

Minutes of the Healthy Staffordshire Select Committee Meeting held on 10 August 2015

Present:

Attendance

Michael Greatorex (Vice-Chairman)	David Smith
Chris Cooke	Diane Todd
Ian Lawson	Colin Eastwood
David Loades	Brian Gamble
Shelagh McKiernan	Janet Johnson
Christine Mitchell	David Leytham
Trish Rowlands	Stephen Smith

Also in attendance:

Apologies: Kath Perry, Charlotte Atkins, Philip Jones, Conor Wileman, Ann Edgeller and Barbara Hughes

PART ONE

99. Declarations of Interest

Councillor Loades declared his membership of Healthwatch

100. End of Life and Cancer Care Programme

Andrew Donald Chief Accountable officer addressed the Committee and gave a brief overview of the programme. He explained that the programme was intended to transform the experience and outcomes for patients and carers in the areas of end of life and cancer care. In effect that there was two programmes that they had been working on for the last three years. The process was to procure two Service Integrators to work with the NHS procurement to ensure better outcomes for patients and carers. He added that in relation to the four chosen tumour areas for cancer that they were not in the top 20 in Europe, in respect of end of life care the majority of people did not have a choice of where they would end their days. The idea was to integrate services and give a more streamlined pathway to produce a better experience for the patient and the carer. In the area of cancer there would over the next 10 years be an increase of up to 20% in those being diagnosed and living with cancer and more support for patient and carers will be needed.

Justine Palin, Programme Director, gave a general overview of the programme explaining that it was for the procurement of cancer and end of life services. She described the process for mobilisation, strategic engagement to date, communications and media involvement. Members were informed that the procurement for cancer services had been ongoing since March and involved a process of face to face meetings

with bidders, which patients have been involved in. The programme is at the stage of procurement where dialogue is continuing with a consortium of private sector and NHS providers. The next and final stage of the procurement is the receipt of a business case by the Bidder, which will be evaluated in September and it is expected that contracts would be awarded by Christmas. She explained that co-design was on going with patients and carers still involved in the process.

In relation to the “End of Life” procurement she advised that the same principals around choice still applied. She described the process to members, and the involvement of the patient champions in the development of procurement documents, inclusive of the outcomes framework, and in the face to face competitive dialogue meetings with bidders. She added that it was intended that the process would be recommenced in September with a competitive and comprehensive of face to face meetings, workshop assessments, business case evaluation and the continued involvement of commissioner’s patients and carers. The process was expected to be completed by March/April 2016.

Members were advised that the Programme is preparing for the ‘mobilisation phase’, which is the stage when the contracts are let, and how to ensure continued patient involvement. An initial workshop was held in May 2015 to discuss with the Programme partnership group, the continued representation and involvement of patients and carers during the first 2 years following the award of contracts.

Regarding strategic engagement, she informed the members that Staffordshire Health and Wellbeing Board in June unanimously advocated their support for the Programme, and colleagues from the HWB and the Programme are actively seeking a way of aligning the Process to the County Councils “Living Well” programme. In addition to this the Programme is reflecting the recommendations of the NHSE ail 5 Year Forward View regarding the integration of services and patient pathways.

Justine Palin explained to members that as one of the first wave National Health and Social Care Integrated Pioneer Sites, the Programme has been asked to ‘host’ the next national Assembly in September at Britannia Stadium. All Vanguard sites and Pioneer sites, as well as colleagues from national arm’s length bodies will be attending. The focus of the event is co-design and the Programme, through writing the agenda, presenting and running workshops will be using the opportunity to show case their work on co-design.

The Programme website has recently been revamped to make the language on it much more patient focussed and the team are currently in the process of uploading all relevant programme documentation.

In relation to the bidding process a member asked had the University Hospital of North Midlands taken part. Andrew Donald advised that they had decided to withdrawn from the bidding process bid, but would continue to provide services. The probable reason being the current levels of activity and the level of risk involved. The Service would be expected to perform at the same level but with a reduction of 10% of the budget. In respect of implementation of the process across the 6 CCGs countywide, members

were informed that South East Staffordshire and Seisdon had not been part of the Programme, the main reasons regarding patient flows outside of County and in East Staffordshire that cancer was not a priority.

Discussion followed concerning the poor performance of Cancer Care when compared with the rest of Europe, how outcomes could be improved the importance of hospice services to the process. Members were advised variations across the county and of the ultimate wish to become a top performer nationally before improving their position in Europe.

A member referred to the bidding process and asked how would the bids be evaluated in terms of cost? Would the contracts put pressure on staff with a demand for more for less? In short was it about making savings?

