



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 21 JULY 2015**

<b>Present:</b>	Councillors B Rush (Chairman), J Stokes, K Aitken, J Whitby, N Sandford, M Jamil and J Knowles	
<b>Also present</b>	Jessica Bawden Simon Pitts  Mark Avery  Dr Gary Howsam Jane Pigg David Whiles Hani Mustafa Oliver Sainsbury	Director of Corporate Affairs, C&PCCG Programme Manager, Borderline and Peterborough LCGs Assistant Director - Health System Transformation Team at Cambridge & Peterborough CCG GP, Borderline LCG Company Secretary, PSHFT Healthwatch Youth Council Representative Youth Council Representative
<b>Officers Present:</b>	Dr Liz Robin Wendi Ogle-Welbourn  Pippa Turvey Paulina Ford	Director of Public Health Corporate Director, People and Communities Senior Democratic Services Officer Senior Democratic Services Officer

**1. Apologies**

Apologies were received from Councillor Ferris, Councillor Shaheed and Councillor Francis Fox. Councillor Jamil was in attendance as substitute for Councillor Ferris, Councillor Sandford was in attendance as substitute for Councillor Shaheed and Councillor Whitby was in attendance as substitute for Councillor Fox.

**2. Declarations of Interest and Whipping Declarations**

There were no declarations of interest or whipping declarations.

**3. Minutes of Meetings Held on 24 June 2015**

The minutes of the meetings held on 24 June 2015 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. Cambridgeshire and Peterborough Health and Care System Transformation Programme**

The report was introduced by the Assistant Director - Health System Transformation Team at Cambridge & Peterborough CCG and provided the Commission with an update on the

Cambridgeshire and Peterborough Health and Care System Transformation programme which included the following:

- Strategic aims and values of the programme
- Strategic Planning Process
- NHS England second wave Vanguard applications for acute hospitals

Observations and questions were raised and discussed including:

- Members commented that the Saturday Cafes had not been well publicised. *Members were informed that this was the first stage of raising awareness and the engagement process. The first four cafes were the first 'batch'. It would be a nine month process and further events would be held in Peterborough. If it was decided that a major change would need to take place then a formal consultation would be undertaken in January.*
- Would the Cambridgeshire and Peterborough System be applying for the second wave of "Vanguard" site applications? *The Assistant Director, Health System Transformation Team responded that the intention was to submit an application.*
- Why was the Cambridgeshire and Peterborough System not selected during the first wave of "Vanguard" site applications? *Members were informed that the NHS England, New Models of Care Programme aimed to co-design different types of new care models for the NHS. The first wave was for a slightly different model of care. Whilst the Cambridgeshire and Peterborough System was shortlisted there were other models selected who were more in line with the model being sought?*
- Members sought further explanation on the application being presented in the second wave. *Members were advised that the application was about how particular strands of work would be presented and overseen in particular areas of work that spanned multiple organisations.*
- Members referred to page 24 and key elements of Phase 2 of the programme. Members sought clarification around the statement "working with key stakeholders about areas of challenge". *Members were informed that a lot of work had been done with Cambridgeshire County Council, Peterborough City Council and the Public Health Intelligence function and information team to look at population projections. The projections had been applied to an activity baseline from last year. This had highlighted an ageing population and an increased birthrate as future challenges.*
- Members sought assurance that more joined up thinking would be used across the services. *The Director of Public Health informed Members that she had joined the System Transformation Programme Board to look at what the system as a whole could do through prevention to help address issues. Lifestyle related issues were providing increased pressures and demands on the health care system, in particular obesity related conditions which could lead to diabetes, high blood pressure, arthritis and cardio vascular conditions.*
- How many people attended the engagement event held at Peterborough Cathedral on 27 June and what sort of issues were raised. *Members were informed that 19 people had attended the session. People had wanted to know what provision was already in place for health care in Peterborough and what the issues and pressures were.*
- One Member felt that the 'Fit for the Future' leaflet had not provided enough information about the real issues.
- Members felt that the first phase of engagement with the public had not been advertised enough and more work would need to be done for the next phase.
- A member of the Youth Council referred to the "Fit for Future" leaflet and wanted to know what improvements would be made on the delivery of mental health services for people in Peterborough. *Members were informed that a high number of attendances (estimated to be 1 in 6) to GP's were linked to mental health. The focus would be on more preventative measures earlier on. Child and adolescent mental health would be a particular focus.*

