

**SEEKING SUSTAINABLE SERVICES FOR THE PEOPLE OF  
HUNTINGDONSHIRE  
CONSULTATION RESPONSE**

**To:** Hinchingsbrooke Hospital Joint Health Overview and Scrutiny Committee

**Date:** 11<sup>th</sup> May 2007

**From:** Jane Belman, Health Scrutiny Co-ordinator

**Electoral division:** All

**Forward plan ref:** N/a **Key decision:** No

**Purpose:** To agree the Committee's response to Cambridgeshire PCT's consultation on proposals for services currently provided at Hinchingsbrooke Hospital.

**Recommendation:** Members are asked to consider and amend the draft consultation response.

**Key Issues:** The Committee's final response, incorporating any amendments to the draft agreed at the meeting, will be submitted to Cambridgeshire PCT by their response deadline of Tues 22<sup>nd</sup> May 2007. The PCT Board will consider all the responses received and present a formal response to the consultation at a Board meeting held in public on Wednesday 27<sup>th</sup> June 2007.

The Committee will consider the PCT's response, and any further action the Committee may wish to take, at its final meeting on Wednesday 18<sup>th</sup> July 2007.

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# Seeking Sustainable Services for the People of Huntingdonshire

## Draft Consultation Response

### CONTENTS PAGE: to be added to final version

#### 1. INTRODUCTION

- 1.1 This response is made by Hinchingsbrooke Hospital Joint Health Overview and Scrutiny Committee (the Committee), which was set up by Cambridgeshire, Bedfordshire, Peterborough, Norfolk and Essex Councils to consider and respond to Cambridgeshire Primary Care Trust (PCT) proposals for the future of services currently provided by Hinchingsbrooke Health Care NHS Trust (HHCT).
- 1.2 The Committee consisted of Health Overview and Scrutiny Committee representatives from the above authorities, and a representative each from the Patient and Public Involvement Forums for Hinchingsbrooke and for Cambridgeshire PCT. It was convened by Cambridgeshire County Council.
- 1.3 The Committee was established under the Direction issued by the Secretary of State for Health on 17<sup>th</sup> July 2003: 'Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) Health and Social Care Act 2001', under Statutory Instrument 2002 no. 3048. The Direction requires that where a local NHS body consults more than one Overview and Scrutiny Committee on a proposal for substantial development or variation of a health service, the local authorities concerned shall appoint a joint Overview and Scrutiny Committee for the purpose of the consultation.
- 1.4 The purpose of the Committee was:
- To consider Cambridgeshire PCT's proposals for service changes at HHCT in relation to:
    - The extent to which they are in the interests of the health service in Cambridgeshire and surrounding areas
    - The impact of the proposals on patient and carer experience and outcomes and on their health and well-being
    - The quality of the clinical evidence underlying the proposals
    - The extent to which the proposals are financially sustainable
  - To make a response and recommendations to the PCT and other appropriate agencies on the above
  - To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account.

Appendix 1 sets out terms of reference and membership of the Committee.

- 1.5 The Committee met in public four times between February and May 2007. It considered written and oral evidence from representatives of the following:
- HHCT
  - Cambridgeshire PCT
  - Huntingdonshire Consortium for Practice Based Commissioning (Hunts Comm)

- East of England Strategic Health Authority (SHA)
- East of England Ambulance Service NHS Trust
- Cambridgeshire County Council in relation to social care and transport issues
- Cambridgeshire Local Medical Committee.

(Details to be added to final version as Appendix 2)

## **THE RESPONSE IN OUTLINE**

### **2. RESPONSE: SUMMARY**

**2.1 The Committee supports the proposals set out in Option 2 for the future of services currently provided on the Hinchingsbrooke Hospital Site, subject to the concerns set out below. In particular, it supports the proposals to:**

- **Maintain the proposed range of hospital services, including maternity services, on the site, in order to safeguard patient access and choice**
- **Develop out-patient services in GP practice or community settings**
- **Develop intermediate care services in partnership with Cambridgeshire County Council that will help maintain people's independence by avoiding hospital admissions and enabling earlier discharge from hospital, in line with national policy set out in 'Our Health, Our Care Our Say'.**

**2.2 The Committee concludes that:**

**If the concerns it has identified are addressed, the proposals are in the interests of the health service in Cambridgeshire and surrounding areas, and should have a positive impact on patient and carer experience and outcomes, and on their health and well-being.**

**The Committee does not have sufficient evidence to assess whether the proposals are clinically or financially sustainable.**

### **3 KEY CONCERNS**

**3.1 There are considerable challenges for the PCT and HHCT in delivering Option 2. These include:**

- Whether the proposals can deliver the financial savings in the timescale required, given that HHCT is forecasting that it needs to deliver recurrent revenue savings of £14.5m over the next 3 years.
- Whether the PCT's proposed investment of £2.2m in intermediate care services will provide sufficient capacity to meet service user and carer needs, and reduce the demand on hospital services. The Committee is particularly concerned that:
  - Intermediate care services are developed in a way and at a pace that ensures that they are of high quality and are sustainable, and that existing services are not reduced until new ones are in place. This includes provision for staff recruitment, training and retention.

