



NHS Kent and Medway Community Services Review and Procurement Update

Medway HASC 15 October 2024

Introduction

NHS Kent and Medway Integrated Care Board (ICB) is reprocurring adult and children's physical community healthcare services. The ICB is under a legal obligation to do this as a number of contracts are due for renewal. The ICB is following statutory procurement guidance under the Provider Selection Regime Regulations (2023). The procurement will seek to award contracts on a five years, plus three-years basis. The Commissioner may opt to extend the Contract Term. This can be executed via a maximum of three individual contract extensions and up to a maximum of 3 years in total. Services will be procured on an as-is basis, i.e. providers under the new contracts will be expected to deliver the same services that are currently provided, at the commencement of the contract, and for at least the first year. Any proposed service developments or improvements during the remainder of the contract will be subject to the appropriate level of engagement and consultation with the Council, HASC and members of the public as required at the time.

Having taken appropriate advice, NHS Kent and Medway does not consider the procurement of these services, on an as-is basis, as a substantial variation as set out in Regulation 23(1) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. However, the ICB recognises and respects that this differs from the view of the HASC.

The ICB believes building a strong relationship with the Committee is critical if we are to realise our mutual goal of improving the health and well-being for the residents of Medway. As such, the ICB has delayed commencement of the formal procurement to allow us to return to HASC once again to clarify our plans and to respond to points previously made by members. We trust this will provide the Committee with appropriate assurance prior to going out to the market.

This updated briefing note therefore provides further information to the Committee alongside reconfirming some of the information previously provided.

Context

Now more than ever the focus is on out of hospital care: the recently published Darzi report [Independent investigation of the NHS in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england)¹ emphasises the need to move care closer to the citizen in their own home and community. It is imperative our patients, clients and service users are cared for in the right place, at the right time and by the right person.

As an integral part of this, it is widely recognised that as clinical healthcare modernises, and with increasing use of technology, alongside a growing and ageing population; care in the community which is delivered closer to home must be the focus for providing a much larger proportion of care for our population in the future.

Together, with our partners, we want to see strong, sustainable, vibrant services across all areas of community healthcare, with measurable improved patient outcomes, reduced waiting times, enhanced quality of care and great patient experience.

Currently across Kent and Medway the ICB directly contracts with five main providers delivering community healthcare services:

- East Kent Hospitals University Trust (EKHUFT) – CYP only
- HCRG Care Group (HCRG) – Adults only
- Kent Community Healthcare Foundation Trust (KCHFT) – Adults and CYP
- Medway Community Healthcare (MCH) – Adults and CYP
- Medway NHS Foundation Trust (MFT) – CYP only

In addition, the voluntary sector and other organisations provide other community services which are not in the purview of this procurement as the ICB is not the direct commissioner of these services.

Many of the current contracting arrangements are based on historic agreements dating back to the eight individual Clinical Commissioning Groups across the county and have grown organically over a period of over 10 years leaving an uneven spread of services and access for patients.

Some contracts are due to expire or have been extended a number of times and now need to be reproced. As such, all contracts have all been extended until September 2025. This will give time for the procurement to take place and for the providers of the new contracts to mobilise and start running the services.

This procurement, as previously noted, is to be split into 6 lots, aligned to the Health and Care Partnership (HCP) footprints across Kent and Medway:

- Dartford, Gravesham & Swanley Adult Services
- East Kent Adult Services
- Medway & Swale Adult Services
- West Kent Adult Services
- Kent Children's Services (excluding Swale)

¹ www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

- Medway & Swale Children's Services

Providers will be able to bid for one or multiple lots and joint bids of two or more providers will also be accepted. Following recent market engagement, it is understood that there is interest in this procurement, not just from the incumbent providers, but also other organisations offering healthcare services across the Southeast and nationally.

As the commissioner of these current services, we are under a legal obligation to go to the market and follow due process in procuring the best services that can deliver value for money and, most importantly, provide the best patient care available.

Strategic Fit / Benefits

To ensure the long-term delivery of high quality, equitable community healthcare services for patients across Kent and Medway, the Community Services Review (CSR) was relaunched in February this year with further updates given to the HASC at various stages. Our long-term ambition is to eliminate the current unwarranted variation through the provision of equitable services across all four HCPs.

Aligned to the Kent and Medway Integrated Care Strategy Shared Delivery Plan 2024-2026 [Shared Delivery Plan 2024-26 Joint Forward Plan.pptx²](#), there is a drive to improve our community services to meet the needs of a growing and changing population across Kent and Medway. The CSR aligns to a number of the goals set out in the Delivery Plan, including development of neighbourhood teams, ensuring access to services people need and focusing care on patient needs by providing seamless transitions between services.

