

# Proposals to improve older people's healthcare and adult community services

End of consultation report

17 March 2014 to 16 June 2014



## 1. PURPOSE OF THIS REPORT

**This report is to inform the Governing Body and the Bidders in the Integrated Older People's Pathway and Adult Community Services procurement of the responses to the *Proposals to improve older people's healthcare and adult community services* public consultation. The procurement is based on an outcomes framework model.**

It will inform the Governing Body about the background and process to the consultation as well as reporting on the feedback received by the CCG during the consultation.

The feedback report is in two sections. A themed section written by the CCG and an independent report by market research company mruk, who the CCG commissioned to develop the questionnaire, and conduct telephone interviews during the consultation. This section of the report contains the data analysis all the questionnaires returned and the telephone interviews. The CCG's themed section takes the mruk report into account, along with the questions and comments received at the consultations 22 public meetings, and at other meetings that the CCG was invited to, all telephone calls, letters and emails received and organisational responses.

Bidders will be expected to consider this report and to use this to inform their 'full solutions' to be submitted by the end of July. Bidders have also been kept up to date with the consultation feedback during the consultation and have received two interim reports.

## 2. BACKGROUND TO THE CONSULTATION

Through the *Integrated Older People's Pathway and Adult Community Services* procurement, the CCG is looking to find an organisation, or group of organisations that have come together as one, to deliver a joined-up approach to healthcare services and improved health outcomes.

Many NHS contracts are paid by the number of contacts or admissions and not by the quality of those contacts or admissions, or on the results of that activity and the outcome it has for the patient. The CCG wants to change this to an outcomes model, where the impacts of treatment are measured and where the outcome that the patient wants is the focus of the treatment or activity.

The procurement process began in July 2013. The CCG has been raising awareness of the programme through engagement events, the media and briefings since then and has kept the Governing Body informed throughout the process.

The CCG worked with a joint Cambridgeshire and Peterborough Scrutiny Committee working group, the Social Partnership Forum, Healthwatch organisations and the CCG Patient Reference Group (PRG) to develop its engagement plan and consultation document. The CCG is grateful for the constructive way that they have engaged with the CCG in this process.

The CCG considered when best to go out to consultation and working with bidders was able, following CCG Governing Body endorsement, to go out to consultation during the

competitive tender process with summaries of the bidders' outline solutions for the public to give feedback on. The consultation ran from 17 March to 16 June 2014.

**The consultation was drawn up with consideration of the following guidance and legislation:**

## **Section 14Z2 National Health Service Act 2006**

### **14Z2 Public involvement and consultation by clinical commissioning groups**

1. This section applies in relation to any health services which are, or are to be, provided functions ("commissioning arrangements").
2. The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)
  - a. in the planning of the commissioning arrangements by the group,
  - b. in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
  - c. in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
3. The clinical commissioning group must include in its constitution—
  - a. description of the arrangements made by it under subsection (2), and
  - b. statement of the principles which it will follow in implementing those arrangements.
4. The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
5. A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
6. The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

## **Transforming Participation in Health and Care. September 2013**

The consultation document was drawn up having regard to this guidance document from Monitor.

## **Cabinet Office Consultation Principles**

This consultation has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008.

### **1. When to consult**

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

## **2. Duration of consultation exercises**

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

## **3. Clarity of scope and impact**

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

## **4. Accessibility of consultation exercises**

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

## **5. The burden of consultation**

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

## **6. Responsiveness of consultation exercises**

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

## **7. Capacity to consult**

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience. The Code of Practice states that these criteria should be reproduced in all consultation documents.

## **3. AWARENESS RAISING**

Engagement on the Older People's Programme began when the programme was established in 2013. The CCG wrote to many local organisations, charities, voluntary organisations and small support groups to share the information about the programme, and attended over 120 meetings during this stage to discuss the programme. The CCG also held stalls at markets in Whittlesey, Oundle, Royston, March, Ely and St Ives to help raise awareness alongside media activity.

The CCG's Engagement Team:

- raised awareness with the public about the CCG's three priorities; especially around the Older People's Programme
- sought views on current services being provided
- encouraged people to sign up to the CCG stakeholder database to receive news and information about the CCG and its priorities
- encouraged people to tell us their experiences of healthcare.

Throughout 2013, the engagement team and members of the programme team attended meetings and spoke to many groups about the programme. The CCG ensured there were patient representatives on the programme board. Patients were involved in the development of the programme and the progress of the procurement at both a strategic and operational level. The CCG worked in partnership with Health and Wellbeing Boards and Partnerships, Scrutiny Committees, the Social Partnership Forum and Healthwatch organisations on the programme. This engagement work helped to shape the programme

and the feedback we received was fed into the work of the Older People's Programme Board.

#### **4. CONSULTATION PROCESS PLANS**

In February 2014, the CCG produced the consultation process plan which described how we intended to conduct the consultation. This detailed:

- who the CCG would consult with, when and how
- the public meetings planned
- proposed communications activity

The CCG shared this plan with key stakeholders and patients via Health Scrutiny Committees, Healthwatch organisations, the Social Partnership Forum and the CCG Patient Reference Group (CCG PRG).

The CCG received very positive feedback on the process plan with complements on the clarity and comprehensive nature of the consultation. The consultation plan is attached at Appendix 5

#### **5. CONSULTATION**

##### **5.1 Documents and other consultation material.**

The following documents were made available in hard copy and on the CCG website throughout the consultation:

- Public meeting dates poster
- Full consultation booklet with tear out questionnaire
- Summary Consultation document
- Frequently Asked Questions document
- Equality Impact Assessment
- Outcomes |framework, Mark 2
- Summary Outline Solution A
- Summary Outline Solution B
- Summary Outline Solution C
- Summary Outline Solution D
- Clinical Evidence Summary
- Consultation process Plan
- Consultation Summary and Questionnaire in:
  - Latvian
  - Lithuanian
  - Polish
  - Portuguese
  - Russian
  - Urdu
- ISFS Prospectus and Annexes 1, 2,3,6,7.
- text only version of the full consultation document for use with text to speech software

The following were developed during the course of the consultation:

- audio version of the full consultation document
- Easy Read presentation and questionnaire

mruc developed an online version of the questionnaire and conducted 750 telephone interviews across the CCG area in May

## 5.2 Meetings

5.2.1 Public consultation meetings				
	Date	Meeting	Venue	CCG attendance
1	7 April	Public consultation meeting	The Priory Centre, St Neots (evening)	Ian Weller Simon Brown Sue Last Hazel Thomson
2	11 April	Public consultation meeting	Queen Victoria Hall, Oundle (afternoon)	Ian Weller Oundle GP Sue Last Sarah Prentice
3	17 April	Public consultation meeting	King Edward Centre, Chatteris (afternoon)	Jessica Bawden Arnold Fertig Julia Walsh Hazel Thomson
4	22 April	Public consultation meeting	Meadows Community Centre, Cambridge (evening)	Matthew Smith Peter Mercer Cathy Bennett Sue Last Julia Walsh
5	23 April	Public consultation meeting	March Town Hall, March (afternoon)	Ian Weller Stuart Shields Jane Coulson Sue Last
6	26 April	Public consultation meeting	Peterborough Cathedral, Peterborough (Saturday am)	Jessica Bawden H Mistry Arnold Fertig Jane Coulson Sharon Fox
7	28 April	Public consultation meeting	New Vision Fitness, Whittlesey (afternoon)	Cathy Mitchell Gary Howsam Jane Coulson Sarah Prentice

8	28 April	Public consultation meeting	New Vision Fitness, Whittlesey (evening)	Cathy Mitchell Gary Howsam Sue Last Jane Coulson
9	29 April	Public consultation meeting	Rosmini Centre, Wisbech (afternoon)	Gill Kelly Arnold Fertig Jane Coulson Hazel Thomson
10	29 April	Public consultation meeting	Rosmini Centre, Wisbech (evening)	Gill Kelly John Jones Sue Last Jane Coulson
11	30 April	Public consultation meeting	Ely Cathedral Education and Conference Centre, Ely (afternoon)	Gill Kelly John Jones Arnold Fertig Julia Walsh Sarah Prentice
12	30 April	Public consultation meeting	Ely Cathedral Education and Conference Centre, Ely (evening)	Gill Kelly John Jones Arnold Fertig Julia Walsh Sarah Prentice
13	1 May	Public consultation meeting	Burgess Hall, St Ives (afternoon)	Ian Weller Arnold Fertig Sue Last Sarah Prentice
14	8 May	Public consultation meeting	Commemoration Hall, Huntingdon (afternoon)	Ian Weller Simon Brown Sue Last Rachel Conlon
15	8 May	Public consultation meeting	Commemoration Hall, Huntingdon (evening)	Ian Weller Simon Brown Sue Last Rachel Conlon
16	12 May	Public consultation meeting	Meadows Community Centre, Cambridge (afternoon)	Matthew Smith Peter Mercer Arnold Fertig Sue Last Sarah Prentice
17	15 May	Public consultation meeting	Disability Cambridgeshire, Papworth (afternoon)	Sharon Fox Ian Weller Jonathan Wilcox

				Sue Last Jo Hobson
18	16 May	Public consultation meeting	Methodist Church Hall, Royston (afternoon)	Matthew Smith Arnold Fertig Sue Last Jo Hobson
19	30 May	Public consultation meeting	Little Shelford Memorial Hall, Little Shelford (afternoon)	Jessica Bawden Peter Mercer Cathy Bennett Julia Walsh
20	2 June	Public consultation meeting	The Fleet, Peterborough (afternoon)	Chris Rowland P Van Den Bent Arnold Fertig Jane Coulson Amie Johnson
21	2 June	Public consultation meeting	The Fleet, Peterborough (evening)	Chris Rowland P Van Den Bent Arnold Fertig Jane Coulson Amie Johnson
22	7 June	Public consultation meeting	Central Library, Cambridge (Saturday am)	Jessica Bawden Cathy Bennett Arnold Fertig Lisa Wood Sharon Fox

### 5.2.2 Meetings with organisations

	Date	Meeting	Venue	CCG attendance
23	20 March	Healthwatch Peterborough AGM / End of Year Event	The Fleet, Peterborough	Arnold Fertig Chris Rowland Sue Last Jessica Bawden
24	25 March	Peterborough Scrutiny Commission for Health Issues	Town Hall, Peterborough	Jessica Bawden Sharon Fox Neil Modha Arnold Fertig Sue Last
25	27 March	Peterborough Disability Forum	Town Hall, Peterborough	Jane Coulson
26	27	Peterborough Health and	Town Hall, Peterborough	Cathy Mitchell



	March	Wellbeing Board		
27	27 March	Fenland Local Health Partnership	Fenland District Council, March	Ross Collett John Jones
28	27 March	Cambridge City Local Health Partnership	Guildhall, Cambridge	Christina Shaw
29	31 March	East Northamptonshire Local Health Partnership	Council Chamber, Thrapston	Sue Last
30	1 April	Cambridgeshire Scrutiny	Shire Hall, Cambridge	Matthew Smith Arnold Fertig Sue Last
31	1 April	Huntingdonshire Social Wellbeing Scrutiny	Pathfinder House, Huntingdon	Sue Last Arnold Fertig
32	3 April	Cambridgeshire Health and Wellbeing Board	Shire Hall, Cambridge	Matthew Smith Neil Modha Sue Last
33	3 April	CCG Patient Reference Group	Stanton Training and Conference Centre, Huntingdon	Jessica Bawden Sharon Fox
34	8 April	East Cambridgeshire Health and Wellbeing Board	East Cambs District Council Offices, Ely	Sue Last John Jones
35	8 April	Borderline Patient Forum		Chris Rowland
36	14 April	Peterborough Carers Forum	The Fleet, Peterborough	Cathy Mitchell Sue Last
37	17 April	Peterborough Older People's Partnership Board	City Care Centre, Peterborough	Cathy Mitchell Chris Rowland
38	23 April	Huntingdonshire Health and Wellbeing Group	Pathfinder House, Huntingdon	Ian Weller Arnold Fertig
39	24 April	Hertfordshire Health Scrutiny	County Hall, Hertford	Matthew Smith Sharon Fox
40	29 April	Peterborough Patient Forum	Peterborough Central Library, Peterborough	Chris Rowland Sarah Prentice
41	19 May	Joint Healthwatch Meeting	Maple Centre, Huntingdon	Jessica Bawden Arnold Fertig Sue Last

