MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 17 SEPTEMBER 2015

Present:	Councillors B Rush (Chairman), J Stokes, K Aitken, A Shaheed, R Ferris and J Knowles	
Also present for item 5 only	The following members of the Creating Opportunities & Tackling Inequalities Scrutiny Committee: Councillors B Saltmarsh, J Yonga, C Harper	
Also present	David Whiles	Healthwatch
	Mark Sheppard	Head of Supplier Management Specialised Commissioning, NHS England
	Geraldine Ward	General Manager Renal and Transplant, University Hospitals of Leicester
	Dr Graham Warwick	Consultant Nephrologist, University Hospitals of Leicester
	Sandy Lines MBE	East Midlands and East of England Advocacy Officer, British Kidney Patient Association
	Dr Kleeman	Clinical Lead, Renal Service at Peterborough City Hospital
	Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
	Mike Exton	Chairman of Peterborough Kidney Patients Association
	Kyle Cliff	Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group
	Keith Spencer	Chief Executive Officer, UnitingCare Partnership
	Tracy Cannell	Chief Operating Officer, UnitingCare Partnership
	Jessica Bawden	Director of Corporate Affairs, C&PCCG
	Hani Mustafa	Youth Council Representative
	Oliver Sainsbury	Youth Council Representative
Officers Present:	Dr Liz Robin	Director of Public Health
	Wendi Ogle-Welbourn	Corporate Director, People and Communities
	Lee Miller	Head of Commissioning, Child and Adult Mental Health Services
	Paulina Ford	Senior Democratic Services Officer

1. Apologies

Apologies were received from Councillor Francis Fox.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 21 July 2015

The minutes of the meetings held on 21 July 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. Children in Care: Health Outcomes, Emotional Health and Wellbeing Pathway

The report was introduced by the Corporate Director for People and Communities; also in attendance was the Head of Commissioning, Child and Adult Mental Health Services. The report provided the Commission with an update on the following:

- Latest statutory guidance regarding how the health needs and outcomes for Children in care (Children Looked After (CLA)) should be addressed.
- How the health team for CLA were identifying and meeting their needs.
- Current issues with Child and Adolescent Mental health (CAMHS) services and the emotional health and wellbeing pathway and how these were being addressed.

Observations and questions were raised and discussed including:

- Members sought clarification regarding the temporary closure of the waiting lists for Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder referrals. *Members were informed that the residual group of people already on the waiting list was reducing. The waiting list was closed to enable new people to be seen in a more timely way.*
- It was noted that there were several transformation programmes and requested a timeline of all the different programmes.
- Who was looking at how mental and emotional health needs were responded to strategically in the longer term? *Members were informed that work was being done with parent carer groups and young people to identify their needs to be supported emotionally. Parent carers have said that it would be helpful to be in groups with other parents with professionals who could help them in terms of how they could talk to and manage some of the behaviours of their children. Consideration was therefore being given to a range of parenting programmes across the city that parents could attend for children with emotional and neurological difficulties. If support was provided at an early stage it was possible that not all children would need to be referred to specialist CAMHS services. It had also been identified that schools were in a position to identify at an early stage if a child needed support. Training to identify and recognise early stages of emotional behaviour was therefore being arranged for schools through the Pupil Referral Unit. Three psychiatric nurse posts had also been funded to go into schools to work with teachers to help them identify and address issues early.*
- If a child in care was displaying emotional behaviour where would they fit on the waiting list? Would they become an emergency? *Members were informed that the council did employ their own LAC psychologist. Difficulties arose if they required a particular type of treatment with a waiting list. They therefore would be part of the waiting list even though they had initially been seen as a priority.*
- Had there been any consideration given to putting on internet training courses for parents on how to deal with their disabled children and how to identify their children's disabilities. *Members were informed that there was e-learning for teachers but not sure if there was any available for parents. Parents did have access to a website called 'Local Offer' which provided support and services for children and young people with special educational needs or disabilities and their families.*

- Members responded that parents with disabled children often did not have time to access the internet. It would be more beneficial for social workers when visiting a family to signpost parents to services that they could access. *Members were advised that social workers would soon have access to a chrome book which would enable them to access the internet when visiting families and show them what services were available.*
- Was dentistry included under health outcomes for Looked after Children? *Members were advised that this was included and it was a performance indicator now being reported to the Corporate Parenting Panel.*

ACTIONS AGREED

The Commission noted the report and requested that the Corporate Director, People and Communities provide the following:

1. A timeline of all the different transformation programmes.
2. Investigate if there are any e-learning courses available for parents on how to deal with their disabled children and how to identify their children's disabilities.

