

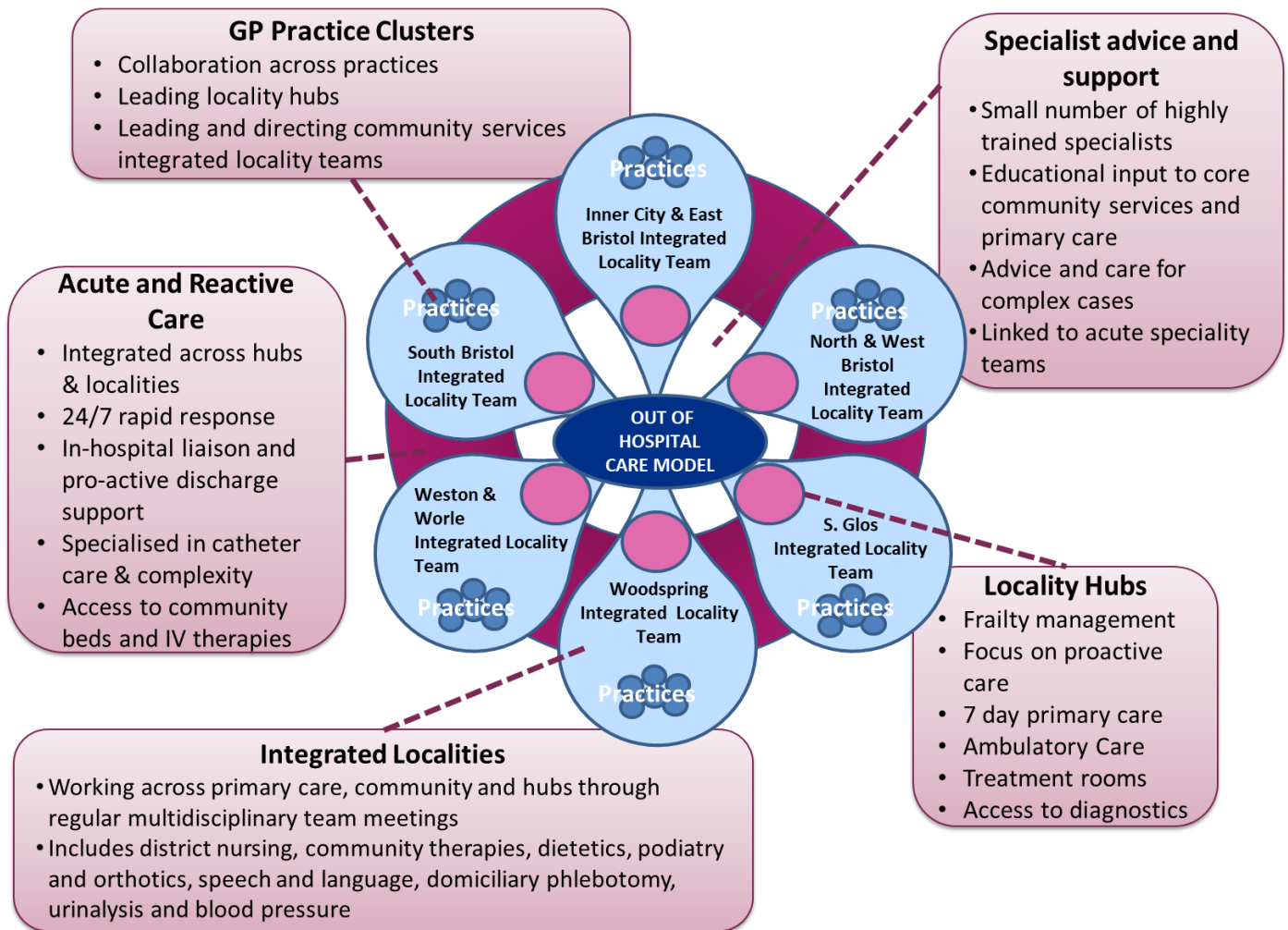
Advertising for a single provider of adult community services

Community health services are the services offered close to home or in people's homes to help them stay well and independent (not including general practice, pharmacy and dental services). Community services include things such as community nursing, physiotherapy, speech and language therapy and many others.

