

# CODE OF CONDUCT TEMPLATE

## For entering into proposed contracts with practices as providers

<b>Service: Early Years</b> <b>Programme Boards: Children's Board and Maternity Board</b> <b>Date: April 2016 – updated November 2016</b>	
Question	Comment/Evidence
<b>Part A - Developing the service specification</b>	
Please provide a brief description of the service:	<p>The Early Years contract built on the Maternity contract and Vulnerable Children's contracts, previously commissioned from the Confederation, identifying one pathway of care from preconception to school age, to support early identification of risk and need, and delivery of integrated care, in order to improve child and family outcomes. The contracts provides the following elements:</p> <ul style="list-style-type: none"> <li>• Opportunistic and targeted preconception care</li> <li>• Enhanced antenatal care delivered when women present as pregnant and at 16 weeks of pregnancy</li> <li>• Postnatal care provided at 6 weeks, focused on maternal health</li> <li>• Care for vulnerable children under 5, assessing needs, developing action plans and reviewing needs on an annual basis</li> <li>• Maintaining registers for vulnerable children and young carer's</li> <li>• New patient health checks for children aged 5-17</li> </ul>
Outline the benefits to patients if this service is commissioned:	<p>This service provides an enhanced primary care service to women and children. All women will benefit from easier access to information and support from pre-conception, through pregnancy and the postnatal period and then into the early years of childhood. The CCG is aiming to reach all pregnant women as early as possible in their pregnancy so that any medical, social, psychological or obstetric needs are identified swiftly and allow care plans to be put in place to best manage these women and their babies through the antenatal, intrapartum and postnatal periods. Where risk or need is identified, services will be targeted, with enhanced provision in primary care, and facilitated joint working across professional groups, to support optimised management (without reliance on unscheduled care). Women and families will benefit from longer appointment times for targeted interventions, to help identify issues and explore the pathways most beneficial to the individual. This enhanced personalisation of care will include proactive and preventative interventions to support healthier pregnancies, the reduction of infant mortality, and greater uptake of structures, personalised service for children and young people.</p>
How will this service support the delivery of	<p>Integrated Early Years provision continues to be a priority commissioning intention of the Programme Boards. The Children's and Maternity</p>

<p>the Programme Board's commissioning intentions:</p>	<p>Programme Boards have prioritised improving health outcomes for pregnant women, reducing infant mortality, and reducing health inequalities, to support children in achieving the best start in life.</p>
<p>Describe how will this service will improve CCG outcomes and service quality:</p>	<p>The service will improve women's experience of maternity services and ensure that services for pregnant women and new mothers and children work together and are integrated. Specifically GPs and midwives work to a clear antenatal pathway and similarly for vulnerable children, GPs and Health Visitors work to agree and achieve joint actions for children with higher levels of needs (i.e. those on the Universal Partnership Plus list). Joint audit arrangements will support the assessment of quality and will inform areas for improvement, future commissioning needs, and further integration of commissioner plans to meet the needs of women and children, and to continue the focus on reducing health inequalities. The service specification details the aspirational coverage to be achieved for preconception care, all pregnant women and children aged 0-5, and through close work with the Confederation, and reporting via agreed dashboard, any quality variation across practices will be identified and progressed with the Confederation.</p>
<p>How does the proposal support the priorities in the HWBBs' health and wellbeing strategies)?</p>	<p>One of the four shared priorities of the HWB strategy is "Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old". This includes a focus on prevention and early intervention for pregnant mothers and the first 2 years of life with a specific task to design and implement an effective support model for pregnant mothers and 0-2 year olds. This service directly contributes to this model by ensuring GPs are fully involved in a joined up service model, contributing information, assessment and medical care to all local pregnant women, new mothers and their babies and sharing critical information with relevant professionals such as midwives and health visitors.</p> <p>One of the guiding principles of the HWBB is the integration of service providers and pathways, through which improvements to outcomes and patient experience should be realised.</p>
<p>Outline how you have involved patients in the decision to commission this service and then in the development of the specification. Who has been involved?  What changes were made following consultation?</p>	<p>Considerable consultation took place prior to the Early year's contract being developed and implemented in July 2016. This is summarised below. No further consultation has taken place as there are changes planned to the contract and due to the short duration of current delivery (4 months).</p> <p>Maternity Services Liaison Committee and February 2016 CCG Commissioning event feedback:</p> <ul style="list-style-type: none"> <li>• Need to consider tailoring information given by the service on preconception and pregnancy care to different communities such as the Orthodox Jewish community. This could include information provided by GPs for men and women about to get married (key opportunity).</li> <li>• A new mum talked about a desire for more support in pregnancy, e.g. antenatal classes, pregnancy yoga or massage. How can people find out about the offer? This would be addressed by the pregnancy info</li> </ul>

