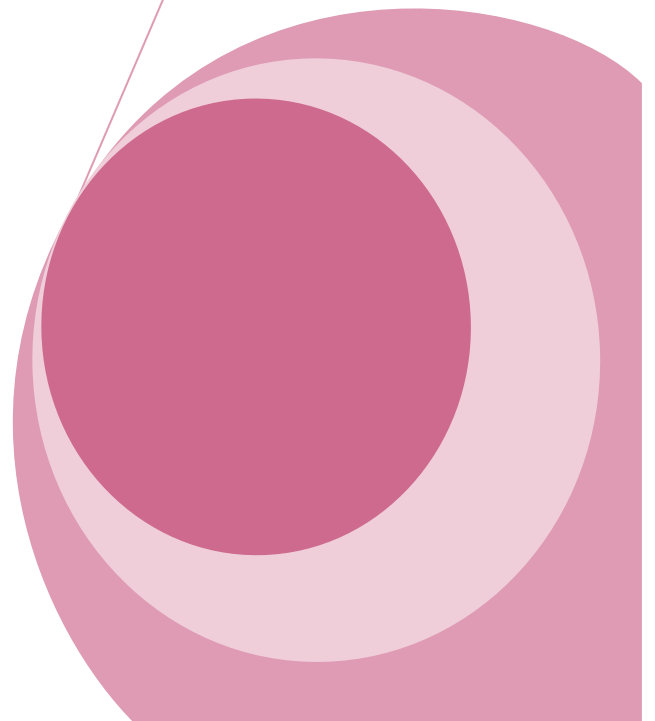
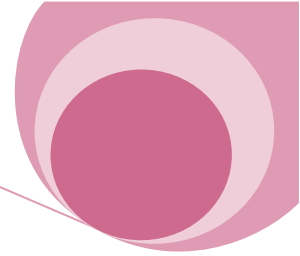


## Scope of Work

## Development of care pathways

12/7/2021





# 1 Specification / Description of work

## 1.1 Contract period

The project deliverables can be broken down into the following activities within five tranches of work:

### Tranche 1: Needs Assessment

1. **Needs Assessment (Phase 1):** Review and development of available data to support prioritisation of the pathways, and data required to complete pathway development for the first four
2. **Needs Assessment (Phase 2):** Commence the wider Jersey Needs Assessment including supporting development of the remaining pathways and undertaking other quantitative and qualitative needs assessment activities to support the JCM and Public Health

### Tranche 2: Framework development

3. Creation of a pathway development framework and toolkit specific to Jersey.

### Tranche 3: Leading pathway designs

4. **Lead** the co-design of the first four care pathways on the prioritisation list. Including upskilling local team to take the lead on Tranche 4.

### Tranche 4: Supporting pathway designs

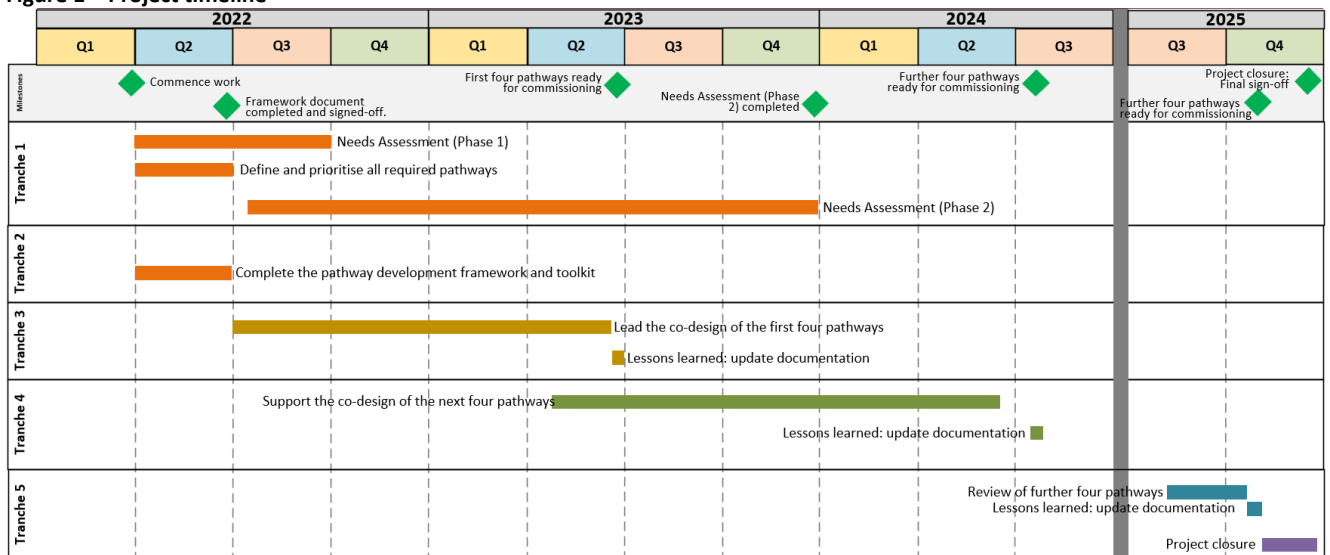
5. **Support** the co-design of the next four care pathways on the prioritisation list. Including any required coaching of, and knowledge transfer to, local teams.