- Was this a statutory consultation? *Members were informed that if the work which was being done over the next six months to make the health system more sustainable indicated that a significant change was needed then a formal 12 week consultation would have to take place and this would then be a statutory consultation.*
- What can the council do to help prevent bad health amongst the population of Peterborough? *Members were informed that from April 2013 the council had taken on the lead role for a wide range of public health interventions in the area.*
- Members were concerned about air pollution in Peterborough and asked that this be taken in to consideration. *The Director of Public Health advised Members that the council had statutory duties for air quality monitoring. The Director did not have knowledge about the air quality in Peterborough but would look further into this.*
- Members wanted to know what engagement the Director of Public Health had had with the transport department and the development of the Local Transport Plan to ensure that air quality was one of the issues taken into account. *The Director of Public Health responded that she had already been asked to input into the development of the Local Transport Plan.*
- Members were concerned at the level of dioxins that may be produced from the two new incinerators being built in Peterborough.
- A member of the Youth Council sought assurance that the System Transformation Programme had taken into account the increase in population growth going forward. *Members were informed that population projections had been taken into account. The projections forecast modelling had been done up to the year 2031.*
- Members commented that the education of people with regard to alcohol, smoking and obesity had been going on for many years but it had not made a great impact. How can people be made to change their behaviour as it was difficult to force people to lead a healthy lifestyle? What was the anticipated rate of change and was there any historical modelling available. *Members were advised that the System Transformation Team had conducted research and gathered evidence to support the modelling. Smoking had reduced significantly since the 1960's. National statistics for schools had shown the reduction in teenage pregnancies and alcohol use. There was now an evidence base for some interventions to make further changes.*
- Was there anything in the programme which involved businesses in Peterborough to encourage employees to get active? *Members were advised that this was being looked into. Schools and community groups would also be contacted during the second phase.*
- Members were informed that a development session on the System Transformation Programme would be arranged for Members in the autumn.

## **RECOMMENDATION**

The Commission recommended that further consultation and engagement for the Cambridgeshire and Peterborough Health System Transformation Programme should include more detailed information including statistics and information on the real issues affecting the health of people in Peterborough.

## **ACTIONS AGREED**

The Committee noted the report and requested that the Director of Public Health find out further information on the air quality in Peterborough and provide the Committee with a briefing note.

## **6. Minor Injuries and Illness Unit (MIIU) Relocation Proposals**

The report was introduced by the Programme Manager, Borderline and Peterborough LCGs. The report set out the rationale for the proposed relocation of the Minor Injuries and Illness Unit (MIIU) from the City Care Centre to the Peterborough and Stamford Hospital Foundation Trust (PSHFT) Edith Cavell campus, Peterborough. The Commission were asked to

endorse the draft proposed consultation process plan on the proposed relocation of the MIU service.

Observations and questions were raised and discussed including:

- Members commented that there had been numerous health related consultations and were concerned at the cost of each consultation and wanted to know if the MIU consultation was necessary and what it would cost. *Members were informed that the relocation of the MIU would be classified as a significant change as the service was being moved away from its existing site, therefore there was a statutory duty to conduct a consultation. The cost of the consultation would be approximately £5,000.*
- Members wanted assurance that there was one person responsible for overseeing all consultations. *Members were informed that the CCG Governing body had oversight of all consultations. The Director of Corporate Affairs acknowledged that there had been many consultations and this was being reviewed.*
- Members sought clarification on how the MIU would become more accessible by moving it from a city centre location to Bretton. *Members were informed that the health economy and population of Peterborough had changed considerably over the past few years and many more people used urgent care services as their first point of contact with the NHS. By co-locating the MIU to the hospital site it would mean that all services would be in one place and with access to specialist services if needed. The consultation document would include maps and bus routes and ask questions about transport.*
- Members commented that the MIU had replaced the Alma Road GP Service and Walk in Centre and the Commission had raised concerns at the time of consultation for this change that by replacing these services with the MIU it would mean that more people would attend the E.D. This would seem to have happened. Instead of reducing the number of people attending the E.D. there had been an increase. The MIU did not appear to meet people's expectations and needs. *The Director of Corporate Affairs agreed that people's expectations of what the health service could provide and when, had changed. The reason for the consultation on the MIU was to find out what service people thought they had now and how they used it.*
- Had any other locations been considered other than the hospital site? *Members were informed that no other locations had been considered but if suggestions came through during the consultation process these would be considered.*
- Members suggested that the provision of services at the MIU should be reviewed rather than relocating the unit. There should be better education as to what services the MIU offered.
- The following concerns were raised with regard to the current MIU:
  - Limited space in the waiting area.
  - People queuing outside when waiting to be seen.
  - Lack of understanding by the public as to what the term Minor Injury and Illness Unit was and the services it offered. People had found it easier to understand the term Walk In Centre and this may have contributed to less people attending the MIU and going straight to the E.D.
  - Closed at 8.00pm.
- Members were informed that the current usage of the MIU was 3000 to 3500 people per month. Co-locating the MIU to the hospital site was about streaming people to the right pathways and care in a more efficient way.
- The Chairman of Healthwatch informed Members that Healthwatch had recently held a community meeting and this item had been on the agenda. Comments that came out of the meeting included:
  - Bus services would need to be carefully considered.
  - Car parking. An additional 3000 people attending the hospital site to go to the MIU would cause major problems. Additional car parking would be required.
  - Service duration is currently 8.00am to 8.00pm, how would this work with the Emergency Department which is 24 hrs. The design of the new service would need to consider a 24 hr service.

