NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

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

Consultation document

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents.

We want to improve older people's healthcare and adult community services for residents across Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the CCG's catchment area.

We would like your feedback on the initial proposals a number of organisations have put forward on how services could be delivered differently to achieve the improvements we are looking for.

The public consultation runs from
9am 17 March 2014 to 5pm 16 June 2014

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

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Your Feedback

Why we would we like your feedback

Over the last year clinicians, local authority representatives, managers and patient representatives have been looking at how we can improve older people's healthcare and adult community health services. Set up by the Clinical Commissioning Group (CCG), the Older People's Programme Board has started a tender process to deliver better outcomes for patients.

We have now reached a stage in the process where we would like to invite your feedback on proposals for improving the way care for older people and community services for adults is delivered. These proposals have been put forward by a number of different organisations with experience of delivering NHS services. We would also like to hear your views on how the CCG is proposing to buy or 'commission' services, by focusing on improving outcomes for patients. **You can give your feedback on the organisations' proposals using the Feedback Questionnaire on page 37. The proposals can be found on pages 17 to 19.**

While the Older People's Programme has been considering the way we commission these services, the CCG's Engagement Team has been out and about raising awareness of the CCG's programme to improve older people's healthcare and adult community services.

We have attended more than 100 meetings and public events as well as providing regular updates to organisations and individuals interested in the programme. We have also encouraged patient representatives to be involved in considering the initial proposals put forward during the procurement. They have been invaluable in helping us produce documentation for consultation.

How your feedback will be used

The organisations who have put forward these initial proposals, referred to in the tendering process as bidders, will develop them into more detailed proposals (Full Solutions) for the CCG to consider in the final stage of the procurement process.

Through this public consultation your views of their initial proposals will be fed into the development of these final proposals, so that the bidders can consider your views as they put together their more detailed proposals.

The CCG Governing Body will also receive and discuss the feedback to the consultation and will consider this when evaluating each bid against our criteria for selecting a preferred bidder.

The consultation document and process

The consultation will run from 9am on 17 March 2014 to 5pm on 16 June 2014.

We have tried to present the information in this consultation document to you in a way that we hope is easy to understand. A Glossary of Terms can be found in Appendix (ii). We have tested this document with our Patient Reference Group (PRG), whose role it is to monitor our engagement work and make suggestions on how the CCG can find out people's views about proposed changes to services. Please let us know if you feel any part of the consultation is unclear.

We have arranged public consultation meetings throughout the CCG's area from April 2014. These have been arranged for different times of the day and on different days of the week, to provide a good range of opportunities for you to attend a meeting to find out more about this consultation.

The consultation is about proposals to improve services, not the individual organisations participating in the procurement process. This consultation document does not therefore identify the individual bidders in respect of each bid. Whoever is awarded this NHS contract to deliver Integrated Older People's Pathway and Adult Community Services across Cambridgeshire and Peterborough, **care will remain NHS-funded, provided under an NHS contract and free at the point of delivery**.

To make sure the consultation is open and objective, an external market research company has helped the CCG to set the questions asked in this consultation (found in the Feedback Questionnaire on page 37). They will analyse the results and report back to the CCG on the findings.

You can give your views in a number of ways:

- Complete the questionnaire found online on the CCG's website www.cambridgeshireandpeterboroughccg.nhs.uk
- Complete the paper copy of the questionnaire found on page 37 of this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. (You do not need a stamp).
- Call the Engagement Team on 01223 725304.
- If you belong to a group or organisation, you can invite us along to one of your meetings by contacting our Engagement Team on 01223 725304 or by email engagement@cambridgeshireandpeterboroughccg.nhs.uk, putting 'Proposals to improve older people's healthcare and adult community services consultation' in the subject field.
- Come along to one of the public meetings listed in Appendix (i).

Foreword

As local GPs, we feel that healthcare for our older patients, needs to be improved. Often we are told older people would prefer more care at home, or in the community, but too often they end up in hospital, especially during evenings and weekends. To achieve this we think that we need better contract arrangements that encourage better health and care outcomes.

We are aware that at the moment the time spent in hospital is often longer than it needs to be because access to community services is not always in place to give the care needed at home. This can make it difficult for patients to regain their independence and confidence after illness or injury and put a significant strain on families and carers. People must and will be able to go to hospital when they need to, but we feel that there should be a shift to be able to offer more healthcare through much better community-based services, when it is possible and safe to do so.

It is not just older people who require community-based services but also younger adults who have long term conditions (LTCs) such as diabetes, chronic lung disease or heart disease, so these proposals aim to improve care for these patients too. Our experience over many years is that services for patients can be fragmented, for example, between hospital and the community, or between physical and mental health services.

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, with much better patient experiences, as described in the section on outcomes in this document.

We feel that there will be better NHS-funded healthcare for older people and adults with long term conditions if it is delivered in a joined-up way around the needs of the patient. We want to gather your views on the way a number of organisations are proposing NHS-funded health services could be delivered to provide this more joined-up care.

We urge you to let us know what you think. If you are a fellow GP or other health professional, please give us your opinion. We want to hear everyone's views.

Dr Arnold Fertig

Older People's Programme Clinical Lead

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Message from NHS Cambridgeshire & Peterborough CCG's Chief Clinical Officer and Lay Chair

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents. It is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients and managers.

As a nation we are living longer and so it follows that the number of older patients is also increasing. As we get older most of us develop illnesses and conditions associated with our advancing years. We have been engaging with patients, local groups, doctors, staff and the many organisations involved in care for older people over the past year. Having listened carefully to their views we realised changes were needed based on a number of local and national issues:

- current services are not joined up
- all services need to improve to meet the growing needs and wishes of older people
- financial challenges for public services mean that to improve quality we need new and innovative ways of organising services
- we need new style contracts with a number of service providers which are designed to deliver outcomes of better health and care
- published evidence of harm when services are not properly working together.

In July 2013 we invited NHS and independent organisations to take part in a tendering process, the Integrated Older People's Pathway and Adult Community Services procurement, to find an organisation, or group of organisations, able to deliver these improved services under an NHS contract. We are now at a stage where a number of organisations have put forward their initial proposals for delivering services in a way that we feel has the potential to deliver the improvements we are looking for.

Through this public consultation, we would like to invite you to give us your views on the proposals that are being suggested. We will then pass on your views to the organisations taking part in the tendering process, so they can use them to develop their initial proposals into full and more comprehensive solutions for improving NHS-funded healthcare for older people and those with long term conditions in your area.

Dr Neil Modha
Chief Clinical Officer

Maureen Donnelly
Lay Chair

Letter from Cambridgeshire and Peterborough CCG's Patient Reference Group (PRG)

Dear Resident

When Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was formed, it established the Patient Reference Group (PRG) as a formal sub-committee of its Governing Body. It is made up of representatives from the Patient Participation Groups from each Local Commissioning Group area, as well as Healthwatch organisations.

Our job is to monitor the engagement work of the CCG and make suggestions on how it can find out people's views about proposed changes to services and what people think about services generally.

We also seek the views of the groups we represent and keep them updated on the work of the CCG. Our Chair reports directly to the CCG Governing Body on issues that we raise.

The PRG is just one of the ways that the CCG engages with the people of Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the area the CCG covers, but it is important that we give our views on developing services.