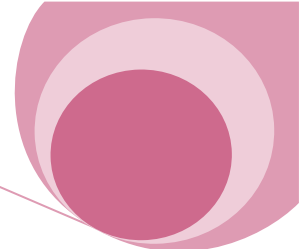
### Tranche 5: Reviewing pathway designs

6. **Review** and provide feedback on the local development of a further four care pathways.

The following diagram provides high-level timescales of the required activities across the life of the contract.

Figure 1 – Project timeline





**Assumptions**

- It is anticipated that the supplier’s resources required for tranche 4 will be similar to tranche 3, only the leadership elements will change. In tranche 4 the leadership of the co-design team will be undertaken by the local teams with the supplier’s resources still required to manage and develop the care pathways.
- As each care pathway design evolves it is expected that the level of involvement required from the supplier will decrease up to the point of delivery. Once the pathway has been defined according to the framework components it will be handed over to the commissioning team for implementation, however the commercial elements of the pathways need to be defined as part of the care pathway so it is commissionable.
- A period of overlap between the supplier, the co-design team and the commissioning team is expected to ensure that the level of detail provided as part of the care pathway is sufficient for the commissioning team and partner organisations to work with.
- Assistance is also expected from the supplier during the initial commissioning of the care pathway to ensure that any questions or issues are answered and resolved in a timely manner, and to monitor the effectiveness of the pathway to ensure it is working as intended.

**Figure 2 – Involvement through the care pathway development cycle**  
 Pathway development to implementation >>>>



**1.2 Scope of Work**

The requirements detailed within this tender have been defined and authorised by the GoJ Clinical and Professional Advisory Forum (CPAF) who as a group are the sponsors of the project. All deliverables will need to be signed-off by the CPAF before they are deemed to be completed.

The scope of work required by this tender is defined as follows:

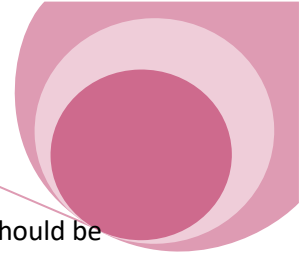
**1.2.1 Tranche 1: Needs Assessment - Phase 1 and 2**

**Requirement**

We require the supplier to determine the data required to progress work on each care pathway identified and agreed with the CPAF.

Jersey Public Health have access to a large proportion of the data required to determine what the care pathway priorities should be and to undertake much of the initial work for the needs assessment to support the Jersey Care Model. However, Public Health currently lack the analytical capacity to analyse and provide the data and information in a meaningful way to be used for decision making as part of the pathways programme due to ongoing COVID demands and challenges in recruiting analysts in the Island.

The supplier should provide dedicated analytical resource (1-2 WTE) to be embedded in the Jersey Public Health directorate and work with them to determine what quantitative or qualitative data is required, to collect or collate the data, analyse or process the data accordingly using Public Health tools



(including Alteryx and PowerBI) to present knowledge to support decision making. All outputs should be automated as much as possible to ensure ongoing monitoring or standard operating procedures produced to support ongoing analysis.

The dedicated resource should be knowledgeable about qualitative and quantitative methodology, familiar with Alteryx and PowerBI, and to provide methodology for creation of their products. Ideally, they will have previous experience working on a joint strategic needs assessment or in a public health evidence and/or intelligence team. They will help upskill the Public Health Intelligence team as needed to enable the Public Health Intelligence team to take over at the end of the contract, and will report to the Head of Public Health Intelligence within the Public Health Directorate.

