

**CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP
UPDATE**

To: HEALTH COMMITTEE

Meeting Date: 29 May 2014

From: Jessica Bawden, Director of Corporate Affairs,
Cambridgeshire and Peterborough Clinical
Commissioning Group

Electoral division(s): All

Forward Plan ref: Not applicable

Purpose: To update members on current key issues and future
areas of work for the Clinical Commissioning Group

Recommendation: The Committee is asked to consider and comment on the
report

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1. BACKGROUND

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) provides regular updates to local authority health committees across the area it covers. This paper provides updates on current key issues and future areas of work for the CCG.

2. MAIN ISSUES

2.1 Five Year Plan

NHS England and NHS Trust Development Authority (TDA) have requested five year strategic plans from all local health economies (LHE) that address the financial and quality challenges of the next few years and are robust, sustainable and deliverable. In February they identified 11 local health economies, of which Cambridge and Peterborough are one, and announced that it would be providing external support in the development of the Strategic 5 Year Plan. The external support team, Price Waterhouse Coopers (PwC), began a 10 week programme of work in April that is focusing on the diagnosis, the solutions, development of outline strategy and the draft implementation plan.

A system-wide operational group (the Joint Strategic Plan Steering Group: JSPSG) has been established to enable planning across the system to take place in a co-ordinated way. This includes all providers and is now strengthened with inclusion of Healthwatch, County and District Council representatives, Health Education England and GP input. Within the CCG, a team are meeting regularly to develop the CCG's plan. This team will ensure that the 5 Year Strategic Plan ties in with the 2 Year Operational Plan. The final version of the Strategic Plan will be submitted to the Governing Body on 20 June 2014.

The CCG will continue to keep the Committee updated.

2.2 Tackling Inequalities in Coronary Heart Disease (CHD)

Tackling inequalities in Coronary Heart Disease is one of Cambridgeshire and Peterborough CCG's priorities. There are four main workstreams and we have made significant progress on each of them over the last year:

1. Health Checks Programme
2. Cardiac Rehabilitation
3. Primary Care Interventions
4. Decreasing Smoking Prevalence

Detailed information about the progress made on each of the four workstreams can be found in 'Tackling Inequalities in Coronary Heart Disease (CHD) Programme Update 3' on our website.

Work is now underway to identify new goals and milestones for 2014/15 and to continue to build on the programme's achievements so far. Some of the emerging priorities and potential future work for the CHD Programme Board are as follows:

- Reviewing the appropriateness of prescribed statins
- Reducing the prevalence of maternal smoking
- Evaluating the quality of access to health checks
- Engaging the public in prevention and risk assessment
- Improving identification of patients with hereditary high cholesterol placing them at

severe risk of CHD from a young age

2.3 End of Life Care

Improving care for people at the end of their lives is one of Cambridgeshire and Peterborough CCG's three priorities.

All GP practices across Cambridgeshire and Peterborough CCG's area were asked to complete a survey on End of Life Care. Completed responses were received from 49 practices, which is a response rate of 46%. Early analysis of the results shows that GPs are increasingly:

- identifying patients in need of End of Life Care and placing them on their practice End of Life Care register
- holding more Multi-Disciplinary Team (MDT) meetings where a range of medical professionals from different clinical specialisms come together to discuss care for patients near the end of their life
- recording meetings in both the palliative care register and the patient's record
- discussing alternatives to admission for people on the End of Life Care register who have been admitted to hospital
- using the CCG End of Life Care electronic templates for documenting care
- recording a patient's preferred place of death and "do not attempt resuscitation" orders

Further analysis of the results is now taking place and an action plan is being developed.

The public's views on End of Life Care are being sought as part of Cambridgeshire and Peterborough CCG's public consultation on 'Proposals to improve older people's healthcare and adult community services'.

2.4 Improving services for Frail Older People

Cambridgeshire and Peterborough CCG launched a public consultation on proposals to improve older people's healthcare and adult community services on 17 March 2014. The consultation period will run until 5pm on 16 June 2014. The purpose of the consultation is to engage with the public on the need for change and proposals to deliver the desired outcomes.

The Governing Body received an interim report on the consultation and progress with the overall Older People's Programme earlier this month, considering the period up to 23 April 2014.

Key themes from the consultation so far are listed below. The Governing Body will receive a second interim report in June and then the full report and response to consultation in July.