42	22 May	Healthwatch Peterborough	The Fleet, Peterborough	Jessica Bawden Chris Rowland Sue Last
43	22 May	CATCH patient forum	Cambridge Professional Development Centre, Cambridge	Peter Mercer Catherine Bennett

### 5.2.3 Meetings with specific audiences

	Date	Meeting	Venue	CCG attendance
44	19 March	Maple Surgery	Bar Hill	Arnold Fertig
45	20 March	Lyons Court	Chatteris	Gill Kelly Sue Last
46	21 March	Nene Court	Wisbech	Ian Weller
47	24 March	Social Partnership Forum	Lockton House, Cambridge	Jessica Bawden Harper Brown Chris Humphris Sue Last Matthew Smith
48	24 March	Huntingdonshire Patients Congress	Oak Tree Centre, Huntingdon	Jessica Bawden Neil Modha Sue Last
49	31 March	Women's Institute Health Day	March Community Centre, March	Jessica Bawden Jane Coulson Sarah Prentice
50	10 April	Sudbury Court	Whittlesey	Sue Last
51	7 May	Wansford Patient Participation Group	Wansford	Sue Last Ian Weller
52	13 May	Cambridgeshire Community Services NHS Trust staff briefing	Iceni Training Room, Doddington	Matthew Smith Arnold Fertig Jessica Bawden Kathy Bonney
53	13 May	Riverside Patient Participation Group	March	Sue Last Ian Weller
54	14 May	Cambridgeshire Community Services staff briefing	Brooke St, Peterborough	Neil Modha Jessica Bawden Kathy Bonney

55	14 May	Jenner and New Queen's St joint Patient Participation Groups meeting	Whittlesey	Sue Last
56	16 May	Punjabi Cultural Society	Arbury Community Centre, Cambridge	Peter Mercer Julia Walsh
57	19 May	Huntingdonshire Breathe for Life	St. Ives Methodist Church	Ian Weller Sue Last
58	20 May	Cambridgeshire Community Services staff briefing	Cambridge Professional Development Centre	Andy Vowles Matthew Smith Arnold Fertig Jessica Bawden
59	20 May	Over 60s group	Yaxley	Chris Rowland Richard Withers? Sue Last
60	21 May	Cambridgeshire Community Services staff briefing	Hinchingsbrooke Hospital, Huntingdon	Andy Vowles Kathy Bonney
61	21 May	Royce House	Peterborough	Ian Weller
62	21 May	Huntingdon Road Patient Participation Group		Arnold Fertig Julia Walsh
63	23 May	Peterborough and Stamford Hospitals NHS Foundation Trust Management Meeting	Peterborough City Hospital, Peterborough	Cathy Mitchell Chris Rowland Arnold Fertig Christina Shaw
64	27 May	Breathe Easy Wisbech	Onyx Court, Wisbech	Ian Weller
65	3 June	Peterborough Community Groups Forum	Beehive Centre, Peterborough	Jane Coulson
66	6 June	Nene Court	Wisbech	Ian Weller
67	9 June	Roma Community Focus Group	Beehive Centre, Peterborough	Ian Weller Julia Walsh
68	10 June	Sutton Court sheltered housing scheme	Werrington, Peterborough	Ian Weller
69	11 June	Oak Foundation	Park View, Huntingdon	Ian Weller
70	11 June	Market Deeping Welcome Club	Market Deeping	Gill Kelly

### 5.3 Distribution

50 000 consultation documents were distributed throughout the area during the three month consultation. This distribution was wide-ranging and far-reaching. Details are given below of all of the distribution:

Name of Contact Group	Type of contact made
Local Councillors, City, County, District, Parish	Email Documents Posters
Scrutiny Committees: Cambs Peterborough Northants Herts	Email Documents Posters Meetings
Healthwatch Organisations: Cambs Peterborough Northants Herts	Email Documents Posters Meetings
MPs	Email Meeting request Documents Posters
CCG Stakeholder database	Email Documents
GP practices	Email Documents Posters
Health and Wellbeing Boards: Cambs Peterborough Herts Northants	Email Documents Posters Meetings
Local Health Partnerships: Camb. City South Cambs East Cambs Hunts Fenland East Northants	Email Documents Posters Meetings
Dentists	Documents Posters
Pharmacies	Documents Posters
Age UK Cambridgeshire	Documents Posters
Age UK Peterborough	Documents

	Posters
Cambridgeshire Council Voluntary Services	Documents Posters
Peterborough Council Voluntary Services	Documents Posters
Cambridgeshire Older People's Enterprise COPE	Documents Posters
Peterborough Older People's Partnership Board	Documents Posters Meeting
Peterborough Pensioners' Association	Documents Posters
162 Sheltered housing schemes	Documents Posters Meetings on request
34 x over 60s clubs / groups	Documents Posters Meetings on request
Patient Reference Group	Email Meeting Documents Posters
Borderline Patient Forum	Email Meeting Documents Posters
CATCH Patient Forum	Email Meeting Documents Posters
Hunts Patients Congress	Email Meeting Documents Posters
Cam Health Patient Forum	Email Meeting Documents Posters
Isle of Ely patient forum	Email Meeting Documents Posters
Peterborough Patient Forum	Email Meeting Documents Posters
Acute Trusts	Documents
Minor Injury and Illness Units	Documents
Walk-in Centres	Documents

Salvation Army	Documents
Cambridgeshire Community Services	Documents Email
East of England Ambulance Service	Documents Email
Unions	Documents Email
NHS England Area Team	Documents Email
Health Education England (Cambridge office)	Documents Email
Urgent Care Cambridgeshire	Documents Email
Herts Urgent Care	Documents Email
Cambridgeshire and Peterborough Foundation NHS Trust	Documents Email
Voluntary organisations across the region	Email Documents Posters
Charity organisations across the region	Email Documents Posters
Golden Age Team (Fenland DC)	Documents Email
Care Network Cambridgeshire	Documents
Alconbury Thursday Club	Documents
Histon and Cottenham PPG	Documents
Warboys Day Care Centre	Documents
Ramsey Senior Citizens' Club	Documents
Breathe Easy Fenland	Documents
Cambridgeshire Vision Partnership	Documents
Arbury Road PPG	Documents
Cotton End Social Club	Documents
Market Deeping Welcome Club	Documents
Stroke Group	Documents
Burwell Carers' Group	Documents
Alder Court Retirement Complex	Documents
Breathe Easy Cambridge	Documents
Litlington Evergreen Club	Documents
Huntingdon Road PPG	Documents
Burwell Over 60s Club	Documents
Rainbow Surgery Patients' Group	Documents
Cambridge Pensioners' Fellowship	Documents
Ramsey Day Care Centre	Documents
Caresco	Documents
The Monday Club	Documents
Bar Hill Older People's Group	Documents

Milton Surgery PPG	Documents
SUN Older People's Mental Health Lead	Documents
Punjabi Cultural Society	Documents Translations
Peterborough Diversity Forum	Documents Translations
Fridaybridge Senior Citizens Club	Documents
Hampton Parish Council	Documents
Papworth Trust	Documents
Peterborough Disability Forum	Documents Meeting
AMEY, Gypsy Traveller Liaison Group	Documents
FFT, Gypsy Traveller Liaison Group	Documents
Social Cohesion Officers	Documents
Supermarkets across the area: Tesco Sainsbury's Aldi Morrison's	Posters Leaflets

## 5.4 Engagement on equalities issues

All venues for public meeting have complied with disability access legislation to ensure that all people can access the meetings. One public meeting was held specifically at Disability Cambridgeshire's base at Papworth Everard.

The consultation was explained to, and information regarding it made available through, the following specific umbrella organisations/groups:

- Disability Cambridgeshire
- Peterborough Disability Forum
- Papworth Trust

Consultation documents and information regarding the consultation was posted directly to the following groups working in contact with those with both physical and mental health disabilities and illnesses as part of the distribution of documents:

- Alzheimer's Society
- Arts & Minds - The Cambridgeshire & Peterborough Foundation for the Arts & Mental Health
- Rethink Mental Illness - Peterborough Carer Support Service
- Cambridgeshire Independent Advocacy Service (CIAS) - Peterborough Office
- MIND
- Action On Hearing Loss Shop
- CAMSIGHT
- Cambridge ME Support Group
- Cambridge Rethink Carers Group
- CAMTAD
- Deafblind UK
- Headway Cambridgeshire
- Macular Disease Society
- Cambridge Talking News

- Cambridgeshire Deaf Association
- CAMTAD (Campaign for Tackling Acquired Deafness)
- Papworth Trust
- Parkinson`s UK - Peterborough Branch
- Peterborough & District Talking Newspaper
- Peterborough Area Down`s Syndrome Group
- Peterborough Association for the Blind (PAB)
- Peterborough Deaf Club
- Peterborough Guide Dogs for the Blind
- Peterborough ME Support Group
- Peterborough Shopmobility
- Royal National Institute of the Blind (RNIB) - Peterborough
- Shine - Spina bifida ~ Hydrocephalus ~ Information ~ Networking ~ Equality
- Cystic Fibrosis Trust (Cambridgeshire Branch)
- Disability Huntingdonshire
- Huntingdon & District Multiple Sclerosis Society
- Huntingdon, Peterborough & Cambridge MS Therapy Centre
- Huntingdonshire Society for the Blind
- Hunts Shopmobility
- Luminus Ferry Project
- Lupus UK (Cambridgeshire Group)
- March & District Handicapped Swimmer Club
- Multiple Sclerosis Society (Cambridge & District Branch)
- Ramsey & District Stroke Support Group
- Riding for the Disabled Association
- Visually Impaired Craft Club
- Cambridgeshire Lupus Group.

#### 5.4.1 Visually and hearing impaired

- A hearing loop was made available at public meetings
- A PS system was also used in all venues to ensure that the speakers could be heard by all of the audience.
- An audio version of the consultation document was recorded and made available on request, alongside plain, html and larger text versions
- The CCG's website is BrowseAloud enabled. The following figures show the number of times the BrowseAloud function on the website was accessed during the months of the consultation:

March - 106  
 April - 231  
 May - 190  
 June – 158

- The consultation was promoted via the Talking Newspapers/Magazine and other voluntary organisations working with the visually and hearing impaired as listed above.

The CCG had one request for the audio version on CD from a gentleman with macular degeneration in both eyes. The CCG received specific requests from Carers Trust Cambridgeshire for documents/information so that they could pass it on.



### 5.4.2 Learning Disabilities

Following feedback during the consultation from Cambridgeshire Learning Disability Partnership Forum, a simplified Easy Read version of the presentation and feedback questionnaire was created.

