

## Chair's Report

### Purpose

1. Chair's report describes the public activities carried out by the Chair since the last Board meeting and lists them in appendix 1.
2. Budget pressures - the expected financial deficit from the Cambridgeshire and Peterborough Clinical Commissioning Group will require closer working across the system and a challenging recovery budget.

### Action required by the Board

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

### Author

Val Moore, Chair  
14th March 2018

## Local health and care commissioners face extreme financial pressures

4. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) are expecting a financial deficit of up to £48 million for 2017/18. This is more than three times the £15.5 million deficit previously agreed with NHS England. The CCG are one of the largest in the UK and are responsible for planning and paying for most health care services locally. Although this £48 million sounds a lot, and it is, it represents just 4% of the overall budget for local health services.
5. The CCG know that they need to tackle their financial problems and are talking to NHS England about how they can do this. The 2018/19 financial plan will be approved over the next weeks.
6. A very challenging recovery budget will be needed for the coming year, and even stronger joint working with all the hospital and community trusts in the patch. The cost of A&E and elective treatments at Addenbrookes, Hinchingbrooke and Peterborough City Hospital accounted for £16 million of the overspend.
7. Changes in drug pricing nationally have hit our CCG hard because of our population size and accounts for £6 million of the overspend.
8. We have also heard about a backlog of more than 900 people waiting to be assessed for Continuing Health Care payments - see CEO report. Continuing Health Care is care arranged and funded by the NHS for people who have been assessed as needing care to manage a health problem. The conversations around whether a need is health related or social care related, can be complex. The costs of care are forecast to exceed the 2017 budget and cost more in 2018/19 although the CCG reassure the backlog will be reduced and that people will get the care they need.
9. At Healthwatch, we know that the local authority budgets are also under increasing pressure. As a local Healthwatch we are very concerned with this difficult financial picture for the organisations involved in planning and providing care locally. Shared CCG and local authority budgets for reducing delays in transfers out of hospital are not meeting their targets and the CCG say they will soon be jointly reviewed to achieve better value for local people.
10. It's vital that local health and care organisations are open and honest with people about what the budget challenges might mean for local services. Local people know where the gaps in care are and can be a huge asset to efforts to increase prevention and the use of self-care for many common health matters if they are informed and engaged.

## Healthwatch Cambridgeshire and Peterborough developments

11. In February the Board met to discuss development of Healthwatch. This agenda now contains an item on people’s experiences as well as an update on information services. The Board discussed how we can better support organisations locally who have a role in promoting patient or service user experience.
  
12. Now that our contract and financial arrangements are in place to 2019, discussion has begun about future strategy, and about how we can be a sustainable and even more effective organisation. I welcome the paper on our initial approach to income generation, and the proposal in the CEO report to develop a recognised high standard of quality assurance.
  
13. The Healthwatch Community Forum in Peterborough met in February. Ideas for similar groups are emerging through existing contacts and partnerships in other geographical areas.

## Appendix 1

### Chair’s external meetings, 1<sup>st</sup> January to 28<sup>th</sup> February 2018

See Glossary on the Agenda for abbreviations.

Meeting	Purpose	Date
Sheila Bremner, Interim Accountable Officer - Clinical Commissioning Group	One to one	08/01
Aidan Fallon and Jane Coulson - STP Delivery Unit	Patient and public Engagement	09/01
STP Care Advisory Group	Member	11/01
Tracy Dowling, Chief Executive - CPFT	One to one	18/01
The Healthcare Improvement Studies (THIS) Institute - Cambridge	Launch event	31/01
Cambridgeshire Health and Wellbeing Board	Member	01/02
STP Care Advisory Group	Member	01/02
CHUMS young people’s services for Cambridgeshire and Peterborough	Launch event	01/02
Nicola Scrivings, Chair CCS	Chair to Chair	19/02