PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 8 JANUARY 2015

Present:	Councillors B Rush (Chairman), J Stokes, S Allen, R Herdman, R Ferris, and Shabbir	
Also present	Keith Spencer	Chief Executive, UnitingCare Partnership
	Sandra Myers	Integrated Solution Lead, UnitingCare Partnership
	Dr Arnold Fertig	CCG Clinical Lead, Older Peoples Service
	Dr Andrew Anderson	CCG Clinical Lead, NHS 111
	Jessica Bawden	Director of Corporate Affairs, C&PCCG
	Lynn Rodrigues	Lead Nurse for Infection Prevention & Control and Patient Experience
	David Whiles	Healthwatch
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Mubarak Darbar	Head of Commissioning Learning Disabilities and Autism, Communities
	Julie Bennett	Interim Transformation Manager ASC
	Paulina Ford	Senior Democratic Services Officer

1. Apologies

Apologies for absence were received from Councillor Sharp and Councillor Shaheed. Councillor Herdman was in attendance as substitute for Councillor Sharp.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 14 October and 11 November 2014.

The minutes of the meetings held on 14 October and 11 November 2014 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. UnitingCare Partnership

The report was introduced by the Clinical Commissioning Group's Clinical Lead for the Older Peoples Service and provided a brief summary of the procurement process for the integrated older people's healthcare and adult community services. The Chief Executive of UnitingCare Partnership (UCP) was then introduced and the Commission were given a short presentation on the UnitingCare Partnership which highlighted the following key points:

- Structure and purpose of UCP:
  - An NHS led partnership (CUH & CPFT) of NHS, Third and Private Sector organisations to bid for the OPACS procurement
  - A limited liability partnership (LLP) set up and owned by CPFT and CUH to deliver the Adults and Older Persons contract
  - Fulfils the role of lead provider/system integrator required by the CCG
  - What's different?: It is a provider vehicle with commissioning capability:
    - Holds the contract for the entire pathway with the CCG
    - Holds and manages the contracts with each sub-contractors in the pathway
    - Ensure that the system works in an integrated fashion across organisational boundaries: Driving cultural change
    - Ensuring the necessary improvements to the care delivered to our patients, monitored through agreed patient centred outcome metrics
- The roll of the integrator
- The Service Model and its key principles
  - Care that is personalised, joined up and co-ordinated around patients
  - Promoting community resilience, self-management and choice
  - Supporting front line teams to deliver flexible, tailored care based on relationships and finding solutions rather than processes
  - Functionally integrated, co-located, multi-disciplinary working including aligned social care built around Neighbourhoods
  - Aligned model to proactively manage complex cases through case management and care co-ordination
  - 24/7 Rapid Response to crisis
  - Aligned outcomes
- Information on Integrated Community Services
- The key mobilisation milestones
  - Commence transition and mobilisation phase – November 2014
  - Board/Governors sign off of business case – January 2014
  - Monitor assessment – January to March 2015
  - Service commencement – April 2015
  - Full service implementation – September 2015

Observations and questions were raised and discussed including:

- Members referred to the 18 Integrated Neighbourhoods and four Community Teams and sought clarification on the size of an Integrated Neighbourhood and how they would be formed. *Members were advised that consideration was given to the following: the population base, what a reasonable number of people would be, locality, deprivation scores and population by age. The next stage was to look at where the bases were already and looking at locality issues.*
- How many people would be in each of the neighbourhood teams? *Approximately 35 to 40 people per team. Each team will have flexibility built in to ensure there was continual cover of service.*
- How will the 24/7 Rapid Response Service work in the rural areas? *Members were informed that a number of models had been looked at and advised that there would be a number of teams working through a single point of co-ordination. Four teams would be put in place on day one and this would be monitored as to how effective they were.*
- Why was it a five year contract? *Members were informed that historically the NHS had run one year contracts but this did not allow time for profound strategic change. The changes that had to be made would take longer than twelve months and a five year contract gave the provider the time needed to make the long term changes.*

