
- Enhanced Hospital pathways including the introduction of the Community Nursing 'Lite' Model
- Integration of the Integrated Care Bureau (ICB) into the community
- Priority Pathways e.g. diabetes, heart failure and respiratory
- Urgent care
- System capacity and demand – Discharge 2 Assess (D2A) beds

A total of 16 projects were accelerated or introduced during COVID-19, 6 of which were additional to the original plan. Significant transformation has occurred within these projects though there is now a requirement to undertake some consultation and stakeholder engagement which was not implemented at the time due to the need to undertake this work in unprecedented circumstances.

An update on the delivery of the agreed transformation plan was shared with Strategic Change Command and Silver Command in June 2020. A total of 15 projects were delayed and Sirona has committed to providing an updated version of the transformation plan to start discussions with the Commissioner to agree new timescales for delivery. There is a drive to retain the learning from a number of the accelerated projects such as Care Home Support and virtual ways of working.

South Bristol Community Hospital (SBCH)

A key element of the transformation plan was the transfer of 60 beds at SBCH from University Hospitals Bristol (UHB) contract to Sirona's. The transfer is expected to take place by the end of year 1 with Sirona managing and delivering the beds thereafter as part of the out of hospital model.

A project structure has been set up with representation from UHBW, Sirona and the CCG with Sirona leading this work. The project group has designated leads for each area including IT, estates, clinical, finance and contracts.

Concerns have been raised by UHBW regarding the transfer of beds as this will reduce their capacity to support and manage patients particularly with the COVID-19 requirements for social distancing removing a number of acute beds from the BNSSG system. These

concerns are being addressed with both providers to establish an appropriate way forward and discussions will be fed into the project meeting.

Governance for Adult Community Health Services

In line with the guidance shared by Simon Stevens and Amanda Pritchard in March 2020, all contract meetings were stood down to reduce burden and release capacity within providers and commissioners to manage the COVID-19 pandemic. For Sirona care & health, this meant that the agreed governance structures including the Integrated Care, Quality, Performance Management meetings and associated sub-groups were not started following the mobilisation of the adult's contract. However, informal meetings were established with the provider to ensure that there was a clear route for issues to be discussed and resolved if required.

As the BNSSG system moves into phase 3, the CCG and Sirona committed to establishing a shadow contract meeting and this took place at the end of August 2020. This meeting had key representatives from both provider and commissioner and the first iteration of the activity data sets were discussed. Moving forward, the contract meeting will be stood up to review transformation, performance, contractual and quality issues and will be a useful resource in ensuring a review of the contractual obligations in light of the COVID-19 pandemic and associated delays.

Reporting for Adult Services

Sirona care & health have begun submitting monthly activity reports to the CCG. There were initial delays to receiving the reports from Sirona. This was due to delays receiving the data from EMIS which had a knock on effect on the reporting timeframes. Further, there were additional reporting requirements for COVID-19 at both a national and local level, which increased the workload for the teams in Sirona.

The reports are regularly discussed between the CCG and the Provider teams to understand the new timeframes for receiving the data and it has been agreed that the Data Quality Improvement Plan (DQIP) will be revised to reflect these deadlines.

The Quality team are discussing whether a risk based approach should be implemented to ensure that key risks and issues are escalated appropriately. The change in approach will mean that there is less of a burden on the provider to produce multiple reports throughout the year and will ensure a focus on the risks within the service. This is currently being discussed between the Quality and Nursing Directors with an initial meeting taking place in October 2020 to discuss the contractual requirements and the approach to quality reporting moving forward.

3.2. Community Children's Health Partnership (CCHP)

Children's services from WAHT, BCH and NSCP successfully transferred to the CCHP contract from 1 April 2020 with associated team's tupe'd to either Sirona care & health or AWP.

