

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

21 AUGUST 2018

COMMUNITY SERVICES RE-PROCUREMENT: CONSULTATION ON KEY CHANGES

Report from: Stuart Jeffery, Chief Operating Office, NHS Medway
Clinical Commissioning Group

Author: Sharease Gibson, Senior Programme Manager, NHS
Medway Clinical Commissioning Group

Clare Delap, Head of Engagement, NHS Medway
Clinical Commissioning Group

Summary

This report sets out the model of care for Adult Community Services which NHS Medway Clinical Commissioning Group (Medway CCG) is planning to re-procure. There will be seven key changes to services for local people which have been developed as a result of engagement with clinicians, staff, patients and local residents.

In January 2018 the Health and Adult Social Care Committee agreed that the changes presented constituted a substantial variation to services.

Appended to this report is a document setting out the proposed seven key changes to improve services for patients and local residents. This document will be used during a period of engagement during autumn 2018.

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 21.2 (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 The Community Services Re-Procurement Programme is critical to the development of the Medway Model – 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. The Medway Model is the local response to delivering the required changes of the Kent and Medway Sustainability and Transformation Plans which aligns with national Sustainability and Transformation Plans to meet expectations for local care.
- 2.2 It is important to note that the revised model for community services must be considered within the context of system wide developments across Medway. Alongside the revised model for community services, there are other key elements of work that are fundamental in making the Medway Model a reality including improvements in Primary Care, and changes to the way care is delivered to provide care closer to home. These are either being developed or procured through alternative routes and sit within an overarching plan to implement the Medway Model but are outside of the scope of the community services re- procurement.
- 2.3 As the revised model for community services is aligned to the Medway Model the scope includes a reduction and a shift of some acute hospital activity into the community with the necessary changes in resources. While much of this shift in acute activity is outside the scope of this re-procurement, the scope includes a revised level of acute activity, focussing on moving the lower acuity acute activity into the community to support more proactive management of patients in a setting closer to home. This includes, but is not limited to, community cardiology, respiratory, rheumatology, and services for frail and complex elderly people. This is reflected in the case for change in Appendix 1.
- 2.4 The level of services currently provided will not be reduced but services will be provided differently. The current community services within scope of this procurement are listed below -

- Anti-Coagulation
- Cardiology and Arrhythmia
- Cellulitis
- Clinical Assessment Service
- Community Nursing
- Community rehabilitation
- Continence Care
- COPD and Frailty pilots
- Dementia Crisis Support Team
- Diabetes
- Epilepsy
- Hand Therapy
- Learning Disabilities
- Lymphoedema
- MSK Physiotherapy
- Neuro physiotherapy
- Nutrition & Dietetics
- Phlebotomy (not GP phlebotomy)
- Podiatry
- Respiratory
- Specialist Palliative Care
- Speech and Language Therapy
- Stroke Services (community)*
- Tissue Viability and Wound Therapy

*There is an ongoing Kent-wide review of stroke services. The outcome of which will determine the future arrangements for services in Medway and whether this is included in this procurement.

2.5 Medway CCG has provided regular updates to the Committee to outline progress with the Community Services Re-Procurement Programme with reports presented in June 2107, October 2017 and January 2018.

In January 2018, the Committee reached the following decision: *“To protect the Overview and Scrutiny statutory right to comment and with no intention of slowing down the recommissioning process, the Committee determined that the revised model presented was a substantial development of or variation in the provision of health services in Medway.”*

2.6 The programme will progress through the following stages:

- Service redesign (autumn and winter 2017) - completed
- Public engagement (September – October 2018)
- Procurement process (Late January 2019 to September 2019)
- New service go-live (April 2020)

Key activities are listed below –

Key Activities	Dates
NHS England Stage 2 Assurance	August 2018
Public engagement	September 2018 - October 2018
Full business case approval	December 18 - January 2019
Advertise for qualification stage	Late January 2019
Invite to tender	April 2019
Evaluate bids	By End of June 2019
Contract award	End of September 2019
Mobilisation	October 2019 - March 2020
New service go Live	April 2020

3. Advice and analysis

3.1 The case for change, which was shared with the Committee in January 2018, outlines the following reasons for redesigning and re-procuring community health services:

- To abide by procurement regulations – the CCG must re-procure services by April 2020.
- To align with national, regional and local strategic direction.
- To refocus resources where they have most impact.
- To improve access by ensuring services are provided in the right place and at the right time.
- To realign a highly competent and resilient workforce.
- To treat the person, not the condition – ensuring a holistic approach to care planning.
- To ensure prevention and patient empowerment is at the centre of community services.

- To make better use of technology to support the delivery of community services.
- To make better use of intelligence (data and feedback) to constantly develop the system.

3.2 The revised model for community services is wholly aligned to the Medway Model and the developing Primary Care Locality Teams – centred on general practices grouped around defined localities working with health, social care and the voluntary sector to develop and provide services closer to the patient's home.

3.3 The revised model has taken guidance from the experiences of NHS New Models Vanguard sites with regard to the provision of services to different population sizes (level 1 - 30,000 to 50,000; level 2 - 80,000 to 100,000; level 3 whole-population). Services will be developed as locally as possible and staff will be expected to move across the localities to deliver services. Services will only be 'centralised' if it is not clinically or financially viable to provide them locally.

3.4 In July 2018 the Medway CCG Governing Body agreed the updated clinical and strategic case for change which outlines the reasons for redesigning and re-procuring community health services and agreed the approach to public engagement.

