

Integrated, personal and sustainable: Community services for the 21st Century

Feedback report for Governing Body

1. Introduction

1.1 Introduction

Northern Eastern and Western Devon Clinical Commissioning Group (the CCG) published its draft Strategic Framework document “Integrated, personal and sustainable: Community services for the 21st Century” on 14 May 2014. The CCG invited comments over an 8 week period until 08 July 2014. Building on previous engagement, the purpose was to create an opportunity to respond ahead of decisions regarding the next steps.

The strategy was published on the CCG’s website for the duration of the 8 week period. Feedback was invited by a number of routes including completing a form, sending an email, writing a letter or telephoning a member of the team. The CCG also had the opportunity to gather opinions at a range of meetings including a carer strategy event, NHS staff briefings and local authority meetings.

The CCG has written to all of the local newspapers, and the draft Strategic Framework has also received wider coverage from TV, radio and printed media. Social Media was used and the CCG requested comment via Facebook and Twitter.

1.2 Previous Engagement

This recent period of gathering views on the draft Strategic Framework followed the co-production phase of the Transforming Community Services Programme at which many events were held and meetings attended to gather the views and insights of key stakeholders and members of the public. The CCG engaged with over 2,000 people between May 2013 and March 2014 before producing the draft.

There were a number of recurrent themes in these initial conversation and these themes underpinned the six strategic priorities for community services:

- Help people to stay well
- Integrate care
- Personalise support
- Co-ordinate pathways
- Think carer, think family
- Home as the first choice

1.3 Current process

During the recent 8 week engagement period 268 responses were received. These were both individual responses and responses on behalf of teams, organisations and groups. In total therefore the number of people contributing to feedback is estimated at being well over 1,000. This, when combined with the engagement in the co-production phase, means that the Clinical Commissioning Group has received views from over 3,000 people so far.

In particular, during the current process comments were received from the following groups:

- Healthcare Providers
- Primary Care Providers
- Community services staff
- MPs and Local Councillors
- Patients, carers and the public
- Voluntary and independent sector
- Local Authorities
- Local Healthwatch Groups
- Other organisations/groups

Some people noted they were pleased to have been asked their views and to have the opportunity to comment on the draft Strategic Framework. It was clear from the length and depth of a number of responses received that many individuals and groups had put significant time and thought into their replies, demonstrating yet again the importance placed on community services. The CCG is grateful for this commitment. The results will be carefully considered in the updating of the strategic framework, development of locality service design proposals and the next steps in procurement. The locality service design proposals will be subject to further involvement and consultation with the wider public.

Although the Clinical Commissioning Group received some positive comments about the level of work that had gone into the draft Strategic Framework and its clarity and structure, others reported that they found the document difficult to read and that it included too much jargon. This will be addressed in the final drafting of the Strategic Framework document.

1.4 Purpose of the report

This report sets out the results of this part of the process. The responses received provided a mix of support, ideas, questions and concerns. There were comments on both the strategy for services and the proposals for future provision and this is reflected in this report.

Although it has not yet been possible to provide individual responses to all of the feedback received, those who expressed a wish to remain involved will be contacted. This report will be published on the CCG's website and further information added as it becomes available.

2. Feedback on the CCG's Strategic Framework

2.1 CCG's Transforming Community Services Strategy

Overall, the feedback received showed support for the proposed move towards more integrated multi-disciplinary service provision, fewer barriers throughout the care pathway, and an increase in the level of care personalisation. Comment was received that there is already good work on integration that should have been noted within the Framework. This will be incorporated into the revised version of the Strategic Framework.

I feel that more integration should happen, and is long-overdue – continuing to care for patients in separate 'episodes' e.g. primary care and hospitals not able to access each other's records easily is not of benefit to patients

Some in-patient beds will always be necessary and if they could be provided within the local urgent care centre, there would be a greater chance of consistency of care with the same health professionals that visit in the community.

I agree with the envisaged way forward; working in partnerships of support, integration of services and an improved, simplified flow of care by reducing barriers, delays and duplication. Good integrated personal pathways are surely to be desired. "Think local, act personal" seems a good way forward!

Really like the way we are hoping to focus on local, seamless pathways from primary to secondary care and back. The level of ambition is good, but difficult with current financial constraints so this will require the full support of key organisations and their staff.

People said that they valued the opportunity to receive care closer to home, be that in community hospitals, local clinics, or care provided directly at home. People did not want to lose community based services and many were clear that they want service provision to remain out of the large acute centres of provision as far as possible.