We will be providing a further update to Cambridgeshire and Peterborough CCG's Governing Body in June. The full report of consultation responses and Cambridgeshire and Peterborough CCG's response to the report will be published in July, and bidders for the services will be expected to take the response to consultation into account before submitting their full solutions to the procurement at the end of July. The bidders are also being apprised of interim themes:

- **Understanding the need for change**

There is broad support for the vision behind the consultation and the need for change. Carers and service users as well as some staff have expressed their view that the service is often

fragmented, communications poor and there are not always the community services in place at the right time to avoid hospital admissions or allow people to go home to recover.

- **Non-NHS providers**

Some people have expressed concern about the contract being awarded to a non-NHS Provider and perceptions around privatisation of the NHS. Specifically, this has led to questions about what impact this could have on the level and quality of services, on terms and conditions for staff, training for staff and the extent to which there has been / will be consultation with staff on proposals. There have also been questions about profits being made by non-NHS providers.

- **Risk**

While accepting that there is a need for change, the proposals are seen as a major shift and there has been concern about the risks if the contract or the organisation fails for any reason. What is our 'plan B' if the contract holder decides to back out of the contract after a few years as it is too costly for them, or they cannot make it work for any reason.

- **About the Procurement Process**

People are interested to find out why we are taking this route to find a new provider and why the CCG could not use existing NHS providers to make the improvements needed. Why do this in this area when other areas are doing something different? People have asked questions about the bidder evaluation process, who is involved and how rigorous that process is.

- **Care Delivery**

People are interested to know if there will be a uniform service across the whole area, or if it will be tailored to local needs. This has been raised in relation to remote and rural areas as well as areas around the boundaries of our CCG region.

People have discussed the relationship between social care services and healthcare in the community. They are asking how these proposals can help to integrate services.

Some people expressed the view that they do not mind who delivers the service as long as the service is good and designed around the patient. Some people are insistent that only NHS providers should run NHS services.

People are interested in how the care co-ordinators roles will fit into the GP practice system and how some services may be available 24 hours a day, 7 days a week.

- **IT Systems**

Some people have asked questions about single NHS IT systems and the sharing of information. While there were some concerns about who holds data, there was frustration that important information was not shared automatically by different providers of care.

- **General**

People commented that some meetings had been hijacked by people with a specific viewpoint and they were not listening to other people who wanted to ask questions. People asked about how the documents had been distributed and where the meetings had been advertised.

Work on the Older People's Outcomes Framework is continuing. The technical specifications have been updated for each outcome indicator and this work is overseen by the Older People's Programme Board which includes Local Authority representatives. These will be

reviewed by the CCG Contract Scrutiny Group which involves clinical and lay input. A Transition Steering Group has been set up with Cambridgeshire Community Services NHS Trust to oversee transition processes relating to workforce, estates, Information Technology, contracts and finance.

2.5 Better Care Fund

Work is continuing with local Authority colleagues on arrangements for the Better Care Fund, including joint governance. For Cambridgeshire, a new Executive Partnership Board is recommended, with a reporting line to the Health and Wellbeing Board. Its purpose will be to provide 'whole system leadership and coordinated multi-agency oversight of health and social care service transformation for older people and vulnerable adults in Cambridgeshire through a Section 75 Agreement.

2.6 Commissioning of Children's Services

Current commissioning arrangements were very complex for Children & Young People with several commissioners and providers of services (NHS England, local authorities, a range of GP leads and Local Commissioning Groups) involved.

A Children's Programme Board had been set up and the vision and strategy for the Programme Board agreed. In December, a detailed programme review was carried out and several commissioning options were identified: 1) Improve current provision; 2) Transfer of services; 3) Full procurement and 4) Establishment of a new organisation.

The Programme Board had agreed that the commissioning of integrated provision for Children and Young People across the CCG should continue to be promoted and enhanced, rather than a full procurement process. The next steps would be to work with current providers and commissioners to enhance existing services with an option for procurement in 2015. We will continue to keep the Committee updated on this programme of work.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

The Health and Wellbeing Board are overseeing the Better Care Fund.

3.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

3.3 Equality and Diversity Implications

There are no significant implications within this category.

3.4 Engagement and Consultation Implications

Full details of the CCG's consultation on older peoples services can be found on the CCG website. See below.

3.5 Localism and Local Member Involvement Implications

There are no significant implications within this category.

3.6 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
End of Life Care Programme Update 4 – April 2014	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/Priority%20End%20of%20Life%20Care/EOLC%20Programme%20Update%2004%20-%20April%202014.pdf
Tackling Inequalities in Coronary Heart Disease (CHD) Programme Update 3 – May 2014	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/Priority%20CHD%20inequalities/CHD%20Update%20-%20May%202014.pdf
Improving Care for Frail Older People	http://www.cambridgeshireandpeterboroughccg.nhs.uk/pages/older-peoples-programme.htm