

MEETING: CCG GOVERNING BODY IN PUBLIC

AGENDA ITEM: 2.1 **SECTION:** STRATEGY

DATE: 8 JULY 2014

TITLE: PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE
AND ADULT COMMUNITY SERVICES: RESPONSE TO
CONSULTATION

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FOR: DISCUSSION AND APPROVAL

1 ISSUE

The purpose of this report is to inform the Governing Body of the responses to the proposals to improve older people's healthcare and adult community services public consultation, and to seek agreement to the recommendations arising from it.

The Consultation Response report is attached as Annex A. The report covers the consultation process, a thematic analysis of the views of the public and organisations responding to the consultation, and the CCG's recommended responses to these themes,

The analysis of the consultation response contains:

- i) a themed section written by the CCG
- ii) an independent report by market research company mruk, which the CCG commissioned to develop the questionnaire, and conduct telephone interviews during the consultation, containing the data analysis of 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 22 public meetings held during the consultation, and at other meetings that the CCG was invited to, all telephone calls, letters and emails received and organisational responses.

The shortlisted Bidders participating in the Older People and Adult Community Services procurement will be expected to consider this report and to use this to inform their 'full solutions' to be submitted by the end of July. The Bidders have received previous interim consultation reports on emerging themes and attended various consultation meetings.

2 STRATEGIC AIMS/EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

This work relates to the CCG Strategic Priority of improving care for older people. It is relevant to the Assurance Framework strategic aims 2, 3 and 4 in particular (Quality, finance, transformation). It specifically links to the following risk on the CCG Assurance Framework and Risk Register: CMT2 -Failure to Achieve the delivery of the Strategic Priority programmes (Older People/CHD/End of Life Care), CMT3 - Failure to engage with public and patients around service changes and G1 - Risk to the maintaining robust CCG governance arrangements.

It also relates to Equality Delivery Scheme Goals 1 and 2 (improved health outcomes for all, improved patient access and experience).

3 KEY POINTS

- 3.1 The consultation ran from 17 March to 16 June 2014
- 3.2 The engagement team distributed 50,000 consultation documents and made available a suite of supporting documents. The consultation information was made available in other languages and formats to ensure that the consultation was fully accessible.
- 3.3 The CCG ran a series of twenty two public meetings across the region at different times of day as well as on Saturdays. The CCG was also asked to speak at a range of other meetings to discuss the consultation. The format of the public meetings included a presentation and question and answer session. There was also an opportunity to ask one to one questions at the end of the meetings. The CCG also attended staff briefings for Cambridgeshire Community Services NHS Trust staff to give feedback on the consultation.
- 3.4 An external Market Research company (mruk) was commissioned and have provided the independent report enclosed on the consultation findings. MRUK also conducted telephone interviews throughout May. The results of this are included in the final report.
- 3.5 The enclosed end of consultation report includes full information on the consultation process, equalities engagement during the consultation, media coverage as well as details of all the feedback received during the consultation.
- 3.6 Below is a summary of all the numbers of responses received during the consultation.

Attendees at public meetings	
Number of people attending	491
Enquiries received	
Email	122
Phone	186
Letter / post	4

Verbal	9
Voicemail	38
Other / unknown	9
Total	368
Consultation responses received	
Formal responses (groups, statutory bodies, unions, campaign groups)	18
Completed questionnaires	892
Completed online questionnaires	186
Telephone interviews	751
Total	1847
Overall total	2706

4 SUMMARY OF ISSUES AND RECOMMENDATIONS

The table below sets out a summary of the themes, issues and recommendations. The themes are covered in more detail in the full report at Annex A.

Theme	Issue	Recommendation
Service Proposals		
More joined up care: organising care around the patient	People currently find services disjointed and complicated.	<p>1.1 Bidders should be asked to demonstrate how</p> <ul style="list-style-type: none"> - Patients and carers will be involved in making plans for their health and community care - Named care coordinators will coordinate and support services from a team of professionals including GPs, nurses, therapists, and other specialist around the needs of the individual
	Ensure that people are not discharged from hospital or in-patient rehabilitation without services being arranged or their carers being informed	1.2 Bidders should be asked to take into account the recommendations on hospital discharge made by the Cambridgeshire Overview Scrutiny Committee in their 2013 report
	Social care and housing services need to be integral parts of the	1.3.1 Bidders should be asked to place particular focus in the their final submissions on how they will work in