It was pointed out that patients should not be placed / remain in an inpatient bed unless there is a clinical need for them to be there and a number of people welcomed the opportunity to received healthcare at home. However, community hospital beds were an issue raised in many responses. Concerns included the cost benefits of any change, the fact that people will continue to need inpatient care and the need to understand the true impact of change when the population is rising.

While there was clear support for community based services, and people were welcoming of the chance to remain at home for care, comments were also received that people want clarity and assurance that there are clear models of delivery and that these are operating effectively to avoid gaps caused by premature changes in service provision.

Would like to see more clinics being held in [the local hospital] to save people travelling to [their local acute provider]

Patients should not be admitted to a community hospital if they have nowhere else to go if they do not have a medical need

I am delighted to see the general approach is to simplify pathways, and focus on providing care for older people in their own homes wherever possible, including the development of wellbeing hubs.

There was feedback that the level of ambition within the Framework was commendable, although there were concerns regarding the required pace of change, the cost of transferring services and whether the desired model of care would be affordable.

It was highlighted that there will need to be a need be robust change management processes in place to deliver change and to support services during a period of transition. Comments were received that change may have an adverse impact on productivity; whilst it was recognised that progress needs to be made.

The level of ambition is significantly high especially in the time scale and expecting organisational change. Organisational change takes energy and causes uncertainty which inevitably reduces productivity.

This is a once in a lifetime opportunity for change which must be grasped

In order to succeed, there is a need for a coherent framework that demonstrates what good will look like and how the outcomes and principles and I-statements will be measured, monitored and reported on.

The working arrangements must be some of the most developed in the NHS, not only helping to reduce the reliance on beds.....

Some people were worried that the Strategic Framework would result in services being taken away from some Community Hospitals. This would increase the level of travelling between sites to access care. It was felt by some members of the public that this could be a retrograde step in the quality of service provision.

The MIU relieves pressure on the A&E departments and means people do not have to make the 2 hour round trip needed to get to either Torbay or Derriford. It is right that acute hospitals concentrate on being centres of excellence and that community hospitals deal with the more everyday care.

Community hospitals are essential especially in a rural area, where I know from experience that it can be difficult to provide the level of care at home that is sometimes needed.

Requests were received for further information on the development of health and wellbeing hubs, what services would be provided, and how this would differ from current provision.

I am pleased that Devon CCG is considering the creation of joined up health and well- being hubs enabling the potential for more localised treatment/support for patients and carers of whatever age, who clearly will be better served by being able to remain within their own homes.

Health hubs appear [to be] a positive way forward however there will always be people who need the inpatient provision that can provide a service over and above that provided in a standard nursing home.

The Strategic Framework is a high level document that sets out the proposed strategic direction for the next phase of community services delivery. The locality proposals for delivering this Strategic Framework will provide additional information about how services will be provided in the localities and how service provision has been determined.

2.2 Community Services Commissioning Principles

The CCG developed a series of 10 commissioning principles to underpin the development and delivery of the Community Services Strategic Framework. Aligned to these principles, the CCG developed a series of 6 Strategic Priorities to underpin the development and delivery of the Community Services Strategic Framework. The table below sets out a summary of the feedback that we received against each of the 6 Priorities.

Strategic Priorities	Feedback Summary
Help people to stay well	<p>The feedback has been generally supportive of proposals to provide a wider range of services for individuals to access within a community setting to help people with complex health needs to stay healthier for longer and to remain out of a hospital setting.</p> <p>By providing more personalised health budgets, the CCG will be able to help people to manage their own care needs in a way that enables them to remain as healthy as possible for as long as possible. Overall, there was positive support for this strategic aim.</p> <p>This direction will require individuals to take ownership of their own care needs and not to rely on primary or community services to make decisions for them. Concerns were raised as to whether individuals were ready to make take this step.</p>
Integrate care	<p>There has been significant support for a greater level of integration of health and social care services as well as a better alignment of health services across acute and community provision.</p> <p>There has also been a strong level of support for delivering services based on natural geographies through which people access both primary, acute and community services.</p> <p>The CCG has received differing views about whether the current providers, or new proposed providers will offer the best solution to integrated care provision. These views will be considered through the procurement and due diligence processes.</p>
Personalised support	<p>People are supportive of the proposals to provide preventative and personalised services to enable those with complex needs to stay well and to stay out of hospital.</p> <p>There are concerns that for those who are unable to determine how their services should be delivered personalised budgets would not be a benefit. Comments were also received that there would have to be a significant level of education for individuals to help them to help themselves.</p> <p>This element of the Strategic Framework is currently undergoing further development, with people who have certain long term conditions being identified to form the basis of a pilot during 2014/15.</p>
Co-ordinate pathways	<p>There was a significant level of feedback from GPs and the wider public supporting the coordination of care pathways, integrating service provision to ensure that there is seamless delivery of services.</p>