As part of the CSR, consideration has also been given to the local HCP public health profiles which define key areas of need across the local population. A copy of the health profile for Medway and Swale is at Appendix 1 and includes the following key themes :

- General Demographics
- Wider Determinants of Health in the local population
- Prevention and Health Inequalities
- Ensuring the Best Start in Life
- Identifying Major Health Conditions
- Ageing Well

The work of the Review has resulted in the development of a community services Ambitions Document (**Appendix 2**) which provides an outline of the service improvements we expect providers to further develop and work with partners to deliver over the course of the contract. This will be overseen by a Community Services Improvement Group, comprising key stakeholders from across the ICS, including patient representatives, local authorities, HCPs and the ICB. It is re-emphasised here that, whilst the Ambitions Document sets out the outline improvements required in the future, services will be procured on an 'as-is' basis,

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https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.kentandmedway.icb.nhs.uk%2Fapplication%2Ffiles%2F1417%2F2563%2F6551%2FShared_Delivery_Plan__2024-26_Joint_Forward_Plan.pptx&wdOrigin=BROWSELINK

based on the existing service specifications, which will be included in the procurement packs as part of the Invitation to Tender (ITT).

As part of the procurement process, potential providers will need to evidence a strong track record in successfully working with partners to implement continuous improvements to patient care in the community based on clinical, technological and societal advancements. Bidders will also be required to demonstrate their knowledge and understanding of the wider determinants of health and well-being of the respective local areas and how they will work with partners in each of the HCPs to address health inequalities.

Providers will be held to account through associated action plans and Key Performance Indicators, which will be subject to annual review and refresh, in line with contractual management arrangements.

All of this work has taken on even greater significance in the wake of Lord Darzi's recent investigation into the NHS and the recommendations for three core shifts:

1. more prevention, less treatment
2. digital not analogue
3. patients and people looked after out of hospital.

These priorities are expected to be a core component in the Government's 10-year plan (anticipated to be published next spring).

Adult Services

To meet the on-going needs of the population across Kent and Medway the development of a new model of care for out of hospital services has been co-designed with our provider collaborative, based on successful models seen around the country. Linked to our Ambitions Document, it is expected that providers will work towards implementing this in the future once detailed plans are worked up with partners and shared during the first year of the contract. The model includes interfaces with other key services such as 111/999 services, being able to refer when appropriate into the single point of access as illustrated below

Draft Out of Hospital Model of Care

Our ambition is to enable our communities to receive the best support and care they need in the place that is best for them.

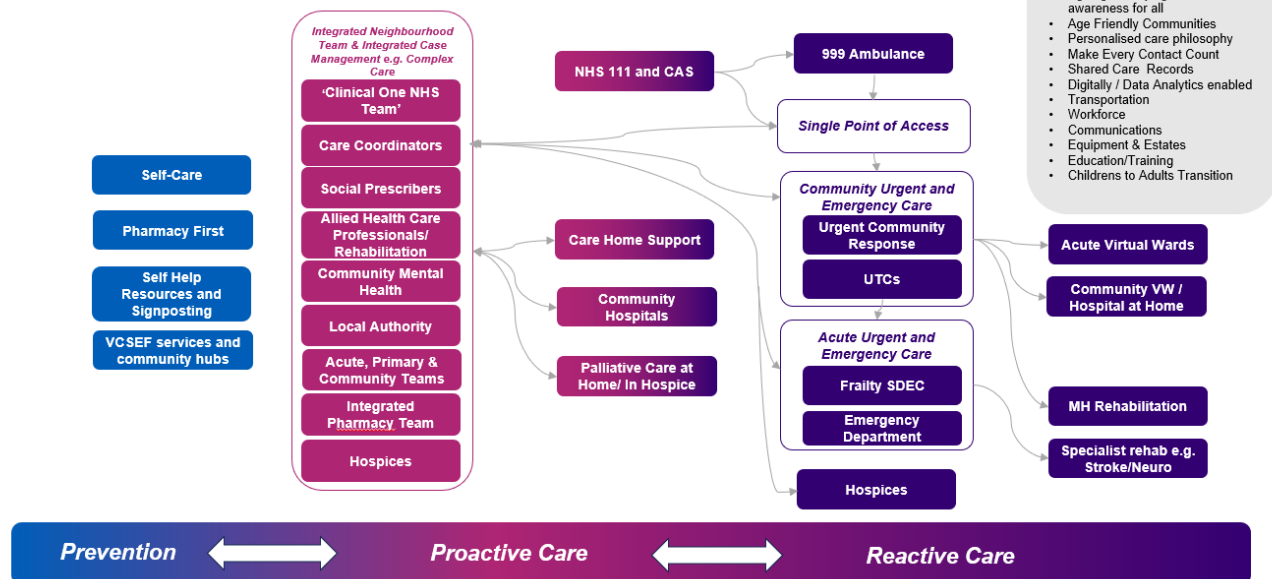


Figure 1 Proposed Out of Hospital Model of Care

This model of care is a projected design, born out of collaboration and best practice research. It is an ambition to get to this point in the next few years across Kent and Medway. It is not therefore something that will be changing in the first year of the contract, but will need further development and refinement with providers under the new contract.

Whilst the ICB will be looking to improve equity across the ICS footprint, it is important to emphasise here that there are no plans or expectations to diminish current services or access to services for people in Medway.

