Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	Proposals to Improve Older Peoples Healthcare and Adult Community Services – Consultation Response
Meeting/Date:	Overview and Scrutiny Panel (Social Well-Being) – 10th June 2014
Executive Portfolio:	Councillor R B Howe, Executive Councillor for Healthy and Active Communities
Report by:	Miss H Ali, Democratic Services Officer
Ward(s) affected:	All

Executive Summary:

Since June 2013, the Overview and Scrutiny Panel (Social Well-Being) has been monitoring the procurement exercise being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on Proposals to Improve Older Peoples Healthcare and Adult Community Services. A public consultation was launched on 17th March 2014, closing on 16th June 2014. The Panel appointed a Working Group, which met on 6th May 2014, to formulate a draft response to the consultation. Their views are outlined in Section 3 of this report.

Recommendation(s):

The Panel is requested to endorse the preliminary views as outlined in Section 3 of the report and to consider whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014.

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1. WHAT IS THIS REPORT ABOUT?

1.1 The purpose of this report is to seek the Panel's endorsement of a response to the current consultation being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on Proposals to Improve Older Peoples Healthcare and Adult Community Services.

2. BACKGROUND

2.1 Since June 2013, following an announcement by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) that it intends to change the way older peoples healthcare and adult community services are provided, the Panel has been monitoring the various stages of the procurement exercise prior to the launch of the current public consultation which opened on 17th March 2014 and closes on 16th June 2014. Since then, the Chairman of the Panel held an initial meeting with the CCG in July 2013 and representatives of the CCG have been in attendance at the January and April 2014 Panel meetings. At the latter meeting, Members received a presentation on the consultation proposals and requested the Working Group appointed by the Panel at its March 2014 meeting to formulate a draft response to the consultation. The Working Group, comprising Councillors R C Carter and S J Criswell, met on 6th May 2014 to undertake this work. Councillors Mrs P A Jordan and S M Van De Kerkhove presented their apologies for this meeting but have had an opportunity to comment on the draft response prior to its submission to the Panel.

2.2 The purpose of this report therefore, is to provide the Panel with an opportunity to consider the Working Group's response and to decide whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014. The draft response incorporates the preliminary views expressed by the Panel at previous meetings.

3. CONSULTATION RESPONSE

3.1 The Working Group agrees that it will be best to structure the Panel's response around the CCG's Outcomes Framework. The Framework will be used by the CCG to measure clinical outcomes and patient experiences in the future. The sub-sections below denote the seven themes which comprise the Outcomes Framework.

(a) Ensuring people have an excellent and equitable experience of care and support with care organised around the patient

3.2 Members fully endorse the principles of this outcome and suggest that there should be more active liaison with local community initiatives with a view to enhancing current service provision. It is however stressed that this should enhance and not replace the provision which already exists. Patients, carers and their families should be directed/signposted to existing local services as necessary.

3.3 The Working Group also believes that a more positive approach to patient care should be adopted. The focus should be on what a patient can do rather than what they cannot. This will help boost individual patients' morale.

(b) Treating and caring for people in a safe environment and protecting them from avoidable harm

3.4 Measures should be adopted to ensure that the successful bidder recognises and liaises with relevant family members and community networks as part of the overall care package prior to a patient's release back into the community. This will help to build a safe environment and to protect patients from avoidable harm.

3.5 Upon their release back into the community, patients, their carers and their families/friends should be made aware of the process/protocol for problem reporting. This should be clear and easy to understand.

3.6 The CCG's Older Peoples Strategy identifies a need for there to be enhanced levels of community engagement. There are communities that wish to build community resilience and are willing to work alongside partners in order to achieve this aim. It is suggested that the new provider should identify a named individual (e.g. locality manager) with whom communities can engage.

3.7 In the case of those patients who fall below the established thresholds for care, the CCG should ensure that adequate support and advice is provided to these individuals, which should be tailored to their needs wherever necessary.

3.8 The successful bidder should ensure that it introduces measures to verify that individuals who could potentially "slip through the net" are picked up by the healthcare system. For example – How will members of Armed Forces who are returning to the community be identified?

(c) Developing an organisational culture of joined-up working, patient centred care, empowered staff and effective information sharing

3.9 The Panel is extremely supportive of this outcome and endorses the adoption of a united approach to care with all relevant service providers including Social Services and Mental Health. The principles of establishing integrated care services across the CCG area is fully endorsed by Members together with the need for patients and their families to have a single point of contact within the community early on in the process.

3.10 There is a need for closer working practices to be employed between GPs, Hospitals and other community services. Communication between all providers about patients is key to successful service delivery.

3.11 Members acknowledge the benefits that a multi-disciplinary team can bring to patients in terms of enhancing their experiences and providing a better level of care.

3.12 It is recommended that co-location or the introduction of community hubs should be investigated as a means of achieving this outcome.

3.13 The new provider will have the ability to refer patients upstream to a number of Community Services listed in Appendix (iii) of the consultation document. Steps should be taken to ensure that all the systems across the community are collaborating with each other.

