

HEALTH COMMITTEE WORKING GROUP UPDATE

To: **HEALTH COMMITTEE**

Meeting Date: **16th MARCH 2017**

From

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To inform the Committee of the activities and progress of the Committee's working groups since the last Committee meeting.**

Recommendation: **The Health Committee is asked to:**

- 1) Note and endorse the progress made on health scrutiny through the liaison groups and the schedule of liaison meetings**
- 2) Note the update from the Joint Health Scrutiny Committee – Collaboration of Hinchingsbrooke Hospital with Peterborough & Stamford Hospital.**
- 3) To discuss and agree a work programme for the continued scrutiny of the Sustainable Transformation Programme**

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1.0 BACKGROUND

- 1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 15th December 2016.
- 1.2 This report updates the committee on the joint liaison meeting with Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) and Cambridgeshire Healthwatch, Cambridgeshire & Peterborough Foundation Trust (CPFT), Hinchingsbrooke Health Care NHS Trust and Cambridge University Hospitals NHS Foundation Trust (CUHFT).
- 1.3 Liaison group meetings are precursors to formal scrutiny and/ or working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under their scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny. A schedule of meetings for 2017/18 will be presented at the Health Committee in June where membership for the liaison meetings will also be reviewed.
- 1.4 This report will also update the Health Committee on the outcomes of the Joint Health Scrutiny Committee (Cambs County Council and Peterborough City Council) in regards to the implementation plans for the merger of Hinchingsbrooke HealthCare NHS Trust with Peterborough and Stamford Hospitals NHS Foundation Trust.
- 1.5 An overview of the various activities undertaken by members to support continual scrutiny of the CCG's Sustainability and Transformation Programme is provided in Section 4.

2. MAIN ISSUES

2.1 Liaison meeting with Cambridge University Hospitals Foundation Trust

The liaison group members in attendance were Councillors: Clapp, Orgee and Jenkins. A meeting was held on 2nd December 2016 with Kate Lancaster (Director of Corporate Affairs)

2.1.2 The following topics were discussed at this meeting:

- CEO report 9th November
- Finances & 5 year strategic plan to regain financial sustainability
- Emergency Flow through in the hospital
- Care Quality Commission (CQC) Inspection report was due imminently.
- Organisational Development Programme launched with staff survey.
- Rosie Maternity update on staffing

Members were provided with more detail around demand which continues to increase and is 4% on last years, with 12% of paediatric attendance increase

and 10% of mental health. One measure, the percentage of discharged by midday figures is improving. At the day of the meeting the hospital had a 100% bed occupancy, the hospital is at its most efficient when running to an 80% occupancy level.

The following actions were agreed:

- Meeting to be set up to visit the Rosie Maternity Unit

2.1.3 The next liaison meeting was rescheduled as it clashed with the Hospitals Quality Summit meeting from CQC and is now scheduled for 31st March 2017.

2.2 Liaison Meeting with Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)

2.2.1 The liaison group members in attendance were Councillors: Jenkins, Orgee and van de Ven. A meeting was held on 14th December 2016 with Aidan Thomas (CEO) and Deborah Cohen (Director of Service Integration).

2.1.2 The following topics were discussed at this meeting:

- Sustainability and Transformation Plan (Aidan Thomas leading on Primary Care & integrated neighbourhoods work stream of the STP).
- Financial agreements
- CCG Financial Position
- Recruitment Strategy at CPFT
- Update on PRISM service (Primary Care service for Mental Health) <http://www.cpft.nhs.uk/services/prism-service.htm>
- Learning disability service (potential CQC inspection in March) links to transforming care programme.

2.1.3 Actions from this meeting:

- Members to consider including scrutiny of learning disabilities on the forward plan.

2.3 Liaison Meeting with Healthwatch Cambridgeshire and the Clinical Commissioning Group

2.3.1 The liaison group members in attendance were Councillors Orgee, Jenkins and Connor and District Councillor Ellington. A meeting was held on 26th January 2017 with Val Moore (Chair) and Sandie Smith (CEO) of Healthwatch Cambridgeshire and Jessica Bawden (Director of Corporate Affairs) Mathew Smith (Associate Chief Officer), Sue Last (Head of Communications and Engagement)

2.3.2 An update from the CCG was received on the following areas.

- Sustainability and Transformation plan (arrangements for development session)

- Consultation proposal on new model for the referral and provision of NHS hearing aids.
- Consultation on Fertility Treatment services.