The PRG, alongside others, has helped the CCG develop this consultation documentation as well as the way it goes out to consult with patients and the public.

This is a very important consultation, looking at the way that services are provided for a wide group of people. We urge you to read the documentation and answer the questionnaire.

Please ask questions and attend the public meetings. It is very important that you get involved in how services are shaped for the future.

The Patient Reference Group (PRG)

How are services currently organised?

Our local healthcare services for older people and adults with long term conditions are provided by a number of different NHS, voluntary sector and private organisations. The main ones are shown in the table below. The CCG holds separate contracts with each provider.

Service	Main Providers
Community services such as district nursing, specialist nursing, specialist footcare, speech and language therapy, occupational therapy and rehabilitation	Cambridgeshire Community Services NHS Trust.
Hospital services. Within each hospital, there are many specialties and departments involved in the care of older people. More specialised care associated with heart and lung conditions	• Cambridge University Hospitals NHS Foundation Trust (Addenbrookes) • Hinchingbrooke Healthcare NHS Trust • Peterborough & Stamford Hospitals NHS Foundation Trust • Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust • Papworth Hospital NHS Foundation Trust.
Mental health services for adults and older people	Cambridgeshire & Peterborough NHS Foundation Trust.
'Third sector' or voluntary organisations deliver a range of support services for older people and their carers.	These range from local voluntary groups to larger more well-known organisations such as Age UK, Care Network and the Alzheimer's Society.
End of Life Care	When requested, patients at the end of their lives can choose care services provided by hospices such as Arthur Rank and Thorpe Hall. This is combined with voluntary organisations and specialist hospital and community services.
Primary medical care*	GPs through 108 practices across the CCG's catchment area. For patients who require urgent care out of hours, the service is provided by Urgent Care Cambridgeshire and Cambridgeshire Community Services NHS Trust.
Ambulance services	East of England Ambulance Service NHS Trust.
NHS 111 telephone advice service	Herts Urgent Care.
Prescriptions and advice	Pharmacies ('chemists').
Specialist equipment services	Nottingham Rehab Services.

* Most primary care and pharmacy services are now commissioned by NHS England.

Social care and housing services are vitally important for supporting older people who require them. The CCG works closely with the Local Authorities responsible for delivering them. These are:

- Cambridgeshire County Council
- Peterborough City Council
- Northamptonshire County Council
- Hertfordshire County Council
- South Cambridgeshire District Council
- Cambridge City Council
- Huntingdonshire District Council
- Fenland District Council
- East Cambridgeshire District Council.

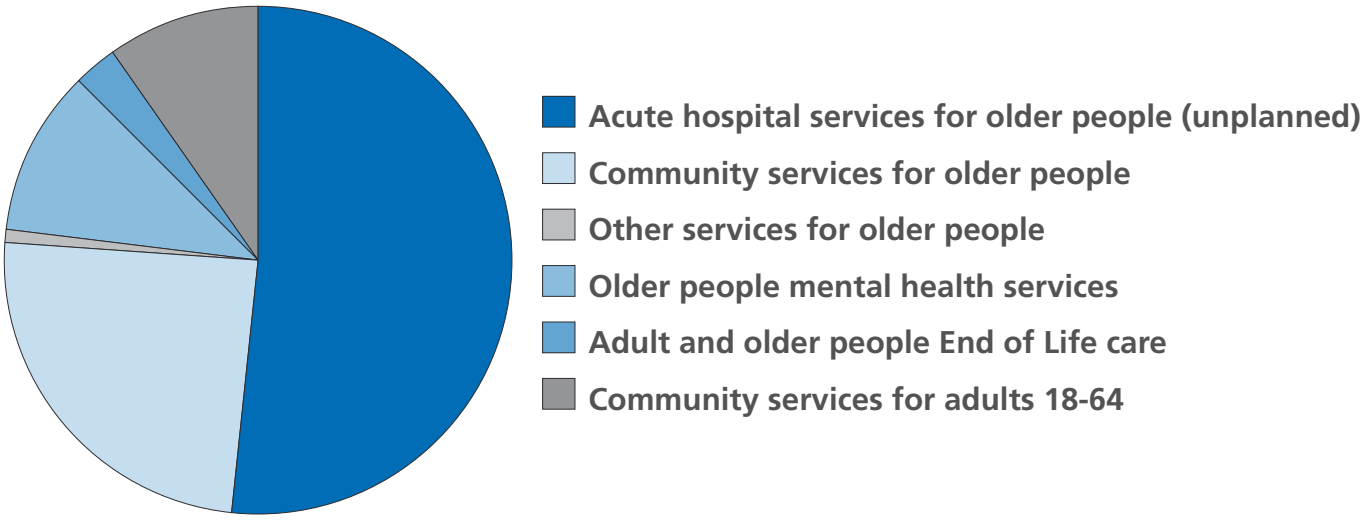
Although there are a large number of organisations working in what can be a very complex way, there is no single provider responsible for ensuring that care for older people and adults with long term conditions is joined up and co-ordinated.

The main focus of local services is on treating people when they become seriously ill or suffer an injury. Currently there is less emphasis on preventing ill health, and helping older people live with long term conditions such as diabetes, lung disease or dementia.

There are different types and levels of service available during the day compared to those available in the evening or at weekends.

The way in which the CCG pays providers for the services they deliver is currently based mainly on how many patients use the service or historical levels of funding. It is not linked to whether the patient experience of care is good or bad, or what the clinical outcome is to any great extent. The current funding arrangements have a bias toward acute hospital care instead of community services.

The piechart below indicates the proportion of current spend:



Across the organisations involved in care for older people, there are many different ways in which information is held, and different computer systems used for storing the information and running the services. This sometimes makes it difficult for people involved in a patient's care to share information effectively which can be frustrating for staff, patients and carers.

Why Change? The CCG's case for change

Current arrangements are fragmented

We know that staff work hard to provide the best possible care, but the quality of the current services can be significantly improved. This is partly because so many different organisations are involved, but also because the way services are organised (the 'system') means that care is not always joined up and does not always deliver the outcomes we would like.

Patients have also told us that they are often visited or cared for by many different professionals. Knowing who is responsible for them is confusing and can seem disjointed. The patient or their carer has to repeat information because it is not readily available to be shared within the NHS or with social care staff. Patients and carers have also told us they would like to be more involved in making decisions about their care.

Currently frail elderly people are frequently admitted to hospital through Accident and Emergency departments (A&E), particularly in the evenings and at weekends. Hospitals beds become full and patients often stay longer than they should, which can make it difficult for them to regain independence.

The number of older people is increasing

This is important because people are living longer and the number of people aged 65 and over is rising. In our area the population is expected to increase between

2011 to 2021 as follows:

Number of people aged over	Expected rise in Cambridgeshire 2011 to 2021	Expected rise in Peterborough 2011 to 2021
65 years old	33% (101,351 to 134,516)	23% (25,076 to 30,846)
80 years old	35% (28,678 to 38,587)	19% (7,226 to 8,562)
85 years old	47% (14,060 to 20,721)	31% (3,365 to 4,405)

Source: ONS mid 2011 population projections

Funding

Although numbers of older people are rising, funding is not increasing in line with the growing demand. Only minimal increases are expected in the coming years, so we need to find high quality ways of meeting the needs of a larger group of people within the budget made available to our area.

