

Public Health Recommissioning Market Engagement Event

8th February 2024



Public Health Recommissioning Market Engagement Event
Thursday 8th February 2024

AGENDA

	Topic	Lead(s)	Timing
1.	Welcome and Housekeeping	David Pinson	14:00
2.	Recap of Market Engagement Events 2023	Charlotte Parkes	14:05
3.	Financial Statement	Steve Whiteman	14:15
4.	Provider Selection Regime	David Pinson & Sarah Reardon	14:30
5.	Break		15:00
6.	Round Table Discussion	All	15:10
7.	Feedback	All	15:40
8.	Next Steps and Close	David Pinson	15:50



Recap of Market Engagement Events 2023

David Pinson – Associate Director Integrated Commissioning & Health Protection
Charlotte Parkes – Head of Integrated Commissioning



Our Journey So Far..

OUR VISION FOR COMMISSIONING IN GREENWICH

We want to ensure that in Greenwich, people's health, care, learning, wellbeing and relationships support them in living their best lives.

To do this we need to be commissioning for **transformational change** in the way we deliver our services for people, neighbourhoods and place.

Our ambition is to enable our residents, providers and other stakeholders to **co-design** the development of our services, based on **what matters most** to Greenwich people.

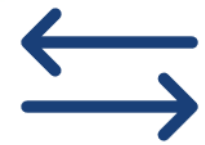
This will mean a far greater focus on **local services, join-up, outcomes, collaboration and impact**.

Preventing avoidable poor outcomes, promoting and **protecting** good health, learning, safety and wellbeing and tackling health and care **inequalities** will remain key priorities.




This report and its supporting appendices set out the findings from this work, which is intended to inform further conversations within the Council and across the ICB about what a new commissioning structure could look like, as well as recommendations for how this work should be taken forward in conjunction with the remainder of the Horizon 3 Action Plan.





ALIGNING OUR STRATEGIC PRIORITIES

Our Plan




Our Greenwich is a plan for the next four years that focuses on the changes we collectively want to see in our boroughs. It is centred around five themes, and will support the borough to address some of our demographic challenges:

- Healthy life expectancy in Greenwich notably worse than regional and national averages; inequalities in health and wellbeing across neighbourhoods.
- Continuing growth in demand for NHS and social care services, persisting health problems and backlogs.
- Growing number of people with complex long-term conditions.
- Financial challenges caused by increasing demand and ongoing pressures.

Commissioning has a significant role to play in the delivery of Our Greenwich, and the Healthier Greenwich Partnership. Some of the Commissioning challenges we will have to overcome are below: Diverse stakeholder priorities.

- Lack of shared understanding of 'what matters' to communities; limited influence over services.
- Fragmented services often difficult to navigate.
- Siloed working with one-way relationships.
- Limited opportunity for innovation.
- Services and targets based on activities and inputs.



What providers think 'good' looks like for residents



Our goal is to see a happy, healthy Greenwich, with health and wellbeing outcomes improved across the borough

Access and join-up could be supported through community wellbeing hubs, or better touchpoints in community spaces such as schools and clinics. These must be made visible to residents so that they know exactly where to get support

There should be a smoother resident journey with join-up of pathways. Waiting lists must be reduced, and some service users should be offered intermediate support whilst on a waiting list

Services should be shaped by the community and able to adapt to changing needs. This requires greater flexibility in contracts that are more outcomes-focused, with less rigid KPIs

More sharing of data is needed across the system, including data from providers, the local authority, and PCNs. This will help providers to adapt to changing need

Providers require more opportunities to network in order to share expertise and learning. Increased and improved communication will also support the sharing of risk

Accessibility is key. It's vital that residents get the right support at the right time in the right place

