

APPENDIX D

Report to the Partnerships Committee regarding Health and Wellbeing Committees Cllr Sue Ellington

There have been a range of Health related committee meetings as well as subcommittee meetings looking at specific aspects of health provision over the past 3 months. Some are duplicate discussions in different forums, some have moved on. It would therefore appear best to deal with topics rather than meetings.

Hinchingbrooke Hospital

The Health Committee on March 12th asked for a briefing on progress to return Hinchingbrooke to the NHS and to review the reasons for the poor CQC report. Unfortunately CQC failed to attend but The Clinical Commissioning group and Hinchingbrooke Executive outlined the problems and steps which were being taken to mitigate the effect on patients. A director had been appointed by the NHS Trust Development Authority and arrangements being made to take full responsibility from April 1st. Many of Hinchingbrookes problems stemmed from changes to the health environment/economy and increases in emergency admissions.

A further update to the Health Committee on May 28th from the previous Circle Executive, Monitor representatives, CCG and current finance director indicated that circle had been under significant pressure to produce progress reports and weekly update meetings etc. It was also stated that the end of year finances were significantly in deficit (early figures suggest £34million) and the new executive management team were expected to produce a sustainable financial plan to redress the balance.

Clearly this will continue to be monitored

CCG Out of hours and 111 services

This was raised in relation to the procurement of the contract in March with committee providing feedback to the consultation document. It was raised again on May 28th when the changes to the system were proposed. Unfortunately, the 111 system is a national programme and significant changes have to be agreed nationally but the local CCG has developed ways of working which will hopefully mitigate against the problems identified locally such as length of wait before call back and referral to a GP, rather than follow protocol to send the patient to hospital.

E-Hospital implementation

Addenbrookes Hospital implemented a new computer system for patient records last year. This was introduced as a "Big Bang" and resulted in significant problems for clinicians and patients.

The Local Health Partnership Committee heard from the GPs that specimens and pathology results were going missing resulting in the need for duplicate samples and lack of continuity of care. The Hospital said that they were experiencing the expected number of problems and they were sorting them out. However on May 28th the CCG admitted that there had been some events which had proved detrimental to patient care and one patient had died and 2 others were recovering. There had also been a considerable drop in turnover due to the system. The training of staff had not been entirely completed because staff had been unable to attend due to heavy workloads. But they continue to have confidence in the system.

Delayed Discharge

A report to the May 28th Health Committee indicated that there had been a 2% drop in lost bed days over the last year. Clearly Social Care carries some responsibility due to the need to

establish a care package. Recruiting of staff in some areas is very difficult and suitable care home placements are scarce. However the NHS also carry responsibility due to delays in getting equipment, medication and transport in place.

Annual Public Health report

This has just been published and is very useful for easy access data.

Transport and Health Joint Strategic Needs Assessment

This document goes some way to looking at transport in relation to health. Not only the need to encourage healthy methods of transport e.g walking and cycling, but also the need to reduce pollution. This will form a very useful database for reports and evidence to support change but I feel I wanted to see more information about the travelling undertaken in relation to health appointments. A working group agreed to follow this up.

Mental Health Sub group

This group is part of the Local Health Partnership and is seeking to introduce training for all care, housing, police, and health workers dealing with clients who have low level mental health problems. The first course is June 3rd and can take up to 40 trainees.

Uniting Care Partnerships

A report to the Older Persons Sub group of the Health Committee in May was very positive. 17 new Wellbeing teams have been formed and 4 integrated care teams. The integrated care teams have specialist members. These teams are alerted by One Call which handles all incoming emergency calls from GPs. The teams then visit the person at home rather than send for an ambulance. This appears to be working well and will be rolled out to include referrals from Nursing and residential care.

The Joint Emergency Team (Jet) attends within 2 hours and is specific to over 65 year olds and over 16s with a long term illness.

There is so much change going on that I am happy to answer any questions if you contact me.

Sue Ellington