

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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COMMUNITY SERVICES RE-PROCUREMENT PROGRAMME: PROGRESS REPORT

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Summary

This report provides an update on the NHS Medway Clinical Commissioning Group's (Medway CCG) Community Services Re-Procurement Programme (CSR), following an initial overview report at the Committee meeting in June 2017. This report includes a summary of the due diligence service reviews that are being undertaken, the Health and Social Care profiles for Medway completed by Public Health to provides a summary of the population profiles for each of the six local care teams and provides an overview of early engagement activities.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1 Current services need to be re-commissioned and re-procured:
 - As current contracts are due to expire.
 - To ensure optimum outcomes within the available resources.

- To align with the Sustainability and Transformation Plans. This coupled with the publication of the GP Forward View and the emerging new models of care now requires the CCG to consider the local community service re-provision in line with these emerging models.
- 2.2 The aim of this programme is to transform the way in which community services are delivered. Our focus is to create integrated community based care organised around the needs of our patients; improving quality and efficiency through designing and delivering clear outcomes measures.
- 2.3 The case for changing our community services is now even stronger; the 'Medway Model' is being developed with key partners to form the CCGs future model for out of hospital care, see Appendix 1 for the Medway Model. This responds to the challenges posed by people living longer, having multiple and more complex health issues and at a time when there are constraints on future NHS spending.
- 2.4 This programme will be critical to the development of the local vision – redesigning and improving the way in which community services are accessed and provided locally, supporting reductions in health inequalities, improving patient experience in using the services, which in turn, will ensure that patients remain well and cared for in their place of choice (home). This will also reduce the demand for A&E and inpatient care as well as continuing to support appropriate early discharge, and improving the use of technology.
- 2.5 The integration of community services will support the development of new ways of working within primary care; supporting delivery of patient facing services and providing greater resilience in the primary care workforce.
- 2.6 The programme will align to the local estates strategy to ensure that services are underpinned by fit for purpose premises and accommodation large enough for the growing population.

3. Advice and analysis

- 3.1 A Project Initiation Document (PID) sets out the scope and objectives of the Community Services Re-procurement Programme within Medway and how it will operate for its duration including the governance arrangement, which were set out on the June 2017 update to this Committee. The PID was reviewed and approved at the CCGs Governing Body in May 2017.
- 3.2 A number of due diligence stock take reviews have been completed to undertake a stock take of current services and compliance against contract. This means that services within the scope of this programme will be subject to a detailed review of current service specifications, activity and finances. Please note that 'in scope' at this stage means that a due diligence stocktake will be undertaken on services, it does not mean that they will be re-procured as part of this programme. The approach to procurement will be determined following completion of the due diligence stock take. All contracts 'in scope' at this stage have the same contract end date, which is in 2020.

- 3.3 Each due diligence stock take review focusses on:
- Activity collection and reporting for example, ensuring that any group activities such as exercise classes are reported accurately alongside reporting individual contacts.
 - Reviewing and updating as appropriate all service specifications to ensure that current service provision is reflected; updated service specification will be agreed through CCG governance processes.
 - Ensuring a clear understanding of activity, cost and workforce for each service to allow benchmarking and provide a robust baseline to help inform the future model.
 - Reviewing patient experience and quality outcomes for each service.
- 3.4 Each due diligence stock take review has Clinical Commissioning Group (CCG) commissioner and quality and safety clinical lead representation, and current Provider representation. Provider representation has mainly consisted of a contract, operational and clinical lead.
- 3.5 The due diligence stock take reviews have been scheduled over a number of months which reflects the number of community services being reviewed and the time commitment required for each. Reviews range from three hours to a full day depending on the type and size of service. The stock take reviews started with community respiratory on 7 June 2017, and will end with community cardiology and arrhythmia on 10 October 2017.
- 3.6 Due diligence stocktake reviews will be completed for the following services by mid October 2017:
- Anti-Coagulation
 - Cardiology (including Arrhythmia)
 - Clinical Assessment Service
 - Community Nursing
 - Community Rehabilitation Services
 - Community Respiratory
 - Continence Care
 - Cruse Bereavement
 - Dementia
 - Dermatology
 - Diabetes
 - DVT and Cellulitis
 - Epilepsy
 - Learning Disabilities (adult health)
 - Lymphoedema
 - Neuro Physiotherapy
 - Nutrition & Dietetics
 - Hand Therapy
 - Specialist Palliative Care
 - Phlebotomy
 - Podiatry
 - Speech & Language Therapy - Adults
 - Stroke Services
 - Tissue Viability and Wound Therapy
- 3.7 On a service by service level plans are being agreed to address in year actions identified as part of each due diligence stock take review to ensure that the CCG has a robust baseline assessment of activity, finance, workforce and estates.
- 3.8 The CCG will be reviewing the outputs of the due diligence stocktake reviews in October 2017 to determine the scope of services within the community service re-procurement.
- 3.9 Public Health has completed the Health and Social Care profiles for Medway (attached as Appendix 1) which provides a summary of the population profiles for each of the six local care teams. This is a key piece of work to ensure that

