

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 2 September 2014.

PRESENT: Councillor S J Criswell – Chairman.

Councillors K M Baker, R C Carter,
M Francis, R Fuller, Mrs P A Jordan,
S M Van De Kerkhove, Mrs R E Mathews and
Mrs D C Reynolds.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors R S Farrer and A J Hardy.

30. MINUTES

The Minutes of the meeting of the Panel held on 8th July 2014 were approved as a correct record and signed by the Chairman.

The Chairman welcomed Councillor M Francis to his first meeting of the Panel and introduced the newly appointed Senior Managers who were present.

31. MEMBERS' INTERESTS

Councillors Mrs P A Jordan and Mrs D C Reynolds declared non-disclosable pecuniary interests in respect of Minute No. 33 by virtue of their employment with the NHS.

32. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received and noted the current Notice of Key Executive Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader for the period 1st September 2014 to 31st January 2015.

33. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: PERFORMANCE REPORT

The Chairman welcomed Mr I Weller and Mr K Poyntz from the Cambridgeshire and Peterborough Clinical Commissioning Group to the meeting to assist the Panel in its consideration of this item.

With the assistance of the 2014/2015 Integrated Delivery Report produced by the Cambridgeshire and Peterborough Clinical Commissioning Group (a copy of which is appended in the Minute Book) the Panel received a presentation from Mr I Weller and Mr K Poyntz and proceeded to discuss the contents and ask questions thereon.

As background and in general terms, the Panel was advised that the

Primary Care Trust had been replaced by the Clinical Commissioning Group (CCG). Local Commissioning Groups (LCG) comprised general practices which had come together to commission or buy services for local residents. There were two LCGs in Huntingdonshire: Hunts Care Partners and Hunts Health.

Mr Weller described the older people's programme, one of the priorities identified by the CCG. He added that the CCG had launched a procurement process to attract bidders to deliver an integrated older peoples' and adult community services contract for those aged over 65 and that the three short-listed submissions received would be evaluated. A decision on the preferred bidder would be announced by the end of September with the view to a start date for the contract of 1st April 2015. Coronary Heart Disease and End of Life Care were the other priorities of the CCG.

In response to questions regarding the timescale between the appointment of the preferred bidder and the start of the contract, Mr Weller explained that the start date for the contract had been delayed until April 2015 to give the appointed bidder additional time to mobilise their services and to retain the current process in place during a critical time of year for the elderly. He also confirmed that useful information had been received during the bidding process, which could be used to inform the design of services for all patients and not just the elderly.

Mr Weller took the opportunity to draw attention to the "Health Economy", the shortfall in funding for Cambridgeshire and key work being undertaken to examine options around clinical and design initiatives to seek to reduce expenditure and establish a sustainable way forward in the future. Updates on progress of this work would be reported to the Panel. Following questions, Mr Weller concluded by stating that whilst there was no obvious solution to achieving savings, the quality of care and patient services would not be compromised.

Mr Poyntz guided the Panel through the Integrated Delivery Report, which identified those areas of concern that the CCG would want LCGs to discuss.

National standards were reflected in contracts held with all key providers and the delivery reports identified areas in which the provider appeared to be under-performing. As an example, Mr Poyntz drew attention to the number of individuals arriving at CUHFT (Addenbrookes) and the challenge that the turnaround time of four hours was presenting to that hospital. Hinchingsbrooke Hospital had experienced similar problems but had introduced measures to ensure that it was no longer a key area of concern. It was confirmed that learning experiences were shared.

The Panel requested that, in future, a glossary of all abbreviations used to describe services was provided to ease their understanding of the report.

In response to questions, Members were advised of the ways in which providers would be made accountable should they fail to meet the wider range of annual standards. At most, the Panel understood that serious failure could result in the imposition of a remedial action

plan and a significant financial penalty. Given concern that these penalties might have an impact on patient care, Mr Poyntz explained that they formed part of a compulsory national scale, which had been established to ensure providers took the necessary action to prevent failures from re-occurring. In response to further questions, Mr Poyntz agreed to reconsider the wording of some of the text on page 18 of the document referring to cancer waits. He explained that it was not possible for services to be available at all hospitals and that it was preferable to concentrate some activities at specialist hospitals as this was likely to result in better outcomes for patients.

