

**Community Services Re-Procurement Programme**

**Stakeholder Engagement and Formal Consultation Support**

**Invitation to Quote**

**Introduction**

NHS Medway Clinical Commissioning Group (CCG) will be redesigning and re-procuring adult community health services in Medway (Community Services Re-Procurement Programme) in line with national policy and local strategic direction. In order to involve local communities; patients and their families; and front line clinical staff at each stage of the programme, we need to:

* Understand how community health services are working in Medway and what needs to change in the current pathways involve people in setting priorities and establishing criteria for redesigning our services pathways
* Engage in a robust, independent and transparent public consultation on community health services in line with legal requirements,
* Ensure that the decisions we take to commission a service is based on what people tell us matters to them.

The CCG wishes to commission the services of a consultant organisation to support the engagement of stakeholders at key phases in the redesign of services between September 2017 and August 2018 with a particular focus on a series of co-design events and the running and analysis of a formal consultation.

**Community Health Services in Medway**

NHS Improvement (previously NHS Monitor, January 2015) defines community services as services that *‘are provided outside of hospitals in community settings, including in people’s homes and in community clinics. Community services have a number of objectives, including promoting health and healthy behaviours, supporting people to manage long term conditions, and providing treatment in a person’s home or in the community to avoid hospital or residential care where possible.’*

The services in scope of the Programme are listed below:

|  |  |
| --- | --- |
| Anti-Coagulation | Epilepsy |
| Cardiology and Arrhythmia | Hand Therapy |
| Cellulitis (part of the MedOCC service) | Learning Disabilities |
| Clinical Assessment Service | Lymphoedema |
| Community Nursing | Nutrition & Dietetics |
| Community Rehabilitation | Palliative Care (including the hospice) |
| Respiratory | Phlebotomy |
| Dementia | Podiatry |
| Dermatology | Speech and Language Therapy (adults) |
| Diabetes | Stroke Services |
| Deep Vein Thrombosis | Tissue Viability |

These services are provided to people in a range of settings including clinics and in the patients’ own homes. The majority of services in scope cover adults aged 18 and above; however, some services are all-age. Teams of nurses and therapists coordinate care, working with professions including GPs, social care and health improvement services.

These services are mainly provided by Medway Community Healthcare (MCH) through a longstanding block contract and a number of separately commissioned services. In addition, a small number of services are provided by Kent Community Health NHS Foundation Trust (KCHFT) and there are some voluntary and community sector organisations involved through sub-contracting arrangements.

The total value of the services in scope is circa £23m per annum.

**Aim of the Programme**

The aim of the Programme is to transform the way in which adult community health services are delivered. The redesign is closely linked to the ‘Medway Model’ a new way of joining up local services to deliver care closer to people’s homes and involve them staying healthy. This responds to the need to manage the challenges posed by people living longer and with more complex health issues, and at a time when there are constraints on future NHS spending. This programme will be critical to the development of the local vision – redesigning and improving the way in which community services are accessed and provided locally, supporting reductions in health inequalities, improving patient experience in using the services, which in turn, will ensure that patients remain well and cared for in their place of choice (home). This will also reduce the demand for A&E and inpatient care as well as continuing to support appropriate early discharge, and improving the use of technology.

The integration of community services will support the development of new ways of working within primary care; delivering patient facing services and providing greater resilience in the primary care workforce.

The programme will align to the local estates strategy to ensure that services are underpinned by fit for purpose premises and accommodation large enough for the growing population.

**Approach to stakeholder engagement and co-production**

It is challenging to involve people in redesigning community services as the services covered are wide ranging and disparate. Our approach to engagement will be open and transparent, and targeted. We will be compliant with legislative frameworks and national policy guidance. The engagement we undertake has the following objectives:

* To communicate widely that we are undertaking a review & invite people to become involved throughout
* To establish, early on, a common vision for community services
* To set up a comprehensive approach to gaining feedback on current services, and co-designing of our future community services
* To improve public understanding of community services so that people are better able to contribute to our service re-design
* To ensure that our patients and public, providers, voluntary sector and social care partners are formally consulted on the service model options
* To make sure we engage with populations who are less listened to or protected under equalities legislation
* To communicate effectively to all stakeholders throughout the redesign programme, appropriately for their differing needs and requirements, and using a variety of methods and media formats
* To ensure that there is an environment that supports active, open participation and dialogue, so stakeholders feel that their contribution is sought after and valued, and that they understand how they have contributed to the options for change.
* To continue to engage with local people and with staff who deliver services throughout each stage of our commissioning in line with national guidelines

**Who we want to engage with**

Across our engagement activity, we hope to reach the full range of stakeholders in recognition of the breadth and scope of the services in scope – those who deliver services on the ground, those who use the services and local communities. This includes:

