Scrutiny Committee

HINCHINGBROOKE HOSPITAL JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

11th May 2007

Action

1. **WELCOME AND APOLOGIES**

   Councillor Heathcock welcomed everyone to the meeting and noted the apologies received.

2. **DECLARATIONS OF INTEREST**

   Councillor Heathcock declared a personal interest under Paragraph 8 of the Code of Conduct, as a board member of Age Concern Cambridgeshire.

3. **MINUTES OF PREVIOUS MEETING**

   The minutes of the meeting held on 2nd April 2007 were confirmed as correct records and signed by the Chairman.

4. **PROPOSED AMENDMENT TO TERMS OF REFERENCE: DURATION OF JOINT COMMITTEE**

   The Committee considered a proposed amendment to the Terms of Reference for the Committee, to extend its duration by another month until 30th July 2007, so that it could hold its final meeting after the PCT Board had met on 27th June. It was resolved unanimously that section 11.1 of the Committee's Terms of Reference be amended to read:

   > 'The joint OSC will run from 28th February 2007 – 31st July 2007 unless the joint OSC agrees to extend this period.'

5. **RISK ASSESSMENT AND INVESTMENT IN COMMUNITY SERVICES: SUPPLEMENTARY INFORMATION FROM CAMBRIDGESHIRE PCT**

   The Committee considered information from Cambridgeshire Primary Care Trust (PCT), as requested by the Committee at previous meetings, on
   - the risk assessment of the proposals
   - the proposed investment in community services.

   Answering members' questions on the risk assessment, Janice Steed, (Director of Strategic Development and Commissioning, PCT) said that

   - as a joint team, PCT Commissioners and Hinchingbrooke had been meeting weekly, looking at each area on the assessment against a set of criteria and assessments done internally
   - the table presented to the Committee had been prepared at an early stage and was currently being updated
   - it had been influenced by data, value judgements and comments received in the course of the consultation procedure

- in any updating, the probability of a risk occurring was the element most likely to change, rather than its impact
- there was no expectation that the County Council's Adult Support Services would make up any shortfall in non-PCT funded provision; on the contrary, research showed that the better the community services were, the more the long-term impact on social care is reduced
- much of the information included in the table now before the Committee had been presented to it at earlier meetings, but only put into this format more recently
- the PCT and Hinchingbrooke Health Care Trust (HHCT) had always been clear that there were risks associated with Option 2 and that it was necessary for all to be united in ensuring that all the elements of the proposal were realised.

Mark Miller (Chief Executive, HHCT) stated that Hinchingbrooke's task now was to implement the proposals. The impact of risks would be judged in the course of implementation.

Members pointed out that no business plan had yet been presented to the Committee. The risk assessment showed that a considerable amount of risk remained which was not being fully mitigated.

Members drew a parallel between the building of the Treatment Centre – when it had been assumed that more patients would choose to attend Hinchingbrooke rather than Addenbrooke's – and plans to expand maternity services. They commented that the Strategic Health Authority (SHA) had not given any strategic direction on that occasion, and might not do so now.

Darren Leech (Project Director, HHCT) said that the difference on this occasion was that Hinchingbrooke had an agreement with Addenbrooke's that there was a need county-wide to transfer this maternity work to Hinchingbrooke. In the case of the Treatment Centre, the agreement about patient redistribution had been with the PCT, and Addenbrooke's had been a rival provider of the same services.

Simon Wood (Interim Programme Director for Service Reconfiguration, SHA) stressed SHA's absolute commitment to working with PCT and HHCT to achieve the shift in maternity services. He pointed out that the Treatment Centre plans had been drawn up in a different context from the present one. With a pluralistic market and patient choice, SHA could not direct where a patient would go; local discussion with GPs and others would be important in determining what would happen.

Commenting on the risk assessment, Simon Wood said that he would be surprised to see any such assessment that did not have a high risk somewhere. The assessment of some risks would change as it was used.

The Chairman said that the Committee would welcome sight of the criteria used in assessing the risks; it would have been helpful if the Committee had received the risk assessment earlier.

