

A **SPECIAL MEETING** of the **OVERVIEW AND SCRUTINY PANEL (COMMUNITIES AND ENVIRONMENT)** will be held in **CIVIC SUITE 0.1A AND 0.1B, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **WEDNESDAY, 12TH OCTOBER 2016** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact  
(01480)**

## **APOLOGIES**

### **1. MEMBERS' INTERESTS**

To receive from Members declarations as to disclosable pecuniary or other interests in relation to any Agenda item.

### **2. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG) (Pages 5 - 16)**

The Panel are to receive the following presentations from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):

**A Frisby  
01223 725317**

#### **(a) Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report**

A representative will be in attendance from the CCG to present the organisation's performance report.

#### **(b) Clinical Service Provision at Hinchingsbrooke Health Care Trust (HHCT)**

Dr Melanie Clements, Medical Director at HHCT will be in attendance to present the paper.

### **3. HINCHINGBROOKE AND PETERBOROUGH HOSPITALS MERGER (Pages 17 - 20)**

The Panel is to consider the Full Business Case for the merger of Hinchingsbrooke Health Care NHS Trust (HHCT) and Peterborough and Stamford Hospitals NHS Foundation Trust. Lance McCarthy, Chief Executive of HHCT will be in attendance to address Members followed by a public participation session.

Dated this 4th day of October 2016



Head of Paid Service

## **Notes**

### **1. Disclosable Pecuniary Interests**

- (1) *Members are required to declare any disclosable pecuniary interests and unless you have obtained dispensation, cannot discuss or vote on the matter at the meeting and must also leave the room whilst the matter is being debated or voted on.*
- (2) *A Member has a disclosable pecuniary interest if it -*
- (a) relates to you, or*
  - (b) is an interest of -*
    - (i) your spouse or civil partner; or*
    - (ii) a person with whom you are living as husband and wife; or*
    - (iii) a person with whom you are living as if you were civil partners*
- and you are aware that the other person has the interest.*
- (3) *Disclosable pecuniary interests includes -*
- (a) any employment or profession carried out for profit or gain;*
  - (b) any financial benefit received by the Member in respect of expenses incurred carrying out his or her duties as a Member (except from the Council);*
  - (c) any current contracts with the Council;*
  - (d) any beneficial interest in land/property within the Council's area;*
  - (e) any licence for a month or longer to occupy land in the Council's area;*
  - (f) any tenancy where the Council is landlord and the Member (or person in (2)(b) above) has a beneficial interest; or*
  - (g) a beneficial interest (above the specified level) in the shares of any body which has a place of business or land in the Council's area.*

### **Non-Statutory Disclosable Interests**

- (4) *If a Member has a non-statutory disclosable interest then you are required to declare that interest, but may remain to discuss and vote providing you do not breach the overall Nolan principles.*
- (5) *A Member has a non-statutory disclosable interest where -*
- (a) a decision in relation to the business being considered might reasonably be regarded as affecting the well-being or financial standing of you or a member of your family or a person with whom you have a close association to a greater extent than it would affect the majority of the council tax payers, rate payers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or*
  - (b) it relates to or is likely to affect a disclosable pecuniary interest, but in respect of a member of your family (other than specified in (2)(b) above) or a person with whom you have a close association, or*
  - (c) it relates to or is likely to affect any body –*
    - (i) exercising functions of a public nature; or*
    - (ii) directed to charitable purposes; or*
    - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a Member or in a position of control or management.*

*and that interest is not a disclosable pecuniary interest.*

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**Please contact Mr Adam Green, Democratic Services Officer (Scrutiny), Tel No. 01480 388008/e-mail [Adam.Green@huntingdonshire.gov.uk](mailto:Adam.Green@huntingdonshire.gov.uk) if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Committee/Panel.**

**Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.**

**Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.**

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**MEETING:** Huntingdon District Council – Overview and Scrutiny Panel

**AGENDA ITEM:**

**DATE:** 12 OCTOBER 2016, SPECIAL MEETING

**TITLE:** CCG PERFORMANCE REPORT

**FROM:** NAME: TRACY DOWLING, CHIEF OFFICER;  
JESSICA BAWDEN, DIRECTOR OF CORPORATE AFFAIRS  
ORGANISATION: CAMBRIDGESHIRE AND PETERBOROUGH  
CLINICAL COMMISSIONING GROUP

**FOR:** INFORMATION AND DISCUSSION

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## 1 ISSUE

This performance report sets out the current position of the Clinical Commissioning Group (CCG), as requested by the Panel. It specifically addresses the CCG's recent Assessment Rating from NHS England, also requested by the Panel, and steps taken in response.

