

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD ON
MONDAY 14 JUNE 2010 AT THE BOURGES/VIERSEN ROOM - TOWN HALL**

Present: Councillors B Rush (Chairman), Y Lowndes (Deputy Chair), Arculus, P Nash, D Fower and N Khan

Also Present: Councillors D Lamb, Z Hussain and M Jamil

Officers Present: Marie Southgate, Lawyer
Alana Hair, Governance Officer
Denise Radley, Deputy Chief Executive, NHS Peterborough
Sarah Shuttleworth, Contracts and Performance Director
Tina Hornsby, Head of Performance and Informatics
Annette Newton, Cambridgeshire and Peterborough Foundation Trust
Nik Patten, Chief Executive, Peterborough and Stamford Hospitals Trust
Dr Mike Caskey
Nick Scully, Project Manager, NHS Peterborough

1. Apologies

Apologies were received from Cllr J Stokes. Cllr R Dobbs attended as substitute for Cllr Stokes.

2. Declarations of Interest and Whipping Declarations

There were no declarations.

3. Minutes

The minutes of the meetings held on 9 March 2010 and 29 March 2010 were approved.

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

There were no call in requests to consider.

The Commission agreed to consider Agenda Item No. 9, Closure of Millfield Surgery, 10 Searjeant Street, Peterborough as the next item of business.

5. Closure of Millfield Surgery, 10 Searjeant Street, Peterborough

This item was referred to the Scrutiny Commission for Health Issues at the request of the Central and North Neighbourhood Council and concerned the proposed closure of a primary care facility located in the Central Ward. The matter was deferred as the Neighbourhood Council had raised concerns that the Central Ward community had not been appropriately consulted about the closure.

Dr Mike Caskey, a general practitioner with twenty years experience of delivering primary care services in the city centre, and who now worked closely with the PCT on health delivery, made the following comments in relation to the closure:

- The trend to move away from single handed primary care delivery was lead by central government;
- It was in the interests of good governance, quality care and patient and practitioner safety that practitioners now work in groups rather than in isolation;

- Closure of the Millfield Surgery did not equate to a cut in service provision as there were adequate primary care services available in the immediate area and that these surgeries were able to take on patients from Millfield.
- Whilst there were three (3) doctors and several nurses that worked at the Millfield site, only 1 GP was there often and the others mostly worked at the main practice located at Boots in Queensgate. The practitioners rarely met as the GP is isolated and in the long run problems develop.
- Movement away from this kind of service is part of plans for the future and to continue in this way is hard to justify as newly qualified doctors are not looking to this kind of practice, but to new facilities and working in groups.
- The service contract is due to end at the end of July and the contractor did not wish to continue.
- The PCT considered that the decision not to continue with providing primary care in this location was an engagement process and not a consultation process. As it did not equate to a service cut or a major reconfiguration, there was no consultation with ward councillors or the public.
- An equality impact assessment had been done across the whole of the strategic plan,
- Patients from Millfield Surgery did not have to go to Boots; they were free to choose another surgery. An event was to be held on 22 June 2010 for patients to meet with many surgeries and make an informed decision.

Cllr Arculus arrived at 7.25pm.

Cllr Z Hussain, ward member for Central ward, addressed the Committee and made the following comments:

- Concerned at the closure of the surgery, which had provided good service to the community with no issues or complaints.
- It is unfair to remove the only service in the ward.
- The decision to close should be deferred until a proper plan was considered for this area.
- The deprivation of services for Central ward was unjust and inequitable.

Mr Khan, who has been resident in the Central Ward area for 30 years informed the Committee that residents wanted the surgery to stay.

Cllr M Jamil, ward member for Central Ward, addressed the Committee and made the following comments:

- The doctor is not a single doctor working alone but is part of a larger practice.
- Has the doctor been given the opportunity to continue?
- Central ward is always overlooked – good enough to dumping but not good enough for the positive things that the community wants.

In responding to Cllr Jamil's question, Mr Mike Caskey, advised that the GP in question was a partner in the main practice and he was unaware of the conversation having taken place.

AGREED ACTION:

That reports on the following be submitted to future meetings:

1. Future plans for service delivery in the Central Ward area; and
2. Proposed changes to primary care delivery across Peterborough

6. Scrutiny Of Proposals For Neonatal Services - Joint Committee

The Commission considered a report which invited the Commission to appoint members to a Joint Health Scrutiny Committee to examine proposals for neonatal services for Cambridgeshire, Norfolk, Suffolk and Peterborough.

AGREED ACTION:

That Councillors Khan and Lowndes represent the Commission on the Joint Health Committee.

7. NHS Peterborough Turnaround Plan

The Commission received a presentation on the Turnaround Plan which had been adopted by the PCT Board on 19 May 2010.

In presenting the item, Denise Radley, Deputy Chief Executive of NHS Peterborough made the following points:

- Sheila Bremner, the Interim Chief Executive of NHS Peterborough, had established a System Transformation Board, which was comprised of Chairs and Chief Executives of all health organisations in Peterborough and included the Leader and Chief Executive of Peterborough City Council. The Board would support the development and delivery, implementation and monitoring of the plan.
- The £12.8 million deficit had been covered by other East of England organisations in an agreement brokered by the Strategic Health Authority (SHA). This debt would need to be repaid.
- A recently undertaken staff survey had a very high response rate and demonstrated that whilst the PCT scored best on motivation, it generally scored below average in all other areas.
- The plan focussed on community based care and value for money by reducing corporate costs and maximising efficiency. The PCT Board's key concern had been to delivery a balanced plan that would allow the PCT to regain financial control but not disadvantage vulnerable groups.