- The proposals should not place additional financial pressure on Cambridgeshire County Council's Adult Support Services
- More work is done to ensure that GP practices identify carers and that they have access to services.

***It is essential that the PCT and Cambridgeshire County Council work in partnership, and with other agencies, user and carer groups to develop these services. This should include collaboration on ensuring accessibility to services where these are provided outside the home.***

- Whether there is sufficient capacity in the primary care sector to develop outpatient services, and ensure these services are of high clinical quality.

***It is essential that there is a full assessment of GP capacity to carry out the additional work, robust clinical governance arrangements are made, and the developments are adequately resourced.***

- Whether HHCT can attract sufficient patients from outside Huntingdonshire to maintain clinical and financial viability, particularly for maternity services.

3.2 The Committee considers that it did not receive sufficient evidence to be able to form a view on whether the proposals in Option 2 are financially viable or achievable in the timescale proposed, nor whether Hinchingsbrooke Hospital will be viable in the long-term. In particular, it is concerned that the information did not include:

- A detailed cost-benefit analysis of the proposals and a business plan
- A needs assessment to underlie the proposed £2.2 m. investment in community services; details of how it will be allocated, and a programme for development of these services
- Details of how outpatient services would be developed.
- Alternative strategies if the financial savings are not achieved in the timescale.

***The Committee strongly recommends that these are drawn up in collaboration with partner agencies as soon as possible***

3.3 Full consideration must be given to accessibility, including the availability of public, community and volunteer transport, when locating community-based outpatient and intermediate care services. The access needs of people who do not have their own transport but do not qualify for financial assistance must be considered. It is likely that the majority of outpatient services will most appropriately be centred on market towns and the Hinchingsbrooke site, with outreach into more rural locations.

***The Committee recommends that the PCT and Cambridgeshire County Council work with each other, and with patient groups, the Ambulance Trust, District Councils, and with commercial and community transport providers when developing these services, to ensure that they are accessible, and that best use is made of available transport resources.***

- 3.4 Further work is needed to identify what changes in the services provided by the Ambulance Trust will be required as a result of the proposals, and what their financial implications will be for the Trust.

It is essential that the PCT and HHCT work closely with the Ambulance Trust in developing the proposed service changes, and that the Ambulance Trust is adequately funded to meet the changing demands on its services arising from the proposals, while at the same time meeting its overall quality and response time targets.

- 3.5 Further work is needed on long-term capacity planning to take account of the projected growth in and ageing of the population over the next 10 – 15 years, including the development of Northstowe.

***The Committee recommends that consideration should be given to retaining sufficient land on the Hinchingsbrooke site to accommodate future demand for inpatient and outpatient services.***

- 3.6 Further work will be needed to link the proposals, particularly those relating to intermediate care services, with the current review of community hospitals in Cambridgeshire.

- 3.7 In order to improve the viability of maternity services, the PCT and HHCT should:

- regularly review the effectiveness of, and if necessary modify, their approach to encouraging women in Cambourne and West Cambridgeshire to use HHCT's maternity services
- explore with Cambridgeshire County Council and with commercial operators the feasibility of improving public transport between Cambourne and Hinchingsbrooke.

- 3.8 Further work is required to identify whether it is appropriate to downgrade the Special Care Baby Unit (SCBU) from Level 2 to Level 1.

***It is essential that arrangements for future SCBU provision ensure that there is the right level and mix of Level 1, 2, and 3 SCBU units in Cambridgeshire and surrounding areas to meet local needs, and that the transfer of babies is kept to a minimum***

- 3.9 The PCT and HHCT should develop a proactive strategy to encourage residents from outside the Huntingdonshire area to choose to be treated at Hinchingsbrooke. This should include working with PCTs and Hospital Trusts in neighbouring local authority areas, particularly Peterborough and Bedfordshire.

- 3.10 The Committee did not take a view as to whether it supported the principle of dissolution of HHCT as a corporate entity. It noted that this will be the subject of a separate consultation.