2.3.3 An update on East Cambs & Fenland Minor Injury Unit was provided by Matthew Smith. An Invitation to attend for this item was extended to all East Cambridgeshire & Fenland County Councillors. The key discussion points were as follows:

- Local Urgent Care Service (LUCS) Hub model was described.
- Proposals for LUCS hubs to be developed in the East Cambridgeshire & Fenland localities in: Ely, Doddington & Wisbech.
- Phased pilot programme expected to run Spring 2017-2018

2.3.4 Actions from this meeting:

As the proposals for the LUCS hubs are pilot programmes, Councillors expressed concerns over how the CCG would evaluate the hubs.

It was agreed that as the LUCS hub model was in early development the CCG would provide the following information to members once it had been agreed.

- Copy of the evaluation criteria for the LUCS hubs
- Copy of communication plans

2.3.5 Val Moore provided members with an update on a project to look at joint working between Cambridgeshire and Peterborough Healthwatch. The project will look at joint working from a spectrum of collaboration to full integration. The Healthwatch organisations receive funding from Cambridgeshire County Council and Peterborough City Council respectively and both local authorities have approved this project.

Sandie Smith reported on current activities from Healthwatch Cambridgeshire.

- Enter and View visits at A&E departments in both Addenbrooke's Hospital and Hinchingsbrooke Hospital. The final reports are available on Healthwatch website.

<http://www.healthwatchcambridgeshire.co.uk/our-enter-view-reports>

The next liaison meeting date is April 20th 2017.

2.4 Liaison meeting with Hinchingsbrooke Health Care NHS Trust.

The liaison group members in attendance were Councillors: Ashcroft, P Brown, and Jenkins and District Councillor Ellington. A meeting was held on 18th January 2017 with Lance McCarthy (CEO) and Phil Walmsley (COO).

2.4.1 The focus of the liaison meeting was around the merger proposals of HHCT with PSHFT.

Lance McCarthy provided the following updates for members:-

- The merger of PSHFT & HHCT is legally referred to as an acquisition of HHCT by PSHFT as the latter has “Foundation Trust” status.
- New Executive Directors announced 12th December 2016 in shadow form.
- Non-Executive Director (NED) appointments made (5 NEDs from Peterborough, 3 NEDs from Hinchingsbrooke Hospital)
- Voting process was in place for the new organisations and the Department of Health have agreed to “North West Anglia NHS Foundation Trust” where each hospital will retain its current name.
- Staff consultation launched in the first week of January in regards to Transfer of Undertakings (Protection of Employment) (TUPE) to the new organisation on 1st April 2017.
- Organisational consultation launched in the first week of January. There were no changes proposed to clinical roles but support services will be affected with some jobs moving sites e.g. the possibility of HR to be located at Hinchingsbrooke Hospital and IT at Peterborough City Hospital.
- Update on the IT System changes and clarity was provided that this is not the same as the installation of the EPIC system that Addenbrooke’s purchased.

2.4.2 Lance McCarthy explained that understandably transition and change were impacting on staff but the Trust was managing the staff concerns through good communication and open conversations. Support had been provided for staff through the chaplaincy service and occupational health.

2.4.3 As this would be the last liaison meeting with representatives from HHCT before the official transfer to North West Anglia NHS Foundation Trust on 1st April, Councillor Jenkins thanked Lance McCarthy and the executive team for their time.

3 JOINT HEALTH SCRUTINY COMMITTEE – MERGER OF HINCHINGBROOKE HEALTH CARE NHS TRUST (HHCT) WITH PETERBOROUGH & STAMFORD HOSPITALS NHS FOUNDATION TRUST (PSHFT)

3.1 The Joint Health Scrutiny Committee with Cambridgeshire County Council and Peterborough City Council have held three scrutiny committee meetings with the Chief Executive Officers and executive team representatives from both HHCT & PSHFT on 17th October, 9th November 2016 and 27th February 2017. The first meeting focused on clarity regarding the proposals in relation to both the financial and clinical sustainability business cases. The second meeting called representatives from KMPG and Loretto who had been commissioned by the hospital trusts to provide them with a financial overview for the full business case and outline of the Information Technology Clinical System upgrades that any merger would require.

- 3.2 The recent meeting on 27th February 2017 focused on discussing the merger plans leading up to 1st April 2017 when the new trust “North West Anglia NHS Foundation Trust” will be formed (Subject to approval by the Secretary of State).

Minutes of these meetings are available on:

https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMS_CommitteeDetails/mid/381/id/37/Default.aspx

- 3.3 At the time of publication of this report minutes for the 27th February 2017 meeting were not available. Stephen Graves (CEO PHSFT), Lance McCarthy (CEO HHCT), Caroline Walker (CFO PHSFT), Mandy Ward (Head of Communications PSHFT) were in attendance. Caroline Walker and Stephen Graves provided a presentation to members on key aspects of the merger. A summary of the discussions is provided below.

