



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 15 MARCH 2016**

Present: Councillors B Rush (Chairman), J Stokes, K Aitken, R Ferris, (Vice-Chairman) F Fox, L Ayres and A Shaheed

Also present

Karen Handscomb	Deputy Director of Quality, Safety and Patient Experience, NHS England
Jessica Bawden	Director of Corporate Affairs, C&P CCG
Stephen Graves	Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
Neil Doverty	Chief Operating Officer, Peterborough and Stamford Hospitals NHS Foundation Trust
Kim Sawyer Councillor Thulbourn	Director of Governance Chairman of the Alternative Governance Design and Implementation Group

Officers Present:

Liz Robin	Director of Public Health
Wendi Ogle-Welbourn	Corporate Director People and Communities
Pippa Turvey	Senior Democratic Services Officer

1. Apologies

No apologies were received.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 13 January 2016

The minutes of the meetings held on 13 January 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. Cabinet Member for Public Health Portfolio Progress Report

The report was introduced by the Director of Public Health. The report provided an overview of the public health functions of the Council over the past year, including services delivered, public health outcomes achieved, progress made and future plans.

Observations and questions were raised and discussed including:

- Whether the sexual health strategic group been had been formed because of a specific issue;
The Corporate Director People and Communities advised that certain issues needed to be addressed, such as early HIV detection.

- What the difference was between Peterborough City Council and Cambridgeshire County Council's Business in the Community (BITC) take up.
The Director Public Health clarified that the two operated under separate contracts, which varied due to respective economies of scale. Further detail could be circulated to Members on this matter.
- The Commission raised concerns surrounding the communication of public health issues within specific communities.
The Director Public Health advised that funding had been set aside for targeted campaigns and links had been from through the work of the Community Connectors. The Corporate Director People and Communities noted that Sexual Health Strategic Group were intending to review the forward plan of communications to improve its connectivity. Further information on the Healthy Peterborough Campaign would be circulated.
- The Director Public Health informed the Commission that Government Public Health was to be cut by 10%. This would be picked up by from within the budget.
- The Commission questioned why Peterborough was 20% below its target grant.
The Director Public Health advised that work had been done to lobby the Government, however blanket cuts were being enforced.

ACTION

- 1) The Commission noted the progress made since March 2015 and the public health priorities, challenges and opportunities over the coming period;
- 2) Further detail would be circulated to the Commission on the Business in the Community contract; and
- 3) Information on the Healthy Peterborough Campaign timeline would be circulated to the Commission.

6. Cambridgeshire Community Services General Practice Out of Hours Services: Care Quality Commission Report Findings

The report was introduced by the Deputy Director of Quality, Safety and Patient Experience, NHS England and the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The report presented the findings of the Care Quality Commission (CQC) Inspection of the Cambridgeshire Community Services NHS Trust GP Out of Hours Service, based at the City Care Centre. The services was commissioned by the Cambridgeshire and Peterborough CCG.

Observations and questions were raised and discussed including:

- The Commission questioned why, given that the service was under review, an inadequate result had been awarded.
The Deputy Director of Quality, Safety and Patient Experience advised that the CCG were still learning how to marry their performance indicators and their quality indicators.
- The Commission highlighted the fragmented and ineffective governance arrangements of the service.
The Deputy Director of Quality, Safety and Patient Experience advised that all elements of the service were being examined in order to glean a greater understanding of the organisation and how it was led.
- The Commission sought further detail on how the tender for the new service was to proceed.
The Director of Corporate Affairs clarified that although no consultation was proposed, representatives from Healthwatch were evaluating the bids and members of the Quality, Safety and Patient Experience team had been part of the evaluation. Considerable detail had been included within the bid specification.
- The Commission queried what plans were in place to address the inadequate service.

The Deputy Director of Quality, Safety and Patient Experience advised that the service had been addressed in the interim and was at a safe and effective level. A joint, director led, oversight group had been put in place.

- In light of the recent issue arising from the UnitingCare contract, the Commission questioned whether an investigation should also take place of the out of hours service. *The Director of Corporate Affairs advised that the out of hours service contract was not as complex in style, nor as high value as the UnitingCare contract.*
- Questions were raised by the Commission around what level of feedback was received from the patients. *The Deputy Director of Quality, Safety and Patient Experience informed the Commission that a complaints process was in place, as well as a message board for patient feedback. It was acknowledged that more could be done.*

RECOMMENDATION

The Commission recommended that a further report be brought back after May, with further detail on the new Cambridgeshire Community Services General Practice Out of Hours Service provider.

