



**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL
ON 10 JANUARY 2017**

Present:	Councillors Cereste (Chairman), Rush (Vice-Chairman), Ayres, Serluca, Khan, Lillis, Fuller, Bisby and Judy Fox.	
Also present	Parish Councillor Henry Clark	Co-opted Member
	Scott Haldane	Interim Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Plan
	Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Jane Pigg	Company Secretary, Peterborough & Stamford Hospitals
Officers Present:	Dr Liz Robin Philippa Turvey	Director of Public Health Senior Democratic Services Officer

1. Apologies

Apologies for absence were received from Councillors Aitken, Bull, Sylvester, Barkham and Lane, and David Whiles. Councillors Judy Fox, Fuller, and Bisby were in attendance as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 15 November 2016

The minutes of the meetings held on 15 November 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. Terms of Reference and Work Programme

The report was introduced by the Chair and provided the Committee with the Terms of Reference for the Health Scrutiny Committee, which was established by Council at its meeting on 12 October 2016.

There were no comments or questions raised.

Councillor Rush proposed the appointment of Parish Councillor Henry Clark as non-voting co-opted member to represent the rural area and also Parish Councillor Jason Merrill as substitute should Councillor Clark be unavailable. This was agreed unanimously and Parish Councillor Clark was invited to join the meeting.

ACTION AGREED

The Scrutiny Commission for Health Issues:

- 1) Noted the Terms of Reference for each of the newly established Scrutiny Committees attached at Appendix 1 of the report and in particular the Terms of Reference for the Health Scrutiny Committee;
- 2) Noted the work programme for the Health Scrutiny Committee for the remainder of the 2016/2017 municipal year attached at Appendix 2;
- 3) Appointed Parish Councillor Henry Clark as a non-voting co-opted member to represent the rural area on this Committee for the remainder of this municipal year and the 2017/2018 municipal year. Appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward; and
- 4) Appointed Parish Councillor Jason Merrill as a substitute for the nominated co-opted member to represent the rural area on this Committee for the remainder of this municipal year and the 2017/2018 municipal year. Appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward.

6. Sustainability and Transformation Plan

The report was introduced by Scott Haldane, Interim Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Plan and provided an update on the latest Sustainability and Transformation Plan (STP), published on 21 November 2016.

Comments and questions were raised by Members and in summary included:

- The creation of centres of clinical excellence concentrated on maximising skills and facilities and a decision on increasing or closing theatres had not yet been reached.
- Systems perspective was key to the plan which relied on breaking down existing barriers maximising skills and experience and working towards standardising procedures to improve efficiency. This would involve surgeons using the same methods.
- Recruitment would be from Peterborough and Cambridgeshire where possible.
- Behind each work stream, clinicians from different trusts were working together to discuss the best clinical pathways going forward.
- Members were advised that the plan had not been costed and Members expressed concern that this had not been carried out. The report was based on good evidence/assumptions using significant research. The Sustainability and Transformation Team were convinced that the work on the scale of challenges and results were robust.
- Implications for Peterborough had not yet been identified.
- Cultural changes would be managed by putting patient needs first which would breakdown organisational boundaries.

- It was not confirmed if clinicians were in favour of the proposals although it was agreed they would wish to provide the best service possible for their patients.
- Diverting patients away from A & E would require specialists in place to direct people towards more appropriate services.
- Encouraging patients to use online services and 111 to access healthcare was desirable. Evidence showed people had typically accessed four points before reaching their final destination and helping patients access the right department first time was of key importance.
- Missed appointment charges were suggested by a number of Committee Members.
- Members wanted to know what action would be taken, when, and what the implications on the services provided to Peterborough would be. Members suggested that more resources should be added rather than removed.
- Further information was requested on how the savings will be met and the changes to services this would entail.
- Members were interested to know if the changes could be implemented in phases to enable success to be measured however the detail had not been finalised. Separate briefing sessions could be arranged as the plan develops.
- Four areas of priority had been identified which would have to be carried out together.
- Prevention and health promotion were not covered by the report.
- New housing development would require additional health services within that area and concern was expressed that this has not been addressed.
- A saving of £543 million from the NHS budget would not be well received in areas of Peterborough with high infant mortality rates and short life expectancy rates and it was recognised that if the Scrutiny Committee were reluctant to accept the proposals the public at large would be even harder to convince.
- Questions were raised as to whether the new hospital was fully equipped and fully utilised.
- Theatres were not in use all the time and there continued to be a problem at weekends when there were insufficient staff available. Evidence showed that the best results were not achieved if theatres were in use day and night, however Members stressed they were querying daytime weekend working in theatres and not suggesting night time operations.
- The Renal Unit was set to open this week and water testing had commenced, water supply playing a key role in renal care. The water supply was found to be at a slightly incorrect temperature, however work was now underway to resolve this matter.
- The equity of provision of services across Peterborough is at the heart of this plan together with the equity of access to services. The neighbourhood teams and care hubs are to replace the care available in hospital in the community led by GPs and community nurses, social workers and physio and occupational therapists.
- There would be a problem with the number of GPs and primary care nurses and efforts were being made to address this. Several times reference was made by the Committee to the difficulty obtaining GP appointments due to the number of patients registered at each practice and cited as the reason why many people go to A & E.
- An improved 111 service had recently been launched with more medical staff available. This had resulted in an increase in the number of calls diverted to out of hour's surgery or pharmacy rather than people turning up at hospitals, and a reduction in ambulance call outs.
- The programme would include preventative measures to improve public health and it was anticipated the introduction of the changes proposed would allow GPs to spend more time on preventative care when seeing patients.
- The Director of Public Health advised the Committee that she was also a non-voting member of the Health Care Executive which was driving through the Sustainable Transformation Plan, and her position allowed her to align these work streams with public health work commissioned by the City Council.
- There were different issues in Cambridge and Peterborough and it was felt that the one size fits all approach may not be appropriate.