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) has contracts with three separate organisations for adult community health services, one in Bristol, one in North Somerset and one in South Gloucestershire. These contracts come to an end over the next few years. The CCG needs to ensure that community health services are available for the population when current contracts end. The CCG must follow legislation which requires using a competitive process to select an organisation to deliver services.

The CCG is advertising for a single organisation to provide adult community health services across Bristol, North Somerset and South Gloucestershire for up to ten years. About 105 million pounds per year will be dedicated to adult community services.

Community health services are a core part of the CCG's vision for integrated care. The model of care for community health services has been developed in partnership with stakeholders and consists of four key types of services: integrated locality teams, acute and reactive care teams, specialist advice and support teams and locality hubs. All of these community services should work together to help people stay healthy, well and independent in the community.



Each of the four service types are described briefly in turn.

Integrated locality teams

Integrated locality teams will build relationships with primary care through regular multidisciplinary team meetings to support people who have relatively stable needs to manage and reduce the risk of acute worsening of their condition. A method will be used to identify people jointly with GP practice staff so that people who need support are seen and supported.

Integrated locality teams will work with individual GP practices, groups of GP practices (clusters of around 30-50,000 patients) and across localities in partnership with GPs, their staff and other community services. The CCG has six primary care 'localities': Bristol Inner City and East, Bristol North and West, Bristol South, North Somerset Weston, Worle and Villages, North Somerset Woodspring and South Gloucestershire.

The workforce of integrated locality teams will include, but need not be limited to, community nurses, physiotherapists, occupational therapists, dieticians, podiatry, speech and language therapy and care co-ordinators. The role of care co-ordinators will be to provide a single point of contact for a person, their carer and/or family to ensure continuity of care and knowledge of the person's situation. The team should focus on the needs people and support them to achieve the goals they identify. Integrated Locality Teams will work closely with social care teams, mental health services, pharmacists and hospital specialists.

Integrated locality teams will:

- offer a single point of access for any contact with community services, including self-referral, so people are directed promptly to services that will support them to meet their needs
- develop a single core assessment process with primary care to record needs and goals identified by the person in a single, integrated care plan. These care plans will be co-ordinated by the integrated locality team and shared with all agencies and people involved in the person's care
- have strong links with all organisations that can support the person in the community to stay healthy, well and independent. This should include health and social care and voluntary and community groups
- support people to have a positive experience of care
- learn from feedback to implement changes that improve the service

Acute and reactive care teams

Acute and reactive care teams will work across localities and hubs to manage people who have acutely worsening conditions. They will have links to secondary care and community beds to help people remain in the community and enable prompter discharge from hospital. They will work according to the 'home first' principle: that the best bed is your own bed to maintain independence and wellbeing within the community. Referrals to the team will be via the single point of access managed by integrated locality teams. It is expected that anyone at imminent risk of a hospital admission will be contacted within two hours. Those not at imminent risk but considered urgent should be contacted within four hours.

Acute and reactive care team services will include:

- rapid response teams of nurses, therapists and other staff who can assess, treat and regularly review the person in the community to avoid further deterioration and hospital admission

- Integrated Care Bureau where the community service works with secondary care to support people to be discharged from hospital promptly and receive support closer to home
- access to community beds to support discharge and people who have deteriorated in the community to access a bed that is not in hospital
- minor injury units and a walk-in centre to ensure consistent care for people with minor injuries and access to x-ray facilities

The acute and reactive care service will align to the CCG's Urgent Care Strategy which aims to best manage people who have an urgent health care need, whatever time of day, seven days a week. As with all services within the community, acute and reactive care teams will use a single core assessment process and a single integrated care plan shared with all organisations involved in the person's care (including the person themselves). They will work closely with other organisations, including voluntary and community groups, to support a person to stay healthy, well and independent.

Specialist advice and support teams

Specialist advice and support teams have clinical staff knowledgeable about specific conditions and can advise people and professionals about these conditions to optimise treatment and support. They will work across localities.

