

## AGENDA ITEM:

**COMMITTEE:** HEALTH SCRUTINY COMMITTEE  
**DATE:** 3 APRIL 2007  
**REPORT OF:** ASSISTANT CHIEF EXECUTIVE (STRATEGY,  
PERFORMANCE AND GOVERNANCE)  
**REPORT TITLE:** PCT CONSULTATION ON DEVELOPING AND  
IMPROVING NON-ACUTE SERVICES FOR OLDER  
PEOPLE: HEALTH SCRUTINY RESPONSE

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### 1.0 **Purpose**

- 1.1 At the Health Scrutiny Committee's last meeting on the 20 February 2007 the Stockport Primary Care Trust (PCT) invited the committee to comment on the current consultation on Developing and Improving Non-Acute Services for Older People. This report, drafted in consultation with the Chair of the committee, summarises the committee's discussions thus far and asks the committee to respond to a series of questions to assist in the formulation of a response to the consultation.
- 1.2 At the meeting the Director of Public Health will be present to give an independent public health view on the proposals. Additionally, the Chief Executive of the Stockport PCT will be present to answer questions.
- 1.3 Since the last meeting of the committee the PCT have produced a Questions and Answers Paper. This briefing provides additional information on the issues raised and is attached at Appendix One.
- 1.4 **The committee is invited to discuss the report, and agree its final response to the PCT consultation.**

### 2.0 **Background**

- 2.1 The Health Scrutiny Committee has welcomed the opportunity to comment on this consultation. Stockport PCT will, in total, have attended the Health Scrutiny Committee on five occasions since June 2006 to discuss the development of and consult upon these proposals. This committee has historically taken its role as statutory consultee on local substantial developments to health services very seriously. The committee has powers to refer local health service developments to the Secretary of State if it considers there has been inadequate consultation, or if it believes these would be harmful to the health of local people.
- 2.2 In order to comment on the proposals the committee invited submissions from local stakeholders at its last meeting on the 20 February. The committee considered written submissions from Stockport PCT's Patients' Forum, the Corporate Director, Adults & Communities (Stockport Council), the Director of Modernisation

(Stockport Foundation Trust) and the All Out Tomorrow's Shadow Board.

- 2.3 In addition, oral representations were received from the Stockport Patient's Forum (John Leach), Age Concern Stockport (Margaret Brade), Executive Councillor (Adult Services) (Councillor Maggie Clay) and the Corporate Director, Adults and Communities (Ged Lucas), Stockport Foundation Trust (Chris Burke and Jill Byrne), Stockport Pennine Care NHS Trust (Tony Day), Unison Northwest (Chris Parker), Councillor Tony Johnson and The Royal College of Nursing (Janine Dowson).

### **3.0 Concerns**

- 3.1 At its last and previous meetings, and during visits to Foundation Trust facilities, the committee has identified the following concerns:
1. A failure to discuss the proposals in detail with Foundation Trust staff and union representatives. The committee heard that the PCT provided the consultation document to the Foundation Trust at the beginning of the consultation period but this did not result in discussions with staff and union representatives until later in the process.
  2. A lack of detailed information about the model. The committee felt that the success of the model rests strongly upon successfully working with residential and nursing care homes to develop capacity, so that people can be placed closer to home and bed blocking is reduced. However, the consultation document does not sufficiently demonstrate the ways in which the Care Home Support Team will achieve this. Similarly, while investment in the voluntary sector to provide a range of preventative services is suggested this is not discussed in great detail.
  3. A lack of financial information. Although additional financial information was shared during the consultation period, the committee feels that detailed costing of individual aspects of the model has not been set out. The committee was concerned of the risk to the local authority of transfers of costs of £900,000 due to increased numbers of places in Rehabilitation at Home Services. The committee also felt that providing financial information about the level of investment in the voluntary sector would help make clearer how preventative services helping older people maintain independent living will be increased.
  4. Evidence of success. The committee agrees with the Patients' Forum that the consultation document does not sufficiently provide evidence that the new model will offer better care, in particular by drawing upon examples from elsewhere.
  5. Risks attached to the loss of beds at Cherry Tree and the Foundation Trust's resulting ability to manage discharge if places are not created in the community.
  6. Whether a risk assessment of the proposals had been carried out, and if or when it has the committee wishes to see this.
  7. The loss of expertise from existing specialist doctors and nurses at Cherry Tree Hospital. The committee is concerned that GPs will be unable to cope with the additional workload.

8. Concern about the quality of Commission for Social Care Inspection's inspection of care homes in Stockport, and the need to ensure locally that high quality standards are met. In particular, the need to carefully consider standards of service provision for psychiatric patients.
9. Whether an increased proportion of patients cared for at home or in the community will result in increased charges and means testing for services. The committee requests further information on how these services are currently resourced and any likely impact upon patients and carers.
10. The Patient's Forum's conclusion that the proposals were being pushed through too quickly without proper consultation with all the relevant parties effected.