ACTION

The Commission noted the report and the proposed changes to the provider of the Cambridgeshire Community Services GP Out of Hours Service from 1 April 2016.

7. Peterborough and Stamford Hospitals NHS Foundation Trust

7.1 Operational Links Between Hinchingsbrook and Peterborough and Stamford Hospitals NHS Foundation Trust

The report was introduced by the Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT). The report provided an overview of the proposed collaboration work between Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingsbrook Health Care NHS Trust.

Observations and questions were raised and discussed including:

- The Commission asked the Chief Executive, PSHFT whether he had a preferred option. *The Chief Executive advised that he began the process with an open mind and if a particular option had negligible negative impact and would reduce cost, that would be favourable.*
- It was queried whether staff would be moved in between the Peterborough, Stamford and Hinchingsbrook sites. *The Chief Executive, PSHFT advised that this was a possibility, but would be different for different staff groups. For example, senior staff members would be more likely to have to move between sites.*
- The Committee noted that, with a decision expected in April, the public did not have a great deal of input into the proposal. *The Chief Executive, PSHFT clarified that after the decision in April, a period of public engagement would follow.*
- The Commission sought clarification on which organisation initially proposed a collaborative approach. *The Chief Executive, PSHFT advised that over the past number of years several proposals had been put forward for some form of collaboration between the two organisations. In this particular instance, the proposals were born from NHS wide discussion, although Peterborough and Stamford were more involved initially.*
- Mary Cook, a member of the public in attendance, was invited to address the Commission and made the following comments:

- Would the proposal for joint working operate in a similar fashion to UnitingCare, or would the organisation be an accountable care organisation?
- The Chief Executive, PSHFT considered that the body would be accountable, as they would be commissioning and would have responsibility for service provision.
- Ian Malow a member of the public in attendance, was invited to address the Commission and made the following comments:
 - Would there be a withdrawal of services from any of the sites, if there was found to be duplications?
- The Chief Executive, PSHFT was not aware of any potential duplications and advised that the proposals were not related to changing locations. It may be an issue for the clinical advisory groups to consider.

ACTION

The Commission noted the report.

7.2 Peterborough and Stamford Hospitals – Pathology Services

The report was introduced by the Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust. The report provided an overview of the work of the pathology services and proposals to centralise the service.

Observations and questions were raised and discussed including:

- The Commission questioned whether TPP were a preferred supplier at the current time, as it was understood that they were about to announce a loss of approximately £12.9 million.
The Chief Executive, PSHFT was aware that TPP were expected to post a loss. TPP were currently putting a recovery plan in place and the PSHFT would need to see this plan come into effect, with evidence of recovery, prior to any agreement.
- The Commission sought clarification on what was meant by clinical sustainability.
The Chief Executive, PSHFT explained that a certain level of output was required annually from clinical and, on its own, Peterborough and Stamford would not produce sufficient amounts. As such, partnership working was more favourable and more resilient.

ACTION

The Commission noted the report.

8. Older Peoples' and Adult Community Services Contract Update

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough CCG. The report provided an update on the independent internal investigation on the termination for the Older People's and Adult Community Services contract held between Cambridgeshire and Peterborough CCG and UnitingCare LLP.

Observations and questions were raised and discussed including:

- The Commission noted that reference was made within the report to the potential for a claim to be made by the CCG. It was not wished to prejudice this during discussion;
The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that she would not be answering any questions about potential claim. The information within the report contained advice from the CCG's auditors and may not come to fruition.
- The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG confirmed that the Strategic Projects Team (SPT) was within a commissioning support unit, and was part of NHS England.
- The Commission raised the point that as the SPT was within the NHS, it was the NHS itself that had failed to secure the relevant guarantees.

The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG clarified that a number of advisors had looked at this issue.

- It was noted that the limited liability company was formed a month prior to any contract being signed.

The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG acknowledged that this point had been raised by the auditors, and that the CCG should have better understood the risk involved, though this was not, in itself, a reason for the contract failure.