The evidence

The CCG's programme is informed by a comprehensive assessment of the evidence available. This began with an assessment of need, and includes a detailed analysis of evidence on improving outcomes for patients. There is published evidence that better organised and joined-up care leads to better health outcomes. For example, in April 2013 the Kings Fund updated a report 'Transforming Our Health Care System: A Summary' where they published the evidence for the effectiveness for all aspects of care for older people. A separate summary of the clinical case for change can be found on our website www.cambridgeshireandpeterboroughccg.nhs.uk or upon request as detailed on page 22.

How will care be improved?

The following sections explain proposals for improving care:

- CCG vision
- Services included in the Integrated Older People Pathway and Adult Community Services procurement
- Examples of improved care: two patient stories
- A summary of proposals put forward to improve care
- The commissioning process: improving outcomes.

CCG vision

The CCG's vision is for older people's healthcare and adult community services to be better organised around needs of the patient. We want to see:

- ### More joined-up care

We want to make sure that the health and care professionals involved in the care of an older patient or adult with a Long Term Condition, work together in joined-up teams. We are proposing to have a "lead" organisation responsible for delivering and co-ordinating this care, no matter where is it delivered, in the hospital or the community.

- ### Better planning and communication

We want to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available at all times (24/7) to the appropriate professionals.

- ### More patients supported to remain independent

We would like older people to have access to care in ways that allow them to maintain their independence.

- ### Improved community and "out of hospital" services and fewer patients admitted to hospital as an emergency, where it can be safely avoided

We want to stop people going into hospital unnecessarily (where it can safely be avoided) and we want make sure our older patients and adults with long term conditions can access the right support either at home or in their local community, in a timely manner. We want people to feel confident about the care they receive at home.

Services included in the procurement

The Integrated Older People Pathway and Adult Community Services procurement is focused on achieving these aims for the services in the table below.

These will become the responsibility of a 'Lead Provider' which will directly provide community services and hold the budget for the other services so that the whole 'pathway' of care is more joined up and better co-ordinated. More information about the role of the Lead Provider can be found on page 21.

Service	Current Main Providers
Community services for older people and adults	Cambridgeshire Community Services NHS Trust A list of community services included in the proposals can be found in Appendix iii on page 28.
Unplanned acute hospital care for patients aged 65 and over (A&E, non-specialist services admissions)	• Cambridge University Hospitals NHS Foundation Trust • Hinchingbrooke Health Care NHS Trust • Peterborough & Stamford Hospitals NHS Foundation Trust • Queen Elizabeth Hospital Kings Lynn NHS Trust
Older People Mental Health Services	Cambridgeshire & Peterborough NHS Foundation Trust
Other services which support the care of older people	Specialist palliative care services providers; GP practices (local enhanced service for care homes/nursing homes); specific voluntary organisations; other acute Trusts (hospitals) providing unplanned acute care.

Examples of improved care: two patient stories

…for those with long term conditions

Most people with long term conditions are cared for by their GP and practice nurse. However, sometimes a patient might benefit from increased support from a community services team. It is important this extended team works closely together and with the patient. The team should have access to support from hospital specialists when needed. Where possible they should help increase a patient's understands of their condition to improve self-management.

For example, a 75-year-old man lives alone, is relatively isolated, has Type 2 Diabetes with poor control and evidence of kidney disease. He is very overweight, not very good at remembering to take his medication or making appointments and has not responded to the normal care and advice given by his GP. The GP refers him to a community Diabetes specialist nurse who visits him at home but he still finds it difficult to make the necessary changes. It is noticed that he has become more forgetful. His condition deteriorates and he becomes increasingly at risk of the many complications of Diabetes.

In the new service the patient would receive more co-ordinated care. The diabetes specialist nurse would in the usual way explore his main concerns and what he would like help with, and create a plan which includes a weight and exercise target. The new integrated service would be able to ensure that the plan is carried out and monitored in the following sorts of ways.

He would:

- have community care organised by a co-ordinator known to him
- receive advice from a specialist diabetic dietician
- receive a reminder phone call the day before each appointment
- be offered a dosage box from the community pharmacist to keep track of medicines
- be helped to see his GP for a full review and be referred to a kidney specialist
- be offered a referral to a voluntary organisation to help him with social isolation and as a result he may have somebody to go with him to GP and hospital appointments
- with consent, have a key summary information and plan available to his extended community team and to emergency services if he has to make contact.

A contact centre would be available for advice and support seven days a week.

He might also:

- agree to attend with a weekly evening local weight reduction group
- need advice from a hospital specialist available if possible in the community.

A mental health worker in the team is asked to assess him, and finds very early signs of memory impairment. He seems to cope if reminded, and two good neighbours volunteered to take it in turns to make contact with him at least once a day, and with his consent are given advice with regard to early signs of change.

As he becomes more frail he may be prone to minor episodes of ill-health that tip the balance in his ability to cope. For example, a urinary tract infection may make him unsteady and more prone to falls. The new service will be able to urgently assess the situation and put in place treatment and support that enables him to safely stay at home.

In this way care is co-ordinated around his needs and in line with what is important to him. Problems will be picked up at an earlier stage. Better co-ordinated care may lead to better health over the next 10 years and reduced risk of premature complications of diabetes, frailty and reduced chance of needing a spell in hospital. A responsive community service may be able to give him choice of place for care if he becomes acutely unwell.

...for the elderly

Older people are used to looking after themselves and quite understandably are sometimes reluctant to ask for help. Even if they know they are beginning to need help to remain independent, they often find it hard to know how to ask for help.

A single request for help can result in a number of contacts from well-meaning and skilful care professionals and carers, but too often the help is not well organised or responsive to their needs.

For example, an 89-year-old woman lives alone and is relatively isolated. She has difficulties in going out and has a leg ulcer. She is visited by the district nurse who notices she is finding it hard to cope at home and with her agreement refers her to social services. She agrees to a once-a-day care visit.

The patient suffers with chronic arthritic pain, diabetes and hypertension and is on a large number of medications. She is overdue for a check-up. When phoned she says she will make the next appointment but then doesn't arrive.

Her carer keeps changing. She is becoming undernourished and loses weight. She is less steady on her feet. After losing her last close relative, she is becoming depressed. She falls and fractures her hip and is admitted to hospital. She makes a very slow recovery and on leaving hospital goes to live in a care home.

This is a fairly common situation. Care is provided by a number of different services but they are not joined up. There were several opportunities to offer assessments and help that might have enabled the patient to stay independent for longer. No single person was responsible for co-ordinating care, or having a discussion with her about her needs or problems, or working with her to make a complete health and care plan.

How things might change

In the new way of delivering care, a single organisation will be responsible for working with GPs and social services to identify people who are frail and vulnerable. In addition to her GP, the patient would have the option of contacting a community contact centre seven days a week, to report any issues, so that her team could act to support her, including in an urgent situation.