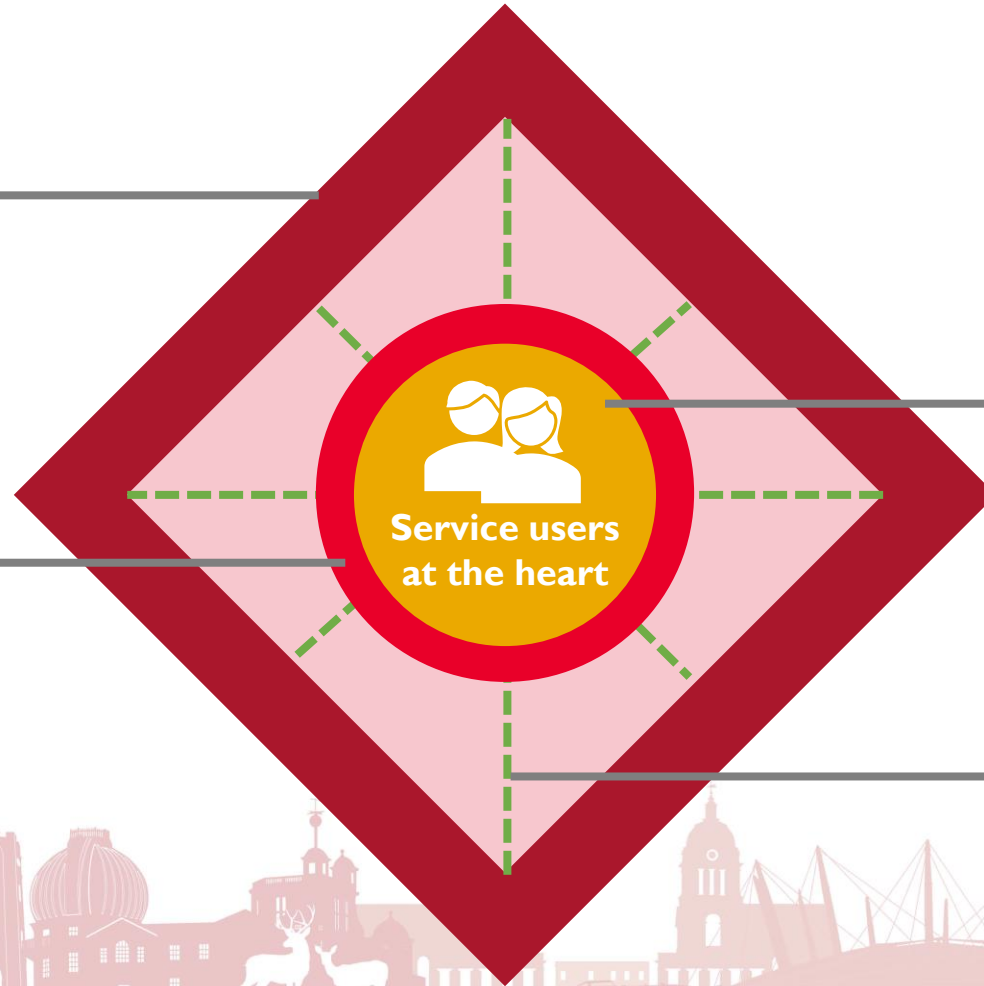
We translated our strategic visions and plans into the practical re-commissioning of Public Health services.

Specification for future Public Health Services

The work undertaken has focused on co-producing key elements of the future specification for Public Health Services. The majority of our deliverables contribute directly to core elements of the specification, as depicted below:

Framed by the national,
regional & local
contexts

**Key performance
indicators**, centred on
outcomes (incl statutory)



**Outcomes
framework**, fully co-
produced with service
users

**Core working principles
(Ambitions)**
that detail how providers will
work together to deliver the
outcomes in the specification

Ambitions overview: our ways of working together

One of the cornerstones of this work has been the co-production of our 'ambitions' with providers, which will form the blueprint of how providers and commissioners in the borough will work together to deliver Public Health services in the future.

