NHS
Ipswich and East Suffolk
Clinical Commissioning Group

GOVERNING BODY

Agenda Item No.	**12**
Reference No.	**IESCCG 19-29**
Date.	**21 May 2019**

Title	**Procurement of Early Supported Discharge for Stroke Survivors**
Lead Chief Officer	Richard Watson, Deputy Accountable Officer & Chief Transformation Officer
Author(s)	Dr Imran Qureshi, CCG GP Lead for Stroke Karen-Lynne Dowsing, Transformation Lead Alison Sadler, Transformation Project Manager
Purpose	The purpose of this paper is to present the proposals for a revised Early Supported Discharge Service for procurement.

Applicable CCG Clinical Priorities:		
1.	To promote self care	✓
2.	To ensure high quality local services where possible	✓
3.	To improve the health of those most in need	✓
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	✓
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	✓
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	✓

Action required by Governing Body:

The Governing Body is asked to decide on the following:

a. Ratify the weighting split for finance and quality – 90% quality/10% finance
b. Confirmation on the contract length to be 5 years plus 2 years
c. Ratify the ITT Questions
d. Ratify proposed timeline
e. Ratify proposed KPIs
f. Ratify panel inclusions

1. Background

1.1 Early supported discharge is an intervention for adults after a stroke that allows their care to be transferred from an inpatient environment to a community setting in a timely manner. It enables people to continue their rehabilitation at home, with the same intensity and expertise that they would receive in hospital. This may not be suitable for all adults with stroke or in all circumstances. The decision to offer early supported discharge is made by the core multidisciplinary team after discussion with the person and their family carer if applicable.

1.2 Early Supported Discharge (ESD) for stroke patients is currently hosted by Norfolk Community Health & Care Trust; this contract has been extended to March 2020 and now needs re-procurement.

1.3 The contract value was reduced as part of the financial recovery in 16/17 and the reduced service budget created the following changes that were implemented in January 2017:-

- *Service reduced from a 7 day week service to a 5 day week service*
- *Therapy time reduced from up to 5 times per week to 3 times per week*
- *Reduction of service delivery from 6 weeks to 4 weeks*
- *Speech and Language Therapy (S&LT) (dysphasia) supported by a role in the team but patients needing therapy for recovery referred to the Suffolk community services team*

1.4 Agreement from Clinical Executive was received on the 2nd April 2019 to move to competitive tender, with the agreement that the procurement documentation would need sign off including the financial envelope prior to release.

1.5 Clinical Executive agreed that the Speech and Language element would continue to sit with the Community Services Directorate (ESNEFT in East; WSFT in West).

1.6 The purpose of this paper is to outline the proposed budget for the Early Supported Discharge procurement

2. Key Points - Procurement Build

2.1 An open process is proposed (below) which will follow the presented timeline, culminating in an award decision being presented to Clinical Executive and Governing Body in October.

Action	Days	Finish Date
Advertise (Expression of Interest and ITT)	0	31/05/2019
Issue Invitation to Tender Documentation	0	31/05/2019
ITT clarification questions deadline	42	12/07/2019
ITT deadline	56	26/07/2019
Preliminary compliance checking	7	02/08/2019
Bidder presentation (if required and to be scored)	14	16/08/2019
Evaluation	21	06/09/2019
Gather all results from scoring	0	06/09/2019
Moderation meeting	14	20/09/2019
Recommendation report to be written	14	04/10/2019
Ratification of decision to Award – CE	7	11/10/2019
Ratification of decision to Award – GB	12	23/10/2019
Preferred bidder announced	2	25/10/2019
Standstill period	10	4/11/2019
Mobilisation	148	31/03/2020
Contract commences	1	01/04/2020

2.2 The contract length to be offered is 5 years plus an extension of 2 years

2.3 It is proposed that the tender will be evaluated with a 90% /10% split of quality and finance.

2.4 The proposed quality sub-weightings are listed in the table below and the questions contained within these sub-criteria are outlined within the attachment to this paper.

Q	Evaluation Area	
1	Overview	0 %
2	Integration	5 %
3	Alliance Integration	5 %
4	Integration with discharge initiatives	4 %
5	Service Structure	4 %
6	HR and Training	5 %
7	Clinical Governance	5 %
8	Referrals	3 %
9	Key Worker / Co-ordinator Role	4 %
10	Care Plan Development	4 %
11	Patient Rehab Goals	4 %
12	Psychological Support	3 %
13	Carer and Family Education	3 %
14	Prevention and Health Promotion	3 %
15	Patient Risk Assessments	3 %
16	Service Quality	4 %
17	Safeguarding	4 %
18	Post Discharge Preparation	4 %
19	Service User Feedback	4 %
20	IM&T Method statement and approach	3 %
21	Information Governance	4 %
22	Mobilisation Plan	4 %
23	Communications and engagement	3 %
24	Finance and Quality	5 %
		90%

2.5 The questions have been aligned with the specification and look to secure the provider who is most capable of delivering the day one requirements.