the future community services model is aligned with the Medway Model and that services reflect the needs of the local population in Chatham Central, Strood, Rochester, Gillingham, Lordswood, and Rainham.

- 3.10 Stakeholder engagement and consultation support has been successfully commissioned. During August and September 2017 the CCG advertised and successfully procured a company to provide stakeholder engagement and consultation support. The appointed company will work closely with the CCG to undertake a number of engagement activities which although not exhaustive include supporting service redesign events, providing support to develop an approach and input into public consultation activities including producing a public consultation report.
- 3.11 The CCG is also in the process of procuring procurement expertise to provide support for this programme.
- 3.12 Key milestones remain as detailed in the June 2017 report to this committee and are listed below for information.

Key Milestone	Date
2017	
Sign off Project Initiation Document	May 17
Complete due diligence stock take reviews	Dec 17
2018	
Complete stakeholder engagement and model development	Feb 18
12 week public engagement/consultation ends	Jun 18
Sign off final business case, service specifications and tender documents	Aug 18
Tender advert and selection questionnaire (PQQ)	Oct 18
2019	
Contract award	Sep 19
2020	
Go Live	Apr 20

4. Engagement

- 4.1 During the summer 2017 Medway CCG has been engaging local people and clinical staff on a range of issues connected to the future of health and social care in Medway. We:
- Have asked people in the Chatham area what they would want from a new integrated health and wellbeing centre in the area.
 - Ran a survey, held public meetings and conducted focus groups and drop in sessions on plans for a new urgent care centre at Medway Maritime Hospital.
 - Held the first public meeting on the Medway Model – a joint event facilitated by key leaders across the NHS and Medway Council.
- 4.2 The feedback we received from these events will be useful for our redesign of community services. Key issues raised during these events included concerns whether there are enough staff going forward in Medway, getting access to

GP appointments and the importance of considering people's mental wellbeing when we design local services. There was support for our proposals to join up services locally, but people at the first public meeting on the Medway Model warned us not to rely too heavily on volunteers or on the community and voluntary sector without adequate support. People agreed that people should be taking more control over their own health but felt they will need help to do this.

- 4.3 These are messages we will feed into our redesign of community health service, and we will also be able to build on the lessons learned about our approach to engagement from recent events. We want to ensure that there is genuine engagement on the redesign of services where the views of the public are taken into account in important decisions that may impact on them.
- 4.4 Our first stage of engagement for community services will focus on reviewing how well services are currently working. We will need to know from local people, patients and their families and from clinical staff how these services are working and what needs to change, including whether people feel they can access community services easily and how well services are joined up to meet patient needs.
- 4.5 During September 2017 we have announced the redesign on our website and through our partners: Providers, the Council and the community and voluntary sector. We have launched a short survey so that people can tell us what is working and what they want to change when considering future services.
- 4.6 Involving Medway, our pilot community engagement project, will also be speaking with members of target communities particularly those that are less listened to such as some minority ethnic groups, people with learning disabilities about their views on current services.
- 4.7 During November 2017, we are planning a number of events with key stakeholders to start establishing our first principles of a redesign – this will include working with GPs, local community groups, staff who work in community services and operational leaders of those services.

5. Risk management

- 5.1 The CSR Programme has a risk register which is managed in line with the CCG's Integrated Risk Management Strategy. Risks are reviewed by the CSR Programme Steering Group every month and form part of the risk register reviewed monthly by the CCGs Commissioning Committee.

6. Financial implications

- 6.1 There are no financial implications arising from this report.

7. Legal implications

- 7.1 This report provides a brief progress update of CSR programme. There are no direct legal implications to the Council at this stage. However, Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any

proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. The Committee will be asked to determine this at a future meeting.

7.2 The CCG has a legal duty to tender services when a contract is due to end.

8. Recommendations

8.1 Medway CCG asks the Committee to note the CSR programme update and provide feedback and to determine when the next update should be considered by the Committee.

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Appendices

Appendix 1 - Health and social care profiles for the Medway model

Background Papers

None