

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 19 SEPTEMBER 2013**

Present: Councillors B Rush (Chairman), J Peach, D McKean, D Harrington and A Sylvester

Also present Dr Peter Reading Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
Assistant Director, Quality Information and Performance
PWC
Damien Ashford Head Of Commissioning Learning Disabilities
Mubarak Darbar

Officers Present: Tina Hornsby Assistant Director, Quality Information and Performance
Tim Bishop Assistant Director, Strategic Commissioning, Adult Social Care
Dania Castagliuolo Governance Officer
Catherine Berriman Lawyer

1. Apologies

Apologies for absence were received from Councillor Lamb, Councillor Allen and Councillor Sharp. Councillor Peach and Councillor Harrington attended as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations

3. Minutes of Meetings Held on 20 June and 16 July 2013

The minutes of the meetings held on 20 June and 16 July 2013 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. Contingency Planning Team Report

The report was presented to the Commission as the Monitoring Contingency Planning Team had published its recommendations on the future of Peterborough and Stamford Hospitals NHS Foundation Trust on 12 September 2013. A presentation of the options report was delivered to the Commission and the following key points were highlighted:

Sustainability

- Clinically and operationally the trust was sustainable yet financially it was unsustainable

Causes of Financial Challenges

- Inefficiency at the Trust
- Underutilised Trust Estate
- Lack of joined up working with health economy
- High costs of the Trust's estate

How the options were developed

- There was involvement from national stakeholders, Commissioners, Providers, Clinicians, Staff and patients
- The process included brainstorming which led to over 30 options
- There was input from over 400 people
- A medium list of options was created
- A short list of options was then developed which resulted in a four part solution
- Legal advice was taken to ensure everything was compliant with current legislation

The Solution

- Inefficiency at the trust
 - Development of a comprehensive cost improvement programme
 - Free up beds and increase clinical capacity
- Underutilised Trust Estate – Use the Trust's own facilities better by working with one or more partners
- Lack of joined up working with the health economy
 - Align services with the Trust's commissioners' intentions
 - Revise the care pathways
 - Link budgets to the outcomes
- High cost of the Trust's estate – Secure Department of Health (DH) funding to fill any gaps

The Commission was asked to note the content of the Contingency Planning Team's report and the recommendations on the future of Peterborough and Stamford Hospitals NHS Foundation Trust and to use these to identify areas for further scrutiny.

Observations and questions were raised and discussed including:

- Members queried how the Private Finance Initiative (PFI) contractor would be involved in these recommendations and would the trust have to seek PFI approval for these recommendations. *Members were advised that the recommendations had already been made public and the PFI contractors were supportive of them.*
- Members queried whether after the staff cuts they could be reassured that the quality of service would remain up to standard. *Members were advised that the principal of quality of care to the patient would not change as this was paramount.*
- Members commented that they were not convinced that the PFI would work as it was a long term commitment and the Council had experienced problems with previous PFI's. *Members were advised that the PFI was an agreement and it was already in place therefore it was a case of looking forwards and working with what had already been agreed.*
- Members queried why such a large hospital was built if there was no need for the fourth floor. *Members were advised that the fourth floor was built because the aim of the hospital was to have over 700 beds. The scheme was then reviewed in 2006 and the decision was reached to take out 98 beds and leave the space for future growth.*

This happened in line with other hospitals under PFI when the National Government changed rules around PFI Schemes.

- *Members queried if the fourth floor was sublet would the hospital then be in a position to cope with the projected growth of Peterborough. Members were informed that for future proofing there would be a tender process. One of the requirements for the process would be to look at what the future requirements for the hospital would be and to make sure that any bid received took account of this.*
- *Members queried what the situation was with the sale of the old hospital site and how the money from the sale would be spent. Members were informed that last year the preferred bidder (Land Improvement Holdings) was announced and the negotiations on this deal were now close to conclusion. Gaining vacant possession with respect to two buildings and the mental health ward on the site had been two critical factors that have had to be worked through over the past few months. The money from the sale had already been taken account of in the long term financial planning.*
- *Members were concerned that there were still issues with reablement and conditions not being ready for patients to be released back in to the community. Members were advised that the number of delayed discharges had increased over the past few months. As part of the Governments Winter Pressures Scheme the Peterborough system was allocated £5.50M this winter and a large part of that would be spent on 60 virtual beds (care packages) in the community which would provide support for patients at home to allow them to be discharged earlier.*
- *Members queried whether the £10M of efficiency savings, which was mentioned within the report was to be made over a one year or a five year period. Members were informed that this saving was to be made every year for the foreseeable future and Peterborough was on target.*
- *Members queried where the office staff would be located to if the fourth floor of the hospital was sublet. Members were informed that they could use other empty space within the hospital building or be located to rented accommodation or construct on site office space. This would have to be part of the tender package and whoever came in to the fourth floor would need to demonstrate how the staff would be relocated.*
- *Members queried who would make the decision on who used the fourth floor of the hospital. Members were informed that the Peterborough and Stamford Hospitals NHS Trust would lead the exercise as part of the recommendations and as a consequence they would evaluate the bids received and decide on the most efficient bid.*
- *Members commented that within the report it stated that three extra wards would be used outside of the main hospital building and queried whether these would be in existing buildings or would they be new builds. Members were advised that this part of the report was aimed primarily at the fourth floor. The other options available should the fourth floor be sublet would be alternative space used on campus or at Stamford Hospital.*
- *Members queried if the Peterborough Regional Steering Group would include Peterborough City Council and Health Watch. Members were advised that the group was in the process of being established and an independent Chairman had not yet been selected. The membership of the group would be reviewed by the Chairman prior to the first formal meeting of the group.*
- *Members queried what the development time was for Stamford Hospital. Members were advised that work would begin in 2014 and the projected end date would be late 2016 to early 2017.*
- *Members queried whether there would be funding available for Capital Projects. Members were informed that there was a capital programme in place which did fund Capital Projects. £1.2M to £1.3M per year had been earmarked for Stamford to invest in a number of building projects and IT schemes.*
- *Members queried whether the operating theatres were used seven days a week. Members were informed that they were not always used seven days a week although*

they were always available for emergencies twenty-four hours a day and seven days a week.

