
Overview and Scrutiny Panel (Social Well-Being)

**Report of the meetings held on 7th January and
4th February 2014**

Matters for Information

31. REDESIGN OF MENTAL HEALTH SERVICES

Representatives of the Cambridgeshire and Peterborough Clinical Commissioning Group and of the Cambridgeshire NHS Foundation Trust have attended the Panel's January meeting to deliver an update on local mental health services following the redesign of the services across Cambridgeshire and Peterborough. The Panel has been acquainted with the objectives of the public consultation which took place in 2011/12 and with details of the adopted new service model. Information has been received on the Advice and Referral Centre which was launched locally in May 2013 together with data on the number of patients in Huntingdonshire accessing mental health services.

The Panel has received responses to questions, which had been submitted to the representatives present in advance of the meeting. With regard to the number of Huntingdonshire patients who are accessing acute services in Peterborough or Fulbourn in comparison to two years ago when Acer Ward was operational, it has been stated that demand for acute services has remained the same, though there has been a notable increase in the number of times the Huntingdonshire Crisis Team is being contacted.

On the question of the support and care services that are available to mental health patients who have been discharged into the community the Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust has explained that overall there has been a decrease in the number of Hospital admissions and that attempts are made to utilise primary care mental health services wherever possible.

In response to a question on the Hospital's transportation arrangements and the accessibility of acute wards, it has been established that £15,000 has been invested into the Cambridgeshire Community Car Scheme. No negative comments have been received from service users to date and the Trust has not received any complaints in this respect. In addition, regular contact with the service user group is maintained. The Panel will receive user group contact details to inform its scrutiny work.

Other matters that have been discussed include the extent to which the Clinical Commissioning Group commission services from the voluntary sector and the functions performed by the Advice and Referral Centre, which include the transfer of patients to and from acute and community services. Members have been acquainted with the challenges faced by the service to meet growing levels of demand whilst being mindful of increasing budgetary pressures, the number of Huntingdonshire patients currently admitted to acute facilities, the types of referrals made by GPs to the Advice and Referral Centre and performance statistics for the Centre in its first few months of operation within Huntingdonshire.

The representatives present will return to provide a further update to Members at a future meeting. Representatives of the service user group will be invited to address the Panel to enable Members to gain an understanding of local residents' experience of mental health services. This invitation will also be extended to Hunts Mind and various other relevant voluntary groups within the District.

32. PROCUREMENT OF OLDER PEOPLE'S PROGRAMME

The Panel has been acquainted with progress of the procurement exercise currently being undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) in respect of the Older Peoples Programme. An open competitive tendering process for a range of acute hospital unplanned care, community services, primary care, voluntary sector grants, older people's mental health services and end of life care had been launched in July 2013. Ten providers had been invited to submit outline solutions in August 2013 with five now taking part in the latest stage of the procurement process. Bids have been invited for the CCG area as a whole and by region.

A process of evaluation is currently taking place to review the outline submissions received with a view to short listing the bidders down to three providers. These will be invited to submit final solutions, which will be assessed to determine who will be awarded the contract. It is hoped that an announcement will be made in April/May 2014. A twelve week public consultation will then be launched, with the mobilisation phase commencing in late summer/early autumn. The contract will last for five years, with an option to extend it to seven years. Representatives of the CCG have acknowledged that the timescales are tight, particularly given that staff will have to transfer across to the new provider.

On the question of whether any elected Members will be involved in the procurement process, it is clear that such provision has not been made but local authority Officers from both the County and District Councils are assisting with the evaluation phase of the procurement process. Nevertheless, the view has been expressed that Members act as advocates for the public and their involvement would instil in them trust and confidence in the process. Given that bids could be submitted for various combinations of areas, it has been suggested

that there should be some local Member involvement, especially if the process results in arrangements for the Huntingdonshire area that are different from the others.

With regard to the quality of the services to be provided, it has been confirmed that the outcomes framework contains a number of quality indicators, which have been based on NHS quality standards. The Prospectus for the procurement will shortly be released for publication, with quality appearing as key criteria in determining who will be awarded the contract. The outcomes framework has been tested by a number of interested stakeholders, including patient user groups. However, the Panel has drawn attention to the fact that these groups are absent from the evaluation phase of the procurement process. In Members' view, these individuals would be able to contribute to the evaluation of service delivery.

The Panel has endorsed the concerns of the Cambridgeshire Adults, Well-Being and Health Overview and Scrutiny Committee over the timetable for the mobilisation of the contract. It is likely that the current timescales will change.

Other matters that have been discussed include the need to ensure that the successful bidder will meet local needs, the opportunity that exists to transform primary care services, the added social value that the procurement will bring to the community and the voluntary sector's role in the tendering process.

Given the Panel concerns over the tight timescales proposed and the absence of any elected Member representation, advice has been sought on the best way of providing feedback to Members on the procurement process.

33. RECONNECTIONS POLICY FOR HOMELESS PEOPLE WITH NO LOCAL CONNECTION

The Panel has considered the content of a Reconnections Policy which is intended to assist with the prevention of homelessness by reconnecting homeless people to the area with which they have a local connection. Cambridge City Council has its own policy in place and all Districts within the Cambridge sub-regional cluster are now adopting similar policies with a view to preventing rough sleeping within their areas. The policy formalises the practices already employed by the Council through its homeless prevention work. A recent audit of rough sleepers across the Cambridge sub-region has identified that Huntingdonshire has anywhere between 0-3 rough sleepers within the District at any one time.