6. **SEEKING SUSTAINABLE SERVICES FOR THE PEOPLE OF HUNTINGDONSHIRE – DRAFT RESPONSE OF THE JOINT COMMITTEE TO THE PCT'S CONSULTATION ON THE FUTURE OF SERVICES CURRENTLY PROVIDED AT HINCHINGBROOKE HOSPITAL**

The Committee considered the draft of its consultation response, drawn up following its last meeting on 2nd April. The Chairman suggested that the details of the final wording would be difficult to discuss in a large meeting, so he did not propose to examine every line now, but to look at the broad view.

Members confirmed that they supported the broad outcomes set out in Option 2, as being sensible, in line with national policy, and of benefit to local residents. There was however too little evidence provided in relation to transport matters and community care.

The Patient and Public Involvement Forum representatives on the Committee expressed strong support for Option 2 as viable for the people of Huntingdonshire. They had worked on review committees looking in detail at clinical matters, and at clinical governance and risk. They had been impressed by the way in which staff, patients, hospital and PCT had all been working closely together.

A former member of staff at both Hinchingbrooke and Addenbrooke's, representing herself and the Women's Institute, said that she supported Option 2 without a doubt, while understanding that there were risks involved, including transport. She was heartened to hear that some clinics might be located on the Hinchingbrooke site. It would be dangerous to sell off part of the site, in view of forthcoming growth in population, and impossible to recover the land once sold.

The Committee asked Mark Miller (HHCT) to comment on the proposed land sale. Mark Miller said that, while he had sympathy with the view that it was necessary to take account of future needs, it was difficult to deal with the land in isolation. He was looking for a sustainable future for the hospital. He would be working with SHA on population projections, but as the hospital's income dropped – as it would under the Option 2 proposals – its cost base had to drop too. It was important to ensure that Hinchingbrooke was not occupying more land and buildings than necessary, while keeping an eye on the future. Members commented that the risk assessment had said little about the land, and suggesting strengthening their response on the sale.

The Vice-chairman of HuntsComm (the consortium of 22 of the 23 GP practices in Huntingdonshire), a practising GP in St Neots, said that all Huntingdonshire GPs had good relations with Hinchingbrooke, and would strongly support the continuance of secondary care there. Huntingdonshire GPs were enthusiastic in their support for the consultation proposals. Asked how far GPs would be able to take on the additional work involved, he said that the proposals worked out at two extra patients per week per GP, which the GPs considered to be entirely manageable.

The Committee asked whether the PCT could confirm the figure of two additional patients per week per GP. Janice Steed (PCT) said that they had looked at the case mix across the practices, which had a total of 127 GPs. There would be about 250 patients a week not attending the hospital.

Christine Macleod (a consultant in public health with the PCT) pointed out that there had been comprehensive needs assessments in Huntingdonshire, including literature review, and the proposals were evidence-based, even those relating to the land.

Mark Miller said that

- the hospital shared the Committee's concerns about whether the proposals could deliver the financial savings in the timescale required, and whether HHCT could attract sufficient patients from outside Huntingdonshire to maintain clinical and financial viability
- the analysis of how Option 2 would work had been a top-down analysis; both the Committee and he himself, as Chief Executive, were seeking a bottom-up analysis
- once the PCT had supplied detail of what service was required in what volume, the hospital could map the space, the workforce and the services needed
- the present and future engagement of the workforce in planning and delivery was essential
- he hoped to have the result of the bottom-up analysis in the summer; acknowledging that this would be too late to assist the PCT Board in its decision-making on 27th June, he said that he too was frustrated at the slow progress, and was working as quickly as he could
- the question was not whether Option 2 was sustainable, but "what do we have to do to make it sustainable?", and the land may be part of the answer to this
- he was himself reluctant to embark on a strategy for maternity services that depended on attracting a lot of work from elsewhere, though circumstances appeared to favour an expansion of maternity capacity and he would not rule it out – but it was dependent on patient choice, so must be made an attractive option for mothers
- (in answer to the comment that SHA could have given more support for the bottom-up analysis) the only way to carry out a bottom-up analysis was by hospital clinicians and primary care clinicians working together; the process was like planning a new hospital, because the workload would be different and it was a question of working out how to deal with it
- Hinchingbrooke could get smaller and stay financially viable if it worked at the optimum, but could only do so with the continuing engagement of its staff, especially its clinical staff.

The Committee welcomed the Chief Executive's responses and understood that HHCT was performing to the best of its ability in the circumstances. Members commented that the HHCT Board deserved credit for the good management it had delivered over the past seven years, with the implementation of integrated services in 2001 being a key factor.