Children's Services

The Committee is aware that Medway's children's services were not originally included in the community services procurement. However, following discussions between officers of Medway Council and the ICB, a joint decision to re-procure children's community services in Medway was taken and a second children's lot was added to the procurement plans to include the Medway and Swale children's services. This is in line with the HCP footprint.

As part of the procurement process, providers will be required to demonstrate their capability to deliver the current service offer, as well as develop the new model of care for children's services across the following areas of improvement, as captured in the Ambitions Document:

- Integration of services
- Locality based services
- Single clinical record
- Children & Young People Elective Community Care
- Integrated Specialist Care
- Therapies
- Community Nursing

- Palliative and End of Life Care

The ICB and partners have long been committed to ensuring children, young people and their families' voice has been listened to and appropriately embedded in a non-tokenistic and collaborative practice across the ICS.

Over the past year, the lived experience voice has been more prominent than ever with increasingly robust mechanisms and structures to gather a wide range of voices and improve practices within the ICB and partners in embedding the learning and changing delivery to better meet the needs of the children and young people.

In 2024, Kent and Medway Children's Programme Board endorsed the Lived Experience Engagement and Employment Framework, which describes the values that underpin lived experience practice as well as guidance for good practice. This provides a robust framework across the system to ensure that voice is gathered and used in the most sensitive and meaningful way. A copy of the framework is available on request.

Listening to children, young people and their families' experiences, is a core feature of the children and young people's system in Kent and Medway. Embedding a 'listening and acting culture' enables far reaching and long-term benefits to the care children and young people receive. Moreover, gathering and respecting the voices of children and young people nurtures robust relationships, enhances learning and innovation in practice, reveals inequalities and improves quality of care and experience.

Similar to adult services, it should be noted that there are no plans to change the services or diminish access to services for children and young people in Medway, whilst looking to improve equity across the Kent and Medway system. Should there be any proposed changes, these would be subject to engagement and consultation, as required.

Transition of Care

Whilst the following section clarifies transition of care from children's to adults services, it is recognised that through an individual's life there will be other periods of transition between services to support developing needs.

The adults and children and young people service specifications were jointly developed to ensure the age ranges across most services are aligned and allow for a period of transition in to adulthood. The table below shows the services covered in the children's programme delivered across Medway and Swale HCP and the ages at which current services operate.

Service	Medway	Swale	Notes
Audiology	KCHFT 0-16	KCHFT 0-16	Adult audiology is out of scope and will undergo a separate procurement. Adult services commissioned from 18+ but 16+ are currently seen in their services.
Bowel & Bladder Service	MCH 0-19	KCHFT 0-19	
Children's Communication & Assistive Technology (CCAT)	KCHFT 0-19	KCHFT 0-19	
Children's Community Nursing	MCH 0-19	MFT 0-18	
Community Paediatrics	MCH 0-19	MFT 0-18	
Continence Product Review & Assessment Service	MCH 0-19	KCHFT 0-19	KCHFT - Children and young people 0- 18 years (or 0-19 if still in full time education and have special educational needs)*
Podiatry	KCHFT 0-19	KCHFT 0-19	
TB Nursing	MFT 0-18	MFT 0-18	
Special School Nursing - Meadowfield		MFT 0-18	
Special School Nursing - Abbey Court (Medway)	MCH 0-19		
Children's Therapy Services	MCH 0-19	MCH 0-19	
Dietetics	MCH 0-19	MCH 0-19	
Physio	MCH 0-19	MCH 0-19	
OT	MCH 0-19	MCH 0-19	
SLT	MCH 0-19	MCH 0-19	
SLT in Secondary Schools	MCH 0-19		
Learning Disability Nurses	MCH 0-19		
Joint Feeding Clinic	MCH 0-19	MCH 0-19	
Neurophysio	MCH 0-19	MCH 0-19	
MSK Physio	MCH 0-19	MCH 0-19	
MSK Podiatry	MCH 0-19	MCH 0-19	
Special Needs Nursery	MCH 0-19	MFT 0-18	
Children's Outreach and Specialist Team (COaST)	MFT 0-18	MFT 0-18	
Community Nursing and Specialist Services	MCH 0-19	MCH 0-19	
Paediatric Orthotics	MCH 0-19	MCH 0-19	
CYP Social Care	MCH 0-19		

Key
Services delivered by each provider:
MCH
MFT
KCHFT

Figure 2: Children's services age ranges

Services in and out of scope

Figure 3 below details those community services that are in scope for the procurement. The majority of these services are delivered in out-of-hospital settings, provided by community providers. None of these services are directly commissioned to be run by Voluntary, Community, Social Enterprise or Faith groups (VCSEF) in Kent and Medway. VCSEF organisations are therefore not going to see a direct reduction in their services as a result of

this procurement and could find new opportunities in the future working with the successful bidder(s) and are a vital partner in delivering supporting services across our system.