Joint vision and outcomes

1

A culture of joint working, all singing from the same hymn sheet

Flexibility to adapt to change in need

2

Utilise population health data and flexible contracts to adapt to resident need

Collaboration and strong communication

3

Shared oversight, understanding how we communicate

Awareness of our strengths and limits

4

Each provider knows their strengths, limitations and promotes a learning culture

A human, person-centred approach, that puts co-production at the core of delivery

5

Residents at the heart of everything we do backed up by meaningful engagement

Robust infrastructure that unlocks innovation

6

To support a 'can-do' approach

A culture of shared, positive risk-taking

7

Organisations and the system flexing to meet the need and share risk, positive risk taking

A highly skilled and motivated workforce

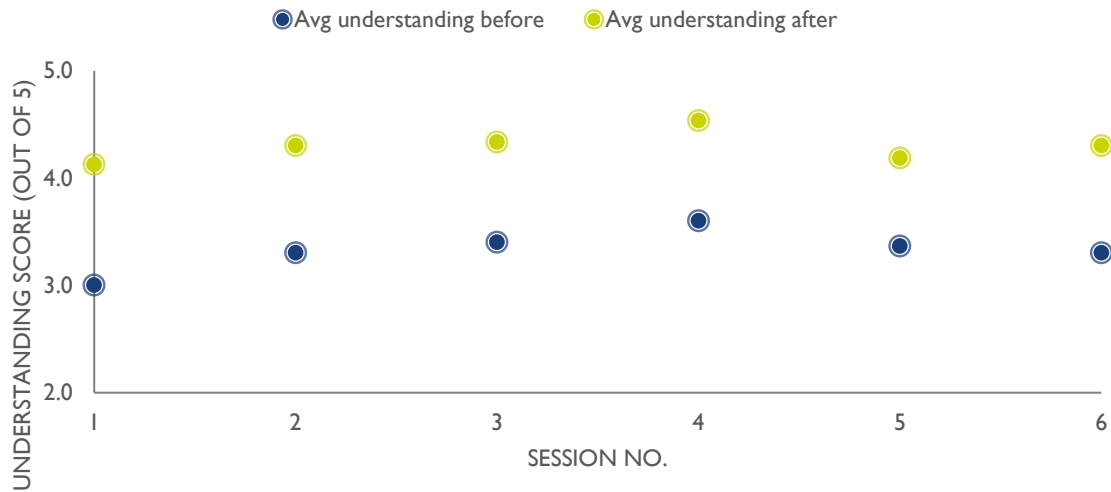
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A motivated workforce open to adapt to meet the needs of residents

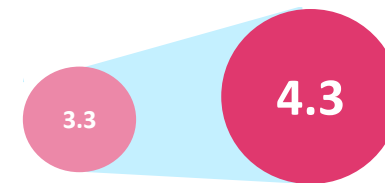
Market Engagement Events

Impact summary of the six Market Engagement Events delivered between May – September 2023

Impact of Market Engagement Events



Average overall rating of the sessions (out of 5)



Understanding of the topics before the session, compared to after the session (out of 5)



Average % increase in understanding



"Great collaborative working between commissioners and providers, more of this please!"

"Having the local resident talk to us was great! More of that please."



"I'm glad we're moving towards defining outcomes that truly matter, moving away from strict metrics."

"Doing very well in engaging us and I liked the feel of the outcomes framework!"

"Great session, important to think about ways we can be innovative but also (be) practical."

"Good session, very enjoyable and stimulating!"



"I've noticed a strong drive towards collaboration from my fellow providers. It's refreshing to see."

"Have never seen an outcomes framework before so great to get a glimpse of what it looks like."

"Great way of looking at contracted tender process - wish other boroughs would follow this"

"The open and constructive dialogue with the commissioners is proof of the mutual understanding and willingness to collaborate."



Royal Greenwich Financial Statement

Steve Whiteman

Director of Public Health



Provider Selection Regime



Legislative changes

The Health and Care Act 2022 introduced a new procurement regime for selecting providers of healthcare services in England: the **Provider Selection Regime (PSR)**.

