

NHS Kent and Medway Community Services Review (CSR)

Background

It is widely recognised that as healthcare modernises, and with increasing use of technology as well as a growing and ageing population, providing care outside of hospitals will be the focus for our population moving forward.

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.

Together, with our partners, we want to see service improvement across all areas of community healthcare, including measurable improved patient outcomes with reduced waiting times, enhanced quality of care and improved patient experience.

It is the NHS' intention to improve service provision outside of hospital for the population of Kent and Medway.

Currently, across Kent and Medway, we have five community healthcare providers (two providing adult and children's services, two providing only children's and one providing only adults).

Many of the current contracting arrangements are based on historic agreements dating back to the eight individual clinical commissioning groups across Kent and Medway, which ceased to exist in 2022. These contracts have grown organically over a period of more than 10 years, resulting in an uneven spread of services and access for patients.

NHS Kent and Medway Integrated Care Board's (ICB) community services procurement follows a decision by the ICB's Board in February 2023, in line with its legal obligations, to reprocure the main community provider contracts:

- HCRG Care Group (HCRG)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Medway Community Healthcare (MCH)
- East Kent Hospitals University Foundation Trust (EKHUFT)
- Medway Foundation Trust (MFT)

Following this, the Delivery Directorate of the ICB was engaged to develop service specifications to ensure business continuity as well as a prospectus of proposed new models of care to inform plans for service transformation to be developed with the preferred provider/s.

At circa £1.1 billion over five years, this is one of the largest procurements to ever take place in Kent and Medway.

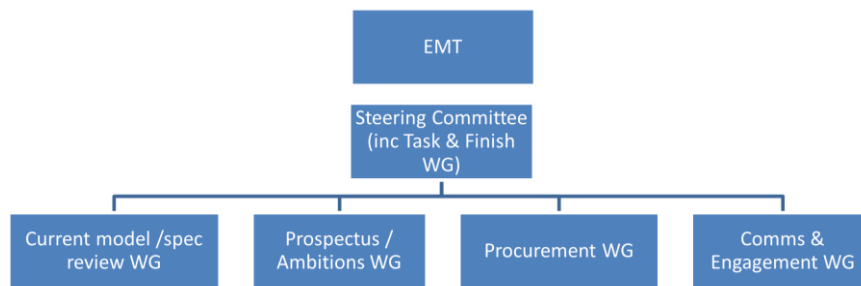
Following some challenges raised by councillors in late 2023, the procurement was paused whilst the ICB worked with Medway Council's HASC & Kent County Council's HOSC to clarify the position and move the project forward collaboratively.

The CSR was relaunched in February this year and has progressed in line with the Programme Plan to ensure the long-term delivery of community health services, including our ambition to address health inequalities for people across Kent and Medway.

To enable full and transparent procurement of services to be in place no later than 27 October 2025, the existing contracts for community services were extended until 26 October 2025.

The CSR has been overseen by the CSR Steering Committee, chaired by the ICB Chief Delivery Officer, involving operational leads and Subject Matter Experts (SMEs) from the ICB, Kent County Council and Medway Council, supported by the Director of Strategic Commissioning and Operational Planning and his team, as well as procurement and legal advisors.

The CSR comprises four key workstreams reporting into the Steering Committee, which in turn reports to the ICB's Executive Management Team (EMT):



The tender has been developed to reflect the current 'as is' services, as well as proposed future models of care. This means services will be procured on the 'as is' state for the first year of the contract, with a view to having the successful bidder(s) work towards standardising services across the whole Kent and Medway footprint during the life cycle of the contract.

Development of the tender documentation was supported by a programme of collaborative work with current providers (adults and CYP), with the post procurement aim to improve and, where appropriate, transform community services across Kent and Medway, aligned to local and national objectives. This will be informed by continuing engagement with key stakeholders, including the public, HOSC and HASC, patients and staff.

The procurement process was broken down into four distinct phases:

Phase 1: Programme Initiation

This phase established the structure and resourcing of the programme and included:

- Development and approval of terms of reference for Programme Steering Group and working groups
- Finalisation of programme team and resource requirements
- Development and approval of project documentation.

Phase 2: Procurement Route and ITT Preparation

This phase covered the 'what' and 'how' of the programme and was split into three distinct workstreams:

- Establishing current model and specifications – the 'as is'
- Designing Prospectus / Ambitions for service transformation
- Establishing procurement approach

Phase 3: ITT Publication, Bid Evaluation and Contract Recommendation

This phase confirms the arrangements to progress the procurement to contract recommendation:

- ITT publication in Lots
- Bid submission period
- Bid evaluation and moderation to identify preferred provider/s

Phase 4: Contract Award, Mobilisation and Contract Start

This phase finalises the work to enable the new contracts to commence by 01 October 2025:

- Contract Award Recommendation Report for Board approval
- Contract negotiation in parallel with mobilisation commencement
- Contract Award
- Conclusion of mobilisation and commencement of new contracts

The project (at time of writing) is entering phase three with publication of the invitation to tender document on 5 December 2024.

