



MEETING OF THE HEALTHY ENVIRONMENT DEVELOPMENT AND SCRUTINY PANEL

TUESDAY, 8 NOVEMBER 2005 2.30 PM

PANEL MEMBERS PRESENT

Councillor Elizabeth Channell
Councillor Nick Craft (Vice-Chairman)
Councillor Donald Fisher
Councillor Bryan Helyar
Councillor Fereshteh Hurst

Councillor Stan Pease
Councillor Mrs Margery Radley
Councillor George Waterhouse (Chairman)
Councillor Avril Williams

OFFICERS

Chief Executive
Corporate Director, Community Services
Scrutiny Officer
Scrutiny Support Officer
Scrutiny Support Officer

Judith Moore – Waste and Resources Action
Programme
Mandy Renton – Peterborough & Stamford
Hospitals NHS Foundation Trust
Christopher Hall – Peterborough & Stamford
Hospitals NHS Foundation Trust

OTHER MEMBERS PRESENT

Councillor David Brailsford
Councillor John Hurst
Councillor Vic Kerr
Councillor Linda Neal (Leader)
Councillor Gerald Taylor
Councillor John Wilks

1 Member of the press
1 Member of the public

The Chairman welcomed Judith Moore from the Waste and Resources Action Programme, Mandy Renton and Christopher Hall from the Peterborough and Stamford Hospitals NHS Foundation Trust, Members of the Mental Health Services Working Group and members of the public.

42. COMMENTS FROM MEMBERS OF THE PUBLIC

A comment was made by Mrs. Patrick of Stamford on the provision of beds for mental health patients in Stamford. She stated that funding had been withdrawn from the United Lincolnshire Hospitals NHS Trust and in her view the only safe unit left for patients in Lincolnshire was Lincoln prison.

43. MEMBERSHIP

None.

44. APOLOGIES

None.

45. DECLARATIONS OF INTEREST

None.

46. ACTION NOTES

Noted.

47. FEEDBACK FROM THE EXECUTIVE

The Healthy Environment Portfolio Holder acknowledged receipt of the DSP's recommendations on waste management. Consultation would cease in November and a report to Cabinet was expected in December, at which point recommendations would be made on how to proceed.

48. WASTE AND RESOURCES ACTION PROGRAMME

Judith Moore from the Waste and Resources Action Programme (WRAP) gave a presentation on their background, objectives, sustainable procurement and products available.

WRAP are funded by DEFRA and the devolved administrations of Scotland, Wales and Northern Ireland. WRAP's mission was to accelerate resource efficiency by creating efficient markets for recycled materials and products, while removing barriers to waste minimisation, re-use and recycling. WRAP was launching a national campaign to raise consumer awareness of recycling and to encourage people to take action to recycle.

Encouraging people to use products with a recycled content makes the resources collected more valuable and is important for:

- Creating markets, better prices and increased demand for materials collected;
- Offering a practical measure and cost-effective way to demonstrate progress against sustainable objectives;
- Leading by example.

Uses for materials with recycled content include: construction, printing, highways and estates management, for which a minimum quota for recycled content could be stipulated within the project specification and included in conjunction with the tendering process. Case study details for projects that have included materials with a minimum recycled or reclaimed content are available on the WRAP website. WRAP had experts who would assist any authority seeking to pursue sustainable procurement of paper products.

All WRAP publications and guidance had been made available on the website: (http://www.wrap.org.uk/procurement/local_authorities).

Ms. Moore answered questions from Panel Members that had arisen from her presentation. She stated that WRAP had produced a series of guidelines for people within target sectors including construction. WRAP were working with many different groups, including Local Authorities and the construction industry; the presentation for each was tailored to reflect potential needs and objectives of all of the organisations. The quality of products with recycled content would need to stand against "conventional" products on the open market and would need to look right, perform right and cost the right price.

The Chairman thanked Ms. Moore for her presentation and the information that she had provided.

49. HOSPITAL PROVISION IN SOUTH KESTEVEN

The Chairman welcomed Mandy Renton and Christopher Hall from the Peterborough and Stamford Hospitals NHS Foundation Trust and thanked them for attending the meeting. He informed the Panel that disappointingly a last minute apology had been received from the United Lincolnshire Hospitals NHS Trust. Notes from a meeting with the Trust were circulated for the information of Members. Although there would be no guaranteed outcome from the NHS Trusts, the DSP would be able to make recommendations to Cabinet or Council for their consideration.