- There would need to be adequate space provided at the hospital for the MIU and not just shoehorned in.
- The current MIU was badly designed. Healthwatch had carried out numerous inspections following various complaints.
- The current location may be right although not exactly in the city centre but the current building was not right.
- The Chairman of Healthwatch highlighted that the Hospital site was run by one Trust and the MIU was contracted out to South Lincolnshire Community Services Trust which was a different. This could potentially provide contractual issues.
- The Chairman of Healthwatch then referred to paragraph 3.8, and the statement *“Peterborough Healthwatch has indicated they would support the relocation of MIU to the Peterborough site”* and advised that this statement should have been removed from the report.
- Some Members felt that the service provided by the MIU was trying to do too much, hence the need to relocate to the hospital site.
- Some Members felt that the proposal had been looked at from the health practitioner’s view and not from the patients view. *Members were informed that people were currently waiting a long time to be seen at the Emergency Department and it was important to provide the right service in the right place at the right time and ensure patients were seen quickly.*
- Consideration should be given to upgrading the GP practices to provide more services.
- The Chair referred to page 34, paragraph 3.9 and the statement *“PSHFT have already indicated they are seeking additional space for outpatient clinics and are favourable to moving into the City Care Centre to release capacity on the Hospital Site”* The Chair asked the Programme Manager and Director of Corporate Affairs if this statement was still correct. *Members were informed that early discussions had taken place with the hospital along those lines.*
- The Chair read out the following statement from the Peterborough and Stamford Hospitals NHS Foundation Trust in response to this:

*“Whilst the Trust supports the relocation of the MIU to Peterborough City Hospital in principle, work has yet to be completed on finding a suitable location. The Trust would not want to relocate outpatient services to the City Care Centre as this would then re-introduce split site working. These concerns have been raised with the CCG.”*

- The Chair sought clarification as to how the consultation could begin in September if space at the hospital had not yet been identified. *The Director of Corporate Affairs responded that discussions were ongoing with the hospital but that in principle they had supported the move to the hospital site. Jane Pigg, Company Secretary, PSHFT also in attendance confirmed that discussions were at a very early stage with the CCG but initial thoughts were that moving services out of the hospital when they had only recently been brought together on one site did not seem practical.*
- Members were informed that the system transformation work was a five year plan but the services currently being looked at were in place now. The Director of Corporate Affairs agreed that the various services and consultations did not seem very cohesive to the public and work would be done to try and make this clearer.
- Clarification was sought on timescales for this piece of work. *Members were informed that a consultation would commence in September and a change in service implementation would not take place until April 2016.*
- In view of the many questions and comments raised by the Commission a recommendation was put forward for the CCG to reconsider the proposal and take further time to consider the design of the service before coming back to the Commission with a further proposal. *The Director of Corporate affairs advised that the impact of this would mean no service change in this area next year if it could not be discussed with the public. The Prime Ministers Challenge Fund had already been agreed by the Prime Minister and to delay this would impact on the system transformation work.*

- Would the CCG consult with all local GP's before going out to consultation? *Members were informed that the Local Clinical Commissioning Group, Borderline and Peterborough GP Board had discussed the proposal at some length and as far as the Programme Manager was aware no GP's had disagreed with the proposal.*
- Members sought confirmation that no decision had been made with regard to the relocation of the MIU. Members were informed that the MIU was not closing and no decision had been made yet to relocate the service.

The Youth Council Representative asked the following questions:

- What would the City Care Centre site be used for after the relocation of the MIU. *Members were informed that site would be retained for continued use of health services.*
- How do you propose to make the proposals sustainable with regard to achieving the Environment Capital priority? *The Corporate Director responded that an Impact Assessment would be undertaken which takes into account the economic and sustainability aspects of the service change.*

## RECOMMENDATION

1. The Commission noted the report and recommended that the Director of Corporate Affairs bring back a further report in September containing detailed facts and figures and taking into account issues and comments raised by the Commission. The report to also include the draft consultation document.
2. The report to be presented to the Commission in draft format one week prior to publication to ensure all issues raised by the Commission had been taken into account and that they are happy for it to be presented to the Commission at the 17 September meeting.