2.6 The proposed panel will be made up of the individuals and disciplines listed in the table below

Proposed Panel
I&ES/WS CCG Associate Director
I&ESCCG Stroke Transformation Lead
I&ESCCG CCG Stroke GP
WSCCG GP
WSCCG Transformation Lead
CCG Contracting Lead
CCG Information Governance Lead
CCG Info / Performance
CCG Clinical Quality
CCG IM&T Lead
Communications
Human Resources
Patient Representative

2.7 A full outline of the questions proposed for this procurement and their individual weightings has been included with this paper as a separate attachment, named Early Supported Discharge questions.

2.8 Below are the KPIs, which are proposed to be in place from day one of the service. The service will report data to the Sentinel Stroke National Audit Programme, which is a requirement for all ESD services. It is envisaged that as the service develops throughout the period of the contract these will be added to and adapted.

Proposed KPIs from day 1
Readmission rates in to the acute stroke unit
Improvements in the SSNAP ratings for each individual reporting area by; • Continued Reduction in the average length of stay in acute trust for patients surviving a stroke • Continued reduction in stroke sufferers returning to an acute trust within 6 weeks of discharge
Continual reduction in delayed transfers of care from the acute hospital to ESD service by: • For all patients that have been identified by our acute trusts to be screened/assessed for their appropriateness for this service within 24 hours of receipt of referral • For all patients identified as being appropriate for this service and deemed medically fit to be discharged to the ESD service within 24 hours of the patient being accepted – this is inclusive of weekends and bank holidays • Reporting all delayed transfers of care in the quarterly report
Delayed transfers of care from hospital to ESD service
Long term, Health and Social care support required
Patient and carer experience and satisfaction
No of stroke survivors offered active therapy, (target of 45 minutes per discipline, five days a week) to an intensity equivalent to in hospital rehabilitation, but reflective of individual patient needs and goals – NICE guideline
Number of stroke survivors in receipt of early supported discharge who demonstrate an improvement in recorded GAS Score
No of appropriate patients rehabilitation programme started within 24 hours of discharge to ESD

3 Public & Patient Engagement

3.1 A patient representative will be identified and will be contacted; if they are not able to be involved in the procurement process then the Procurement Lead will approach the Community Engagement partnership and potentially the Ipswich Hospital User Group in order to find a replacement representative.

4 Recommendation

4.1 The Governing Body is asked to decide on the following:

a. Ratify the weighting split for finance and quality – 90% quality/10% finance
b. Confirmation on the contract length to be 5 years plus 2 years
c. Ratify the ITT Questions
d. Ratify proposed timeline
e. Ratify proposed KPIs
f. Ratify panel inclusions

Early Supported Discharge Questions

Weightings assumed an 80% split for quality

Q 1	Overview	1000 words	0% - For information only
Please describe and evidence your approach to providing the service specification, covering how your organisation and any sub-contractors will work to deliver all of the requirements. Please include an explanation of the main challenges you foresee when delivering Stroke Early Supported Discharge services, and the mitigations you would employ. This question provides the opportunity to describe your delivery plan in an executive summary.			
Q 2	Integration	750 words	5%
One aim of the service is to integrate Health, Social and voluntary organisations, ensuring a high quality pathway from the transfer out of the acute setting through discharge to home and onward to any other supporting service required. Please outline how your organisation will ensure that it is integrated into the local health and social care system, so that this service and their patients and carers benefit from service resilience, integration and interdependencies, seamless pathways and referrals. Please demonstrate with evidence or examples: -How your model of care will support this pathway? -What you consider the critical check points are? -How you will link with social care to ensure timely discharge. -What tools/strategies your organisation will use to ensure a smooth patient journey through multi-organisational pathways?			
Q 3	Alliance Integration	750 words	5%
Health and care partners in Suffolk have formed the West Suffolk Alliance and the Ipswich and East Suffolk Alliance. Both Alliances have committed to work together to improve the health and care system for the population of Suffolk. Our belief is that by working together in an Alliance we can have a positive impact on wellbeing, care and physical and mental health outcomes for people. Please outline your learning from working within an Alliance or equivalent organisational structures will be applied to your proposed service. Please include positive and negative aspects and your strategies for integrating your proposed model with the Suffolk Alliances.			
Q4	Integration with discharge initiatives	500 words	4%
Our acute hospitals are working independently with their respective community alliances on many initiatives to improve patient discharge and to keep people at home for longer. This service will need to be tailored to fit in with the alliances and their many pathways. Please outline how your organisation will integrate with these services demonstrating how your proposed model of working will add value to processes that have been initiated by the Alliances. Please include how any learning and experience your organisation has will be implemented to the benefit of this locality.			
Q 5	Service structure	300 words plus upload	4%
The core team should comprise of the following professionals with expertise in stroke rehabilitation: • Service Manager • Physiotherapists • Occupational therapists • Clinical psychologists • Nursing staff • Rehabilitation assistants			