Stamford

Ms. Renton gave a presentation detailing an overview of the services provided on site. She stated that there was a minor injuries unit, which was open from Monday to Friday, in-patient medical facilities, day-case surgery, outpatient services, diagnostic facilities, pharmaceutical facilities and rehabilitation facilities. Theatre specialties included orthopaedics, gynaecology, urology and general surgery; approximately 3,600 procedures are performed every year. Over the past 2-3 years there had been an increase in day-case surgery, reflecting the clinical strategy and contemporary practices in medicine where in-patient surgery was no longer normal. Of the 45,000 outpatients seen from the Stamford area across all 3 hospital sites (Peterborough District Hospital, Edith Cavell Hospital and Stamford Hospital), 22,400 were treated at Stamford hospital. Figures for the minor injuries unit for three time periods are listed below:

	Number of Patients	Waiting Period
2000-2001	9047	2hrs, 23 minutes
2003-2004	9882	34 minutes
2004-2005	9436	20 minutes

The east end of the estate was being used for medical purposes, the older buildings at the west end of the estate were closed because they were not used and there was no need to use them. A workshop had been held in October to find ways to use the buildings that responded to changes within medicine and to commissioning and funding patterns. Any changes that had been made were backed up by clinical changes.

Ms. Renton and Mr. Hall responded to questions from the Panel and discussed the following:

- No comparable accounts for the previous year had been included in the statement of accounts sent to the District Council because the financial year 2004/05 was the Trust's first year as a Foundation Trust. Two sets of figures would be included in the next set of accounts produced;
- There had been a spending increase attributable to a variety of circumstances including increased employer contributions for staff pensions, additional costs associated with central government initiatives, which had not been fully covered despite an increase in revenue and increased local costs in the way services were provided, thus having to adjust to reflect the level of funding available;
- Because the Trust had become a Foundation Trust, they were subject to legally binding contracts with Primary Care Trusts (PCTs). They had over-performed in the first six months of their contract; this has meant that they have had to decrease the number procedures in order to meet contracts. The Hospital could do additional procedures but the PCT would not stand the cost. They

were unable to put tenders out to the private sector or undertake any private sector work because of capping figures on the income, which could be generated through private patients to ensure that private patients were not treated to the detriment of NHS patients;

- The mandatory capital payment of public dividends equated to 3.5% of the value of assets being paid to the Department of Health, this would constitute part of the cash to fund PCTs;
- That both hospitals in Bourne had been closed, despite assurances to the contrary at the time, while both Grantham and Stamford were seeing a depletion in the number of wards open and the number of services available. The Peterborough and Stamford Foundation Trust were looking at using the estate at Stamford hospital for the provision of other health related services using a public steer. Although the Hurst Ward had closed, it did not affect service provision as a whole. It was suggested that a policy could be pursued to ensure that the hospital estate be retained for the supply of medical services;
- Plans for a Centre of Excellence in Peterborough would not affect hospital provision in Stamford. Such plans would entail an amalgamation of the two hospital sites in Peterborough City. The Hurst Ward had been taken out of medical use because it did not offer the most suitable clinical lay-out for patient care;
- 2% of Trust staff were Senior Managers, approximately 29% of staff were nursing staff. Administration staff accounted for 7.1% of total staffing numbers. This was comparable to a figure of 20.6% for the United Lincolnshire Hospitals NHS Trust;
- When hospital services are adjusted and ward closures ensue on the pretext of the establishment of a centre of excellence, there should be empirical proof that the Centre of Excellence exists; it was suggested Panel Members should attend a site visit to the Centre of Excellence;
- When discussing the driving force behind decisions, a lack of money of money to effectively use their capacity was suggested. Generally recruitment was good, although some specialists had to be recruited from outside the UK. The Trust were looking at bringing in work from other areas.

Ms. Renton stated that there had been a review of all services across the Trust, the outcomes of which were due to be published shortly after the meeting.

The Chairman thanked Ms. Renton and Mr. Hall for their attendance and their frank answers. He advised them a copy of the action notes from the meeting would be sent to them for their information.

