

Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

- Kent and Medway ICB

Current/prospective Provider(s):

- Medway Community Healthcare

Outline of proposal with reasons:

The current contract with Medway Community Healthcare for community services is due for termination by March 2024, further to previous contract extension.

Due to the potential benefits to reshape the provision of community services, the ICB has commenced a process to secure the ongoing long-term provision of community services based on the HaCP footprint.

The ICB's executive team will work with legal support to undergo a rigorous, procurement process to secure the existing provision of services, with a model intended to transform the way these services are delivered in the future.

This future work will be based on achieving national best practice standards and local strategic goals through enhanced integrated working, stakeholder involvement and co-production, including HASC, aimed at addressing local health inequalities.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The contract award announcement is scheduled for the week commencing the 18th December 2023.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

giving every child a good start

- Reduce childhood obesity
- Reduce smoking in pregnancy
- Ensure that childhood vaccination rates are high enough to provide herd immunity
- **Improve the emotional well-being of looked after children**

enabling our older population to live independently and well

- **Support work to identify and support those who are socially-isolated**
- **Support work to develop local care and ensure co-ordination with adult social care**
- Support the development of the new strategy for carers and the delivery of its action

preventing early death and increase years of healthy life

- Determine the drivers behind Medway's consistently high cancer mortality rates
- Promote cancer screening, including supporting the Time to Test campaign
- Support action being taken to reduce variation in quality of primary care across Medway

improving mental and physical health and wellbeing

- **Support actions to make Medway a Dementia Friendly Community**
- **Influence the shaping of the environment in Medway to make healthy choices the easy choices**
- **Encourage initiatives to improve self-management of long-term condition**
- **Support people with mostly good mental wellbeing to consciously maintain a good mental health**
- Support the implementation of the suicide prevention plan
- Support work to reduce domestic abuse

- Reduce drug-related deaths
- reducing health inequalities.**
- Monitor the variation in key outcomes across Medway, including school readiness
 - Influence the delivery of services to reduce variation across Medway
 - Reduce variation in healthy life expectancy
 - Support early help to families

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

Community contract principles (Adult and Children)

In line with national and local strategic and policy direction as well as alignment to the ICS Joint Forward View and the 23/24 Operational Plan.,

The following core principles will be used to assess provider capacity and capability to build and deliver in partnership

1. To deliver a patient centred approach that empowers patients, families and carers, and addresses people's needs.
2. Focus on integrating services into local neighbourhoods, operating without duplication and fragmentation of provision, whilst maintaining national standards of quality and safety.
3. To work in partnership with the community, social services, and the voluntary sector, redesigning major pathways to integrate acute and community care, increasing care outside of a hospital setting.
4. To increase personalised care, support, or treatment in a holistic approach outside of a hospital setting that includes physical and mental health.
5. To improve public health and reduce health inequalities by investing in prevention and health promotion. This will address the social, economic, and environmental determinants of health in the community.
6. To develop workforce models that ensure a flexible, responsive, and sustainable workforce. These will be based on national skills and competencies for community working without increasing the workload on General practice.
7. To improve technology, data sharing and information so that quality and efficiency of services are enhanced.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
 - (ii) List the groups and stakeholders that have been consulted
 - (iii) Has there been engagement with Medway Healthwatch?
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- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

- a) Strong public and patient engagement – Market event held including patient representation. Public engagement planned for transformation phase within first 1 years of the contract, with provider, and citizen codesign
- b) Provider Staff, VCSE and patients representatives have been engaged with
- c) Transforming services across K&M we aim to reduce variation in outcomes, promoting greater patients choice and access including self-referral.
- d) Local and national clinical best practice, Subject Matter Experts and national policy leads will be supporting the transformation, referencing NICE, and national guidance and engaging with a peer support group.
- e) Evidence of support for proposals from ICB clinical commissioners including using a number of analytic tools Inc. fingertips, Dr Foster, Model Hospital system, Right Care and GRIFT (Get it right first time).

Test 2 - Consistency with current and prospective need for patient choice

Consistency of services is maintained across the four localities. No change to patient choice, potentially greater choice offered post transformation program.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The prospectus all the core services to be delivered in the transformation phase. The prospectus has been written to reflect the nation direction of travel for community services and include evidence-based practice and outcome driven. Providers are expected to follow national guidelines in developing service models that meet best practice and NICE standards.

e.g., <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/understanding-intermediate-care>

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

ICB clinical staff have been involved in reviewing the current status of the services specifications and developing the prospectus. Part of the procurement scrutiny with providers will be to validate any long waiters and the referral to treatment (RTT) waiting lists, to ensure maintenance or a reduction of the RTT waiting list is delivered by the providers

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

No acute bed reduction planned.
Community Care is focused on delivering care closer to home and using a none bedded model of care with the majority of care being delivered of out of hospital.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

- a. Based on the current recorded activity by the provider for Medway & Swale 351,488 **contacts**
- b. No change in the first year but will be reviewed as part of the Transformation work.
- c. Potentially in the transformation phase
- d. No change in operating hours or travel time in the first year but will be reviewed as part of the Transformation work.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

- a. The usual demographic modelling applies as is reflected in the JSNA and NHS-E Operating Planning model.
- b. No specific implications to patient flows or catchment areas

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The diversity impact assessment (DIA) is not required for the invitation to tender (ITT), (as confirmed by AGEM). The ICB recognised this is a key process to undertake in the delivery of robust governance. Therefore, it is planned in October that a combined impact assessment is completed using the approved ICB template

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

- a) Not anticipated to drive increased demand
- b) Not, the whole NHS is required to be more efficient and work collaboratively to resolve the system financial constraints
- c) Yes
- d) Yes
- e) A delay to delivering improved services to citizens in Medway

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

- a) No change to the infrastructure, separate ICB estates strategy in development.
- b) No change

11. Is there any other information you feel the Committee should consider?

Detail continued within the update paper

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The ICB recommends that this is **not** a substantial change. The ICB also recognises the need to present regular updates to HASC and would welcome future support with citizen engagement as part of the transformation program.