## **THE RESPONSE IN DETAIL**

### **4. RISKS AND VIABILITY**

4.1. The Committee considered evidence from the PCT, HHCT and the SHA concerning the financial and risk assessment background to the proposals and how these were being dealt with; how it was intended to achieve the proposed savings; and how staff reductions would be managed.

4.2. The Committee noted that:

- No viable alternative option was being put forward if the savings anticipated in Option B were not achieved in the timescale.
- HHCT is forecasting that it needs to deliver recurrent revenue savings of £14.5m over the next 3 years through implementation of the proposals, its financial recovery plan, efficiency savings, and additional income. The success of the proposals is dependent on all these anticipated savings being achieved.
- HHCT current financial recovery plan was already delivering recurrent revenue savings.
- The PCT and HHCT were awaiting the outcome of the consultation before drawing up a business plan or a detailed cost-benefit analysis of the changes.
- The SHA Acute Services Review would be producing a framework for the future delivery of acute and associated community services later in 2007.

4.3. **The Committee is concerned that:**

- Without the information that would be contained in a business plan, the Committee could not assess whether the proposals were financially or clinically viable, or whether the proposals would deliver the required savings.
- It was not clear whether there is sufficient capacity in primary care services to take on the outpatient work that is currently undertaken at Hinchingsbrooke, nor how this will be delivered.
- There is no evidence as to whether or not the proposed investment in intermediate care services is sufficient to meet user and carer needs and to reduce the demand on hospital services, or what timescale will be required to deliver it.
- There is a risk that services at Hinchingsbrooke may not be clinically or financially viable in the long term if:
  - the number of patients decreases below the levels proposed – in particular if Hinchingsbrooke does not attract patients from outside Huntingdonshire.
  - the projected increase in demand for its maternity services does not materialise.
  - service developments at neighbouring hospitals, particularly Peterborough and Addenbrooke's impact on patient choice
  - there is any conflict between the proposals and the framework produced through the Acute Services Review

- It is not clear what the future arrangements will be for payback of HHCT's historic debt, nor the extent to which receipts from the proposed land sale on the site could be used to fund it.

4.4. ***The Committee strongly recommends that a detailed cost-benefit analysis, and business plan, including detailed plans for how outpatient and intermediate care services will be developed, and alternative strategies if the savings are not achieved in the timescale, are drawn up in collaboration with partner agencies as soon as possible.***

## 5. **SHIFTING ACTIVITY FROM THE HOSPITAL TO THE COMMUNITY SETTING**

### **Provision of Outpatient Services in GP practice and community settings**

5.1. The Committee considered evidence from representatives of the PCT, HHCT, HuntsComm, and the Cambridgeshire Local Medical Committee; and from representatives of Cambridgeshire County Council concerning transport issues.

5.2. It noted that:

- Residents of the former Hunts PCT area had a considerably higher rate of elective hospital admissions when compared with the rates for the East of England or England as a whole, particularly when calculated on the basis of weighted population. This suggested that there was scope to develop more community based services as an alternative
- A number of initiatives were planned or in place in Huntingdonshire to provide a wide range of outpatient services in GP practice or community settings.
- This approach has been successfully taken in other parts of the country, and there were good practice examples to draw on which used a wide variety of service models and professional skills.
- The PCT's plans had been made in consultation with GP practices, and the GPs who gave evidence to the Committee considered that GPs had the will and capacity to change their way of working and take on new work.
- The PCT's intention was to locate clinics in market towns or on the Hinchingsbrooke site.
- Arrangements for clinical governance and quality control are in hand.

5.3. Transport and access

- Transport strategies for the area, including the forthcoming Guided Bus, had been developed with Hinchingsbrooke as a main destination, and the County Council had sought to improve provision for buses, cyclists and pedestrians in the Huntingdon and St Ives area.
- The County Council was carrying out a review of passenger transport services, including community transport, to make them more efficient.
- There was no additional County Council money to provide additional services for travel to clinics in market towns or GP practices.

- If services moved from Hinchingsbrooke to new, particularly rural, locations, access by bus was unlikely to be suitable – multi use vehicles and car-schemes would be more appropriate.