- The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that the CCG was forecast to report a £4 million deficit, due to the required spending on patient care following the breakdown of the contract.
- The Commission questioned whether all the relevant services were still in place.
The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that those services already commenced under the contract were still in place. Discussions were to take place to review those services that had not yet begun.
- Mary Cook, a member of the public in attendance, was invited to address the Commission and made the following comments:
 - The Strategic Projects Team, who advised on the procurement process, was now believed to be hosted by and an East of England health service.
 - It was questioned whether the contract was an experiment that had gone wrong.
- The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG confirmed that the CCG and the Local Authority needed to continue to investigate alternative methods of providing care.

ACTION

The Commission noted the report.

9. Minor Illness and Injury Unit Update

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough CCG and Chief Operating Officer, Peterborough and Stamford Hospitals NHS Foundation Trust. The report provided an update on work being done to scope the potential for a relocation of the Minor Illness and injury Unit (MIIU), based at the City Care Centre, Thorpe Road, Peterborough.

Observations and questions were raised and discussed including:

- The Commission queried whether then increase in use of the accident and emergency indicated a need for greater signposting.
The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that the work was done to educate the public on the relevant pathways to health care. Information would be circulated on whether the MIIU had seen a rise in attendance.
- The Commission were informed that the MIIU had originally been location at the current site following public consultation, which identified a desire for a city centre location.
- The Commission considered whether the availability of GP in the hospital at weekends had impact on the MIIU and whether this service should be extended to weekday evenings.
The Chief Operation Officer, PSHFT advised that the GP service in the hospital had increased in popularity, however further comment could not be made at the current time.
- The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that the CCG would be considering the impact of transport and access.

ACTION

- 1) The Commission noted the report; and

- 2) Attendance figures for the Minor Illness and Injury Unit would be circulated to the Commission.

10. Alternative Governance Arrangements

The Director of Governance introduced the report which provided the Committee with an update on the next steps following Council's decision on 27 January 2016 to confirm its earlier decision to adopt a hybrid model of governance to take effect from the Annual Council meeting in May 2016. The aims of the report were for Members to look at the impact of the new arrangements on the Committee's function as a Scrutiny Committee and to comment on the induction work programme.

The Director of Governance commented that as the Scrutiny Commission for Health Issues had a statutory function, their remit was much wider than just playing a role in how the Council's health functions operate and the integration of social care and health. It was commented that the Committee had a more outward focussed role than other committees and as a result the work programme aspect of the report would be more relevant.

Questions and comments were raised around the following areas:

- The Director of Governance commented that, under the new system, items would be more targeted and Scrutiny Committee's would deal with the more important issues;
- The Director of Governance commented that the induction work programme would be particularly relevant in order to target and focus the Committee's resources to relevant items where a difference could be made;
- Members commented that although there were a lot of information items on the agenda, these were issues that affected Peterborough residents and queried whether these would be lost under the new system? *The Chairman of the Design and Implementation Group clarified that although this could be true, the change to overview and scrutiny would be beneficial because items would be looked at before the decision had been made;*
- Members made reference to the UnitingCare Partnership termination and commented that it would have been impossible to pre-scrutinise the decision because it was confidential and only released one day before;
- Members commented that they had been involved in the UnitingCare Partnership from the beginning, at the bidding process, but the Scrutiny Committee had been unable to foresee that the contract would be terminated;
- Members commented that the new arrangements placed an onus on the Clinical Commissioning Group and external partners to approach the Scrutiny Committee to alert them of what plans and items would be coming forward over the year. This may prove difficult when teamed with already heavy workloads or items which come up at the last minute;
- The Director of Governance suggested that partnership working could be included in the induction process;
- Members queried whether the new Health Scrutiny Committee could say that pre-decision scrutiny would take priority when the Committee was already bound by statutory priorities? *The Director of Governance clarified that unlike many of the other Scrutiny Committees, the Scrutiny Commission for Health Issues had statutory responsibilities which would need to take priority. The intention of the report was to highlight the shift from a reactive scrutiny system to a more influential scrutiny system;*
- Members commented that they already pre-scrutinised because papers were brought before the Committee, Members were given a say in how things go forward and the ability to make recommendations;
- Members commented that Health should have its own separate Scrutiny Committee due to its large size;
- Members commented that Health scrutiny should still have the ability to reactively scrutinise as well as pre-scrutinise;

- The Director of Governance commented that a review process had been built into the new Alternative Governance arrangements and this could be used to alter the approach;
- Members commented that it would be very helpful for external partners to attend the induction and that it would preferably occur on one day.

ACTION

The Commission noted the report.

11. 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.

The meeting began at 7.00pm and finished at 9:35pm.

CHAIRMAN

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