Cambridgeshire County Council

Cambridgeshire County Council Adults Wellbeing and Health Overview and Scrutiny Committee

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

Consultation Response

1. Background and Introduction

This document sets out the response of the Cambridgeshire County Council Adults Wellbeing and Health Overview and Scrutiny Committee (OSC) to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) proposals to improve older people's healthcare and adult community services. The OSC considered the proposals at its final meeting on 1st April 2014.

The nature and quality of healthcare provision for the growing number of older people and working-age adults with long-term conditions has a major impact on the lives of Cambridgeshire residents. The OSC has therefore given priority to considering how the procurement process for these services can be undertaken in a way which results in positive outcomes for service users and their carers.

The OSC set up a member working group to examine and comment on the CCG's arrangements for the future commissioning of older people's healthcare and adult community services at its meeting on 5th December 2013. During February 2014, the working group met with the CCG, and examined and commented the CCG draft public consultation plan, early drafts of the public consultation process and the draft consultation questions.

The Committee as a whole considered reports from the CCG on the procurement process and public engagement arrangements at its meetings in December 2013, and February, March and April 2014.

2. Consultation process

The Committee welcomes 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 in being conducted.

It welcomes the positive response by the CCG and the bidders to OSC requests that material summarising each of the bidders proposed outline solutions was published with the consultation documents.

3. Overarching comments

3.1 Programme Aims

The Committee supports the broad aims and objectives of the programme to provide more preventative care 'upstream' in the community, and to reduce demand for acute services, in the context of the financial and demographic pressures on the CCG and other parts of the health and care system.

In particular, we support the aims set out in the CCG vision of care being better organised around the needs of the patient through:

- More joined up and co-ordinated 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

These aims relate closely to the recommendations of the Committee's review of delayed discharge and discharge planning, which it conducted in 2012-13 in response to member concerns about the impact on patients of the large number of delays from hospitals serving Cambridgeshire residents, particularly Addenbrooke's.

Key recommendations from this review, which reported in May 2013, highlighted the need for:

- Greater collaborative working between health commissioners, providers and the County Council to resolving the issues underlying delayed discharge
- Redirection of resources towards community based services, including those services aimed at admissions avoidance.
- Improvements in discharge planning processes, including streamlining and improving the assessment and discharge planning pathway from the point of admission onwards, and strengthening communication and joint working between primary care, hospital and discharge planning staff
- Information systems which enable a single multi-agency assessment process, and effective communication and information sharing between all those involved in discharge planning
- Closer working between the NHS and County Council to identify and resolve gaps in capacity through investment in reablement, community rehabilitation and step-up beds, community based health and social care services that would enable safe weekend discharge, residential and nursing home care at benchmark prices, and home care.
- Gaps in support for people with mental health or related issues to be addressed, particularly in ensuring prompt identification, referral and access to secondary mental health services for people with more severe mental health problems; adequate provision of liaison psychiatry in hospitals for working age adults and older people; and provision for patients with alcohol problems, homelessness or other support needs.
- A multi-agency admissions avoidance strategy and provision, involving Local Commissioning Groups and GP practices, including integrated rapid

response teams, a single point of referral for GPs to access, an effective and reliable 7-day admissions avoidance service, community and district nurse provision, multidisciplinary team working in all GP practices, and use of telecare, falls prevention and equipment.

Recommendation: The CGG commission a service that can demonstrate that it will take forward the recommendations of the review, and build on the work that has already been undertaken by NHS organisations and the County Council to reduce delays and improve the discharge planning process.

3.2 Financial risk and deliverability

The OSC recognises that the cost of the programme has to be taken into account when the CCG selects its preferred bidder, and that if the competitive bidding process results in the CCG getting good value for money, it releases resources for other services.

However, the Committee is concerned that the CCG does not run the risk of accepting a bid that is undeliverable in practice, by giving too much weight to the pricing of the bid. In particular, we oppose acceptance of a 'predatory' bid i.e. one which is set at an unrealistically low price, as this could lead to the provider seeking to negotiate for more funding at a later date, or seeking to reduce services to the level that the funding covers. This would provide an unstable basis for service provision.

The OSC also considers that a 'loss-leader' bid should be avoided, as while it might save the CCG money for the duration of the contract, it would not be sustainable in the longer term.

Recommendation: The CCG is very rigorous in testing the financial realism and deliverability of the bids, and ensures that the above concerns are addressed when it decides which provider should be awarded the contract.

3.3 Information-sharing and informatics

Contractual

It is essential for the quality of delivery of the service that there is effective information sharing between the different organisations involved in the contract, including sub-contractors, and this should be specified in the contract. The successful provider should be able to demonstrate how this will be achieved. Members are concerned that the lead provider and its associated providers do not monopolise the knowledge resulting from the contract, which could potentially lead to a situation in which the incumbent provider would have a competitive advantage over other organisations in future.