	<p>pack for newly pregnant women as well as the pregnancy appointment which will flag up and signpost women to relevant services and also make referrals.</p> <ul style="list-style-type: none"> <li>• The service should include information on what birth options actually are e.g. what does a water birth actually mean? We have had a lot of feedback from women through various sources and forums about information they're given and their understanding of it and having time to understand it. There is definitely something here about clear information and how it is shared – a new app (baby buddy) leaflet could be part of the pregnancy pack, signposting women to a nationally recognized source of information.</li> <li>• Support for women wanting / planning to get pregnant around having a healthy pregnancy such as taking the right vitamins, having a healthy weight, not smoking has also been flagged up. These requests can be met through the preconception information pack. There may also be opportunity for more outreach on pre-conception and early pregnancy messages, like previously with booking early. This could include posters in GP practices inviting women to book a preconception appointment,</li> </ul> <p>Consultation with and feedback to the CCG PPI Committee included:</p> <ol style="list-style-type: none"> <li>1) Query about support for school age children School Nursing has been removed from the scope of the contract, as the contract focuses on children between 0 and 5 (or when they start school as this is when responsibility transfers from the Health Visitor to the school nurse). This scope is in line with the evidence base for improved outcomes, and cost effectiveness which is centred on prevention and early intervention. However, the CCG has also agreed a separate piece of work to review the links between GPs and school nurses with the Homerton, recognising that the working relationships are not well established.</li> <li>2) Links about children's centres /other childcare settings</li> </ol> <p>This contract sits alongside and is aligned with the London borough of Hackney and City of London Corporation's strategy for Early Years and Early Help. Children Centre leads were consulted in the development of the contract, and the CCG will be working to improve the joint working between practices and children's centres. Two examples of solutions are recruiting an "early years GP clinical lead" to broker these relationships and piloting virtual multi-agency meetings that include GPs and children centre staff (as well as health visitors etc.).</p> <p>Consultation with young people</p> <p>Contextual feedback on young people's thoughts about primary care, and how/when/why young people access health information, is being used to inform the delivery of the proposed specification. The consultation was commissioned from a local youth organisation (YOH), and the Confederation are keen to work with this group and / or the Children's</p>
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	<p>Disability Forum, to review the resources produced for young people, including the 16<sup>th</sup> Birthday health pack.</p> <p>Further detail of PPI feedback can be found in the feedback tracker.</p>
<p>Describe the range of CCG clinicians involved in designing this proposed service and their input to the service specification:</p>	<p>The CCG Clinical leads for Maternity, Children, and Mental Health, and the CCG Chair led the development of this service specification, building on the learning of the maternity and vulnerable children’s contracts, and working closely with the public health team to ensure strategic alignment. The Children and Maternity clinical leads also led a multi-professional “magic wand” meeting to explore the wider strategic priorities that would support the outcomes of the service, for example greater alignment with children’s centres and increased integration of IT systems. The service aligns with the clinical pathway developments undertaken by the Maternity Programme Board CCG GPs, including the vulnerable women’s pathway and the Maternity and Children’s Programme Boards were consulted on the service specification several times. Lastly GPs were consulted with several times through the LMC, CCF and Consortia meetings and all feedback was incorporated into the service spec.</p>
<p>When and how have you consulted member practices about commissioning this service:</p> <p>What changes were made following consultation:</p>	<p>There has been significant consultation with member practices. A full summary is attached with the suite of Early Years papers. No further consultation has occurred for the reasons outlined previously (no changes to specification and short duration of delivery). Key meetings were:</p> <ol style="list-style-type: none"> <li>1) Consortia meetings (all meetings attended at least once between November 2015 and February 2016)</li> <li>2) Clinical Commissioning Forum</li> <li>3) Clinical Executive Committee</li> <li>4) LMC (on two separate occasions)</li> </ol> <p>Key issues and subsequent changes made were:</p> <ul style="list-style-type: none"> <li>• BCG to be promoted but delivery is not part of this contract.</li> <li>• Reference to school nursing removed from vulnerable children MDT meetings.</li> <li>• The antenatal and children’s sections are written as separate components of the specification and will be separate in the contract (and payments) schedule.</li> <li>• Removing any duplication of efforts with Maternity e.g. referral to service for pregnant women with a BMI over 40 (Wednesday club).</li> </ul> <p>Members frequently requested information on specific commissioned targets (and aligned funding), given the dependency on working with other professionals. The specification was reviewed and amended a number of times to refine and specify the deliverables which <b>are</b> within the scope of GPs and primary care.</p>
<p>How will this proposed contract align with other contracts commissioned by the</p>	<p>The proposed service aligns with maternity services offered by hospitals, including the Homerton, but also any other maternity service a woman may choose to book with. It is also aligned with the Health Visitor specification commissioned by Public Health from the Homerton. Both</p>

