

## Chair's Report

### Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting and the main issues noted.

### Key issues

2. Sections 7 - 17 explains the local Healthwatch response to the recent termination of the older people's and adults community services contract, awarded to UnitingCare Partnership from April 2015.
3. Section 18 summarises other important matters about the local health and social care system.
4. Section 19 notes potential joint working opportunities raised in meetings held during this period. It is recommended they be further tested over the next months and considered as part of strategy and business planning.
5. The appendix lists the Chairs external meetings from 1<sup>st</sup> November to 31<sup>st</sup> December 2015.

### Action required by the Board

6. The Board is asked to:
  - Note the report.

### Author

Val Moore, Chair

20 January 2016

## Healthwatch holds the CCG to account for the UnitingCare contract collapse

### *UnitingCare*

7. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) appointed UnitingCare as the lead provider of older people's health and adult community services last year, after a lengthy procurement process. UnitingCare Partnership is made up of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridge University Hospitals NHS Foundation Trust (CUH).
8. The idea of the contract was to make care work better for local people. The arrangements to provide these services are complex, with different organisations providing different parts of people's care. UnitingCare's job was to make them more joined up.
9. The £800 million contract was to last for 5+2 years and included:
  - Urgent care for people aged over 65, including in-patients as well as A&E services
  - Mental Health Services for people aged over 65
  - Community health services for adults, e.g. district nursing, rehabilitation, speech and language therapy, care for patients with complex wounds, support for people with respiratory disease or diabetes
  - Other health services to support the care of people aged over 65.
10. The contract did not include social care, which is planned and paid for by Cambridgeshire County Council (CCC).

### *Healthwatch response*

11. We were surprised by the announcement on 3<sup>rd</sup> December that the contract was terminated by UnitingCare on the basis of financial sustainability. We supported communications from the CCG to re-assure local people that this would not affect the care they are currently receiving. All the frontline care staff are employed by CPFT or CUH and continued to work as normal.
12. Whilst gauging the initial implications for the local health and care system we collaborated with Healthwatch Peterborough and the neighbouring Hertfordshire and Northamptonshire Healthwatch on a letter. The letter to the CCG was made public on 11<sup>th</sup> December.
13. The letter asked why the contract had terminated, what sequence of decisions preceded it and who was involved? We asked how was the contract managed, what is the learning, and how can these lessons support integration of health and social care in Cambridgeshire in the future?
14. Healthwatch will continue to call for transparency, accountability, learning and integration - a full and independently chaired enquiry - whilst working

with all parties to support and strengthen the local health and care system in challenging times. NHS England will conduct a limited review of its activities related to the procurement and collapse of UnitingCare.

15. The UnitingCare Partnership was more than a collection of contracts. Important information about people's needs, targeted services for individuals, partnership working (with GPs, care homes, pharmacists and the voluntary sector) and pathway development may all be jeopardised in the early part of 2016.
16. The benefits of the emerging UnitingCare approach are at risk of being lost, and the costs of the termination and stabilisation efforts are likely to be significant. Impacts on the remaining providers, and the knock on effects for older people and vulnerable adults care need to be fully understood.
17. The CCG has updated its position for its governing body meeting on 12<sup>th</sup> January and attend our Board meeting on 20<sup>th</sup> January. We will publish regular updates on our website and call for information about people's experience of care to inform future services.

#### **Other important matters about the local health and social care system**

18. Matters noted during the period are as follows:
  - CPFT received an overall Good rating from the Care Quality Commission (CQC) in November.
  - A number of General Practices and care Homes have been inspected, which I will report on at the end of 2015/16.
  - The CQC undertook a national themed review on integrated care, using stroke and hip fracture patient pathways as the basis for local workshops, including in Cambridgeshire. The national report will be published in the first half of 2016.
  - The 3 main regulators for the NHS (Monitor, Trust Development Authority and NHS England) continue to exert oversight of the challenged health economy.
  - The financial challenge to the NHS is growing and attributed, by the National Audit Office, to spending outpacing income (especially on health care), increases in proportion of non-permanent staff, failure to meet efficiency plans and the burden of private finance initiative repayments. These are all relevant factors locally.
  - Hinchingsbrooke Healthcare NHS Trust and CUH Foundation Trust remain in special measures. Hinchingsbrooke awaits the CQC report following its re-inspection last autumn.

- Hinchingsbrooke and the Peterborough & Stamford Hospitals NHS Foundation Trust are exploring greater collaborations on services and joint outcomes, including considering organisational form.
- The financial challenge and budget consequences to the Cambridgeshire County Council public health, children and adult care services have been subject to public feedback. Analysis of the extent that these represent service cuts (or changes in the approach to transformation) is being undertaken before final approval in February. In the case of public health, further proposals are made in response to central funding cuts.

### **Potential joint working for Healthwatch Cambridgeshire**

19. Interests raised during meetings (see appendix) are as follows:

- Collaborations with the CCG and acute trusts to use the Healthwatch Enter and View expertise to add value to improvement activities.
- Ways in which Healthwatch can support a unified local approach to meeting the needs of our ageing population profile.
- Responding to MP requests for information on behalf of their constituents.
- Making practical use of, and steering, the research community interests in questions about user experience into research projects.

**Appendix - Meetings attended by the Chair 1<sup>st</sup> November to 31<sup>st</sup> December 2015**

Meeting	Purpose	Date
UnitingCare stakeholder event	Observer and networking	11 November
Dr Liz Robin, Director for Public Health, Cambridgeshire County Council (CCC)	Induction	16 November
Prof Sian Rees, Oxford University Health Experiences Unit	Networking	18 November
Health and Wellbeing Board public meeting	Member	19 November
Prof Mike Thorne, Vice Chancellor Anglia Ruskin University	Healthwatch Cambridgeshire Guarantor	19 November
Cambridge City Council Mayor's reception	Networking	20 November
Healthy Ageing and Prevention Summit	Participant	25 November
Care Quality Commission integrated care meeting - hip fracture pathway, Hinchingsbrooke Healthcare NHS Trust	Observer	25 November
Jane Ramsey, Chair of Cambridge University Hospitals Foundation Trust	Chair to Chair	26 November
Lucy Fraser MP, South East Cambridgeshire	Introduction	27 November
Alan Burns, Chair Hinchingsbrooke Healthcare NHS Trust	Chair to Chair	30 November
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Board meeting	Observer and networking	30 November
Liz Mitchell, Lead Governor CPFT	Networking	7 December
Cambridgeshire Community Services Board Meeting	Observer and networking	9 December
CPFT interview panel for Trust non-executive director	External representative	10 December
Gillian Beasley, Chief Executive, CCC	Introduction	17 December
CCC Health Committee	Observer and networking	17 December
Andy Vowles, Director of Strategy, and Jessica Bawden, Director Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and Healthwatch Peterborough	Uniting Care update	22 December
Jean Simpson and Margaret Ridley, Save Our NHS Cambridge branch	Introduction	22 December

*Other*

Healthwatch Cambridgeshire Board strategy meeting

Heart FM Radio interview (new Chief Executive at CUH)

BBC TV, Look East interview (UnitingCare contract, our letter to the CCG)

BBC Radio Cambridgeshire (UnitingCare contract)

BBC Radio 4 background interview

Cambridge TV interview (UnitingCare contract) x 2