The Easy Read questionnaire was distributed via both Cambridgeshire and Peterborough Learning Disability Partnerships. The presentation was given to the Leaders of the VoiceAbility Speak Out Council, who each completed a questionnaire.

Feedback given said that health services could be improved for people with learning disabilities if letters for appointments and other forms of communication – for example signs - could be produced in Easy Read format.

Consultation documents and information about the consultation were posted direct to the following organisations/groups working with people with learning disabilities:

- MENCAP
- CAMTRUST
- Learning Disability & Autism Team
- ADHD Support Group Peterborough
- Dyslexia Action
- Peterborough & District Branch of the National Autistic Society
- Read Easy Peterborough
- VoiceAbility
- Red2Green
- P&C District Dyslexia Association

### 5.4.3 Ethnic minority groups

The consultation document carries the wording “If you would like this document in another language or format, or if you require the services of an interpreter, please contact us” translated into Urdu, Czech, Italian, Polish, Gujarati, Lithuanian and Portuguese on page 2 and 23 of the document.

One of the public meetings was held at the Rosmini Centre, a cultural community centre in Wisbech. Two were held at the Italian Community Association building known as ‘The Fleet’ in Fletton, Peterborough.

Based on information received from GP practices and City, County and District Council colleagues on common community languages, the consultation summaries and feedback questionnaires were translated into Latvian, Lithuanian, Portuguese, Polish, Urdu and Russian.

These were made available through the CCG’s website and emailed to councillors and community groups. Download data shows that the summary of the consultation and questionnaire were downloaded in the different languages as follows:

Language	Summary – no of times	Questionnaire – no of times
Latvian	38	18
Lithuanian	14	166
Polish	18	19

<b>Portuguese</b>	20	18
<b>Russian</b>	32	25
<b>Urdu</b>	190	34

Information was distributed to, and offers made for CCG representatives to attend meetings to explain the consultation in more detail through umbrella organisations (Peterborough Diversity Forum, Cambridge Ethnic Community Forum, Peterborough Racial Equality Council) and groups and through direct email, with addresses sourced from the internet and contact lists held by the CCG and local authorities.

Following this, specific contact was received from the following groups:

Requests to attend meetings:

- Cambridge Punjabi Cultural Society
- Peterborough Community Groups Forum (Umbrella group for newly settled residents)

Offers to pass on information:

- Muslim Council of Peterborough
- Club Polonia (Cambridge Polish Community)

Consultation documents were posted directly to the following groups as part of the distribution:

- Malawi Community Organisation
- Nigerians In Peterborough
- Cambridge African Network
- Cambridge Chinese Welfare Association
- Cambridge Russian-Speaking Society
- Dawoodi Bohra Community Association (Shia Islam)
- Peterborough Bangladesh Welfare Association
- Peterborough Bhat Sikh Association (PBSA)
- Rosmini Centre Wisbech
- Zimbabwe Peterborough Community
- Zimbabwe Women`s Network UK (ZIWNUK)
- Africa Unplugged
- Bangladesh Welfare & Cultural Association Cambridge
- Boishakhi Cultural Association
- Cambridge Ethnic Community Forum
- Cambridge Hindu Samaj
- Cambridge Kerala Cultural Association
- Cambridge Korean School
- Cambridge Lotus Flower School
- Cambridge Quranic Awareness Group (Islam)
- Chinese Families Together
- Hungarian School Cambridge
- Ely Language Café
- Indian Cultural Society
- Muslim Council of Cambridgeshire
- Nihongo Club (Japanese)
- Punjabi Cultural Society Cambridge
- Romany Theatre Company
- Rosmini Centre
- Wisbech Interfaith Forum
- Bengali Cultural Association of Peterborough (BCAP)

- Chaithanya - Kerala Cultural Association Of Peterborough
- Cambridge Caribbean Association
- Cambridge Sikh Society

Feedback given included that healthcare professionals need awareness of cultural differences. An example was given where an elderly lady of Asian background had been visited at home by a male nurse and while there was nothing wrong with the care given, the fact that it had been a male and not female nurse delivering the care had left her in state of distress.

Peterborough Scrutiny Commission for Health Issues also stated that all community languages should be provided within a 'call centre'.

#### **5.4.4 Traveller/Gypsy communities**

Based on experience from previous consultations and community engagement, the CCG contacted local authority colleagues for assistance in reaching Traveller/Gypsy communities.

Information was passed on, or offers to hold focus group sessions were made accordingly through councils and companies who manage Traveller sites.

This included:

- Fenland District Council (five traveller sites in Fenland)
- East Cambs District Council (two traveller sites in East Cambs)
- South Cambs District Council (two traveller sites in South Cambs)
- Luminus Group (one traveller site in Huntingdonshire)
- Hertfordshire County Council
- Peterborough City Council
- AMEY (Paston and Oxney Rd Traveller sites – Peterborough).

Following advice from a community contact, a focus group session with a Czech interpreter was set up for the Roma Community in Peterborough. The session was held at a time and place suggested by the community advisor as appropriate to give the best chance of people from this community to the chance to attend. The community contact advised all his contacts of the session and distributed a flyer advertising the session through them. He felt that those he had spoken too 'didn't seem to be very keen on attending' and no one attended on the day. The interpreter advised that the best way to reach the Roma community in future would be for a person known to the families concerned to approach them and to pass on a flyer in the community's own language.

Feedback given via the questionnaire advised the best way for healthcare to be delivered to Traveller communities is through community outreach work.

## **5.5 Media coverage**

Since the consultation was announced until its closure on 16 June, there have been in excess of 80 examples of known media coverage/advertising of the Integrated Older People's Pathway and Adult Community Services procurement, raising awareness of the public consultation across media-owned print, online and broadcast media outlets and other local media. In compliance with the Cabinet Office Principles for consultation, the CCG was limited in the amount of contact it could have with the media during the pre-election period (2 – 22 May.)

### **5.5.1 Editorial coverage in media-owned print, online and broadcast media**

Press releases issued were as follows:

- 09/06/2014 One week left to give feedback in healthcare public consultation
- 02/06/2014 Feedback deadline approaching in healthcare public consultation
- 23/05/2014 Patient representatives urge residents to take part in public consultation
- 17/03/2014 Feature: Launch older people's healthcare and adult community services
- 14/03/2014 Older people's healthcare and adult community services consultation begins
- 07/03/2014 Public consultation on older people's healthcare and adult community services starts this month.

Additional 'reminder' approaches were also made to specific journalists in relation to specific meetings. Coverage also resulted from reactive media inquiries.

Editorial has included articles in the Cambridge News, Peterborough Evening Telegraph, Royston Crow, Ely Weekly News and the Fenland Citizen publicising meetings, and coverage on BBC Radio Cambridgeshire.

The full list of known media coverage is as follows:

- 16/06/2014 Cambridge Network Huppert argues for NHS to provide improved health service for the elderly
- 16/06/2014 Cambridge News Double win at National Good Scrutiny Awards for Cambridgeshire County Council
- 13/06/2014 Peterborough Telegraph Have your say on Peterborough health care proposals
- 07/06/2014 Cambridge News Stop the NHS Sell-Off protesters hold rally and present 5,000-signature petition against handing older people's NHS contract in Cambridgeshire to private firm
- 06/06/2014 Cambridge News Stop the NHS Sell-Off protesters hold rally and present 5,000-signature petition against handing older people's NHS contract in Cambridgeshire to private firm
- 04/06/2014 Cambridge News Anti NHS privatisation protesters to hand over petition of almost 4,500 names to Cambridgeshire health chiefs

- 03/06/2014 Cambridge News Two weeks left for resident feedback
- 31/05/2014 Royston Crow MP encourages constituents to have their say on plans for elderly care changes
- 29/05/2014 Ely Weekly News Have your say on proposed changes to older people's healthcare
- 29/05/2014 Peterborough Telegraph Have your say on Peterborough health care proposals
- 28/5/2014 – Cambridge News – Health meeting (Little Shelford)
- 28/05/2014 Cambridge News With just weeks to go until the consultation into Cambridgeshire's £1 billion elderly care contract closes, residents are being urged to make themselves heard
- 27/05/2014 BBC Breakfast Programme Patient reps urge residents to take part in public consultation
- 22/05/2014 Pulse CCG launches consultation on £1 billion tender for elderly care
- 22/05/2014 Cambridge News – Royston Weekly News - Royston residents voice fears that elderly health services could be taken over by private company as soon as January next year
- 12/05/2014 Cambridge News Letters: The fight for our hospital
- 10/05/2014 Cambridge News - Royston Weekly News - Royston residents encouraged to have their say on changes to elderly health services
- 09/05/2014 Royston Crow Royston residents encouraged to have their say at meeting on changes to elderly care
- 08/05/2014 Cambridge News in brief: Contract scrutiny
- 07/05/2014 Royston Crow Letters: Keeping our healthcare local
- 07/05/2014 Hunts Post Meeting on future of elderly care
- 07/05/2014 Cambridge News in brief: Public scrutiny
- 01/05/14 Royston Crow Letters – Cost of private healthcare contracts
- 28/04/2014 Cambridge News Letters: NHS must stay public
- 01/04/2014 BBC News online BBC News at Ten
- 26/03/2014 Hunts Post Have your say on healthcare plans
- 26/03/2014 BBC Radio Cambridgeshire Your views are wanted on how to improve health care for older residents of the county.
- 19/03/2014 Hunts Post NHS bid details
- 17/03/2014 Hunts Post Consultation over NHS care for older people in Cambs starts today
- 12/03/2014 Hunts Post Elderly care: Have your say on bidders' plans
- 12/03/2014 Hunts Post Advert: have your say on plans to improve older people's healthcare and adult community services
- 12/03/2014 Fenland Citizen Public consultation on older people's healthcare and adult community services starts this month
- 12/03/2014 Cambridge News Public can have their say on Cambridgeshire's older people's healthcare contract
- 12/3/2014 Huntingdon, St Ives and St Neots News and Crier Public can have their say in bids for

- 09/03/2014 The New Listener NHS Privatisation of Older People Services in Cambridgeshire and Peterborough
- 08/03/2014 Cambridge News Cambridgeshire healthcare announce final four contenders for county's elderly health contract amid warnings of 'predatory' bids
- 07/03/2014 Hunts Post Public to get say on private care bid
- 07/03/2014 BBC Radio Cambridgeshire Interview with BBC Radio Cambs drive time about OPP
- 06/03/2014 Cambridge News Long-awaited public consultation over elderly healthcare contract for Cambridgeshire called 'a farce' by campaigners
- 06/03/2014 Public Procurement Insider Campaigners label consultation into Cambridge healthcare contract bids a 'farce'.

### **5.5.2 Paid for advertising**

A half page advertisement was placed in the following newspapers (10 March) prior to the start of the consultation:

- Cambridge News & weeklies
- Peterborough Telegraph
- Hunts Post
- Wisbech Standard
- Ely Standard
- Cambs Times
- Fenland Citizen

Following feedback that there had been a lack of editorial coverage of the consultation in the local press in Peterborough, despite repeated efforts to obtain it, a full page advertorial (pictured below) was placed in the Peterborough Evening Telegraph (29 May 2014).

### **5.5.3 Other media coverage**

In addition to the 'traditional' media outlets (newspapers, media-owned websites', broadcasters) – proactive communications to the CCG's stakeholder database and member practices have resulted in coverage of the consultation on GP surgery, parish council and voluntary sector websites and in newsletters.