At this point Councillors Saltmarsh, Yonga and Harper left the meeting.

6. Peterborough Renal Haemodialysis Capacity

The report was introduced by the General Manager Renal and Transplant, University Hospitals of Leicester. The purpose of the report was to brief the Commission on the tender process to provide renal dialysis services for patients in Peterborough. Members were informed that the objectives were:

- To repatriate approximately 30 displaced patients currently receiving dialysis at Lincoln, Leicester and Kettering;
- To make sure that the largest number of patients possible have access to local facilities;
- To meet national standards - Patients should travel less than 30 minutes of their home to access haemodialysis (i.e. repatriate displaced patients and reduce increased travel costs circ); and
- To provide and facilitate the delivery of high quality and most cost-effective care for the users.

Members were informed that University Hospitals of Leicester had been working closely with Peterborough City Hospital throughout the last year and a decision had been made to work outside of the tender framework to allow Peterborough City Hospital to bid for the tender.

Graham Warwick, Consultant Nephrologist, University Hospitals of Leicester also in attendance gave an overview of the dialysis service and informed Members that the priority was to provide a better service for Peterborough patients using the service.

Following the introduction the Chairman invited Stephen Graves, Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust, Dr Kleeman, Clinical Lead Renal Service and Peterborough and Stamford Hospitals NHS Foundation Trust and Mike Exton, Chairman of Peterborough Kidney patients Association to address the Commission.

Dr Kleeman made the following points:
- The right decision was to bring patients back to Peterborough to receive their treatment so that they no longer had to travel.
- Patients surveyed agreed that the right solution would be to have the unit based at the existing dialysis unit at the Peterborough hospital site and supplemented with a smaller unit.

- Patients felt that by having a dialysis unit on the hospital site gave them the advantage of having a clinician on site if needed. This would also mean less admissions to A & E and less visits to their GP's.
- The solution also needed to be suitable to the nursing staff. Unless they were in agreement it could be difficult to retain the existing staff and recruit new staff.

Stephen Graves made the following points:

- Strategically bringing the patients back to Peterborough so they no longer had to travel to receive treatment was the right decision.
- Peterborough City Hospital had a fantastic facility but at a high cost per square metre. Moving a facility out of the hospital would mean vacant space with continued overhead costs. This would increase the cost to the NHS. The preferable option would therefore be to keep all the services on site with a smaller supplementary facility just across the car park.
- A better service could be offered to patients if clinicians were at the same site as the dialysis unit.
- Concerned that there will be a change in service but no consultation had been held.
- Supportive of the direction of travel and had been working with colleagues to try and find a solution on site at the hospital.

Mike Exton made the following points:

- He had been a patient on renal dialysis for six years, travelling from Stamford to Kettering for treatment returning home anytime between 10.30 and 11.00pm in the evening.
- Patients who worked full time found travelling to treatment an extra burden on their time.
- Three patients had to travel from Peterborough to Kettering for the dialysis twilight shift which started at 5.00pm and finished approximately at 11.00pm. If there had been a delay on any of the previous shifts this would cause a delay in the twilight shift making it even later for people to travel home to Peterborough.
- Dialysis helped people to live as normal life as possible but travelling to Kettering to the dialysis unit put a strain on people physically. Moving the 30 patients back to Peterborough would be a great help to the patients who did work as well as those who did not.

Observations and questions were raised and discussed including:

- Members were informed that the hospital was currently in the middle of the tender process and bids would close on 27 September 2015. Evaluation of the bids would take place at the beginning of October the results of which could be brought back to the Commission.
- Was the current dialysis unit staffed by University Hospitals of Leicester staff and would the new unit continue to be staffed by them. *Members were advised that the current staff would continue to staff the new unit. The staff from the University Hospitals of Leicester already worked very closely with the staff at the Peterborough Hospital site.*
- Had the costs increased at Peterborough Hospital since University Hospitals of Leicester had started a dialysis unit at Peterborough. *The General Manager Renal and Transplant responded that she did not have that information. The Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust also responded advising that hospital costs had risen in line with the Retail Price Index and this was then passed on as part of any rental costs.*
- Members sought clarification as to why the Scrutiny Commission had not been consulted on the Stage One tendering process even though Peterborough patients had been involved. *Members were informed that those present at the meeting were clinicians and therefore did not have that information and would have to speak to Senior Management as to why the Scrutiny Commission had not been part of the consultation process.*
- Head of Supplier Management, Specialised Commissioning, NHS England further responded that the Stage One tendering process had been looked at as primarily for the patients of Northamptonshire. There had been an oversight in the process in not recognising that some patients from Peterborough had been affected.