This better integrated service would have ensured that:

- she would have been offered a much earlier full assessment and support which may have prevented the deterioration and need for hospital admission
- arrangements would be made to help her see her GP for reviews to help with her medical problems, or arrange for this to be done at home on a regular basis
- she would not have to keep repeating information to different people
- a summary of her health and care problems and plan, with her consent, would be available 24/7 to emergency and community services
- a care co-ordinator and/or a named lead professional would work with her to organise her health and social care
- with her consent, referrals would be made to, for example:
  - a dietician
  - a physiotherapist for mobility and falls assessment
  - a voluntary organisation that may help with befriending and supporting her through difficult times
- if she was in supported housing, links would be made with the mobile wardens
- with a mental health worker part of the team, her mental health needs would be recognised and addressed at an early stage
- when things are going well, she would still be contacted at regular intervals
- her carers would be trained to look out for early changes in her physical/mental health and there would be fewer carers involved
- her unsteadiness and weight loss would assessed at an early stage
- if she were in hospital, the community team would make early contact with the ward and ensure that she is given every chance of a successful discharge back to her own home if that is her wish, with rehabilitation continuing at home
- action happens quickly if needed.

If her frailty is progressive, she might like to discuss how she would like to be cared for towards the end of her life. Also, if she does need to be hospitalised, the hospital and community team will work harder, if she wishes, to enable her to return home with a full care package rather than admit her to a nursing home.

A summary of proposals put forward to improve care

Bidders have been asked to put forward initial proposals (Outline Solutions) identifying how they would deliver the improvements in services we are looking for. Below is a themed summary of the proposals provided by bidders to achieve improvement in these areas. **We are asking for your views on these proposals in the Feedback Questionnaire on page 37.**

More joined up care: organising care around the patient

To improve both patients' and carers' experiences of the healthcare received by older people, along with the quality of services delivered, the CCG asked organisations taking part in the tendering process to put together proposals that showed care organised around a patient's need.

The proposals received suggest this can be achieved by:

- making sure that patients and carers are involved in making plans for their health and community care, so that services are delivered according to their need
- providing named care co-ordinators for patients
- the named care co-ordinators focussing on frail older patients, or those with complex problems, or those needing end of life care, will be supported by a team of doctors, nurses and therapists working together around the needs of each patient, and working better with voluntary organisations and social care
- if the patient is living with a long term condition such as dementia or diabetes or respiratory disease, the team would include a professional specialising in those fields
- providing specialist teams to provide support to the 'patient's team' when needed.

Better planning & communication: delivering 'seamless' care

We want to see care delivered in ways the ensure people feel everyone is part of the same team and knows what each other is doing. We want both patients and their carers to feel that their care is 'seamless' not disjointed.

We want to see all staff involved in a patient's care to be communicating with one another and working in a co-ordinated way.

Proposals received suggest this can be achieved by:

- having a single point of access contact centre operating 24 hours a day, seven days a week - either nurse-led or staffed by professionals with links to expert advisors and all organisations involved in the care of older patients
- having a single electronic record system and shared protocols, so that all relevant health and social care professionals can access, with patient consent, information whenever necessary. This system could be developed from existing systems
- the continuation and strengthening of the already established Multi Disciplinary Team (MDT) models, with better links to hospital specialist advice

- ensuring all health and care professionals have an understanding of all the health and social care needs of people in their care, not just in the specific area that they are trained to deliver care in
- bringing mental health professionals into the wider team, so that frail older people with both physical and mental health problems receive better joined-up care
- solid partnership working with voluntary organisations providing every day living support to older people for example with transport or providing respite for partners who are carers.

Supporting older people to stay independent

We would like to see care delivered to older patients, or for older patients to be able to access care, in ways that allow them to maintain their independence. Ways suggested for doing this are:

- offering support at an earlier stage to a larger number of people than is the case now
- focusing on prevention - making sure those aged 65 plus have access to information and services that will help keep them well, for example diet advice and exercise opportunities
- with patient consent, offer a health/care review to identify and address issues, for example housing problems
- increased working with local voluntary organisations to direct patients to services and provide more informal support
- establishing healthcare contact points venues other than GP practices
- using technology such as Skype/Telehealth to provide support for people with long term conditions
- developing a record system that patients can access, so they can self-manage their care.

Improved community services: reducing emergency hospital admissions, re-admissions and long stays in hospital

Quite often during an episode of severe illness, hospital treatment is necessary. However a significant number of people are admitted to hospital who could have been safely treated at home, or discharged at an earlier point, if community services were organised in a different way.

We would like to see a healthcare system that reduces the number of older people being taken to hospital unnecessarily, or staying in hospital longer than needed.

Proposals received suggest this can be achieved by:

- improving information for, and engagement with patients, their relatives and carers to increase understanding of long term conditions, so they can better identify minor changes or serious deterioration and request help accordingly and earlier
- emphasis on personal case management to identify patients at risk of being admitted or re-admitted to hospital, managed through Multi Disciplinary Teams (MDTs)
- having a 24/7 urgent care system that can send a community team to the patient to both assess and treat at home, without the need to go to A&E unless necessary

- good access to urgent hospital specialist advice and assessment
- much stronger links between the community and the hospital, from the A&E department to the wards, with teams based in the hospital supporting care and linking with community teams in-reaching into the hospital, supporting better arranged discharge
- better rehabilitation services to support people to recover from episodes of ill health. This could include the provision of 'step down' beds in community settings, or a hospital at home service giving help with personal hygiene such as bathing, shaving etc, as well as medical care.

End of Life Care

Alongside improving care for older people, the CCG has made improving End of Life Care across Cambridgeshire and Peterborough one of its priorities. The preferred provider(s) awarded the contract will be expected to work with the CCG on delivering improved End of Life Care.

Proposals put forward include:

- providing:
  - local specialist nurses
  - 24-hour support for patients and carers if needed, at home or in community bed settings
  - well co-ordinated MDT working around the needs of the patient, as described above
- with patient consent, making sure information on a patient's needs and wishes regarding resuscitation and the place where they wish to be cared for at the end of their life, is available to all healthcare services, including the ambulance service
- ensuring that community services are able to meet the needs and wishes of patients and their carers.

These are brief summaries of the proposals put forward. If you would like more information, we have put together more detailed descriptions which are available on the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk or upon request as detailed on page 22.

The commissioning process

The CCG is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents. The CCG commissions (buys) healthcare services from providers according to local need. All providers deliver services under an agreed NHS contract.

Improving outcomes

Historically, the NHS has focused on measuring service activity (such as the number of attendances and admissions to hospital) and processes (such as waiting times). These have some value, but do not tell us whether the patient's experience of healthcare was good or bad, nor whether it was clinically effective. The NHS is developing approaches which address these shortcomings by measuring 'patient outcomes'.

The CCG believes that commissioning for health outcomes is the right approach for older people's care in particular, many of whom will need a wide range of services delivered in a co-ordinated way. To do this we have developed a set of health outcomes contained within our 'Outcomes Framework'. We will use the framework to measure the effectiveness of these outcomes, emphasising patients' experience and improvement in the quality of their clinical care, while taking account of the process of service delivery, such as how quickly patients should be seen. Achievement of better outcomes for patients will be linked to payment through a new contract.

The outcomes we've asked for (Outcomes Framework)

Following extensive research, we designed the Outcomes Framework to drive better health and healthcare for older people and adults with long term conditions. The outcomes that we have determined to be important have been grouped into seven areas (called 'domains'), these are listed below. The first three apply to all aspects of care, the last four to specific clinical areas of care.