Known examples include:

- |                               |                                 |
|-------------------------------|---------------------------------|
| • Huntingdon Road Surgery     | • Cornford House Surgery        |
| • Arrington Parish Council    | • Peterborough Disability Forum |
| • Cambridge CAB               | • Fenland District Council      |
| • Cambridgeshire Hearing Help | • Firs House Surgery            |
| • Camsight                    | • Haddenham Parish Council      |
| • Care Network Cambridgeshire | • Healthwatch Cambridgeshire    |
| • Cherry Hinton Network       | • Huntingdon Road Surgery       |
| • Clarkson Surgery            | • Hunts Forum                   |

- Longstanton Village Association
- Mill Road Surgery
- New Queen Street Surgery
- North Brink Practice
- Roundabout serving Buckden, Diddington and Stirtloe
- Royston Health Centre
- Royston Lib Dems
- St George's Medical Centre
- Stanground Surgery
- Sun Network
- The Burwell Surgery
- The Old Exchange Surgery
- Trumpington Street Medical Practice
- Yaxley Health Centre Patients Association
- Yaxley Medical Group

#### 5.5.4 CCG-owned website and social media channels

A page dedicated to the consultation was created on the Have Your Say section of the CCG's website and linked to from the homepage and the Older People's Programme page.

Documents relating to the consultation were made available on this page in pdf as follows:

- a summary of the consultation
- the full consultation document
- Consultation process plan
- Frequently Asked Questions (FAQs)
- Prospectus and annexes
- Outcomes Framework
- Summaries of outline solutions from each bidder
- Clinical evidence summary
- Equality Impact Assessment
- Community language translations of the summary and feedback questionnaire

A link to this page and posts/tweets regarding the individual public consultation meetings were distributed via the CCG's Twitter and Facebook accounts.

Data shows that the page was visited 4420 times during the consultation and the documents downloaded as shown in the table below:

Downloads	March	April	May	June	Totals
Consultation feedback questionnaire - Latvian.pdf		7	10	1	18
Consultation feedback questionnaire - Lithuanian.pdf		7	155	4	166
Consultation feedback questionnaire - Polish.pdf		5	10	4	19
Consultation feedback questionnaire - Portuguese.pdf		4	11	3	18
Consultation feedback questionnaire - Russian.pdf		5	14	6	25
Consultation feedback questionnaire -		4	17	13	34

Urdu.pdf					
Consultation Process Plan V4 5 _14.3.14.pdf	62	36	43	38	179
Consultation summary final.pdf	217	143	139	205	704
Equality Impact Assessment - final.pdf	35	22	29	16	102
Feedback Questionnaire.pdf	73	75	181	304	633
Final print copy consultation doc.pdf	7	3	40	8	58
Frequently Asked Questions - final.pdf	102	67	43	24	236
Full consultation document - final web version.pdf	219	241	252	441	1153
Older Peoples Programme ISFS Prospectus Annex 1 - Cambridgeshire and Peterborough CCG Map.pdf	41	28	16	13	98
Older Peoples Programme ISFS Prospectus Annex 2 - Local Requirements.pdf	28	53	65	34	180
Older Peoples Programme ISFS Prospectus Annex 3 - Schedule of Services.pdf	28	30	18	15	91
Older Peoples Programme ISFS Prospectus Annex 5 - Cover Letter.pdf	16	18	12	4	50
Older Peoples Programme ISFS Prospectus Annex 6 - Response Template Redacted.pdf	24	15	11	9	59
Older Peoples Programme ISFS Prospectus Annex 7- ISFS Questions and Evaluation Criteria.pdf	25	28	13	15	81
Older Peoples Programme ISFS Prospectus March 2014.pdf	70	55	48	34	207
Outline Solution Summary A	211	93	51	41	396
Outline Solution Summary B	164	71	33	27	295
Outline Solution Summary C	138	61	46	19	264
Outline Solution Summary D	130	55	32	21	238
Summary of Consultation - Latvian.pdf		9	14	15	38
Summary of Consultation - Lithuanian.pdf		4	9	1	14
Summary of Consultation - Polish.pdf		3	12	3	18
Summary of Consultation - Portuguese.pdf		7	10	3	20
Summary of Consultation - Russian.pdf		9	17	6	32
Summary of Consultation - Urdu.pdf		8	172	10	190
Page Hits					
Older People and Adult Community Services Consultation	1294	1016	985	1125	4420

## 5.6 Response details

<b>Attendees at public meetings</b>	
Number of people attending	<b>491</b>
<b>Enquiries received</b>	



Email	122
Phone	186
Letter / post	4
Verbal	9
Voicemail	38
Other / unknown	9
<b>Total</b>	<b>368</b>
<b>Consultation responses received</b>	
Formal responses (groups, statutory bodies, unions, campaign groups)	18
Completed questionnaires	892
Completed online questionnaires	186
Telephone interviews	751
<b>Total</b>	<b>1847</b>
Overall total	2706

## 5.7 Petitions and campaigns

### 5.7.1 Stop the NHS Sell Off (Cambridgeshire and Peterborough) Campaign group

Stop the NHS Sell Off – Cambridgeshire and Peterborough – has presented a petition against the procurement process. It has approximately 5000 signatures.

The CCG received a petition which it was told had 4500 signatures. The majority of signatures were for:

‘No Privatisation of Cambridgeshire and Peterborough Health Services! We the undersigned do not believe that profit-making companies answerable to share-holders will put the interests of patients first. We call on Cambridgeshire and Peterborough Clinical Commissioning Group to secure the long-term future of the NHS in Cambridgeshire by calling a halt to the privatisation of health care.’

There were also additional sheets with:

‘No privatisation of Cambridgeshire Community Services! We the undersigned do not believe that profit-making companies answerable to share-holders will put the interests of patients first. We ask the Cambridgeshire and Peterborough Clinical Commissioning Group to secure the long-term future of the NHS in Cambridgeshire by calling a halt to the privatisation of health care” and postcards with “Dear CCG I do not want a profit-seeking private company running any NHS services in Cambridgeshire and Peterborough and giving NHS money to their shareholders’.

Signatures dated from September 2013 up to the end of the consultation.

The CCG was also told about an online petition on [you.38degrees.org.uk](http://you.38degrees.org.uk):

'To Each Member of the Cambridgeshire and Peterborough CCG. We call upon you to halt the bidding process for the integrated older people's services with immediate effect. A complex set of services, partly designed by the bidders to maximise profit, and fragmented between suppliers and subcontracts, is inappropriate and risks the care and safety of some of the most vulnerable people in our region. Why is this important? As reported in the national press, Cambs and Peterborough CCG is pressing ahead with possibly the largest single privatisation of NHS services to date: the competitive commercial tender for a new "pathway" for older people.

'This complex set of service includes not just community services, but hospital care. This tender is estimated at Â£800M over five years; a significant proportion of which will be lost in profit to successful private bidders. At present the list of bidders includes Serco (alleged to have reported false service data on another NHS contract), Care UK (whose chairman donated Â£21,000 to the private office of Andrew Lansley), Circle, and United Health UK (part of the US based UnitedHealth).

'The Coalition has repeatedly claimed that their reorganisation of the NHS would not lead to privatisation, and would put GPs at the heart of commissioning. It's clear from this tender that CCGs are acting as procurers from private companies. This tender is clear evidence that the NHS in England is being reduced to a shell, no longer providing healthcare but merely providing profit opportunities to private companies under orders from the Government and Monitor to ensure competition. Only six months into its role, Cambs and Peterborough CCG has decided to use the care and support of older people for its largest sell-off.

'Older people are perhaps the last to complain about the service they receive, and make up the vulnerable group which became the subject of the Francis Report into alleged care failings at Mid Staffs Trust. This tender puts the quality and safety of their care at risk, as private companies will be protected from transparency by "Commercial in Confidence" agreements. This tender must be halted. We must take our NHS back.'

It had 484 signatures as at 4 July 2014.

Representatives from the campaign group have attended many of the public meetings and raised questions on:

- the procurement process and the need for it
- concern that if a non-NHS organisation is awarded the contract, profits for shareholders will be put above patient care.

At the final meeting in Cambridge (7 June) the campaign group staged a rally and march through the city. The group has also submitted a formal response to the consultation.

### **5.7.2 Oliver Heald MP**

Oliver Heald MP for Royston wrote to all of his constituents in to encourage them to attend the public meeting and to respond to the consultation. This campaign led to many responses informing the CCG that people from Royston feel that services should be provided in the town and that Royston Community Hospital is important to them. Oliver Heald MP did not formally respond to the consultation although he may have completed an online questionnaire or responded on the questionnaire form to mr.uk.

### **5.7.3 Julian Huppert MP**

Julian Huppert MP for Cambridge campaigned in the media in favour of local NHS organisations being part of the successful bid. He welcomed an emphasis on prevention and the opportunity for older people to undergo regular health checks. He supported the development of a record system which patients can access giving details of their medication and the doctor responsible for reviewing that medication. He said this would provide useful information not only for patients but also for carers and health professionals involved. Julian Huppert MP sent a formal response to the consultation.

## **5.8 Organisation responses**

We received a number of responses from organisations, groups and individuals. They are all included as Appendix 2. Cambridgeshire and Peterborough CCG will be responding to each of these letters individually and the questions and comments raised are included in Section 5.9 below.

We received responses from the following groups:

- Acorn Surgery Practice Patient Group
- Cambridgeshire Community Services
- Cambridgeshire County Council Health Scrutiny Committee
- CATCH Patients Forum
- COPE, Cambridgeshire Older People's Enterprise
- Grantchester Parish Council
- Healthwatch Cambridgeshire, Hertfordshire, Northamptonshire and Peterborough
- Healthwatch Northamptonshire
- Huntingdonshire Patients Congress
- Julian Huppert MP
- Peterborough City Council
- Peterborough City Council Health Scrutiny Commission
- Peterborough Older People's Partnership Board
- Somersham Parish Council
- Speak-out Council
- Stop the NHS Sell-Off Campaign
- Unison Eastern Region
- Unite and GMB Unions
- Wisbech, March and District TUC

## **5.9 Consultation Themes and CCG Response**

### **Sources**

The following analysis of the consultation response themes is drawn from a range of sources:

- 500+ questions and comments were received at the consultation's 22 public meetings, and at other meetings that the CCG was invited to attend
- 892 postal questionnaires
- 751 telephone surveys

- 186 web surveys
- 18 organisational responses

There is a summary of the issues and CCG response / recommendations which can be found in the accompanying Governing Body cover paper.

The analysis of feedback themes covers three main areas:

## **I. Service proposals (section 5.9.1)**

This section covers the main consultation proposals:

- views on the reasons for change
- the CCG vision
- organising care around the patient
- delivering seamless care
- supporting older people to stay independent
- reducing emergency hospital admissions
- re-admissions and long stays in hospital
- end of life care.

In addition, it covers areas which emerged through consultation:

- addressing local needs
- primary care

## **II. Commissioning process (section 5.9.2)**

## **III. Consultation process (section 5.9.3)**

### **5.9.1 Service proposals**

#### **a) Programme Aims and the Case for Change**

In general, the consultation response indicates support for the aims set out in the CCG vision of care being better organised around the needs of the patient through:

- More joined up care
- Better Planning and communication
- More patients supported to remain independent
- Improved community and 'out of hospital' services and fewer patients admitted to hospital as an emergency, where it can be safely avoided

In terms of the public response, 80% of respondents are supportive of the reasons for change to improve older people's healthcare and adult community services.

The public response also indicates that 88% agree the CCG's vision will be successful in achieving more patients being supported to remain independent; and 87% support the CCG's vision for improved community and out of hospital services.