- Members referred to paragraph 3.9 in the report and sought clarification regarding Lots 1 and 2 and asked if bidders could tender for both. *Members were informed that they could bid for either Lot 1 or Lot 2.*
- If patients had to travel would they rely on transport from the Clinical Commissioning Group or would they have to find their own transport. *Members were informed that there was a clinical criteria for the provision of transport and if the patient met that criteria they would be provided with patient transport even though they were within the six mile radius.*
- Members referred to paragraph 5, Consultation and the statement *"Feedback indicates that the overall UHL haemodialysis patent experience is very good*". Members asked for evidence of this. *Members were advised that patient experience feedback could be provided as evidence. Verbal feedback had also been obtained from one to one individual meetings with Peterborough patients at the Corby Dialysis Unit. All patients fed back verbally both to the nursing and medical staff at the dialysis units.*
- Sandy Lines, East Midlands and East of England Advocacy Officer, British Kidney Patient Association was in attendance and further responded that she visited all of the dialysis units periodically and talk to all of the patients. Patients have advised that they were very happy with their treatment. Patients were asked if they would prefer to remain at the same unit, have a bigger unit or have an additional smaller unit on the same site as the existing Peterborough site. Patients had overwhelmingly stated that they wished to stay at the Peterborough site.
- What sort of consultation had taken place with the patients? *The Advocacy Officer advised Members that there was no formal consultation and it had been done on a one to one basis through an informal chat as people tended to speak more freely.*
- Members asked the Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust if it was the intention to have a dialysis unit within the hospital and an additional purpose built building on the hospital site or just a purpose built building outside of the hospital to accommodate all of the dialysis patients. *The Chief Executive responded that the present facility within the hospital would remain which catered for the existing 90 patients. There would then be an additional smaller unit on the other side of the car park to provide additional dialysis for the remaining 30 patients to enable them to come back to Peterborough. This would therefore be Lot 1.*
- How will the patient consultation views be factored into the tender process and the decision made. *Members were advised that as part of the evaluation process patient feedback was taken into account. The evaluation would be 60% quality and 40% finances.*

The Chairman asked Members if they would agree to support the tender process to provide renal dialysis services for patients in Peterborough. The Commission unanimously agreed to support the tender process.

The Chairman proposed that a recommendation be put forward to support Lot 1, the provision of a Small Renal Dialysis Managed Service Satellite Unit which would provide extra capacity for patients in Peterborough and that it be built near to the existing Renal Dialysis Ward at Peterborough City Hospital. The Commission unanimously agreed to support the recommendation.

RECOMMENDATION

The Commission AGREED to support the tender process to provide renal dialysis services for patients in Peterborough and AGREED to support the Lot 1 proposal of a Small Renal Dialysis Managed Service Satellite Unit which would provide extra capacity for patients in Peterborough. The Commission recommends that the additional unit be built near to the existing Renal Dialysis Ward at Peterborough City Hospital.

ACTION

The Commission requested that the University Hospitals of Leicester report back to the Commission on the outcome of the tender process when completed.

7. Proposal for Non-Emergency Patient Transport Services

The report was introduced by Director of Corporate Affairs, C&PCCG. The report provided the Commission with an introduction to the proposal for Non-Emergency Patient Transport Services and the public consultation document. The Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group was also in attendance and provided further information and context to the Commission on the proposal.

