

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (COMMUNITIES AND CUSTOMERS) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 2nd February 2016.

PRESENT: Councillor S J Criswell – Chairman.

Councillors D Brown, Mrs L A Duffy,
M Francis, R Fuller, T Hayward,
Mrs P A Jordan, P Kadewere, D J Mead and
M C Oliver.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors Mrs R E Mathews and Mrs D C Reynolds.

IN ATTENDANCE: Councillors Mrs A Dickinson and R B Howe.

12. MINUTES

The minutes of the meeting of the Panel held on 5th January 2016 were approved as a correct record and signed by the Chairman.

13. MEMBERS' INTERESTS

Councillor Mrs P A Jordan declared a non-disclosable pecuniary interest in relation to Minute No. 15 as an employee of the Cambridgeshire Community Service based at Hinchingsbrooke Hospital.

14. 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 has been prepared by the Executive Leader for the period 1st February 2016 to 31st May 2016.

15. HINCHINGBROOKE HOSPITAL IMPROVEMENT PLAN UPDATE AND COLLABORATION WITH PETERBOROUGH

The Panel received a presentation from Lance McCarthy, Chief Executive Officer of Hinchingsbrooke Health Care NHS Trust, regarding the Hinchingsbrooke Hospital Improvement Plan update and collaboration with Peterborough. During the presentation Mr McCarthy covered the four main areas which were: the Care Quality Commission (CQC) inspection and report, system wide work, collaboration with Peterborough and Stamford Hospitals and the vision for Hinchingsbrooke.

The Panel were informed that the hospital had been inspected by the CQC in October 2015. The hospital was deemed to be 'requires improvement' and remained in special measures as the new governance structures had not had sufficient time to bed in. The CQC

would be inspecting the hospital again on 10th, 11th and 12th May 2016.

During the October 2015 inspection the CQC stated they had seen material improvements since their last inspection. There had been an increase in the number of 'good' ratings attained and a decrease in the number of 'inadequate' ratings attained. The hospital had no compliance issues but was told that there were 14 must do's.

Members noted that Cambridgeshire and Peterborough has one of the most financially challenged health economies in England. In order to face the challenge the System Transformation Programme led by Cambridgeshire and Peterborough Clinical Commissioning Group was set up. The 5-year System Transformation Plan would be scrutinised by the regulator in June 2016.

Mr McCarthy acquainted the Panel with Hinchingsbrooke Hospital's role within the System Transformation Programme. The hospital would focus on the areas of maternity and neonatal, elective care redesign and urgent and emergency care.

The Panel was informed of Hinchingsbrooke's collaboration work with Peterborough and Stamford Hospital Foundation Trust and the timetables for the completion of work. The two hospitals agreed to work collaboratively to determine the potential to reduce duplication and cost of back office functions and support the future sustainability of services. In addition the regulator had asked the hospitals to review the potential organisational form.

Mr McCarthy shared Hinchingsbrooke Hospital's vision with the Panel. The primary responsibility of the hospital is to the population of Huntingdonshire and meet their health needs. There will be service redesign to meet the needs of the residents which will include: the development of elective centre for the county, the development of a health campus and improvement of Urgent and Emergency care to meet increasing local demands.

Following a question regarding the collaboration with Peterborough Mr McCarthy informed Members that the collaboration may involve the migration of staff at times of necessity in order to maintain service levels. In addition back office functions may be rationalised.

Members followed up by expressing concern that reducing back office functions could have an impact upon patients. The Panel was told that with every single cost improvement scheme there is a Quality Impact Assessment undertaken which analyses the risks of implementation on quality. Schemes will not proceed if there is a material risk to a reduction in quality. The hospital and health service in general have considerably more back office costs than the rest of the public sector. Mr McCarthy told the Panel of the findings of a recent national assessment by Lord Carter, which show that Hinchingsbrooke Hospital's administration costs are 40% higher than expected and that the total cost of back office functions could be reduced by 15-20%.

The Panel was acquainted with the four different options of collaboration with Peterborough which are: do nothing, remain

independent but collaborate with back office functions, maximise collaboration but remain independent or merger. However before a merger would commence both hospital boards would have to agree, before the idea goes to the regulator. If approved, a Full Business Case would then need to be developed.

A question was asked with regards to public consultation for a possible merger as it was noted that technically it would be an acquisition of Hinchingsbrooke as opposed to a merger as Peterborough and Stamford Hospitals is a Foundation Trust and Hinchingsbrooke is not. This means that there is not a need for public consultation.

In response Mr McCarthy stated that in the event of an acquisition there would be public engagement but not a formal public consultation. The Panel was reassured that Hinchingsbrooke would not be acquired without justifying the decision to the public.

