

COMMUNITY SERVICES BULLETIN

Issue 2 – April 2016

We are working with patients, carers, the wider population, health and social care professionals and partner agencies to design a blueprint for the future delivery of community based services that will meet the needs of the population both now and in the future. This bulletin provides an update for stakeholders about our approach and progress towards **transforming community services**.

Our Vision

The overall vision and direction statement for community services in the East Riding over the next five years is:

*A truly Integrated Health and Social Care Economy
that delivers consistent, systematic, good quality community care
by the right person, in the right place, at the right time
whilst ensuring the long-term sustainability of the NHS in the East Riding.*

Why are we doing this?

Community based services are currently delivered by a number of providers; including Humber NHS Foundation Trust, GP practices, voluntary sector providers; and some of the contracts we hold with these providers are due to expire in March 2017.

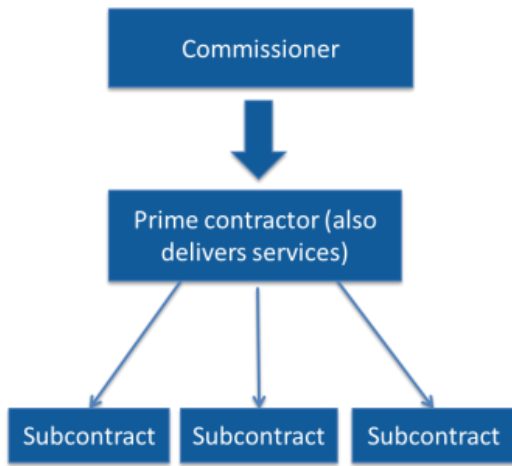
We are progressing opportunities for the future model of community services which may result in a change of provider from 1 April 2017.



Our Procurement and Contracting Approach

In determining our preferred approach, we undertook market engagement to understand the appetite for a procurement process and also to gauge if providers would bid if specific routes to market were undertaken. This showed that there are providers which are capable of providing community services in a joined up way.

Because of this, we are progressing through a procurement process called **Competitive Dialogue**. This allows us to enter into discussions with bidders to jointly develop innovative solutions, achieving maximum value for money without compromising quality of care. Only when their proposals are developed to sufficient detail are tenderers invited to submit **competitive** bids.



On 10 February 2016, we held a pre-procurement event to present our plans for community services and explain our procurement process to potential bidders.

We are delighted that over 20 provider organisations were represented and, following feedback received, the contracting approach has been clarified as the **Prime Provider** model – where one provider is contracted to provide a care pathway and sub contracts or works in collaboration with other providers for part of that pathway.

About Competitive Dialogue

Competitive Dialogue involves 3 stages of ongoing discussion and evaluation:

<p>Stage 1 – Pre Qualification Questionnaire (PQQ) This stage is all about the bidder, not the bid. It helps ensure that bidders have sufficient capacity and capability to deliver the required services. It helps us test their organisational track record of delivering similar requirements.</p> <p>Output = list of qualified providers to participate in dialogue</p>	<p>PQQ issued 19 February 2016</p> <p>Submissions received 21 March 2016</p>
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We received a number of submissions at the PQQ stage and these are being evaluated to determine who will be invited to participate in the next stage.

<p>ITPD issued 22 April 2016</p> <p>Submissions received 27 May 2016</p>	<p>Stage 2 – Invitation to Participate in Dialogue (ITPD) This stage involves an initial evaluation of tenders against pre-determined evaluation criteria and quality thresholds. These include workforce, Information Technology, service model, etc.</p> <p>Output = refined list of providers to continue in dialogue</p>
<p>Stage 3 – Invitation to Continue in Dialogue (ITCD) This stage involves a final evaluation of tenders against pre-determined evaluation criteria and quality thresholds. These are much more detailed than the previous stage but still include workforce, Information Technology, service model, etc.</p> <p>Output = selection of preferred bidder for the future provision</p>	<p>ITCD issued 15 July 2016</p> <p>Submissions received 19 August 2016</p>

All evaluation criteria, including the weighted scoring ratio of financial and qualitative criteria is set out in advance of each stage. To preserve the integrity of the process, BRAVO (the on-line e-procurement system) is the only method of communication between providers and the commissioners during the PQQ and subsequent dialogue sessions.

Developing the Service Specification

The re-procurement of our community services contract represents an opportunity to redesign the services, develop an outcome focused service specification and have greater transparency of quality standards and performance management against these outcomes and standards.

In December 2015, we developed an outline service specification which includes a range of outcomes people have told us are important to them. These outcomes will be used during the procurement process and continue to be refined through our ongoing discussions with bidders. The final outcomes will be measured through a range of indicators such as patient experience, reduced nursing home and hospital admissions, improved wellness, etc.



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Involving Patients and the Public – have your say

There has already been extensive involvement to help inform and shape our strategy and we value the ongoing involvement of patients and the public in developing our plans. We have established an **involvement panel** of service users who are actively involved in our procurement. Making sure the patient is at the heart of our decision making, they are:

- Members of workstreams (such as finance and quality).
- Helping us to produce the service specification.
- Developing outcomes and measures so we can monitor successful delivery of the services.
- Developing patient involvement related tender questions and evaluating these.

We have developed a series of person centred “I Statements” that will be at the heart of our new contract. We will use these to measure how well community services is meeting **our** aspirations and **your** needs. We are now seeking views of the wider community – tell us what you think by visiting:

<http://www.eastridingofyorkshireccg.nhs.uk/our-plans/community-services/>


East Riding of Yorkshire
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Governance Arrangements

As we are now in a period of formal procurement, it has been necessary to review our governance arrangements to ensure that we comply with procurement rules in an open and transparent way and carefully manage any potential conflicts of interest.

The former Community Services Programme Board has been reviewed and replaced by a Procurement Steering Group to manage the procurement process and lead on assessment of the tenders. The Steering Group is chaired by **Alex Seale**, Director of

Commissioning and Transformation and includes independent, non-conflicted clinicians. Dr Ben White, GP partner working in Holme on Spalding Moor, has stepped down from his role as clinical lead to avoid any conflict of interest from occurring. We would like to thank Ben for his valued input in helping to shape the work to date.

Timeline

We will seek Governing Body approval for the award of the contract on 14 October 2016 and, following a period of standstill, expect to be able to publicly announce details of the new provider on 31 October 2016. We will then work with the new provider to ensure the new contract will 'go-live' on 1 April 2017.

Glossary of terms

We have developed a glossary of terms to help people better understand our terminology. This is available on our website at:

<http://www.eastridingofyorkshireccg.nhs.uk/publications/glossary-of-terms/>

How to find out more



More information is available on our website at

<http://www.eastridingofyorkshireccg.nhs.uk/our-plans/community-services/> or from Karen Richardson, overall Programme Lead - krichardson5@nhs.net