Specialist advice and support services include:

- specialist respiratory care including pulmonary rehabilitation and home oxygen assessment
- specialist heart failure care
- community diabetes services
- specialist continence assessment and treatment
- tissue viability and specialist wound care
- musculoskeletal care including assessment teams
- learning disability
- dermatology
- tuberculosis services
- refugee support service (currently Bristol only, the Haven)
- health links translation support for people with English as a second language (currently Bristol only)
- Parkinson's disease
- clinical leadership of community equipment (not supply)
- lymphoedema care
- MacMillan living well and beyond cancer

Initially some of these services may be available in parts of the geography only, but within the first one to two years should be available across Bristol, North Somerset and South Gloucestershire. The specialist advice and support teams will use a single core assessment process and a single integrated care plan shared with all organisations involved in the person's care (including the person themselves) and work closely with other organisations to support a person to stay healthy, well and independent.

Locality Hubs

Locality hubs are geographical locations across Bristol, North Somerset and South Gloucestershire that are able to support people to access a range of services in one place, including services from various sectors. They will support patients who would otherwise access hospital services. The location of hubs will be decided based on population needs and demographics. Locality hub services include:

- access to a range of services to support people who are frail
- support to vulnerable groups including support for those who have a disability, are from black and minority ethnic groups, carers, those who are homeless and those who have substance misuse issues

Locality hubs will have strong links with other organisations including primary care services, mental health services, local authorities and voluntary and community groups. Hubs should use a single core assessment process and a single integrated care plan shared with all organisations involved in the person's care including the person themselves.

Procurement process

The specifications for adult community services were developed drawing on things that have worked well in other areas, existing services, feedback from 196 people via an online survey, clinical fora, six workshops with people using services, carers, clinicians and representatives from local authorities, provider organisations, community groups and other partner organisations.

The CCG needs to ensure that the process used to award the contract for adult community health services is fair, transparent and proportionate. The Public Contracts Regulations 2015 require that a competitive procurement process is followed for contracts of this scale unless there is good evidence against this. The CCG is using a bespoke process akin to a competitive procedure with negotiation. This means that the CCG will set out its requirements and have meetings to negotiate with bidders about things such as opening hours and the location of services. Bidders will have an opportunity to get feedback about their proposals and, if they are shortlisted, make amendments based on feedback prior to submitting final proposals. The broad milestones are:

- January – March 2019: Release of Request for Proposals, meetings between bidders and the CCG, patient and carer group and partner organisations and proposals submitted
- April – June 2019: Release of updated Request for Proposals if needed, meetings between shortlisted bidders and the CCG and final proposals
- July – September 2019: Checks into preferred bidder, CCG Governing Body review and NHS England assurance prior to awarding a contract

The CCG has set up a Programme Board to oversee the procurement process and content. The Board is chaired by the Chief Executive and the Deputy Chair is the Director of Commissioning, who is the Senior Responsible Officer for the procurement. Other Board members include CCG Directors, clinical leads (GPs), and members of local authorities and other partner organisations.

Bidders will have an opportunity to take part in various meetings with the CCG and others to help them shape their proposals. The meetings during the first round include:

- two meetings with the CCG where bidders set out their proposals in detail and negotiate about things that the CCG is willing to negotiate about, such as exactly when the same services will be available across the entire geography

- one meeting with members of the public, including people who have used services and carers so bidders take into account local people's ideas when shaping their proposals
- one meeting with representatives from partner organisations such as primary care locality boards, local authorities, the mental health trust and a hospital trust

These meetings will not be 'scored' in any way. The discussions are private and solely to help the bidders prepare the best proposals possible.

The organisation that will provide community services will be decided using a formal evaluation process for submitted written proposals. Evaluation questions have been developed and shared with bidders in the Request for Proposals. Each evaluation question has a panel of evaluators who will independently read and score the answer. All the scores and comments from evaluators will be reviewed by an independent moderator and the evaluators and moderator will meet to decide on a final score for each question. Bidders who achieve a score of at least 60% and score at least 2 out of 4 on every question will be shortlisted for Round 2, if the CCG decides to proceed to a second round. These shortlisted bidders will have an opportunity to meet with the CCG and refine their proposals again before final scoring takes place.

The CCG's Governing Body will review the process used and the final scores before deciding which organisation is the preferred bidder. NHS England will check the CCG's processes before a contract is signed. The CCG hopes to announce the provider in autumn 2019 after all checks.