#### 5.4. **The Committee is concerned that:**

- Further work needs to be done to identify how and where these services are best provided, and what resources, in terms of funding and staff development will be needed. It is essential that:
  - A full assessment of GP capacity across Huntingdonshire practices to carry out the additional work proposed is carried out.
  - Robust clinical governance arrangements are put in place and monitored to ensure diagnosis and treatment of a high quality
  - The development of these services, including infrastructure and staff training, is adequately resourced
  - The services should be developed in a way that ensures that they are located to be accessible to patients, especially those who do not have access to private transport. Account should be taken of the largely rural nature of the catchment area, and the existence of areas of deprivation, particularly in Huntingdon and Fenland.
- Full consideration must therefore be given to accessibility, including the availability of public, community and volunteer transport, when locating community-based outpatient and intermediate care services. The access needs of people who do not have their own transport but do not qualify for financial assistance must be considered. It is likely that the majority of the outpatient services will most appropriately be centred on market towns and the Hinchingsbrooke site, with outreach into more rural locations.

#### 5.5. ***The Committee recommends that the PCT and Cambridgeshire County Council work with each other, and with patient groups, the Ambulance Trust, District Councils, and with commercial and community transport providers when developing these services, to ensure that they are accessible, and that best use is made of available transport resources.***

#### **The introduction of Intermediate Care Services**

- 5.6. The Committee considered evidence from the PCT and Cambridgeshire County Council Adult Support Services. It noted that:
- Cambridgeshire County Council and the PCT had a joint strategy and pooled budget for provision of integrated services for older people, and the proposals fitted in with this.
  - The proposals were in line with national policy as set out in the White Paper 'Our Health, Our Care, Our Say' and the Green Paper 'Outcomes for Social Care', aimed at increasing user choice, control, and quality of life through providing services in the community that would reduce hospital admissions and facilitate discharge.
  - Current resources appeared to be unequal to the present level of demand. There was insufficient community capacity, and care on discharge from hospital needed to be arranged more quickly.



- Cambridgeshire County Council, which has cut its budget for Adult Support Services for 2007/8, did not have the capacity to pick up any shortfall in provision.
- The Option 2 proposals represented a significant investment in community teams.

5.7 The Committee noted that PPI Forum evidence from Cambridge identified that although GPs are a key point of access to services, they are not always aware of the carers in their patient population.

5.8 **The Committee is concerned that:**

- There is insufficient evidence as to whether the proposed £2.2m investment will be sufficient, especially as both the PCT and Cambridgeshire County Council's Adult Support Services are under considerable financial pressure. In particular, further work is required to assess user and carer need, identify costs and how the funding should be allocated, and draw up a realistic programme and timescale for development of these services. .
- The implications for Cambridgeshire County Council's Adult Support Services, in the short term or in future years are not clear. There is a risk that the proposals will place additional pressures on the Adult Support Services budget, which will have a detrimental effect on services for users and carers.
- The services should be developed in a way and at a pace that ensure that they are of high quality and are sustainable, and that existing services are not reduced until new ones are in place. This includes provision for staff recruitment, training and retention.
- More work is done to ensure that GP practices identify carers and ensure they have access to services.

5.9 ***It is essential that the PCT and Cambridgeshire County Council work in partnership, and with other agencies, user and carer groups to develop these services. This should include collaboration on ensuring accessibility to services where these are provided outside the home.***

## 6. IMPLICATIONS FOR AMBULANCE SERVICES

6.1 The Committee heard evidence from the East of England Ambulance Service NHS Trust. It noted that:

- The changes would have implications for the pattern and resourcing of ambulance services, in relation to the changing catchment area for maternity services, changes to SCBU provision; use of the voluntary car scheme to transport people using community based outpatient services; and emergency care provision. These implications had not been fully identified
- The Ambulance Trust could help support the changes.

6.2 **The Committee is concerned that:**

- Further work is needed to identify what changes in the services provided by the Ambulance Trust will be required as a result of the proposals, and what their financial implications will be for the Trust.

***It is essential that the PCT and HHCT work closely with the Ambulance Trust in developing the proposed service changes, and that the Trust is adequately funded to meet the changing demands on its services arising from the proposals, while at the same time meeting its overall quality and response time targets.***

## **7. LONG-TERM CAPACITY PLANNING**

7.1 The Committee noted that:

- Future capacity requirements would be affected by:
  - The new town of Northstowe, which will be larger than originally anticipated.
  - General population growth in the Cambridgeshire area. The most recent forecast, (Population Growth and Capacity Planning for Health and Social Care: Cambridgeshire Horizons Jan 2006) estimated that this population growth would result in increases of 25% in elective and emergency inpatient admissions, and a 23% increase in outpatient admissions by 2021 for the Huntingdonshire area. This needed updating in the light of subsequent changes in population forecasts.
- Changes in technology and how healthcare was delivered made it impossible to accurately plan for future capacity more than a few years ahead.