* Current patients and their families and carers
* patient groups and representatives
* local communities – including those communities which may not receive appropriate services currently
* communities who are traditionally less listened to within the health and social care system
* local elected officials - including the HASC and the Health and Well Being Board
* Local Healthwatch
* voluntary and community sector organisations – representing specific groups as well as the whole community
* clinicians and frontline staff
  + community nursing teams
  + occupational therapists
  + rehabilitation teams
  + palliative care nursing staff
  + GPs and Practice Nurses
  + Consultants and specialists in the acute sector
  + Medway Council social care

**Roles and responsibilities**

Engagement and communications will be overseen by the Head of Engagement at the CCG in conjunction with the Commissioning Team who will provide expert content and the specific materials needed to construct engagement and communications.

The Commissioning Team will be responsible for organising a series of Market Engagement Events to engage with current providers of services at a senior level.

The Medway communications and engagement team will manage an overall communications strategy for the consultation.

The CCG outsources its PR function to Maxim PR who will provide communications support for press releases, web content, print and design.

The in-house communications function will manage all website and social media activity and the CCG communications and engagement team will be responsible for all room bookings, managing invitations to events and coordinating dates for events.

The Involving Medway Pilot is also key to the development of this programme. This is a partnership between seven community organisations and Medway CCG to improve the CCG’s engagement with local communities and the voluntary and community sector and to encourage healthy communities in Medway. We envisage that the pilot will provide key support particularly in terms of work with less listened to communities and working with the community and voluntary sector.

The organisation whose services we procure will work closely with the above teams to provide expert engagement support and advice throughout the programme.

**Stages of the Programme - Requirements for engagement support at each stage**

The commissioning team and the engagement and communications team at the CCG have begun to scope engagement and to map out the current engagement processes whilst undertaking a thorough review of current services. We have:

* Gathered patient experience from the current providers
* Undertaken some initial discussions with the community and voluntary sector
* Started to work with some key groups in the community on their experiences
* Taken an outline report on the re-procurement to the Health and Adult Services Committee, Medway Council, to receive initial feedback
* Our local Public Health team has completed a population analysis across Medway –based on the Medway Model ‘hubs’
* Held discussions with GPs in each area
* Identified key clinicians and started to create a comprehensive stakeholder map

In the immediate future to:

* Initiate discussions with frontline staff who deliver community services
* Hold discussions with GPs and GP staff across Medway

**Below we set out the stages of the review and the engagement we plan to undertake at each stage together with the requirements from the contracted organisation at each stage. Please note the dates are subject to change and alteration.**

**Stage 1: Stocktake Reviews**

*September / October 2017*

Reviews of each service in scope are underway and should be complete by autumn 2017. Patient experience information has been gathered from the providers and the views of those delivering services have been sought.

We plan to publicly announce the Programme and start a call for evidence through networks of community groups and through frontline staff in early September.

Through the Involving Medway Pilot, we will be running a series of focus groups with hard to reach communities identifying any possible gaps in services for some communities

Early engagement with frontline and clinical staff at this stage will be vital in identifying the best way to engage with these staff throughout the rest of the Programme.

We will need to have established what works well and where there are problems and gaps in services or pathways.

**Outputs**

* Design a standard template to ascertain from frontline delivery staff overall views on adult community services – where key gaps are, key pathways to focus on during later engagement and the best way to engage with this audience
* Run a small number of focus group meetings with key frontline staff including community nurses and clinicians which refer patients to community services including GPs and secondary care clinicians GPs – identify gaps, access issues, pathways to focus on during the engagement, invite initial ideas about creating a common vision for services
* Analysis of the results of the survey and the focus group meetings

**Stage 2: Service Re-Design**

*October – November 2017*

We intend to carry out a number of whole systems events to identify priorities for the re-procurement and to design pathways of care. These will bring together clinicians, frontline staff, people who use services and their families, community and voluntary sector and commissioners to establish:

* Priorities for community services – a vision for how adult community services will look in the future
* The key elements of any models of care
* Pathway design – how can we reshape services better
* Review the findings of earlier engagement/ patient views and agree on common issues across all services
* We will also carry out some targeted work with less listened to communities and people with protected characteristics to feed into the design stages.

At the same time the CCG will be running some Market Engagement events to work with senior representatives from providers who will feedback on the principles being developed during the engagement work.