Please include a proposed organisational chart including roles and bandings to demonstrate the required skill mix to deliver this service specification. Within the organisational chart please also cover clinical governance supervision and reporting lines, with the lead role identified.

Please ensure roles which are used to deliver the service within and outside of the lead provider; i.e. please include relationships within any sub-contractors.

Q 6	HR and Training	1000 words	5%

Please describe with evidence to demonstrate previous success how you will ensure a resilient and flexible workforce for the term of the contract. Please cover the following areas within your response:

- Workforce and succession planning
- TUPE transfers (where applicable)
- Recruitment and retention, which accounts for the potential resource shortages
- Training and skills development for all roles and levels
- Any material sub-contractor processes and impacts

Q 7	Clinical Governance	1000 words plus uploads	5%

Please outline how guidance and regulation of the following areas will be complied with, including how you ensure best practice is implemented:

- Patient Safety and Clinical Quality
- Risk Management
- Clinical Audit
- Complaints
- Equipment servicing and maintenance

Please demonstrate, with evidence;

- Compliance with national and local policy drivers
- Policies, processes and evidence of how you learn from reporting of clinical incidents, Serious Incidents, near misses, never events, compliments and complaints including PALS – including how data is used to improve the patient experience.
- Risk Management processes highlighting (identification, evaluation, reporting, treating, monitoring) and how this will inform service evaluation.

Q 8	Referrals	750 words	3%

Please describe your proposed methodology for identifying, assessing and accepting referrals of patients from stroke units and facilitating a rapid response that is required for a timely discharge from hospital 5 days a week and when necessary 7 days a week. Please ensure proposals demonstrate with evidence, a good understanding of working with referring / acute units to produce a responsive referral pathway.

Q 9	Key worker / co-ordinator role	500 words	4%

Each patient will be assigned a co-ordinator / key worker who will be responsible for the co-ordination, review and monitoring of the rehabilitation goals set by the various therapies. The key worker will ensure that relevant referrals to support services are made in good time against local criteria, and they will be the main point of contact for patients and their families. How does your model propose that the Co-ordinator / key worker principle will be implemented? Please use evidence and examples to demonstrate the Co-ordinator / key worker principles and articulate the benefits / constraints that this role brings to the service.

Q 10	Care plan development	1000 words	4%

Following the initial assessment which includes the social care requirements a comprehensive multidisciplinary team (MDT) care plan will be developed in liaison with the acute health care providers. Using evidence from experience to underpin your proposed way of working, please outline how you will lead the creation of the care plans and what challenges you may encounter when relying on other organisations to input. How will you overcome these challenges and ensure that the service users and families / carers are involved in the development of their plan.