Children's Services response during COVID-19

Service	Comments
Community Paediatrics	<ul style="list-style-type: none"> • Routine appointments stopped following NHS guidance in March. • Urgent requests, legal requirements and children's child protection services continued uninterrupted throughout the pandemic. • Virtual appointments offered for follow ups • Face to face offered where clinically necessary
Public Health Nursing	<ul style="list-style-type: none"> • Health visiting and the Health Child programme suspended in March. • Telephone contacts offered at new birth and 6 weeks, and ongoing support continued for families requiring additional support. • Helpline in place • Partial restoration of mandated reviews has restarted • School nursing – telephone advice and follow-ups with Children and Young people known to service. Face to face offered where necessary.
Community Children's Nursing and Psychology Service	<ul style="list-style-type: none"> • Offer remained consistent throughout COVID-19. Telephone and digital offer in place for psychology service. • Increased joint working with Children's Hospice South West, Jessie May and Lifetime services
Therapies	<ul style="list-style-type: none"> • Reduced service was offered during COVID-19 in line with Government guidelines. Service has re-started and is prioritising those requiring a face to face contact. • All liaison meetings and training with school and early years staff to be offered virtually using MS Teams (where possible). • Therapy groups to continue to be delivered in schools and EY settings by education staff (Clinical support via digital platforms (AccuRx, MS Teams)). Therapist can observe staff running group via video and provide advice and guidance.
Looked After Children	<ul style="list-style-type: none"> • Service continued throughout and moved to digital offer April 1st 2020. • Urgent face to face assessments offered in the Rapid Access Clinic in Bristol • Nursing assessments restarted for under 7's with face-to-face offered, if clinically appropriate.

	<ul style="list-style-type: none"> • In August 2020, Initial Health assessments restarted in clinic, alongside adoption medicals.
Immunisations (including Flu)	<ul style="list-style-type: none"> • NHSE services stopped following March guidance. • Catch up programme in place for flu vaccinations; these would normally be given in schools. • Community clinics established with PPE and social distancing but capacity is vastly reduced. • Childhood Flu programme extended to Year 7 and programme brought forward to September. Delivery of programme is dependent on schools reopening, and interdependencies with other immunisations programmes for staff and PPE.
Autism Hub (ASD)	<ul style="list-style-type: none"> • The new Autism Hub started in August 2020 with a soft launch.
CAMHS Core	<ul style="list-style-type: none"> • All bases and services remained open but where possible, low risk young people open to CAMHS were offered telephone consultant and video support. • Urgent patients were seen as a face to face appointment. • Inpatient services continued throughout with support from adult services teams. • Attend Anywhere, digital platform was introduced at the end of May in Bristol and South Gloucestershire. • Due to issues with electronic record system and paper based records in North Somerset, more young people were seen as a face to face. • Referrals remained open
Substance Misuse	<ul style="list-style-type: none"> • Service continued through COVID-19 but moved to a virtual offering where possible. • System support provided
Be Safe	<ul style="list-style-type: none"> • Service continued through COVID-19 but moved to a virtual offering where possible. • System support provided
Youth Offending Team	<ul style="list-style-type: none"> • Service continued through COVID-19 but moved to a virtual offering where possible. • System support provided
Off the Record	<ul style="list-style-type: none"> • Moved to a digital offer through COVID-19 and all face to face was paused.
Kooth	<ul style="list-style-type: none"> • Service remained in place and unchanged due to being web based.

Governance for Children's Community Health Services

As described above, in line with the guidance shared by Simon Stevens and Amanda Pritchard in March 2020, all contract meetings were stood down to enable providers to respond to COVID-19.

For the CCHP contract, this meant that the ICQPMG was stood down as well as the associated sub-groups. Informal meetings were established with the provider to ensure that there was a clear route for issues to be discussed and resolved if required.

As the BNSSG system moves into phase 3, the CCG and CCHP have established a shadow contract meeting to discuss the Community Paediatrics and Therapy elements of the contract and this took place at the end of July 2020 with both the provider and associate commissioners. A sub-group is in place with AWP to discuss the Children and Adolescent Mental Health Services (CAMHS) and the contract meeting will be broadened moving forward to include representatives from AWP.

These meetings take place on a monthly basis to address any performance and quality issues. Moving forward, the CCG and providers will step up the transformation work required as a result of the service transfers to address gaps in service and ensuring resources are effectively managed across the BNSSG area. This work will be reflected in an updated Service Improvement Schedule of the Contract.

Reporting for Children's Community Health Services

The provider has continued to share activity and performance reports with the Commissioner throughout the COVID-19 pandemic. Due to service pressures and the operational priority, the exception reports included reduced narrative from service leads but as the system return to business as usual, this will be stepped up and timescales are currently being agreed with the service.

For North Somerset services, the CCG agreed to fund the implementation of electronic records systems for the community paediatrics and therapies services and IAPTUS for CAMHS.

In July, AWP successfully implemented IAPTUS and is transferring the data from Millennium Cerner to IAPTUS. The provider is currently undertaking a data validation process to ensure that the data is accurate and formal reports are expected from Quarter 4. The provider is agreeing a method to report informally to the CCG to ensure that there is an understanding of the activity levels within the service.