There was concern that Hinchingsbrooke Hospital remains in special measures and could close however Members were assured that the hospital won't close and that good very progress has been made in relation to the CQC ratings but the management are disappointed that the hospital remains in special measures. The CQC are returning in May and the management are confident that the hospital will get out of special measures.

(At 7.57pm, on the conclusion of this item, Councillor Mrs P A Jordan left the meeting).

16. ONE LEISURE STRATEGIC PLAN SCOPING REPORT

With the aid of a report by the Head of Leisure and Health (a copy of which is appended in the Minute Book) the One Leisure Strategic Plan scoping report was presented to the Panel. The Panel were reminded of the background to the Strategic Plan and One Leisure. Members were advised that the service aims to produce a commercial return by 2019/20.

The Panel was informed that the Strategic Plan would contain the vision for One Leisure which will include a social well-being element as well as a physical well-being element. For the customer analysis One Leisure used Sport England's Market Segmentation. In addition to the Strategic Plan there will be a year on year action plan.

Following a question regarding the innovation of One Leisure Members were advised that One Leisure does not have unlimited resources and therefore can't offer everything to everyone. Instead the service will focus on particular markets for sustainability and growth. The Panel was informed that currently One Leisure currently hold a 60-70% market share of the leisure market within Huntingdonshire.

A Member indicated that within the section that discusses the staff of One Leisure they would like the phrase 'we want excellent, engaged, welcoming (smiling) staff with the right attitude' reworded to read 'we expect excellent, engaged, welcoming (smiling) staff with the right attitude' as this would emphasise that this is an expectation and not a

request.

In response to a question on running fitness classes within old people's homes and schools Members were informed that classes are already taking place and that the service is looking at providing more. With regards to schools there has been a decline in the number of pupils taking part in physical activity however the service is working with the schools to get pupils involved.

Following queries with regards to achieving a commercial return and the £2m loss, the Panel was informed that the £2m loss is historical and the service is forecast to return a surplus of £350k in this financial year. Members were told that the meaning of commercial return is that the service would have surplus funds to reinvest. It does not mean that admission prices will rise to unacceptable levels.

The Panel wanted to record their thanks to Councillor R B Howe and the management of One Leisure for their hard work with improving the service.

17. SPORTS FACILITIES STRATEGY FOR HUNTINGDONSHIRE 2016-2021 SCOPING REPORT

With the aid of a report by the Head of Leisure and Health (a copy of which is appended in the Minute Book) the Sports Facilities Strategy For Huntingdonshire 2016-2021 scoping report was presented to the Panel. Members were advised that the strategy has an inventory of all the sports and leisure facilities within the District and not just Council owned facilities.

The Panel were informed that the previous strategy expired in 2014 however the new strategy was based upon the old strategy but it has been updated and refreshed. The facility standards that would be used within the study are the ones adopted by the Council in 2008 and subsequently as part of the Local Development Framework Developer Contributions Supplementary Planning Document 2011.

The strategy will assist with Officer's requests for contributions from developers when they submit planning applications as the strategy would list the facility deficiency within the District.

A comment was made by a Member with regards to the word sport. The strategy focuses upon sports facilities however local schools have stated that they have pupils who would like to participate in physical activity but would be put off by the word sport as that suggests there is a competitive element.

Concerns were raised that the strategy does not mention disabled people's participation in physical activity other than that they participate at lower rates than those people without a disability.

It was suggested that there would be higher rates of participation with the swimming pools if they were warmer. The Panel was told that the problem with the suggestion was that One Leisure swimming pools cater for both competitive and recreational swimmers. Usually the competitive swimmers complain that the pools are too warm and the recreational swimmers complain that they are too cool therefore the

decision was taken to warm the pools in the middle ground at around 29°C.

Following a question with regards to public rights of way and why they have not been included within the strategy Members were informed that the strategy covers built sports facilities however public rights of way would be considered for future inclusion.

(At 8:44pm, on the conclusion of this item, Councillor Mrs A Dickinson left the meeting).

18. WORKPLAN STUDIES

The Panel received and noted a report by the Democratic Services Officer (Scrutiny) (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economy and Growth and Finance and Performance.

19. OVERVIEW AND SCRUTINY PROGRESS

With the aid of a report by the Democratic Services Officer (Scrutiny) (a copy of which is appended in the Minute Book) the Panel reviewed the progress of its activities since the last meeting. In addition Members had the opportunity to discuss issues arising from the Decision Digest (circulated separately).

Members were informed that the Review of Elderly Care at Hinchingsbrooke Hospital Working Group would commence in the near future. In addition the Chairman of the Cambridgeshire County Council Budget Scrutiny Working Group signed off a note on the findings. There was a suggestion that time would be set aside at the beginning of the Municipal Year to scrutinise next year's County Council's budget. It was confirmed that the notes would be circulated to the Members of the Working Group.

(At 8.45pm, during the consideration of this item, Councillor R B Howe left the meeting).

Chairman