7.2 **The Committee is concerned that:**

- Sufficient capacity is retained in the long term to meet the demands resulting from population growth, especially as demographic predictions may be exceeded.
- Further work is needed on long-term capacity planning to take account of the projected growth in and ageing of the population over the next 10 - 15 years.

7.3 ***The Committee recommends that consideration should be given to retaining sufficient land on the Hinchingsbrooke site to accommodate future demand for inpatient and outpatient services.***

## **8. COMMUNITY HOSPITALS REVIEW**

8.1. The Committee noted that the PCT was in the early stages of a review of services currently provided by Cambridgeshire's four community hospitals. These were located in Cambridge, East Cambridgeshire and Fenland, areas where the PCT aimed to increase the number of residents using Hinchingsbrooke.

8.2. Further work is needed to link the proposals, particularly those relating to intermediate care services, with the review of community hospitals in Cambridgeshire.

## 9. MATERNITY SERVICES

- 9.1 The Committee supports the proposals for maternity services, including a more community based approach to antenatal midwifery services in line with current government policy and clinical guidelines for routine antenatal care. It notes that there is evidence that this approach benefits women from vulnerable and minority groups.
- 9.2. It is concerned that the clinical and financial viability of the service depends on the ability of HHCT to increase the number of births at Hinchingsbrooke, initially by 300 over a 2 year period.
- 9.3 It notes that there is no direct public transport link between Cambourne and Hinchingsbrooke
- 9.4 **In order to improve the viability of the maternity services, the PCT and HHCT should;**
- **regularly review the effectiveness of, and if necessary modify, their approach to encouraging women, particularly in Cambourne and West Cambridgeshire, to choose HHCT's maternity services**
  - **explore with Cambridgeshire County Council and with commercial operators the feasibility of improving public transport between Cambourne and Hinchingsbrooke.**

## 10. PAEDIATRIC SERVICES

- 10.1 The Committee is concerned that the proposed downgrading of the SCBU might increase the risk to babies needing Level 2 care, who would need to be transferred to Addenbrooke's or other hospitals. Any reduction in overall SCBU capacity would impact on babies and mothers from a wide area, and result in an increase in transfers of babies to other units both within and outside the region.
- 10.2 The Committee considers that further work is required to identify whether it is appropriate to downgrade the Special Care Baby Unit (SCBU) from Level 2 to Level 1.
- 10.3 ***It is essential that arrangements for future SCBU provision ensure that there is the right level and mix of Level 1, 2, and 3 SCBU units in Cambridgeshire and surrounding areas to meet local needs, and that the transfer of babies are kept to a minimum***

## 11. SERVICES TO NON-CAMBRIDGESHIRE RESIDENTS

- 11.1 The Committee notes that HHCT had a modest increase in the proportion of patients from outside Cambridgeshire between April 2006 and Jan 2007, when 5.4% of their new attendances came from outside the County
- 11.2 It is not clear from the proposals what steps are being taken to increase the number of patients from outside Cambridgeshire who use Hinchingsbrooke.

- 11.3 ***The PCT and HHCT should develop a proactive strategy to ensure that residents from outside the Huntingdonshire area have the option to choose to be treated at Hinchingsbrooke. This should include working with PCT commissioners and Hospital Trusts in neighbouring local authority areas, particularly Peterborough and Bedfordshire.***

## **12 DISSOLUTION OF HHCT AS A CORPORATE ENTITY**

12.1 The Committee noted that:

- The PCT estimated that £1m of the proposed recurrent savings would be made through reductions in management costs if HHCT was dissolved.
- It is not yet clear how the new arrangements would work in practice, nor who would take over the management of Hinchingsbrooke or on what terms
- The dissolution proposal would be the subject of a separate public consultation, probably in 2008/9.

**The Committee did not take a view as to whether it supported the principle of dissolution of HHCT as a corporate entity.**

## **13. CONCLUSION**

**The Committee requests that:**

- **Cambridgeshire PCT Board takes full account of the Committee's response when deciding which option to pursue.**
- **Cambridgeshire PCT and HHCT reply to the Committee stating how they have taken the Committee's response into account, and how they intend to address each of the Committee's concerns.**

<b>Source Documents</b>	<b>Location</b>
Seeking Sustainable Services for the People of Huntingdonshire: Consultation Document	Cambridgeshire PCT 01223 885717
Reports and minutes: Hinchingsbrooke Hospital Joint Health Overview and Scrutiny Committee 28.2.07; 16.3.07; 2.4.07	Cambridgeshire County Council, Shire Hall, Cambridge 01223 718126
Population Growth and Capacity Planning for Health and Social Care: Cambridgeshire Horizons	
Our Health, Our Care, Our Say	Dept of Health <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>