

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 8 JULY 2014**

Present: Councillors B Rush (Chairman), J Stokes, K Sharp, R Ferris, N Shabbir and A Shaheed

Also present

David Whiles	HealthWatch
Jessica Bawden	Director, Corporate Affairs – C&PCCG
Dr Neil Modha	Chief Clinical Officer – C&PCCG
Neil Winstone	Associate Director of Performance Delivery, Cambridge & Peterborough NHS Foundation Trust
Jane Pigg	Company Secretary, Peterborough & Stamford Hospitals NHS Foundation Trust
Caroline Walker	Acting Chief Executive, Peterborough & Stamford Hospitals NHS Foundation Trust

Officers Present:

Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
Wendi Ogle-Welbourn	Director of Communities
Paulina Ford	Senior Governance Officer

1. Apologies

Apologies were received from Councillor Sylvester and Councillor Allen. Councillor Shabbir was in attendance as substitute for Councillor Sylvester.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 25 March 2014

The minutes of the meeting held on 25 March 2014 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. CPFT Consultation: Personality Disorder Community Service/Complex Cases Service, including Lifeworks

The Associate Director of Performance Delivery, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced the report which provided the Commission with information on proposals for the provision of the Community Personality Disorder Service and the current position regarding the service. It further provided Members with the consultation paper and information regarding Borderline Personality Disorder, Complex Cases Services and Lifeworks.

Observations and questions were raised and discussed including:

- The representative from HealthWatch noted that Lifeworks would continue in Cambridge and wanted to know if this would draw money away from the county and Peterborough. *The Associate Director of Performance Delivery responded that there had been a choice whether or not to keep a specialist personality disorder service and there was a commitment to keep this going. The arrangement to continue Lifeworks in Cambridge would not affect the proposals.*
- Members referred to pages 20 to 34 of the report and the Impact of the Proposed Changes and asked for further context regarding the scale of the personality disorder issues in the City. *Members were informed that Borderline Personality Disorder affected roughly 1% of the population and was the one which was most common. There would be roughly 55 people in Peterborough accessing the service. Distribution of resources had been based on population figures. Community locality teams would continue to work with people.*
- Members noted that the timescales following outcomes of the consultation were to be confirmed and were concerned that there was no deadline. Members asked if there was further detail on the timescales. *Members were advised that the outcomes would be presented to the Clinical Commissioning Group (CCG) Board meeting on 30 September. Responses would be collated shortly and the formal decision would be made by the CCG in conjunction with CPFT on 30 September.*
- Members noted under Lifeworks that the redesign of Complex Case Services (CCS) aimed to increase the capacity from an approximate caseload of 70 service users to about 240. Members wanted to know if this was because there had been an increase in cases or if it was part of a developing plan to focus more on people who were of higher risk. *The Associate Director of Performance Delivery stated there was no increase in the prevalence, but it was about trying to provide a specialist service to a greater number of people. Previously there had been a small group of people receiving intensive long-term help. The new system represented a more expanded system based on a greater evidence base.*
- Members wanted to know if all partners were working closely in partnership with the CPFT to help develop and take this proposal forward. *Members were informed that the CCG and the GP mental health leads had been involved in developing the process. The consultation had gone out widely to many stakeholders such as A&E, Police, Probation and others who came into contact with service users. A project group was being established to develop proposals to further develop the service enhancing the support post-discharge in order to provide longer-term support. If adopted, these proposals would require additional funding.*
- Members referred to pages 32 and 33 of the report and the Peterborough tables, the section on Crisis Work. Members noted that the proposed service was that '55 clients would have access to two full-time advanced nurse practitioners running a team of up to four people county wide'. Did this refer to county-wide clients or Peterborough clients as it was listed under Peterborough? *The Associate Director of Performance Delivery stated that this was a typing error and the figures referred to Peterborough clients only.*
- Members were concerned that the Scrutiny Commission had not automatically been included in the consultation and that it had not been widely advertised. They therefore asked why there was not greater visibility of the proposals. *The Associate Director of Performance Delivery apologised for this but was not sure why this had not been referred to scrutiny beforehand. He stated that he would be happy to arrange a further meeting with himself and one of the clinical team for Members of the scrutiny commission to provide more information.*
- Members asked which service users had been contacted as part of the consultation. *The Associate Director of Performance Delivery stated that all current service users of the specialist service had been written to directly and the consultation had been put on the website. All the clinical teams within the CPFT had been informed so that they could raise awareness with any clients that they were working with.*