The therapies services are moving from Millennium cerner to the Sirona instance of C+. The data was manually migrated in July and went live in August 2020. The paediatrics service is transferring from Millennium to EMIS and this is expected to go live in September 2020.

There have been delays to the provision of some data due to additional reporting requirements for COVID-19 and capacity within Sirona teams. The provider has undertaken a piece of work to transfer services onto EMIS or C+ due to the services

transferring from multiple provider and it has been agreed that a DQIP should be developed to include clear deadlines moving forward.

Children's Transformation

Prior to COVID-19, there was an agreement to step up a transformation meeting as there was recognition that the children's services commissioned in each area was different and work would need to be undertaken to address gaps in service provision and to support the services to develop across BNSSG in a consistent approach.

As a result of COVID-19, all business as usual was ceased to enable the system to respond to the pandemic, this included the transformation work required for these services. As the move towards business as usual takes place, there is a need to restart this piece of work in some form for Community Paediatrics, therapies and CAMHS services. For CAMHS, this is in the process of being established as a result of the business case that was developed by the Mental Health and Learning Disabilities cell.

For community paediatrics and therapies, this work will be stepped up with the provider to take forward the transformation required and to review the financial agreements with regards to agency spend within the contract.

Sirona have begun to review the work required and have shared their aims which are:

- Achieving Whole System Change
- Maximising the potential of every child and young person
- Delivering Help when people need it
- Building Resilient children, young people, families, communities and services
- Empowering children, young people and their families through choice and partnerships
- Becoming an exemplar

Electronic Records Systems

Patient records held by Community Paediatrics, Therapies and CAMHS services were not previously held on an electronic record system, though some data in relation to appointments was kept on Millennium Cerner.

As part of the transfer, funding was transferred from WAHT to the CCHP contract to enable Sirona and AWP to move Community Paediatrics and CAMHS services onto the ERS utilised by their services. For Community Paediatrics, the records are in the process of being transferred onto the EMIS system and for CAMHS, all data has now been transferred onto IAPTUS. All data has been transferred from Millennium Cerner within agreed timeframes with UHBW.

4. Financial resource implications

There are no financial resource implications as a result of the transfer of the adult community health services. The stranded services resulting from BCH and NSCP serving notice on their

remaining community contracts were commissioned with Sirona within the existing CCG budgets.

Following CCG due diligence with BCH and NSCP and the service transfer, both organisations closed down within a sustainable way.

The Specialist Community Children's Services transferred from Weston Area Health Trust to the CCHP contract within existing CCG budgets. Due diligence with the providers prior to transfer, highlighted higher agency costs within CAMHS and Community Paediatrics and therapies due to recruitment challenges. Sirona and AWP are working through this now that the services have been transferred safely and will form part of the transformation work above.

5. Legal implications

Legal advice was sought where necessary during the community services transfer.

This related to the stranded services as result of the adult community health services procurement and the notice on the Specialist Children's Community Services to ensure a safe transfer of all services as well as providing assurance to the CCG on all legal implications relating to decisions made.

6. Risk implications

A risk register will be developed with the provider to capture any risks and issues post service transfer.

The CCG and Sirona Quality team are meeting to discuss the quality reporting to develop a risk based approach moving forward. This will be reviewed during the contract meetings with Sirona.

7. How does this reduce health inequalities

The decision to contract with one Provider across BNSSG for Community Health Services aimed to ensure that there was a reduction in health inequalities across BNSSG and that consistency of services will be provided for all no matter where they live.

The decision to encompass NSCP, BCH and WAHT SCCS into the CCHP contract will also deliver the same consistency across the geography of BNSSG.

The provider has committed to transforming the CCHP contract which will support the reduction of health inequalities by addressing gaps in service across the three geographies.

Additionally, as part of phase 3 of the COVID response, there is a national drive for system plans to address inequalities in service provision.

8. How does this impact on Equality and Diversity?

Full Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) screening for services was undertaken by Sirona care & health for services that will change to ensure there is a consideration of equality and diversity issues and is reviewed by the subgroups for each area of work.

9. Consultation and Communication including Public Involvement

There has been no requirement for formal consultation by the CCG.

Communications and engagement are constantly under review to ensure the successful safe transfer of services and the engagement of all stakeholders in the process. This included a partnership group within the mobilisation structure and shared communications from all incumbents to staff and patients and carers during the transition.

Incumbent providers notified patients about the change of services as part of their responsibility concerning records and data transfer. This has been updated on Remedy.

Regular meetings were held with the CCG and incumbents relating to the process of communications and engagement during the transfer period.

The Communications team within the organisations involved followed an appropriate communications plan.

Appendices