Grantham

The Chief Executive commented on the notes he had produced from a meeting with representatives of the United Lincolnshire Hospitals NHS Trust. Key points from that meeting included:

- At Grantham Hospital in a year there would be over 30,000 patients treated in the Accident and Emergency (A&E) Department, 7,000 planned surgical operations, 6,000 emergency admissions and 80,000 outpatient visits;
- A&E would continue to be a 24-hour, 7 days a week service;
- Patients who need urgent medical treatment would continue to be cared for at Grantham;
- Patients brought to the A&E requiring treatment in a major trauma centre would continue to be transferred to Sheffield or Nottingham (this had always been the

case);

- A change had been proposed regarding Level 3 Critical Care services; where patients were known to the Trust, they had previously been and would continue to be redirected to hospitals that could offer the appropriate standard of health care required. Where the condition of patients already in hospital had deteriorated, they would be transferred as soon as possible, previously they would have been held for 24-hours. The change was proposed as a result of a clinical safety review;
- Haematology day-care patients would continue to be treated at Grantham. The service would be enhanced through integration into county-wide provision;
- There is the potential for service improvements at Grantham, including capital investment in the development of breast care services within the Trust, the appointment of a senior doctor who is a leading expert in the country at using MRI technology to diagnose heart problems and the application by the Trust for Grantham to be the site for an innovation unit for the whole of the East Midlands;
- The Trust were in a financial transitory period to the implementation of payment by results. This would lead to a code to cover every medical service. This would not be implemented until 2008. Interim arrangements were causing difficulties;
- Data from the Department of Health said the reference cost of United Lincolnshire Hospitals had been higher than the target. The 2003/04 reference cost was 109, which would need to be reduced to 98 by implementing efficiency gains. Historically Lincolnshire hospitals had not received equivalent levels of funding compared to elsewhere in the country while facing the additional costs incurred in delivering a service to a rural area with a low infrastructure of community service. One key aspect in improving efficiency would be to reduce the average length of a stay within hospital, which had been 8.7 days in 2003, to 5.5 days;
- The deficit of £4.9m on a turnover of £287m had arisen because of historical borrowing to close the gap between the service required and the resources available. From 2006/07, the Department of Health had agreed to increase funding for Lincolnshire, from 8% below the national average to 2% below the national average. However, as a condition to this funding, the Trust would need to increase its efficiencies and pay off its debt;
- A large number of issues raised by the Trust and points of mutual interest between the Trust and the Council, it was suggested that the Hospital should be invited to become a full member of the Local Strategic Partnership. As Chairman of the LSP, The Leader was tasked with consulting Members.

Panel Members were concerned about some of the points raised at the meeting and suggested that they would like the opportunity to question representatives from the United Lincolnshire Hospitals NHS Trust at a future meeting. Questions and discussion included the following points:

- If critical care beds were moved from Grantham, where would they go?
- Despite being told that there would be an increase in high dependency beds across the District, no mention had been made as to where these would be;
- A lot of people who “block” beds cannot be discharged because there would be nobody to look after them. It was suggested that there should be increased liaison with social services. As people are not able to be discharged, efficiency targets would not be met;
- The proportion of administration and estates was seen as being particularly high (21% of the total work force), while healthcare staff had decreased by

9.2% and staff costs had increased by 13.4%. The Panel would require an explanation of the numbers;

- Hospital provision is important for ensuring the sustainability of the community, this would be particularly important in Grantham's aspiration to become a Sub-Regional Centre;
- With the depletion of critical care beds, Members were concerned about what would happen in the event of a pandemic;
- The financial pressure under which the hospital is operating could incentivise the sale of land for housing purposes. The Panel suggested that protections could be put on the land using the Local Development Framework, classifying hospital land and putting stringent controls on development, it was also suggested that the Council may be able loan the Hospital the money it would need to pay off the deficit or make representations on its behalf;
- More information would also be required on the structure and availability of support staff; this would be particularly important because of the increase of care within the community.

It was felt that an increased knowledge and understanding of critical care and high dependency would be beneficial, so representatives with financial and clinical knowledge should be invited to the next meeting. If no one would be available to come, it was suggested that the Healthy Environment DSP should go to meet with the Trust.

CONCLUSIONS:

- 1. That the Panel visit any Hospital claiming to serve as a Centre of Excellence for people within the District;**
- 2. That clinical and financial experts from the United Lincolnshire Hospitals NHS Trust should be invited to the next meeting of the Healthy Environment DSP on January 17th 2006;**
- 3. That accounts and financial statements should be sought from other Health Service Trusts for comparison;**
- 4. That the future Local Development Framework should include policies to protect existing sites of medical/health infrastructure for that use only. Such facilities are considered to be of fundamental importance to the future well-being of the towns, and the District as a whole, and that their loss to alternative development should be restricted;**
- 5. That the District Council should explore the possibility of offering a loan to cover the deficit.**

50. LEISURE TRUST

The Corporate Director of Community Services updated the Panel on the process of the formation of a Leisure Trust. Work is being undertaken on whether a single trust or multiple trusts would provide the best service for the District. The Leisure Trust had been included as a consultative item on the agendas for all Local Area Assemblies; this consultation would be completed on 16th November 2005. There had also been consultation with town councils, schools, the County Council and Burghley Estates. A report detailing the findings of the consultation would be considered by Cabinet on 5th December.

