

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD
AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 14 MARCH 2011**

Present: Councillors B Rush (Chairman), Arculus, P Nash, J Stokes, D Fower
and N Khan

NHS Peterborough: Tim Bishop, Assistant Director of Social Care
Tina Hornsby, Head of Performance and Informatics

Officers Present: Marie Southgate, Lawyer
Louise Tyers, Scrutiny Manager

1. Apologies

An apology for absence was received from Councillor Lowndes.

Apologies for absence were also received from Denise Radley, Executive Director of Adult Social Service and John Webster, NHS Peterborough.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of the Meeting held on 17 January 2011

The minutes of the meeting held on 17 January 2011 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. NHS Peterborough Turnaround Plan

John Webster, Director of Turnaround at NHS Peterborough had sent his apologies for tonight's meeting due to ill health and unfortunately there was no one who could represent him.

Councillor Fower asked for it to be placed on record the Commission's disappointment that no one was able to attend to discuss an important issue.

At the invitation of the Chairman, Mary Cooke of Peterborough Pensioners Association stated that it was not common sense to reduce the funding for hip replacements and not offer physiotherapy as it would be likely that patients would become ill again.

ACTION AGREED

- (i) That the Scrutiny Commission would not be making any comments on the report at this time.
- (ii) That Mr Webster be invited to the Commission's informal meeting next week to discuss any issues with the NHS Peterborough Turnaround Plan.

6. Quarterly Performance Report on Adult Social Care

The report detailed progress against adult social care key outcomes and targets for the year 2010-11.

The current Department of Health proposed outcome framework for adult social care identified the following outcome domains for Adult Social Care and proposed specific performance indicators to support monitoring of achievement of these outcomes:

- Promoting personalisation and enhancing quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment

A number of the proposed performance measures were new and therefore had no current or historical data available at this time. Of the measures reported two were rated red - behind target and plans were not likely to bring back on target, whilst three were rated amber - behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress. Six measures were rated as green – on target.

The latest, and final provider quality ratings published by the Care Quality Commission (CQC) continued to show that overall the quality of residential and nursing home services commissioned by the PCT was poorer than our comparators and the national average, whilst the quality of commissioned domiciliary care services was better than our comparator and national average.

Promoting personalisation and enhancing quality of life for people with care and support needs

This was the outcome where most performance indicators sat. A number of the indicators would be measured via the Adult Social Care User Survey. This was a survey which had been sent to 1000 service users who received a care package.

Percentage of adults and older people receiving self directed support

The target for this indicator was 60% and as of today performance was at 39.2%. It was unlikely that the target would be met.

Percentage of adults in contact with secondary mental health services in paid employment

The target for this indicator was 7.5% and performance was currently 5.9%. The Mental Health Trust had looked to address issues around data quality and it is now an actual problem and not a data issue.

Between January 2010 and November 2010, Peterborough Council for Voluntary Services (PCVS) provided advice to 109 carers covering the following:

- 76 carers received advice about benefits
- 63 were referred or signposted to a relevant service
- 68 applied for the emergency support service
- 36 received emotional support
- Many other pieces of advice were provided including advice on accessing community and religious services and accessing GPs and dentists.

A group of adults with learning disabilities called the Pyramid Pioneers were developing and setting up a personalised range of day opportunities in the community. Activities were chosen by the Pioneer group members and included arts and performance activities, developing their IT skills and accessing leisure opportunities such as going to the theatre. The group had plans to expand the range of activities they were involved in and had been contacted by others wishing to join the group.

Preventing deterioration, delaying dependency and supporting recovery

There was currently a lot of blanks within the performance information but this was because a number of areas were newly suggested by the outcome framework.

Admissions to residential care per 1,000 population

A lot of work had been undertaken around alternatives to residential care including providing people with home based care or providing extra support.

The latest CQC report on the quality of care provision in Peterborough showed that of the 29 homes in Peterborough, as at September 2010, which the PCT commissioned placements from:

- Six were rated Excellent – accounting for 117 places 11.3% of all places. The PCT commissioned 19 (16.2%) of these places.
- 17 were rated Good – accounting for 563 places, 51.6% of all places. The PCT commissioned 191 (33.9%) of these places.
- Six were rated Adequate – accounting for 411 places, 37.7% of all places. The PCT commissioned 127 (30.9%) of these places
- No homes were rated as Poor

Overall the quality of residential and nursing home services commissioned by the PCT was poorer than their comparators and the national average, whilst the quality of commissioned domiciliary care services was better than the comparator and national average.

Ensuring a positive experience of care and support

The performance around these indicators would be based on the Adult Social Care User Survey.

Peterborough Care, a local company who own Broadleigh and Lavender House care homes were nominated and won the 'Care Employer of the year' award at the Great British Care Awards East Region. This was a great achievement and recognition for the Homes and their staff. Having well supported and motivated staff improved the standards of care delivered to service users. The homes had since gone on to achieve ISO 9001/2008 in recognition of their commitment towards Total Quality Management.

Protecting from avoidable harm and caring in a safe environment

Acute hospital admissions as a result of falls or falls injuries for over 65s

This was a new indicator and was a priority for going forward.