1. Better experience of care. Ensuring people have an excellent and equitable experience of care and support, with care organised around the patient
2. Safe care. Treating and caring for people in a safe environment and protecting them from avoidable harm
3. Well organised care. Demonstrating a culture of joined-up working, patient-centred care, and effective information sharing
4. Keeping healthy. Early intervention to promote health, wellbeing and independence
5. Treatment during acute illness or injury. Treatment and/or support during sudden/ intense episode of ill health
6. Recovering from illness or injury. Long-term recovery and sustainability of health
7. End of Life Care. Care and support for people at the end of their lives.

Measuring Outcomes

For each outcome we have devised a set of associated measures or indicators which will tell us if it is being achieved. These can be found in the Outcomes Framework available to download from the Older People's Programme page on our website www.cambridgeshireandpeterboroughccg.nhs.uk. If you do not have access to the internet, please contact us as detailed on page 22.

Developing the Outcomes Framework

We developed the Outcomes Framework following an extensive review of national and international published research. We combined this with feedback from clinicians, patient representatives, including older people, adults with long term conditions and carers, as well as a range of other clinical experts. The framework is still being refined, and we expect that it will continue to evolve over the coming months and years.

A 'Lead Provider'

Through a tendering process called The Integrated Older People's Pathway and Adult Community Services Procurement, we are looking to commission a 'Lead Provider' who will provide community services and be responsible for co-ordinating most healthcare services for older people.

Services will be NHS-funded, provided under an NHS contract and will remain free at the point of delivery.

The Lead Provider may be a single organisation, or a consortium made up of several partners. They will not just be responsible for providing and co-ordinating care, but also for supporting the health of the whole older population. This will include working with GPs and others to identify people who are at higher risk of becoming seriously ill and offering advice and support which reduce the risk of crises or hospital admissions.

The Lead Provider will employ the community services staff and be responsible for ensuring that they are well supported.

Further information

If you feel you would like further information before completing the Feedback Questionnaire, there are a number of resources available.

- Frequently Asked Questions (FAQs)
- Prospectus
- Outcomes Framework
- Summaries of outline solutions from each bidder
- Clinical evidence summary

Each document listed above is available on our website www.cambridgeshireandpeterboroughccg.nhs.uk, or if you do not have access to the internet, a limited number will be available in hard copy at one of the public meetings we are holding, or upon request by:

- phone:
- 01223 725304
- post:

  Freepost Plus RSCR-GSGK-XSHK
  Cambridgeshire and Peterborough CCG
  Lockton House
  Clarendon Road
  Cambridge
  CB2 8FH

- email:
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

NHS England's publication 'Safe compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professionals' (February 2014) is available online at www.england.nhs.uk. If you would like a copy but do not have access to the internet, please contact us using the details given above.

The Kings Fund report 'Transforming Our Health Care System: A Summary' (April 2013) is also available online at www.kingsfund.org.uk. Again, if you would like a copy, but do not have access to the internet, please contact us using the details given above.

Contacts

For further information, questions about this document, or the Older People's Programme, please email engagement@cambridgeshireandpeterboroughccg.nhs.uk or call the Engagement Team on 01223 725304

For comments on or questions about the consultation process please write to Jessica Bawden, Director of Corporate Affairs, NHS Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge, CB2 8FH.

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočníka, kontaktujte nás.

Siete pregati di contattarci se desiderate ricevere questo documento in un'altra lingua o se richiedete i servizi di un interprete.

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઈન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

Jei pageidaujate gauti šį dokumentą kita kalba ar kitu formatu, arba jei jums reikia vertėjo paslaugų, kreipkitės į mus.

Se gostaria de ter este documento noutro idioma ou formato, ou se necessita de um intérprete, contacte-nos.

Appendices

Appendix (i) - Public meetings

Monday 7 April	7pm-8.30pm	The Priory Centre, The Priory, St. Neots, Cambridgeshire PE19 2BH
Friday 11 April	1pm-2.30pm	Queen Victoria Hall, 7 West Street, Oundle, Peterborough PE8 4EJ
Thursday 17 April	1pm-2.30pm	King Edward Centre, King Edwards Road, Chatteris PE16 6NG
Tuesday 22 April	7pm-8.30pm	The Meadows Community Centre, 1 St Catharine's Road, Cambridge CB4 3XJ
Wednesday 23 April	1pm-2.30pm	Skoulding Suite, March Town Hall, March PE15 9JF
Saturday 26 April	10am-12pm	Becket's Chapel, Peterborough Cathedral, Peterborough PE1 1XS
Monday 28 April	1pm-2.30pm	New Vision Fitness, New Vision – Whittlesey, Station Road, Whittlesey, Peterborough PE7 1UA
Monday 28 April	7pm-8.30pm	New Vision Fitness, New Vision – Whittlesey, Station Road, Whittlesey, Peterborough PE7 1UA
Tuesday 29 April	1pm-2.30pm	Rosmini Centre, 69 Queens Rd, Wisbech PE13 2PH
Tuesday 29 April	7pm-8.30pm	Rosmini Centre, 69 Queens Rd, Wisbech PE13 2PH
Wednesday 30 April	1pm-2.30pm	Ely Cathedral Education and Conference Centre, Palace Green, Ely, Cambs CB7 4EW
Wednesday 30 April	7pm-8.30pm	Ely Cathedral Education and Conference Centre, Palace Green, Ely, Cambs CB7 4EW
Thursday 1 May	1pm-2.30pm	Burgess Hall, One Leisure St Ives, Westwood Road, St Ives PE27 6WU
Thursday 8 May	1pm-2.30pm	Commemoration Hall, 39 High St, Huntingdon PE29 3AQ
Thursday 8 May	7pm-8.30pm	Commemoration Hall, 39 High St, Huntingdon PE29 3AQ
Monday 12 May	1pm-2.30pm	The Meadows Community Centre, 1 St Catharine's Road, Cambridge CB4 3XJ
Thursday 15 May	1pm-2.30pm	Disability Cambridgeshire, Pendrill Court, Ermine St North, Papworth Everard CB23 3UY
Friday 16 May	1pm-2.30pm	Methodist Church Hall, Royston Methodist Church, Queens Road, Royston SG8 7AU
Friday 30 May	1pm-2.30pm	Little Shelford Memorial Hall, Church Street, Little Shelford, Cambridge CB22 5HG
Monday 2 June	1pm-2.30pm	The Fleet, Fleet Way, High Street, Fletton, Peterborough PE2 8DL
Monday 2 June	7pm-8.30pm	The Fleet, Fleet Way, High Street, Fletton, Peterborough PE2 8DL
Saturday 7 June	10am-12pm	Central Library, 7 Lion Yard, Cambridge CB2 3QD

Meetings may be subject to change, so please do check our website www.cambridgeshireandpeterboroughccg.nhs.uk or contact the Engagement Team:

- Phone: 01223 725304
- Email: engagement@cambridgeshireandpeterboroughccg.nhs.uk

