



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 19 JULY 2016**

Present: Councillors Cereste (Chairman), Rush (Vice-Chairman), Aitken, Ayres, Ferris, Dowson, and Lillis

Also present

Stephen Graves	Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
Lance McCarthy	Chief Executive, Hinchingsbrooke Health Care NHS Trust
Caroline Walker	Deputy Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
Jane Pigg	Company Secretary, Peterborough and Stamford Hospitals NHS Foundation Trust

Officers Present: Dr Liz Robin Director of Public Health
Philippa Turvey Senior Democratic Services Officer

1. Apologies

No apologies were received.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 15 March 2016

The minutes of the meetings held on 13 January 2016 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. Peterborough and Stamford Hospitals NHS Foundation Trust Public Engagement on Proposed Merger with Hinchingsbrooke Health Care NHS Trust

The report was introduced by the Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT). The report provided an update on the work being undertaken regarding the proposed merger of the PSHGT and the Hinchingsbrooke Health Care NHS Trust (HHCT), particularly in relation to the engagement of staff and members of the public.

The Chief Executive of PSHFT and the Chief Executive of HHCT responded to comments and questions raised by Members. A summary of responses included:

- Following presentation of the proposals at Cambridgeshire County Councils, questions were raised surrounding potential redundancies and the requirement of staff to travel. It was advised that while some staff would be required to travel, this would be mainly senior staff, a number of which already moved between several sites;

- Similar questions were raised by Huntingdonshire District Council, along with concerns regarding what services would remain at Hinchingsbrooke. It was confirmed that urgent care and paediatric care would be maintained at this site;
- It was acknowledged that maintaining a sufficient work life balance for employees was important, in spite of financial pressures. It was believed that recruitment would be improved with the wider teams made possible through the merger;
- The Commission were assured that it was believed both services would clinically and financially sustainable. Aspects of the financing proposed were dependant on treasury approval. It was not anticipated that this would present any issue, as no additional money was sought, simply a different route of income subsidy;
- Normal human resources rules would apply in relation to the appointment of the new Chief Executive of the merged body;
- A structure would be determined for the merged 'back office' staff. Appointments were currently on hold, so as to avoid a redundancies. It was expected that the new structure would comprise the bulk of the current substantive staff, as opposed to agency staff;
- The new Board would include representatives from three constituencies as well as staff governors from each site, and relevant stakeholder representatives;
- The proposed model was focused on clinical services in order to ensure that patients had the best possible clinical outcome. For example, it was advised that some services for which Hinchingsbrooke patients would have needed to attend Addenbrooke's Hospital, would now be provided at Peterborough;
- It was acknowledged that the potential for culture clashes would be a challenge for new management teams, however a series of work streams had been proposed around this issue in preparation. Lessons had been learnt in regard to this from previous mergers;
- It was noted that a page seemed to be missing from the Outline Business Care. This would be looked into, however it was not believed that any significant information had been omitted;
- In relation to concerns surrounding the orthopaedic services at Hinchingsbrooke, it was advised that demand for this particular service was low. In light of this, and the upcoming retirement of the sole service employee, work was being undertaken with Addenbrooke's for them to take over the service provision;
- Any changes in service delivery would be consulted upon; and
- Following presentation of the proposals Cambridgeshire County Council the potential for a joint committee between Cambridgeshire CC and Peterborough CC was discussed as a possibility.

The Chairman adjourned the meeting for 25 minutes, following a fire alarm.

In response to a question from a member of the public the Chief Executive of HHCT acknowledged that the timeline set out for the merger was shorter than previous mergers of London hospitals. It was considered that each merger was different, with different starting points and different levels of complexity. Furthermore, it was not expected that all the identified savings would be realised by April 2016. It was anticipated that it would be an 15 to 20 months before these were made.

ACTION AGREED

The Commission noted the content of the report on how the Trust would engage with members of the public, patients, and staff on the proposal to merge the Peterborough and Stamford Hospitals NHS Foundation Trust with the Hinchingsbrooke Health Care Trust.

6. Public Health Priorities in Peterborough

The report was introduced by the Director of Public Health. The Commission were requested to review the public health priorities in Peterborough to establish which should be scrutinised.

It was also requested that the Commission comment on the Health and Wellbeing Board Strategy prior to its presentation to the Health and Wellbeing Board on 21 July 2016.

The Director of Public Health responded to comments and questions raised by Members. A summary of responses included:

- The Strategic Delivery Board had formulated a number of standards to assist in assessing success;
- The Council was in the process of establishing a Communities Board which would be able to take a focused look at the matter of health inequalities. Work was already underway within communities to try to address this;
- The Communities Board would allow for a more cohesive examination of the route issues surrounding public health, including environment and housing;
- It was considered that the selective licensing scheme was a very positive step towards public health intervention;
- It was noted that page 16 of Director of Public Health's Annual Report 2016 should read "lowest in rural areas to the west of the City.";
- A number of initiatives were in place to address the problem of child obesity, including Healthy Peterborough, and the Food in Schools Programme. An improvement in the measured rates had been recognised;
- It was noted that child obesity was a national problem and that Peterborough's trend was slightly better than national figures;
- A link had been recognised between health figures and the level of take away establishments in an area. Cambridgeshire had undertaken a voluntary 'healthier options' programme in relation to food outlets, which may be worth considering;
- The matter of dementia was recognised in the Health and Wellbeing Strategy and a proposal was in place to review the Council's Dementia Strategy. Comment was made on the work communities could do in that respect with 'age friendly communities';
- In response to concerns raised regarding contacting health services the concept of the single front door was discussed, which would assist in ensuring the public were seen by the appropriate service;

The Commission further discussed the importance of physical education for children in schools. In addition, it was noted that the provision of targeted services for the elderly was considered vital, both in terms of outreach services and physical activity.

ACTION AGREED

The Commission:

- 1) Reviewed the key public health issues outline in the report and identified the following priorities for ongoing scrutiny during the year:
 - Dementia, including prevention via mental and physical stimulation;
 - Coronary heart disease;
 - Loneliness and isolation, particularly in the elderly;
 - Obesity;
 - Health inequality; and
- 2) Endorsed the draft Health and Wellbeing Strategy (2016/19) for presentation to the Health and Wellbeing Board, subject to the comments made above.

7. Review of 2015/2016 and Work Programme for 2016/2017

Members considered the work of the Commission in 2015/16 and the Work Programme for 2015/16, and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2015/16 and the Senior Democratic Services Officer to include any additional items as requested during the meeting.

8. Forward Plan of Executive Decisions

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Forward Plan of Executive Decisions.

9. Date of Next Meeting

The next meeting of the Commission was scheduled for 20 September 2016.

It was noted that this date was inconvenient for a number of Members, and an alternative date proposal would be investigated.

The meeting began at 7.00pm and finished at 9:16pm.

CHAIRMAN