

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 21 JUNE 2012**

**Present:** Councillors B Rush (Chairman), D Lamb (Vice Chair), J Stokes, D McKean, K Sharp, M Jamil

**Also present** Barbara Cork, LINKs Representative  
Katie Baxter, Youth Council Representative  
Matthew Purcell, Youth Council Representative  
Joan Tiplady, Senior Manager, PSHFT  
Geeta Pankhania, Public Health Specialist, NHSP

**Officers Present:** Terry Rich, Director of Adult Social Care  
Paulina Ford, Senior Governance Officer, Scrutiny

**1. Apologies**

Apologies for absence were received from Councillor Shabbir and Councillor Sylvester. Councillor Jamil attended as substitute for Councillor Sylvester. Apologies were also received from David Whiles, Chair of LINKs.

**2. Declarations of Interest and Whipping Declarations**

A declaration of interest was received from Cllr McKean who declared that he was a member of the Patient Participation Group at Thorney.

**3. Minutes of the meeting held on 26 March 2012**

The minutes of the meeting held on 26 March 2012 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. Equality Delivery System**

The report was brought to the Commission at the request of officers to comply with the Department of Health requirement for the EDS ratings to be seen and approved by the Commission. The report provided the Commission with grading templates and progress and objectives for the Peterborough and Stamford Hospitals NHS Foundation Trust and the NHS Peterborough covering the nine protected characteristics. The Equality Delivery System was a framework designed to help NHS organisations to improve their performance for all equality groups and to meet their duties under the Equality Act 2010.

Observations and questions were raised and discussed including:

- Members queried the recommendation within the report which stated "The Commission is being asked to approve the rating templates of NHSP and PSHFT" and wanted to know if they were also being asked to comment. *The Senior Manager, PSHFT advised Members*

*that it was a requirement from the Department of Health that the Commission approve the rating templates.*

- *Members were concerned at the number of RED ratings within the NHS Peterborough and Cambridge Grading Template. Members were advised that during the workshops held with staff and representatives from the nine protected characteristics the feed back given was that whilst there was some good work being done it was not evident that enough work was being done within the nine protected characteristic groups. These would therefore be areas of focus for improvement to ensure that those disadvantaged groups were well serviced.*
- *What sort of work will be done to reduce health inequalities? The Public Health Specialist informed Members that Public Health was moving to the City Council and was therefore undergoing a large transition process however the communities most affected were being prioritised and had been included in the improvement plan for this year. The Senior Manager, PSHFT advised that the Hospitals Trust for this year had primarily focused on people with physical disabilities and learning disabilities.*
- *Members were concerned that the more deprived areas of Peterborough may suffer during the Public Health transition. Members were informed that one of the key priorities of the Promoting Healthy Lifestyles Programme was that Health Trainers worked in the communities to support people in leading a healthy lifestyle through focusing on stopping smoking, low alcohol rates, nutrition and promoting physical activity. The work was ongoing and would be strengthened with the transition to the City Council. The second priority was Cancer inequalities and getting people screened earlier and not missing their appointments.*
- *Members noted that in Appendix 1 the NHSP Grading Template section 4 - Inclusive Leadership at all levels was showing predominantly RED ratings but that section 3 – Empowered, engaged and well-supported staff was predominantly GREEN and AMBER. Why was the Leadership section showing as RED? Members were advised that there were a significant number of policies already in place for section 3 which therefore raised the ratings to GREEN and AMBER. With regard to section 4 there had been a change of Leadership but by the end of June the ratings for this section would have moved to AMBER and GREEN.*
- *Members wished to know why the Peterborough and Stamford Hospitals Trust were only concentrating on two priorities for the year and not all of the RED rated areas. Members were advised that there were already well established groups working with disabled people and it was clear what was needed to be done. It had been decided that it was better to concentrate on a few areas and achieve those first rather than try and deal with all of the action plan in one go.*
- *Members were concerned with the RED rating for workforce health and wellbeing. Members were informed that there was a workforce health and wellbeing internal forum in place to look at this area. When it was being rated there was a problem evidencing this and it had therefore received a RED rating.*
- *A member of the public Mary Cook addressed the Commission and referred to the Cancer Health inequalities and Cancer Needs Assessment ratings which were both RED. Was the Public Health Specialist engaged with the End of Life Strategy and if so how. The Public Health Specialist responded that she was engaged with the End of Life Strategy and had undertaken an Equality Impact Assessment on the strategy.*
- *Members were concerned that the ratings templates of the NHSP and PSHFT provided a poor picture of the health service and requested that more information be provided on all of the RED rated indicators to show what actions were being taken to improve the ratings.*

## **RECOMMENDATION**

The Commission recommended that

- I. The rating templates of the NHSP and PSHFT were approved and;

- II. That further detailed information is brought back to the Commission in September to evidence what action was being taken to improve the indicators that were rated as RED.

## 6. Adult Social Care - Post Transfer Update

The report provided the Commission with a post transfer update on Adult Social Care Services to the City Council which was transferred over from NHS Peterborough on 1 March 2012. The Director of Adult Social Care highlighted the following key issues;

- Transfer over to the City Council ICT systems had caused some teething problems but work was continuing to resolve them.
- There were backlogs in work at point of transfer. Risk assessment, prioritising and dealing with the backlogs had been a top priority.
- 750 cases had reviews overdue at the point of transfer. Priority had been given to safeguarding cases and additional social worker/care management capacity had been secured to focus on clearing the backlog over the next three months.
- At the point of transfer there had been 250 new referrals unallocated and awaiting assessment of need. This had been reduced to 61 by the end of May.
- Direct Payments. There had been an urgent need to review and revise the guidance for staff and service users on what direct payments could be used for. Clear guidance was now being given.
- Greater focus was now being given to how adult social care and the City Council would work with the emerging NHS organisational structures and in particular the new Clinical Commissioning Group.

