

HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP

To: **HEALTH COMMITTEE**

Meeting Date: **12th May 2016**

From **Director of Public Health**

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 (Appendix A)**
- 2) Review the membership lists for each liaison group including the use of reserve members.**
- 3) Include the possible consultation on Hinchingsbrooke Healthcare Trust collaboration with Peterborough & Stamford Foundation for the September forward agenda.**

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1. 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 10th March 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), Cambridgeshire University Hospital Foundation Trust (CUHFT) and Hinchingsbrooke Healthcare NHS Trust. Further liaison meetings and working groups scheduled are detailed in Appendix A.
- 1.3 Liaison group meetings are precursors to formal scrutiny 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.

2. MAIN ISSUES

2.1 Liaison Meeting with Cambridgeshire & Peterborough Clinical Commissioning Group & Healthwatch

- 2.1.1 The liaison group members in attendance were Councillors, Clapp, Jenkins & district councillor Ellington. Apologies were received from Cllr Orgee. A meeting was held on 14th April 2016 with Jessica Bawden (Director of Corporate Affairs) from Cambridgeshire & Peterborough CCG, Val Moore (Chair) and Sandie Smith (CEO) of HealthWatch Cambridge.
- 2.1.2 The CCG provided an overview of progress made on their Sustainability & Transformation plan and comments were made in regards to ensuring two way communication channels were indicated for information coming from and to the Health & Wellbeing Board. Areas of focus were listed as:-

- Sustainable General Practice
- Proactive Care & Prevention
- Urgent & Emergency Care
- Maternity & Neonatal care
- Children & Young People

The CCG informed members of the design principles that have been developed which should be considered when proposals for service changes are drawn up.

- High quality care
- Integrated care
- Right care, right time

- Right place
- Minimise inequality
- Maximise value for the tax payer

2.1.3 The CCG are working towards the national timetable to have the plan developed by the end of June 2016. It was agreed that the CCG would provide Health Committee members with a further workshop in June 2016 to discuss the final plan prior to its submission on 29th June 2016 and to review the proposed pre-engagement plan process which will be tested over summer 2016.

2.1.4 The CCG briefed members on the forthcoming Community In-Patient Bed Review and intermediate care provision across the system. There are proposals to bring this review to the Health Committee meeting in May for further discussion.

2.1.5 The CCG's turnaround position was discussed and the need to cut £1.7 million that results in difficult decisions that the organisation still has to decide upon. In addition the anticipated national Vanguard funding that was identified to alleviate some of the pressures in the health care system was significantly less than first anticipated.

2.2 Healthwatch Cambridgeshire Updates

2.2.1 Healthwatch Cambridgeshire & Healthwatch Peterborough in partnership with Cambridgeshire County Council and Peterborough City Council are planning a learning event in May to review the recommendations from the current published reviews from the CCG and NHS England on the termination of the Older People and Adults community services contract (OPACS). The learning event aims to also look at emerging plans for service organisation. Healthwatch were invited to update the committee on the event at the May meeting as an introduction to the OPACS scrutiny item.

2.2.2 Healthwatch have commissioned a Gypsy and Traveller Health Project report that was launched at an event in March for providers, commissioners and service users. The report is available from the website and the following link

<http://www.healthwatchcambridgeshire.co.uk/news/local-decision-makers-sign-improve-care-gypsies-travellers>

2.2.3 Healthwatch have had a youth worker post to support community engagement and the funding for the continuation of this post was in question. Healthwatch have now secured some joint funding from CCC, Peterborough City Council and the CCG to continue with a part time post.

2.3 Liaison meeting with Cambridgeshire & Peterborough Foundation Trust (CPFT).

2.3.1 The liaison group members in attendance were Councillors Jenkins, Orgee and Sales. A meeting was held on 18th April 2016 with Aidan Thomas (CEO) and Deborah Cohen (Director of Service Integration).

2.3.2 The Health Committee members requested an update from CPFT on how the organisation was managing the integrated care aspects of the OPACS contract that was within CPFT's remit. CPFT noted that the merging the Older People's team with the Mental Health teams so the teams are integrated. The new workforce will require some organisational changes around agile working to support further integration.