Q 11	Patient rehab goals	750 words	4%
Please detail with evidence and examples how you will involve patients, families and carers in setting, owning and achieving goals in a person-centred manner; and how your organisation would monitor and demonstrate the patients' progress and achievement of these goals.			
Q 12	Psychological support	500 words	3%
Please demonstrate, with evidence, how the service will ensure that patients in receipt of Early Supported Discharge will receive the intensity of Psychology services set out in the NICE clinical guidelines detailed in the service specification?			
Q 13	Carer and family education	500 words	3%
Readmission of stroke survivors into acute sector from common causes of illness can be avoided by the upskilling of carers both from the care sector and the family. Please illustrate with evidence of success intended methods of education and training for carers and family to help reduce avoidable admissions for common causes such as constipation and urinary infection. Social care also undertake this type of training, so please cover how you will prevent duplication of training by working with social care teams.			
Q 14	Prevention & health promotion	500 words	3%
East and West Suffolk CCGs are addressing primary and secondary prevention to reduce the number of people experiencing a stroke with an aim to reduce the long term impact having a stroke has on individuals and their family/carers. How will your service support this work and propose to actively promote prevention strategies amongst its service users and their carers? Please include evidence and examples to demonstrate your proposals around health promotion.			
Q 15	Patient risk assessments	500 words	3%
Stroke survivors are at risk at developing secondary stroke related conditions such as vascular dementia, epilepsy and less permanent conditions such as infections etc. As the service most likely to recognise patients with deteriorating clinical conditions, please outline your processes which will identify the patients who require attention from their GP or from hospital services, avoiding automatically readmitting patients to the acute services with a worsening condition. Please ensure that your processes are specific for stroke survivors in primary & community settings and include evidence of how your service manages patients with a deteriorating clinical condition.			
Q 16	Service quality	500 words	4%
Please detail with evidence how you would detect and act upon issues relating to quality and intensity of rehabilitation provided by individual members of staff. Please include policies and processes which are applicable The service as a whole will be monitored through the contractual routes as outlined in the service specification, however, how will you assure yourselves of the quality of the rehabilitation provided by individual members of staff to the intensity and quality required, as this may not be apparent in the overall percentages?			
Q 17	Safeguarding	500 words	4%
Every healthcare professional has a responsibility for the safeguarding of all vulnerable patients / clients. If a service user is found to have obvious signs of abuse please describe the actions that you will advocate your staff to undertake to safeguard this patient. Please describe the safeguarding training within your organisation the pathway which the healthcare professional would follow (in full) and upload a copy of your safeguarding policy.			
Q 18	Post discharge preparation	500 words	4%
Please detail with evidence how your organisation will prepare patients for life after they have completed treatment from the Service. It is likely that any patients completing their time with the service will have on-going needs; for instance, vocational rehabilitation which will require onward referral once they have completed their rehabilitation goal. Please include how patients will be assessed and either signposted or referred on as appropriate in a timely manner and how your service would develop discharge plans to provide relevant information to primary care.			
Q 19	Service user feedback	500 words	4%

Please describe, with examples how, in accordance with the service specification you will seek and capture feedback from patients, carers and staff, how you report this to your Board and to commissioners, and how you continually improve as a result.			
Q 20	IM&T	500 words	3%
Please set out your method statement and approach underpinned by tried and tested evidence around the use of technology to deliver innovative, efficient, co-ordinated person and family-centred care. This should include how data will be captured, the rationale for the technology or system used, and how you intend to enable the sharing of patient data both ways.			
Q 21	Information Governance	500 words	4%
Please describe how your organisation approaches Information Governance (IG) and gives assurances to meet the 10 National Data Security Standards and Data Protection Legislation.			
Q 22	Mobilisation	500 words plus uploads	4%
Please describe your overarching approach to mobilising this service, including managing and mitigating the risks associated with the transition around workforce and these client groups. This should be supplemented by a detailed mobilisation plan (as outlined within Part A) and by setting out below: - How services will initially be mobilised ahead of the contract go-live date, including the associated timescales, activities, and milestones (including an analysis of those on the critical path); - What arrangements you expect to achieve by the go-live date in regards to premises, equipment and supporting services; - A risk register highlighting the key risks and challenges associated with the mobilisation and transition, and how these will be mitigated against; - What support, if any, you will require from the CCGs around mobilisation and transition. Please upload: - A populated mobilisation plan - A populated risk and issue log (stating probability, impact, and mitigation)			
Q 23	Mobilisation	500 words plus uploads	3%
Please submit a stakeholder communication and engagement strategy that demonstrates a clear understanding of the importance of continuous and meaningful participation. Please detail how the stakeholders of the service, in particular service users, referrers, primary care and Multi-disciplinary team members will be involved in the development and evaluation of services. Please include: - A stakeholder analysis with accompanying strategies for engaging with the key stakeholders; - Plans to raise awareness of the new service, how it is accessed and what it offers			
Q 24	Finance and quality	750 words	5%
Please describe with evidence the innovative measures and processes you will adopt to ensure continuous high quality and safe patient care without compromising expenditure to ensure the service remains within budget, transparent around expenditure and with safeguards / contingency plans for potential over expenditure. Where possible outline the innovative mechanisms (e.g. cost improvement programmes or demand flexibility) for maintaining high quality services within the cost envelope that has been submitted, as no further funding will be available.			

Q1	0% – FIO	Q14	3%
Q2	5%	Q15	3%
Q3	5%	Q16	4%
Q4	4%	Q17	4%
Q5	4%	Q18	4%
Q6	5%	Q19	4%
Q7	5%	Q20	3%

Q8	3%	Q21	4%
Q9	4%	Q22	4%
Q10	4%	Q23	3%
Q11	4%	Q24	5%
Q12	3%		
Q13	3%		