The Panel has queried whether individuals might be reconnected against their interests. In response, Members have been advised that mechanisms are in place to protect certain categories of individuals, for example those who have been subjected to domestic violence, but that the justification for being treated this way is verified with the appropriate authorities.

34. DISCHARGING A HOMELESSNESS DUTY THROUGH THE PRIVATE RENTED SECTOR

Having received assurance that Regulations contain criteria that require accommodation to be suitable, safe and reasonable, the Panel has endorsed a policy which allows the Council to fulfil its “duty” to households accepted as homeless by making them an offer of suitable private rented sector accommodation. The power to do this has been introduced through the Localism Act 2011. It is unlikely that they will be used on a regular basis.

35. FACING THE FUTURE

The Panel has been acquainted with progress of the Facing the Future process. The Overview and Scrutiny Chairmen and Vice-Chairmen met on 18th December 2013 to review the complete list of potential savings and the priorities that they have been accorded. Further meetings were held on 9th and 16th January 2014, with the Council’s Chief Officer Management Team being present at the latter meeting. The priority listings have been considered by the Overview and Scrutiny Panel (Environmental Well-Being) and all Members were encouraged to attend. The final priority listings have been submitted to the Cabinet.

36. CLINICAL COMMISSIONING GROUP: FINANCE AND PERFORMANCE COMMITTEE REPORT

Representatives of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) have reported to the Panel on the financial and operational performance of Hinchingsbrooke Hospital. They have drawn the Panel’s attention to the Hospital’s outturn position, which is reported as being £2.9m over the contract value agreed back in April 2013. The CCG is working closely with the Trust to improve this position but financial penalties have been imposed upon the Trust in areas where local and national standards have not been met, for example, Ambulance turnaround times and closer working practices with GPs. With regard to the performance levels achieved, some areas of the Hospital are experiencing increased levels of activity and a more robust plan will be put in place for the ensuing year.

The Accident and Emergency Department has been ranked as one of the top ten performing facilities across the Country and the best within the CCG area. Additional funding has been obtained from central Government to assist acute providers with additional pressures on the Accident and Emergency Department arising from poor weather conditions during the winter. This has enabled patients to be cared for in their own homes or within the community. The Hospital is meeting required standards for infection control with no outbreaks of MRSA or C Difficile having been reported within the last six months. In addition, the relevant standards are being met for treatment referrals. The “Choose and Book” system is an area of concern but it is minor in comparison to other performance indicators. In terms of nursing quality standards, there are issues around the provision of medical

staff, the completion of mandatory training as part of the appraisal system and local infection control issues. These are being addressed by the Trust.

The Panel has been acquainted with the challenges to be faced by the Hospital in the next financial year and the opportunities that exist. The CCG is forecasting a deficit for the year end but are ensuring that adequate planning and controls are in place to achieve a surplus outturn position by the end of 2014/15. It is the Hospital's vision to specialise in District General core services in areas such as urology and dermatology services. Consideration is also being given to developing further the reablement ward, which provides key services for frail and elderly patients.

Clarification has been received on a number of matters including the implications of the review of clinical thresholds and third sector commitments, the appointment of an external "turnaround team", the means by which diagnostic waiting times are verified and the circumstances which have resulted in the cancellation of operations. The Panel has commented on the need for local residents to take greater responsibility for their own health and discussed initiatives employed by Circle Healthcare to empower employees and boost staff morale. Matters concerning staff morale and the management of complaints will be addressed by the Hinchingbrooke Hospital Working Group.

There is a need for closer working practices to be employed between GPs and consultants in their general care for patients and in terms of validation. This is regarded as being key to improving quality and the CCG acknowledges that this could be addressed through the commissioning process when awarding contracts to GPs.

Representatives of the CCG will return to the Panel in six months' time to deliver a further performance report.

37. CORPORATE PLAN

The Panel has reviewed the District Council's Corporate Plan 2014-16, which had previously been the subject of consultation with the Corporate Plan Working Group. The Plan might be refined in light of comments by the Overview and Scrutiny Panels before it is submitted to the Council. It is intended that it will come into effect from 1st April 2014 and will be complemented by a range of performance measures. Members have suggested that the Corporate Plan Working Group should be involved in devising the performance monitoring arrangements for the Plan and that the Working Group should have a role to play in monitoring the Council's performance. In the circumstances, the Panel has suggested that the Plan should include reference to monitoring.

Comment has been made on the need to ensure that decisions about the future delivery of Council services are informed by the Corporate Plan.

38. CAMBRIDGESHIRE ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Panel has been advised of matters currently being considered by the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee. These include the Adult Social Care, Older People and Mental Health Services Business Plans. The Commissioning of Older People's Services, Sheltered Housing at Langley Court and Langley Close, St Ives, East of England Ambulance Service Performance and Plans, Disabled Facilities Grants Top Up Policy and Learning Disability Out of County Placement Report are also part of the Committee's work programme.

Other Matters of Interest

39. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) – PROGRESS

The Panel has reviewed its work programme at each of its meetings. Brief updates have been received on the Voluntary Sector, Consultation Processes, Social Value and Joint Hinchingsbrooke Hospital Working Groups. The Elderly Patient Care and Consultation Processes Working Groups are to meet on 24th February and 17th March 2014 respectively.

40. WORK PLAN STUDIES

The Panel has received details of studies being undertaken by the other Overview and Scrutiny Panels.

41. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel has been acquainted with the Notice of Key Executive Decisions at each of its meetings.

42. SCRUTINY

The Panel has considered the latest editions of the Decision Digest and discussed matters contained therein.

S J Criswell
Chairman