Andrew Donald responded that as the procurement process was ongoing that he could speak about specifics but that in respect of cancer care it was about using the existing money in the system to better effect. He explained that there would be no additional money and that the service integrator was expected to deliver services without additional funds and that overall there was a need for services to work better together. In respect of the End of Life programme he explained that things were different and the focus has to be on enabling choice about place of death and thus ensuring any efficiency savings could be reinvested in community provision/services closer to home, to enable this to happen. Justine Palin explained the evaluation process for the main bidder's business case and that the emphasis would be on patient experience, quality and finance. She added that the contract is split into two parts, phase 1 consisting of 2 years and then an eight year contract. In the first two years, both for cancer and end of life care the Service Integrators will be tasked with a range of areas of work, inclusive of establishing a patient monitoring system.

A member raised concerns that dropping down to one main bidder to the consortium described may affect the quality care being provided and asked had the programme been developed for ease of application rather than the quality of care? Also that there was an absence of comment from oncologists, other medical staff and detail of remaining bidders who formed the consortium.

Andrew Donald explained that the complexities of services to be provided put it beyond the capabilities of a single organisation and that Wolverhampton, who is part of the bidding consortium, had supported the procurement and had committed their clinicians to the cancer procurement as they could see the advantages of a 10 year contract. He advised that the remaining two providers were Inter Serve and Phillips Healthcare both from the private sector that brought expertise and analytical capabilities to set up services that would ultimately provide personalised patient care. He explained that the CCGs were the commissioners of service and would ensure that the Service Integrators oversees the services delivered in accordance with the commissioning arrangements. In relation to the issue of clinical engagement Dr Johnny Mc McMahan gave a comprehensive overview explaining the difference between areas of the County, meetings with Governing Bodies, Cannock and Stafford boards. He explained of the need for more clinical dialogue between Primary and Secondary Care providers and of the agreement for the need of a Pan Staffordshire discussion by the Chairs of the CCGs.

Discussion followed in relation to the working relationships between the consortium, other providers and the issues of recruitment of carers. The importance of improved working with community and voluntary groups, training, and an effective IT system was acknowledged by members. Andrew Donald, at the request of members, outlined a model for delivery of contractual arrangements with providers for the period of issue of engagement with the CCGs by the Committee was discussed and the apparent reluctance by UHNM to engage with the process. Members were advised that UHNM fully supported the programme but because of multiple challenges and the dissolution of Mid Staffs Trust could not commit to a meaningful engagement in the process.

A member raised concerns that time and money that had been expended over the past 3 years and asked what would the eventual cost be? Was there a need for a Service Integrator? In the past the functions had been performed adequately by the Primary Care Trust and also in relation to engagement that there was no mention of Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) or Macmillan

Members were advised that Macmillan were a full partner and member of the Programme Board and had funded the whole programme at no cost to the NHS, they had funded the first two years and that the only cost to the NHS to date were a few small commissioning costs. In two years Macmillan would cease to provide funding and that the Service Integrator would be required to self-finance. He explained that the programme had been in progress for three years as it was outcome based and would have an impact on the delivery of care to the patients and therefore it was important to get it right from the outset. In relation to SSOTP he informed members that the Service Integrators were in conversation with them.

Going forward a member asked how the patient experience had improved over the last 3 years and in respect of any data collected what it would be used for. Members were advised that nothing had changed and that this was part of the reason why the programme was needed. The intention was to model a programme that would meet the needs of patients that have been identified from patient engagement to date. In relation to the collection of data that this created issues as the data currently relied on was predominantly based on National Patient Surveys. These surveys when published are a year out of date and thus not based on real-time data. To make a difference real time data would be required which is the request of the bidder in the first two years of the contract. Discussion followed in relation to cancer patients suffering long-term illness at the time of diagnosis, co-morbidity. The changing rational from numbers based measurement, to outcome based and what would be considered as value money. Dr McMahon explained the importance of the role of the Service Integrator to the process, explained the cost of poor medicine and the value of early intervention.

A member expressed concern that the financial element of the programme in particular end of life care and care pathways could result in future underfunding creating risk to the patient and asked what the Committee could do in order to prevent this.

Andrew Donald explained that each year 2700 people would die in the UHNM and that 75% could have had a better choice or experience. That there wasn't a system in place to satisfactorily identify persons near to death. He informed members that on average a person in the last year of life would have on average 3 unplanned visits to hospital and if

just one of the visits could be prevented it would result in considerable savings that could be re-invested in more services such as hospice care.