## 2 KEY POINTS

### CCG Governance Update

As the Panel may now be aware, there have been several changes to the CCG's Governance Structure.

In January 2016, Dr Neil Modha announced that he intended to step down from the Accountable Officer role. This led to the CCG reviewing its Constitution to provide the flexibility to appoint either a Clinician or Manager as Accountable Officer. Following the recruitment process, the CCG now has a Manager as its Accountable Officer and a GP as its Clinical Chair. This means that Maureen Donnelly has also now stepped down from her role as Governing Body Lay Chair.

Tracy Dowling has been appointed as the Accountable Officer and will be known as 'Chief Officer'. Tracy has also been confirmed as the system lead for the Cambridgeshire and Peterborough System Transformation Programme (STP). Her appointment has also been ratified by NHS England. Tracy was previously the CCG's Chief Operating Officer.

Dr Gary Howsam has been appointed as the Chief Clinical Officer for the organisation and Chair of the Governing Body. Gary was previously the Chair of the Greater Peterborough LCG and has stepped down from this role to take up his new position.

In summary, the changes to the CCG's Governing Body are:

- Tracy Dowling has been appointed as Chief Officer (Accountable Officer)
- Dr Gary Howsam has been appointed as the GP Chair and Chief Clinical Officer
- Dr Neil Modha has stepped down from his role as Chief Clinical Officer
- Maureen Donnelly has stepped down as Lay Chair

### **CCG Assessment Rating**

2015/16 was a very difficult year for the CCG as we have dealt with a number of significant financial and contractual issues. The CCG has made many changes to the way it works over recent months and is working hard with staff and the Governing Body to deliver the quality improvements and financial rigour that we need, but there is still a lot more for us to do to address our underlying recurrent deficit.

We welcome the fact that NHS England has recognised the work we have done around our integrated NHS 111/GP out of hours service and some of the other areas that have improved patient care.

However, looking forward, the current and future financial challenges facing the Cambridgeshire and Peterborough health and care system are of an unprecedented scale, as we experience an exceptional rise in demand for health services.

With our partners across the Cambridgeshire and Peterborough health and care system we are developing our Sustainability and Transformation plan which has a focus on improving the clinical outcomes for our patients, but also addressing our system wide financial deficit over the next five years.

In order to address this deficit position the CCG is going to face a period whereby difficult decisions are going to be required. We will involve our member practices, partners and our population as part of this work.

A breakdown of ratings for all CCGs (including Cambridgeshire and Peterborough CCG) can be found at: [www.england.nhs.uk/commissioning/ccg-auth/](http://www.england.nhs.uk/commissioning/ccg-auth/). If you have any questions or wish to discuss the rating or our next steps further, please do contact us via [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net).

### **CCG Directions 2016**

Following on from the above, the CCG has been rated Inadequate under the CCG Assurance Framework following the annual review of 2015-16. NHS England has used its power of intervention under the NHS Act (as amended by the Health and Social Act 2012). The CCG met with NHS England on 22 September to review both the Financial Recovery Plan and CCG Improvement Plan which will set out how the CCG will address the concerns that led to the Inadequate rating.

An additional Governing Body meeting in public has been arranged by the CCG for 4 October, due to the number of decisions that will be required linked to the CCG Improvement Plan. Details will be published on the CCG website,

## **Financial Recovery, Improvement and Sustainability Support**

To support the CCG with its Financial Recovery, Improvement and Sustainability, a business case has been approved to secure external support, to work with the CCG to deliver the improvements required to move from the Inadequate CCG Assurance rating, and most specifically to secure delivery of the Financial Recovery Plan.

A contract is being finalised for McKinsey and Company to complete the work, as the CCG's preferred bidder with support from NHS England. The contract has clear terms for performance delivery.

## **CCG's Financial Position**

At Month 4, the CCG is reporting a year to date deficit of £6.5m. In line with NHS England guidance, the CCG is still formally forecasting to achieve its £3m deficit control total. However, in order to achieve this it needs to deliver QIPP of £39m plus a further recovery plan of £14.1m at Month 4.