<p>CCG and promote integrated service delivery across providers</p>	<p>specifications state the necessary communication between GPs and Health Visitors via regular structured and documented LINK meetings.</p>
<p><b>Part B – Managing conflicts of interest</b></p>	
<p>Outline from who you have obtained an independent clinical perspective / external advice on the specification and the KPIs/contract:  What changes were made as a result of their comments?</p>	<p>Dr Mike Fitchett, as the Independent GP, was consulted on the development of the specification, funding and KPIs. Dr Fitchett is familiar with the preceding maternity and vulnerable children’s contracts.</p> <p>Dr Fitchett provided specific feedback on the proposed service KPIs – these are listed below and the KPIs amended subsequently:</p> <p>Opportunistic preconception care</p> <ul style="list-style-type: none"> <li>Perhaps provide this offer at contraception reviews?</li> </ul> <p>Targeted pre-conception care</p> <ul style="list-style-type: none"> <li>Develop baseline of activity in 16/17 and perhaps focus on one or two LTCs such as diabetes or epilepsy</li> </ul> <p>Offers to pregnant women and children e.g. referrals to services (such as dietetics), offer of healthy start vitamins, offer of 16<sup>th</sup> birthday check – suggested offer should be 100% offer so target at 90%?</p> <p>Targets of 50% of for appointments for pregnant women and 70% plus for 16week and 6week appointments agreeable.</p> <p>Any targets related to immunisations needs to be based on existing baseline and stretched.</p> <p>Suggests surveying 10% of service users (20%) too high.</p>
<p>Describe how all conflicts and potential conflicts of interests have been declared in the development and agreement of the service specification:  Can you confirm how conflicts have been recorded and provide a link to these declarations?</p>	<p>The CCG clinical leads have not been consulted or involved in the funding proposals or development of KPIs. All CCG GPs with a role on the relevant programme boards have completed Declaration of Interest forms, and interests are declared at programme board meetings. Consultation with GPs, whether at CCF, LMC or feedback from Confederation clinical leads, has not included KPI or funding discussion.</p>
<p>Describe how you have mitigated the conflicts of interest declared?</p>	<p>Dr Mike Fitchett has contributed an independent GP view to the development of budget and performance requirements.</p>
<p><b>Part C – Proposed contract</b></p>	
<p>What is the annual</p>	<p>This contract is funded via two funding streams, recurrent and non-</p>

value of this contract?	<p>recurrent.</p> <ol style="list-style-type: none"> <li>1) Recurrent funding of £260,000</li> <li>2) Non-recurrent funding of £307,000</li> </ol> <p><b><u>Total budget in 2017/18 is £567,000</u></b></p>
How have you determined that this represents value for money and developed the price for this service?	The Early Years contract has integrated and further developed the previous two maternity and vulnerable children's contracts. Funding per existing intervention (e.g. antenatal 16 week appointment, agreement of UPP action plan) have remained at the level agreed in the original contracts and are therefore in line with payments for similar interventions in other CCG primary care contracts.
What will be the basis of the contract – on what performance and / or outcomes will payments be made?	<p>The contract has a combination of cost per case activity and fixed costs. Cost per case payments will be based on data submitted via the CEG dashboard.</p> <p>Fixed costs will be based on quality review undertaken between the Children and Maternity Programme Boards and the Confederation. In some specified instances, a patient group / patient representatives will be involved in this review &amp; their involvement will be evidenced by the Confederation.</p>
Describe how you will assess the achievement of these outcomes in recommending payments?	Reporting templates have been updated and / or developed with CEG who are commissioned by the CCG to manage contract reporting. The majority of requirements will be reported quarterly via a CEG produced dashboard of read coded activity. Further reporting arrangements will continue to be agreed with the Children's and Maternity Programme Boards. Following learning from the monitoring of the relevant contracts in 15/16 and to date in 16/17 (from July), quality case audits will be undertaken in agreement with the Confederation, to ensure that quality and not just activity reporting influence payments. Penalties have not been included in the contract for 16/17 or 17/18 but clinical audits will support the CCG to work with the Confederation in identifying any areas of poor performance as well as for joint quality improvement initiatives.
How will you monitor the quality of the service commissioned?	As above a supportive cross CCG and Confederation approach to identifying areas of high quality or areas for improvement will be taken. This is alongside scrutiny of the quarterly CEG produced activity dashboard and reporting up to the Contracts Committee.
What systems will there be to monitor and publish data on referral patterns?	The CEG dashboard will enable borough wide and practice specific reporting and benchmarking.
<b>PART D – List based service only</b>	
Outline why this is a list based service and the advice you have received to confirm this? (i.e. can only be	<p>The attached decision matrix tool reflects the decision that this continues to be is a list based service; the key points are summarised below:</p> <p>The aim of the service is to increase earlier intervention and prevention of health problems in pregnancy and childhood and to improve integrated</p>