Strategic Priorities	Feedback Summary
	<p>Feedback has identified that the public value having a provider who knows their medical history, is able to deliver the care plan, and who can liaise with other services within the care pathway to ensure that care is delivered in an effective and efficient manner that meets their needs.</p>
<p>Think carer, think family</p>	<p>There were a mix of views regarding the involvement of carers in delivering the CCG's Strategic Framework. Most comments were positive about the proposed strategy, but raised concerns about the current availability of carers to support service delivery, notably in more rural areas.</p> <p>Feedback was received that there will be a need for carers to provide more on-going support if fewer people are to be treated through community hospitals. It was also noted that it will be necessary for families to have respite provision if they are undertaking the role of carers for individuals.</p>
<p>Home as the first choice</p>	<p>We received feedback supporting the intention to keep individuals out of hospitals and to provide care closer to home. Comments were received that care at home would be welcome and would help people to get better quicker than if they had been admitted to an acute or community hospital. It was recognised in the feedback that admitting elderly individuals to a hospital setting, or those with dementia, can add to their confusion which can in turn result in a further degradation in their health condition.</p> <p>However, we also heard feedback from people who thought that people living on their own at home would lose out on social interaction if all care was provided at home. Concerns were also raised that if people live on their own at home that they may not feel comfortable in letting people in to provide care.</p> <p>There was feedback that suggests that people believe that community hospital beds can provide a life line for those with complex needs and that inpatient provision should available in the community setting.</p>

2.3 Gaps in the Strategic Framework

The following gaps in the Strategic Framework were identified through feedback from the public, provider organisations, and staff members. These will need attention in the final document:

- Children and young people: Whilst the strategic framework focuses on the elderly and those in need of complex care packages, the point was clearly made that children and young people also use community services.
- Mental health: It was highlighted that there was minimal reference in the document to the interaction of physical and mental health services, and particularly the links and relationships with older people's mental health and this needed to be considered.
- Learning disability: It was suggested that the idea of mainstream services being carer aware was very positive, and that a similar approach should be taken for people with learning disabilities.

- Protected characteristics: The gap in the response form in relation to the transgender population was highlighted; this was addressed during the engagement period.

In addition to the points in relation to care groups set out above, people asked for

- more information about the money and costs of the proposed models.
- greater emphasis and attention to both urban and rural needs.
- the impact of deprivation.
- more detail on the services that are already available.

People also highlighted the importance of not losing focus on the service user during the transition process.

The wider role of primary care in relation to community services was also highlighted as needing more attention. This spanned the changing role of General Practice as well as how pharmacies and opticians could contribute to community services. Although this was not covered in the draft Strategic Framework it will be important to take these points into account for the future.

3. Feedback in relation to procurement

3.1 Pathways for adults with complex needs

The feedback on the Strategic Framework was in support of the integrated working with local authorities, acute and other providers. There was general support that commissioning services should be more integrated with the natural geographies that feed the acute hospitals. This will enable the delivery of more seamless care and more effective outcomes for individuals.

Integration of service provision based on geographical localities will we believe provide the strongest and most reliable basis for the delivery of fully integrated care for people living with our communities.

We are supportive of the design of services around natural geographies as people have consistently and loudly told us they want services that do not stop at organisational boundaries.

It was also clearly pointed out that there may be more than one way to achieve this, with a request that other possibilities are carefully considered and taken into account before decisions are made. Although there were some suggestions that services should be put out to competitive tender, there were more and stronger representations to continue with the non-competitive approach and find appropriate local solutions or partnerships.

Staff of existing community providers who responded generally praised their current working arrangements. In South Hams and West Devon there was a consistent and strong concern expressed by staff about maintaining their NHS employment terms and conditions. This was accompanied by some recognition of the role of natural geography in terms of benefits for patients tempered with anxiety about the implications this may have for their work.

In one community, members of the public, staff and GPs fed back that they could see significant benefits of the proposed change in relation to care co-ordination and requested this is taken forward, even if only for this individual community. There were many more

views with the majority of feedback being focused on this aspect of the draft strategic framework.

There were also some questions about how provider suitability and success would be measured, and an emphasis on the importance of commissioning for outcomes and ensuring clear specifications and contract monitoring approaches. The level of interest in quality and transparent community services was notable and this will be important in planning ahead.