The formal forecast position is currently under review with NHS England, and due to the current position, the CCG's External Auditors have written to the Secretary of State under S30 of the Local Audit and Accountability Act to report that the CCG would not meet its statutory duty to break even, having agreed a deficit budget control figure for 2016/17.

## **Performance**

The CCG continues to face a number of significant performance challenges including A&E, Diagnostic Waits and Ambulance Standards. Key actions are in place to address the issues with the emergency services, including the high 'delayed transfer of care' rates.

## **Quality**

The CCG remains very concerned regarding the impact on quality and patient experience in light of poor performance in A&E and Ambulance Standards. These issues are monitored closely by the Patient Quality and Safety Committee which reports to the CCG's Governing Body. However the CCG is pleased to note that Hinchingsbrooke Health Care Trust received a CQC rating of 'Good' in August 2016, and as such it was recommended that the Trust be taken out of Special Measures. The CCG has congratulated the Trust on this achievement which is due to the hard work of many staff within the hospital.

## **Sustainability and Transformation Plan**

The CCG's draft Sustainability and Transformation Plan (STP) was submitted to NHS England on 30 June 2016. The document is currently in draft and is for later publication, subject to final review and comments from NHS England. The summary document

regarding the CCG's draft, system-wide STP, and further information, is available to read at [www.fitfortuture.org.uk](http://www.fitfortuture.org.uk)

David Astley has also been appointed as the Independent Chair for the Cambridgeshire and Peterborough STP. David has had a long career as an NHS Chief Executive and was awarded an O.B.E. in 2006 for his services to the NHS.

The next version of the STP is due to be submitted to NHS England on 22 October 2016.

### **Local Digital Roadmap**

Digital transformation has been identified as an integral part of the delivery of future health services. To that end, each local community is required to describe how it will take forward this digital transformation. The document and process used to describe this is the Local Digital Roadmap (LDR) 2016-2020. The CCG's LDR has to be linked to and reflect the STP ambitions for digital transformation. It also has to describe how local community will progress with achieving the national aspirations for Paper Free at Point of Care (by 2020), and more immediately deliver the Universal Capabilities by 2018. The CCG's LDR document follows a prescribed structure and was submitted to NHS England on 30 June 2016. It is anticipated that, following feedback, it will be agreed locally and published in Autumn 2016.

### **Minor Injury and Outpatient Services in East Cambs and Fenland**

We are currently inviting local residents in East Cambridgeshire and Fenland to come and speak to us about Minor Injury and Outpatient services. As part of our Vanguard work, the CCG has reviewed all its urgent and emergency care facilities, including the Minor Injury Units (MIUs). The review highlighted that the three MIUs in the Cambridgeshire Fens (Doddington, Ely and Wisbech) do not currently meet draft national quality standards. We have assured stakeholders including the public, local MPs and Councillors that no decisions have been made about the future of these services and we are looking at a number of options for urgent and minor injury services in the area.

Until very recently, the CCG was also looking for a new provider to take on Outpatient Services and radiology in the area from April 2017. However the CCG is pleased to announce that Peterborough and Stamford Hospitals Foundation Trust (PSHFT) has agreed to work with us to provide outpatient clinics at the Princess of Wales Hospital in Ely and at Doddington Hospital in Fenland from September 2017. Until September 2017, Cambridgeshire Community Services (CCS) will continue to provide Outpatient services at the two hospitals.

Whilst there is still much work to do to agree the finer details, this is an excellent example of our local NHS working together as one system to deliver the important services our patients need.

In the meantime, a series of public engagement meetings were held during August and further meetings are taking place throughout September. Once the CCG has more detail on the emerging options with regards to the MIUs, we will engage more widely on the ideas being considered.

If any significant changes are considered necessary as a result of these discussions then there would be a public consultation before any decisions were made.

### **Older People's and Adult Community Services (OPACS)**

The National Audit Office published its report on the collapse of the UnitingCare Partnership contract on July 14, available on their website:

<https://www.nao.org.uk/report/investigation-into-the-collapse-of-the-unitingcare-partnership-contract-in-cambridgeshire-and-peterborough/>

The CCG welcomes the thorough work that the National Audit Office has undertaken in its review of the collapse of the UnitingCare contract. The CCG accepts the findings of the report in full and the suggestions it makes for the CCG and the wider health system. We will be reviewing the recommendations, and we welcome the opportunity for further learning by us and by the wider NHS.