- Members asked if there was scope for increasing the scheme in Peterborough. *The Associate Director of Performance Delivery stated that this was a funding issue and the scheme could theoretically be increased if there was more funding available.*
- Members stated that the proposal did not seem to be integrated with other services such as social care. *Members were informed that the Trust was an integrated Trust and that there was a social worker working within the team and there was contact with social care and mental health leads in Peterborough.*
- Members stated that there was no identification of key outcomes for this group of service users and was presented as a crisis plan. Was this the intention? *Members were advised that the proposal used the payment by results care plan clusters for the outcomes which was very much an outcome-orientated model. The outcomes were about trying to avoid crisis by using occupational therapy and psycho-education, such as providing service users with information about their condition and utilising psychological interventions.*
- Members asked what the position was with regard to the end of the 'sit in' regarding the proposed closure of Lifeworks at Tenison Road, Cambridge. *Members were advised that an agreement had been reached that Lifeworks at Tenison Road would continue for a period of no longer than five years for two days a week to current and new service users. Part two of the agreement was to set up a joint working group across Cambridgeshire and Peterborough to develop an agreed model which would provide users with a long-term safety net. This would therefore not affect any other proposals unless further developments presented a better way to do things.*
- Members asked when there would be a review period of the proposals. *Members were informed that services were reviewed annually regardless but the recommendations which came out of the consultation would be those which were adopted and would be reviewed annually.*
- Members followed up responding that the program would need at least a few years to assess the impact. *The Associate Director of Performance Delivery responded that this was indeed true and individual outcomes would be taken into account.*

ACTION AGREED

The Commission noted the report and requested that the Associate Director of Performance Delivery report back to the Commission with the outcomes of the consultation and the proposals that would be presented to the CCG Board on 30 September.

6. End of Consultation on Proposals to Improve Older Peoples Healthcare and Adult Community Services

The report was introduced by the Director of Corporate Affairs. At the time of publication of the agenda the outcome of the consultation had not been published. A link to the End of Consultation Report which had recently been published on the Cambridgeshire and Peterborough Clinical Commissioning Groups website since the publication of the agenda had been sent to the Members of the Commission prior to the meeting. The Director of Corporate Affairs went through the highlights of the report which covered a thematic analysis of the views of the public and organisations responding to the consultation and the CCG's recommended responses to these themes.

Key Themes highlighted were:

- More joined up care: organising care around the patient.
- Better planning and Communication: delivering 'seamless' care.
- Bidders should be required to demonstrate how mental health would be integrated through the service.
- Security of data should be protected through a 'single electronic record system' adhering to statutory data protection standards.

- Proposals for joint working with voluntary sector organisations would need to be taken into consideration regarding bidders.
- There would need to be a focus on prevention in order to support older people to stay independent.
- Services should need to support people by working together to give effective co-ordination and continuity of care.
- Improved community services: reducing emergency hospital admissions, re-admissions and long stays in hospital.
- End of Life Care
- Local issues should be taken into account, including equality of access to services and resourcing.
- Bidders should demonstrate how they intend to work with and support primary care.
- There should be clarity in contracts with regards to scope of lead provider services.
- Outcomes Framework: The CCG should review its capacity and capability to ensure the new contract is managed effectively.
- The CCG would need to work with all partners in the local health and social care system.
- Evaluation criteria should be applied in order to analyse the credibility of financial aspects of proposals.
- Performance should be evaluated and made available to increase staff satisfaction.
- Standard NHS contract clauses relating to poor performance should be used effectively, and compensation clauses should be included in the event of termination.
- All steps should be taken to ensure a safe and efficient transition, including certainty for the transfer of staff.

Observations and questions were raised and discussed including:

- Members stated that the biggest issue for Peterborough was the Better Care Fund and asked if funding would still be available for this. *The Director of Corporate Affairs stated that the expectation was that this would continue but discussions were still ongoing.*

ACTION AGREED

1. The Commission noted the report and the End of Consultation report on the Proposals to improve older people's healthcare and adult community services and requested that the Director of Corporate Affairs and the preferred bidder when chosen report to the Commission at the November meeting.
2. The Commission agreed to the continuation of the Joint Working Group to comment on how bidders take on proposals and look at future scrutiny during mobilisation and transition.

7. Peterborough and Stamford Hospitals NHS Foundation Trust, CQC Report

The Acting Chief Executive presented the report which provided the Commission with an overview of the outcome of the Care Quality Commission Inspection of Peterborough and Stamford Hospitals NHS Foundation Trust that was undertaken in March 2014. The CQC had released its report on the Trust's inspection on 16 May 2014 which had highlighted that the Trust 'requires improvement' however many of the individual scores were higher and there were no immediate actions that needed to be taken. Members were informed that the inspection regime was a new regime and the inspection focused on five questions across a range of services:

- Are services safe?
- Are they effective?
- Are they caring?