<p>provided by City and Hackney GP practices)</p> <p>Please attach the advice that this is a list based service</p>	<p>working among primary care and community services. The GP Confederation represents 41 practices all with premises within City and Hackney. The premises are well positioned to cover the whole population. Each practice has established relationships with the patients on their practice list. GPs have the necessary infrastructure to access all local pregnant women and children which no other existing service can offer (not all registered patients use Homerton maternity and children's services). In addition their list based nature means that the infrastructure to identify and support all pregnant women and children is already in place and well developed. No other provider would be capable of providing the hard and soft infra-structure necessary to deliver this and the service specification outlines the need to access all women and children to ensure equity of access and improvement of health outcomes and inequalities.</p>
<p>What steps have you taken to demonstrate that there are no other providers that could deliver this service?</p>	<p>No formal market analysis (from CSU or independent) was carried out but it is extremely unlikely if not impossible that there would be another provider with the necessary and immediate/ongoing access to all women and children in City and Hackney (i.e. the necessary infrastructure).</p>
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	<p>NHS England (as the commissioners of Primary Care) were consulted regarding how this service specification would contract for additional and enhanced services for women and children above and beyond the GP Contract. NHS England confirmed that they were in agreement that the early years' service was in addition to the existing GP contract. As an example a number of appointments have requirements around duration and expectations such as completion of risk assessments, focused pre-conception &amp; LTC reviews and health checks for young people which aren't currently commissioned from GPs.</p>
<p>What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>	<p>The CCG has been aware that a small number of City and Hackney practices had reduced their delivery of child health clinics and / or delivery of immunisations to children. Vaccination coverage is evidenced as having a significant impact on individual and population outcomes. NHS England commission GPs to deliver immunisations within their core contract, and the programme boards have explored the impact of this gap in terms of outcomes and the appropriateness of commissioning enhanced provision from these practices. The CCG has been in regular communication with NHSE and Public Health England for clarity on immunisation delivery performance and strategic planning, and through cross partnership focus on this commissioning plans have been agreed between NHSE, the Confederation and the Homerton. NHS England had previously also approved the service specification to be commissioned from City and Hackney practices via the Confederation.</p>
<p>Describe how you will evaluate the contract delivery proposals: Describe:</p> <ul style="list-style-type: none"> <li>• Who will be involved?</li> </ul>	<p>Many of the contract deliverables were commissioned in 2015/16 and so delivery plans have been informed through both commissioner and provider experience of delivery via the VCC and maternity contracts. There has been clinical involvement from the Confederation at earlier points (as opposed to management), thereby identifying challenges to delivery at the earliest opportunity. Clinical and management lead responsibilities were identified across both the maternity and children's</p>

<ul style="list-style-type: none"> <li>How you will obtain independent clinical advice?</li> </ul> <p>How will you ensure there are no conflicts of interest?</p>	<p>indicators at the commencement of contract discussions. The interim children's clinical lead is a locum GP and does not have a conflict of interest with any specific practices so can be drawn upon to steer and inform evaluation from a clinical perspective. Independent GP advice is also available via the Hackney Public Health team (noting the interest of the team in this contract owing to the alignment with Health Visitor and School Nursing contracts) and the Independent GP attached to the Contracts Committee.</p>
<p>What additional external involvement will there be in scrutinising the proposals?</p>	<p>The Maternity Services Liaison Committee were involved in the development of this contract, and engagement will continue via the children's board commissioned engagement partner the Huddleston. Activities will include primary care consultation on pre-conception and pregnancy packs and with young people in the review of the 16<sup>th</sup> Birthday information pack.</p>
<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose if appropriate?</p>	<p>All pregnant women will be given the choice of where to book and their location / type of delivery, subject to risk assessment and history.</p>
<p><b>Part E – if you are proposing procurement and practices/GP Confederation are potential bidders</b></p>	
<p>Please outline the procurement process and timescale – attach the advice about this procurement process</p>	<p>Not applicable.</p>
<p>Describe the process you will use for evaluating bids Describe:  Who will be involved? How will you obtain Independent Clinical Advice? How will you ensure there are on conflicts of interest?</p>	<p>Not applicable</p>
<p><b>Please attach the proposed service specification</b></p>	<p>See contracts committee papers</p>
<p><b>Signed by Programme Director:</b></p>	<p>Previously signed April 2016</p>
<p><b>Signed by Programme Board Chair:</b></p>	<p>Previously signed April 2016</p>