

## Right Care, Right Time Right Place Programme – Programme Support requirements

### 1. BACKGROUND

In its report to the Secretary of State regarding the proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield, the Independent Reconfiguration Panel (IRP) identified that clarity on the programme of changes in out of hospital services and the likelihood of achieving the targeted reduction in demand for hospital care was required. The report identified that this clarity was required for both hospital capacity planning and to address the question of how in practice, over an extended period of implementation, the delivery of out of hospital care that enables the proposals for changing hospitals will meet the fifth test for service change – that services will be in place before changes to bed numbers are made.

### 2. INTRODUCTION

The IRP's report is concerned with the CCGs' progress and plans in relation to the 18% reduction of non-elective medical admissions over five years, in particular, the expectation that delivery of the Out of Hospital Model would result in a requirement for 105 fewer beds.

A previous analysis conducted by the NHS Transformation Unit reported in July 2017, identified that the opportunity to deliver exists. Benchmarking data in relation to Conditions Not Requiring Admission (CNRA) and Ambulatory Care Sensitive Conditions (ACS) shows that the scale of opportunity is reasonable compared to comparator systems; the *absolute* level of activity we are aiming for is being achieved in some other systems, however, the scale of reduction against baseline and the pace at which we need to get there is very challenging.

The local system has a track record of delivery: transformation introduced in the last 5-6 years has resulted in non-elective activity being held broadly flat against a rising trend elsewhere and the need for beds has reduced by 32.4 beds so far, with 12 more expected by the end of 2018/19.

In both Calderdale and Kirklees, plans are in place to develop integrated community and primary care services to meet the different levels of need of the local population. The essential next steps are to:

- Quantify the impact of the proposed schemes against the 18% reduction in non-elective demand.
- Identify additional schemes if there is a residual gap between impact of proposed schemes and the reduction in demand required
- Evaluate the timescale over which the schemes will deliver
- Identify risks
- Evaluate the predicted longer term financial implications.

### 3. SPECIFICATION OF WORK REQUIRED

**Aim:** To be able to clearly quantify the impact of interventions in primary and community care on reducing demand in acute settings, by being more rigorous about: which interventions work; how we could standardise their application; and the utilisation of underpinning data driven modelling to give confidence in delivery.

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### **Objectives**

- a) Determine the measures/currency to be used to quantify the impact of schemes in relation to the 18% reduction in admissions.
- b) Confirm the starting activity baseline against which to measure the schemes, identify the projected increase in activity over a five year period, based on national trends and local demographics.
- c) Group the existing planned schemes in a way that pulls schemes of a similar type together to provide a collective impact across settings of care.
- d) Identify the potential impact of each scheme, group into categories of hospital avoidance, hospital efficiency and hospital alternative. Provide the underlying analysis and assumptions to support the activity numbers (or estimate within a range) produced.
- e) Show the likely delivery timescale for each of the schemes over a five year period. Identify the risks and issues that will need to be addressed and potential mitigation.
- f) Calculate the impact on activity shift over a five year period taking into account the stepped nature of reducing beds in acute settings. Identify any critical pre-requisites that would have to be in place and the expected impact on quality and cost (transition and post-delivery).
- g) Identify any additional investment that would be required in hospital, primary and community care to enable delivery the schemes
- h) Identify additional schemes if there is a residual gap between impact of proposed schemes and the reduction in demand required.
- i) Provide an analysis of the risks should the OOH model not be delivered.

### **Scope:**

Community and Primary Care services delivered across Calderdale and Kirklees

Acute services delivered from CHFT

### **Timescales**

Expected duration of work is 6-8 weeks.

## **4. OVERALL APPROACH AND TIMELINE**

The successful bidder will work with the PMO and CHFT to inform and complete the products and to ensure that they are taken through the required governance processes successfully.

The products must be delivered to the following timeline

- First draft of report and underpinning analysis by 9<sup>th</sup> November
- Final draft by 16<sup>th</sup> November

The provider is required to confirm that they can meet this timescale.

## **5. FURTHER INFORMATION**

The successful provider will need to provide the total package, for all elements, to ensure complete synergy and alignment of working methods, communications and accountability. The provider will need to work successfully with the Programme Management Office, Calderdale and Huddersfield NHS Foundation Trust and the governing structures of the programme.

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For further information regarding this specification please contact:

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- Anna Basford, Director of Transformation and Partnerships: [anna.basford@cht.nhs.uk](mailto:anna.basford@cht.nhs.uk)

### 6. NEXT STAGE

Interested suppliers are requested to provide the following information in response to this brief by **no later than 09:00 on the 17<sup>th</sup> September, 2018** by uploading their response on NHS Sourcing at: <http://www.nhssourcing.co.uk>.

- a. Confirmation of your capability to provide the total package.
- b. Confirmation of your capacity to start the work on 24<sup>th</sup> September, 2018 and to complete it within the 6-8 week timescale.
- c. A description of your approach to providing the work and working with the Programme Management Office.
- d. A description of the relevant experience, skills and capability to meet the requirement.
- e. Details of which individuals within your organisation would be delivering the support – with guarantees of continuity – indicating their usual level within the organisation, skills and experience.
- f. Innovative proposals for measurable skills transfer.
- g. A price for delivering the support based on fixed costs. The financial envelope for the work is fixed at a maximum of £150,000. You should provide your best offer within the envelope, detailing how you will use your organisation's skills and resources to best effect.

The assessment of the submissions will be weighted 20% on price and 80% on the following dimensions (assuming compliance with the capacity and capability aspects above):

- a. Demonstrable experience, with references, of successful delivery of work on this scale of health and social care transformation in other systems.
- b. Hard evidence of having supported and guided systems to successfully quantify and profile the impact of interventions in primary and community care on reducing demand in acute settings.
- c. Showing proof of applying data driven modelling to the evaluation of schemes' impact and standardisation of delivery.

Each dimension will be rated on a scale of 0-4 and the overall scores will be moderated to arrive at a shortlist of no more than three suppliers.

The preferred suppliers will be invited to a face to face meeting at Dean Clough, Halifax prior to confirmation of award of contract.

Selection of and recommendation of the preferred supplier for the award of the contract will be completed by close of business on 21<sup>st</sup> September, 2018. The selected supplier must be available to commence the work on 24<sup>th</sup> September, 2018.

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### **PLEASE NOTE:**

Each Relevant Organisation will be responsible for its own costs incurred throughout each stage of this procurement process. NHS Calderdale Clinical Commissioning Group will **NOT** be responsible for any costs incurred by any Relevant Organisation or any other person through this process.

NHS Calderdale CCG reserves the right to change the basis of, or the procedures (including the timetable) relating to, this procurement process, to reject any, or all, of the responses, not to invite a potential supplier to proceed further, not to furnish a potential supplier with additional information nor otherwise to negotiate with a potential supplier in respect of this procurement.

NHS Calderdale CCG shall not be obliged to appoint any of the suppliers and reserves the right not to proceed with this procurement, or any part thereof, at any time.

Nothing in this document and supporting information is, nor shall be relied upon as, a promise or representation as to any decision by NHS Calderdale CCG in relation to this procurement. No person has been authorised by NHS Calderdale CCG or its advisers or consultants to give any information or make any representation not contained in this document and supporting information and, if given or made, any such information or representation shall not be relied upon as having been so authorised.

Nothing in this document and supporting information or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to NHS Calderdale CCG's procurement, nor shall such documentation/information be used in construing any such contract. Each Bidder must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the information or other pre-contract documentation.