All information and data captured as part of the Needs Assessment for each care pathway to be documented and handed over to the Jersey Public Health Directorate in a format to be agreed at the start of the project.

More specifically, there are two parts to the needs assessment tranche:

### ***1.2.1.1 Tranche 1: Needs Assessment – Phase 1***

As part of the Public Health team, working in coordination with the CPAF to determine the type and quantity of data available to commence work on the prioritisation of care pathways development.

Analyse the available data and present a prioritisation for pathways development. The supplier will be required to:

- Define the criteria for identification of disease-based care pathways for development
- Identify potential care pathways for development
- Define the criteria for prioritisation of a care pathway
- Work with HCS, CPAF and Public Health to determine a prioritised list for implementation including justification, which will include some data (e.g. prevalence, expected increase/decrease etc).
- Once the pathways this programme will work on have been agreed, determine the data that will be required for pathway development (to be agreed with Public Health), collect or collate that data (both quantitative and qualitative), analyse and provide to the CPAF, the supplier and other colleagues as appropriate, to support the development of each of the first four care pathways.

All information and data captured as part of the needs assessment for each care pathway is to be documented and accessible to Jersey Public Health in a format agreed at the start of the project, with Jersey retaining the intellectual copyright.

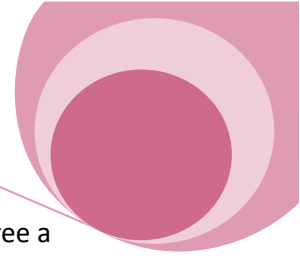
### ***1.2.1.2 Tranche 1: Needs Assessment – Phase 2***

There are 2 main elements to this section:

1. Development of a Jersey needs assessment which is broader in scope than pathways.
2. Continuation of the products required for tranche 4 and 5 of pathway development. This is expected to be completed as an element of the Jersey needs assessment, with all 12 care pathways supported in totality. The brief for this element is as per paragraph 2.2.1.1.

Jersey does not currently have a holistic Needs Assessment and requires its development to inform longer term prioritisation of care pathways and service development. We require the supplier to support a Needs Assessment process, working in partnership with Jersey Public Health.

The Jersey Needs Assessment process will be the definitive local programme through which:



- Islanders, service users, government, partners, the community and voluntary sector agree a comprehensive local picture of health and wellbeing needs
- partners jointly undertake 'big picture' intelligence and analysis – for example what's working, what's not, and what could work better? What are the major health inequalities and what can we do about them? What does an analysis of unmet needs, seldom-heard populations and vulnerable groups tell us?
- Commissioning is informed and enabled partners use needs assessment information to negotiate and agree, with partners, overarching priorities on health and wellbeing commissioning and decision-making are influenced by needs assessment and strategic priorities, via whatever products, services or methods of engagement are most appropriate and proportionate to the task – for example, where should we invest or disinvest resources for best value?
- summary information on the strategic picture for health and wellbeing is made available to wider audiences – for example the public, service providers, local media, voluntary and community sector or any audience the health and wellbeing board considers appropriate.

The Jersey Needs Assessment process is required to broadly follow the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing set out by the UK Government<sup>1</sup>. Details of the local specification will need to be worked up by the supplier for agreement by the CPAF, Public Health and HCS Commissioning.

The JNA process is expected to include the following data<sup>2</sup>:

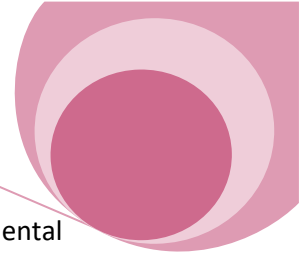
- population – for example total, growth, migration, birth, gender, age, ethnicity
- social and place – for example housing quality, environment, employment, educational attainment, benefit uptake, vulnerable groups, crime and disorder and community cohesion
- lifestyle determinants of health – for example exercise, smoking, diet, alcohol, drug abuse
- epidemiology – for example morbidity, mortality, life expectancy, long-term conditions, disease prevalence, immunisation uptake rates
- service access and utilisation – for example emergency admissions, elective care, outpatients, vulnerable groups utilisation, barriers to access, health outcomes, primary care data, discharge information, screening uptake, transport, children's centres and welfare rights
- Primary care – disease registers, utilisation, patient demographics
- service expectation – for example predictions around future demand for services
- evidence of effectiveness – for example commentary on good practice, literature reviews and National Institute for Health and Clinical Excellence (NICE) guidelines and quality standards
- community perspectives – for example the views, expectations, perceptions and experiences of service users and local communities about what contributes to good health; a range of methods should be available to gather community perspectives.