The Cambridgeshire County Council Health Overview and Scrutiny Committee (OSC) response supports the aims, and notes that they 'relate closely to the Committee's review of delayed discharge and discharge planning' which it conducted in 2012-13 in response to member concerns see below).

The Peterborough Scrutiny Commission for Health (SCH) also expressed support for the aims and vision, noting that 'hospital professionals and community professionals need to work in a more coordinated way.'

The combined response from Healthwatch Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire states: 'We understand that the current position is unsustainable and that there is a compelling case for major change.'

Peterborough City Council's response is also supportive of the CCG's vision as set out, subject to a number of specific points which are considered in the sections below.

Cambridgeshire Community Services NHS Trust 'fully endorse the CCG's vision for services across acute hospital, mental health and community services...'

Some of these organisations did have some reservations which are discussed later in the documentation.

## **b) More-joined up care: organising care around the patient**

### **Joined up care**

The public response indicates that 74% of respondents felt the CCG's vision would succeed in achieving more joined up care, organised around the patient. The aspects of joined up care deemed to be most important by the public were:

- patients and carers should be involved in making plans for their health and community care
- a named care coordinator should coordinate and support services from a team of professionals including GPs, nurses, therapists, and other specialist around the needs of the individual.

It is clear from written comments and points made at public consultation meetings that many people currently find services disjointed and complicated. The proposal for care coordinators was welcomed in this context, although some respondents wished to understand where the coordinators would be based and whether they would be clinical staff.

One respondent (Julian Huppert, the MP for Cambridge City) welcomed the opportunity that 'the changes in service provider bring to allow for greater integration of the services provided for older people...I am concerned that the current division of care depending on whether people are suffering from acute illness, non-acute physical illness and disabilities or mental health (including dementia services) is confusing for older people and can result in duplication of care and breakdown in communication.'

The Cambridgeshire County Council OSC noted however that ‘there is still more to be done to ensure that people are not discharged from hospital or in-patient rehabilitation without services being arranged or their carers being informed.’ It goes on to note that involvement of carers needs to extend beyond just the main carer or next of kin to include the extended family and others who provide support.

The Peterborough City Council response brings in the theme of integrated services, stating that ‘...it is vitally important that any new provider recognises Peterborough City Council as the key partner to support and aid in delivery of integration.’ This theme was echoed in the Peterborough Scrutiny Commission for Health response.

The combined Healthwatch from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire response notes the following:

‘The experiences we hear from the public presents a weight of evidence for integration and re-design. However, by not including social care, this procurement cannot address whole system change. This is a major shortcoming.’

The Patients Group for one of the CCG’s Local Commissioning Groups (CATCH) noted in their response that:

‘Nowhere is there an authoritative statement from the LAs (local authorities) supporting this strategy and committing to co-operate with it. Home help and Housing are vital to the success of this strategy.’

It goes on to refer to a King’s Fund report in which the role of Health & Well-Being Boards is described as coordinating different groups of commissioners, but notes that this is not referred to in the CCG consultation document.

## **RESPONSE: Joined up care**

The CCG strongly agrees that it is vital to work in partnership with Local Authority colleagues in order to deliver joined up care for local people, but we accept that there is more which can and should be done.

We have worked closely with its main Local Authority partners from the outset. Our Older People Programme Board includes representatives from Cambridgeshire County Council, Peterborough City Council, and also a representative acting on behalf of the five District Councils. Northamptonshire County Council and Hertfordshire County Council were also kept updated by our Local Commissioning Groups. Local Authorities have been involved in the procurement process in various ways from the outset including:

- Participation in a number of dialogue sessions with bidders, where early ideas and expectations are discussed, including one dedicated to joint working with Local Authorities and housing providers
- Participation in Board to Board interviews with bidders, where the CCG leads meet with the Boards of bidding organisation and evaluation of written submissions
- Providing information to inform the development of bidder submissions
- Development of the Outcomes Framework which will form part of the contract.

One of the elements against which bidders are being evaluated is the strength of their proposals for partnership working. It is worth noting that pooled health and social care budgets were introduced in Cambridgeshire and Peterborough in 2004/05, with a range of integrated services being delivered mainly by Cambridgeshire Community Services NHS Trust.

However, both main Local Authorities have withdrawn from most of these arrangements over the past two years. Whilst there are no immediate plans to enter into new large scale pooled budget agreements beyond the Better Care Fund (a new government initiative to pool some resources for joint working between health and social care, overseen by the Health and Wellbeing Boards), there is an absolute commitment to health and social care staff working closely and flexibly together at the frontline.

There is a significant opportunity for joint working through the Better Care Fund which has a set of aims which are very closely aligned to the CCG Older People Programme in terms of joining up care. For Cambridgeshire and Peterborough CCG, the Better Care Fund involves transferring c£47m of CCG funds into a pooled arrangement with Local Authorities with the purpose of delivering better integrated care for local people. The precise way in which this will operate has not yet been finalised locally, but the CCG proposes to link further development to the themes from this consultation response.

We intend to explore ways in which Local Authorities can in effect become more formally involved in overseeing the new arrangements and work jointly with the new Lead Provider of Older People and Adult Community Services.

Whilst the Outcomes Framework has benefitted from Local Authority input, our view is that there is still scope to improve the broader partnership aspects of it as it develops over the life of the contract. We intend to engage with Local Authorities to determine how they may wish to have a formal part in the Annual Review of the Outcomes Framework.

The CCG and Local Authorities are in the process of developing a strategy for care of older people. We will ensure that the themes from this consultation are incorporated into the next stages of its development. We envisage that the Lead Provider for OPACS will also have a significant role in joint development and delivery of the strategy.

### **c) Better planning and communication: delivering 'seamless' care**

#### **i. 24/7 Single Point of Access**

Many people welcomed the idea of 'seamless care'. The aspect which was deemed by far the most important by local residents was having a 'single point of access contact centre that is open 24 hours a day, staffed by nurses or professionals with links to expert advisors (mruk report). People were also frustrated by multiple points of access across health and social care.

Cambridgeshire County Council OSC supported the 24/7 single point of access, provided the following points are addressed:

- Ensuring that callers get through to the telephone service quickly, and that they get a rapid and effective service in response
- An effective system of performance monitoring, which looks at quantitative issues such as response times for calls, as well as the quality and appropriateness of the resulting service
- Clear and effective working relationships with the 111 service and other telephone access points
- Extensive publicity about the service, including clear information about which telephone service people should call

The Peterborough Scrutiny Commission response noted that such a service must be able to offer all necessary community languages, as well as links to the 111 service and the need for trained health professionals within the service.

The Peterborough City Council response anticipates a 'transition to 7 day working to enable all agencies to respond in a timely and effective manner.'

### **RESPONSE: 24/7 Single Point of Access**

There is clear support for the 24/7 single point of access service proposal. All Bidders will be asked to ensure that such a service is incorporated in their proposals, and to demonstrate in their final submissions how they will address the points made above. We would like to see this integrating well with existing contact numbers and that the quality of the calls are closely monitored.

### **ii. Mental Health**

The next most important aspect (picked up through the mruc report on the questionnaires) was to bring mental health care professionals into the wider team, so that frail older people with both physical and mental health needs receive joined up care. This was a theme echoed throughout the consultation response and the public meetings. For example, an attendee at a public consultation meeting said:

'Could you please consider having emotional and mental health in the centre of service not as an add-on? People trained in counselling skills are able to look after and listen properly to patients, understanding their issues.'

A written individual response states:

'I believe that mental health provision is a poor area especially for older people, I don't believe there is any proper care provided for both long term and short term conditions of mental health. I hope the CCG's vision includes mental health care.'

The Cambridgeshire OSC response noted that 'there should be a very strong focus on ensuring that older people with mental health needs receive joined up care....Involvement of mental health professionals throughout the service, including within hospitals is essential.'

The response from a Patient Group working with one of the CCG's Local Commissioning Groups included a statement that 'the vital provision of community psychiatric nurses and support workers is minimal except for seriously unwell



patients, Named care coordinators keep changing. How will a similar outcome be avoided?’

The Peterborough City Council response described their local model of care as ‘building resilience in the community, and in this context recognising that ‘mental health, well-being, and physical health are intrinsically linked and there is a need to accommodate a duality of approach.’

## **RESPONSE: Mental Health**

The CCG agrees that physical and mental health services for older people need to be integrated. This is why we have included older people mental health services in scope for the Lead Provider responsibilities. We have included a number of indicators in the Outcomes Framework which relate to mental health – for example, the number of staff who have completed training in caring for individuals with mental health problems and their families / carers (supports achievement of the broader outcome of developing an organisational culture of joined up working and patient centred working).

Our Outcome Frameworks has prevention as a key theme and early intervention for depression and isolation is something that we would support.

We will ask Bidders to make it clear in their final submissions how they intend to address the points raised above.

### **iii. Single electronic record system**

The principle of a *single electronic record system*, accessible to all professionals and carers working with a patient, especially if this was remotely available, was generally supported as a means to support seamless care. There was frustration that important information is not shared automatically by different care providers (GPs, community services, hospitals). This was a recurrent theme at meetings and in responses.

However questions were asked as to how a new provider could solve problems that have been around for so many years. Questions focussed on existing systems/past attempts at single NHS IT systems, the ability to share IT systems across providers and the security of data and records. Concerns were raised about who holds the data and that data might be ‘sold on’.

The Cambridgeshire OSC response noted ‘strong support’ for the single electronic record system, whilst recognising that it will be ‘challenging to implement in practice’.

The combined Healthwatch response drew attention to the risks of proposals to share patient data with field workers, patients and carers, specifically the ‘extension of data access to people outside of the NHS and social care environment’ and requested that ‘new and robust systems to protect its security and integrity will be an integral part of the contract.’

A number of other Information technology questions were raised at meetings and some will help inform the IM&T workstream in the procurement.

## **RESPONSE**

The CCG will commit to rigorously enforcing the information governance requirements in the NHS Standard Contract with the Lead Provider. These are already stringent, but we will review whether any further safeguards are needed in the light of consultation responses. However, we support the principle of appropriate sharing of information with care providers, with patient consent.

### **iv. Partnership working with voluntary sector organisations**

The importance of the voluntary sector to supporting people to live independently in the community was also a common theme and a number of voluntary organisation representatives attended public meetings.

The Cambridgeshire OSC response noted that ‘partnership working with voluntary organisations to provide support [...] needs to be properly resourced, with clear and agreed expectations as to what they will deliver.’

The Peterborough City Council response noted that transformation of services and support and helping older people to live independently will require ‘greater involvement of the community and voluntary sectors.’

There was concern that ‘volunteers’ would be used to replace NHS care in some meetings. It was explained that many voluntary sector organisations have full time paid staff and have contracts with NHS organisations and that there was no intention for volunteers to replace NHS staff. Rather there is acknowledgement of the key role that the voluntary sector play in the community, particularly in relation to prevention and recovery.

## **RESPONSE**

There has already been strong engagement with and by the voluntary sector, including a ‘market place’ event where a wide range of local voluntary organisations were able to have dialogue with bidders on what they could offer and the opportunities for collaborative working.

The CCG will expect to see tangible proposals for joint working that recognise the role of voluntary sector organisations in bidder final submissions.

### **v. Supporting older people to stay independent**

*A focus on prevention*, helping people to keep well was considered a welcome approach to take. The mruk analysis of consultation responses shows that ‘focusing on prevention and making sure that those aged 65 or over have access to information and services’ is the most important factor in supporting older people to stay independent.