CPFT noted that there is an expectation to maintain and deliver on the following:

- Neighbourhood teams (x16)
- Integrated Care Teams (X4 locality bases)
- Joint Emergency (JET)

The JET is not working the original commissioned hours but this is due to an analysis of demand and adapting the service as a result of this intelligence. The key aspect of UCP contract was admissions avoidance which could be achieved via the JET and case management. CPFT reported that some key parts of the model were missing and they estimated that performance would be about 20% of admission avoidance. There was evidence that the JET team were having an impact but there are constraints now whilst there is no impact on patient care the model has gone as far as it can. UCP had set up systems where analysis of admissions from neighbourhoods and practices was enabling a focus for case management. Whilst the data is available the analysts have now gone as part of the contract termination. Funding restrictions were reported i.e. the system was expecting £6million national vanguard funding which has now reduced to £1.5 Million.

2.3.3 Service User Figures

It was reported at the Health Committee meeting on 21st January "*The chief executive said that CPFT had about 15,000 service users at any one time across Cambridgeshire & Peterborough*". CPFT provided to the liaison meeting a further breakdown of service user figures as requested. For March 2016 15,317 service users were seen and the service breakdown is as follows:

- Adult Services – 7,399
- Children's Services – 2,021
- Integrated Care RiO – 4,022
- Specialist Services – 1,875

2.3.4 Update on Future Service Consultations

CPFT reported that there were no planned consultations and such consultations would probably be led by CCG as the commissioning organisation. Learning disabilities and funding for community support & community hospital beds was raised as an area of concern by CPFT. Councillors were offered the opportunity by Aidan Thomas to visit some of CPFT sites.

2.3.5 Update on Children & Adolescent Mental Health Services (CAMH)

As reported at the January 21st Health Committee meeting the CAMH services issues have been resolved with additional funding from the CCG. The waiting lists are now within the new guidelines of 18 weeks.

The ADHD pathway was the only pathway closed as not a life threatening condition and triage was put in place for families i.e. group of consultant medical staff reviewed case referrals and urgent cases were seen within 2 weeks. ADHD pathway is now open but this a different pathway with new arrangements including support from schools, third sectors and other health professionals e.g. Speech & Language therapists. Consequently this investment and new pathway should prevent a recurrence of the situation.

2.3.6 CPFT were asked about their three organisational priorities for this year.

- Capacity of adult mental health services given population growth.
- Continuation of Older Peoples and Adult Community Services integrated model.
- Internal cost-improvement programme.

2.4 Liaison meeting with Cambridge University Hospitals NHS Foundation Trust (CUHFT).

2.4.1 The liaison group members in attendance were Councillors Jenkins and district councillor Ellington. Apologies were received from Councillors Hudson and Orgee. A meeting was held on 20th April with Roland Sinker (CEO) and Kate Lancaster (Director of Corporate Affairs) from CUHFT.

2.4.2 Roland Sinker noted that the quality issues identified in the Care Quality Commission (CQC) inspection are largely addressed. Key issues still remain around clinical governance and cultural changes in leadership. The CQC are due to provide an update report on Friday 22nd April and a full inspection is scheduled for September 2016.

2.4.3 The trust has a £75 million deficit in 2015/16 and whilst exceeding its plan for delivery of Cost Improvement Programmes (CIPs) for 2015/16 the current years target is challenging £49 million where £11 million is still to be identified.

2.4.4 CUHFT are facing challenges with continuing pressure on the Emergency Department with increased attendances and the ongoing need for suitable alternative options in the community. Demand is high in A&E and the changes in the demand are not understood but it is becoming a national issue.

2.4.5 Delayed Transfer of Care (DTC) are still an issue but CUHFT are working in partnership having recently met with the Tracey Dowling (CEO) CCG and Adrian Loades (Executive Director Children, Families & Adult Social Care) CCC, to develop approaches and work on ensuring resilience is in the system for winter pressures 2016.

2.4.6 It was agreed that the Health Committee in order to hold the system into account would receive the CEO monthly report to the Board of Directors. Further indicators were discussed around number of A&E referrals, Length of stay (i.e. all elements of care) and DTOC.

2.4.7 E-hospital update

It was reported that EPIC was now in a stable position and the focus was now to get the quality benefits out of the system as first anticipated. A pilot programme on “My Chart” is being rolled out allowing a selection of patients access to their records. Data quality improvements are evident so it is feasible to start getting payment by results because the quality of information into the system allows accurate return and provides transparency on activity and budgeting. Issues identified by CQC i.e. back log of change requests are being addressed.