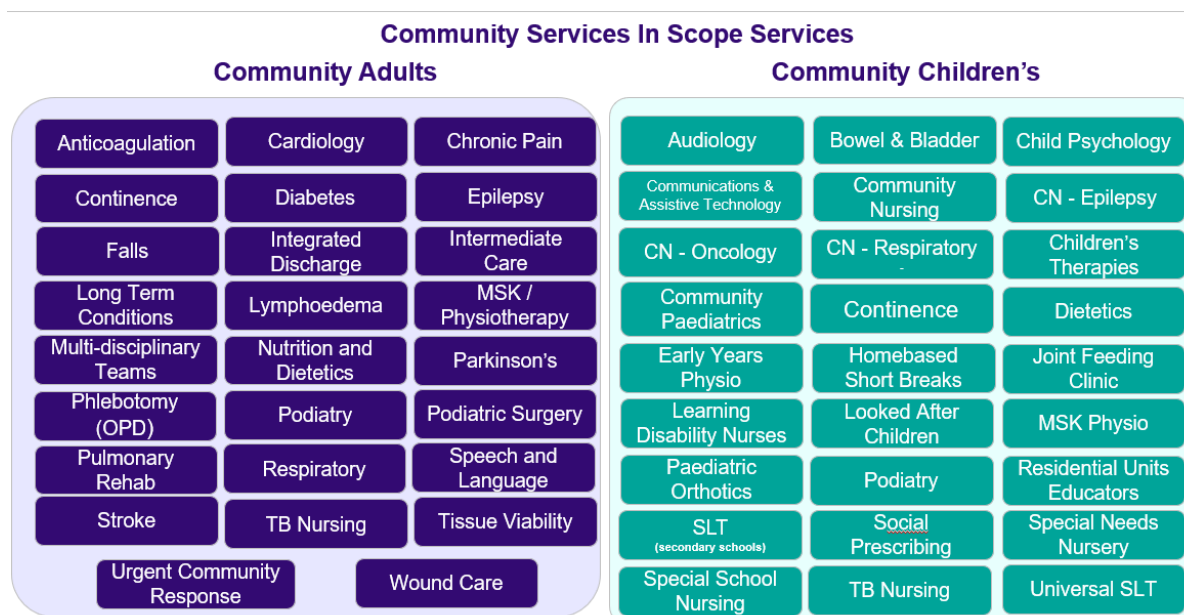


Figure 3: In Scope Community Services

Some services are out of scope of the procurement and will be reviewed separately in the future. These include:

Adults:

- urgent treatment centres / Minor injury units
- community mental health services

CYP:

- health visiting
- school nursing (except special schools)
- child and adolescent mental health services– currently paused as a strategic review of these services is currently being undertaken

Contractual Considerations

The ICB is going out to tender on an as-is basis with contracts that reflect current service provision and service specifications across Kent and Medway, but with a clear expectation that providers will be required to make improvements to services for patients, as required, in the future. As such, the contracts have been enhanced to ensure that the services are able to develop and transform to support the changing needs of the Kent and Medway population, to tackle health inequalities, and to support better health outcomes.

Enhancements to the contract include:

1. An obligation of the contract holder to develop and deliver a Health Inequalities action plan in collaboration with system partners including the HCPs and the ICB.
2. A performance incentive to encourage and support providers to maintain service standards and good practice during times of service improvement and change.
3. An ICB-held transformation fund to support providers to deliver transformational changes across services to support the consistent improvement of our community services. The delivery of agreed transformation areas will be managed through the contract Service Development and Improvement Plan (SDIP).

Approach to service improvement post-procurement

It is imperative that our patients, clients and service users are cared for in the right place, by the right person and at the right time – first time. Our Ambitions Document will inform service transformation planning, with milestones and deliverables confirmed through the costed Service Development Improvement Plans (SDIP) for the initial years of the contract, ahead of on-going improvement work throughout the contract lifecycle. The evaluation process will include a presentation by bidders to evidence their capacity and capability to conduct service transformation. The presentation will be evaluated by a panel comprising independent experts in the field of service improvement.

Post-procurement, as previously mentioned, this work will be supported by a newly formed Community Services Improvement Group whose role will include the regular review of service specifications, to consider proposed changes from the implementation of our Ambitions, ensuring redesigned community services are fit for the future. This Group will be in a position to regularly engage with HASC (and HOSC) in order to promote greater communication across the system, giving true collaboration and co-design to any future service improvements.

The Transformation planning period begins on the date the Agreement is executed until the first anniversary and will review the Ambitions Document (Appendix 2) whereby the Provider(s) will prepare the Transformation Plan during this period in consultation with stakeholders represented on the Community Services Improvement Group. The Parties would then review and discuss the plan until submitted to the ICB and agreed accordingly. Any proposed service redesign representing significant variation will be subject to the Consultation process. The Transformation fund pays for the time limited costs of transformation.

Communication and engaging the community and staff

As an ICB, we have a legal duty under the Health and Social Care Act to make sure our communities are appropriately involved in planning, proposals and decisions for NHS services. Not only is it a legal duty, but it is a principle that NHS Kent and Medway is committed to in our responsibilities as an ICB. Please see our [Involving People and Communities strategy](#)³ for more information,.

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Involvement and engagement vs consultation

The NHS places great value and importance on involving and engaging people and consulting with our communities, as needed. There is a difference in the NHS between involving and engaging and consultation.

