

Sussex Health and Care Partnership

Communities of practice

Call for Expressions of Interest (EOI) to support

Options Development and Appraisal	
1.	<p>Key contacts</p> <p>Brighton Hove</p> <ul style="list-style-type: none"> • Katie Chipping, Senior Manager, Partnerships B&H CCG katie.chipping@nhs.net • Becky Woodiwiss, Public Health Principal, Brighton and Hove City Council Becky.Woodiwiss@brighton-hove.gov.uk <p>East Sussex</p> <ul style="list-style-type: none"> • Kay Muir, Senior Partnerships Manager, East Sussex CCG kay.muir@nhs.net • Peter Aston, Health Improvement Principal, Public Health, East Sussex County Council peter.aston@eastsussex.gov.uk
2.	<p>Summary</p> <p>Embedding personalised care is at the heart of the Sussex Health and Care Partnership's (SHCP) strategic plan (Sussex Health and Care Plan Sussex Health & Care Partnership). Our vision is to give people more control over their own health and more personalised care, whilst strengthening our role in reducing the inequality gap by preventing ill health and increasing the years of life that people live in good health. To achieve this our aim is to ensure that personalised care becomes business as usual across our health and care partnership and to implement the comprehensive model by 2024.</p> <p>The Additional Roles Reimbursement Scheme (ARRS) has seen several new roles being employed in Primary Care Networks (PCNs). This includes Social Prescribing Link Workers (SPLWs), Health and Wellbeing Coaches (HWbCs) and care- coordinators who will play a key role in ensuring personalised care happens from the start of a patients care pathway. This will including understanding '<i>what matters</i>' to each person, ensure that they have choice and control in their care and that were appropriate they are supported to self-manage using asset/ strengths-based approaches.</p>
3.	<p>Background</p> <p>The 'NHS Long Term Plan' (NHS Long Term Plan) states that personalised care will become 'business as usual' across the health and care system, and 'Universal Personalised Care: Implementing the Comprehensive Model' sets out how this will be achieved. The 2021/22 Priorities and Operational Planning Guidance published by NHSE in March 2021 reinforced the commitment to delivering the NHS Comprehensive Model for Personalised Care.</p>

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	<p>This change is necessary to improve the quality, appropriateness and efficiency of the care and support offered to people using the NHS – but, it can be challenging for the people working in it.</p> <p>The introduction of personalised care means that our SHCP workforce needs to work differently and, therefore, supervision and support systems need to be redesigned to facilitate this and performance measures need to align with personalised care expectations.</p> <p>Personalised care requires joined up approaches where people work across boundaries, integrate resources from different places and share information appropriately, to ensure that people who use the NHS receive a seamless experience.</p> <p>For organisations, this starts with creating a workplace culture that reflects a commitment to these changes and working in partnership with other agencies to adopt a flexible, whole systems approach that works across traditional boundaries. This might involve creating and nurturing new networks that include resources not traditionally associated with health care needs, such as with housing or leisure providers. These partnerships could be drawn from the Voluntary Community and Social Enterprise (VCSE) and private sectors, as well as the statutory sector.</p> <p>For individual practitioners, this means taking a person-centred, collaborative approach with people who use the NHS and colleagues, developing new networks, and finding out about the different community resources that can be drawn on to support people. Learning and development opportunities can support staff to change their approach to work in a personalised way. Effective change is only sustainable when staff feel safe and valued in their workplace and are supported and enabled by systems, policies and processes that correspond with the required ways of working.</p> <p>For managers, leadership for personalised care needs to model the kind of equal relationships and asset-based approaches that embody good personalised care. Personalised care can be seen as a response to a key challenge raised by people that were involved in the independent living movement - that individuals need to be involved in codesigning their care and support, alongside professionals, in order for it to be effective.</p> <p>This same principle applies to the challenge of how personalised care needs to be implemented in the workforce. If personalised care is implemented well, the workforce should benefit from having their values better aligned with their work – they’re supported to enable people to live better lives, with care and support that’s personalised to who they are and what matters to them, as well as their medical and care needs. This can help staff to feel more motivated and valued in their role. This is the opportunity and challenge which personalised care offers us.</p>
4.	<p>Detail of provision</p> <p>The expressions of interest have been divided into two lots:</p> <ul style="list-style-type: none"> • Lot 1: East Sussex (maximum value £11,000)