The PSR came into force on **1 January 2024** and replaced:

- Public Contracts Regulations 2015 when arranging health care services
- National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

The relevant authorities (RAs) required to follow the PSR when procuring health care services, irrespective of whether the providers they are considering are from the NHS, the independent, or the voluntary sector are:

- NHS England
- Integrated Care Boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities or combined authorities

The PSR applies to the procurement of **health care services** in England.

Broadly, services **within** scope are:

- ❖ services arranged by the NHS such as hospital, community, mental health, primary health care, palliative care, ambulance, and patient transport services for which the provider requires CQC registration
- ❖ substance use treatment services, sexual and reproductive health, and health visits arranged by local authorities.

Not in scope of the PSR are:

- ❖ goods (i.e., medicines, medical equipment, personal protective equipment)
- ❖ social care services
- ❖ non-healthcare services or health-adjacent services (i.e., capital works, business consultancy, catering) that do not provide health care to an individual.

Record Keeping

Relevant authorities must keep records of their considerations throughout the award process. These records may be requested as part of a review during the standstill period. **Records must include:**

the relative importance of each of the key criteria and the rationale for their relative importance and how the basic selection criteria were assessed

name and address of the provider

the decision-making process followed to select a provider

the rationale for the decision

for mixed procurements, how the procurement meets the requirements for mixed procurement

details of the individual/individuals making the decision

any declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

Making a Decision

A circular icon with a blue border containing the text 'Regulation 6' in red.

Regulation 6

Relevant authorities must identify which provider selection process is applicable for the health care service they are arranging.

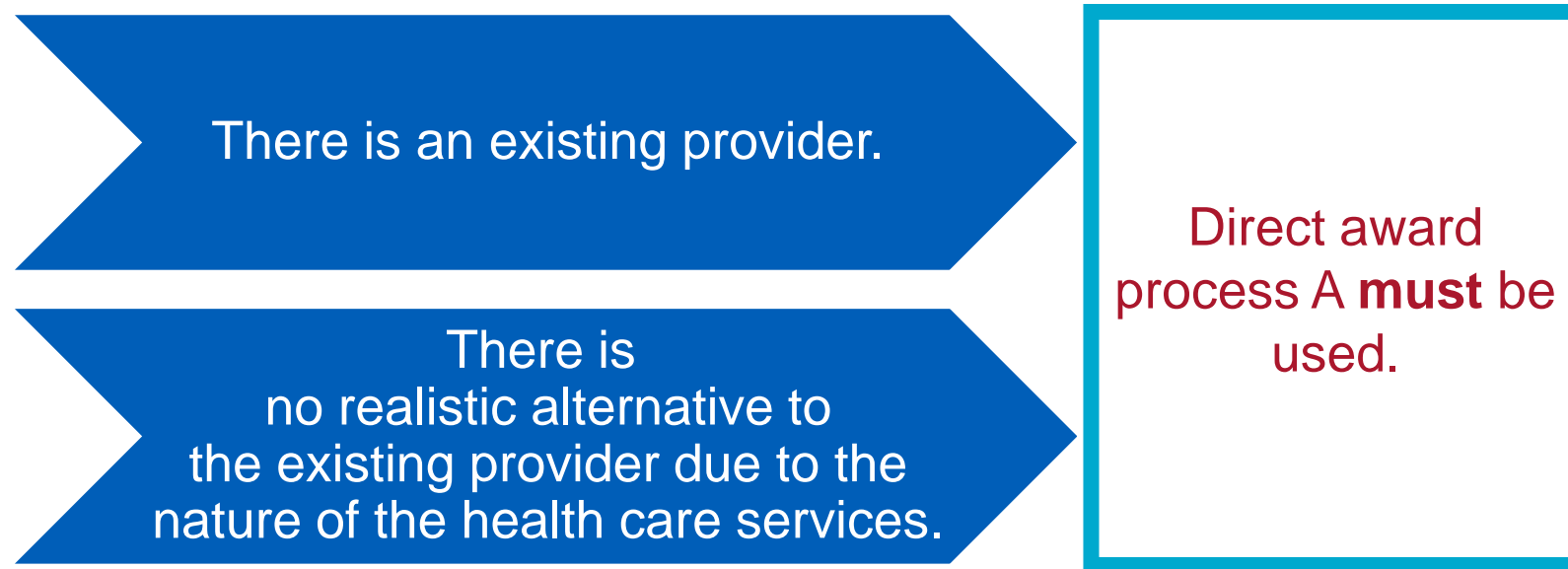
The processes are:

Direct award processes: A, B, and C

The most suitable provider process

Competitive process

Overview of direct award process A



Direct award process A cannot be used to award a contract for a newly established service. A provider must already be in place for the service in question.

Direct award process A cannot be used to establish a framework agreement.

Overview of direct award process B

Patients are offered a choice of providers.

The number of providers is not restricted by the relevant authority.

The relevant authority has arrangements in place to enable providers to express an interest in providing the health care services in question.

The relevant authority offers a contract to all eligible providers.

Direct award
process B **must** be
used.

Direct award process B must be used to award contracts for existing and newly established services, provided that all the criteria, as detailed above, are met. Direct award process B cannot be used to establish a framework agreement.

Overview of direct award process C

There is an existing provider for the healthcare services, and their contract is ending.

The proposed contracting arrangements are not changing considerably.

The relevant authority is of the view that the existing provider is satisfying the original contract and is likely to satisfy the proposed contract to a sufficient standard.

The relevant authority is not required to follow Direct Award Processes A or B.

Direct award
process C **may** be
used.

Direct award process C cannot be used to award a contract for a newly established service.
Direct award process C cannot be used to establish a framework agreement.

Overview of the most suitable provider process

The relevant authority is not required to follow Direct Award Processes A or B, and does not wish to or cannot follow Direct Award Process C.

The relevant authority is of the view, taking into account likely providers and all relevant information available to the relevant authority at the time, that it is likely to be able to identify the most suitable provider.

The most suitable provider process **may** be used.

The most suitable provider process cannot be used to establish a framework agreement. Relevant authorities are advised to follow this provider selection approach only when they are confident that they can, acting reasonably, clearly identify all likely providers capable of providing the relevant health care services.