	proposals	<p>partnership with Local Authorities to deliver a joined up service model</p> <p>1.3.2 The CCG should take into account the consultation themes in its work to develop partnership arrangements with Local Authorities, and proposals for use of the Better Care Fund</p> <p>1.3.3 The CCG should work with partners, the Lead Provider and Health & Well-Being Boards to ensure that there are effective arrangements for partnership oversight of the new contract</p> <p>1.3.4 The CCG should continue to work with the Lead Provider and Local Authorities on the further development of the Outcomes Framework to ensure it reflects desired partnership outcomes.</p>
Better planning and communication: delivering 'seamless' care	<u>24/7 Single Point of Access</u> 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, but there was concern that this needed to work efficiently	<p>2.1 Bidders should be asked to demonstrate how they will address the following:</p> <ul style="list-style-type: none"> - 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 - The service must be able to offer all necessary community languages,
	People were also frustrated by multiple points of access across health and social care, and wanted to know how this proposal would fit with the 111 service	<p>2.2.1 Bidders should be asked to demonstrate how they will ensure there are clear and effective working relationships with the 111 service and other telephone access points (forming a virtual network so there is no 'wrong door' for people needing help</p>

		2.2.2 The CCG should work with the Lead Provider and partner agencies to ensure there is extensive publicity about the service,
Mental Health	Mental health, well-being, and physical health are intrinsically linked. There should be a strong focus on ensuring that older people with mental health needs receive joined up care including involvement of mental health professionals throughout the service, including within hospitals is essential.'	<p>2.3 This is recognised within the proposed service scope, but Bidders should be asked to demonstrate how</p> <ul style="list-style-type: none"> - Mental health professionals will be involved throughout the service including within hospitals - How all relevant staff involved in the care of older people will be trained in mental health
Single electronic record system	Whilst there was support for ensuring all services involved in the care of older people had access to the right information, there was concern about security of data and its proper use (information governance)	<p>2.4.1 Bidders will already need to demonstrate how they will comply with information governance requirements.</p> <p>2.4.2 The CCG should review whether there are any additional requirements which may be necessary over and above the information governance requirements in the NHS Standard Contract with the Lead Provider.</p>
Partnership working with voluntary sector organisations	Partnership working with voluntary organisations to provide support needs to be properly resourced, with clear and agreed expectations as to what they will deliver.'	2.5 Bidders should be asked to include proposals for joint working with voluntary sector organisations which explain what service will be delivered and how the partnership arrangements will work
Supporting older people to stay independent	Focusing on prevention and making sure that those aged 65 or over have access to information and	<p>3.1 Bidders should be asked to explain how their proposals will</p> <ul style="list-style-type: none"> - deliver a focus on prevention

	services' is the most important factor in supporting older people to stay independent.	<p>- Support partnership working to reduce the impact of social isolation</p> <p>3.2 The CCG should support work with the Lead Provider, Local Authorities and Housing Providers to ensure there are a range of support options for older people</p>
Improved community services: reducing emergency hospital admissions, re-admissions and long stays in hospital	Providing 24 hour in-home urgent care system is the most important aspect of service which is likely to reducing emergency hospital admissions, but this needs to be properly coordinated across hospital, community and other services, with as much continuity of care for patients as possible	<p>4.1 Bidders should be asked to demonstrate</p> <ul style="list-style-type: none"> - how the various services that support people in the community and in hospital will work together to give effective coordination and as much continuity of care as possible - to ensure that the patient is discharged safely and with the right care in place if needed in the community (see also OSC recommendations on delayed discharge referred to previously, including 7 day working).
	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.	4.2 Bidders should be asked to set out their proposals for joint working with the ambulance service.
End of life care	Providing local specialist nurses and 24 hour support is important, but access can be variable at present	4.3 Bidders should be asked to demonstrate how their proposals will improve access to specialist nurses and 24 hour support.

