

Quarterly Liaison Meetings Update Report

To: Health Committee

Meeting Date: 15th October

From: Head of Public Health Business Programmes

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: For Committee members in their health scrutiny role to be informed of developments in each of the NHS provider trusts that held a liaison meeting with members.

Recommendation: The Committee is asked to agree to the content of the report and consider if any items raised should be brought back to Health Committee for formal scrutiny.

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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 19th March 2020
- 1.2 This report updates the Committee on the liaison meetings with health providers. Due to the Covid-19 pandemic liaison meetings were cancelled for Quarter 4 (2019-2) and Quarter 1 (2020-21). This report covers Quarter 2 (2020-21) liaison meetings with:
- Cambridgeshire and Peterborough Foundation NHS Trust (CPFT)
 - North West Anglia Foundation NHS Trust (NWAFT)
 - Cambridgeshire University Hospital NHS Trust (CUH)
- 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 its 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 and Peterborough Foundation Trust (CPFT)

A virtual meeting was held on 6th July with Dr Chess Denham (Medical Director) and Debbie Smith (Director of Operations and System Partnerships).

The liaison group members in attendance were Councillors Harford, van de Ven and District Councillor Harvey. The meeting included informal discussions on a range of topics:

- CPFT staff and patient testing programme
- Impact of Covid-19 on services
- CPFT response to Covid-19

There was an acknowledgement of the expected mental health consequences of the epidemic on bereavement in families and the psychological consequences and the potential impact on demand on services. The meeting explored how services had changed and adapted to new ways of working as a response to the pandemic and there was a recognition that the learning from these changes must not be lost. A more detailed account of the trusts response and recovery plans was taken to the 17th September Health committee meeting.

2.2 Liaison Meeting with North West Anglia Foundation Trust (NWAFT)

A virtual meeting was held on 13th July with Caroline Walker (CEO), Dr. Kanchan Rege (Chief Medical Officer) and Suzanne Hamilton (Deputy Medical Director).

The liaison group members in attendance were Councillors Hay, Harford and Sanderson and District Councillor Tavener. The meeting included informal discussions on the following topics

- Discharge Protocol during Covid-19 pandemic
- Maintenance of Staff Health & Wellbeing during Covid-19 pandemic
- Patient appointments
- Impact on Community Clinics
- Recovery plans and post Covid-19 Health care
- Site development plans

Key points of discussion were made around:

Patient appointments – Phase 2 ended in July with urgent surgery being completed and a focus on reducing larger weighting lists. Phase 3 will take the trust through to March 2021 with the ambition to return to normal levels. Move to more appointments on phone and video and ensuring social distancing measures are applied in clinical areas. The Trust were using private hospitals to treat some cancer patients.

Lessons learnt – Trust representatives noted a range of areas of learning from how to get better outcomes for Covid patients to preparing hospital facilities for winter to staff health and wellbeing through the provision of counselling services.

Community Clinics – at the time of this meeting (July) outpatient appointments had been stopped and the three community sites were temporarily suspended to allow staff to be redeployed to the hospital settings. Reinstating clinics would be part of Phase 3. The move to non-face to face appointments was discussed and Councillors expressed concerns about vulnerable individuals that had limited ability to engage in online technologies which the Trust acknowledged need to get the correct balance.

Hinchingbrooke Hospital Site developments - an update was provided by the trust on site redevelopment plans following the national award given to the trust. Funding was specifically for redevelopment of the Accident and Emergency (A&E), ambulatory services and theatre upgrades. Improved access to the Hinchingbrooke Hospital site was discussed and district councillors offered to discuss further with Huntingdonshire District Council

2.3 Liaison Meeting with Cambridge University Hospital Foundation Trust (CUH)

A virtual meeting was held on 16th July with Ian Walker (Director of Corporate Affairs).

The liaison group members in attendance were Councillors Harford, Jones and van de Ven. The meeting included informal discussions on the following topics.

- Discharge Protocol during Covid-19 pandemic
- Staff and patient testing
- Staff morale and wellbeing
- Plans for a second wave
- Recovery plans for services
- Outpatient services

- Quality Account timescales

Key points of discussion were made around:

Testing – early stages capacity was limited but at time of this meeting (July) capacity was ramped up and all patients were receiving a 24-hour turn-around. Testing all elective admissions procedures and patients are asked to self-isolate for 14 days before coming into the hospital. Staff testing procedures in place and all symptomatic staff and members of the household have access to testing.

Staff morale & wellbeing – the Trust recognised that staff responded throughout the crises period magnificently and the hospital received a huge amount of community support channelled via the CUH Charitable Trust.

Outpatients – The Trust reported that digital technologies were utilised during the Covid response period and many appointments were made via phone or video conferencing. There has been positive feedback from patients and at the time of this meeting (July) some services were running 90% by remote but there was a recognition this may not be sustainable.

3. Significant Implications

3.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

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

3.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

3.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

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

3.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers

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

3.5 Engagement and Communications Implications

The following bullet point set outs details of significant implications identified by officers

- The working group and liaison meetings are intended to enhance engagement and communication between the Health Committee members and NHS Commissioners and provider trusts providing the opportunity for more effective scrutiny.

3.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers

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

3.7 Public Health Implications

The following bullet point sets out details of significant implications identified by officers

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

Background papers: None