Engagement - describes the continuing process of developing relationships and partnerships so the voice of local people and partners is heard and that our plans are shared at the earliest possible stages. It also describes activity early on in an involvement process, including holding discussions with a wide range of people.

Consultation – this is a specific formal process. We are legally required to carry out formal public consultations if there is going to be substantial change to NHS services. Formal consultation is carried out if a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact on one or more of the following: Access, wider community, patients or users, service delivery. The guidelines and best practice laid down around consultation suggest a process, which includes 'pre-engagement' to determine options and principles for change.

This distinction is particularly important in terms of the work to-date around community health services.

Our communications and engagement plan for improving community health services:

The aim of activities outlined in our communications and engagement plan for community services has been to:

- involve people who use community services, their representatives, local communities and those who work to deliver community services in developing overarching principles and goals for all community services – to create a common vision and set of objectives for community services
- find out what people think of current care and care pathways and their views on what improvements are needed
- feed into future models of care, which will be tested with those who are going to use, work with, manage and deliver services and with the wider community
- make sure key stakeholders and partners are informed of the programme and of engagement opportunities
- provide a range of accessible opportunities for people to have their say and be involved, including face-to face-and online options and provide clear accessible information about each stage of engagement
- provide honest feedback at each stage to inform people of what we have heard and how their views have been considered
- work in partnership on engagement and communication through our HCPs to provide co-ordinated communications, to learn from what people tell us and avoid duplication

- support NHS Kent and Medway and the selected providers to deliver these services to help people in Kent and Medway understand community services, how they can access the right service at the right point and how they can work as partners to proactively manage their own care.

There is a three-stage approach to this engagement process - each stage building into detailed planning for the next. We completed stage one during the spring/summer of 2024 (May to July).

Stage one: Identifying what works and improvements needed in the future

This stage focused on establishing what works and what needs to be improved for the future from the perspective of service users, communities and frontline staff. We drew out key themes about areas of concern and areas for improvement. During this stage, we also developed a set of working principles and framework for community services, which will be used to inform all service development and specification going forward. This stage consisted of:

- **analysis of existing patient and user experience information:** We drew together all key information from current providers, HCPs and from the ICB to set out what we know about people's views and ask our partners in Healthwatch for evidence.
- using this information, **we designed three short surveys** – one for staff and two for local communities and people who use services, one for children's services and one for adults' services. We launched an online page on the ICB's online engagement forum: Have Your Say Kent and Medway, which included user-friendly information about community services and the improvement and encouraged people to complete the surveys.
- **publicity across a wide range of media**, through existing ICB channels and using current providers and HCP ways of communicating to reach as many people as possible and to encourage people to take part and give their views.
- Face-to-face and online engagement events based within the four HCP areas. Led by clinical and ICB transformation leads in partnership with each HCP, we invited staff, service users and local communities to events. We looked at what we should consider when designing community services models for the future. The events focused on developing working principles or a framework for community services across Kent and Medway.
- **commissioned community organisation partners to gather views** from those who experience health inequalities, people who use community services but who experience barriers to use, and from those who tend to be quieter and less listened to – identifying nine community organisations which work with adults and seven community organisations that work with children.

Planning for engagement and communications

Part of our preparatory work involved collating what insight had already been gathered in the recent past to form the basis for further engagement. We invited partners and teams to provide

evidence of people's views and experiences so that we could base our engagement on what had already been gathered. We gained insight from:

- Healthwatch Kent reports (covering services/organisations across Kent and Medway, with feedback from a range of ages and areas)
- Friends and Family Test summaries
- NHS Kent and Medway's Patient Advice and Liaison Service and complaints – all comments related to community health services
- Involving Medway and Swale recent engagement outcomes
- Kent and Medway Neurodiversity engagement/steering group
- Kent and Medway Integrated Care Strategy engagement sessions
- Kent Community Health NHS Foundation Trust's (KCHFT) parent carer co-production panel
- KCHFT Edenbridge engagement
- KCHFT engagement and volunteers' annual report 2023/24
- Children and young people's strategy session
- Medway and Swale HCP/Medway Voluntary Alliance reports
- Various Medway Community healthcare reports
- East Kent Hospitals University NHS Foundation Trust's Patient Voice and Involvement Team Call for Evidence Feedback for ICB Reporting

In addition, a working group was set up early in the process consisting of officers from NHS Kent and Medway's delivery and communications and engagement teams, Medway Council and NHS Kent and Medway partnership commissioning.

This group recognised the scale of insight already gathered in Medway, in particular, through recent engagement on children and young people's services and this shaped our approach to engagement.

Communicating about our engagement

We recognise that working in partnership is critical to successfully reaching as many people as possible so we can hear from as many voices as possible.

We use all ICB channels, map the primary audiences which use and work in the services under discussion, and, where possible, provide information for partners and relevant organisations to help target audiences.