Overview of the competitive process

Regulation 6
Regulation 11

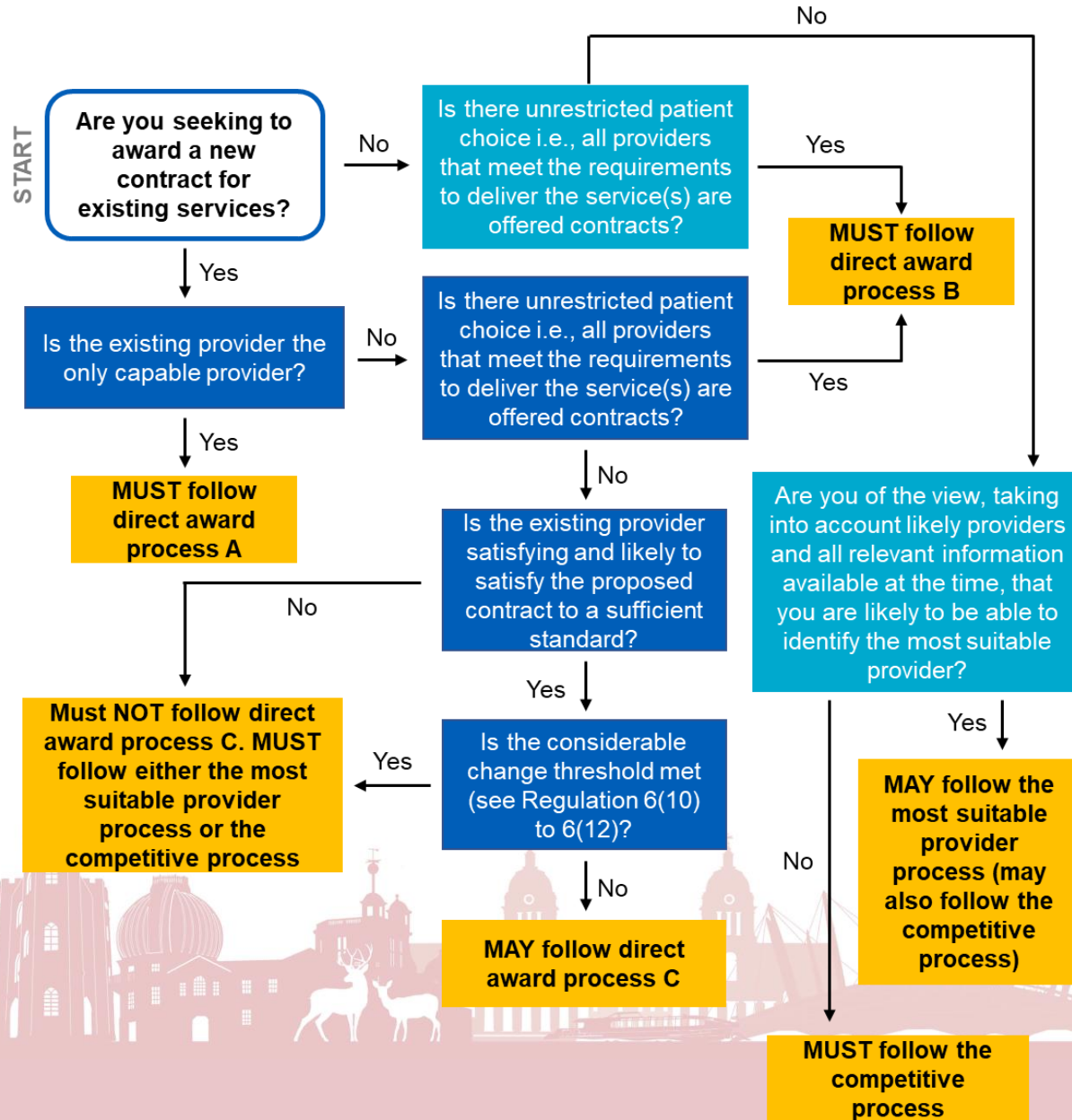
The relevant authority is not required to follow direct award processes A or B.

The relevant authority cannot or does not wish to follow direct award process C or the most suitable provider process.

The relevant authority wishes to establish a framework agreement.

