

Question and Answer session at 18 November Bidder day for C&F CCG Community Services Procurement

Q	What type of service will be procured (lead contractor, lead provider or consortium)?
A	It is open to any combination in a format that is financially workable. We want to manage the contract with a lead provider
Q	What will be the contract length?
A	(Jan Leonard)We are looking at a five year contract (subject to discussion with our Governing Body). Further information will be made available in time for the PQQ
Q	What services will be in the overall Community Services contract?
A	Information will be sent out with the information pack from this event and will accompany the PQQ documentation. This will inform potential providers what services are required
Q	Where do Social Services / the Local Authority fit within this process?
A	(Jan Leonard) Our local authority is Sefton and we already work closely with them. We do not currently have any joint service but we are aspiring to develop these in future. We are coterminous with South Sefton CCG and have good working links with the CCG and local authority. (Rob Caudwell) The local authority are as much a part of the community services as IT and any other provider (Karl McCluskey) We have a joint Health and Wellbeing strategy that covers the Southport and Formby and South Sefton footprint. We also have a single and joint Health and Wellbeing Board. CCG strategy is commensurate with the Health and Wellbeing Board so is part of the same framework. Links and other documentation relating to this will be shared as appropriate
Q	How does primary Care look to develop and work with Community Services?
A	(Karl McCluskey) It is attentive to (as CCG) its profile and demography of its population, particularly the Frail Elderly including those in secondary and community care. Investing in complementing care is a GP contract with emphasis on the over 65 age range. This is complementary to what is aspired to in Community Services (Rob Caudwell) Localities are seen as a fundamental part of the model. Also a fledgling GP federation will play a role in these services. The Local Quality Contract also relies on working with community service to deliver GPs measuring the risk of frailty then looking how to support them
Q	Is there an opportunity to interface community services and mental health?
A	(Karl McCluskey) Southport and Formby has a significant proportion of Frail Elderly and also a high incidence of e.g. dementia. It is suboptimal in the way it currently combines the approach to physical and mental health. We realise there is a benefit of combining and working together with the current provider (Meresycare). We are looking to improve treatment and also to release some expertise to work at the high end
Q	Are you considering a financial incentive model in support of [hospital] admission avoidance
A	(Karl McCluskey) We currently work under the PbR model. There may be differing views of how well this model works. We are open to exploring alternatives as long as it covers prevention, long term condition sand avoidable admissions
Q	(Keith Cawdron) Does it include and existing services provided by voluntary organisations?
A	No
Q	(Keith Cawdron) Does it cover services provided wider than Southport and Formby?
A	Yes – some are entangled with West Lancashire....(unable to hear rest of answer)

Q	(Keith Cawdron) Can I check re TUPE?
A	Yes – TUPE will apply and we are currently working with the provider to obtain information and this will be available at ITT stage.
Q	How do you envisage care in Primary Care to be co-ordinated?
A	(Karl McCluskey) We are looking for individual care to be coordinated on a locality basis and for individually coordinating care to work together cohesively to avoid duplication. Different specialisms provided jointly to support a common vision of care and a common care plan. We are looking for service leaders to provide coordination.
Q	What public engagement have you undertaken about to date?
A	We have held public engagement (Big Chats) over the last 18 months, and AGM and are aware of the requirements for consultation so we are going through the Equality and Diversity assessment process
Q	(Louise Giles) Regarding issue around care home problems providing in-reach. Is there a care home strategy?
A	(Jan Leonard) We are working with care homes looking at telemedicine, vulnerable people and improvement programmes. We recognise that there is much to be done but this is part of the blueprint. We are also providing a care home education programme (Karl McCluskey) There are a significant number of individuals in care homes. These can consume significant community and secondary care resources. Improvements include looking at the range and variety of care homes and what types of hospital activity they are generating. This information is shared with community providers and Mental Health. We are also looking at GP configurations to support care homes (this is tied in to the local quality contract) (Billie Dodd) Care home details could be provided at ITT stage
Q	Is there a bigger strategy regarding care homes?
A	We are working with Sefton Council re joint commissioning and have already developed standards in conjunction with them regarding care home and community beds
Q	Between now and mobilisation is a long period. Will there be a switch off in March 2017 or will there be a transition?
A	(Helen Graham) The procurement process takes a long time (Billie Dodd) The contract would be awarded in September 2016 and mobilisation would be until March 2017. We would expect the provider to be working alongside to ensure a smooth transition
Q	Do iLinks and new GP systems talk?
A	(Rob Caudwell) iLinks is a project which involves discussions with all providers. EMIS is the system of choice within Southport & Formby GPs and is already embedded
Q	Is EMIS data part of the seamless linking from GP to other providers
A	(Rob Caudwell) Yes
Q	(Tracy Cookscowen) Are there any intermediate or community beds included?
A	Not for beds but services will be expected to wrap around care i.e. in-reach service. There is currently a live procurement for Intermediate Care Beds for South Sefton CCG only.
Q	Are End of Life services included?
A	There will some End of Life provided by District Nurses so it will be part of the service and also palliative specialist care nurses.