In common with the CCG's review conducted by its internal auditors and the NHS England report, the NAO report notes the wide disparity between the CCG's contract expectations and UnitingCare's expectations of income. The CCG recognises that there were too many outstanding issues at contract signature and that there were also gaps in the procurement advice the CCG has received. There is much to learn, and where the CCG has been able to, changes have already been made.

We continue to support the model of care that is now being delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) locally and we are working closely with all our health and care partners to ensure that patients receive good outcomes from the care they receive within the resources available to the health and care system as a whole.

A Public Accounts Committee (PAC) hearing took place on 14 September 2016. The Committee had some important questions for the CCG and other representatives from the NHS locally and nationally. There is clearly a lot for the CCG to learn from the collapse of the UnitingCare contract and the organisation is already demonstrating significant changes through its new governance structure and forward planning with the support of NHS England.

NHS England published part two of their report into the UC contract collapse on 23 September 2016, which was undertaken externally by PricewaterhouseCoopers LLP. Part one was published by NHS England in April and both reports are available here: <https://www.england.nhs.uk/mids-east/our-work/uniting-care/>. The CCG welcomes this latest report and is working to address the issues raised.

The CCG is confident that the model of care in place of our Older People's and Community Services remains the best solution for patients.

### **Non Emergency Patient Transport Services (NEPTS)**

The new NEPTS service began on 1 September 2016, and is provided by East of England Ambulance NHS Foundation Trust (EEAST). A new fleet of vehicles is being used and patients now benefit from being able to book their own transport using EEAST's central call centre.

There were a number of issues during the first days of service commencement, related to the change in booking processes. However the CCG and EEAST are working together to manage this and any further issues which might arise.

### **Hinchingbrooke Health Care Trust (HHCT) and Peterborough and Stamford Hospitals Foundation Trust (PSHFT) merger**

As the Panel is aware, and to be discussed in further detail during this meeting, the HHCT and PSHFT Boards are now recommending a full merger. This is planned to take effect from 1 April, 2017.

The Trusts have now jointly published the Full Business Case, which sets out in more details the proposal for a merger. The documents can be downloaded from the following webpage <https://www.peterboroughandstamford.nhs.uk/about-us/trust-news/hospital-trusts-publish-full-business-case-for-proposed-merger/> and the Case will be discussed separately by the two hospital trust boards in public in meetings in late September.

Both Trusts are fully committed to engaging with staff and members of the public, which will continue in the coming weeks and months.

### **3 RECOMMENDATION**

The Panel is asked to note and comment upon the contents of this update.

**MEETING:** Hunts Scrutiny  
Hunts Health and Wellbeing Group

**DATE:** 12<sup>th</sup> October 2016 and 19<sup>th</sup> October 2016

**TITLE:** BRIEFING NOTE – Clinical Service Provision at  
Hinchingsbrooke Health Care Trust

**FROM:** Cara Charles-Barks, Deputy CEO  
Hinchingsbrooke Health Care Trust

**FOR:** INFORMATION AND DISCUSSION

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## Introduction

Hinchingsbrooke Health Care Trust (HHCT) has a strong history of commitment to safe and accessible services for the population of Huntingdonshire. We provide good quality services, with low mortality rates, low infection rates and good patient experiences. We have also just been rated as 'good' by the CQC, with a 'good' rating in all 5 domains and in 6 of the 7 specialty lines, a fantastic achievement by all staff members given that we were rated as 'inadequate' just 19 months prior to the most recent CQC inspection. We also have significant and passionate community support from the local population.

As a Board our primary focus, which we are passionate about and committed to, is providing high quality care to our patients, with core acute services being available on the Hinchingsbrooke site. However, HHCT is one of the smallest stand-alone acute Trusts in the country, and we face a number of sustainability issues as a result of its size.

This paper will cover the issues associated with clinical sustainability and provide detail regarding the ongoing commitment to delivery of core acute services for the people of Huntingdonshire in the wider context of the Sustainability and Transformation Programme (STP) and the proposed merger with Peterborough and Stamford Hospitals NHS Foundation Trust.

## Clinical Sustainability

There is evidence that better outcomes are achieved through increased specialisation from clinical staff, focussing on performing fewer activities more frequently. Based on this there is a minimum threshold in the number of patients seen, or a minimum number of specific procedures performed regularly, which the size of the HHCT catchment area precludes in some specialties.