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	<ul style="list-style-type: none"> Lot 2: Brighton and Hove (maximum value £11,000) <p>Expressions of interest are welcomed from provider(s) for one or both lots.</p> <p>Aim: To develop a community of practice (CoP) in each place (East Sussex and Brighton and Hove) for people employed by a PCN, local authority or VCSE organisation in an ARRS role (this includes SPLWs, HWbCs, care co-ordinators and first contact physiotherapists).</p> <p>Objective: To support the individuals in this role by:</p> <ul style="list-style-type: none"> Connecting them to the personalised care national agenda Supporting resilience through networking and peer support Developing skills through reflection and practice Creating champions to sustain the community of practice in the longer term <p>Delivery: There will be three distinct elements:</p> <ul style="list-style-type: none"> Scoping exercise to identify the areas of need and determine which of the ARRS roles will be included in the community of practice Facilitated and co-produced networking and peer support sessions Evaluation and learning to include recommendations for sustainability <p>Time frame: This can be decided depending on the needs of the group but will be for a minimum of six months and a maximum of nine months.</p>
5.	<p>Accountability</p> <ul style="list-style-type: none"> Development of the communities of practice will be overseen by a sub-group of the Personalised Care Steering Group that will include, as a minimum, the key contacts listed in section 1. Progress and evaluation reports will be shared appropriately with the SHCP's Personalised Care Steering Group, which reports to the SHCP's Population Health and Prevention Board. The funding for this project has been provided by NHS England and Improvement.
6.	<p>Resources</p> <p>The maximum value for this EOI is £22k. We would like to invite providers to submit an indicative cost on how you will deliver one or both of the lots.</p>
7.	<p>Timescale</p> <p>We will be working to the following timeframe for the expressions of interest process.</p>

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8.	<p>Provider selection</p> <p>The provider will be selected using a weighting system set out in the table below and outlined in more detail in the expression of interest response form (Appendix A).</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: right;">Weighting</th> </tr> </thead> <tbody> <tr> <td>Cost</td> <td style="text-align: right;">30%</td> </tr> <tr> <td>Proposed approach and timescales</td> <td style="text-align: right;">30%</td> </tr> <tr> <td>Expertise of facilitator(s)</td> <td style="text-align: right;">15%</td> </tr> <tr> <td>Experience of provider</td> <td style="text-align: right;">15%</td> </tr> <tr> <td>Added Value</td> <td style="text-align: right;">10%</td> </tr> </tbody> </table>		Weighting	Cost	30%	Proposed approach and timescales	30%	Expertise of facilitator(s)	15%	Experience of provider	15%	Added Value	10%
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9.	<p>Submission</p> <p>All responses to this expression of interest document, using the expression of interest response form (Appendix A), and any queries in relation to the process or the potential service, should be sent to cindy.cavie@nhs.net.</p>												

Appendix A: Expressions of interest response form

Please indicate which lot(s) you are applying for:	
	Yes/No
Lot 1 – East Sussex	
Lot 2 – Brighton and Hove	
<p>1. Cost (30%)</p> <p>Only expressions of interest with costings within the specified maximum price will be considered. Costings for delivering the community of practice are being requested so that the feasibility of the plans can be assessed. We would like to see a breakdown for each 'lot'.</p>	
<p>Please provide detailed costings here to include non-pay and overheads</p>	
<p>2. Proposed approach and timescales (30%)</p> <p>Provide details setting out how you propose to deliver each element of the provision with timescales.</p>	
<p>Please write response here (max 750 words)</p>	
<p>3. Expertise of the individuals who will be facilitating the community of practice (15%)</p> <p>Provide an overview of similar networking and reflective sessions delivered by the facilitator and experience in the field.</p>	
<p>Please write response here (max 500 words)</p>	
<p>4. Experience of provider (15%)</p> <p>Track record of successfully delivering similar provision including how you ensure that it is co-produced, develops resilience and skills, and detail of outcomes achieved.</p>	
<p>Please write response here (max 500 words)</p>	
<p>5. Added Value (10%)</p> <p>We recognise that providers could offer additional benefit and insights to this programme of work and are therefore asking potential providers to describe what added value you will bring.</p>	
<p>Please write response here (max 500 words)</p>	