Our standard channels include:

Communication channels	Audience	Details
ICS and ICB websites	ICB and system staff, public	
Staff/organisational meetings and internal communication newsletters	ICB /system staff	Kam (ICB intranet) 600 subscribers Kam news (ICB internal newsletter) 600 subscribers
Written, virtual and in-person briefings/meetings	Stakeholders and decision-makers	Information provided for informal briefings with chairs of HASC and HOSC and papers for committees
Newsletters – digital and in print	Public and stakeholders	News for you 7,125 subscribers, mainly members of the public

		Stakeholder bulletin 707 subscribers, including councillors and NHS and council chief executives MPs' mailer 21 subscribers, MPs and researchers GP Update 1,887 subscribers, practice staff
Social media	Public and stakeholders	More details available on request
Media	Public and stakeholders	

Figure 4: Communications channels

At the beginning of our community health services engagement, we contacted the following partners to inform them of the engagement and to ask for their active support during phase one of this work through spreading information across their users, clients, populations and staff and inviting people to participate:

- All providers of community health services, including Kent Community Health NHS Foundation Trust, Medway Community Healthcare, HCRG, East Kent Hospitals University NHS Foundation Trust, Medway NHS Foundation Trust.
- Kent County Council and Medway Council.
- Healthwatch Kent and Healthwatch Medway.
- 325 VCSE organisations in Kent and Medway.
- Targeted groups and forums, including those supporting people with diabetes, mental health issues, disabilities and older people.
- 331 patient participation group (PPG) chairs and representatives.
- 14 patient experience leads working for hospital, community and mental health trusts in Kent and Medway.

We also wrote to local councillors across Kent and Medway. This included:

- 420 district/borough councillors
- 80 Kent County Councillors
- 57 Medway Council councillors
- 18 Swanley Town councillors.

We provided a communications toolkit for use by partners we asked to support us in this work.

Findings from this stage

Appendix 3 is a report of the Comms & Engagement undertaken so far. Attachments to Appendix 3 and other reports are available on request. These include:

- children's survey analysis
- children's community health services report of findings
- report of children's listening events key themes
- adult survey analysis
- adults' community health services findings of reports
- community organisations adults report
- community services children's report
- report of adult listening events key themes
- adult survey analysis

- housebound patients' interviews
- staff survey analysis

The reports listed above can also be seen on our public engagement platform: [Community Health Services | Have Your Say In Kent and Medway](#)⁴

- Community services: Children's - [Children's community health services | Have Your Say In Kent and Medway](#)⁵
- Community services: Adults - [Adults' community health services | Have Your Say In Kent and Medway](#)⁶

The report on the communications we conducted to support engagement in phase one is available on request, but headlines are:

- we reached 1.1million people with our messaging.
- 175 people signed up to attend eight events.
- 9 community organisations spoke to 322 people from traditionally less heard backgrounds about the services across both adult and children's services.
- 1,500 postcards given to partners at KCC social care, One You Kent and health and wellbeing buses.
- 4 community events were attended.
- 135 adult surveys were completed.
- 39 children surveys were completed.
- 120 staff surveys were completed.
- 7 interviews with housebound patients were conducted

Among other events we attended were two Medway-based events focused on engaging children and young people and families. These were Medway Young People's Town Hall event in May and the Healthy Medway Stay and Play Group, for parents and carers with children aged five and under in June. We spoke to children and young people and families at these events. This was in addition to the two specific online events on children's services and the work done by community organisations to reach families.

Six community organisations supported with our engagement for children and young people:

- Medway Parents and Carers' Forum - an independent, pan disability, parent-led charity which works with the council, health and local services to improve services for children and young people with special educational needs and/or disabilities (SEND) and their families.
- Youth Ngage – an organisation delivering positive engagements for youth and young people aged between 11 and 21 around the north Kent area.
- 21 Together - which supports children and young people aged from birth to 25 with Down's Syndrome and their families.

⁴ www.haveyoursayinkentandmedway.co.uk/hub-page/community-health-services

⁵ www.haveyoursayinkentandmedway.co.uk/children

⁶ www.haveyoursayinkentandmedway.co.uk/adults

- Diversity House - a charity which promotes community integration, re-integration, social inclusion and cohesion within the Swale and Kent communities.
- Folkestone Nepalese Community – dedicated to assisting local Nepalese and Gurkha veterans along with their families in Folkestone and nearby regions.
- Involve Kent - a charity that helps people to live happier, healthier lives by tackling the root cause of ill health, including isolation, loneliness, disadvantage and frailty.

Organisation	Number of participants
Medway Parent Carer Forum	23
Youth Ngage	24
21 Together	21
Diversity House	16
Folkestone Nepalese Community (FNC)	14
Involve Kent	18

Figure 5: Engagement participants

We held two online listening events in Medway for children’s community health services, where 29 people attended. Many of these people were staff working in services across providers. There was also representation from Medway Parents and Carers’ Forum.

We also worked with community organisations to support us with engagement specifically around our adult services.

Participants came from various communities including deprived areas, ethnic minority groups, people who experience hearing loss or are sight impaired or have dual sensory loss, stroke survivors, older people with complex needs, those with long-term conditions or disabilities and carers.