- Was there a percentage limit on the amount of work UnitingCare could sub contract. *Members would informed that there were no limits on sub-contracting work to other providers.*
- Members were concerned that unless people had community venues to go to the service model could fail and felt that better use of community centres would be beneficial. *Members were advised that UnitingCare would be looking at the community centres they had responsibility for and better integration of community services.*
- The community model will need more staff, how will you go about recruiting staff so that you are fully staffed from day one of operation. *Members were informed that there was a bigger group of people to pool resources from and would be able to offer more flexible working. There would be more opportunities for staff to develop in their profession which would make it a more attractive role. £1M would be invested in training. The recruitment process would be done in partnership with other organisations.*
- Members sought clarification as to whether the service would be able to operate from 1st April. *Members were advised that the service would be up and running from 1st April but there would be certain functions that would be phased in. All elements would be in place but it would take six to twelve months before it was fully operational.*
- The Commission would need assurance that the service was working. How do you propose to report to the Commission? *Members were informed that quarterly reports would be provided to the Commission. There was also a newsletter that would be issued fortnightly.*
- Was the proposed model of service delivery being used anywhere else in the country? *Members were informed that every aspect of the model was based on evidence that it works. The difference is the scale of the model and that each aspect has been put together into one model.*
- Have you forecasted to see if this model if future proof. *Members were advised that the model had been based on evidence of today regarding population growth however it could not be predicted what the health care service would look like in five years' time. The model had been built to allow local services to make changes and to come up with new ideas to change. The partnership had an outcomes framework and there was a commitment to review those outcomes yearly.*
- Was the Executive Director of Adult Social Care and Health and Wellbeing clear about the role of the council in this model? *The Executive Director responded that there was an ongoing developing process in place and the council had been part of this ongoing process.*
- Where are your offices based? *Members were informed that currently the offices were in temporary accommodation in Fulbourn however from the 1st April it was intended that there would be UnitingCare people at each of the four localities; Peterborough, Ely, Cambridge and Fenland to ensure a local presence.*

The Chair thanked the Chief Executive, UnitingCare Partnership for attending and answering questions from the Commission.

ACTIONS AGREED

The Commission noted the report and requested that a quarterly report be provided to the Commission during the first year of operation.

6. Transforming Day Opportunities for Adults Under 65

The Head of Commissioning Learning Disabilities and Autism, Communities introduced the report which was presented to the Commission as part of the consultation process.

Observations and questions were raised and discussed including:

- Members referred to page 23, paragraph 5.4 and the bullet point: *"Enabling people to access services locally without the need to undertake lengthy journeys from pick up*

points around the city". Members wanted to know how this would be dealt with*. Members were informed that community based satellites would be based across Peterborough to provide the right services and infrastructure locally to ensure people did not have to travel far.*

- Have you identified where the satellite centres will be. *Members were informed that the design group which included parents, service users and staff had looked at a number of areas and had an idea of where the satellite centres could be, taking into account demographics and where people requiring the services were living however the final decisions will be in agreement with the new provider, service users, family carers and staff.*
- Members commented that the satellite centres should be spread evenly throughout the city.
- Members referred to the statement that *"those adults with complex needs that currently use the Fletton Day Centre would move to the Kingfisher Day Centre*". Members were concerned that those people may not be comfortable with change and may not like the new centre. What would happen if this were the case. *Members were informed that the staff from Fletton Day Centre would also move to the Kingfisher Day Centre which would provide continuity of service for service users. Part of the strategy was to reduce dependency on building based service and provide accessible local services for people with complex needs.*
- Members were concerned that providers may base the satellite locations on cost rather than location and accessibility. *Members were advised that there would be a very strong parent, carer and service user involvement in the contract. It was a partnership and although there would be an independent provider the council would be involved as a commissioner.*
- Members were concerned about staff retention and if the staff would be kept on by the new provider*. Members were advised that the 62 (FTE) staff would TUPE over to the new provider. The contract would be monitored and managed once the new provider was found.*
- Members commented that for some users this would not be a suitable model and sought reassurance that those people with very complex needs would be looked after. *Members were advised that it was recognised that there were people with very complex needs and the council would work with the new provider to ensure those service users were supported in accordance with their needs.*
- Members referred to employment related skills and opportunities and wanted to know what sort of opportunities there were. *Members were informed that there were a number of different enterprises being considered including PAT Testing and horticulture e.g. allotments to grow and sell produce.*
- Members were informed that consultation had commenced and would end in February and had been made available in different formats and accessibility.
- Members were provided with an explanation of Appendix A the Risk Scoring tables*.*
- Members asked what LA LOCO stood for. *Members were informed that it was an organisation that a Local Authority would set up.*
- When can we see the new service up and running*? Members were informed that it would be in August.*

ACTION AGREED

The Commission noted the report.

7. Consultation on a Future Model for NHS 111 and GP Out of Hours Services

The report was introduced by the Director of Corporate Affairs, C&PCCG and provided the Commission with information on the Cambridgeshire and Peterborough Clinical Commissioning Groups consultation on the Out of Hours and NHS 111 service.