## 7. Update on the Prime Ministers Challenge Fund Project for Peterborough

The report was introduced by Dr Gary Howsam and provided the Commission with an update on the successful bid by Primary Care providers in the locality to the Prime Ministers Challenge Fund, and the development of the Primary Care Transformation Programme being established to implement this work. Dr Howsam introduced himself and explained that he was a GP based in Stanground and Whittlesey. He was also the Chair of the Borderline Local Commissioning Group, a GP member of the Clinical Commissioning Group Governing Body, one of the co-chairs for the Primary Care Transformation Board and a member of the Health and Wellbeing Boards in Peterborough and Northamptonshire.

Observations and questions were raised and discussed including:

- Members congratulated Dr Howsam on the successful bid.
- Members noted Dr Howsam's comment that Peterborough was not a popular place for doctors to work. What was being done to try and attract doctors to Peterborough? *Members were informed that every effort was being made to attract local people to train as GP's as they were more likely to stay in the area once qualified. The workforce was heavily slanted towards women so it was important to try and provide a work life balance. By transforming the way care was provided this may be achieved and therefore attract more people to become GP's.*
- Members asked if some GP practices in Peterborough still operated restricted appointment booking practices and was it true that people could not transfer out of their geographical area to another GP practice. *Members were informed that people now had the opportunity to transfer out of their geographical area to another practice. Members were also informed that there was no perfect appointment system. The non-attendance rate was much higher with pre booked appointments. There was a balance between the two systems and what worked well for one GP practice may not for another. Some GP's offered an online appointment booking system and a doctor first system where patients*

*called on the day they required an appointment and were triaged over the phone and then if required were offered an appointment later on in the day.*

- *What can the council do to help attract more GP's into the city? Dr Howsam responded that the System Transformation Programme was about Peterborough City Council, Primary Care and Public Health working towards better outcomes for the city. If the city was made a better place to live and work in where people had aspirations of health then doctors would want to come and work here.*
- *Where are the newly qualified doctors going? Members were advised that a lot of them go overseas to Australia and Canada as they were able to work less hours for more money.*
- *Members referred to page 46 and sought clarification on the statement "Primary Care across the locality will reconfigure to operate to scale, with practices grouping into hubs". Members were informed that currently there were 30 practices operating across Peterborough and Borderline. These were all individual businesses with an individual contract. Larger practices were able to extend their opening hours but smaller practices found it difficult to offer extended hours. The solution would therefore be to work at scale which would allow financial flexibility and workforce flexibility. The hubs were still developing.*

A member of the Youth Council asked the following questions:

- *Why was the online appointment booking system not operated in all GP practices in Peterborough? Members were informed that over the next twelve months there would be a requirement for all GP's to operate this system.*
- *Were GP's engaging in schools with young people to educate them on healthy lifestyles? Members were advised that it was difficult for GP's to find the time to go into schools but it did not have to be a GP that went into schools but someone who was well informed.*
- *What was being done to address the negative bias within the medical profession with regard to medical students becoming GP's? Dr Howsam responded that he proactively promoted the role of GP's at career fairs. Members were also informed that Dr Howsam sat on the Royal College of GP's Council who did work nationally to encourage and promote the role of GP's by going into Sixth Form Colleges and Medical Schools.*
- *Members asked what could be done to stop further health problems arising in Peterborough. Members were informed that the work being done around Public Health would see improvements towards ensuring a healthier population in the future.*
- *Members referred to repeat prescriptions. Could the system for obtaining repeat prescriptions be more streamlined? Members were advised that having a pharmacy embedded in each GP practice would assist with this. Three monthly repeat prescriptions was moved to monthly repeat prescriptions to try and avoid the waste of medicines which were often left unused. Electronic prescribing was also now in place for long term medication.*

The Chairman thanked Dr Howsam for an informative and interesting presentation of the report.

## **ACTION AGREED**

The Commission noted the report.

## **8. Joint Commissioning Unit**

The report was introduced by the Corporate Director, People and Communities and provided the Commission with information on how joint commissioning arrangements would work and improved services for children and young people through a Joint Commissioning Unit (JCU) with a Memorandum of Understanding (MOU) agreed between Cambridgeshire Clinical Commissioning Group (CCG), Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

Observations and questions were raised and discussed including:

- Members wanted to know what the current waiting times were for CAMH services. *Members were informed that some of the waiting times were over a year and it would take until April 2016 to reduce the waiting times down to zero. More staff would need to be recruited to address this issue.*

**ACTION AGREED**

The Commission noted the report and requested a copy of the Memorandum of Understanding.

**9. 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.

**10. Work Programme 2015-2016**

Members considered the Committee's Work Programme for 2015/16 and discussed possible items for inclusion.

Members suggested scrutinising the work of the Health and Wellbeing Board.

**ACTION AGREED**

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

The meeting began at 7.00pm and finished at 9.40pm

CHAIRMAN