The following organisations carried out this outreach engagement:

- Disability Assist
- Diversity House
- Folkestone Nepalese Community
- Hi Kent
- Involve Kent
- Kent Association for the Blind
- Social Enterprise Kent

Four adult listening events, we held one face-to-face event in each HCP footprint – in Chatham, East Malling, Dartford and Canterbury, with two online events, in addition.

Stage two: Building and testing models of care

We will take the principles and overarching framework developed in stage one and apply them to key pathways based on the areas of improvement identified, such as frailty, intermediate care and rehabilitation.

We will invite people who use services and those who work within services to attend modelling workshops. These will test and further refine the principles and framework, which will then be used to develop services.

We will work with Healthwatch Kent and Medway to target some specific service user groups, such as those who are housebound and family carers whose voices are less likely to be heard and those identified within an equalities impact assessment.

We will recruit a small lived experience panel from those who have taken part in stages one and two who will advise on the final stages of the change and provide service user-based advice during procurement of services.

A report will be published explaining people's views have been taken into account and what has changed as a result of involvement.

Stage three: Further engagement around key areas of service improvement.

Building on stage two, we will work alongside the providers of community health services to review service development improvement plans (SDIPs) and build involvement and engagement strategies relevant to these.

We will work with provider teams to determine the level of engagement or consultation needed for each part of transformation, making sure relevant stakeholders, patients and staff and HASC and HOSC are involved and that appropriate plans are in place.

This stage will test an overall approach, bringing proposed models back to HCP areas. We will run whole system workshops to present proposed models locally and work through further patient journeys.

We will invite the community organisations that have been working with specific less listened to communities in stage one to hear how views have been taken into account and to provide feedback. We will present what we have heard and how this has been used to design models of care. The events will be accompanied by opportunities to engage online through Have Your Say Kent and Medway, using interactive comments cards and online discussions.

The lived experience panel recruited in stage two will be invited to take part in discussions and feedback on developing and emerging models and specifications.

Market engagement with potential providers

A virtual market engagement event was held on 7 August 2024 to share information via a presentation by the ICB and our procurement partner (AGEM) team and followed by a Q&A session for attendees with panel members.

30 organisations registered and 74 attendees joined the event.

An information pack was published post-event to attendees via our procurement partners portal. This included:

- Market Engagement presentation
- Public and staff feedback

- Draft In scope service list / mapped to areas
- Draft Service specifications
- Draft Ambitions
- Health inequalities information
- Draft Activity information
- Draft Estates information

There is an on-going Q&A platform accessible for registered providers via the AGEM portal. This will continue to be available until we go out to procurement.

The Financial Investment Case

We will provide the HASC with a full financial envelope of the procurement in Part 2 of the meeting as this is commercially sensitive information. This will include Medway specific funding and Swale specific funding.

The Medway and Swale financial envelope for the procurement is based on signed 2024-25 contract values using relevant providers' Service Line Reporting (SLR) to split contracts into their component parts.

For adult services, this consists of services currently delivered by Medway Community Health, Kent Community Health NHS Foundation Trust and HCRG.

For Children's services, this consists of services currently delivered by Medway Community Healthcare, Kent Community Health NHS Foundation Trust and Medway NHS Foundation Trust services.

A saving of 5% is being applied across the new contract envelope for all services, in line with the current 2024/25 efficiency ask of all providers. The information to be provided to members in Part 2 will show the proposed financial envelopes for Medway community services and for Swale community services. These envelopes will be applicable for the five years of the contract and funding will be uplifted in future years by the national NHS Cost Uplift Factor (CUF).

Any additional growth funding received by the ICB, will be targeted to ensure greater consistency and equity across the Kent and Medway footprint.

Digital

The ICB's current approach to digital transformation supports the "tilt towards technology" set out in the Independent Investigation of the National Health Service in England and is centred around:

- Reducing complexity - enable digital health and care to become more accessible to our staff and citizens and therefore fulfilling our vision of enabling citizens to become empowered to improve their health and wellbeing. This includes optimising and increasing usage existing strategic system such as the Kent and Medway Care Record and converging on common systems where possible, current examples include common pathology, radiology and maternity systems

- Having digital and data in every conversation - ensure that digital is not in silos in the ICS but is central in all decision making. By harnessing the full potential of digital in this way across the ICS and thus ensuring the vision of an ICS working as a high performing organisation for its citizens and staff is achieved
- Delivering transformation - implementing new inclusive models of delivering health and wellbeing which are fundamentally driven through technology, specifically transforming healthcare access and efficiency in a person-centred way.

The ICS's approach to digital and data is fully aligned and integral to the delivery of Kent and Medway Integrated Care Strategy as a key enabler. We will expect all providers to be active participants in digital transformation in Kent and Medway by:

- Partnering with health and care system through providing digital leadership and engaging in co-designing services and practice, with citizens, clinicians and care professionals driving new digitally enable clinical and service models
- Investing in modern common digital solutions that are compliant with nationally mandated standards and provide a digital front door for citizens offering a user-friendly interface for various health-related needs including self-care options
- Harnessing the power of data to improve health and care outcomes and drive the adoption of innovation for more effective and efficient service delivery that breaks down organisational boundaries
- Investing over the longer term in core technical infrastructure and in our digital and data professionals
- Working to deliver digital services in a more cost effective, sustainable way through convergence, collaboration and partnerships with local authorities, academia and innovative commercial partners.