The next most important theme based on individual consultation responses was offering a health / care review to identify and address issues at an early stage – for example housing problems or isolation.

The Peterborough Health Commission raised the issue of elderly people becoming socially isolated, noting that 'Elderly people often lived away from their families and needed extra care not to become socially isolated. Social housing also has a role to play in attempting to allow people to live near to their family, but it is not always available where it is needed.'

The proposal to establish community healthcare contact points venues in addition to GP practices e.g. in shopping centres was not seen as the most important aspect of supporting older people to stay independent by many people (8%, mruk report). The CCC OSC response noted that their value and cost effectiveness should be 'kept under review, and the approach changed if necessary, to ensure that resources are used to best effect.'

In relation to the proposal to develop a record system that patients can access, so they can self-manage their care, the Cambridgeshire OSC response notes that there 'need to be safeguards to ensure that self- management of care is only used where appropriate, particularly in view of the growing number of people with dementia, which may not necessarily have been diagnosed, who would not have the capacity to manage their care.'

#### Supporting carers

Residents felt that support for relatives who are also carers (family carers), particularly when it comes to respite care, need to be considered. The CCG was told at one of the public meetings that there were a large number of family carers in Cambridgeshire – all providing 'unpaid' care. Concerns were raised by parents caring for young adults living at home with long term conditions and people in their 50s and 60s caring for older partners and parents.

'Most of the carers are my age and are not going to be around much longer.  
Without support it will go back to the NHS to provide extended care.'

'I ended up as a carer for my husband. When he came home, I knew that with his mobility problems and the health needs, toileting and hygiene needs would be very difficult to cope with. He needed 24-hour care and there was a need for me to sleep. The carers did wash and clean him beautifully but there were a lot of other needs. I would like this type of thing to be in this contract.'

Concerns were expressed that the proposals could lead to an increased reliance on family members as carers.

'I am worried by the phrase 'carers and families', it suggests that the family will have to take more responsibility. When things go wrong or don't work, who do they turn to? What are their rights? Families are at the centre, will they have to take more responsibility?'

## **RESPONSE**

#### Prevention

The CCG is committed to supporting people to remain independent, and to a preventative approach involving early identification of issues. This forms a major component of the Outcomes Framework (Pathway Domain 1). It is also built into the contracting approach which makes the Lead Provider responsible for the older

population (65 and over) which gives a strong incentive to invest in preventative approaches in order to avoid expensive unplanned crises later on. It is important that the Lead Provider works with clinicians, service users and carers to develop the information it provides to support self-help initiatives. The right balance needs to be given to ensure that a patient is able to take the right actions but also needs to know when to seek help or advice.

#### Supporting Carers

The experience of carers forms an important element of the Outcomes Framework, with indicators covering (for example)

- Proportion of carers reporting they were treated with dignity and respect
- Proportion of carers who feel that care is joined up
- Proportion of carers reporting that they are involved in planning care for the patient
- Proportion of carers reporting that their needs were considered and they were given support

Bidders will need to set out how the needs of carers will be supported, specifically in the context of a number of clinical 'scenarios'. These require bidders to explain how they would respond to a number of specific circumstances for an individual patient and their family / carer(s).

#### **d) Improved community services: reducing emergency hospital admissions, re-admissions and long stays in hospital**

The mruk analysis of individual responses shows a very strong view that providing 24 hour in-home urgent care system is the most important aspect of service which is likely to reducing emergency hospital admissions.

However, there was also a note of caution expressed in various consultation meetings about how with limited budgets the new 'lead provider' is going to be able to afford to provide community care services that will be able to deliver the level of care patients need to keep them out of hospital.

The CCC OSC response noted that proposals relating to the 24/7 urgent care system 'need to be clear about how they would in practice' given the wide range of services and professionals potentially involved. Their response also notes the need to ensure 'there is sufficient community based mental health provision' as an essential element of admissions avoidance.

Questions were also raised about the length of time community staff spend with patients and (lack of) continuity of care. Julian Huppert MP noted that it is 'important to develop training for paramedics and other staff to enable assessment and where appropriate treatment to be given to people in their homes, to avoid unnecessary admission to hospital. This was a theme echoed by the Cambridgeshire OSC response which noted that: 'Partnership working with the ambulance service is key to admissions avoidance, and the proposals need to be clear about how this will be done.'

Other respondents wanted reassurance that people would still go to hospital if they needed to. Again, this was echoed by the CCC OSC response.

The Peterborough City Council response anticipates that over the next five years there should be a 'transformational shift from what has tended to be an acute hospital-centric system to one which provides timely and appropriate care and support along the whole care pathway...'.

The combined Healthwatch response states that (in the consultation) there has been 'a major focus on community services although the community services element of the budget represents less than one third of the total procurement amount, the remaining two thirds relates to the acute sector and mental health.'

On a related subject the CCC OSC response refers to its review of delayed discharge from hospital, and lists the set of recommendations agreed by the Committee in 2012/13. These cover collaborative multi-agency working, stream-lining processes, information systems, service gaps (e.g. mental health) and 7 day working.

## **RESPONSE**

The CCG agrees that the current system is hospital centric, and that this is not always in the best interests of care for older people or the tax payer. For this reason our emphasis has been on how best to improve community based care and join up hospital and out of hospital services. Clearly patients must have rapid access to hospital care when they need it, but repeated audits show that perhaps 20% or more patients in hospital at any one time could be cared for in alternative community settings if the right culture, funding structures and services were in place.

The CCG will ask Bidders to take the above comments into account in making their final submissions. Specifically, we will ask for greater clarity on how the various services that support people in the community and in hospital will work together to ensure that the patient is discharged safely and with the right care in place if needed in the community. We will ask that the Cambridgeshire OSC recommendations on reducing delayed hospital discharge are addressed.

In addition, having listened to the responses, we will ask for more detailed information on how joint working with the ambulance service will operate.

### **e) End of life care**

The mruc report showed that respondents felt that providing local specialist nurses and 24-hour support is most important. An attendee at a community group meeting described his experience:

"My wife passed away a couple of months ago. We had a lot of complications to get a nurse to care for her. It is good if something like this (the proposals for joined up care) exists in the future. She passed away at home. We tried to take care of her."

The Cambridgeshire OSC response noted that there needs to be 'an agreed way of dealing with the situation where a carer or family member is not aware of or does not agree with the patient's wish or clinician's view that they should not be resuscitated.' Julian Huppert MP noted that 'the organisation should respect the wishes of patients where living wills and non-medical directives have been put in place by the patient.'

## RESPONSE

Bidders will be asked to take into account the comments above, including an explanation of how families will access specialist nurses, and how the views of patients, families and clinicians will be handled when a patient is near death. Communication is very important in this area as well as understanding the patient and carers' needs.

### f) Local needs

Feedback from across the CCG's catchment area has asked that services are tailored to local needs.

Considerations need to be made for:

- Demographic and system differences between Peterborough and Cambridgeshire
- Delivery in rural areas – for example Fenland.
- Delivery on border areas – for example Royston, and Oundle & Wansford.

This was a particular theme in the Peterborough Commission response:

'The model of delivery for Peterborough must be tailored to the Peterborough system and demographic...Peterborough has a lower life expectancy and higher mortality than Cambridgeshire, which are linked to higher levels of deprivation. The Health and Well-Being Board are leading on the priority of improving cardio vascular disease prevention, treatment and interventions and would wish to see this focus factored into any model for delivery of community health services to the City.'

A similar view was echoed in the Peterborough City Council response.

#### *Royston Hospital*

There was a large turnout at the Royston Public meeting and a noticeable number of consultation responses refer specifically to Royston Hospital and issues in Royston. The general theme was a strong desire to see as many services as possible delivered locally.

## RESPONSE

The CCG is the second largest in England and as such covers a substantial and disparate range of urban and rural areas. There are indeed local needs in Peterborough, but equally there are areas of deprivation in other localities such as Wisbech. Information on each local area has been provided to bidders by our Local Commissioning Groups and Local Authorities through the Joint Strategic Needs Assessments. Due to the complexity of the local situation, a specific briefing has been issued on Royston services. It is important that bidders continue to develop their understanding of local issues and submit proposals which address them, and the extent to which this is done will be taken into account in evaluation. We would expect the Lead Provider to work with local patient groups to gain further understanding.

The CCG will continue to update the Equalities Impact Assessment to take into account feedback from consultation. This Assessment will continue to be updated over the life of the Programme.

### Royston

The desire to see as many services as possible delivered locally is supported by the local practices in Royston. An initial feasibility study looking at a wide range of options for future development has been conducted by NHS Property Services. We will develop this further into a formal option appraisal, in order to be able to make an informed assessment of how best to commission services in Royston for the future. In addition to working with NHS England and NHS Property Services, we have an active engagement group in place comprising representatives from local practices, Hertfordshire Health Watch, local councillors, the Royston Hospital Action Group and the emerging Community Interest Company. We will continue to work with GP colleagues, NHS England and NHS Property Services on these issues.

#### **g) Primary care**

A recurrent theme during the consultation relates to primary care and in particular GP services. Questions have been asked about how the new 'lead organiser' will work with primary care and what changes will be required of GPs? Concern has been expressed that providing more services in the community will place a greater emphasis on the role of GP practices and therefore will need extra resource.

People have fed back to us that they still struggle to get a GP appointment when they need one and this is especially important in the care of older people. They do not feel able to wait for an appointment, so may go to the hospital instead out of concern that the older person will quickly deteriorate.

One comment from the surveys (mruk) states that:

'Old people need access to a doctor when they need it. We struggle to book doctor's appointments for my 92 year old mother in law. If they need to see a doctor, it needs to be today, not in a week's time.'

The CATCH Patient Group's feedback states:

'GP's will play an important role in these proposals yet there are no details about how this area will be developed. NHS England now commissions most primary care services. What is its involvement?'

### **RESPONSE**

The CCG agrees that the role of primary care is very important. We have worked with bidders over the last six months to ensure that this aspect is considered and developed in their proposals, including an event facilitated by the Local Medical Committee focused on GPs in their capacity as service providers.

However, we accept that we need to do more and to strengthen joint working arrangements with the NHS England Area Team in order to improve current arrangements.

The CCG has therefore expressed an interest in co-commissioning primary care alongside NHS England. This will help to ensure that hospital, community and primary care services are more joined up. (Note, the CCG does not intend to manage core primary care contracts due to the clear conflict of interest. We would, however look at additional services that might support better community services).

The CCG will also take an active part in managing implementation of certain nationally specified primary care services so they fit with the Older People Programme ('unplanned admissions directed enhanced service'), and initiate work to clarify specific services which are the subject of current debate on where responsibility lies.

## **h) Scope**

One respondent (CCS NHS Trust) made a number of points relating to the scope of the OPACS procurement:

- suggestion to remove the Minor Injury Units and radiography services from the scope of the procurement with the rationale that there may be service re-design of GP out of hours services and the 111 service
- need for clarity in terms of planned hospital care
- need to ensure services for children are clearly defined in the Lead Provider and CCS NHS Trust contracts.

## **RESPONSE**

The CCG notes but does not accept the first point on the grounds that the minor injury units and radiography services are important elements of Older People and Adult Community Services which will help the Lead Provider to deliver better out of hospital care. We will however ensure that any re-design of GP out of hours and 111 services complements the services which form part of the OPACS procurement.

The CCG accepts the need to be clear on the definitions of unplanned and planned hospital care, and has been discussing this with bidders to arrive at an acceptable solution.