3.14 A shared IT platform between providers in the CCG area should be explored as a means of achieving this outcome. Patchwork is an example of a shared system being used by Staffordshire County Council which supports collaborative working centred around clients.

(d) Prevention and early intervention for those with complex needs, long term conditions, frailty or mental health needs

3.14 Clear mechanisms for GPs and the CCG's involvement in prevention and public health at a local level should be introduced.

(e) Rapid response for treatment and/or support during an acute episode of ill health

3.15 The Working Group is supportive of the 24/7 approach to rapid response care as this will help to avoid unnecessary Ambulance/A&E admissions. The 24/7 service needs to be proven/tested, efficient and operational by January 2015. However, Members question whether this is realistic. A back-up plan should be devised in case adequate service standards cannot be achieved within this timescale.

3.16 Members have stressed the need for there to be a single point of contact for this aspect of the proposals. Systems should be sufficiently robust to prevent there being any chance of service failure or error as it could be to the detriment of patients, carers and their families.

3.17 To enable this to be achieved, access to patient records should be made readily available via electronic means to the rapid response service. There needs to be clarification whether the service will be using their own system or an NHS one. There should be adequate staff training. The information sharing arrangements should be robust, reliable and secure.

(f) Long term recovery and sustainability of health

3.18 It is essential that a seamless approach to service delivery is established from discharge to interim care and then on to rehabilitation. This may include re-engaging with existing community networks and voluntary sector providers. It is stressed that the new provider should actively publicise these groups to their patients.

(g) Care and support for people at the end of their lives

3.19 Members are of the view that clinical needs should be met at a patient's home wherever possible.

3.20 Support should not just be restricted to patients. It should be made available to their carers and families as well.

(h) Other comments

3.21 In addition to the comments above, Members have made a number of other general comments, which it was agreed should be incorporated within the Panel's response. These are outlined in the following paragraphs.

3.22 When selecting a service provider, the financial cost to the CCG should not be assessed in isolation. The CCG should be aware of the wider impacts to other stakeholders and engage with them accordingly.

3.23 Whilst Members accept the need for the successful bidder to find financial efficiencies, they have stressed that this should not be to the detriment of patients and service provision.

3.24 There is a need for transparency and accountability should there be a shortfall in service or budget overspend. It must be made clear from the outset how these will be achieved.

3.25 There is a need for processes to be transparent and for active learning from successes and failures to take place.

3.26 The proposals do not demonstrate which service provider will be providing upstream prevention advice with a view to avoiding/delaying first referrals. They should be identified, as should the mechanism through which this will be achieved.

3.27 Members acknowledge that there will be an element of voluntary sector commissioning from providers as part of the proposals. The Panel seeks assurances that the voluntary sector will not be relied upon as a means of relieving the contractual obligations agreed between the CCG and the new service provider. Members are of the view that a balance needs to be struck in terms of accountability between the voluntary sector and the new provider.

3.28 The Panel is fully supportive of proposed increases to local services as a means of safely avoiding unnecessary Hospital admissions.

3.29 The Panel has reiterated previous concerns over the lack of elected Member involvement in the procurement exercise. Democratic representation during the selection process by elected Scrutiny Members is essential to providing public trust and confidence in the procurement process. The establishment of a Stakeholder Panel could have assisted in this respect.

3.30 The preferred bidder will be identified in September 2014 with a view to launching the service in January 2015. There is concern over the tight timescale for the mobilisation of the contract and whether or not staff will be sufficiently trained on the new systems and practices prior to the launch of the service. Again, it is recommended that contingency plans are made to take effect if the implementation plan does not deliver desired outcomes by January 2015.

3.31 It is acknowledged that the first 12 months of the 5 year contract will be spent by the successful provider implementing changes. The Panel seeks assurances that safeguards will be in place to ensure a smooth transition without compromising quality standards and patient experiences. The CCG should introduce measures to ensure satisfactory performance levels are achieved in the first year of operation. The new arrangements should reduce the risk to patients.

3.32 Cambridgeshire Community Services (CCS) employees should fully engage in the change process. The new provider should take steps to ensure there is a smooth transition to the new service.

3.33 The Panel welcomes the Outcomes Framework approach. Whilst this framework has been tested by a number of interested stakeholders, including patient user groups, there is concern over the latter group's omission from the evaluation phase of the procurement process. These individuals will be able to contribute to the evaluation of service delivery.

3.34 The shortlisted bidders cover the whole CCG area. The successful bidder should publish details of how it will meet local needs.

4. CONCLUSION AND RECOMMENDATIONS

4.1 As tasked by the Panel, the Working Group has met to formulate a draft response to the CCG's consultation on the Proposals to Improve Older Peoples Healthcare and Adult Community Services.

4.2 The Panel is requested to endorse the preliminary views as outlined in Section 3 of the report above and to consider whether it wishes to make any further comments on the consultation for submission to the CCG by 16th June 2014.

BACKGROUND PAPERS

Reports and Minutes of the Overview and Scrutiny Panel (Social Well-Being) for the meetings held on 7th January, 4th March and 1st April 2014.

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