In addition, to develop the relevant skills and ensure the maximum safety of services, clinicians need to increasingly be part of larger teams in addition to working compliant rotas (senior and junior doctors). This is further exacerbated by the requirement to ensure increased provision of services across the whole week (7 days), ensuring consistency of service delivery throughout this period.

We also expect that future National Institute for Clinical Excellence (NICE) guidance will continue to require increased specialisation noting the resulting clinical outcome benefits that this is expected to achieve.

Despite the passion, commitment and hard work of our staff, there are some services that we are currently struggling to provide sustainably for the population of Huntingdonshire. These include clinical haematology (diagnosis and treatment of blood disorders), A&E / Emergency Department (ED), respiratory medicine, cardiology, stroke and imaging, primarily due to difficulties in recruiting to senior medical and nursing roles for these services.

HHCT is too small for the continued future provision of high quality sustainable modern healthcare, as currently provided, to the local population of Huntingdonshire. Alternative solutions are required for us to be able to continue to provide a number of services locally on the Hinchingbrooke site.

Given this we have been progressing a potential merger with Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) through which we aim to improve the sustainability of our clinical services.

### Future vision for Clinical Service Delivery

In progressing the merger with PSHFT a clinical vision for the combined trust has been developed by the clinical advisory group and the Boards of both trusts. It sets out an overarching five year vision to:

**“Deliver excellent health care in the most efficient way from our hospitals which is great for patients and great for staff.”**

We will safeguard high quality services within our hospitals through developing durable and meaningful relationships with community partners to reduce pressure on the healthcare system.

We will deliver this vision through:

- Consistently delivering high quality services regardless of location or time
- Ensuring equality and ease of access for all of our services with minimal duplication and delay
- Being an organisation that is always learning and teaching
- Having a diverse workforce that is confident, competent, happy and able to meet the needs of our patients
- Delivering care in the right setting for patients and changing the way we provide care through innovations such as the Health Campus in Huntingdon thereby better integrating all elements of health and social care and better integrating all elements of health and social care
- Increasing our research and innovation footprint to enable us constantly to improve our services
- Continuing to compare and benchmark our quality and safety against others to learn how we can improve our services
- Building a shared culture and value base that is founded on doing and being the best we can be for our patients, staff and community

We have been clear in our communication with the public and staff throughout our engagement period there are no plans to reduce any services at any hospital site as a result of this merger. This is not an assurance that things will never change. It is possible that at

some point in the future our commissioners may decide they want to see services delivered differently. However, any significant changes to the provision of clinical services would require commissioners to undertake a full consultation with the public.

The summary of the draft Sustainability and Transformation Plan (STP) published by the Cambridgeshire and Peterborough health and care system in July 2016, gave assurances that 24/7 A&E, obstetric-led maternity and paediatric services will remain at Hinchingsbrooke.

Both trusts are passionate about providing services which are better, safer and local. They are committed to providing high quality care that is easily accessible to the local population. There may be future changes, particularly as a result of the STP, and other national recommendations to improve pathways of care.

We are also committed to the ongoing continuation of our partnerships and networks with specialist and tertiary (specialist) services to ensure that our patients have access to world class services, such as those available at Cambridge University Hospitals and Papworth Hospital. We see these relationships as crucial in ensuring delivery of best practice, promoting innovation and continuing to improve patient outcomes. They will also assist in the recruitment and retention of high calibre staff.

The following table provides in detail the service delivery at HHCT. There are no planned reductions in services associated with either the merger with PSHFT

Service	HHCT	PSHFT	Service	HHCT	PSHFT
Accident & Emergency	✓	✓	Obstetrics	✓	✓
Acute Medicine	✓	✓	Oncology	✓**	✓
Ambulatory Care	✓	✓	Ophthalmology	✓	✓
Audiology	✓	✓	Oral and maxillofacial		✓
Breast Surgery	✓	✓	Pain		✓
Cardiology	✓	✓	Paediatrics	✓***	✓
Clinical haematology	✓	✓	Palliative care	✓	✓
Dermatology		✓	Pathology	✓	✓
Diabetes and Endocrinology	✓	✓	Plastics and dermatology	✓	✓
Diagnostic imaging	✓	✓	Radiotherapy		✓
Ear, Nose and Throat	✓	✓	Renal	✓**	✓
Endoscopy	✓	✓	Respiratory	✓	✓
Gastroenterology	✓	✓	Rheumatology	✓	✓
General Medicine	✓	✓	Stroke	✓****	✓
General Surgery	✓	✓	Therapy services	✓	✓
Geriatric Medicine	✓	✓	Thoracic Medicine		✓
Gynaecology	✓	✓	Trauma and Orthopaedics	✓	✓