The supplier will work in partnership with Jersey Public Health to obtain other local data sources that will be equally as important, e.g. information from the voluntary sector, qualitative sources, service providers, the private sector – indeed any partner who you think will add value – will be crucial to the ability of a Jersey Needs Assessment to provide an objective assessment of needs and priorities.

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<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

<sup>2</sup> Some desired data sources may not be available or of high enough quality to analyse. In these circumstances suppliers are requested to make recommendations and cost collection of quality datasets.



We require the supplier to lead on defining current need and future demand for physical and mental health across the lifecourse through:

- Modelling current and future disease prevalence for the most important diagnostic conditions across the lifecourse.
- Assessing how individuals came to have certain needs or requirements through longitudinal analysis or looking at determinants of health.
- Researching how subgroups of the population are likely to engage with future services by defining the barriers and facilitators for future service use based on their current experiences and motivations.
- Researching how subgroups of the population use existing services from the perspective of the services themselves.
- Emphasising how we provide care for those people with multiple conditions including addressing the interplay between physical and psychological health.
- Evidenced based understanding of need and future demand which prioritises which pathways to develop

All information and data captured as part of the Jersey Needs Assessment for each care pathway to be documented and handed over Jersey Public Health in a format to be agreed at the start of the project.

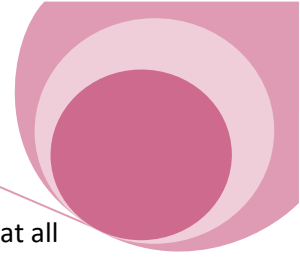
### 1.2.2 Tranche 2: Creation of a care pathway development framework and toolkit

#### Deliverables

- The development and production of a standard framework document specific to Jersey for care pathway management that defines (as an example) the process, methods and tools required to undertake pathways review, design, commissioning and implementation.
- The framework must be a standardised transferable process that can be adopted for all care pathway scenarios to be defined.
- The framework must ensure that the care pathway must be owned, maintained and supported locally.
- Any tools / templates required to support the use of the framework.
- The framework must include clarity on what capacity and skills will be required from the pathway- specific development team and clinical pathway advisors

#### Design principles

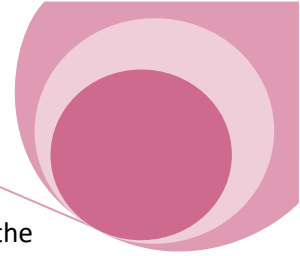
- The framework document must consider and build on the work already conducted as part of the JCM – design principles for developing systems of care, implementation plans, commissioning framework etc.
- The framework must be approved by the Clinical and Professional Advisory Forum and HCS Commissioning Team.
- The framework should be based on ‘best practice’ from methods currently adopted across the world.
- International best practice and a data-driven approach (quantitative and qualitative) is required. Bidders may want to consider consortium bids with academic institutions which are currently involved in care pathways design, healthcare public health or are interested in developing research involving population health studies.
- The framework must ensure each care pathway is person-centred starting with health promotion, disease prevention and self-care, and not just focus on the clinical pathway. The framework should progress through escalating levels of care towards specialist care / end of life.