- Members commented that the care for cancer patients from the hospital was exceptional.

6. Adult Social Care – Local Account 2012/13

The report provided the Commission with overview of the activities and achievements of the Adult Social Care Department. A previous draft of the Local Account had been shared with the Commission for comment and the final version was now being presented for information.

The Commission were asked to agree to the publication of the Local Account.

Observations and questions were raised and discussed including:

- Members were concerned that on page 29 of the report there were five points indicated where Adult Social Care were not performing too well and queried why this was and what action was being taken. *The Assistant Director of Quality, Information and Performance advised members that:*
 - *Point 1 there were two issues:*
 - *Peterborough had a block contract for equipment therefore equipment was received instead of the budget for it.*
 - *Patients were not given a budget amount for residential and nursing care.*
 - *Point 2 was mostly a data quality issue as there were a number of people with mental health issues in employment that Adult Social Care were unaware of. Work was being carried out with the Mental Health Trust to try and obtain correct numbers of people in employment.*
 - *The information in point 3 was obtained from the Carers Survey and this was something that needed to be built in to the Adult Social Care transformation as it was key that carers and their needs should be considered at all points.*
 - *At point 4 there were issues around information. However since the surveys were carried out the Carers Port Directory had been implemented and there had been some ongoing work around the website looking at how accessible it was and how it could be improved*
 - *Point 5 was an issue around how safe people felt and even though Safer Peterborough Partnership reported that crime against people in Peterborough had reduced people were still not feeling safe. Work was being carried out with the Police to help with perception of safety in the community.*
- Members queried whether a progress report would be brought to the Commission in future. *Members were advised that a progress report was on the work programme for November.*
- Members queried whether there were any churches or centres in Peterborough which distributed information on care for adults. *Members were advised that part of the council's wider transformation was to look at their customer strategy which included looking at key information and contact points.*
- Members queried what steps were being taken to ensure service providers were able to resolve issues and if there was criteria in place for them to follow. *Members were informed that there was currently a programme of re tendering for the services that the council purchased. This introduced contracts that had been developed by the National Association of Directors of Adult Social Services which had much tighter criteria around quality, training and recruitment practice. This would provide a better way of holding providers to account. The issue was with the current providers that did not have contacts.*

7. Transforming Person-Centred Opportunities for Younger Adults

The report provided the Commission with an update on the progress made on the changes in Adult Social Care, particularly around Personalisation and Transforming Opportunities for Younger Adults (under 65)

The Council was moving toward enabling Personalisation for all social and care customers. This meant services that were currently delivered would have to be reviewed and work would be carried out with customers to understand how Personalisation could work best for them. This approach was agreed by Cabinet in February 2013 when it was resolved to:

- Revise the Eligibility Criteria for Adult Social Care from high/moderate to critical/substantial in line with Department of Health categories with effect from April 2013 for new service users and for existing service users from the date of their annual review or sooner if there was a change in circumstance which merits earlier review
- Provide Reablement to all existing and new service users who would benefit
- Offer longer term transitional support to younger adults with long term conditions including those who fell below critical/substantial needs as part of the Council's preventative offer
- Re-commission and further invest in 'a preventative offer' available to the wider community

A video was shown to the Commission to accompany the report which gave the Commission an idea of the general transformation across Adult Social Care and they were asked to:

- ❖ Provide feedback on the video
- ❖ Discuss the issues identified and considered changes
- ❖ Note that the views of carers and current and future users had been appropriately considered; and
- ❖ Highlight anything further that they felt should be explored before the proposals progressed

Observations and questions were raised and discussed including:

- Members commented that they found the video very interesting and queried whether the case studies shown in the video were something that were going to be brought to Peterborough. *The Assistant Director for Strategic Commissioning and Adult Social Care advised members that one of the case study services was already in place in Peterborough and the service had been in place for some time.*
- *Members were advised that a proper consultation would commence in November after the item had been taken to Cabinet.*
- Members commented that they were concerned that centres for people with disabilities were closing and queried how they were going to maintain friendships and socialise. *Members were advised that during all work with disabled people one theme was constant and that was friendship.*
- *Members were informed that service users and carers had seen the video and had a lot of engagement, there had also been sessions for parents and carers where the video was shown.*
- Members queried whether Peterborough City Council staff had seen the video. *Members were advised that staff had already been involved in creating the video. There had been a range of staff engagement events where the whole transformation process was discussed and the video was being used for these events.*

8. Notice of Intention to Take Key Decisions

The Commission received the latest version of the Council's Notice of Intention to Take Key Decisions, containing key 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 Notice of Intention to Take Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Notice of Intention to Take Key Decisions.

9. Work Programme

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2013/14 and the Governance Officer to include any additional items as requested during the meeting.

10. Date of Next Meeting

Tuesday 12 November 2013

The meeting began at 7.00pm and finished at 8.55pm

CHAIRMAN