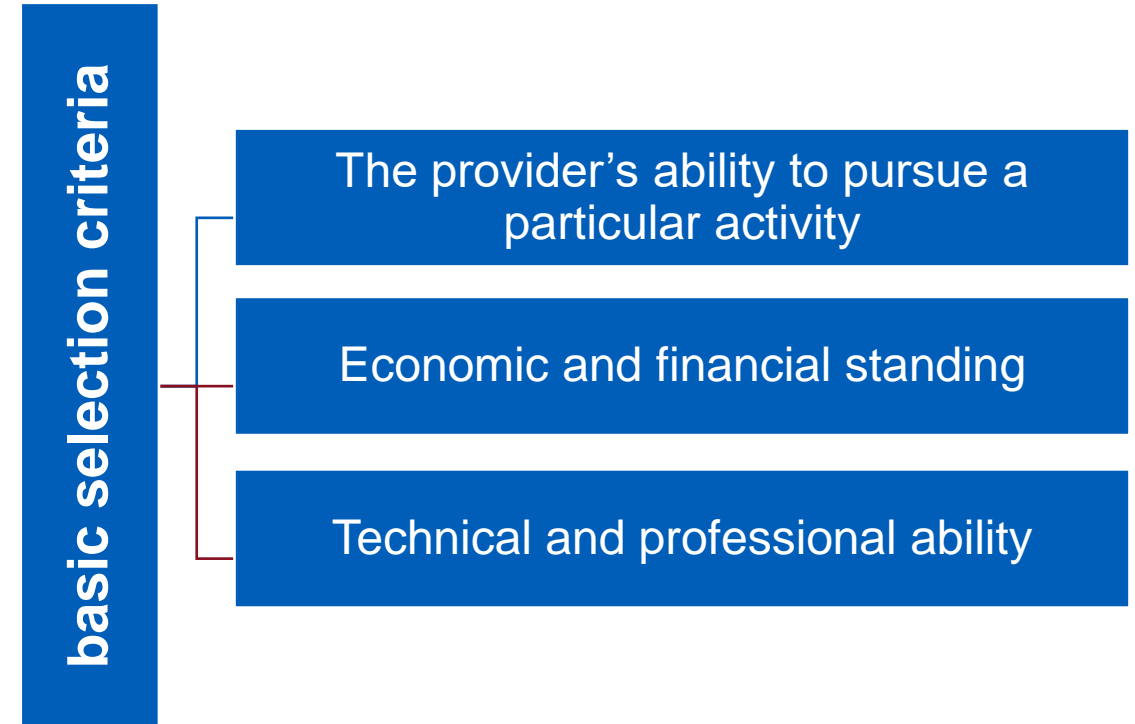
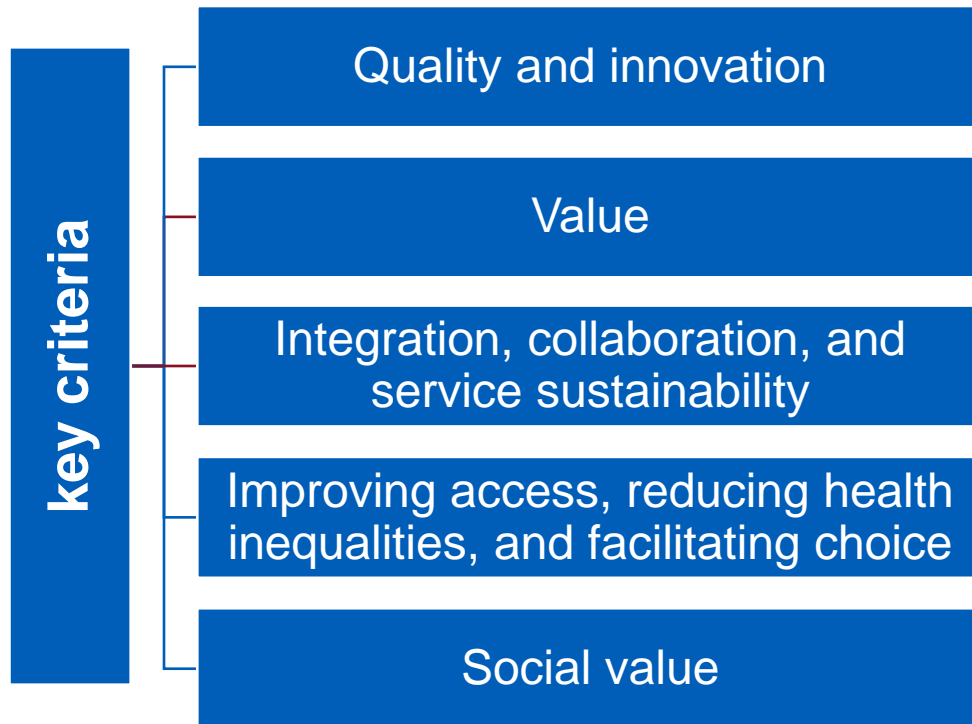
The competitive process **must** be used.

Getting to the right decision



Key criteria and the basic selection criteria

When following direct award process C, the most suitable provider process, or the competitive process, the relevant authority must take into account the **key criteria** and the **basic selection criteria**.



Key criteria

When assessing a provider against the Key Criteria, all five Key Criteria must be considered, and none can be discounted. However, the relative importance of the criteria is not pre-determined and there is no prescribed hierarchy or weighting for each criterion.