4. Engagement to date

4.1 Between July and December 2017 the CCG engaged extensively with clinicians, frontline staff, local communities and patients to develop the model for delivering community health services to build a model which would improve the experiences of those using these services and one that would work for staff. Engagement consisted of:

- An online and paper survey open between 26 October and 6 December 2017
- Two public events to launch the engagement programme – in mid-November 2017
- A discussion with Medway GPs and Practice managers
- Three workshops to build aspects of the future model held in November and December 2017
- 14 focus groups within local community settings run through our community development partnership – Involving Medway
- A patient panel to ensure that user voice was prioritised at all events
- Training local residents as community health researchers who undertook 36 individual face-to-face and telephone interviews with users of services.

4.2 Communities reached included family carers, older people, people with disabilities, black, Asian and minority ethnic (BAME) communities, young families, people from more deprived areas in Medway and also at the peninsula, people who had experienced stroke and people with neurological conditions.

- 4.3 In January 2018, 154 stakeholders, including commissioners, frontline staff, providers, patients and GPs took part in a Whole System Design Event to test the emerging model. Case studies and scenarios were used to work through how a new model might work, what the issues would be and how the system could work together to deliver better care. Attendees included GPs, clinical and non-clinical staff from across the health and care system, elected officials, patients and family members, members of the public and representatives from the voluntary and community sector.
- 4.4 The CCG fed back to all those who took part in the events and published two reports together with a film on the Whole System Event on our website. A summary and full report of the early stage engagement and a report from the Whole System Event can be found in Appendix 2 and 3 respectively.

5. Proposed changes of the revised model

- 5.1 All of the early engagement supported the development of a revised model of care. The aim of the revised model is to reconfigure adult community health services in Medway so that they are less fragmented and more joined-up. This will allow more services to be provided within local communities closer to people's homes with improved access hours. The proposal includes a system of multidisciplinary teams – where multi-skilled community nurses and therapists provide the majority of care, backed up by a small number of specialist teams. A single point of contact will be created – email and telephone for all.
- 5.2 ***Improving Adult Community Health Services in Medway is the Draft Health and Adult Social Care Overview and Scrutiny Committee consultation and public engagement summary document*** which sets out seven key changes that we believe will improve the patient's experience of care and lead to more successful health outcomes:
1. The most common services will be provided locally in each Medway town, with specialist support provided centrally.
 2. More multi-skilled community nurses and therapists supported by specialist teams.
 3. Extending the hours and days of larger services in each of the six localities.
 4. A central booking and co-ordination function.
 5. Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions.
 6. Speedier response within two hours for people with complex or three or more long-term conditions who are in crisis or when they need urgent treatment or support.
 7. More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions.

These seven changes are described fully in Appendix 4.

6. Engaging with local people, clinicians and staff on the proposed changes

6.1 A period of public engagement is planned between 3 September and 26 October 2018 to ask for people's views on these changes. **Improving Adult Community Health Services in Medway** – the public engagement summary has been developed by our independent expert advisors, the Public Engagement Agency (PEA) who have also developed a survey (see appendix 4 for both the summary and the survey).

6.2 It is important that the changes are seen in the context of other local developments to bring services closer to people's homes and to improve local care services. During our discussions in September and October the proposed changes within Community Services and how they fit into the Medway Model and improvements in primary care will be emphasised.

Using this summary document and the questions in the survey we will:

- Publish the summary and survey online and widely publicise it through local providers, the council, GP practices, paid for advertising in the local press.
- Hold three public listening events where local people can ask clinical leads and commissioners questions and give us their views.
- Run a series of targeted focus groups within communities focusing on people with long term conditions and people with disabilities, people from minority ethnic communities
- Carry out further interviews through community health researchers – focusing on those living in isolated circumstances
- Hold a discussion with GPs and practice managers at our monthly meeting for GPs

6.3 During the earlier engagement our stakeholder told us that we needed to focus on people who are housebound. Therefore, we will:

- Distribute a flyer and copies of the summary document and survey through the community nursing teams.
- Advertise in the local media and online
- Run a targeted facebook campaign
- Distribute posters and leaflets through GP surgeries, leisure centres and libraries.
- Send leaflets and engagement documents to all care homes in Medway – targeting staff and patients.

A full plan for the engagement can be found in Appendix 5.

6.4 The intelligence gathered at each of these engagement activities will be collated and analysed by PEA. A report will be presented to the CCG setting out the findings from the engagement, the CCG will review all findings from the report and the revised model will be amended to reflect these findings

where appropriate. The report will also be reviewed by the CCGs Governing Body and a response to the findings will be published by January 2019.

7. Risk management

- 7.1 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.

8. Financial implications

- 8.1 There are no financial implications to Medway Council directly arising from this report.

9. Legal implications

- 9.1 The CCG has a legal duty to tender services when a contract is due to end.
- 9.2 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.
- 9.3 In January 2018, the Committee reached the following decision: *"To protect the Overview and Scrutiny statutory right to comment and with no intention of slowing down the recommissioning process, the Committee determined that the revised model presented was a substantial development of or variation in the provision of health services in Medway."*

10. Recommendations

- 10.1 The Committee is asked to comment on the proposed changes to adult community services and to note the plans for further public engagement during September and October 2018.

Lead officer contact

Sharease Gibson
Senior Programme Manager, NHS Medway Clinical Commissioning Group
Phone: 01634 335154 E-mail: sharease.gibson@nhs.net

Appendices

Appendix 1 – Case for Change

Appendix 2 - Summary of public engagement October – December 2017

Appendix 3 - Report on Whole System Event, January 2018

Appendix 4 - Draft Health and Adult Social Care Overview and Scrutiny Committee consultation and public engagement summary, including public survey (public survey is in the middle of the document.)

Appendix 5 - Communication and Engagement Plan

Background Papers

None.