In thanking the speakers for their attendance, Mr Weller suggested that it would be useful for the Panel to receive a presentation in the future on hospital accountability.

34. SHAPE YOUR PLACE: ANNUAL REPORT

By reference to a report by the Head of Community (a copy of which is appended in the Minute Book), the Panel considered the performance of the Shape Your Place website in Huntingdonshire over the period 1st July 2012 to 30th June 2013. Contrary to the report, the Head of Community clarified that the District Council made no payment to Cambridgeshire County Council, as administrators, for use of the Shape Your Place system. There was, therefore, no opportunity to make savings by amalgamating the West Huntingdonshire and Sawtry sites. Notwithstanding, the Panel noted the performance data for the reporting period and formed the view that the six Shape Your Place sites should be retained. Whilst acknowledging the level of use was disappointing in some areas, the Panel considered that more could be done to promote the system with Town and Parish Councils and by its inclusion on the home page of the District Council's website.

Members had mixed experience of the receipt of automated notifications when issues relating to their wards were posted. The Head of Community undertook to investigate the reasons for the apparent discrepancies in practise. It also was established that whilst visits to the site had increased they could technically all be associated with the same person. The Head of Community accepted that it would be useful to measure, by the use of a simple "tick box" survey, why users were visiting the site on a particular day.

After discussion, it was agreed that, in future, the report on the performance of the Shape Your Place system should be circulated to Members on an annual basis but only submitted to the Panel should any issues arise with the system that required to be addressed.

35. CORPORATE PLAN 2014-16: PERFORMANCE MONITORING

(Councillor J D Ablewhite, Executive Leader of the Council, was in attendance for this item)

With the assistance of a report by the Policy and Performance Manager (a copy of which is appended in the Minute Book), the Executive Leader, Councillor J D Ablewhite, presented, for the first time, the performance framework which would be used to measure progress made against key activities and performance targets

identified in the Council's Corporate Plan.

It was explained that the Overview and Scrutiny Panels would receive quarterly performance reports ordered by strategic themes and that it was the intention that Executive Councillors would attend Panel meetings in future to respond to questions that might arise on services within their respective portfolios.

Whilst commending the format of the report, the Panel was of the opinion that the District Council should continue to measure the Home Improvement Agency service and monitor how the partnership with Cambridge City and South Cambridgeshire District Councils was operating. It also was the expectation that a measure relating to waste minimisation and street cleansing should be included given the importance and profile of both services to the public. In response, the Head of Operations explained that the previous standard for street cleansing had been measured at significant cost but he would consider the use of a targeted indicator directed towards key hotspots for instance. In terms of waste minimisation, it was explained that RECAP undertook performance monitoring on behalf of the District Council and compiled comparison data from other authorities and reported on an annual basis.

In conclusion, the Panel noted that quarter two performance reports would be submitted in November, that the process would be reviewed after one year's operation and that all performance reports would be made available on the Council's website.

36. CAMBRIDGESHIRE HEALTH COMMITTEE

The Panel received and noted the Minutes of the meeting of the Cambridgeshire Health Community held on 10th July 2014 (a copy of which is appended in the Minute Book).

Councillor Carter, the Panel's appointed representative, drew particular attention to the items in connection with smoke cessation services and the support of the Committee for the introduction of regulations for standardised packages of tobacco products.

In referring Item No 35 to the Panel relating to the older people's health care and adult community services consultation, Councillor Carter reassured Members that the contract would be evaluated on the basis of the quality of service and interview and not just cost.

37. WORK PLAN

The Panel received and noted a report by the Scrutiny and Review Manager (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and Environmental Well-Being.

38. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS

Arising from discussion on a current case in the media, the Head of Community undertook to report to the Panel on the implications of the

forthcoming Anti-social Behaviour, Crime and Policing Act 2014.

Councillor R Fuller reported on the progress made thus far by the Working Group pursuing a study on affordable housing and was confident that the Group could make an impact on future ways of working. The study had the support the relevant Executive Councillor.

In relation to children and young persons and problems experienced around youth locality teams and young people presenting for assessment, the Panel undertook to pass any examples of unsatisfactory services to Councillor S M van de Kerkhove to raise at Cambridgeshire County Council. The Member would report on progress to the next meeting.

39. SCRUTINY

The 147th edition of the Digest of Decisions was received and noted.

Chairman