The CCG accepts the need to ensure services for children are clearly defined in the Lead Provider and CCS NHS Trust contracts. This has already been discussed with bidders and CCS. Where services are mainly for adults and older people but also see some children, the Lead Provider will continue with this arrangement.

## **i) Role of the Lead Provider**

The CCS NHS Trust response also expressed disappointment that there was a 'lack of detail and focus on the lead provider role and the purpose of the capitated budget in the consultation documents, associated presentations and consultation sessions' It goes on to say that clarity is needed on how the Lead Provider will be held to account, deliver improved outcomes for local people, improve on the shortcomings of current funding arrangements, enable a preventative approach for the health of the older population. The Trust response suggests that there was too much focus



on delivery of community services at the expense of explaining the wider role of the Lead Provider.

## **RESPONSE**

The points made regarding the role of the Lead Provider are very important, We agree it is much more than just delivering community services, although clearly this is a vital element. The key points are covered in the consultation document as set out below, but we accept that we need to do more to explain the nature and role of the Lead Provider, and will address this in future communications about the Programme.

At the start of the consultation document, Dr Fertig, Clinical Lead, explains:

‘Although there are many good organisations and individuals providing care, there is not always an organisation or named person responsible for ensuring it all works together smoothly for the patient. We aim to remedy that by creating a ‘Lead Provider’ responsible for delivering community services and holding the budget for many of the other hospital and mental health services these patients need so that the whole ‘pathway’ of care is more joined up and better co-ordinated...’

The shortcomings of current funding arrangements are described in the section on how current services are organised, the section on scope makes it clear that the role of the Lead Provider covers more than community services, the section on the commissioning process notes that ‘achievement of better outcomes for patients will be linked to payment through a new contract.

### **5.9.2 Commissioning process**

#### **a) Outcomes Framework**

The focus on outcomes has generally been welcomed, but the following themes emerged through consultation in terms of how it could be improved and associated risks.

The combined Healthwatch response recommends that:

‘patient experience needs to be mainstreamed throughout every aspect of the new service. The [Lead Provider] needs to be required to embed patient experience and not solely commission out, as in Outcome Domain A.’

A consistent theme was the need to ensure there was adequate capability and capacity within the CCG to interpret complex clinical and patient flow data and link this to high level outcomes.

The ‘Stop the NHS Sell Off’ campaign group response notes that the Outcomes Framework:

‘criteria are high level, and in no way specific how the objectives of the domains are to be achieved....and serious questions have been raised...about the capacity of the CCG to adequately monitor the performance of the ‘lead provider’ of such an extensive contract.’

## **RESPONSE**

The CCG agrees that patient experience needs to be embedded throughout the service. We have developed the Outcomes Framework to give much greater prominence to patient experience than current contracts do, linked to payment (Payment By Outcomes). Through the procurement process we are seeking a Lead Provider who is committed not just to delivering on the contract, but to changing the culture within local services so that patient experience is always viewed as important.

In response to the comment on level of detail, the headline outcomes are supported by detailed specifications for each related indicator which set out how performance will be measured. The Outcomes Framework has been externally reviewed to ensure it is fit for purpose.

The CCG is a dedicated commissioning organisation employing over 250 staff with expertise in clinical quality, safeguarding, engagement, service change, contracts, information, finance, and improving outcomes. We already manage many hundreds of contracts which have a combined value of over £900m.

As one of the largest CCG's in the country we are able to directly employ staff for these functions rather than out-sourcing, which is consistent with our ethos of close clinical and managerial partnership and gives local understanding and ownership.

However, we accept that the Outcomes Based contracting approach represents a new challenge, and we are reviewing our capacity and capability to ensure it is managed effectively. We have established a contract Scrutiny Group, with expert contract support to ensure we have a robust contract and the mechanisms and knowledge to manage it.

### **b) Procurement and Types of Providers**

There was a consistent question asked during the consultation about why the CCG is taking the procurement route to find a new provider, and about the types of organisations which are bidding.

Around 4% of questionnaire respondents added a 'final thought' free text comment along the line of 'improve and use existing services / facilities rather than change them'. A further 4% made comments about less use of private companies.

The combined Healthwatch response noted:

'We acknowledge the potential benefits of a new provider being able to present radical innovation in opportunities to engage with the public in a new health culture which may have the opportunity to drive behaviour change.'

It goes on to say:

'In summary, we appreciate the greater potential benefits and that change is imperative but wish to raise awareness of the inherent risks. Our health and social care system has recently undergone radical change and is becoming increasingly fragmented with changes to providers, commissioners and regulators. This,

combined with the demographic change and financial challenge faced by our CCG, compels us to highlight the significant risk of de-stabilising the system through unforeseen and unintended consequences.'

On a related theme, the CCS NHS Trust response wished to counter a perception that the procurement would result in its 'demise' and notes that:

'As confirmed by the Trust Development Authority, the Trust [...] remains a viable 'going concern' and we will build on our recent successes in winning new contracts, continuing to expand our existing portfolio of services in line with our (and the local system's five year strategic plan.'

The Cambridgeshire OSC recognised that finance has to be taken into account, but expressed concern that a 'predatory bid' submitted at an unrealistically low price could result in future cost pressures or service reductions. It recommends that the CCG is 'very rigorous in testing the financial realism and deliverability of bids.'

The Peterborough Health Commission response noted that members wanted assurance that 'the final bidder would not be selected on the money issues alone. Quality and ability to deliver the right services to Peterborough should be as key to the decision as the finances.'

The union responses from Unite, GMB and Unison and the 'Stop the NHS Sell Off campaign group concentrate on their view that it was not necessary to run a procurement process, and that only state owned organisations should be allowed to provide NHS services. Their argument is that services should be improved using existing organisations, and that private companies will focus solely on making profits for shareholders. The Unison response states:

'...the possible inclusion of private companies in NHS contracts creates very visible commercial conflicts of interest: a company's predominant duty is not to patients but to deliver profits to its shareholders.'

It goes on to say '...it could also be argued that local NHS providers are the only ones with the expertise and experience to deliver what is required...'It is also important to acknowledge the petition gathered by the Stop the NHS Sell Off campaign and unions which demonstrates a strength of public concern regarding perceived 'privatisation' of the NHS.

The written petition states:

*'We, the undersigned, do not believe that profit-making companies answerable to shareholders will put the interests of patients first. We call on Cambridgeshire and Peterborough Clinical Commissioning group to secure the long-term future of the NHS in Cambridgeshire by calling a halt to the privatisation of health care.'*

The online petition states:

*'To Each Member of the Cambridgeshire and Peterborough CCG. We call upon you to halt the bidding process for the integrated older people's services with immediate effect. A complex set of services, partly designed by the bidders to maximise profit,*

*and fragmented between suppliers and subcontracts, is inappropriate and risks the care and safety of some of the most vulnerable people in our region.'*

Representatives from the campaign group have attended many of the public meetings and raised questions on:

- the procurement process and the need for it
- concern that if a non-NHS organisation is awarded the contract, profits for shareholders will be put above patient care.

We were told that there were 4500 signatures and that there were a further 500 signatures online via change.org This is an ongoing campaign and the online petition is still open for new signatures.

## **RESPONSE**

The CCG's approach has been guided by recognition that fundamental change is needed to deliver the improvements in outcomes we aspire to in the context of demographic change and financial challenges. We remain convinced that it was important to seek and test the widest and most innovative range of proposals, and that the best way to do this was through open procurement. Our view is that the quality of the service is more important than the type of organisation which delivers it.

The CCG ensured there were patient representatives on the programme board. Patients were involved in the development of the programme and the progress of the procurement at both a strategic and operational level. The CCG worked in partnership with Health and Wellbeing Boards and Partnerships, Scrutiny Committees and Healthwatch organisations on the programme. This engagement work helped to shape the programme and the feedback we received was fed into the work of the Older People's Programme Board.

In summary our stated reasons for using procurement are:

- Sum of money involved. As a public body the CCG has to demonstrate we are achieving good value for money. National benchmarking of the services within the scope of the Programme is not available / reliable, so it would be difficult to demonstrate that the CCG was achieving value for money without testing the market in some way.
- Could the services be provided by more than one provider? There are many providers capable of delivering services for older people. The CCG held a Provider Engagement Event, which showed that there was significant interest in the opportunity. If a contract had been awarded without some form of competition, there would have been a risk of challenge from other potential providers.
- Legal advice on the CCG proposals was to use an open procurement process. The new *NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013* apply directly to CCGs with effect from 1 April 2013. These Regulations require the CCG to advertise opportunities for providers to provide healthcare services - this is done through the Supply2Health

website, and is consistent with the general procurement law obligation to act transparently, fairly and in a non-discriminatory way. If an open competitive procurement is not adopted then there are risks of challenge including a challenge through the Courts or through Monitor that the CCG has failed to comply with procurement law/the new Regulations. Any contract awarded may be declared ineffective and there is a clear risk of being faced with a claim for damages.

- The formal procurement process provides pace, focus and discipline to deliver improvement with set time-scales and processes. It requires commissioners and providers to prioritise work on older people's services, and mitigates against 'drift' or delays which we have seen with previous programmes. It also obliges commissioners to be clear in their vision and specifications, and providers to be clear in how they will deliver them.
- Drive for innovation and new approaches. The introduction of new providers into the dialogue acts as a catalyst for new and creative solutions to issues which have challenged our local systems for many years. The complexity of service challenges requires 'the best minds' from a range of organisations. Without procurement there would be a risk that the CCG would not secure the best possible solution.

Our experience is that through the procurement process, the CCG and providers have been able to focus intensively on how to improve care for older people and adult community services. The 'dialogue' approach has proved to be a successful way of testing and developing ideas so that we get the most innovative, but realistic service proposals. It has also given the CCG and potential providers an in depth understanding of the current service problems through discussions with patients, carers, staff, service providers, voluntary organisations, Local Authorities and other stakeholders. Whilst this has taken significant time and effort, our view is that it is justified by the scale of the challenges we face to deliver better services for local people at the same time as dealing with demographic change and financial constraints.

However, it is important to recognise the questions and strength of feeling relating to the procurement and possible involvement of non NHS providers, expressed in particular by a number of unions and the Stop the NHS Sell Off campaign group in particular.

#### Assuring Quality and NHS Values

There are already a wide range of different types of providers delivering NHS services, some state owned, some private, some working as social enterprises, some hybrids. They must all adhere to NHS standards, the NHS Constitution, the NHS Standard Contract and of course deliver services free at the point of need to patients. For this procurement, the Lead Provider will have to meet the requirements of the Outcomes Framework which cover patient experience, patient safety, organisational culture, as well as all the stages of care from early prevention through to end of life care.

#### Balancing the need for change against the risk of de-stabilisation

The point raised by Healthwatch regarding potential de-stabilisation and unintended consequences is clearly important. The CCG is committed to working with the

Preferred Bidder and existing organisations to ensure the transition runs as smoothly as possible. In this context, it is worth noting that the 'day one' position for the new contract is an 'as is' transfer of current services. In addition, the CCG and CCS NHS Trust have set up a joint Transition Steering Group with workforce, estates, IMT and other workstreams to oversee the transition. The Preferred Bidder will take on a lead role in this work from October.

#### Guarding against the risk of under-pricing

Turning to the concern regarding an unrealistically low priced bid, the CCG has put most weighting on clinical and service aspects of the bid submissions (75%). Notwithstanding that, the financial evaluation is divided into two parts, one of which is the price, and the other being an assessment of the credibility of the bidder financial strategy. We note and understand the point made regarding a 'predatory bid' or 'loss leader' and will apply absolute rigour to the evaluation process (bidder submissions must set out their costs and investment for each year of the contract).