A member referred to the absence of Social Services in the programme and asked that if involved were they confident they had the ability to perform their role effectively. Members were advised that Social Services were on the Programme Board, and that Social Care as part of the Health Service had a part to play in cancer and end of life care. He advised of the expectancy that the Service Integrator would engage with Social Services and Social Care in the development of true integration of services. It was an opportunity with challenges and risks.

The Committee discussed the contractual implications to the parties concerned and the responsibilities of the Service Integrator and noted that there were clauses in the contract to impose sanctions in the event of underperformance. In terms of the length of contract that it would give the Service integrator confidence to develop services overtime. It was acknowledged that the statutory responsibility to consult over major services was not affected by the programme.

The Chairman referred to the next appearance by the CCGs before the Committee and suggested that it should be following the next milestone in the programme. Andrew Donald responded and asked if it would be possible to return to the Committee in January 2016 or whenever a contract was awarded. He suggested that the Service Integrator and Consortium Members may also be asked to attend.

RESOLVED: that the Clinical Commissioning Groups report to the Committee in January 2016 or whenever a contract was awarded

101. Joint working between the Healthy Staffordshire Select Committee and Healthwatch

The Scrutiny and Support Manager presented the report and asked the Committee to consider and give their views on a joint working protocol which had been developed between the Committee and Healthwatch to enhance the assurance that patient safety was being maintained during the transition of services in Staffordshire. He advised that it would not preclude the Committee from undertaking other work and that there would be no cost to the County Council. It was intended to formalise the work between Healthwatch and the Committee but that Committee and Accountability Sessions would continue to be the main venues for discussion. He advised that the first Accountability Session of new cycle was with the Trust and that Stafford Borough Council had already raised questions concerning transfer of services from Stafford to Stoke.

A member raised concerns about Engaging Communities for Staffordshire (ECS) how they were funded, what was their relationship with Healthwatch and could the Committee scrutinise ECS. Members were directed to an item on the Committees Work Programme yet to be confirmed, for an update from Healthwatch. Members had asked for a presentation from ECS on the role, purpose, funding of Healthwatch and that it was it fulfilling the role that it was originally set up for.

A member asked for reassurance that Healthwatch was not getting any extra funding as a result of the joint working arrangements. Members were advised that there would be no funding provided by the County Council.

A member referred to the concept of the "Mystery Shopper" and questioned viability adding that it was a managerial responsibility to ensure the delivery of care and that the money would be better spent in the provision of care. Basically it was an unnecessary additional cost.

A member referred to previous experience with ECS describing a meetings facilitated by members of Healthwatch ahead of the transfer of services between Stafford and Stoke. That the views expressed by people in attendance around travel, transport and paediatrics had gone unreported and for this reason she had no confidence in them as an organisation.

A member advised that the programme Engaging Communities was initially funded in part by the County Council and was a professionally run company. That it tendered and won the contract for Healthwatch. From experience they had difficulty with outcomes and the publication of reports that they had been commissioned for. Members discussed the complaint procedures available poor marketing and the need for value for money.

RESOLVED: a) that the Committee note the report
b) that the Chief Executive Officer of Healthwatch attend a future meeting of the Committee to be held to account.

102. Healthy Staffordshire Select Committee Work Programme 2015/16

The Scrutiny and Support manager presented an updated Work Programme and advised that the dates for the Trusts Accountability Session had now been fixed through to March 2016. Each Trust would be held to account once with the Acute Trusts having two. He advised that the "Better Care Fund" one of the County Councils 14 Priorities and "Living My Life My Way" would be on the Agenda for the September meeting of the Committee and that members had received a briefing note on the proposed transfer of Haematology and Oncology Services from Stafford to Stoke.

Members discussed the proposed meeting with Wolverhampton City Council concerning cross boarder admissions and to this end were advised that arrangements were ongoing. In relation to the responses from Trusts arising from the Accountability Sessions the importance of a response to the Committee within 28 days was noted.

The Scrutiny and Support Manager advised that as requested that the Committees Working Groups membership be included on the Work Programme and Councillor Loades gave an update in respect of Achieving Excellence for Mental Health, Health and Wellbeing Strategy. It was anticipated that the Group would report to the Committee by Christmas 2015.

Members were advised that the visit to Assistive Technologies had been arranged for 14 September 2015, and members wishing to include additional items to the programme

should forward request to the Scrutiny and Support Manager for discussion by the Committee prior to a decision being made.

RESOLVED:- that the Work Programme be confirmed

Chairman