At the present time the CCG has not made any decisions about the future provision of services. It has made proposals within the Strategic Framework. The detailed feedback from this engagement period will be considered alongside the early pre-procurement activity in preparation for a full discussion at the Governing Body meeting in September 2014.

3.2 Urgent care in the community

There was support for a consistent approach to Urgent Care provision across the three localities. This included a large amount of feedback about the proposal to put the Urgent Care Services out to competition. Some were supportive of this, while others suggested that existing providers should be given the opportunity to form partnerships to deliver a consistent service across the county.

In terms of preparing the specification, some members of the public responded that although they did not want to lose existing provision, they welcomed clarity about what services would be open and when. There was also acknowledgment that it would not be possible to sustain services across all locations, but that more comprehensive services should be provided at fewer sites.

Urgent care in the community – Agree the current model needs changing

We strongly object to the proposals to procure Urgent care in the community through a competitive process. We believe current NHS providers and NHS acute trusts should be collaborating to provide a fully integrated system of NHS urgent and emergency care.

The plan for urgent care centres feeding in to the Emergency Department is a solid one.

3.3 Preventive and personalised support

Comment was received that more work was required in relation to the provision of Personal Health Budgets for long term conditions and the development of the provider market to support this allocation. There was support for personal health budgets but also some concern about whether the implications for healthcare were fully understood. There was also a recommendation of the need for clear and careful governance of such a new model.

There was some debate about how much money would or could be disinvested from traditional services to invest in preventive models and a suggestion that promoting wider delivery partnerships as described for personalised and preventive support could give a new lease of life for community hospitals. Points were made about making better use of technology and examples of successful programmes mentioned.

My hope is that the emphasis on personalisation and personal health budgets, will allow for new ways of developing end of life care, enabling patients to have some choice in the care that they receive. I

hope that new initiatives to develop “Hospice at Home” services will be encouraged by the CCG: this would improve patient experience, and reduce hospital admissions.

Preventive and personalised support – it is encouraging to see that the voluntary sector is referred to as a partner in delivering this and that increasingly flexible and bespoke packages of support will be commissioned.

3.4 Specialty Services

The CCG are currently in the process of co-producing our strategy for specialty services. We received feedback from current service providers offering to be part of this co-production phase. We will ensure that we engage with these providers as part of the co-production process.

4. Feedback in relation to community services

4.1 The future of services

This report highlights how much people engaged in giving their views about the future of services. Members of the public, town councils and existing providers of community services consistently emphasised the value of community hospitals, particularly in rural communities. There was also recognition of the need for and benefits of change tempered by concern that care at home is not always the answer. This highlights the need for a balanced approach to future planning.

In particular, people commented on the need to understand the implications of the strategy for their local area with clusters of responses from some communities expressing concern about the risk of loss of community beds. At the same time, already in some communities the shift to achieve hubs is progressing.

It is essential that the locality proposals achieve a balance between care at home and care in community facilities. All of this feedback will be shared with localities and considered as part of the development of the locality proposals which will be subject to further involvement and consultation in response to the CCGs Strategic Framework.

5. Conclusions and Recommendations

5.1 Summary

Overall, the feedback received shows support for the overall direction that is set out within the draft Strategic Framework. In particular, we have received support for the proposed integration of service delivery, seamless provision of care, and a greater emphasis on the personalisation of individual care budgets.

Other key messages from the responses included:

- support for care at home but concern about gaps in current home care services and the need to give new models a chance to become established to build confidence in care at home.

- lots of concern about the closure of beds in some communities and request for recognition that people will still need inpatient care if their condition requires that. There was also an emphasis on more information on quality and finances.

The CCG also received comments as to the procurement approach for the Transforming Community Services Strategic Framework.

As part of the 8 week process, each of the three locality boards of the CCG was asked to review and comment on the overall direction for the Strategic Framework in light of their local knowledge and engagement. Each locality has made a public statement endorsing the overall direction of the strategy, principles and proposals recognising the need now to develop the details at a local level.

5.2 Recommendations

In response to the feedback received by the CCG during the 8 week engagement process, the Governing Body is asked to:

- consider this report at the Governing Body meeting of 16 July 2014 to inform the discussion in relation to the *Transforming Community Services* report and to mandate the updating of the strategic framework in the light of the feedback received;
- seek assurance that localities are developing their proposals taking into account the feedback and requests for more detailed information and that these will be published for involvement and consultation before the Governing Body meeting in September; and
- establish a reference group arrangements in preparation for the next steps, including reconvening the Transforming Community Services Stakeholder Reference Group and others as appropriate.