**Outputs**

* Co-design, set up, run and manage a number of design events engaging up to 200 people either through smaller targeted or larger events
* Advise on the range of stakeholders and contribute to the invitation format and lists
* Facilitate events/activities, ensure all discussions are focused – liaise with any speakers from the CCG or providers
* Identify people who will contribute to the subsequent stages of the Programme – in order to establish a public and a clinician panel for later stages of the redesign
* Record and write up the events to present to the community services steering group and Board

**Stage 3: Engagement in case for change and design of the consultation**

*December 2017 - Feb 2018*

New models of service delivery will be developed and tested during this stage. We will involve people who use services in the design of the consultation and in designing a case for change. We will invite those who have taken part in the whole systems design events to contribute further by creating a patient/ public sounding board and a clinician/staff sounding board which will meet on a set number of occasions and contribute to the design. We will hold a series of pre-consultation activities during this period to ensure that the options set out in the consultation are robust.

**Outputs**

* Facilitate up to four pre-consultation sounding board meetings
* Establish a set of principles for the consultation
* Advise on other pre-consultation activities – and support some additional facilitation – i.e. bringing together some key groups of users or clinicians to discuss specific pathways

**Stage 4: Public Consultation**

*End of March 2017 – end of June 2017*

In order to meet statutory requirements the CCG will undertake a series of activities to promote, run and analyse a 12 week consultation on the proposed options for delivering community services in Medway. We propose preceding the formal publication launch with a ‘soft launch’ to allow as much time as possible for feedback. We will discuss appropriate timings with the consultant organisation. Activities will include:

* Discussions with the Health and Adult Social Care Overview and Scrutiny Committee (HASC)
* Publication of an accessible consultation document
* We will publish a copy of the consultation document, including a survey, on the CCG website and ask our statutory and voluntary partners to publicise this link and share the details for the online survey through their own websites, notice boards and published materials. We will work with our colleagues at Medway Council and within local providers and primary care as well as Patient Participation Groups (PPGs) and community groups to make sure we distribute documents as widely as possible. Printed copies of the consultation document will be disseminated through:
  + Current outreach teams including community nursing teams
  + Places where people currently receive care and support – i.e. Age UK drop ins, Wisdom Hospice
  + Through community groups
  + Public events during the summer
  + GP surgeries
  + Pharmacies
  + Community based primary care services (walk-in centres, Healthy Living Centres)
  + Medway Council accessible areas
  + Libraries
* Drop-in sessions and outreach work – a series of drop in sessions to encourage patients and staff to complete the consultation survey
* Engagement with the Voluntary and Community Sector
* Engagement with the voluntary and community sector through the Involving Medway Pilot – in particular the strategic Health Network set up by Medway Voluntary Action
* Regular discussions with Patient Participation Groups (PPGs) and with Healthwatch Medway to engage all members in the consultation
* Focus Groups with less listened to communities (through Involving Medway)
* Direct engagement with NHS staff including clinicians and those working in primary care – developing a separate clinician consultation document, ensuring that all the providers consult staff though use of shared materials and meetings
* Targeted discussions with GPs and GP staff - via practice forums, local care team meetings and via our GP bulletin.

**Outputs**

* Develop a consultation document to include:
  + Case for change - The case for change will be developed by the CCG commissioning team and worked into a consultation document by support organisation
  + Options for consultation – these will be developed by the CCG commissioning team
  + Consultation questions
* Develop and design patient & public survey – survey designed to professional standards for:
  + Website
  + Hard copies
* Develop a clinician focused questionnaire – tested designed & published
* Support – facilitate and manage four public events to engage entire populations – design, set up and write up events
* Support up to six smaller drop in sessions at key health facilities
* Possible support for public drop ins at shopping centre, high street
* Analysis of all the information from the consultation – in preparation for the consultation report

**Stage 4: Set up for procurement July – August 2018**

We will set up a panel of service users to advise on the procurement of the new service – the format will be agreed but we expect services users to contribute to decision making on new services.

We require at this stage a full report of the consultation, so that MCCG can publish it together with a formal response.

**Outputs**

* Support for setting up a panel of users and frontline staff to engage with the procurement
* Production of a full independent report of the consultation – including all input to the consultation and the analysis undertaken above

**Invitation to Quote**

The CCG requires a consultant organisation to support the engagement of stakeholders in the re-procurement of community services by providing each of the outputs set out above.

Consortia/partnerships between organisations will be accepted, however these must be led via a Lead Provider through which payment and contract monitoring will be made. Please include details of any partners involved.

**Evidence of Past Experience**

We are looking for consultant organisations with good experience and a proven track record in supporting engagement for programmes/projects of similar scope and size. Skills in the following areas is necessary:

* Communication of complex issues of health related policy to the public
* Professional design of surveys/ questionnaires
* Analysis of quantitative and qualitative data
* Production of high quality public facing reports
* Management of large-scale engagement programmes
* Engaging patients and the public in decision making – preferably health related
* Engaging professionals and/or clinicians in decision making
* Co-production techniques
* Facilitation at public events with a range of stakeholders involved
* Working with communities who may face barriers to engaging with public bodies
* An understanding of equality and diversity

To this end we will only consider bids that include details of two previous projects and contact details for references.