Janice Steed agreed with Mark Miller that more work was needed in terms of clinical change in how services would be delivered and by whom. She asked the Committee not to look for an end point before a decision could be made, because Option 2 involved a two-year implementation process, in which all parties were working together.

Looking at SHA's role in the development of the consultation proposals, members said that they would have expected more technical support to the PCT, particularly in relation to population growth and business planning. The absence of this work had also been unhelpful to the Committee in forming a view on the proposals. Simon Wood (SHA) acknowledged that there were learning points in the process, particularly with the forthcoming Acute Services Review for East of England. He pointed out that Hinchingbrooke had been in a very difficult financial position, and SHA had invested some time in establishing just what that position was. It was important that the later stages of developing proposals be locally owned and managed, and to take decisions as quickly as sensible in order to ensure the hospital's future.

Simon Woods said that in other parts of the region (apart from Hertfordshire, which faced similar problems to Hinchingbrooke's), there would be more time to look ahead more strategically in the Acute Services Review. He would welcome more input from overview and scrutiny committees in this process; Cambridgeshire's participation had been excellent. Not all PCTs would necessarily face proposals on the scale of the Hinchingbrooke ones; some would be very local, while others might require joint scrutiny committees.

The Committee reiterated its main concerns, to be set out in detail in its consultation response:

- business plan
- transport mechanisms
- community care planning.

A member of the Hinchingbrooke PPI Forum, who also chaired a group for patients affected by cancer, welcomed the bottom-up analytical work but reminded the Committee that the greatest risk was that held by people who became ill. These risks could be to their finances, to their mental health, to their life. Patients did not mind where care was delivered as long as it was the right care. She asked members to remember that it was the patient who carried the risk if that care were not delivered. The Chairman thanked her for this helpful and necessary reminder.

The Committee agreed that members would meet briefly at the conclusion of the formal meeting to go through the detailed wording of changes to the draft consultation response in order to arrive at its final response.

Committee
J Belman

7. UPDATE AND DISCUSSION OF CONSULTATION PROCESS

Karen Mason, Acting Director of Communications, Cambridgeshire PCT, reported that, with 11 days to the end of the consultation period, two village consultation meetings were still to be held. Attendance at village meetings had been better than at earlier sessions, with up to 35 people attending.

Members noted that about 50 written responses to the consultation had been received so far, and more were expected. The general reaction had been support for Option 2, but with some concerns about how it would work in practice. The PCT Board would be considering all the responses received at a meeting in public on 27th June 2007, and make a decision on the future of services provided on the Hinchingbrooke site.

8. REVIEW OF CONSULTATION PROCESS: PROPOSED APPROACH

In discussion with Jane Belman, Health Scrutiny Co-ordinator for Cambridgeshire County Council, the Committee considered how it could review the whole consultation process. It was agreed that at its meeting on 18th July 2007, the Committee would consider

- The extent to which Cambridgeshire PCT had consulted patients and the public, including the extent to which its consultation process had complied with Cabinet Office Guidelines
- The extent to which the views of patients and the public had been taken into account in its final recommendations
- The extent to which the views of the Committee had been taken into account in the final recommendations.
- What lessons could be learned from the experience of the Scrutiny Committee on how to conduct effective joint scrutinies in future, and how this learning could be disseminated.
- What lessons for future consultations could be learned from how Cambridgeshire PCT conducted its consultation.

The Chairman suggested that, in view of the forthcoming Acute Services Review for East of England, it would be helpful if all parties to the consultation could contribute to an informal discussion to be held after 18th July. At this meeting, they could consider what had and had not worked well in the present process, and develop a template for future consultations.

The Chairman thanked all participants for their contributions to the meeting.

Members of the Committee in attendance: *Councillor S Male and J Cunningham (Bedfordshire County Council), Councillors G Heathcock (Chairman) K Reynolds and L Wilson (Cambridgeshire County Council), Councillor J Eells (Norfolk County Council), Councillor Y Lowndes (Peterborough City Council), Mr N Roberts (Cambridgeshire PCT PPI Forum) and Dr A Owen-Smith (Hinchingbrooke PPI Forum)*

Apologies: *Councillor A Carter (Bedfordshire County Council), Councillors B Rush and K Sharpe (Peterborough City Council)*

Time: *10.05am. – 11.35pm*
Place: *Pathfinder House, Huntingdon*