Lower GI	✓	✓	Upper GI	✓	✓
Lymphoedema		✓	Urology	✓	✓
MacMillan centre	✓	✓	Vascular	✓*	✓*
Neonatal	✓***	✓			

\*Networked service provided by CUHFT

\*\*Outpatient service only

\*\*\*Provided on the HHCT site by Cambridgeshire Community Services

\*\*\*\*Stroke provide acute but not hyper acute service

### Maintaining current services at HHCT site

The Cambridgeshire and Peterborough health and care statutory partners have been working together closely to consider how to deliver improvements in the services provided to the public and patients whilst reducing, and then eliminating, the collective health deficit which was over £150m at the 2015/16 financial year. This approach is happening across the country which resulted in 44 Sustainability and Transformation Plans (STP).

This process has been overseen by a Health and Care Executive (HCE), made up of local health organisations chief executives, local authority directors and senior clinical leaders. There has been a wider ranging review of clinical services. Each clinical service review has been led by a clinician, working with colleagues across Cambridgeshire and Peterborough. Their work has been overseen and reviewed by a Clinical Advisory Group. The clinical group then reports to the HCE for ratification.

In relation to acute services: three key and linked services have been reviewed by the clinically-led groups as set out above. These are:

- 24/7 urgent care services
- Consultant-led obstetric services
- Consultant-led paediatric services

After careful consideration of national guidance, and the local need and population changes, **it was agreed that all three services should remain at all three sites**; Cambridge University Hospitals, **Hinchingbrooke Hospital** and Peterborough City Hospital. Ultimately any decision to change services rests with the clinical commissioner, locally the Cambridgeshire and Peterborough Clinical Commissioning Group and would follow formal public consultation.

Hinchingbrooke Health Care Trust and Peterborough and Stamford Hospitals NHS Foundation Trust boards, through their Chief Executive Officers and lead directors, have been involved in the Sustainability and Transformation Plan process; and both organisations have supported the STP and continue to do so. Therefore both boards reiterate their joint commitment to ensuring the ongoing provision of safe, sustainable core acute services at both Hinchingbrooke and Peterborough City hospitals.

### Sustainability and Transformation Plan Finances

Cambridgeshire and Peterborough is one of the most challenged health systems in England.

We have a total budget of more than £1.7billion for NHS services, but we spend about £150million each year more than that. By 2021, this overspend is set to grow to about £250million if nothing changes.

We have explored all opportunities for savings across the system. We believe we can make the savings set out in the Sustainability and Transformation Plan - but also recognise the scale of change required is significant and delivery will be challenging.

The merger with PSHFT will save at least £9m recurrently, with transition costs of circa £13m (non-recurrent). The merger will:

- Bring a positive contribution delivered from Year 3 and opportunities for further future savings
- Reduce the recurrent deficit support
- Be part of journey to financial sustainability.

### Clinical Case Study

The following example pertaining to emergency services demonstrates the opportunities arising from the merger with Peterborough to improve service delivery of a number of clinical specialities and strengthen the services delivered locally for the people of Huntingdonshire.

#### Current patient experience

##### At Hinchingsbrooke Hospital

The Emergency Department at Hinchingsbrooke is one of the smallest in England. It sees an average of 132 patients per day, of which 29 patients require admission. During the first quarter of 2016, the department saw 11% more patients than last year. The increase in A&E attendances is now a national trend.

Due to its size, some specialist services are not provided (such as trauma, heart problems and stroke). Patients presenting with these types of illnesses are treated at Papworth Hospital, Peterborough City Hospital or Addenbrooke's Hospital.

Hinchingsbrooke is struggling to retain emergency consultants due to its size, as well as the national shortage of emergency consultants and nurses. It currently has two full time consultants and one part time consultant out of the six it requires. These consultants are supported by locum doctors. These challenges are expected to continue which requires HHCT to explore options regarding strengthening service delivery, such as a merger with Peterborough and Stamford Hospitals.

