

REPORT FROM THE CCG URGENT AND EMERGENCY CARE REVIEW TASK FORCE

Health Committee

Meeting Date: **6 October 2016**

From: **The Monitoring Officer**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To note the report from the Health Committee's scrutiny task force on CCG's Urgent & Emergency Care Review.**

Recommendation: **To approve the recommendations of the task force as set out in the report and to write to the CCG informing them of the task force findings.**

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1. BACKGROUND

- 1.1 The Health Committee received a report in September providing details of the Cambridgeshire and Peterborough System as an Urgent & Emergency Care (UEC) Vanguard site. Under national guidelines, Clinical Commissioning Groups that have vanguard sites are required to carry out a re-designation of all UEC facilities including minor injury units.
- 1.2 The Health Committee agreed to establish a task force to scrutinise;
- i) The terms of reference of the CCG's current review
 - ii) The process whereby it is carrying it out
 - iii) The extent to which local needs are being factored into it
 - iv) The objective criteria which it is using in order to identified the preferred options
 - v) The way in which it has and will engage, consult and communicate with the communities which will be affected.
- 1.3 The task force members were appointed at 8 September 2016 Health Committee meeting and consisted of Councillors Clapp, Orgee & Sales. This report provides details of the conclusions the task force have made.

2. MAIN ISSUES

- 2.1 The task force met on 15th September; in attendance were Councillors Connor, Jenkins, Orgee, Sales and Jessica Bawden (Director of Corporate Affairs- Cambridgeshire and Peterborough Clinical Commissioning Group [CCG]). Apologies were noted from Councillor Clapp.
- 2.2 The task force made the following conclusions:
- 2.2.1 Need to be taking a long term view

The NHS has standards which need to be followed in such reviews and these dictate their time horizons and how they consider planned developments. However it needs to recognise that Cambridgeshire is a high growth county and this must be appropriately considered

We recommend that the review recognises current and planned developments over a longer time frame so that its robustness in different circumstances can be tested.

- 2.2.2 Can't force general practices to change their role

Some options depend on a contribution from expanded GP practices. It is important that such contribution be fully qualified and not simply assumed.

We recommend that, if an option is dependent on some form of expanded GP role, the practices concerned be identified, their capability be assessed and their commitment be secured.

2.2.3 Patient behaviour and understanding is key

In order for any option to be successful, it is important that it be fully understood by patients and that they recognise the options available in regards to accessing urgent and emergency care, and how they should behave in order to get the best out of it.

We recommend that a full picture be developed of all the services which will operate in the future (primary, urgent, emergency, out-patient etc.) and how they will be accessed by different people in the community.

We further recommend that a specific and compelling communications program be developed to encourage people to use the proposed new configuration

2.2.4 Set criteria - manage expectations

It is difficult for members of the public to get their heads around the various options in the absence of specific information about what it means to them in terms of the ease with which they will access the various services.

We recommend that a set of service standards (distance, access times, availability etc.) be developed so that people can understand exactly what any new service configuration means to them and that these be set out, along with the financial considerations, when the various options are being compared.

This recommendation notwithstanding we would advise caution in the setting of these standards so that the CCG does not become hostage to unrealistic expectation.

2.2.5 Need to look at total costs including A&E

All options must operate within the context of a full range of NHS services, especially A&E, and will impact on them in one way or another.

We recommend that, when total costs of different options are being presented, these include the full costs of any expected diversions to other services especially A&E. These should be clearly identified as such.

3. **SIGNIFICANT IMPLICATIONS**

3.1 **Resource Implications**

Officer time to support the final recommendations from the task force.

3.2 **Statutory, Risk and Legal Implications**

There are no significant implications within this category

3.3 **Equality and Diversity Implications**

Promoting equality and access to services is covered in section 2 of this report

3.4 **Engagement and Consultation Implications**

Engagement and consultation implications are covered in section 2.2.3 and 2.2.4

3.5 Localism and Local Member Involvement

Local issues were examined by the task force and local members are aware of the current CCG's review.

3.6 Public Health Implications

Potential changes to access to services are noted in this report (see section 2.2.4) and recommendations from the Transport & Health Joint Strategic Needs Assessment (JSNA) 2015 should be noted.

Source Documents	Location
CCG website contains further information on the Urgent and Emergency Care Reviews	http://www.cambridgeshireandpeterboroughccg.nhs.uk/
NHS England website contains general information about the national Urgent and Emergency Care Vanguard	https://www.england.nhs.uk/ourwork/future-nhs/new-care-models/uec/