

Community Services Procurement Programme

HOSC Briefing

1. Introduction

Kent and Medway's 2023/24 operational plan is based on national plans for recovery and a major transformation of services, underpinned by data and technology. Its deliverables include measurably improved patient outcomes with reduced waiting times, enhanced quality of care and improved patient experience. This will be underpinned through the fostering of collaboration between health, care, and industry partners.

The reprocurement of community services will play a significant role in achieving these objectives, including a new model of care based on national best practice and innovation.

NHS Kent and Medway currently commissions a number of community out of hospital services which are delivered (predominantly) through three main providers:

- HCRG Group (HCRG)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Medway Community Healthcare (MCH).

The NHS Kent and Medway Board approved the extension of these Community Contracts to the 31st of March 2024, requiring a process to procure a new contract or contracts for mobilisation by the 1st of April 2024.

A Community Services Transformation Programme team, led by Lee Martin, Chief Delivery Officer and SRO, was established to develop the necessary governance to ensure delivery of the new contract/s by the 01.04.24 deadline.

2. Commissioning Intentions

A Prospectus has been developed which confirms that the successful bidder/s will be expected to deliver services as currently configured on day one and then enter into the detailed transformation journey in partnership with the local placed based Health and Care Partnerships (HCPs) and associated partners and collaborators.

The current service specifications will be the starting point for service transformation which will need to address any service variation and inequality, and improve access to services and service delivery, as well as consistency and efficiency. The aim of this will be to improve the service user experience and reduce any default use of acute services.

Transformation planning will be conducted in the first year, based on the principle of co-design, in line with the neighbourhood ethos. This work will form the building blocks for the new model of care to be delivered under the remainder of the contract.

The provider/s will be expected to lead, deliver and coordinate a step change in these services, working seamlessly with the local authority, primary care, mental health, acute care services and the voluntary sector to deliver real and meaningful change, ensuring the patient is at the very core of service delivery, and ultimately empowering people to be in control of their healthcare outcomes.



3. Community contract principles (Adult and Children)

In line with national strategic and policy direction, the following core principles will be used to assess provider capacity and capability to build and deliver in partnership:

- To deliver a patient centred approach that empowers patients, families and carers, and addresses people's needs.
- Focus on integrating services into local neighbourhoods, operating without duplication and fragmentation of provision, whilst maintaining national standards of quality and safety.
- 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.
- To increase personalised care, support, or treatment in a holistic approach outside of a hospital setting that includes physical and mental health.
- 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.
- 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.
- To improve technology, data sharing and information so that quality and efficiency of services are enhanced.

4. Programme Scope

The current set of service specifications – adult and children's - will be the starting point for service transformation (see **Appendix**) which will need to address any service variation and inequality, and improve access to services and service delivery, as well as consistency and efficiency.

The aim of this will be to improve the service user experience and reduce any default use of acute services.

The services to be procured through 4 Lots which align with the HCP areas (WK including children's services), with small services to be assigned to a specific Lot to maintain viability.

Transformation planning will be conducted in the first year of service delivery, based on engagement and co-design, in line with the neighbourhood ethos and in partnership with key stakeholders, such as the HCPs. This work will form the building blocks for the new overarching model of care to be delivered under the remainder of the community services contract.

4.1 Transformation approach - Key areas for transformation

Adult

- Intermediate care
- Community nursing
- Community OPD
- Integrated specialist services
- Rehabilitation
- Diagnostics
- Elective community centres
- Ageing well
- End of life
- Out of hospital Urgent care
- Frailty

Children

- Integration
- Locality
- Single Clinical Record
- CYP Elective Community Care
- Specialist Care
- Therapies
- CYP Community Nursing

4.2 Transformation enablers (Adult and Children)

- Skills centre - the present model will grow to develop a development resource to provide competency-based learning across community services. Developing the workforce, increasing recruitment and retention into community services.
- Patient involvement and co-production – will be during the year of transformation. HASC and HOSC involvement will be an essential part of this process.

4.3 Contract Approach

The procurement process is being designed to deliver the following:

- Carry over contracts 'As is' with existing service specifications from 01.04.24.
- In parallel, the year of transformation begins to implement national standards.
- If there is a change of provider/s, there will be a 6-month mobilisation period including the transformation work (previously shared with HASC/HOSC).

4.4 Programme Deliverables

The Community Services Procurement programme has been designed to be delivered as follows:

Year 1 2023/24	Year 2 2024/25
<ul style="list-style-type: none">• Programme Initiation and Design• Procurement, Contract Award and Mobilisation	<ul style="list-style-type: none">• Service Delivery - 'As Is' Service Specifications• Transformation work in parallel

5. Summary

We are ambitious for the people of Kent and Medway, and the Community Services programme is aimed at moving ahead with the implementation of national best practice standards to reduce health inequalities. This will be delivered through growing our community services and integrating patient pathways across the system, to meet the needs of our population.

In summary, the intention is to let the contract/s from 01.04.24 on a 'like for like' basis, thereby involving no substantial change to current services. The planned year of transformation will be conducted with the engagement of partners, including patients, the public and HASC and HOSC, to ensure our collective ambitions for Kent and Medway Community Services are realised.

Community Services Contract – ‘As Is’ Services

Adult

Service Area	Existing Services Included
Community Nursing	Community Matrons & Nursing; Continece Management; LTCs; MDT Co-ordinators; Nutrition & Dietetics; Stroke Nursing; Stroke Community Beds; TB; Wound Medicine
Community OPA	Anti-Coagulation; Community Orthopaedics; Respiratory; Podiatry
Diagnostics	Phlebotomy
Elective Community Hubs	Community Neurology; Day Hospitals; Hand Therapy; MSK (Triage); Podiatric Surgery
End of Life Care	End of Life Care
Frailty	Falls
Integrated Specialist Services	Cardiology; Epilepsy; Lymphoedema; Pulmonary Rehab; Specialist Teams
Intermediate Care	Intermediate Care – Community; IDT; Equipment Loan Store
Rehabilitation	Community Rehab; Speech & Language Therapy; Occupational Therapy
Single Point of Access	Clinical Assessment Service/Referral Service; Rapid Response Services / UCR

Children

Audiology	ITACC – Occupational Therapy
Childrens Bladder and Bowel	ITACC - Physiotherapy
Children's Communication & Assistive Technology	ITACC - Speech & Language Therapy (SLT)
Childrens Community Nursing	Looked after Children
Children's dietetics	Paediatric Orthotics
Childrens MSK	Podiatry
Children's Therapies	Residential Units (Short Breaks)
Community Paediatrics	Special School Nursing
Continence Product Review & Assessment Service	TB Services
Early years neuronal physio	Universal - SLT
Homebased short breaks	