Observations and Questions:

- Members wanted to know if negotiations between NHS Peterborough and the Peterborough and Stamford Hospitals Trust had broken down. Sarah Shuttleworth, Contracts and Performance Director advised that discussions had not broken down, however the parties were not yet at a point of agreement. Nik Patten, Chief Executive of the Hospitals Trust advised that some areas required more detail, such as those relating to walk in centres, and that the contract negotiations were at the point where mediation was required.
- Members wanted to know if the migration of services to the new hospital would incur additional costs and if so, had these costs been included in the turnaround plan. Nik Patten, Chief Executive of the Hospitals Trust advised that the new hospital was due to open on 15th November 2010 and that transitional funding was available so that the move was not a burden on the PCT.
- Members wanted to know what the impact of the Turnaround Plan was on patients and frontline services. Denise Radley, Deputy Chief Executive advised that the plan was achievable and realistic and could be delivered with a minimal impact on patients. The plan was used as a start point and took in to consideration detailed bench marking of what is possible elsewhere, and best practice in these areas.
- Members wanted to know on what basis had the £12.8 million loan been taken and what interest level was being charged. Denise Radley, Deputy Chief Executive advised that the agreement had been arranged by the SHA. This was a formal

agreement between the PCT and the SHA and would require repaid over two years. It was believed that interest was not payable on the loan.

- Members expressed concern at the reliance on consultant expertise, particularly in senior positions. The PCT currently had an interim Chief Executive and had seen a few Interim Finance Directors – Members wanted to know if this was robust and would this approach be carried forward? Denise Radley, Deputy Chief Executive advised that in the interim, working with specialist expertise supported the delivery of the plan.

AGREED ACTION:

1. That the Commission receive an update on performance against the Turnaround Plan at its meeting in November; and
2. That Walk In Centres be the subject of a report to the meeting in July.

8. Quarterly Performance Report on Adult Social Care Services in Peterborough

The Commission received a report which showed progress against agreed Adult Social Care key outcomes and targets for eth year 2009-10. In presenting the report, Tina Hornsby, Head of Performance and Informatics made the following comments:

- The PCT's performance in 2009-10 had been good overall and compared well locally and nationally when benchmarked against PCTs of a similar size.
- There had been a remarkable improvement in waiting times for assessment and achievement in this area had been better than the target.

Observations and Questions:

- Members hoped to see Outcome 7 – Maintaining Personal Dignity and Respect would go from “performing adequately” to “performing well” in 2010-11.
- Members wanted to know more about why the delivery of some aspects of the strategy for mental health services had been challenging. Denise Radley, Deputy Chief Executive advised that a piece of work was being done to move across to a new mental health patient data programme and that the PCT was working closely with the Mental Health Trust on this project. The Mental Health Trust had been reporting monthly on performance for the last 3 to 4 months.
- Members wanted to know if the new hospital would improve mental health service delivery. Annette Newton, Cambridgeshire and Peterborough Foundation Trust advised that the Cavell centre provided a wonderful and much improved patient environment which was better for provision of services and better for the wellbeing of patients.

9. Transforming Community Services - Future of the PCT Provider Arm

The Commission received a report from NHS Peterborough regarding the transformation of community services for Peterborough.

In presenting the report, Nick Scully, Project Manager made the following comments:

- In February the PCT Board had agreed that the Community Foundation Trust option was no longer the preferred option.
- The PCT Board had approved the recommendations contained in the report.
- The transformation plans would be developed between now and the end of July, with the new organisation forming from April 2011.
- The changes will ultimately result in a Cabinet decision.

The Denise Radley, Deputy Chief Executive advised that the PCT will retain the commissioning role and that this change was about organisational form rather than service provision. Adult social care was included in this change.

10. Work undertaken in 2009-2010 and Priorities for 2010-2011

The Commission received a report outlining the work undertaken in 2009-10 and which sought input from the Commission in developing its own work programme for 2010-11 in line with the Council's key priorities and the Commission's remit.

The following items were identified for inclusion in the work programme:

- Regular updates on the safe sharps disposal project
- Teenage pregnancy
- Walk in Centres
- The future delivery of primary care in Peterborough

11. Cessation of Comprehensive Area Assessments

The Commission received a report from the Executive Director – Strategic Resources which brought to Members' attention the advice from central government to the Council that Comprehensive Area Assessment was being brought to a close.

The Commission noted the report.

12. Forward Plan of Key Decisions

The Commission considered the most recent version of the Forward Plan of Key Decisions and did not identify any items for inclusion in the work programme.

13. Date of Next Meeting

The next meeting of the Scrutiny Commission for Health Issues is scheduled to be held on Monday, 19 July 2010.

The meeting began at 7.00 pm and ended at 9.45 pm

CHAIRMAN