- The framework should include continuity of care at the core of its approach ensuring that all partner organisations across multiple care settings, and with multi-disciplinary teams, work seamlessly to deliver the end-to-end care pathway.
- The framework should make provision for including behavioural economics models that shape the environment and/or choice architecture to increase the likelihood that the desired behaviour is adopted, for example using EAST (Easy, Attractive, Social, Timely) and COM-B (Capability, Opportunity, Motivation, Behaviour).
- The framework should consider a method for assessing the cost and cost-effectiveness of the proposed pathways
- The framework should include principles and methodology for pathway evaluation
- The output from the framework process must be a clear, structured guide to developing pathways which, when followed, results in the development of a care pathway that is fully defined and is ready for commissioning. This will require at a minimum the following areas to have been considered and addressed:
  - The evidence base for the pathway, both internationally and on local data
  - How and when patients and carers should be involved in pathway development
  - Clearly define the outcomes desired for each step of the pathway
  - Clearly defined inputs/activities/outputs for each process step along the pathway.
  - Identify the care setting of each activity along with what resources will be required and the necessary skillsets needed.
  - Care pathway volumes, i.e. number of people (approximate, based on known information) expected to pass along each pathway and expected to be at each step along the pathway at a given time.
  - What service specifications and service level agreements (SLA) should be considered for each care pathway?
  - Measuring quality:
    - What standards should be expected, and tools, used to monitor quality?
  - Define any skills and training requirements for each step.
  - Detail the referral criteria for accessing the service for each element of the care pathway.
  - Communication & engagement: As part of the commissioning process, what comms methods and approach should be implemented.
  - Implementation considerations to ensure that the care pathway is embedded into everyday practice and local ownership is accepted within all partner organisations.
  - Information and system requirements will need to be considered as part of the framework documentation. The framework will need to define what information should be captured as part of the input/output of each activity as well as the origin of any required source data, what value it brings, and how/when it should be reviewed.
  - Data sharing implications and requirements must also be considered, specified and the information captured through pathway design must support development of DPIA's and data sharing agreements.

### **Completion criteria:**

- All requirements defined above considered and covered within the framework document.
- Members of the co-design teams consulted and engaged in the drafting of the framework document.
- The Clinical and Professional Advisory Forum and the Associate Director for Innovation & Improvement (HCS) will have final review and sign-off of the document.



- Conduct a review of the framework process and update with any lessons learned from the completion of the pathway implementation plans.

### 1.2.3 Tranche 3: Lead the co-design of the first four care pathways

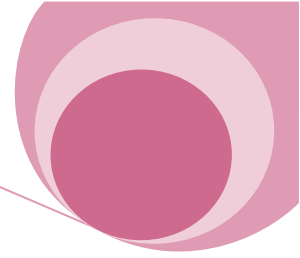
#### Requirement:

- Lead on defining the activities required to develop, ready for commissioning, each of the four care pathways identified as the requirement for this tranche. GoJ are looking for a 'hands-on' approach from the supplier for this requirement with the supplier's resources undertaking all required activities.
- Using the standard framework process developed in tranche 2, lead the necessary activities required to develop the first four care pathways identified on the prioritisation list.
- Work in partnership with the Clinical and Professional Advisory Forum (the project sponsor) to discuss and agree areas for consideration within each care pathway.
- Lead and resource all aspects of the project management, analysis, evidence gathering, co-design and advise on the commercial development required to form partnerships for delivery of the care pathway(s), handing over to the HCS Commissioning and Partnerships team to enact the contractual / commercial agreements necessary for the pathway.
- Provide leadership and direction to JCM programme team, pathway-specific development team and others to support the development of care pathways in this tranche and knowledge transfer / skill training for the requirements of the next tranche. It is expected that the supplier work side by side with local project management and analysis capacity for training and knowledge transfer, but should not rely on those resources for capacity.
- Conduct training sessions along the journey with JCM programme staff, pathway-specific development team and others as appropriate to explain the processes defined within the framework document.
- The development of training guides that enable JCM programme staff, pathway-specific development team and others to follow the process defined within the framework document. The training guides should include methods undertaken when collating evidence-based research, capturing 'as-is' and 'to-be' data from members of the care pathway partnership and how to transform the data into the development of an implementation plan.
- Embed evaluation of the pathways in the design to ensure that each step of the pathway, and the pathway as a whole, has ongoing monitoring for both outputs and health outcomes.

#### Co-design team involvement:

- It is critical that care pathways are co-developed with the local partner organisations and other GoJ departments that will deliver the pathway. Off-the-shelf UK pathways have struggled to be implemented in Jersey due to resistance and lack of understanding of local considerations. We expect the supplier to be an integral part of the co-design team, working closely with all partners. A top-down approach will not work for this project. The expectation is that this process galvanises the partner organisations involved, and they are positively engaged in design and agree that the outputs will work locally.
- It is also critical that care pathways are co-developed with the islanders expected to use the pathway (patients, carers, residents) to ensure that the pathways are fit for purpose and will work in reality as expected in theory.
- Liaise with all GoJ departments and partner organisations required as part of the partnership to ensure that they are included in the design of the care pathway.
- Ensure sign-off of the care pathway has been obtained from all relevant stakeholders, as per requirements of the framework.