2.4.8 Major Project Updates

- Papworth – continuing to work closely with Papworth Hospital relating the relocation and how best this works for both hospitals.
- The Forum – The trust is working with partners and regulators with respect to this development

2.4.9 Junior Doctors' Strike

CUHFT informed councillors of the contingency plans in place to address any issues and pressures as a result of the forthcoming strike action at the end of April. A major incident room will be set up and the approach has been on a service by service basis to identify resources and calling on senior doctors. Potential closures are likely and it was agreed that any early information would be passed onto the committee. The key focus is a redeployment to A&E where necessary.

2.5 Liaison meeting with Hinchingsbrooke Health Care NHS Trust.

2.5.1 The liaison group members in attendance were Councillors Jenkins, Orgee and Wisson. Apologies were received from Councillors Ashcroft, David Brown, Peter Brown and district councillor Ellington. A meeting was held on 21st April with Alan Buns (Chairman), Cara Charles-Barks (COO and Deputy CEO) and Catherine Hubbard (Medical Director). Apologies were received from Lance McCarthy (CEO).

2.5.2 The Trust reported back on progress since the CQC inspection in September 2015. Issues still existed for Emergency Department with problems to recruit transition leadership in the department. New governance arrangements were in place but had not been implemented long enough at point of inspection. CQC will be returning for a further inspection of the Trust on 10-12th May 2016. Issues with staff recruitment specifically in the emergency department were discussed and the Trust reported that they now have 3/5 permanent consultant posts. Access to locums via CUHFT would support completing these gaps.

- 2.5.3 Collaboration with Peterborough & Stamford Foundation Trust & Hinchingbrooke Hospital was discussed in the context of a sustainable future for Hinchingbrooke. It was noted that difficulties the trust has to maintain specialities in a smaller hospital. The Hinchingbrooke Hospital Board will hold their board meeting in public on 23rd May at 11.00am to discuss the outline business case in regards to the collaborative working proposals. The next stage would be the development of a full business plan with a potential eight week public consultation starting in September 2016. The timescales are tight due to the developing work around the Sustainable & Transformation plan across the Cambridgeshire HealthCare System.
- 2.5.4 Recruitment and staffing issues were discussed and the Trust reported that in September 2015 they had more joiners than leavers to the organisation. The Trust reported a 10% vacancy rate and that a successful recruitment drive for nurses in the Philippians had recently taken place. There are plans to rebuild staff accommodation to help with recruitment.
- 2.5.5 The trust shared their plans to alleviate potential pressures from the expected Junior Doctors strike on 26/27th April 2016. Some elective work will stop to release anaesthetists for emergency operations.

3 LIAISON AND WORKING GROUP MEMBERSHIP ARRANGEMENTS

3.1 Membership of Liaison Groups

A schedule of meetings for 2016/17 has been set up and details are available in Appendix A.

It was also agreed that the Chairman/woman and Vice-Chairman/woman serve on all three liaison group, and all Members of the Committee be invited to attend liaison meetings. Core membership of the liaison meetings has been established for CCG, CPFT and CUHFT.

Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) & Health Watch Liaison group

Current core membership Councillors: Orgee, Jenkins and Sales with district council representation from Councillor Ellington

With Councillor Clapp as an additional member

Date of next meeting: 21st July 2016

Cambridgeshire & Peterborough Foundation Trust (CPfT) Liaison Group

Current core membership Councillors: Brown, Orgee, Jenkins, Sales, Scutt and van De Ven

With Councillor Topping as an additional member

Date of next meeting 14th June 2016

Cambridge University Hospital NHS Foundation Trust (CUHFT)

Current Core membership Councillors: Clapp, Ellington, Hudson, Jenkins, Orgee and Topping.

Date of next meeting 24th June 2016

Hinchingbrooke Healthcare NHS Trust Liaison Group

Current Core membership Councillors: Peter Brown, Orgee, Jenkins and Wisson

With Councillors Ashcroft, David Brown, Ellington and Topping as additional members.

Date of next meeting: 20th July 2016

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 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

4.3 Equality and Diversity Implications

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

4.4 Engagement and Consultation Implications

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

4.5 Localism and Local Member Involvement

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

4.6 Public Health Implications

The outcomes from the activities of the working groups are likely to impact on public health

Source Documents	Location
None	