Workforce Implications

The procurement process is designed to ensure that bidders' confirm their commitment to compliance with TUPE regulations, protecting the employment rights of staff. Procurement questions will preclude any bidders who cannot demonstrate robust HR/OD policies, including recruitment and retention, training and development, assessment of clinical competence / clinical supervision. In addition, bidders will be required to produce mobilisation plans which deliver services from day one underpinned by relevant staffing models, ensuring business continuity through sustainable workforce arrangements.

We will be expecting successful bidder(s) to adhere to the principles laid out in the ICS People Strategy 2023 [Kent and Medway People Strategy 2023 - 2028.pdf \(icb.nhs.uk\)](#).⁷

⁷www.kentandmedway.icb.nhs.uk/application/files/3716/9883/0234/Kent_and_Medway_People_Strategy_2023_-_2028.p

Procurement Documents List

The following table details the documents that will be included when published on the procurement portal as per legal guidance obtained.

ID	Documents (inc by lot)	Comments
1	Procurement Overview	Will include financial information
2	ITT Declaration	AGEM standard document
3	Contract Particulars	
	<ul style="list-style-type: none"> • Service Specifications 	'As Is' service specifications to be published
	<ul style="list-style-type: none"> • Ambitions 	Best practice
	<ul style="list-style-type: none"> • Activity 	23/24 out turn
	<ul style="list-style-type: none"> • KPI's 	SMART
	<ul style="list-style-type: none"> • Quality requirements 	National and Local
	<ul style="list-style-type: none"> • Essential & Technical Question Set 	Reflect 'as is' + service improvement presentation
4	Form of Contract	NHS Standard Contract
5	TUPE Information	Supplied by providers
6	Assets List	As confirmed by incumbent providers
7	Premises List	As confirmed by incumbent providers
8	FOI Declaration	AGEM standard template to be completed by bidders
9	Market Engagement Pack	Includes all Q&A via AGEM portal
10	Reference Template	AGEM standard template to be completed by bidders
11	Risk Register	AGEM standard template to be completed by bidders
12	Financial Management Template (FMT)	AGEM standard template to be completed by bidders
13	Bidder Guidance	AGEM standard document

Figure 6: Proposed ITT Document List

Timeline

The Community Services Review commenced in late spring 2023 but was paused for a year to enable alignment of the various contracts. It was decided that to engage with stakeholders and ensure appropriate preparations for procurement, existing contracts would end in September 2025.

Phase 1 of the subsequent timetable ran between February and June 2024 focused on governance and preparation. Following the previous HASC, phase 2, ITT preparation, has been extended. This will transition into Phase 3 with the planned publication of the ITT, bids being submitted, evaluated, and a decision being made by the ICB Board to award the contracts in February 2025. The final phase of the project will be the contract award and mobilisation ready for the successful providers to take over the contracts on 1 October 2025.

Phases	Feb 24 - Jun 24	Jul 24-Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Phase 1: Governance and Scoping	█	█											
Phase 2: ITT Preparation		█	█	█	█	█	█	█	█	█	█	█	█
Phase 3: ITT Publication, Bid Evaluation & Contract Recommendation			█	█	█	█	█	█	█	█	█	█	█
Phase 4: Contract Award, Mobilisation & Contract Start								█	█	█	█	█	█

Figure 7: CSR Timeline

Conclusion

Together with our partners, we want to see vibrant, sustainable and equitable services across all areas of community healthcare in Kent and Medway, with continually improved patient outcomes, reduced waiting times, enhanced quality of care and great patient experience. The procurement of adult and children's physical community health services, puts us on a clear path to deliver this.

As demonstrated, many months of work has gone into building a robust plan and due scrutiny has been given to the project at all stages. Engagement across Kent and Medway with providers, service users and system partners has shaped the direction to bring us to the point of being ready to go out to procurement.

Whilst we do not consider the procurement to be a substantial variation we recognise and respect that this view differs from that of the HASC. In recognising the need for a long-lasting strong relationship with the Committee, the ICB delayed commencement of the formal procurement, to allow us to return to HASC at this time to clarify our plans and respond to Members questions, which we trust has provided the Committee with assurance.

In particular, the Committee has sought assurance that services currently provided in Medway will not be diminished and that current financial resources will not be diverted to other parts of the county. The ICB has provided this assurance. The ICB has also committed to engage and consult with the Committee, as appropriate, when any material services changes are proposed within the Medway Council area. We have provided extensive information regarding our engagement activities and we have clarified our plans regarding the evaluation and contracting of providers to ensure we partner with strong organisations that can deliver consistent, high quality, continually improving services.

The ICB will, therefore, now be progressing these plans in order to meet our legal obligations and provide certainty for our residents, patients and staff.

NHS Kent and Medway Integrated Care Board

October 2024