A total of 471 safeguarding alerts had been received between April – Dec 2010, 329 (69.95%) of which progressed to become a safeguarding referral. During the third Quarter 141 alerts had been received, 108 (76.6%) of which progressed to referral. Issues remained around capturing closure and outcome information for the purpose of reporting and further work was being undertaken following the appointment of dedicated support staff for the safeguarding co-ordination and administration functions. A further report would be considered later on this agenda.

Questions and observations were made around the following areas:

- Was the situation with mental health improving? *The information around social care was improving and the PCT meets with operational managers from the Mental Health Trust. The situation was difficult around data as they used a different system, however the Trusts were looking to find a system that all could use.*
- What has been the response to the Adult Social Care User Survey? *350 responses had been received which was a 47% response rate. The main issue was that the PCT could not guarantee the independence of the competed surveys.*
- Was there a large number of vacancies in the residential care homes? *The issue was that of choice and a concern people did not have a high level of choice. Vacancies tended to occur more often in homes rated good and adequate by CQC, and these are larger homes. The six excellent homes were more often used by self-funders and were generally more expensive.*

- Should the PCT be encouraging better quality homes? *Yes , absolutely the PCT does encourage homes to improve quality, and the refreshed Accommodation Strategy would look at how we might encourage more excellent quality homes to enter the market to fill gaps in service availability.*
- How big was the gap between the excellent homes and what the PCT would pay? *The PCT do make placements in excellent homes when fees are within the agreed levels. For some homes however the fees are higher, in general a difference of over £100 per week.*
- In what circumstances would the PCT decide to commission a placement at an excellent home? *The PCT would be more likely to purchase a placement at an excellent home if its rates fell within the Council's fee structure. If the fees were above the fee structure placements would only be purchased in exceptional circumstances or if a third party family member was willing to top up the fees.*
- What was the PCT doing to improve the quality of the homes? *We were working with the homes to improve their quality. A Contracts Monitoring Team was also in place to work with them. The Commission may want to receive a future report on the quality of the care homes.*
- Was the number of alerts becoming referrals a good average? *The number of referrals had risen as the number of people receiving services increased.*
- Did any of the care homes provide dementia care? *They did but the officer did not know which ones.*
- Was there an adequate number of spaces for people with dementia? *The officer did not know and would need advice from other officers.*
- Information around the care homes registered to provide dementia care should be included in the future report on the care homes.
- At the invitation of the Chairman a member of the public advised that some older people felt pressurised into signing to say that they were receiving the care which they were not. Independent checks needed to be made. *The Contract Monitoring Officers did go and see users on their own without care staff present and the service was reviewed on an annual basis.*
- Did the Local Authority have any homes open? *Yes, Peveralls, Greenwood House, The Croft and Welland House and all were rated adequate or good.*
- A huge sum of money was given to the independent sector. Was there any reason that the authority could not provide good or excellent homes? *There was an Accommodation Strategy for Older People for the homes that the City Council provided. The regulations around care homes had changed and there were a number of homes which were not out of date. The closure of homes was down to the improved standards required.*

ACTION AGREED

That the Commission receive a report at a future meeting on the quality of the care homes in the City, including dementia care.

7. Peterborough Safeguarding Adults - Update Report

The report provided an update on the latest performance on adult safeguarding.

Since the Scrutiny Commission meeting in November 2010, the Safeguarding Adults Board had met on two occasions and the latest performance report was presented to the Commission. The report also provided a summary of a recent Serious Case Review which had been completed by an independent person.

The key points from the performance report were:

- That although there had been some improvement overall, performance was adequate rather than good.
- There had been a total of 76 referrals in the months of December (34) and January (42) with a further 28 alerts that had not progressed to referral status.
- A possible area of concern was the upward trend in the referral type 'emotional abuse' and 'physical abuse'. This was matched by a downward trend in the referral type

'neglect'. Further work was being undertaken on this area but it was believed that staff were now tighter on recording the referral type.

- The Personalisation agenda with an associated increase in the use of direct payments did not appear to have had a negative impact on referrals, as these had remained fairly static over the year to date.
- Team managers continued to receive specific mentoring around the safeguarding role.
- An interim Safeguarding Co-ordinator had been appointed to take forward the quality assurance work that was required within the safeguarding arena.
- The Safeguarding Board now had an independent Chair.

The Serious Case Review showed that some of the agencies involved with the older person since 2007 could have done better in some respects. The main areas for improvement were identified as:

- Care management assessment and review by adult social care;
- The direct payments arrangements;
- Recognising safeguarding concerns;
- Occupational therapy assessment; and
- The approach by primary and community health care.

The review also highlighted that Housing Options' contribution was an example of good practice.

ACTION AGREED

- (i) To note the latest performance on adult safeguarding.
- (ii) To note the recommendations from a recent Serious Case Review.

8. Forward Plan of Key Decisions

The latest version of the Forward Plan, showing details of the key decisions that the Leader of the Council believed the Cabinet or individual Cabinet Members would be making over the next four months, was received.

ACTION AGREED

To note the latest version of the Forward Plan.

CHAIRMAN
7.00 - 8.12 pm