

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD ON TUESDAY 8 SEPTEMBER 2009 IN THE
BOURGES/VIERSEN ROOM - TOWN HALL**

Present: Councillors Rush (Chairman), Fower, Lowndes, Peach and Sharp

Officers Denise Radley, Executive Director, Adult Social Care

Present: Karen Kibblewhite, Community Safety & Substance Misuse Manager
Angela Bailey, Chief Executive, NHS Peterborough
Caroline Hall, Assistant Director of Finance, NHS Peterborough
Chris Wilkinson, Peterborough & Stamford Hospitals NHS Foundation Trust
Cara Charles-Barks, Peterborough & Stamford Hospitals NHS Foundation Trust
Emma Black, Head of Legal
Lindsay Tomlinson, Senior Governance Officer

1. Apologies for Absence

Apologies had been received from Councillors M Burton and Nash.

2. Declarations of Interest and Whipping Declarations

There were no declarations.

3. Minutes of the Meeting held on 14 July 2009

The minutes of the meeting held on 14 July 2009 were approved.

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

There were no call ins to consider.

5. The Future of Hyperbaric Services at Peterborough and Stamford Hospitals NHS Foundation Trust

The hyperbaric service was used to treat carbon monoxide poisoning, assist with wound healing and infection and, most commonly, to treat radiation injury. Patients were referred to the service by consultants and the Commission received figures for the last 5 years showing the numbers of patients using the service and their geographic spread. Numbers had declined for a number of reasons, including the opening of a new hyperbaric service at the Hospital of St Cross in Rugby and Commissioner concerns over the clinical evidence base for hyperbaric therapy. The charges per patient did not cover the running costs of the service, and this was currently running at a loss.

It was therefore proposed to close the service provided locally. Referring clinicians had been consulted and current patients informed of the proposals; there had been no issues raised. The service was funded by individual Primary Care Trusts on a per patient basis; all relevant PCTs had been contacted and supported the cessation of the service.

Observations and questions were raised and responses given including:

- Is there any use made of the service in treating carbon monoxide poisoning? If so, how many people are treated?
- The majority of patients use the service for radiation therapy support and only very few are treated for other conditions.

- Will anyone be put at risk following the closure?
- No, patients will be directed to the service at Rugby.
- Will there be transport implications for patients from our area having to travel further afield?
- No, transport needs will be supported.
- Will the extra travel involved have an impact on the health of patients?
- That will depend on the individual patients and their circumstances, but patients currently travel to us from a wide area with no adverse effects.
- How much will you save by ending the service?
- The service costs £70,000 per year – we are currently running at a loss.
- There are a number of diving centres in the area. How quickly do people suffering from the bends need to get treatment?
- We do not treat the bends at Peterborough. Norfolk has a bends related service so people would be able to receive treatment there.
- How much does the service cost per patient treated?
- The information will be sent to the member after the meeting.

ACTION AGREED

The Commission considered the evidence submitted and the answers received to their questions, and agreed that no further action was needed.

6. Safe Sharps Disposal Pilot Project

The Safe Sharps Disposal Project would place special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public. The original decision to implement the programme had been made in February 2007 and in November 2008, members of the Health and Adult Social Care Scrutiny Panel had been advised that the project had not yet been completed.

Since then the project had not progressed as swiftly as hoped due to a number of issues including changes to neighbourhood management, through which consultation for the sites of the bins was due to be undertaken.

The following progress had now been made:

- the bins had been purchased, manufactured to order and delivered ready for installation;
- an agreement was in place with City Services for the installation, maintenance and emptying of the bins;
- revised hotspots based on up-to-date data of drug-related litter had been identified;
- appropriate locations for the actual installation of the bins within the hotspots had been identified and landowners contacted.

In order to ensure that the project is complete, it would in future be led by the relevant new Neighbourhood Manager who would ensure that all appropriate stakeholders were consulted prior to installation of the bins and the bins installed as quickly as possible following consultation.

Observations and questions were raised and responses given including:

- How many bins been purchased?
- We have 9 bins which are currently stored at the City Services depot. So far we have identified 6 sites.
- Members visited a similar scheme in Cambridge some years ago and they had sited their bins in public toilets, which seemed to be a good location.

- Members are very concerned that we are in the same position as over 2 years ago. We were told 18 months ago that the bins had been purchased. We need to concentrate on solving this problem and getting the project implemented.
- Officers share this frustration, and apologise that this has taken so long. The bins were purchased at the end of the last financial year and we have the most up-to-date and safest bins. We have looked at best practice elsewhere and now we only need to go through a consultation exercise to decide on specific locations. We are confident that the new neighbourhood management teams will make good progress. Details of the sites identified will be sent to the Chairman.
- The bins will also be used by diabetics – we need to stress this point. We need to have specific dates for implementation.
- The diabetic issue is a good point to make. We need to manage people's fear around drug users and crime. We will be raising awareness through pharmacies and GP surgeries. The bins can't be located in public toilets as they need to be bolted to the floor but we will look at areas around public toilets.
- Will 9 bins be sufficient? We need to have them in the right places all the time.
- We purchased 9 bins based on the data we had at that time. We will be able to purchase more if appropriate.

ACTION AGREED

The Commission agreed that, because of the urgent need to see progress with the project, update reports be brought to its next 2 meetings.