Appendix (ii) - Glossary of terms

Acute Care	This is usually provided in a hospital setting. Where people receive specialised support in an emergency or following referral for surgery, complex tests or other things that cannot be done in the community. Acute care usually provides treatment for a short period, until the person is well enough to be supported in the community again.
Bidders	Organisations putting forward bids in the procurement process.
Care co-ordinator	A health or social care professional who co-ordinates care for individuals with more complex needs to ensure that care is joined up. Also referred to as a key worker or lead professional.
Care Quality Commission	Makes sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourages them to make improvements www.cqc.org.uk.
Carer	A carer - can be formal or informal. Some people have both. In this document the term carer is used to mean an informal carer - a family member or friend who is actively engaged in supporting a person by regular contact and helping with the activities of daily living.
CCG	Clinical Commissioning Group - organisation responsible for planning, organising and purchasing NHS-funded healthcare for residents. A CCG is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients.
Chronic Obstructive Pulmonary Disease	The name for a collection of lung diseases, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have trouble breathing in and out, due to long-term damage to the lungs.
Clinical Lead	Lead clinician for a programme of work.
Clinically-led	Decisions about local health services are made by local doctors and health professionals, alongside patients.
Clinician	Someone who provides healthcare and treatment to patients, such as a doctor, nurse, psychiatrist or psychologist.
Commissioner	Organisation responsible for identifying the health needs of local people, planning and purchasing health services which respond to their needs.
Commissioning	Identifying health needs of local people, planning and purchasing health services which respond to their needs. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers.
Community Services/ Community care	Services delivered in the community in people's homes, care homes or locally-based treatment rooms.
Contact centre	Facility used to manage all client contact.
Contract	Agreement between the CCG as Commissioner and provider organisations/ businesses under which services are supplied/provided.
COPD	Stands for Chronic Obstructive Pulmonary Disease.
CQC	Stands for the Care Quality Commission.
End of Life Care	Care provided to patients in the last 12 months of their lives.
Enhanced Primary Care	Additional services that GP practices can be commissioned to provide.

Electronic records	Information recorded and stored electronically (using a computer).
Full solutions	Detailed proposals which will be put forward by bidders following this consultation as to how they would provide improved integrated older people's health and adult community services.
GP	Stands for General Practitioner - your doctor based in a GP surgery/practice.
Healthwatch	Healthwatch England is the national consumer champion in health and care. www.healthwatch.co.uk
IM&T	Stands for Information Management and Technology.
LCG	Local Commissioning Group. Cambridgeshire and Peterborough Clinical Commissioning Group is divided into Local Commissioning Groups to enable effective local commissioning of health services.
Lead Provider	Single organisation that leads of the provision of services.
Long Term Condition (LTC)	Long Term Conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. For example Diabetes, Respiratory Disease.
LTC	Stands for Long Term Condition.
MDT	Stands for Multi Disciplinary Team.
Multi Disciplinary Team (MDT)	A Multi Disciplinary Team is made up of members from different healthcare professions with specialised skills and expertise. The members work together to make treatment recommendations for a patient's care.
Outcomes	The result or visible effect of an event, intervention or process; any change in a person's state of health after a period of treatment, ideally improvement in symptoms or resolution of a problem.
Outcomes Framework	A system for performance management and payment. The Outcomes Framework in this context details specific outcomes to drive better health and health care for people and adults with long term conditions. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk
Outcomes-based	Putting in place a set of arrangements whereby a service is defined and paid for on the basis of a set of agreed outcomes. In Outcomes-based Commissioning services are purchased and resources allocated not by units of service provision (hours, days or weeks of a given activity) for pre-defined needs but by what is needed to ensure that the outcomes desired by service users are met.
Outline solutions	Initial proposals put forward by bidders in the Invitation to Submit Outline Solutions (ISOS) stage of the procurement as to how they would improve integrated older people's health and adult community services.
Palliative care	Care focusing on relieving and preventing the suffering of patients at all stages of illness, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of their lives.
Pathway	Describes the route that a patient will take from their first contact with an NHS member of staff to the completion of their treatment.
Patient Participation Group	Groups are an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care. www.napp.org.uk
Patient Reference Group	Group of patients who represent the local community.

Pre-Qualification Questionnaire	The Pre-Qualification Questionnaire was issued to potential Bidders in July 2013 to test their capability, capacity and financial standing. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk
Primary Care	The first point of contact in the health care system, usually through general practice (GP surgeries).
Procurement	Process by which services or goods are bought in from an external supplier.
Prospectus	The Prospectus was issued to Bidders in October 2013. It sets out the CCG's requirements including the Outcomes Framework, the process and questions needed to answer when submitting their initial proposals - Outline Solutions. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk.
Provider	Organisation that provides services - in this context health and/or community services.
Referral	When a health professional refers a patient to another service. For example a GP might refer a patient having problems with their memory to a Memory Assessment Service.
Seamless care	The smooth and safe transition of a patient from the hospital to the home.
Service	Healthcare is provided by different services - teams specialising in a particular area of care.
Single point of access	One point which gives access to all relevant services. Can be a service that manages patient referrals from health professionals into all community health services.
Specialist Support	Support provided for a specific condition.
Tendering	Tendering is the competitive process by which bids are invited from and put forward by interested parties.
Telehealth	Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring . It is used to support patients with Long Term Conditions. Among other things it includes fixed or mobile home units to measure and monitor temperatures, blood pressure and other vital signs for clinical review at a remote location using phone lines or wireless technology.
Triage	A process for sorting patients into groups based on their need for or likely benefit from immediate medical treatment.
Urgent Care	Care delivered outside of a hospital emergency department on a walk-in basis without a scheduled appointment.
Social care	Care or support - practical or emotional – that allows people to lead an active life and do everyday things, enabling people to retain their independence and dignity. Provided by local authorities.
24/7	Twenty four hours a day, seven days a week.

Appendix (iii) - Community Services included in proposals

Podiatry:

care for patients having problems with their feet.

Community Dietetics:

help for patients to understand the relationship between food and health and make good diet choices to attain and maintain health, and prevent and treat illness and disease.

Community Nursing:

nursing care for patients in their own homes or care homes.

Community Out of Hours Service:

care provided out of hours.

Rehab and Therapy:

treatment to help patients recover from injury, illness, or disease to as normal a condition as possible.

Assistive Technology (NHS funded):

assessment for and provision of devices or systems that allow patients to perform tasks that they would otherwise be unable to do, or that make the task easier or safer to do, eg: the installation of grab bars in bathrooms.

Speech and Language Therapy:

help for patients with language or communication difficulties, although it can also be used to help individuals with difficulty swallowing, eating or drinking.

Cardiac Rehabilitation:

exercise and education programmes to help patients recover from a heart attack, other forms of heart disease or surgery to treat heart disease.

Discharge Planning:

planning for a patients care after a hospital stay to ensure a patient can return home as quickly as possible with the right care and support.

Diabetes:

care for patients with type 1 diabetes, or those with type 2 diabetes, who manage their diabetes with insulin or who are unable to control their diabetes with tablets alone and require injections.

Respiratory:

home-based support for patients who have difficulty breathing due to disease or illness that allows safe discharge from hospital as soon as possible.

Tissue Viability:

care for patients with complex wounds including pressure ulcer prevention and management, management of leg ulceration, management of traumatic injuries and complex non-healing wounds.

Specialist Palliative Care:

special care focusing on relieving and preventing the suffering of patients at all stages of disease, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of their lives.

Continence:

care for patients facing difficulties with bladder or bowel control.

Appendix (iv) - Frequently Asked Questions

Why did the CCG go out to tender?

There were a number of reasons:

- 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 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 these.
- 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.

How does the tender process work?

The aim of the tender process is to find the best possible service provider. This is done within the rules associated with procurement to ensure it is conducted in a fair way. Organisations bidding for the contract to become the Lead Provider, the bidders, are all given the same information and their proposals are evaluated against the same questions and criteria.