- If local government blockages were encountered the Scrutiny Committee offered to intervene.

ACTION AGREED

The Scrutiny Commission for Health Issues:

- 1) Noted the Sustainability and Transformation Plan; and
- 2) Requested that briefing sessions be held at regular intervals to provide more detail to the Sustainability and Transformation Plan. The first session would be focused on the provision of primary care.

7. UnitingCare Review and Outcomes

The purpose of the report was to review the actions taken by the CCG since the announcement that the contractual arrangement between the CCG and UnitingCare was coming to an end, and the outcomes as far as the reports published, learning undertaken, and the current provision of services is concerned.

Comments and questions were raised by Members and in summary included:

- The Committee were advised that it was not considered beneficial to the NHS for litigation claims to be pursued although there was a possibility one claim may go ahead against an advisor.
- Strategy for procurement agreements with LLPs had been revised following guidance from NHS England.
- Members were concerned that the CCG lost £9.9 million which residents were now paying for via a reduction in services. However, they were advised that the money had not been lost but had been spent providing services.
- Previously services were contracted to UnitingCare to provide all the different services required according to the needs of the patient. Now these services had been bought in house.
- Financial advice had been provided by Deloitte and the Committee expressed concern that their advice was not always followed. It was explained that at times it was appropriate to pause on a decision and when there are 34 items outstanding prior to contract signing, it is right to pause.
- The “get out” clause was used to terminate the contract.

ACTION AGREED

The Scrutiny Commission for Health Issues noted the report.

8. Director of Public Health Annual Report

This report follows a request from the Health Scrutiny Committee for information on how Peterborough City Council as an organisation is addressing public health outcomes in Peterborough and the report was taken as read.

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

- Breast Cancer Screenings had fallen significantly, the reasons being unclear although reductions usually occurred through difficulty in accessing the service and population changes. There was currently an investigation into screening services and the results will be brought back to the Committee.

- The Integrated Lifestyle procured will be implemented in April 2017 and will offer support available through GP referral and community centres to target areas of highest need, and to develop programmes to suit individual needs across a diverse population.
- Future Annual Public Health reports would include a data supplement to demonstrate improvements and success year on year. This information was already available on the internet.
- Deaths from cardio vascular disease had fallen in the last few years in Peterborough although results in were statistically poorer than other areas nationally, as with teenage pregnancy.
- The improvements had been influenced by the reduction in smoking rates, the use of statins, and preventative action taken in GP surgeries by identifying those thought to be at risk.
- An improvement in treatments involving support for lifestyle changes were still being encouraged, particularly amongst the South Asian population where incidents of cardio vascular disease were higher.
- Public health input to air quality management would be addressed through a recently appointed Public Health Manager who would work full time across Peterborough and Cambridgeshire, specialising in environment and transport, and who was seconded to Growth and Regeneration Directorate for part of each week.
- Local pollution needed to be considered when planning new housing and areas of high pollution needed to be avoided.
- Taxi drivers needed to be discouraged from leaving their engines running whilst parked and co-operation was required between Growth and Regeneration and Licensing to tackle this and other specific issues.
- The Annual Public Health Report was produced as a statutory obligation. The Health and Wellbeing Strategy provided further detail around plans and outcomes within health care.
- Members requested a clearer view on trends in mental health and were referred to the Mental Health Joint Strategic Needs Assessment available on the PCC website. Suicides rates had reduced, and hospital admissions for self-harm were higher than the national average, although the Committee was advised data collection was more difficult in this area of health.

ACTION AGREED

The Scrutiny Commission for Health Issues:

- 1) Noted the report; and
- 2) Wished to scrutinise the following areas of work going forward:
 - Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections.
 - The extent to which public health outcomes are considered in the wider range of key decisions made by the Council and the impacts of decisions on public health are evaluated.
 - Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact public health.
- 3) Will receive a report from Dr Liz Robin on screening with particular reference to the decline in breast screening.
- 4) Detailed data supplement to be included in future Annual Public Health Report .

9. Forward Plan of Executive Decisions

The Committee 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 Scrutiny Commission for Health Issues:

- 1) Requested a briefing note on "Section 256 Agreement Care at Home – KEY/12DEC16/01"; and
- 2) Requested a briefing note on "Section 256 Agreement CCG – KEY/26DEC16/01".

The meeting began at 7.00pm and finished at 8:45pm.

CHAIRMAN