#### Transparency during the procurement and once the contract is awarded

The CCG has sought to publish as much as it legally can in terms of information about the procurement. This includes the Outcomes Framework, the 'Prospectus' which sets out what the requirements are for bidders, the clinical case for change and the Pre-Qualification Questionnaire used at the start of the process. In addition, we have published summaries of each of the bidders' proposals, which in our view goes beyond what would normally happen in a commercial procurement situation. Looking forward, it is our intention to make performance against the Outcomes Framework available publically. The duty of cooperation within the NHS Standard Contract will apply in terms of working with partner organisations.

#### Staff conditions and well-being

The CCG understands how unsettling the Programme to improve services for older people and adult community services may be for affected staff. As described elsewhere, the CCG held consultation meetings with staff, and facilitated meetings between staff groups and bidders to ensure that there was an opportunity to discuss concerns, and for staff to understand service proposals.

A significant component of what the Preferred Bidder will do in the period running up to the new service starting ('mobilisation'), will be working with staff to ensure they understand what is happening and address any issues. The bidder submissions will be evaluated on how they will increase staff satisfaction, recruit and retain staff, build on current levels of training, prepare new staff for their roles, and develop the organisation as a whole.

In addition, the Outcomes Framework includes a 'Domain' (group of outcome measures) relating to organisational culture. These include whether staff feel supported to learn, are committed to delivering 'joined up' care, and a range of indicators such as sickness levels and absence.

### **c) Finance and contracts**

In general, there has been support for a longer term contract which will enable the CCG and Lead Provider to manage service transformation which inevitably takes longer than the normal 12 month NHS contract, and to encourage investment.

However, there is also concern regarding failure of the contract / provider for various reasons, and how this would be managed. The Peterborough CHI members raised a question about 'what contingency plans were in place in case of a breakdown in services' including quality issues or contractual breaches. On a similar theme, the CATCH LCG Patients Group asked 'what safeguards would be put in place to prevent the successful bidder from walking away from the contract if they found it unprofitable before the contract end date.'

The Cambridgeshire Community Services NHS Trust response states 'we support the longer term approach the CCG is taking in relation to the [...] contract term for this procurement which has the potential to promote stability within the system. However it goes on to say that there is a 'risk that the CCG enters into a longer term contract before being clear on the vision for the overall system...'

## **RESPONSE**

Clearly the CCG intends to build a strong relationship with the Lead Provider, and use this to help manage any challenges which may arise. However, if this was not successful, we would have recourse to the contract. There are a detailed series of clauses in the NHS Standard Contract which cover management of poor performance, which run from agreeing remedial action plans, through financial sanctions and ultimately contract termination.

The current evaluation process is designed to give assurance that the financial model is sustainable over the life of the contract and beyond. However, in the unlikely event that the Lead Provider decided to 'walk away' a series of compensation clauses would be triggered.

In terms of being consistent with the vision for the overall system, our view is that the Older People Programme and the procurement form a core component of our 5 year strategy. We are also confident that it is well aligned to national thinking on service transformation and use of outcomes to drive improvement.

### **d) Time-scales for Mobilisation**

Questions have been raised about the timescales for delivery, specifically between when a decision is taken on the lead provider in September and the start of the contract in January 2015. The general feeling is that the timescale is tight. For example, CCS NHS Trust note in their response 'we consider that the earliest 'go live' date would be 1<sup>st</sup> February 2015.' It goes on to state 'We would strongly urge the CCG to agree to a 'go live' date of 1<sup>st</sup> April 2015 to avoid de-stabilising services, particularly during a time when series across the system will already be under the known pressures of the winter period.'

The combined Healthwatch response echoes this point:

'We consider that the existing time-scale, particularly the anticipated 'go live' date of early January 2015, is not realistic, primarily due to the acute contracts needing to be re-negotiated and the time required for CCS staff to be TUPE'd.'

## **RESPONSE**

The CCG has carefully considered the balance of factors and risks associated with the mobilisation period, and it is recommended that the full service commencement date is amended to 1.4.15 to allow more time. The CCG should work with the Preferred Bidder and incumbent providers to ensure that all necessary steps are taken in a timely way to secure safe transition.

### **5.9.3 Consultation process**

#### **a) Timing and Content of the Consultation**

The consultation process received both positive and negative comments. The Cambridgeshire County Council Adults Well-being and Health Overview and Scrutiny Committee welcomed the

‘...decision by the CCG to undertake public consultation at this stage in the procurement process, before a decision has been made on which bidder will be awarded the contract for these services, and it supports the way in which the consultation is being conducted.’

The Peterborough City Council Scrutiny Commission for Health Issues members ‘welcomed the decision by the CCG to go out to consultation, this was a good course of action as it allowed people to understand what was happening and to have their views listened to.’ It goes on to say that members ‘felt the process was comprehensive and gave people the opportunity to have their say’. However, various trade union responses criticise the consultation process as not being meaningful, and not being early enough. The GMB and Unite response states that ‘consultation has been virtually non-existent in any meaningful sense.’ The Unison response suggests that there was ‘no chance for those responding to the Consultation document as it is written to oppose or to stop the CCG taking the community services contracts for Older People and Adults away from the existing high quality NHS provider.’ The Unison response goes on to criticise the consultation questionnaire because there is no ‘question inviting participants to identify their preferred bidder.’ It should be noted that the consultation document included an open question and many of the consultees, including Unison did identify their preferred bidder.

## **RESPONSE**

The CCG view is that we carried out extensive awareness raising engagement during 2012/13 with over 100 meetings as part of our Older People Programme before the consultation, and that we consulted at the earliest point in the process possible – which was when we had some realistic and meaningful service proposals to present to the public.

The CCG presented reasons for change and the service and financial outcomes we wanted to achieve to all potential providers in mid-2013. This included all existing providers, but also the wider market because, given the scale of the challenge locally, we believed it was important not to exclude potential innovative ideas from new providers. The aim set out was to improve care for older people and adults receiving community services, and the case for change covered demographic



change, financial constraints and problems with the existing services such as delayed transfers of care, high hospital occupancy rates, long waits in A&E, fragmentation of services and poor coordination of care between hospital and community services.

The CCG approach was designed to give Service Providers significant flexibility in terms of how they would deliver the service and financial outcomes. It is important to note that we could not be certain that any provider would come up with acceptable, realistic proposals, nor what form these might take. It was for that reason that the CCG consistently stated that it would consider the need for public consultation once the Outline Solutions had been received and evaluated by a team of clinicians, patient representatives and specialists.

It is important to note that all bar one of our main local NHS providers (Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire & Peterborough NHS Foundation Trust, Hinchingbrooke Hospital Trust, and Cambridgeshire Community Services NHS Trust) expressed an interest in the opportunity and were successful in the first stage of the procurement process (Pre-Qualification Questionnaire). Recognising the complexity of the challenge, they chose to work as part of various consortia.

Following consideration of the outline solutions submitted by bidders in January 2014, the CCG worked with local Health Scrutiny Committees to consider the options for consultation, and concluded that

- a) There were now realistic and credible proposals for service change
- b) That there was sufficient information available to make public consultation meaningful
- c) That there would be a reasonable opportunity to change the service proposals in response to public consultation, by incorporating these into the final bidder submissions
- d) That although consultation post appointment of a Preferred Bidder would have potentially enabled more information to be made available, there would be fewer service proposals to comment on, and less likelihood of consultation resulting in changes to the service proposals.

These arguments were set out in public and agreed by the CCG Governing Body. In order to arrive at these conclusions, a Health Scrutiny Committee working group were given full access to the Outline Solution submitted by bidders.

In order to ensure that there was sufficient information available to the public, the CCG agreed a set of summaries of each of the four shortlisted bidder outline service solutions. In doing so it was necessary to achieve a balance between making as much information as possible available, but without damaging the integrity of the procurement process. The Cambridgeshire County Council OSC response to consultation 'welcomes the positive response by the CCG and the bidders to OSC request that material summarising each of the bidders proposed outline solutions was published...' These summaries were anonymised because the intention was to seek public views on the service proposals put forward, not on the individual organisations. The CCG worked with a joint Cambridgeshire and Peterborough Scrutiny Committee working group, the Social Partnership Forum, Healthwatch organisations and the CCG Patient Reference Group (PRG) to

develop its engagement plan and consultation document. The CCG is grateful for the constructive way that they have engaged with the CCG in this process.

## **b) Questionnaire**

The UNISON response criticises the consultation questionnaire as a 'perfect example of bias and restricted options'. There were also a number of comments from individual respondents who found questions 4-7 confusing.

### **RESPONSE**

The CCG commissioned an independent organisation (mruk) with expertise in market research to construct the questionnaire and to produce a report on the responses, in order to ensure that the questions and process were not biased. The organisation conducted the work in accordance with ISO20252, the international standard for market and social research.

The consultation questionnaire contains a balance of typical 'tick box' responses (e.g. 5 point scale from Strongly agree to Strongly Disagree) and free text boxes inviting comments. Questions 4 – 7 invite participants to say which service aspects are most important and least important. We understand that this approach caused some concern for a number of respondents who felt uncomfortable indicating that any aspect was less important. The intention behind the approach was principally to gain insight into which aspects were important to local people, and mruk designed the questions to avoid an undifferentiated response (respondents might otherwise mark all aspects of service as important).

It is worth noting that the CCG Patient Reference Group, Healthwatch and the CCC OSC Working Group all made comments on the draft consultation documents, which the CCG incorporated as far as possible.

## **c) Consultation with Staff**

The UNISON response states that the CCG 'has not even been willing to go through the motions of asking staff views on how best they can work with colleagues in other provider organisations.'

### **RESPONSE**

The CCG takes staff views very seriously, and has held several consultation meetings specifically for staff to consider the issues. We have also facilitated meetings between affected staff and the bidders.

## **6 WHAT HAPPENS NEXT**

Once the Older People Programme Board has considered and agreed the End of Consultation Report, it will be shared with the Older People and Adult Community Services Procurement bidders on the 4<sup>th</sup> July as a draft subject to agreement by the Governing Body on 8<sup>th</sup> July. A final report will be issued as soon as possible thereafter incorporating any comments or amendments. Bidders will be briefed and will have the opportunity to seek clarification on the content of the Report on 14<sup>th</sup> July.

It should be noted that bidders have already received interim consultation reports, and have been advised of emerging themes. They have also attended various consultation meetings.

Bidders will need to ensure that the CCG responses to consultation themes are reflected in their final submissions. They will also need to provide a summary of how and where they have done this, which will be circulated to the team of evaluators. Evaluators will all have the End of Consultation Report to refer to, and will ensure that the CCG responses to consultation themes have been reflected in the final submissions.

It is proposed that further work is carried out with the Joint Local Authority Scrutiny Working Group to enable them to verify that bidders have indeed taken the consultation responses into account.

## **7 RECOMMENDATIONS**

Members are asked to:-

- a) consider, comment on and agree the End of Consultation Report
- b) agree that the final Report is shared with Bidders
- c) agree that further work is carried out with the Joint Local Authority Scrutiny Working Group to enable them to verify that bidders have indeed taken the consultation responses into account.

*Appendix 1 mruk report.*

*Appendix 2 Responses from organisations and MPs etc.*

*Appendix 3 Public Meeting notes and questions.*

*Appendix 4 Cambridgeshire Community Services Staff questions*

*Appendix 5 Updated Equality Impact Assessment (EIA)*

*Appendix 6 Consultation Process Plan.*

