

Summary/Outline of Key Activities and Dates

Theme 1 - Provider Development / Market Readiness			
No.	Action	Timeline	Lead
1.	Initial engagement with current providers – individual meetings held at the beginning of the process (with providers over a certain size) to understand the current challenges they face and to seek their expertise in shaping the model. Opportunity also used to have early discussions about Thurrock’s aspirations/HLS/Wellbeing Teams etc.	June 2023	Commissioning
2.	Additional engagement with current providers – Second conversation with above providers to discuss the potential model whilst it is being shaped. Opportunity for providers to highlight any concerns with the proposed model at this early stage. Meeting also used to identify what support partners would need at the beginning of the contract (should they be successful in the tender) to meet our aspirations/plans regarding change in service model.	October 2023	Commissioning
3.	Support potential providers to understand Thurrock strategic direction – Prior to tender commencement, a Provider Engagement Event to be held with current and potential providers to enable them to understand HLS, Thurrock’s integrated health and social care strategy (Better Care Together - The Case for Further Change, specifically chapter 8) and the details of the contract opportunity e.g. length of contract, handover, model etc.	November 2023	Commissioning and Procurement Teams
4.	Rural outliners and difficult to access areas - work undertaken in Bulphan and in East Tilbury (pass the crossing) to develop a community/micro response to need in these areas.	When post is recruited to.	Micro Enterprise Officer (when vacant post is recruited to)
5.	Shape specification and tender process – ensure the specification has built in flexibility that enables the service to adapt to learning over the life of the contract. Ensure tender process seeks adaptable providers who can evidence innovation and working in partnership (with users of services and health, care, housing and third sector partners).	By March 2023	Commissioning
<i>Please note: Based on legal advice, Commissioning is unable to have further conversations with current or potential providers regarding the tender or the development of the model of care/support after the Provider Engagement Event in November. This ‘ethical wall’ ensures a fair and transparent tender process.</i>			
Theme 2 – Learning and its application (Interdependency between ‘experiments’ and the model of care and support)			
1.	Wellbeing Pilot Evaluation –	September 2024 onwards	Public Health (evaluation results).

	The wellbeing evaluation will report once the procurement of domiciliary care service is underway. As such, the results will feed into and shape the model from contract award onwards.		Commissioning (interpreting the learning for the external market)
2.	ToCH/Hospital discharge and avoidance pathway – Model will be developed, tested and then established during 2023/24. The specification will either capture how the ToCH operates and the role that successful providers will undertake or be flexible enough to allow changes to occur. If it is the latter, any alterations to published existing practices will be embedded with providers between contract award and contract commencement.	September 2024 to March 2025	Contracting and Commissioning
3.	Blended Roles – A large amount of progress has already been made in this area and recruitment is agreed for a specialist nurse role who will oversee the training and assessment of competences in health-related tasks being undertaken by adult social care staff i.e. the Wellbeing Team. Once in place, we will be able to see how blended roles progresses (e.g. the number of different tasks/conditions they can support) and then assess both the likely demand that could be delegated to adult social care and the extent of crossover between health and adult social care service users (to stop duplication of effort/visits). The current pilot is centred around health and social care working together as partners. As statutory partners we already have a strong platform for integration and risk sharing that this project has built upon. If the above ‘experiment’ proves successful, both the risk to health of delegating tasks wider to non-statutory partners and the accountability framework will need to be explored before progressing.	End of March 2025 - there should be a robust evaluation of the success and cost/benefit of this model. Its wider application can then be considered.	Commissioning (adapting the learning to the external market)
Theme 3 – Post award implementation and Human Learning Systems (HLS) ‘experiments’			
1.	Award to contract commencement – Work with the successful providers to ensure their submitted mobilisation plan is on track. Ensure TUPE takes place (if applicable). Revise risk and contingency plans based on outcome of tender (number of new and existing providers increases or decreases risk, outgoing providers willingness to TUPE, staff retention rates of outgoing providers, new providers recruitment and onboarding etc).	September 2024 to March 2025	Contracting and Commissioning Teams.

2.	<p>Contract commencement - 0 to 6 months/12 months – The timeframe is variable as it is dependent on the number of contracts awarded to existing and new providers. For example, if all four contract opportunities were awarded to new providers, this period could be 12 months. Equally, if they were awarded to existing providers this period would be minimal. Delivery of care is complex, and a significant amount of resource is always required at contract commencement to ensure the safe delivery of services to vulnerable people and to embed good working relationships and Thurrock practices.</p>	Between April 2025 and March 2026 (timeframes variable as dependent on profile of successful providers)	Contracting Team with support from the Commissioning Team.
3.	<p>Test model in different localities/with different partners – As part of the tender, potential partners will be asked to submit plans regarding how they would develop the service. We will use this submission in conjunction with the learning from Theme 2 and service user engagement to test the future model of care in different localities.</p>	Year 1 to 2 of the contract (see above – dependent on contract commencement).	Commissioning
4.	<p>Finalise Model – Based on learning, finalise a model that works at either a Thurrock wide or locality level (i.e. the model may need to look different in Corringham compared to Grays depending on the strengths and assets in that community).</p> <p>This model to continue to adapt and respond to learning.</p>	Year 2 to 3 (dependent on contract commencement)	Commissioning