- Are they well-led?
- Are they responsive to patients' needs?

The Acting Chief Executive also gave a presentation on actions being taken which is attached at Appendix 1.

Observations and questions were raised and discussed including:

- Members commented that they were pleased with the report overall.
- Members asked what the reduction in falls of 4% meant as the figure expressed as a percentage was unclear. *The Acting Chief Executive informed Members that 4% was a reduction in the falls since last year but was unsure of the absolute figure. A lot of hard work went into reducing the number of falls and there had been a noticeable reduction of falls with significant harm. There were many vulnerable patients in a hospital environment who fall and it was difficult to significantly reduce falls.*
- Members asked why recommendations were all “should do” rather than “must do” and expressed concern that phrasing the recommendations in this way would be less likely to restore public confidence. *The Acting Chief Executive stated that this was the wording used by the CQC because the findings of the inspection did not require immediate action and reflected time scales rather than priority.*
- Members asked if the new paediatric area would compromise the four-hour target in A&E. *Members were informed that the four-hour target was already difficult to meet. However it was hoped that the paediatric area would not affect waiting times and the dedicated space was necessary.*
- Members asked if plans were in place to address the issues highlighted in the inspection prior to the inspection. *The Acting Chief Executive stated that there were already plans in place to address all of the issues but the inspection had focused the need to get things done and timelines had therefore been re-evaluated.*
- Members asked if the report had had a detrimental effect on the morale of the staff. *The Acting Chief Executive stated that there had been some disappointment expressed however there had been extensive communication to all staff.*
- Members asked if it were possible to visit the hospital to see evidence of the actions being taken. *Members were advised that this would be possible and could be arranged.*
- Members asked what would happen if a patient were admitted to A & E and then needed to go onto a specific ward but there were no available beds. *The Acting Chief Executive stated that they would stay in the Emergency Department until an available bed was found but this might not be in the appropriate ward. A patient might have to be moved again when a bed was found in the appropriate ward.*
- Members asked if there was competition amongst salaries for nurses. *The Acting Chief Executive stated that there was a national pay scale so there would be no competition amongst hospitals setting salaries for nurses.*

ACTIONS AGREED

The Commission noted the report and requested that a visit be arranged to the Hospital for Members of the Commission to observe how the CQC Action Plan was being implemented. It was also requested that if possible Members of the Commission be invited to attend a Management meeting where the action plan was reported to.

8. Health and Wellbeing Board LGA Peer Review Letter and Action Plan

The Director for Communities who is also Chair of the Health and Wellbeing Programme Board introduced the report. The report provided the Commission with an opportunity to comment on the feedback letter received from the Peer Review of the Health and Wellbeing Board and the development of a draft action plan following the review. The Health and Wellbeing Board commissioned the Peer Review in March 2014 the purpose of which was to help identify where the Board was doing well and where it needed to improve. One of the

key areas identified was that there needed to be stronger involvement by scrutiny with the Health and Wellbeing Board to ensure the Board was carrying out its statutory functions.

Observations and questions were raised and discussed including:

- Members commented that the remit for the Commission was wide and various organisations and stakeholders requested to attend the Commission. There would need to be consideration as to how the Commission could effectively scrutinise the work of the Board within such a limited time frame at meetings and workload of the Commission. *The Director for Communities responded that the Peer Review required Scrutiny to ensure that the Board focused on the greatest needs in Peterborough which had been identified through the Joint Strategic Needs Analysis.*
- Members asked why all the RAG ratings were green. *The Director for Communities said that this was a draft action plan and the RAG ratings had not been completed and therefore should not be considered, what was relevant was the text.*
- Members noted that the actions listed in the action plan did not have deadline dates. *The Director for Communities advised that the Programme Board would be agreeing upon deadline dates and this would be submitted to the Commission.*

ACTION

The Commission noted the report.

9. Review of 2013-2014 and Work Programme for 2014-2015

The Senior Governance Officer introduced the report which provided the Committee with a review of the work undertaken by the Committee during 2013/14 and the opportunity to approve the draft work programme for 2014/15.

The Director of Corporate Affairs, CCG informed the Commission that the Preferred Bidder would not be selected until 30 September and requested that the Preferred Bidder attend Scrutiny in November. The Commission agreed to this request.

ACTIONS AGREED

The Committee noted the report and approved the draft Work Programme for 2014/15.

10. Forward Plan of Key Decisions

The Commission received the latest version of the Forward Plan of 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 Forward Plan of Key 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 Key Decisions.

The meeting began at 7.00pm and finished at 8.43pm

CHAIRMAN