**Completion criteria:**

- Each care pathway will be deemed completed when it's ready to be handed over for commissioning, as per requirements of the framework.
- The Clinical and Professional Advisory Forum will have final approval of the pathway quality, and HCS Commissioning and Partnerships on the commercial elements.
- Conduct a review of the framework process and update with any lessons learned from the completion of the pathway implementation plans.

**1.2.4 Tranche 4: Support the co-design of the next four care pathways on the prioritisation list**

**Requirement:**

- Support GoJ in defining the activities required to develop and operationalise each of the four care pathways confirmed as requirements for this tranche. GoJ are looking for a 'hands-on' approach to supporting and advising the management and development of the pathways from the supplier for this requirement with the local teams undertaking all required activities.
- Work in coordination with the Clinical and Professional Advisory Forum (the project sponsor) to discuss and agree areas for consideration within each pathway.
- Support and resource all aspects of the project management, analysis, evidence gathering, co-design and commercial development of the care pathway and partnership formation, handing over to the HCS Commissioning and Partnerships team to enact the contractual / commercial agreements necessary for the pathway.
- Provide coaching and support to JCM programme staff to support the development of care pathways in this tranche and knowledge transfer / skill training for the requirements of the next tranche.
- The training guides created as part of tranche 3 should be reviewed and, where necessary, updated to reflect any changes or lessons learned arising as a consequence of this activity.

**Co-design team involvement:**

- The intention of this tranche is to transfer leadership of the co-design back to the JCM programme staff and local teams but recognising that the supplier's resources will still be required to manage and develop the care pathway as per tranche 3.
- Liaise with all GoJ departments and partner organisations required as part of the partnership to ensure that they are included in the design of the pathway.
- Ensure sign-off of the care pathway has been obtained from all relevant stakeholders, as per requirements of the framework.

**Completion criteria:**

- Each care pathway will be deemed completed when it's ready to be handed over for commissioning, as per requirements of the framework.
- The Clinical and Professional Advisory Forum will have final approval of the care pathway quality, and HCS Commissioning and Partnerships on the commercial elements.
- Conduct a review of the framework process and update with any lessons learned from the completion of the pathway implementation plans.

**1.2.5 Tranche 5: Conduct a review on a further four pathways and implementation plans**

**Requirement:**

- Conduct a review of the next four care pathways developed by local teams, assessing the quality against the framework, providing constructive actionable feedback to support the finalisation of the care pathways being reviewed.
- Identify any areas whereby methods used or the solution proposed by the local teams or JCM programme staff was not in accordance with the processes identified within the framework document.
- Provide additional training to JCM programme staff to cover areas identified as requiring feedback as part of the care pathway review. Make amendments to all relevant training documentation and the framework to reflect those areas identified as requiring feedback.

### **Co-design team involvement:**

- The intention of this tranche is for the local teams to be independent in development of the next set of care pathways, supported by the suppliers from a quality assurance perspective.

### **Completion criteria:**

- Each care pathway will be deemed completed and ready to be handed over for commissioning once the supplier has conducted a review of the implementation plan and it meets the requirements of the framework.
- The supplier will report to the Clinical and Professional Advisory Forum (CPAF) once all feedback has been addressed and they are satisfied with the quality of the care pathway.
- The CPAF will have final approval of the care pathway's quality, and HCS Commissioning and Partnerships on the commercial elements.
- Conduct a review of the framework process and update with any lessons learned from the completion of the pathway implementation plans.

## **1.2.6 Project closure**

### **Requirement:**

- Evidence that all concerns/issues arising from the information within the implementation plan during the commissioning phase have been addressed and resolved.
- Creation of the GoJ project closure report and lessons learned documents.
- Resolution of all outstanding risks and issues detailed within the project log that are assigned to the supplier.
- Actionable plan for GoJ to keep care pathway current and up to date
- All data, evidence and products handed over to GoJ

### **Co-design team involvement:**

- Provide confirmation that all concerns/issues that were raised have been answered sufficiently.

### **Completion criteria:**

- Sign-off of the following by the CPAF:
  - the project closure report
  - the lesson learned document
  - the risks and issues log
  - plan for keeping the pathways current