7. Finance Report of NHS Peterborough April to July 2009

NHS Peterborough received a total of £303m (including around £40m from the city council for Adult Social Care) to commission health and adult social care for the residents of Peterborough. The Commission received a the NHS Peterborough Finance Report for the four months to 31 July 2009, which gave details on how that money was being invested, the financial pressures that were being experienced and how they were being dealt with.

Overall NHS Peterborough was reporting an overspend to date of £1.9m but was forecasting a breakeven position for the financial year to 31ST March 2010. Members were advised that actions were in place to address the overspend to date and manage the delivery of demand management and disinvestments schemes to achieve the breakeven position for the year as a whole.

Observations and questions were raised and responses given including:

- Have overspends or underspends been highlighted before? Which areas has NHS Peterborough identified for business transformation to look at?
- We have balanced our books every year and are determined to do so again. We are working closely with the business transformation team and in the longer term we are working as an organisation and across the health system locally and in the region on transformational projects. We need to grasp the prevention agenda to support people in avoiding ill health. For example the falls prevention programme, supporting people in their own home rather than in hospital makes the best use of resources. We have many other similar projects plus we are looking at partnership arrangements for back office support.
- What will be the consequence of the current overspend?
- We are not aiming at any service cuts, but are looking at redesign and efficiencies.
- Will there be any penalties as a result of the overspend?
- Any overspend will be carried forward to next year.
- Will there be any impact on any of the developments currently in the pipeline?
- We indicated at the beginning of the year that we would not progress some projects if there were budget pressures. Some projects have slipped to the second half of the year to ensure that they are funded. Details of any significant projects that are affected will be brought to the Commission's attention.

- How much is it costing to run individual budgets and how much did it cost to gain foundation trust status?
- Social Care has always used a range of providers and we now have a broader range which will support us in becoming more efficient.
- Prevention has always been a necessity, perhaps now we should focus on social care as a prevention measure.
- The benefits of prevention are recognised; in the past prevention has not been properly recognised or funded and that is now changing.
- Is there any scope for extra funding from the local authority?
- No, we have budgets and we need to manage them. Our contingencies are at expected levels; our concern is that we have allocated the majority of them at this point in the year. We want to develop a savings plan to roll into next year for the full year.
- What advice are you receiving from your auditors?
- We are following the Strategic Health Authority's advice on contingencies and have more put aside than advised. We have not sought advice on the use of contingencies.
- Are there any areas of concern that the Commission could review?
- Officers will report back with suggestions.
- We have already had a report about the hyperbaric service which is being cut because of underuse - are there any other areas that are profoundly underused and which could be cut?
- We are not looking at cutting services but at working more effectively.

ACTION AGREED

The Commission accepted the report and agreed to consider reviewing at a future meeting any specific areas of concern.

8. Green Paper on Funding Adult Social Care – “Shaping the Future of Care Together”

The Commission received a report and short summary of the Green Paper, Shaping the Future of Care Together, which set out a vision for a new care and support system. The Green Paper highlighted the challenges faced by the current care system and the need for radical reform, to develop a National care service that was fair, simple and affordable for everyone.

Within the existing social care system some people qualified for support through disability benefits. Social care was provided by the state only to those who could not pay for themselves. Those who could pay for themselves were expected to do so with no support from the state, sometimes having to use their life savings and the value of their house. For the large number of people who were expected to make provision for themselves this system could appear very unfair. With rising life expectancy and care costs becoming higher, families faced uncertainty about the costs they were likely to incur and how best to plan for them.

The Green Paper set out the fundamental principles of what people should be able to expect and then explored five different funding options. Two of these were ruled out, leaving three proposals:

- **Partnership** - everyone who qualified for care and support from the state would be entitled to have a set proportion – for example, a quarter or a third – of their basic care and support costs paid for by the state. People who were less well-off would have more care and support paid for – for example, two-thirds – while the least well-off people would continue to get all their care and support for free.
- **Insurance** - everyone would be entitled to have a share of their care and support costs met, just as in the Partnership model. But this system would go further to help

people cover the additional costs of their care and support through insurance, if they wanted to. The state could play different roles to enable this.

- **Comprehensive** - everyone over retirement age who had the resources to do so would be required to pay into a state insurance scheme. Everyone who was able to pay would pay their contribution, and then everyone whose needs meant that they qualified for care and support from the state would get all of their basic care and support for free when they needed it. There may also be proposals for a free care and support system for people of working age alongside this.

Observations and questions were raised and responses given including:

- Will people who can't afford to contribute to a scheme get the same care as those who can?
- The options all have provision for people on low incomes to access care. In addition, people's assets will be protected more than at present.
- Will there be a phasing in of the new scheme?
- Yes, the changes will be phased in.
- All members should be given the opportunity to hear about this – perhaps All Party Policy would be the best forum.
- It seems harsh that people who may have invested their money into their homes may be penalised more than those who haven't.
- The green paper centres on the fact that there currently isn't enough money to fund the system in the future because of the ageing population. The paper is trying to address the issue around housing and assets.

ACTION AGREED

The Commission noted the report and agreed to submit individual views on the consultation to the Executive Director, Adult Social Care.

9. Forward Plan of Key Decisions

The Commission received the Council's Forward Plan which outlined forthcoming Executive Decisions for the period September to December 2009.

ACTION AGREED

The Panel noted the report.

10. Work Programme

The Commission approved the current work programme and asked officers to look at rescheduling some of the November meeting's items.

The meeting began at 7.00pm and ended at 8.40pm

CHAIRMAN

This page is intentionally left blank