In May 2013 the CCG advertised for potential lead providers to come forward and then in July 2013 issued a Pre-Qualification Questionnaire to organisations interested in bidding to test their capability, capacity and financial standing. Organisations which passed this test went through to the next stage.

The CCG then issued a 'Prospectus' to bidders in October 2013. The Prospectus set out our requirements, including:

- the Outcomes Framework, a document detailing specific outcomes to drive better health and health care for older people and adults with long term conditions
- the process
- questions which bidders needed to answer when submitting their initial proposals (Outline Solutions).

A team of clinicians, patient representatives and experts in areas such as finance, workforce, IT and estates then evaluated the Outline Solutions and a shortlist of bidders was drawn up.

The Pre-Qualification Questionnaire, the Outcomes Framework and the Prospectus are available to download from the CCG's website – www.cambridgeshireandpeterboroughccg.nhs.uk. If you do not have access to the internet, please contact us as directed in the Further Information section on page 22.

Who are the shortlisted bidders?

Details of bidders taking part in the procurement have been made available throughout the process on our website and details of the current prospective providers can be found in the media releases found on the Older People's Programme page on the site (www.cambridgeshireandpeterboroughccg.nhs.uk). This list is subject to change.

How will a preferred bidder be selected?

Following further discussions (referred to in the procurement process as dialogue) with the shortlisted bidders and when the bidders have had time to take into account the views expressed through this consultation, the bidders will submit detailed proposals, known as full solutions to the CCG in July 2014.

A team of assessors made up from GPs, patient representatives, Local Authorities and specialists in areas such as information technology and workforce, will carry out a thorough evaluation of the full solutions submitted. We will assess the extent to which bidders will meet the Outcomes Framework and also the following aims. These aims were developed with clinicians, patient representatives and other stakeholders. The wording in italics is how we have defined each aim:

- Better experience for patients - Improve patient experience and service quality for older people and their carers through care organised around the patient
- Local services meeting local need - Deliver services which are sensitive to local health and service need, as defined in local outcome specifications
- Joined up care - Move beyond traditional organisational and professional boundaries, so front-line staff can work effectively and flexibly together to deliver seamless care
- Support older people to remain independent at home - Supporting older people to maintain their independence, and reducing avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including being discharged in a timely way)
- Well organised care for older people - Deliver an organisational solution for older people's care which can demonstrate strong leadership, sound governance, resilience, and the confidence of patients, commissioners and provider partners
- Engaging patients - Demonstrate a credible approach to engaging patients and representative groups in design and delivery of services
- Stay within budget - Provide a sustainable financial model.

The full evaluation approach is described in the Prospectus including weightings for each section, which can be found on the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk If you do not have access to the internet please contact us as detailed on page 22.

A preferred bidder will be selected in September 2014. The preferred bidder and the CCG will then sign a NHS-contract for the preferred bidder to become the Lead Provider, who will then prepare to start delivering the new service. The new service is expected to start in January 2015.

Which services are included in the procurement and consultation?

We are looking to commission a single integrated service that will cover:

Community health services for both older people (over 65s) and adults

This includes:

- district nursing
- community therapy services
- specialist nursing teams
- dieticians.

In the integrated service we are looking to see these services work more closely with the patient, their GP and hospital specialists to support more joined up and so better care.

Emergency hospital care for people aged 65 and over

This is when older people go to the Accident and Emergency (A&E) department, or are admitted to hospital as an emergency. Under the new proposals care provided at the hospital in these circumstances will be part of the integrated service.

Mental Health Services for people aged 65 and over

Mental Health Services for those over 65, for example staff involved in the diagnosis and care of patients with dementia, depression and anxiety.

End of Life Care including community specialist palliative care

In the new integrated service, the Lead Provider will be responsible for co-ordinating End of Life Care whether it is provided in:

- the community
- a patient's home
- through a community hospital or hospice.

How do Adult Community Services fit in?

Many community services for older people are also provided for adults below the age of 65, for example, those who need them because of a long term condition such as diabetes or respiratory disease, and those needing services for example from a podiatrist (foot care) or from district nurses. These proposals include nearly all community health services for older people and adults which are currently provided by Cambridgeshire Community Services NHS Trust including but not limited to the services found in Appendix (iii).

How does Social Care fit in?

Local Authorities, who are responsible for social care, are members of the CCG's Older People's Programme Board, which is responsible for the overall delivery of the programme. The Programme Board reports to the CCG's Governing Body. Whilst not a formal part of the procurement, providers of social care are committed to working with the CCG and the new Lead Provider in a joined up, flexible way to improve services.

Bidders are required to demonstrate how they have engaged with local authorities including Cambridgeshire County Council, Peterborough City Council and the District Councils, to produce credible plans for working in partnership with them.

A new national policy called the Better Care Fund will support the NHS and local authorities working more closely together to improve care for older people through use of a 'pooled' fund of £47m.

What is the role of the voluntary sector?

We believe that the use of the voluntary sector is very important in supporting independence and healthy living. One of the questions the CCG is asking bidders is how they will work with the voluntary sector. For bidders to answer this, we would expect them to make contact with voluntary organisations and to develop an understanding of what benefits the voluntary organisations can deliver to our patients.

As part of the procurement process a number of events have been held to provide an opportunity for voluntary sector organisations to meet with bidders to showcase the services they provide.

Bidders will be asked to explain how they will work with and fund services offered by the voluntary sector.

Will services be cut or withdrawn?

This consultation is about proposals for delivering more joined up, effective care for older people and putting much more emphasis on patient experience and outcomes. There are no proposals to cut services or deliver them in a different locations. If any such proposals are made in the future, there would need to be a separate, specific consultation about them.

How will the CCG assess the impact of proposals on equalities?

We have carried out an 'Equalities Impact Assessment' (EIA) which can be found on the CCG website or on request in printed form. The EIA contains an outline of the means by which the CCG has gathered evidence in relation to groups with protected characteristics and patients who may face inequalities. The inequalities could be in regard to either access to, or outcomes from the proposals. The EIA also contains a description of the positive and negative impacts in respect of those groups and patients arising from the proposals; and consideration of how the CCG's proposals in relation to the reconfiguration of services for older people could be amended to improve the experience of people with protected characteristics or those patients who may face inequalities. This will evolve and be informed by the feedback to consultation.

For more Frequently Asked Questions and responses please refer to the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk or contact the CCG as detailed on page 22.

Appendix (v) - Consultation guidelines

This consultation document 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].

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.

Find out more about Cabinet Office Code of Practice on consultations:
www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

1 The Code of Practice states that these criteria should be reproduced on all consultation documents

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 pursuant to arrangements made by a clinical commissioning group in the exercise of its 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.
4. The clinical commissioning group must include in its constitution—
    a. a description of the arrangements made by it under subsection (2), and
    b. a statement of the principles which it will follow in implementing those arrangements.
3. The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
4. A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
5. 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.

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services.

1. Support from GP commissioners

Improving care for older people was one of three major priorities chosen by the Clinical Commissioning Group in 2012. The CCG is led on behalf of its member practices by GP commissioners through the Governing Body, and eight Local Commissioning Groups.

2. Strengthened public and patient engagement

The engagement team has been raising awareness and engaging by:

- providing and distributing public and patient information leaflets via GP practices and other outlets with an invitation to contact the Engagement Team for further information.
- attending meetings of community groups to give presentations and answer questions
- attending local markets to engage with a wider audience
- holding a Social Partnership Forum with unions.