##### At Peterborough City Hospital

Peterborough City Hospital has made good progress in recruiting consultants, with 11 out of 12 permanent posts in place. However several vacancies are still covered by locums, and there is an over-reliance on agency nursing.

#### Patient experience under a merged trust

**Both Hinchingsbrooke and Peterborough City hospitals will continue to provide urgent care services to their local populations, 24 hours a day.** The minor injuries unit at Stamford Hospital will continue to operate five days a week between 9.00am and 5.00pm.

Patients who require treatment for severe trauma or complex illnesses will be referred to specialist centres, such as Addenbrooke's Hospital.

Hinchingbrooke patients will experience the greatest benefit from a merged emergency department. They will see an enhanced quality of service as they are treated by a larger number of experienced consultants, nurse practitioners and junior doctors, who will rotate shifts between the two hospitals. This will provide a safer service and ensure staffing levels meet patient demand.

One exciting development for Hinchingbrooke patients will be the ongoing growth of support for frail and elderly patients and emergency and advanced nurse practitioner roles. These nurse practitioners have already proved to be very popular with patients and free up senior medical staff so they can spend more time with patients who have the most serious conditions.

**Additional benefits:** The merger provides greater opportunity to improve the recruitment, development and retention of skilled doctors, nurses and other health care professionals. This will mean patients at Hinchingbrooke Hospital will have better access to permanent staff, which brings with it greater continuity and quality of care from a settled team.

By rotating emergency staff between the two hospitals, consultants will fulfil training and teaching sessions to ensure staff can develop their skills. There will be attractive prospects for all grades of emergency staff.

## Conclusion

This paper has provided an overview of the planned future delivery of services at Hinchingbrooke Health Care Trust (HHCT).

This has been presented in the context of the ongoing commitment for core services such as A&E and obstetric-led maternity services as stipulated in the STP plans, as well as in the context of the proposed merger with Peterborough and Stamford Hospitals.

The Trust Board at HHCT has been clear in its communication with the public and staff that there are no plans to reduce any services at any hospital site as a result of the merger or a reduction in core services such as A&E and maternity as part of the STP. This is not an assurance that things will never change. It is possible that at some point in the future our commissioners may decide they want to see services delivered differently. However, any significant changes to the provision of clinical services would require commissioners to undertake a full consultation with the public.

**Author: Cara Charles-Barks – Deputy CEO  
Hinchingbrooke Health Care NHS Trust  
23 September 2016**

**Public  
Key Decision - No**

## HUNTINGDONSHIRE DISTRICT COUNCIL

<b>Title/Subject Matter:</b>	Full Business Case for the Merger of the Trusts Running Hinchingsbrooke and Peterborough and Stamford Hospitals
<b>Meeting/Date:</b>	Special Meeting of the Overview and Scrutiny Panel (Communities and Environment) – 12th October 2016 Cabinet – 20th October 2016
<b>Executive Portfolio:</b>	Councillor J M Palmer (Executive Councillor for Leisure and Health)
<b>Report by:</b>	Democratic Services Officer (Scrutiny)
<b>Wards affected:</b>	All

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### **Executive Summary:**

This report summarises the Full Business Case for the merger of the Trusts running Hinchingsbrooke and Peterborough and Stamford Hospitals. The Full Business Case for merger implementation on 1st April 2017 was approved by both Trust Boards in September 2016, subject to the output of further staff and public engagement and an independent review. This followed a series of public engagement events organised by the Trusts and hosted throughout the hospitals' catchment areas.

### **Recommendations:**

The Overview and Scrutiny Panel is invited to scrutinise and comment on the Full Business Case.

The Cabinet is asked consider the comments from the Overview and Scrutiny Panel and their draft response and confirm if this response to the proposals is appropriate.

## **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this paper is to provide Members with a summary of the Full Business Case for the merger (acquisition) of Hinchingsbrooke Health Care NHS Trust with (by) Peterborough and Stamford Hospitals Foundation Trust and provide a link to the documents provided by the Trusts.

