

**CARE QUALITY COMMISSION INSPECTION REPORTS – CAMBRIDGESHIRE
AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT)**

To: **Health Committee**

Meeting Date: **17th December 2015**

From: **The Monitoring Officer**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To provide the Committee with background information and presentations relating to the recent Care Quality Commission report on its inspection of Cambridgeshire and Peterborough NHS Foundation Trust**

Recommendation: **That the Committee considers the information provided by the Cambridgeshire and Peterborough Clinical Commissioning Group and CPFT in advance and at the meeting**

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1. BACKGROUND

- 1.1 On 13 October 2015, the Care Quality Commission published the report on its inspection of Cambridgeshire and Peterborough NHS Foundation Trust. Inspection visits had taken place in May 2015.
- 1.2 Four of the five CQC inspection areas were rated as good (Effective; Caring; Responsive; Well-led). The fifth inspection area. Safe, was rated as requires improvement. The overall rating of the trust was good.
- 1.3 Before it was published, the Committee had already identified the report as a subject for scrutiny in its forward agenda plan. Representatives of the CCG and CPFT will attend Committee on 17 December 2015; the CQC lead inspector is unable to attend.

2. MAIN ISSUES

- 2.1 Background information to inform the Committee's scrutiny of the CQC report has been supplied by
 - Cambridgeshire and Peterborough Clinical Commissioning Group:
Introductory paper (Appendix 1a) and presentation (Appendix 1b)
 - Cambridgeshire and Peterborough NHS Foundation Trust:
Report (Appendix 2).
- 2.2 Information on how the CQC inspects specialist mental health services is set out in the provider handbook available on their website at http://www.cqc.org.uk/sites/default/files/20150327_mental_health_provider_handbook_march_15_update_01.pdf.
- 2.3 The full inspection report is available at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE1951.pdf.

3. ADVANCE QUESTIONS

- 3.1 The CCG and CPFT have been given advance notice of a number of questions already identified by Members of the Committee.
- 3.2 The question to the CCG is:

What are the CCG's plans to ensure parity of support for mental and physical health, and to what extent is this a driver for the transformation projects?

- 3.2.1 The CCG has supplied this response:

The CCG increased its investment in mental health services in 2015/16 by 5.6%, this is the same as the overall increase in the CCG's allocation for this year. This additional investment has been deployed to (i) address some urgent capacity issues within local secondary mental health services and (ii) to resource some innovative developments designed to promote patient recovery and improve flow through the system. We have also increased our investment in the third sector locally and renegotiated all of our contracts with local third-sector providers to ensure equitable access CCG-wide to

these services in future. A detailed presentation was made to the Health and Wellbeing Board at its October meeting, and we would be happy to provide a more detailed update if helpful.

Looking ahead, it is likely that “parity of esteem” will remain a key national priority for the NHS. In addition, it is recognised locally and reflected in the System Transformation Planning and other key work streams that increased investment in mental health services would play an important and cost-effective role in relieving pressures on other parts of the local health system, especially A+E departments. Our work this year has also included widening access to psychological therapy to people with a range of long-term conditions. We are also key partners in local implementation of the Crisis Care Concordat.

Mental health is therefore – for reasons of both parity of esteem and its role in addressing overall system challenges – very prominent in the local Urgent Care Vanguard project and in all CCG strategic planning documents. These will ensure parity of support in the future.

3.3 The question to CPFT is:

Could CPFT expand on the following issues identified in the CQC report

1. Consent to treatment procedures needed improving.
2. Please expand on the concerns CQC had in regards to “restrictive practices” and how CPFT is addressing these with reference to the Mental Health Act guidance.
3. What are the specific staffing issues in community teams and acute services that are affecting the waiting times and what is CPFT with partners doing to address these? This may feature as part of the January 21st discussion
4. The CQC’s “are services safe?” category requires improvement. What are the issues identified by the CQC and what is CPFT doing to make sure services are safe.
5. On the IASS [Intensive Assessment and Support Service] ward there was no out-of-hours learning disability psychiatry rota to support patients and staff. Patients had to attend the acute hospital out-of-hours putting additional pressure on the system. How is this being resolved?
6. We understand that CPFT have some concerns around delayed discharge of patients with learning disabilities, where the delay can result in a loss of a community placement. Can CPFT further expand on these concerns.

3.3.1 CPFT’s response to the questions is included in their report (Appendix 2).

Source Documents	Location
Care Quality Commission Inspection Report of Cambridgeshire and Peterborough NHS Foundation Trust (published 13 October 2015)	http://www.cqc.org.uk/provider/RT1