Panel Members briefly discussed the consultation aspect of the Leisure Trust, including obligations to the Grantham Charter Trustees and the Guildhall. Building Ownership would be retained by the Council and leased to the Trust; obligations to users and other stakeholders could be dealt with under the terms of any contract. The

District Council would retain some control of the services provided because representatives would be appointed to the Board of Trustees.

There would be an event providing more information on Leisure Trusts for staff on Monday 14th November 2005, while a similar event would be held for Members on Tuesday 15th November 2005.

Members requested that a single page guide should be produced, listing the pros and cons of Leisure Trusts. Members were advised that, following the release of the Cabinet report, they should contact the Chairman, Vice-Chairman or the Scrutiny Officer to request its inclusion as an agenda item for the next meeting.

CONCLUSIONS:

1. ***That a brief guide listing the pros and cons of Leisure Trusts should be produced and circulated to Panel Members;***
2. ***That if, following the production of the report to Cabinet, Members require it including as an item for the meeting on January 17th 2006, they should contact the Chairman, Vice-Chairman or the Scrutiny Officer.***

51. REPORTS FROM WORKING GROUPS

Mental Health Services Working Group

Members of the Mental Health Services Working Group were thanked for their attendance. Given that their report was not yet complete, it was suggested that the item should be deferred to a future meeting of the Panel and included as a substantive agenda item to enable extensive discussion.

CONCLUSION:

That Members of the Mental Health Services Working Group should be invited back to present their final report on 14th March 2006, where it will be considered as a substantive agenda item.

Public Information Pillars Working Group

The notes of the PIPs Working Group had been circulated to all Members of the Economic DSP, the other interested Panel. No representations had been received from them. Members of the Healthy Environment DSP agreed to endorse the sites preferred by the Working Group. Any PIP the company wants to install would require planning permission.

CONCLUSION:

That the Panel endorses the recommendations for preferred sites for Public Information Pillars in Grantham.

52. BEST VALUE PERFORMANCE INDICATORS

Copies of the most recent performance indicators had been circulated with the agenda. The only red indicator was for satisfaction with Street Scene by TCMPs. This information was derived from a questionnaire circulated to TCMPs, it was thought that the lack of satisfaction could partly be attributed to the format of the questionnaire. This was being redesigned.

Member foresaw that given the success in meeting recycling targets, future targets could be very challenging. It was felt that bring-sites were still not emptied sufficiently.

53. WORK PROGRAMME

The most recent Work Programme had been circulated with the agenda for the meeting. The Scrutiny Officer reminded Members that it reflected the Forward Plan. This was noted. He advised Members that the decision on waste, noted as not before December 2005 could be moved back, if necessary, the meeting schedule could be reviewed accordingly. There was concern that not all households in South Kesteven had had SK Today circulated, it was deemed that if any recommendations were to be made based on consultation through SK Today, it would not offer a representative view of the District. The Panel were informed that some houses had been missed in circulation but the distributor had been tasked to return to ensure that every household had a copy.

CONCLUSIONS:

- 1. To request a report on high hedges for the next meeting of the DSP on 17th January 2006;**
- 2. That Kevin Brumfield should be contacted to request a copy of the letter he was tasked to send to the haulage companies on completion of the Bourne Inner Relief Road;**
- 3. That the design competition to promote recycling and the wheeled-bin scheme should be included as an agenda item for 17th January 2006.**

54. ANY OTHER BUSINESS, WHICH CHAIRMAN, BY REASONS OF SPECIAL CIRCUMSTANCES, DECIDES IS URGENT.

Access Criteria for Non-Urgent Patient Transport Requests Policy

A draft of the policy had been circulated to all Panel Members, the deadline for representations was Friday 2nd December. Members appointed a Working Group to submit a response on the Panel's behalf.

CONCLUSIONS:

- 1. That a Working Group should be appointed to consider the draft Access Criteria for Non-Urgent Patient Transport Requests Policy, consisting of Councillors F. Hurst, Mrs. Radley and A. Williams;**
- 2. That the Working Group should be delegated the authority to represent the Panel.**

55. CLOSE OF MEETING

The meeting was closed at 17:47.