## **2. BACKGROUND**

- 2.1 Mr McCarthy, Chief Executive Officer of HHCT, attended a Special Meeting of Overview and Scrutiny Panel (Communities and Environment) on 28th June 2016 to explain to Members the proposals contained within the Outline Business Case. The Outline Business Case emphasised the need for HHCT and PSHFT to develop a Full Business Case outlining the clinical and financial benefits of merging.
- 2.2 As a result of Mr McCarthy's presentation, the Panel submitted a response to the Chairman of the HHCT outlining the concerns of Members.
- 2.3 Both Trust Boards, at meetings in September 2016, approved the Full Business Case and are now committed to a series of public engagement events across the hospitals' catchment areas.

## **3. FULL BUSINESS CASE SUMMARY**

- 3.1 Hinchingsbrooke Health Care Trust's sustainability concerns have been considered by its Board in conjunction with representatives of Peterborough and Stamford Hospitals Foundation Trust. HHCT concluded that merger with (acquisition by) PSHFT would provide the quality and scope of services locally for the residents of Huntingdonshire on the Hinchingsbrooke site.
- 3.2 HHCT believes that the Full Business Case determined that merger (acquisition) will not only support the ongoing provision of services locally at Hinchingsbrooke but will improve the care that both organisations provide and will also enable significant financial benefits to be achieved through the integration of back office functions.
- 3.3 Other options considered but discounted were:

Option 1	Do Nothing
Option 2	Share back office functions only
Option 3	Two Boards but share one executive team, one operational organisation plus back office functions.

- 3.4 The Trusts recognised that the merger of clinical services within one organisation should help address issues of present or future sustainability. The further work undertaken by the Trusts suggests that this will materially improve issues of clinical sustainability.
- 3.5 Some issues raised through staff and public engagement in developing the Full Business Case are:
1. Loss of a local Board at Hinchingsbrooke;
  2. Concern about the potential movement of services and patients between sites;

3. The financial position of a new organisation and any impact from the PSHFT PFI on the future viability of services at any of the sites as a result;
  4. Concerns from the workforce about jobs and process, and;
  5. Engagement with the public.
- 3.6 The Trusts are committed to a series of public engagement events throughout October 2016 with issues raised, which are not already adequately answered by the Full Business Case, being included in the final version in November for ratification by both Boards.

#### **4. COMMENTS OF OVERVIEW & SCRUTINY**

- 4.1 The comments of Overview and Scrutiny Panel will be included in this section prior to its consideration by the Cabinet.

#### **5. LINK TO THE CORPORATE PLAN**

- 5.1 The Council has a Strategic Priority of “Enabling Communities” and is committed to supporting people to improve their health and well-being. The Council has a role in scrutinising proposed changes to local health care.

#### **6. REASONS FOR THE RECOMMENDED DECISIONS**

- 6.1 Since the emergence of the Outline Business Plan which stated the intention of the Trusts to merge into one organisation, the Overview and Scrutiny Panel (Communities and Environment) has taken an interest on behalf of the District’s residents to ensure that clinical services continue to be provided on the Hinchingsbrooke site.
- 6.2 With the approval of the Full Business Case by both Trust Boards it is important that the Council continues to consider the impact a merger would have upon the residents of Huntingdonshire.

#### **7. HHCT-PSHFT MERGER PAPERS**

[Hinchingsbrooke Health Care NHS Trust Chief Executive Officer’s Cover Paper](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-HHCT-CEOs-cover-paper.pdf)  
(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-HHCT-CEOs-cover-paper.pdf>)

[Peterborough and Stamford Hospitals Foundation Trust Chief Executive Officer’s Cover Paper](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-PSHFT-CEOs-cover-paper.pdf)  
(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-PSHFT-CEOs-cover-paper.pdf>)

[Full Business Case](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-final-for-approval_20160922.pdf)  
([http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-final-for-approval\\_20160922.pdf](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/FBC-final-for-approval_20160922.pdf))

[Full Business Case Appendices](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/Appendices-v1.4-updated.pdf)  
(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/Appendices-v1.4-updated.pdf>)

[Personal Administration Consulting Report](http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/1-PSHFT-HHCT-FBC-PA-report-1.0-FINAL-.pdf)  
(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/1-PSHFT-HHCT-FBC-PA-report-1.0-FINAL-.pdf>)

[KPMG Baselines Report](#)

(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/2-KPMG-LTFM-Baselines-Report.pdf>)

[KPMG Long Term Financial Models Report](#)

(<http://www.hinchingbrooke.nhs.uk/wp-content/uploads/2016/09/3-KPMG-Transaction-LTFM-Report.pdf>)

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