

## HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 3 March 2015.

PRESENT: Councillor S J Criswell – Chairman.

Councillors K M Baker, R C Carter, I J Curtis, M Francis, A J Hardy, Mrs P A Jordan, P Kadewere, S M Van De Kerkhove, Mrs R E Mathews and Mrs D C Reynolds.

APOLOGY: An apology for absence from the meeting was submitted on behalf of Councillor R Fuller.

### 92. MINUTES

The Minutes of the meeting of the Panel held on 3rd February 2015 were approved as a correct record and signed by the Chairman.

### 93. MEMBERS' INTERESTS

Councillor Mrs P A Jordan declared a non-disclosable pecuniary interest in relation to Minute No. 14/96 as an employee of the Cambridgeshire Community Service based at Hinchingsbrooke Hospital.

Councillor Mrs D Reynolds declared a non-disclosable pecuniary interest in relation to Minute No. 14/95 and 14/96 as an employee of a GP's surgery.

### 94. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received and noted the current Notice of Key Executive Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader for the period 1st March to 31st July 2015.

### 95. MENTAL HEALTH UPDATE

The Chairman welcomed Mr J Ellis, Clinical Commissioning Group (CCG) Commissioning and Contract Lead, Dr E Tiffin, CCG Clinical Lead and Dr D Irwin, GP Mental Health Lead to the Panel. The Panel were given an update on Mental Health Services in Huntingdonshire. The following points were highlighted:

- ◆ The service model had been redesigned after consultation with GPs, service users and the public. The Cambridgeshire service was split into different areas, North, Central and South. There was a central point of access via the Advice and Referral Centre (ARC). Importantly GPs knew which service to access depending on the circumstances.
- ◆ The majority of referrals came from GPs, with the police as the second highest source of referrals.

- ◆ Priorities included a better referral system which involved referring patients in a short space of time.
- ◆ In 2015/16 National Planning Guidance identified specific priorities for mental health such as carer support and parity of esteem
- ◆ The CCG would also work on supporting patients once they had been discharged.

The Chairman asked what the waiting times were for referrals? In response the Panel was informed that for the Improving Access to Psychological Therapies (IAPT) service there was no waiting time, for Step Three referrals the waiting time was variable and could be between four weeks and twelve weeks. For Children's Mental Health there were long waiting times, however this was a national problem due to an upsurge in take up. The problem was being worked on.

A Member asked if the problems occurred after the initial stage as the CCG had stated that they were looking for referrals. In response it was clarified that that the space was with the IAPT service and other areas were different. The target for referrals to IAPT was a national target for which funding had been made available.

A question was raised by a Member regarding the number of patients from Huntingdon being sent to Peterborough and how they had been coping. The Panel was informed that in nine months 128 patients have been sent to Peterborough and the average stay was around seven days. The total number of patients that had been admitted was less than before because home treatment had been used more often. Dr Irwin stated that he felt that the current situation was much better for Huntingdonshire patients.

The issue of children's mental health and in particular the length of time from referral to diagnosis was raised. As none of the representative present were experts in children's mental health, they agreed to forward the question onto the children's mental health team. The Panel discussed the possibility of inviting the children's mental health team to a future meeting of the Panel.

A Member asked how the ARC was working? The Panel were informed that colleagues liked the locality aspect however the contingency planning team needed to collect data more effectively so that better use could be made of community services which in turn would take pressure off statutory services.

Mr Ellis, Dr Tiffin and Dr Irwin were asked how the voluntary sector was used. In response the Panel were informed that data gathering had been a problem for mental health services so proving services were required had been difficult. Finance had been provided for the voluntary sector and from April 2016 there would be a doubling of what was spent on the voluntary sector.

A Member raised the issue of armed forces personal integrating back into the community and asked how the CCG ensured they received the treatment they needed. Dr Tiffin stated that the CCG have not specifically looked into the position of the armed forces but these individuals were able to access the services provided. Dr Irwin added that the single point of access recorded whether a patient was or had

been a member of the armed forces.

A Member asked how the CCG prevented mental health problems from occurring and reoccurring. Members were informed that there was a Public Health and Mental Health Strategy, which aimed to address this. There were a number of voluntary sector groups operating in this area and patients were actively encouraged to engage with them. Regarding children, anti-bullying measures had been looked at. In addition good housing was an important factor in preventing mental health issues arising.

## **96. HINCHINGBROOKE HOSPITAL ACTION PLAN**

The Chairman welcomed Mr H Abdel-Rahman, Chief Executive Officer and Clinical Chairman, Mr M Burrows, Chair of the Hinchingsbrooke Trust Board, Mrs D Fowler, Director of Nursing, Midwifery and Quality and Mr C Davidson, Franchise Manager, who had been invited to present the Hospital Action Plan.

The Chairman informed the Panel that the presentation would be in two sections: how Hinchingsbrooke had got to its present position with questions and then the future for the Hospital with questions. The Panel then received a presentation which was led by Mr H Abdel-Rahman on the history of Hinchingsbrooke and present position. The following points were highlighted:

- ◆ Hinchingsbrooke had recorded high levels of patient satisfaction as well as low levels of serious incidents including zero "Never Events".
- ◆ There had been particular problems with Accident and Emergency (A&E), as there had been nationwide.
- ◆ The Care Quality Commission (CQC) report highlighted that the areas of critical care, maternity and gynaecology and outpatients and diagnostic imaging were good, however the areas of A&E and Medical Care were inadequate.
- ◆ The CQC report on Critical Care highlighted that the environment of the department led to poorer patient experience and that at times there had been capacity issues. However Mr Abdel-Rahman informed the Panel that the new Critical Care unit would open in July and this would address these concerns.