3. Clarity on the clinical evidence base

Our work is based on extensive reviews of the evidence base, including Joint Strategic Needs Assessments developed by experts in public health and the Outcomes Framework which we have used to specify our requirements.

4. Consistency with current and prospective patient choice

Our view is that at present patients do not have enough choice in how or where they are treated. This is partly because services outside hospital need to be developed so the default is not admission to hospital. It is also about organising care around and with each individual patient to suit their needs instead of receiving an inflexible 'one size fits all' service.

Cambridgeshire & Peterborough CCG – Older People's Services Consultation

Your views on the future of older people's services in Cambridgeshire and Peterborough

We'd very much welcome your views via the questionnaire below. They will be analysed by an independent market research company, mruk research. All responses will be anonymous and confidential and will be treated in line with the Market Research Society Code of Conduct https://www.mrs.org.uk/standards/code_of_conduct

1. **On page 11 of the consultation document, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) explains the reasons behind these changes. Please can you rate on the scale below how supportive you are of these reasons for changes?**

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

2. **To what extent do you think that Cambridgeshire and Peterborough CCG's vision will be successful in achieving the following, as described on pages 17 to 21?**

More joined-up care. We want to make sure that the health and care professionals involved in the care of an older patient or adult with a Long Term Condition, work together in joined-up teams. We are proposing to have a "lead" organisation responsible for delivering and coordinating this care, no matter where is it delivered, in the hospital or the community.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Better planning and communication. We want to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available at all times (24/7) to the appropriate professionals.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

More patients to be supported to remain independent. We would like older people to have access to care in ways that allow them to maintain their independence.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Improved community and "out of hospital" services and fewer patients admitted to hospital as an emergency, where it can be safely avoided. We want to stop people going into hospital unnecessarily (where it can safely be avoided) and we want make sure our older patients and adults with long term conditions can access the right support either at home or in their local community, in a timely manner. We want people to feel confident about the care they receive at home.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Space for further comments:

3. a) Do you, or someone you care for, currently use services for older people or adults with long term conditions?

☐ Yes ☐ No ☐ Rather not say

b) If so, have you any comments about these services which you, or someone you care for, currently use? It is helpful to hear about what you think are the good aspects of current services, as well as problems or areas for improvement, can you tell us about one thing that works well and one thing that needs changing?

The following section lists proposals received from the organisations wishing to run services. We would like your views on the proposals they have put forward on pages 17 to 19.

4. We would like you to read the following statements about organising care around the patient and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Patients and carers should be involved in making plans for their health and community care.	☐	☐
Named care co-ordinators should be provided, attached to GP practices and community teams	☐	☐
This named care co-ordinator should co-ordinate and support services from a team of professionals including GPs, nurses, therapists, and other specialists around the needs of the individual.	☐	☐
The team supporting people with long-term conditions should include specialist nurses including dementia, diabetes and respiratory conditions etc.	☐	☐
This specialist support should only be provided when needed, the team supporting the patient should provide care at all other times	☐	☐

5. We would like you to read the following statements about delivering seamless care and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
A single point of access contact centre operating 24 hours a day 7 days a week staffed by nurses or professionals with links to expert advisors.	☐	☐
A single electronic records system that all professionals involved in providing care can access with the patient's consent.	☐	☐
Strengthening existing multi-discipline teams with links to specialist hospital advice by these specialist working with and in the community in a joined up way.	☐	☐
Care co-ordinators working closely with GP practices who can plan care and share information with the patient's consent.	☐	☐
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.	☐	☐
Partnership working with voluntary organisations providing everyday living support to older people and people with long term conditions.	☐	☐

6. We would like you to read the following statements about supporting older people to stay independent and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Focus on prevention - making sure those aged 65 plus have access to information and services that will help keep them well, for example diet advice and exercise opportunities.	☐	☐
With a patient's consent, offer a health/care review to identify and address issues at an early stage, for example housing problems or isolation	☐	☐
Increase working with local voluntary organisations to direct patients to services.	☐	☐
Establish community healthcare contact points venues in addition to GP practices e.g.in shopping centres	☐	☐
Use technology such as Skype/Telehealth to provide support for people with long term conditions.	☐	☐
Develop a record system that patients can access, so they can self-manage their care.	☐	☐

7. Thinking about reducing emergency hospital admissions, re-admissions & long stays in hospital, tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Provide improved information to patients to increase understanding of long term conditions, so they can better identify minor changes or serious deterioration and request help accordingly/earlier.	☐	☐
Personal case management by multi-disciplinary team to identify patients at risk of being admitted or readmitted to hospital.	☐	☐
Provide a 24/7 urgent care system that can send a team to the patient to both assess and treat at home, or wherever they have been taken ill, without the need to go to A&E unless necessary.	☐	☐
Develop stronger links between the community services and the hospital, with some community teams based in the hospital supporting care and safe discharge.	☐	☐
Provide rehabilitation services to support people to recover from episodes of ill health. This could include the provision of 'step down' beds in community settings, or a hospital at home services.	☐	☐

8. Thinking about end of life care, tell us which is the most important to you.

Select **one** statement which is most important to you.

	Most important
Provide: • local specialist nurses • 24-hour support for patients and carers	☐
With patient consent, make sure information on a patient's wishes regarding resuscitation is available to all healthcare services, including the ambulance service.	☐
With patient consent, make sure information on a patient's wishes regarding the place where they wish to die is available to all healthcare services, including the ambulance service.	☐
Well-co-ordinated Multi-disciplinary team working around the needs of the patient, as described above.	☐

9. Many thanks for sharing your views. Do you have any final thoughts or comments for Cambridgeshire and Peterborough CCG with regard to older people's services?

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by MRUK and Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

10. **a) Are you, or any of your close family, users of older people's services provided by the CCG?**

☐ Yes ☐ No ☐ Don't know

b) Are you a carer for anyone who uses older people's services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

c) Are you, or any of your close family, users of adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

d) Are you a carer for anyone who uses adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

11. **Can you tell us which of the following age bands you belong to?**

☐ 16-29 years ☐ 30-44 years ☐ 45-59 years ☐ 60-74 years ☐ 75+ years

12. **Are you….**

☐ Male ☐ Female

13. **Which of the following best describes your ethnic background?**

White

☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background

Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/ Multiple ethnic background

Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

Any other Asian background

☐ Black, African, Caribbean, Black British ☐ African ☐ Caribbean ☐ Any other Black, African Caribbean background

Other Ethinic Group

☐ Arab ☐ Any other ethnic group

14. Finally, please could you tell us the first part of your postcode? | | | | |

Thank you for completing this consultation questionnaire. Please detach it from this document by cutting along the dotted line and send it FREEPOST to:

Freepost Plus RSCR-GSGK-XSHK
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

The closing date for receipt of feedback is 5pm on Friday 16 June 2014.

Lockton House
Clarendon Road
Cambridge
CB2 8FH

March 2014

For more information about NHS Cambridgeshire and Peterborough Clinical Commissioning Group please:

Visit: www.cambridgeshireandpeterboroughccg.nhs.uk

Call: 01223 725304

Email: engagement@cambridgeshireandpeterboroughccg.nhs.uk.