**Contract value**

The maximum total value of the contract will be £42,500 including VAT. This does not include room hire or related events expenses or printing, design and distribution of hard copy survey costs.

Payment schedules will be linked to outputs above and a schedule will be arranged with the evaluator on award of the research contract.

**Proposal requirements**

Proposals should follow the following format:

* **Introduction** – brief description of your understanding of the requirement and why you are bidding for this project
* **Your approach** – outlining your approach to engagement at each stage of the project, including how you will produce the above listed outputs analysis, reporting and presenting of the final consultation report.
* **Relevant experience** - this should include information about any consortia organisation(s) and must relate to details of two projects which highlight relevant experience listed above.
* **Proposed timetable**
* **Pricing and costs**  - including breakdown of time spent on tasks, rate, please be clear on whether VAT is applicable.
* **Risks and mitigation**
* **Approach to working with the CCG and dependencies**
* **References** - applicants are requested to provide the details of two references relating to projects which highlight the relevant experience

**A full list of compliance requirements are below.**

The proposal should comprise of no more than 10 sides in font 11.

You may also provide team CVs or details of relevant organisations as separate attachments and the details of

**The Procurement Process**

We expect submission via email. IF THEY ARE also submitted in writing they should be sent via postal mail or courier to arrive **no later 16:00 on Friday 15th September 2017.** Any discrepancy between the submission and cost via email and the hard copy document received will result in the rejection of the bid. Required documents or policies can be submitted by email and / or post by the due date.

Late submissions will not be accepted unless exceptional circumstances can be proven - e.g. recent cyber-attacks or the impact of a terrorist event.

The postal address for submissions will be:

NHS Medway Clinical Commissioning Group, Fifty Pembroke Court, Chatham Maritime, Kent ME4 4EL

**All envelopes will be marked TENDER for the attention of: Justin Chisnall - Company Secretary**

Proposals and attachments should be submitted to the following email address:

[cps.northkent@nhs.net](mailto:cps.northkent@nhs.net)

**By 16:00 on Friday 15th September 2017**.

We will carry out discussions or interviews with candidate organisations where we have further questions of clarification – these will take place between **13:00 and 17:00 on Thursday 21st September**. Timeslots for discussions will be allocated on Tuesday 19th September.

**Contract awarded: 26th September 2017**

**Proposed start date: 2nd October 2017**

**Selection Criteria**

Each submission will be scored on three areas:

• Overall quality- approach, timetable, ways of working quality of proposed approach and innovative approach to engagement : 40%

• Experience and deliverability – evidence of delivering similar projects, understanding of current community health landscape, understanding of the needs of local communities and local stakeholders, capacity and ability to deliver on time: 30 %

• Costs including resourcing, a list of the key persons necessary for the project should be listed showing clearly their expected input in hours matched to cost and disclosure of the hourly rate per staff member assigned : 30%

In addition to the above a compliant bid will provide:

* Company history including financial overview / accounts for the previous 12 months or financial year
* Key persons and their professional history alongside their contribution to the project;
* Terms of payment;
* Transparency over any pending or previous county court judgements in the last 3 years (signed declaration of Directors);
* Transparency over any civil matters currently or previously in dispute over the past 3 years (signed declaration of Directors);
* Copies of current professional indemnity insurance, public liability insurance;
* Equalities statement, practice and proof of equalities training;
* Completion of the equalities questionnaire;
* Completion of the declaration of interest;
* Submission of relevant Health & Safety policies;
* Submission of working with vulnerable persons policies;
* Submission of data protection policies; and
* Business continuity arrangements both for the physical “disaster / ICT recovery” aspects but also loss of key staff to the project.

Failure to provide any one of the above within the timeframe will result in a non-compliant bid. Failure to disclose any conflict of interest can result in exclusion or withdrawal of an awarded contract.

**Finally – Remember to sign off and return the Standards Template when complete.**

**Successful applicants will be decided by a panel consisting of senior staff from the Commissioning Team, Engagement and Communications and the Quality and Safety Team together with advice from CPS.**

**Questions**

For any regarding the community services engagement or the invitation to quote please contact Clare Delap, Head of Engagement, Medway Clinical Commissioning Group: [clare.delap@nhs.net](mailto:clare.delap@nhs.net) or the Commissioning and Performance Support Team [cps.northkent@nhs.net](mailto:cps.northkent@nhs.net).