Example 1: Equal weighting

Social value	20%
Improving access, reducing health inequalities, and facilitating choice	20%
Value	20%
Integration, collaboration, and service sustainability	20%
Quality and innovation	20%

Example 2: Unequal weighting

Social value	15%
Improving access, reducing health inequalities, and facilitating choice	15%
Value	25%
Integration, collaboration, and service sustainability	20%
Quality and innovation	25%

Example 3: Pass/Fail

Social value	10%
Improving access, reducing health inequalities, and facilitating choice	50%
Value	Must meet minimum standard
Integration, collaboration, and service sustainability	40%
Quality and innovation	Must meet minimum standard

Transparency Notices via Find a Tender Service

Transparency Requirements

- Transparency notices needed for the award of contracts under the provider selection processes
- [Find a Tender \(find-tender.service.gov.uk\)](http://find-tender.service.gov.uk)
- procontract.due-north.com

	Direct award process A	Direct award process B	Direct award process C	Most suitable provider process	Competitive process
Clear intentions: Publish the intended approach in advance				Yes	
Clear intentions: Publish a notice for a competitive tender					Yes
Communicating decisions: Publish the intention to award notice			Yes	Yes	Yes
Confirming decisions: Publish a confirmation of award notice	Yes	Yes	Yes	Yes	Yes
Contract modification: Publish a notice for contract modifications	Yes	Yes	Yes	Yes	Yes

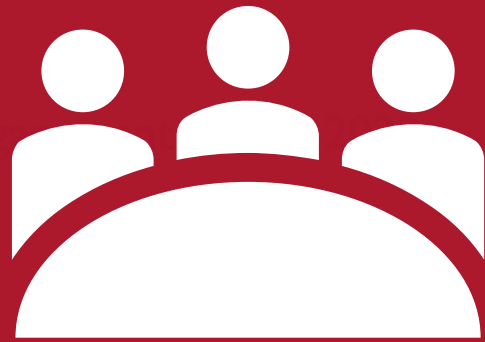
Summary

- The Provider Selection Regime applies to all values, for relevant healthcare contracts and so presents a change in the way Local Government procure services.
- All of the provider selection routes, including the direct award routes have their own criteria meaning the Council will not always have a choice over which route is used to procure services and award contracts.
- The Provider Selection Regime is a more transparent approach, this means that you will find more notices are published giving you more information about what contracts are being procured in the future, what has been awarded and what contracts have been modified. To access these please go to the Find a Tender website and the London Tenders Portal.

Break

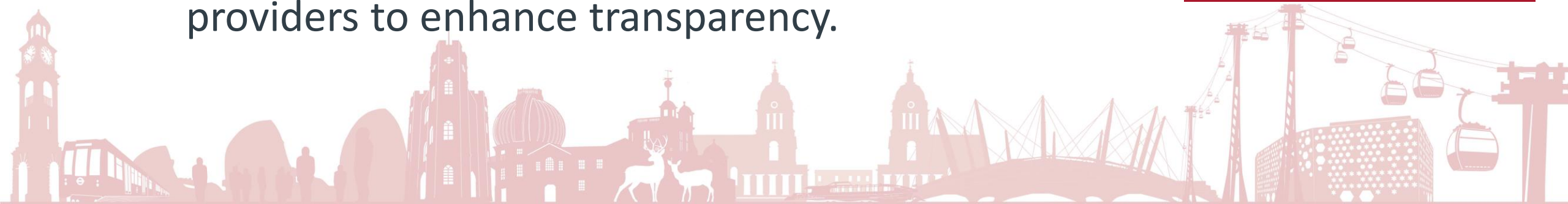


Round Table Discussion



Questions

1. What services do you think should be packaged together and why; and by doing that what will foster better collaboration and strengthened outcomes for our residents?
2. How will you work differently with us and other providers to enhance transparency.



Round Table Feedback



Next Steps & Close