**Question: Does the committee have any other concerns about the proposals?**

**4.0 Conclusions on the principles and case for change**

- 4.1 The majority of the parties who gave submissions to the committee agreed with the *principles* behind the proposals and largely agree with the case for change set out in the consultation document. The committee heard that Stockport has high investment levels in a bed based system. This may not be as cost-effective as community based services, and restricts choice and flexibility within the system. There is a lack of independent sector nursing home places and residential home places which can cause delayed discharge.
- 4.2 The committee heard at its last meeting that the broad principles of the model are in line with national policy, local joint commissioning principles and priorities, and good practice guidance. For example, the All Our Tomorrow's Shadow Board "supported the principles of improvement, increased choice and increased investment in the voluntary sector and also supported the general direction of travel provided it could be shown to fit within the whole wider context and with key partners." The report of the Corporate Director (Adults & Communities) recognised the need to review current models of service delivery, and fully supported a whole-systems approach to change.

**QUESTION: Does the committee agree with the broad principles behind the service model and the case for change?**

**5.0 Conclusions on the service model and consultation process**

- 5.1 Those concerns that the committee has identified, discussed under 3.0, focus more upon the actual service model and consultation process than on the broad principles.
- 5.2 At its last meeting the committee discussed its concerns and received assurances from the PCT on the following matters:
  1. The new model, if successfully developed and administered, will result in more choice and greater flexibility, providing care closer to home, reducing inappropriate hospital admissions and delayed discharges,

and will better meet patients and carers' needs. Jane Rossini (Stockport PCT) commented that the existing arrangements for patient care at Cherry Tree Hospital were of good quality, safe and secure but were rigid and not risk taking and that the existing service offered no choice to the patient with regard to living at home with care provision. She further commented that there was a need to ensure maximum flexibility in order to create wider significant change. As a greater proportion of the population of Stockport ages and new technologies are made available, it is right to develop a system which will offer greater choice to patients, particularly by providing care closer to home.

2. Examples from elsewhere had been looked at and informed the model. The PCT assured the committee that consideration had been given to similar successful models which had been developed at Hounslow, Liverpool and Kent and that these contained many of the main elements of the proposals now submitted.
3. Monitoring quality will be central to the implementation of the model. The committee was informed that the PCT intend to introduce quality standards for service provision and that these will be monitored with the introduction of a robust monitoring tool.
4. The PCT will commission new services *before* replacing old services. The Chief Executive (Stockport PCT) gave an assurance that the overall service provision would not be reduced if the proposals were to proceed. The PCT gave an absolute commitment that new services would be provided before the old services had been decommissioned, thus ensuring that they would be able to test and measure success and quality as they progressed. The PCT also assured the committee that they could cope with double running costs for intermediate care for 2007/08.
5. The PCT will work closely with the council, scrutiny committee, patients and public in monitoring and reviewing each stage of the proposals. The PCT suggested that the committee receive regular bi-monthly updates in respect of progress.
6. The PCT will consult further with staff and union representatives. The PCT acknowledged that despite sending out the consultation document as early as possible, staff in external organisations may have received the document at a later date. For this reason the Chief Executive (Stockport PCT) agreed to submit a request to the PCT Board to extend the consultation to Thursday, 5 April 2007. The Board subsequently agreed this extension.

**Question: The committee is asked to confirm whether it is satisfied that the PCT has addressed the matters raised at the last meeting? Do members have any remaining concerns?**

- 5.3 The committee has made clear that that the implementation of the model must be very closely monitored, and would like to have a key role in this.

**Question: The committee is asked to confirm what areas, in particular, it would wish to be involved in monitoring?**

- 5.4 Some of the submissions, and discussions at the consultation event attended by member of committee, suggest that there may be lessons for the PCT in how it consults in the future. A number of submissions made clear that they find it difficult to comment on the service model due to a lack of information within the consultation document.

**Question: Does the committee wish to comment on the consultation process?**

- 5.5 Finally, the committee heard both the Council Executive's and PCT's commitment to develop a joint commissioning framework to deliver the modernisation required to meet present and future demands. Both the PCT and the local authority recognised in their submissions to the committee that a joint commissioning strategy needed to be progressed and developed, which includes consideration of the introduction of integrated budgets.

**Question: Does the committee wish to monitor the development of the joint commissioning strategy?**

## **6.0 Recommendation**

- 6.1 The committee is invited to discuss the questions presented within this report.

### **Further information**

To discuss this report or for further information please contact Andrew Burridge, telephone number 0161 474 3183 or by e-mail on [andrew.burridge@stockport.gov.uk](mailto:andrew.burridge@stockport.gov.uk).