Observations and questions were raised and discussed including:

- Members commented that there had been a lot on the news about the NHS111 service and people being sent to A & E. What level of training is provided for the NHS111 staff? *Members were informed that the NHS111 service was a computer algorithm for use by non-clinicians and was therefore risk averse. A GP had now been introduced into the call centre to screen calls that might have otherwise been referred to A & E and this had reduced the number of referrals to A & E by 75%. Peterborough had the lowest referral rate to A & E from a 111 service.*
- Members referred to the Common Assessment process at walk in sites and the decision to run pilots. What will be the indicators of success for the pilots? *Members were informed that there were different types of pilots running at the different hospitals. Success would be how effectively the front door will be able to treat people and not send them into A & E and also the cost savings.*
- Have you considered using the NHS111 and GP Out of Hours service on a wider basis for minor injuries and A & E services to see if there would be benefits from wider integration? *Members were informed that NHS111 did send people to all of those places. Going forward there was a need to look at unscheduled care and getting people to the right place. The NHS111 service had a directory of all the services for all ailments where people could get treatment. Part of the procurement would be to ask the Out of Hours provider and the NHS111 service within the specification to do more minor injury work.*
- Have you considered using different technologies so that patients can be seen virtually for example via skype? *Members were informed that this was not being considered within the remit of the NHS111 and Out of Hours GP service. However this may be considered for the 8 till 8 GP Service.*
- Members commented that a number of people had reported not being able to make an appointment with their GP when they wanted to. Will the Primary Care service improve in the future or is it the intention that the NHS111 service will expand to take its place. *Members were informed that each doctor's practice operated a different service. Patient's expectations were that they should be seen immediately. If the patient was an emergency then they would always be seen quickly. The challenge was to help people to navigate the health service properly and be signposted to the correct place.*

The Chair thanked the CCG Clinical Lead for the NHS111 service for attending and responding to questions and for an interesting and informative report.

ACTION AGREED

The Commission noted the report.

8. Cambridgeshire and Peterborough Clinical Commissioning Group's Response to the Francis Review Recommendations

The report was introduced by the Director of Corporate Affairs, C&PCCG which provided the Commission with the CCG's response to the implementation of the Francis recommendations.

Observations and questions were raised and discussed including:

- Members referred to recommendation 1, *"The Governing Body be advised of the update as part of a progress report. This should include an assessment as to whether the CCG has fulfilled its role, particularly in respect of all the 'Warning Signs' such as Whistleblowers that have been referred to in presentations".* Members noted in the findings that *"it was noted in testing that most evidence in support of the 'warning signs' have been obtained but not all".* What can be done to stop this occurring and how can you ensure consistent responses*. The Lead Nurse for Infection Prevention & Control and Patient Experience responded that a Quality Dashboard was being used with*

providers which was updated annually. This went into a lot more detail regarding expectations of them. There was also monthly clinical quality review meetings with the providers.

- Given the Francis report recommendations and the amount of pressure the hospital is under how assured are you about the quality of patient care from all of your providers. *Members were informed that regular unannounced visits took place over a twelve month period to all providers. A report was then completed and the findings reported back to the provider. If areas of concern were found then the provider would be visited on a more regular basis and an action plan put in place which would be monitored through the Quality Dashboard and clinical quality review meetings.*
- How many providers are there*? There were 13 independent providers.*
- Have the providers taken on board the Francis report recommendations. *Members were advised that they had taken them on board and action plans had been put in place.*

The Chair thanked the Lead Nurse for Infection Prevention & Control and Patient Experience for attending the meeting and responding to questions.

ACTION AGREED

The Commission noted the report.

9. Forward Plan of Executive Decisions

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

ACTION AGREED

The Commission noted the Forward Plan of Executive Decisions.

10. Work Programme 2014/2015

Members considered the Committee's Work Programme for 2014/15 and discussed possible items for inclusion.

The Senior Governance Officer informed the Commission that some Councillors had requested that the Scrutiny in a Day – One Year On event which had been scheduled for 27 February in the afternoon should be moved to an evening event to allow more people to attend. As the event would only run for three hours this would be possible. The Senior Governance Officer sought the committee's views on this.

Members requested that a report be brought to the Commission on the performance of Public Health.

Members requested that the Suicide Prevention strategy be circulated to Members of the Commission.

ACTIONS AGREED

1. To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.
2. The Committee agreed that the Scrutiny in a Day – One Year on Event could be held in the evening.
3. The Suicide Prevention Strategy to be circulated to members of the Commission.

The meeting began at 7.00pm and finished at 9.23pm CHAIRMAN