Observations and questions were raised and discussed including:

- How many additional staff had been taken on to deal with the backlog of work? *Members were informed that an external organisation had been contracted to complete this work on a cost per review basis. There were service users in placements all over the country and the organisation that was undertaking the work had care professionals all over the country so were able to provide resources near to where the service user was located. Two managers would oversee staff to ensure the backlog was cleared. This was a better solution than providing a dedicated team of people who had to travel to various locations.*
- What progress was being made with the backlog? *It was estimated that the backlog would be cleared in three months.*
- Regarding the ICT teething problems. Are staff able to look at both the NHS and City Council ICT systems? *Members were advised that there were no gaps in terms of what the NHS staff had access to on both systems. The current issue was that while the NHS systems were being transferred over to the City Council system staff had to use both ICT systems.*
- Was there adequate support being given to ensure that the ICT systems were transferred by August. *A Project Manager from Serco was providing dedicated support along with other officers.*
- What was the number of open pipeline safeguarding cases that could be expected in any given month? *Members were advised that it was 54.*
- You state that close monitoring of new referrals and alerts was being maintained and that the number of cases where investigations were completed in 20 days had risen to 65%. Was the 20 day target normal? *In terms of safeguarding 20 calendar days was stated as good practice..*
- How will you deal with the impact on Peterborough of the New Clinical Commissioning Group? *The Director of Adult Social Care advised Members that he was in discussion and working closely with the two Clinical Leads of the two Local Commissioning Groups to explore how best to work together.*

- The representative from LINKs was concerned about the delivery of service through contract staff and felt strongly that it was important to provide consistency of care for service users. *The Director of Adult Social Care agreed and advised Members that the contract staff were being used to undertake the reviews of care plans not the delivery of the care plan. The annual and six monthly reviews had not been taking place and the contract staff had been brought in to clear the backlog of reviews. A review was currently being undertaken to evaluate how many permanent staff would be needed to deliver the service going forward.*
- Was there enough money in the budget to employ the extra staff to clear the backlog? *The City Council provided money in the budget to facilitate the transfer back to PCC but the budget was being closely monitored.*
- When negotiations were taking place regarding the transfer of Adult Social Care were you made aware of the 750 overdue case reviews. *Members were informed that the information had not been made available initially. It had been a challenge but all staff were working hard to put things back on track.*
- Could you explain why patients under the care of the Local Authority are placed in areas outside of Peterborough? *The service users are not classed as patients they are residents of this local authority. If they choose to move elsewhere to be nearer relatives and are in need of social care they are still the responsibility of this local authority.*

## **ACTION AGREED**

That the Scrutiny Commission for Health Issues note the report and request that;

- I. The Director of Adult Social Care brings a report to the Commission on Safeguarding.
- II. A further progress report is brought to the Commission on Adult Social Care with particular reference to the progress made on the migration of ICT systems from the NHS to Peterborough City Council and the progress made on the 750 outstanding case reviews.

## **7. Redesign of Mental Health Services - Action to Monitor Implementation of the Proposals**

The report informed the Commission of a proposal to set up a joint working group consisting of members of the Cambridgeshire County Council Adults Wellbeing and Health Overview and Scrutiny Committee and the Scrutiny Commission for Health Issues, to monitor implementation of the redesign of mental health services, follow up issues of common concern, and report back to the respective Committees as appropriate. After a short discussion Members agreed to the following recommendation.

## **RECOMMENDATION**

The Commission recommends that:

- A joint working group consisting of members of the Cambridgeshire County Council Adults Wellbeing and Health Overview and Scrutiny Committee and the Scrutiny Commission for Health Issues be set up to monitor the implementation of the redesign of mental health services and follow up issues of common concern. The working group to report back to the respective Committees as appropriate.
- The Commission agree to the nomination of up to 5 members to the working group and that the nominations will come from the original membership of the Cambridgeshire and Peterborough Joint Overview and Scrutiny Committee. Peterborough's Joint OSC members were:
  - Councillors B Rush; Lamb, Stokes, Harrington, Shabbir
  - Substitute members were: Councillors Todd, Sharp

## **ACTION AGREED**

The Senior Governance Officer to write to the original Peterborough Members of the Cambridgeshire and Peterborough Joint Overview and Scrutiny Committee requesting nominations to the new working group.

### **8. Review of Work Undertaken in 2011-2012 and Work Programme for 2012-2013**

The report provided the Commission with:

- a review of work undertaken during 2011/12 and recommendations made
- the terms of reference for the Commission and
- a draft work programme for consideration

The Senior Governance Officer tabled a list of possible items for scrutiny by the Commission which had been compiled after discussions with the Chair and Lead Officers prior to the meeting.

After consideration of the items within the report the Members of the Commission requested that in addition to the list of items tabled they receive an update on the Primary and Urgent Care Review. Members also requested a report on the challenges that Peterborough will face in the future with regard to age demographics of the City and mental health and dementia services.

## **ACTION AGREED**

The Commission agreed that the Senior Governance Officer work with the Chair and Group Representatives to manage the work programme of the Commission and programme in requested items.

### **9. Forward Plan of Key Decisions**

The Commission received the latest version of the Council's Forward Plan, containing key 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 Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

## **ACTION AGREED**

The Committee noted the Forward Plan and agreed that the following Key Decision should be brought to the Commission for Scrutiny at the meeting in July:

Consultation on the Review of the Older Peoples Accommodation Strategy and options for the future of Care Homes in Peterborough -KEY/02JUL/12

### **10. Date of Next Meeting**

Tuesday 17 July 2012

CHAIRMAN  
7.00 - 8.28 pm