	There are sometimes issues between the wishes of the patient, the family and the clinician(s) regarding care or treatment at the end of life ('living wills', for example)	4.4 Bidders should be asked to explain how they will approach end of life care in terms of managing the wishes of the patient, their family / carer(s) and those involved in providing professional care
Local needs	<p>Considerations need to be made for:</p> <ul style="list-style-type: none"> - 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 	<p>5.1 Bidders should demonstrate a thorough understanding of local issues, explain how they have gathered local views, and submit proposals which address them.</p> <p>5.2 Bidders should be asked to clarify how they will seek to ensure equality of access to services and that services are delivered, where possible, in a way which is responsive to issues arising from protected characteristics.</p> <p>5.3 The CCG should continue to update the Equalities Impact Assessment as part of the on-going Programme.</p> <p>5.4 The CCG should continue to work with partners, including the Lead Provider when appointed, to develop, agree and implement a preferred option for services in Royston, recognising the wish of local people to see as many services as possible delivered locally</p>
Primary care	GP services are a very important part of care for older people: there is a need for clarity on how the Lead Provider will work with GP practices and how access to primary care can be improved.	<p>6.1 Bidders should be asked to demonstrate in their proposals how they intend to work with and support primary care.</p> <p>6.2 The CCG should develop stronger 'co-commissioning' arrangements with the NHS England Area Team to ensure that</p> <ul style="list-style-type: none"> - primary care is supported to develop high quality, accessible services for older people- new services are implemented in a coordinated way

		- there are no gaps in service between community, hospital and primary care contracts
Scope	There is a need for clarity on the scope of Lead Provider services, specifically planned and unplanned hospital care, and children's services	7.1 The CCG has set out the scope of services in its Prospectus, but should continue to work with Bidders to ensure there is clarity in the contract, and also to monitor this when the new service is implemented.
	There is a need for clarity on the role of the Lead Provider	7.2 The key points are covered in the consultation document, but the CCG should work with the Lead Provider to communicate and promote its role.
Commissioning process		
Outcomes Framework	Need to ensure there is adequate capability and capacity within the CCG to interpret complex clinical and patient flow data and link this to high level outcomes, and to manage the new contract	8.1 The CCG has substantial in-house commissioning and contracting capability, but should review its capacity and capability to ensure the new contract is managed effectively.
Procurement and Types of Providers	Some respondents expressed concern regarding the risk of destabilising the system through unforeseen and unintended consequences.'	<p>9.1 The CCG should</p> <ul style="list-style-type: none"> - continue to work with all partners in the local health and social care system as part of its 5 year strategic planning work to anticipate and mitigate the risks associated with necessary transformational change - continue to develop contingency plans - continue to work closely with CCS through the Transition Steering Group

	A 'predatory bid' submitted at an unrealistically low price could result in future cost pressures or service reductions; the final bidder should not be selected on the money issues alone	<p>9.2 The CCG should</p> <ul style="list-style-type: none"> - apply the evaluation criteria as published which give significant weight to the clinical and service solution - rigorously analyse the credibility of the financial aspects of proposals
	<p>Implications of possible use of non NHS Providers on</p> <ul style="list-style-type: none"> - quality of services - staff - transparency 	<p>9.3 The CCG should ensure that</p> <ul style="list-style-type: none"> - the contractual service specification, including the Outcomes Framework, is robust, and the processes for holding the Lead Provider to account are clearly defined - that performance information is made publicly available - that the Lead Provider co-operates in provision of information to partner organisations <p>9.4 Bidders should be asked to set out in particular detail in their proposals how they will</p> <ul style="list-style-type: none"> - increase staff satisfaction - recruit and retain staff - build on current levels of training - prepare new staff for their roles - develop the organisation as a whole - engage with staff during the transition and mobilisation stage
Finance and contracts	Managing failure of the contract / provider	<p>10.1 The CCG should ensure that</p> <ul style="list-style-type: none"> - the Standard NHS Contract clauses relating to poor performance are used effectively - there are appropriate compensation clauses in the contract in the event that termination without cause is triggered
Time-scales for Mobilisation	Questions have been raised about the timescales for delivery, specifically between	<p>11.1 The CCG should</p> <ul style="list-style-type: none"> - amend the full service commencement date to 1.4.15 to allow more time for mobilisation of

	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.	<p>the new service</p> <ul style="list-style-type: none"> - work with the Preferred Bidder and incumbent providers to ensure that all necessary steps are taken to secure safe transition, including certainty for transferring staff at the earliest possible date
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The Governing Body is also 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.

5 BACKGROUND INFORMATION

See report at Annex A and the accompanying appendices.

6 IMPACT ASSESSMENT

Equality and Diversity (EIA attached as appendix 6 to annex A)

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3 July 2014