Patient confidentiality and information sharing

Data gathered by the provider should be made accessible to the wider NHS and to public health services, in a form which enables the NHS as a whole to learn from this new contractual arrangement while protecting individual patient confidentiality. In particular, safeguarding arrangements should be in place to ensure that data is

not shared indiscriminately or passed on to commercial organisations without the explicit consent of patients.

Information flows in a complex outcome-based contract

With an innovative outcome based contract on this scale, it is imperative that the CCG has a detailed comprehension of how the range of different interventions being provided contribute to the high-level outcomes that the CCG has defined, and which of these are most effective, if the desired service improvements are to be fully achieved. The CCG therefore needs to ensure that it has the specialist capacity to analyse and interpret complex clinical and patient flow data and understand their links to the high-level outcomes.

Recommendation: The CCG takes the above issues into account when awarding the contract

3.4 Equity of service delivery

There needs to be greater emphasis in the proposals on ensuring equity of service delivery across the County, particularly in Fenland, including clarification as to how the extra costs of providing an equitable service in rural areas will be met. It should be recognised that in order to provide an equitable service across the County, different approaches may be needed in each geographical area, which take account of demographic factors, accessibility and transport issues, and any gaps in current provision. The CCGs Equalities Impact Assessment should take rurality into account.

3.5 Relationship with the local authority

There needs to be a clear explanation in the proposals as to how the provider will relate to the County Council in relation to social care, and the district councils in relation to housing, both at a strategic level and at the level of day to day practice, with clarity about who is responsible for what.

3.6 Patient Choice

The proposals need to be clearer about how patient choice will be achieved, and how this can be assured, in terms of where people are treated, and the nature of services that they receive.

3.7 Practice boundaries

The current procurement process does not cover Cambridgeshire residents whose GP practice is close to the County boundary and is not registered with the CCG; for example residents who use the Gamlingay practice receive health services from Central Bedfordshire and social care from Cambridgeshire. The CCG should take steps to ensure that arrangements are made for patients of these GP practices to benefit from more co-ordinated care, and be proactive in inviting the practices to consider joining the CCG.

3.8 Contract compliance

It is essential that there is a robust performance management system to ensure that any failures to provide the required levels of care are quickly identified and dealt with, with provision for termination of the contract if the provider fails to deliver.

4. COMMENTS ON SPECIFIC PROPOSALS

4.1 Organising care around the patient

- There is still more to be done to ensure that people are not discharged from hospital or inpatient rehabilitation without services being arranged or their carers being informed. Involvement of carers needs to include members of the extended family and others who provide support who may not be registered with the person's GP as the main carer or as the next of kin.
- Part of the role of specialised support should be to have an overview of the patient, and ensure that they are regularly reviewed, including ensuring that they have medication reviews.

4.2 Delivering seamless care

- The 24/7 single point of access is a very positive move, provided the following are addressed
    - Ensuring that callers get through to the telephone service quickly, and that they get a rapid and effective service in response. This is dependent upon there being sufficient staff, at the right skill levels, at all times to deal appropriately with callers and to handle the volume of demand
    - 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.
- There should be a very strong focus on ensuring that older people with mental health needs receive joined up care, given the large and growing number of older people with dementia or other mental health issues. Involvement of mental health professionals throughout the service, including within hospitals, is essential
- We strongly support the single electronic records system, while recognising that it will be challenging to implement in practice.
- Partnership working with voluntary organisations to provide support and direct patients to services needs to be properly resourced, with clear and agreed expectations as to what they will deliver, and to what standard, and how information sharing and patient confidentiality will be dealt with.

4.3 Supporting older people to stay independent

- Healthcare reviews also need to involve social care
- The value and cost effectiveness of community healthcare contact points should be kept under review, and the approach changed if necessary, to ensure that resources are used to best effect.
- The use of technology needs to be appropriate to the individual concerned – some older people in particular may not be comfortable with this approach.
- 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.

4.4 Reducing emergency hospital admissions, readmissions and long stays in hospital

- Involvement of mental health services, and ensuring there is sufficient community based mental health provision is an essential element of admissions avoidance
- Proposals relating to the 24/7 urgent care system, case management by multidisciplinary teams, community services, and hospital based community teams need to be clear about how they would work in practice. In particularly in relation to how they ensure that the right people see the patient at the right time, and that they work effectively both in relation to providing joined up care, and in making best use of staff time and resources.
- Partnership working with the ambulance service is key to admissions avoidance, and the proposals need to be clear about how this will be done. Conversely, all parts of the system need to work in a way that ensures that people are admitted to hospital when they should be.

4.5 End of life care

- We strongly support the focus on end of life care, and would not wish to choose between the different proposals, as all are important.
- 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.

Cllr Kilian Bourke
Chairman Adults Wellbeing and Health OSC (to May 2014)