

## Chair's Report

### Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting, and a commentary on aspects of the local health and care system.

### Key issues

1. Appendix 1 lists the Chair's external meetings from 1 March to 30th April 2019. Directors representative activities are maintained in a strategic engagement log.
2. Section 4-7 and appendix 2 provides an annual summary of the quality of care described by Care Quality Commission (CQC) inspection reports for services in Cambridgeshire and Peterborough. The Chief Executive and Healthwatch Directors who lead on relationships with our main providers are invited to comment.

### Action required by the Board

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

### Author

Val Moore, Chair

8<sup>th</sup> May 2019

## Care Quality Commission ratings in Cambridgeshire and Peterborough

1. As part of a national network supported by Healthwatch England we have direct links with regulatory bodies including the CQC. Healthwatch Cambridgeshire and Peterborough works closely with the local CQC teams.
2. Local Healthwatch role includes:
  - membership of regional Quality Surveillance Groups who look at risk
  - supporting calls for patient and service user experience pre-inspection
  - as part of Improvement Oversight Groups post inspections, and
  - escalating any other concerns.
3. Health and care services are rated across five questions as Outstanding, Good, Requires Improvement or Inadequate. Each service provided is rated, as well as its location if a range of services are provided from one place, and also its overall organisational governance and management. The questions asked during the inspection are lines of inquiry on Is this service safe, effective, caring, responsive to people's needs, and is it well-led? The CQC doesn't inspect all services each year, but on a risk-based approach depending on information collected all year round.
4. The current position for Care Organisations, GP practices and NHS Trusts in the Cambridgeshire and Peterborough areas is summarised below.

**Table 1a Ratings of active Social Care Organisation, locations in Cambridgeshire, data as at 01/04/2019**

Outstanding	6
Good	174
Requires improvement	22
Inadequate	3
<b>Total</b>	<b>205</b>

**Table 1b Ratings of active Social Care Organisation, locations in Peterborough, data as at 01/04/2019**

Outstanding	1
Good	73
Requires improvement	6
<b>Total</b>	<b>80</b>

**Table 2a Ratings of GP practices in Cambridgeshire (including Royston), data as at 04/02/2019**

Outstanding	6
Good	69
Requires improvement	1
<b>Total</b>	<b>76</b>

**Table 2b Ratings of GP practices in Peterborough (including Oundle and Wansford), data as at 04/02/2019**

Outstanding	1
Good	18
Requires improvement	2
Inadequate	4
<b>Total</b>	<b>25</b>

**Table 3 Ratings of NHS Trusts (see appendix 2)**

### What this means for us

#### *Care homes*

5. Independent Age<sup>1</sup> has recently released data about care homes showing changes over the last year in ratings. There was an increase in care services rated as 'Requires Improvement' or 'Inadequate' in both Cambridgeshire and Peterborough of 2.8%. However, these changes may be related to a change in how services are rated by the CQC. If a service now is rated as 'Requires Improvement' in one domain by breaching regulations, it will have an overall rating of 'Requires Improvement'. Previously there had to be a breach in two domains. A local Inspection Manager explained that 'The reason for the change was simply if a service is breaking the law by having a breach, how could it be rated good?'

#### *GP practices*

6. The picture regarding GP practices is generally good, but there are pockets of poor performance in Peterborough, with some services previously rated as 'Requires Improvement' now slipping into 'Inadequate'. A small number of services have not yet been rated (7).
7. The national annual GP patient survey showed a general correlation between low satisfaction and CQC ratings. However, there are some outliers for particular questions, for example, one practice rated as 'Outstanding' showed a low level of satisfaction with 'helpfulness of receptionists'.

#### *NHS Trusts*

8. This is a mixed picture, with some Trusts improving or maintaining improvements (CUH, CCS and CPFT), others being subject to special measures (Queen Elizabeth, EEAST), or going from 'Good' to 'Requires Improvement' (NWAFT). NWAFT inspections cover three hospital sites, with the overall Trust rating being unfavourably reflected by less positive ratings at Hinchingbrooke hospital and aspects of the 'well-led' inspection.

<sup>1</sup> [https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2019-03/Care%20Home%20Performance%20Report%202019\\_1.pdf](https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2019-03/Care%20Home%20Performance%20Report%202019_1.pdf)

### Appendix 1- Meetings attended by the Chair 1<sup>st</sup> March to 30<sup>th</sup> April 2019

Meeting	Purpose	Date
Westminster briefing - NHS Long term plan	Participant	05/03
Chris White and Dr Stephen Harbottle, CUH IVF laboratories	Visit	08/03
Healthwatch East England Network	Participant	14/03
Will Patten and Caroline Townsend, CCC/PCC Combined Commissioning team	Meeting	14/03
'Phyllis' Women & Theatre production on navigating older people's care	Chair/host	15/03
Integrated Commissioning Board	Observer	25/03
End of Life public event	Chair/host	27/03
Cambridgeshire Health and Wellbeing Board	Member	28/03
Cambridgeshire Health and Wellbeing Board development session	Member	28/03
Cambridgeshire Community Services Trust shortlisting panel	Lay representative	10/04
Rob Hughes, Chair and Caroline Walker, Chief Executive, NWAFT	Meeting	17/04
STP Clinical Community Forum	Member	15/03
Integrated Commissioning Board	Chair	30/04

Plus

Healthwatch Board in public (13/03) and Board development meetings (10/04)

BBC Radio Cambridgeshire interview on dental care access (23/04)