- Clinical Services at risk HHCT: An overview of clinical services at risk at HHCT was provided and how the merger will support future clinical service delivery. Examples of merger success already being seen were given for haematology and HHCT A&E department.
- Governance Arrangements: Stephen Graves confirmed that a shadow board for the new trust was in place which did not have decision making responsibilities for HHCT but was able to start planning for the 1st April 2017. Executive team have been appointed from PSHFT following legal advice that staff on permanent contracts rather than interim contracts would have greater rights to positions. The Chief Nurse role went through a competitive process. Staff representation is equal for PSHFT & HHCT hospitals each with 3 staff members and Stamford has 1 staff member.
- Staff Consultations: Staff TUPE consultation and organisational restructure consultations were launched in January 2017. The organisational consultation deadline was extended due to responses. Whilst staff will TUPE on 1st April it was anticipated that appointments to posts will be completed by the 1st July.
- Replacement of IT systems: Members raised concerns over the IT systems given experiences of the EPIC system in Addenbrooke's Hospital. Stephen Graves explained that EPIC was a whole product. The new IT system at HHCT & PSHFT is building on top of an existing basic system which has already been rolled out in a number of UK hospitals rather than introducing a USA system as a first trial. Caroline Walker explained this is still challenging and it is not expected that the hospitals will go into a paperless system straight away and it is intended as a 3-5 year roll out plan.
- Changes to location of services: Members asked if assurances would be given that there would not be an expectation to travel to a less local hospital to receive treatment. Stephen Graves confirmed that the merger was not about moving services, formal consultation would be required with any service changes. However it was recognised that some hospitals may have capacity and patients could be given the choice where to receive treatment.

- STP Proposals: Members asked about the impact of the merger on proposals in the STP to have one unit within Cambridgeshire for both cardiology and stroke. It was agreed that both scrutiny committees would pick this up in their scrutiny of the STPs.

3.4 There will be a further meeting of the Joint Health Scrutiny committee in June 2017 to scrutinise the mobilisation plans of the newly formed North West Anglia NHS Foundation Trust.

3.5 Agreement was given from Stephen Graves to continue with the quarterly liaison arrangements for Hinchingsbrooke Hospital which were set up by Cambridgeshire County Council's Health Committee.

4. OVERVIEW OF SCRUTINY OF THE SUSTAINABILITY AND TRANSFORMATION PROGRAMME

4.1 The CCG published its Sustainability and Transformation plan, "Fit for the Future" on 23rd November 2016. The Health Committee had started initial scrutiny of the developing plans back in March 2016 when the "Evidence for Change" supportive information document was produced. The approach taken to scrutinising the STP has been through the formal Health Committee meetings in public, development sessions for members and informal follow up meetings with members from the STP unit.

Full details of the STP plans can be found on the following link:

<http://www.fitforfuture.org.uk>

Table 1: Cambridgeshire Health Committee - Scrutiny of STP

Health Committee Meetings	Health Committee Training & Development Sessions	Informal meetings
Pre-Publication STP		
November 10 th 2016 STP Overview & MOU	March 3 rd 2016 CCG Planning for 2016/17 and beyond Introduction to "Fit for the Future"	
	June 16 th 2016 CCG Development of the STP	
Post Publication of STP		
December 15 th 2016 STP Update	January 6 th 2017 STP Overview	December 2 nd 2016 Meeting Healthwatch Cambridgeshire to discuss published STP
January 12 th 2017 STP (Finance & Primary Care)	February 16 th 2017 STP (Workforce Planning / Engagement)	February 22 nd 2017 Meeting with Dr.Howsam to discuss GP engagement

March 16 th 2017 STP (Workforce Planning / Engagement)		March 30 th 2017 (Provisional) Meeting with Joel Harrison to discuss procurement and STP financial plan.
		Week Commencing 6 th March / 13 th March TBC Meeting with Scott Haldane and Aidan Fallon to discuss STP engagement plans.

- 4.2 Consideration to developing a full programme of scrutiny of the STP for 2017/18 will be given at the Health Committee's priority-setting meeting scheduled for June 8th 2017.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

5.2 Statutory, Risk and Legal Implications

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

5.3 Equality and Diversity Implications

There are likely to be equality and diversity issues to be considered within the remit of the working groups.

5.4 Engagement and Consultation Implications

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

5.5 Localism and Local Member Involvement

There may be relevant issues arising from the activities of the working groups.

5.6 Public Health Implications

Working groups will report back on any public health implications identified.

Source Documents	Location
NONE	.