The Chairman informed the Panel that questions had been submitted by Mr Lynch and Mr Sweeney, though some questions overlapped. The first question was why had no-one accepted responsibility and resigned following the CQC report? In response the Panel were told that the CQC had not inspected Hinchingsbrooke because of concerns raised but because it was a low risk hospital. In addition the Chief Executive and Board would stay at the Hospital to work with the NHS Trust Development Authority to make the system work.

Mr Abdel-Rahman was asked, since his appointment, what proportion of his time he spent on the designated role of Chief Executive? Mr Abdel-Rahman told the Panel that he became Chief Executive last year and currently spent one day a week as a consultant.

Mr Abdel-Rahman and the Board were then asked if they had past

and present shares in Circle holdings or held membership of a political party. Mr Abdel-Rahman responded saying that he had no shares in any company, he did not receive a salary from Circle and he was not affiliated to any political party. Mr Burrows, Mrs Fowler and Mr Davidson informed the Panel that none of them had shares in Circle and or were affiliated to a political party.

The Board were asked about the finances of the Hospital. In response the Board said that they were concerned about the finances of the trust and that the deficit in the budget was as a result of a number of factors including increases in staffing costs to cope with higher than expected emergency activity. The Hospital had been rated as a low risk organisation but there was a need to address variations in performance. The Panel were informed that since the CQC inspection there had been six inspection visits, which had identified improvements.

The Board were then asked why they had employed a Director of Governance and whether governance was the responsibility of Board members. Mr Abdel-Rahman responded by saying that the NHS valued good governance and the fact that a Director of Governance had been appointed was a sign that the Hospital viewed governance as being important.

A question was asked about how many Management and Health consultants had been employed during Circle's franchise period and at what cost? Mr Abdel-Rahman confirmed that no management and health consultants had been employed during Circle's franchise period.

The final question from Mr Lynch and Mr Sweeney was regarding the historical £40m debt and whether there was substance in the claim that the Trust had asked the Government for an additional £10m loan. The Board informed the Panel that once surpluses had been made, the debt would start to be repaid. The Hospital had approached the government for an additional £10m through the NHS funding system. Mr Abdel-Rahman added that it was important to remember that Cambridgeshire and Peterborough had historically been underfunded and there was a funding gap as a result.

A Member asked about staffing levels and in particular how many agency staff had been appointed by the Hospital and at what cost. In response Mrs Fowler informed the Panel that the cost of employing agency staff was double that of employing a permanent member of staff. There was a national shortage of nurses and Hinchingsbrooke was not been immune from that situation. The current vacancy rate was 12% which represented 21 full time equivalents but the turnover of nurses had reduced from 13% to 10%. In addition the Panel were told that the additional problems with A&E added to the staffing pressures.

The Board were asked about the reported perception of patients that the Hospital had a good cafe but needed more nurses on the wards. In response the Panel was informed that the Hospital received an income from the café franchise. Throughout Cambridgeshire there were vacancies for nurses, although £1.2m has been invested to make sure there were enough nurses on each ward. The Hospital had

gone to great lengths to recruit nurses and now had 16 international nurses in an induction programme.

A concern was raised that there were patients turning up at A&E who should be going to their GPs but did not do so because they could not get an appointment. Mr Abdel-Rahman responded by saying that that it was difficult to assess if this was the case but that co-ordinated efforts were required to ensure that patients obtained services in the most appropriate way.

A Member asked about the CQC's final report to which response was that the report had been published but the CQC had accepted it contained 200 inaccuracies. However this did not change the rating the Hospital received.

The Board were asked about staff morale and how the management was going to engage with staff now Circle had withdrawn. In response Mr Abdel-Rahman stated that when Circle joined staff morale was low, however it was now rising with more consultants and nurses than before. The trade unions had been supportive and were meeting with management regularly. In addition the sickness absence rates had fallen.

The £10m loan through the NHS funding system was raised and in response the Board stated that the terms had not yet been agreed but it would not be repaid until the Hospital's financial circumstances permitted it.

The Chairman thanked the Panel, Mr Lynch and Mr Sweeney for their questions and moved onto the second section of the item. The Panel was informed of the direction the Hospital intended to take. The following points were highlighted:

- ◆ Since the CQC's report there had been progress and the quality improvement plan could be viewed on the Hospital's website.
- ◆ The Board was continuing to monitor the Hospital's finances as well as making sure that it adhered to operational performance standards.
- ◆ Patients remained at the core of the business strategy.
- ◆ The Hospital aimed to become one of the top 10 District General Hospitals.

A Member stated that in their personal experience the hospital employed good practices.

The Chairman thanked Mr Abdel-Rahman, Mr Burrows, Mrs Fowler and Mr Davidson for attending and presenting the Hospital Action Plan. The Panel agreed that the item would be followed up at a later date. The Chairman informed the Panel that he was on the Oversight Group at the Hospital.

*(At 20:28, during discussion on this item, Councillor Mrs P A Jordan left the meeting. At 21:03, after the conclusion of the item, Councillor A J Hardy left the meeting.)*

**97. WORKPLAN STUDIES**

The Panel received and noted a report (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and Environmental Well-Being.

**98. OVERVIEW AND SCRUTINY PROGRESS**

With the aid of a report (a copy of which is appended in the Minute Book) the Panel reviewed the progress of its activities since the last meeting. The Chairman advised Members that Ruth Rogers from Healthwatch would be attending the Panel meeting in April.

The Panel noted that scrutiny agenda plan included: the Hinchingsbrooke improvement plan, Children and Young People's Mental Health Provision, a verbal update from the Affordable Housing Working Group and Chief Inspector Laura Hunt would attend to speak about closer working between the Police and Councillors at the April Panel meeting.

**99. SCRUTINY**

The 153rd edition of the Decision Digest was received and noted.

Chairman