Observations and questions were raised and discussed including:

- Members noted that the public meetings were all in the daytime and asked why none were being held in the evening. *Members were advised that historically attendance at evening meetings had been very low. Invitations had therefore been sent out to voluntary organisations and housing associations to ask if they would like someone to attend one of their local meetings. These would be in addition to the formal public meetings being held.*
- A member of the Youth Council asked how much money would be saved by recommissioning the service. *Members were informed that the current spend on patient transport was £6.5M. It was not know at this stage how much could be saved but the economies of scale should provide a saving. Members were also advised that the eligibility criteria would not change and therefore all patients currently eligible for transport would continue.*
- How would the patient transport service work with Peterborough City Council? *Members were informed that this had not been discussed as part of this particular procurement exercise as there was a need to move quickly as the current contracts were not fit for purpose. Any feedback through the consultation process that identified this as an issue would be taken into account.*
- Members noted that there appeared to be different call centres set up for each service. Would these be located in one building and using the same staff? *Members were informed that there had been a suggestion to use the 111 number for all calls or to use a new number as the point of contact. This would be for the provider to decide but any feedback through consultation would be taken into account.*
- Had consideration been given to the type of staff that would be employed to drive the transport and if they should be trained in first aid in case of emergencies. *Members were informed that this would become part of the contract with the provider. The level of vehicles used would range from use of volunteer car drivers to transport people to appointments to the use of ambulances. The level of training required would vary across the category of vehicle and the provider would need to take this into account.*

ACTION AGREED

The Commission noted the proposal for Non-Emergency Patient Transport Services and the public consultation.

8. UnitingCare Partnership – Quarterly Report

The report was introduced by the Chief Executive Officer and provided the Commission with an update on the UnitingCare Partnership. Members were provided with the following additional information:

- There were approximately 165,000 older people across Cambridgeshire and Peterborough;
- Last year around 20,000 older people had an emergency admission to hospital and of those 20,000 approximately 350 patients accounted for about 10% of the spend, 900 patients accounted for 20% of the spend and 3500 patients accounted for 50% of the spend of those admissions.
- UnitingCare was aiming to reduce admissions to hospital over the next two years by 19% and attendance at A & E by 20%.

Observations and questions were raised and discussed including:

- Members commented that people who lived on their own who were admitted to hospital had to be assessed before they could go home. Did this mean that they sometimes stayed in hospital longer than was necessary? *Members were informed that the assessment process needed to happen at the right point in time to understand correctly what the needs were for that person before returning home. Sometimes discharges were delayed because the right care package was not in place. UnitingCare would look at providing the assessment at the right time to better plan the persons return home.*
- Members were concerned that families were often not consulted regarding the discharge of patients and that appropriate follow up with families of the patient had not been provided. *Members were advised that this had sometimes been an issue and that UnitingCare were looking at how they could support the development of each care plan which would involve the patient and the people the patient would like involved as well. A good care plan identified all the key people that would need to be involved including such organisations as Cross Keys. Support for carers and family members would also be looked at. Work was being done by the Wellbeing Services on how to help patients, carers and family members navigate the care system and healthcare services.*
- How were the different service developments progressing in the rest of Cambridgeshire compared to Peterborough. *Members were informed that the Joint Emergency Team (JET) had been very successful as had the Hospice at home service which was specific to Peterborough. Peterborough was keeping pace with the rest of Cambridgeshire.*

Members of the Youth Council left at this point.

- Was there any reason why some care homes had more admissions to hospital than others? *Members were informed that there was a mixture of reasons. Some care homes looked after patients with more complex needs and therefore were likely to have more admissions to hospital and there were a few care homes with some management issues.*
- Regarding A & E and discharges, did UnitingCare receive good support from Peterborough City Hospital? *Members were advised that the hospital provided good support and worked collaboratively with UnitingCare.*
- Members asked if the challenge that UnitingCare had taken on when gaining the contract had been bigger than expected. *Members were informed that the challenge had been as expected but the bigger challenge had been getting organisations to work together.*
- Members sought clarification on what the new community led approach to the front door of the A & E department would look like. *Members were informed that UnitingCare were looking at what could be done to support people so that they did not need to go to A & E. Often patients ended up in hospital because there was no confidence that they could be supported at home, so the aim was to ensure support could be put in place quickly if clinically the patient was able to go home.*

The Chairman thanked the officers for attending and providing an informative report.

ACTION AGREED

The Commission noted the report.

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.

The Director of Public Health advised the Commission that the Health and Wellbeing Board Strategy would go through a drafting process and would be available for consultation between December and March 2016. It was therefore suggested that the Health and Wellbeing Board Draft Strategy item listed for the November agenda be moved to January 2016. The Commission agreed to this change.

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 including moving the Health and Wellbeing Board Draft Strategy from the 5 November meeting to 13 January 2016 meeting.

The meeting began at 7.00pm and finished at 8.55pm CHAIRMAN