For this procurement, we have split into six lots:

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

Bidders will be able to bid for one or multiple lots and joint bids will also be accepted.

Communications and engagement

As an integrated care board (ICB), we have a legal duty under the Health and Social Care Act 2022 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](#) for more information,.

This initial phase of engagement around community health service provision in Kent and Medway sought feedback in three key areas:

1. What is working well in community health services?
2. What could be improved in community health services?
3. What matters most to people? (principles for future transformation)

The aim of activities outlined in our communications and engagement plan for community services, to date, 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.

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.

For example, analysis of existing patient and service user information, short surveys for staff, for communities and for those using services, promoting the work we were doing and face-to-face and virtual events, as well as commissioning nine community organisation partners to gather views.

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. We wrote to:

- 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.

You can read the full engagement reports on our public engagement platform: [Community Health Services | Have Your Say In Kent and Medway](#)

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

Engagement in Phase one took place through the summer of this year and reached individuals and organisations across Kent and Medway. For example:

- 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.

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.

Post procurement, a new Community Improvement Group will develop transformation plans for adults and children and young people’s services, working with NHS Kent and Medway, to determine how our ambitions can be best met.

We want to involve HOSC members as we develop service improvement and transformation during the lifecycle of this contract. In addition to regularly attending HOSC meetings/briefings, we will:

- hold a specific workshop for HOSC members, together with the successful provider(s) of services to share initial plans for engagement and involvement of patients, communities and staff. This will include expected timelines, how views will be gathered and inform decision-making
- invite HOSC to contribute to workshops for each transformation area as they are developed
- invite a HOSC representative(s) to join the Community Improvement Group, made up of partners and patients in the Kent and Medway system
- share the outcomes of engagement with HOSC and invite comment on next steps.

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

Building on stage two, we will work alongside the provider(s) of community health services to review service development improvement plans (SDIPs) and build involvement and engagement strategies relevant to these. This links to the work described in phase three.

Financials

The 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. Envelopes include drugs expenditure, previously recharged outside of the contract, this minimises risk going forward.

Envelopes have been set including a 5% efficiency. This equates to c.£12.2m across adult and children’s lots. Further savings will be required across the life of the contract, but the principle of the 5% reduction is the system ask for 24/25.

A Outside of the published envelope, 2% of the 24-25 contract value has put aside by the ICB to invest in transformation of services.

To access this funding providers will need to agree a transformation plan with commissioners and worked up with wider system partners. Once agreed there will be three pots available to providers to access these are:

- Planning Costs (Year 1)
- Mobilisation Costs (Year 2-3)

Transformation Funding held by ICB	191,326	191,326	191,326	191,326		765,306
Total	9,757,651	9,757,651	9,757,651	9,757,651	9,566,325	48,596,930

Lot 6: Children's Services - Rest of Kent	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	31,689,754	31,689,754	31,689,754	31,689,754	31,689,754	158,448,772
Transformation Funding held by ICB	633,795	633,795	633,795	633,795		2,535,180
Total	32,323,549	32,323,549	32,323,549	32,323,549	31,689,754	160,983,952

Next Steps

The procurement process timeline is set out below. It has been agreed, further to contract award, and dependent on the complexity of service mobilisation, the mobilisation period may be amended, and current contracts extended, as necessary.

Milestones	Date
Publication of notice inviting offers under the Competitive Process	5th December 2024
Deadline for receipt of clarification questions from the market	31st January 2025 (5pm)
Deadline for receipt of Competitive Process Submissions / Offers from Providers	14th February 2025 (12pm – Noon)
Bidder Presentations (virtual via Teams)	3rd & 4th March 2025
Evaluation Period for evaluating Competitive Process Submissions and Clarification period (clarifications may be sent to Providers at any point; however, this is the anticipated time this will occur)	14th February 2025 - 17th April 2025
Providers notified of outcome	w/c 21st April 2025
Publication of Intention to make an award notice	
8-working day Standstill Period commences	22nd April 2025
Advise Preferred Provider(s) of completion of Standstill Period	w/c 6th May 2025
Contract Award (inc. signature and publication of the award of the contract notice)	From May 2025
Service commencement	27th October 202