

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 17 JANUARY 2012**

Present: Councillors B Rush (Chairman), D Lamb, P Nash, J Stokes,
K Sharp, N Shabbir

Also present David Whiles, Chair of LINK
Suzy Lockwood, Youth Council Representative

NHS Peterborough: Barbara Skinner, Care Quality Commission, Compliance Manager
Dr M Caskey, Director of Clinical Change
Jessica Bawden - Joint Director of Communications and Patient
Experience
Russ Platt, Interim Chief Operating Officer
Tim Bishop, Assistant Director of Social Care

Officers Present: Terry Rich, Director of Adult Social Services
Marie Southgate, Lawyer
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

No apologies for absence were received.

Apologies were received from Jane Pigg, Peterborough and Stamford Hospitals NHS Foundation Trust.

2. Declarations of Interest and Whipping Declarations

Agenda Item 5

Councillor Rush declared a personal interest in that he had a family member residing in a care home in Peterborough. Councillor Rush advised that he would step down from the Chairs role for this item and Councillor Lamb would take the Chair.

Agenda Item 6

Councillor Sharp declared a personal interest in this item.

3. Minutes of meeting held on 15 November 2011

Councillor Sharp highlighted that the minutes had recorded that the meeting had been held in the Bourges and Viersen rooms at the Town Hall when in fact it had been held at the Peterborough City Hospital. The Senior Governance Officer noted the mistake. The minutes of the meeting held on 15 November 2011 were then 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. Quality of Care Homes

Councillor Lamb took the Chair for this item on the agenda.

The Assistant Director of Social Care introduced the report and wished to note that there was a typographical error on page 9, paragraph 4.5. The number of residential placements should have read 475 not 445.

The report informed the Commission on the quality of care homes covering how the care homes were monitored and how well they were doing. In Peterborough, there were 20 care homes which had beds for older people. Two of the care homes were provided in-house and the rest were from the independent sector. Some provided care for younger adults too, and in addition there were other care homes providing care just for younger people and people with a learning disability. A recent survey conducted by the Review and Monitoring Team (November 2011) found that there were 772 places for older people in the independent homes of which 79 were vacant. There were also 70 places at the two in house homes.

The Compliance Manager for the Care Quality Commission (CQC) informed the Commission on how the CQC regulated services. Care homes were regulated by the (CQC) and reviewed and monitored by the Contract Reviewing and Monitoring Team in NHSP.

CQC was the independent regulator of all health and social care services in England. Its job was to make sure that care provided by hospitals, dentists, ambulances, care homes, in people's own homes and elsewhere met government standards of quality and safety. The government standards covered all aspects of care, including:

- Treating people with dignity and respect
- Making sure food and drink meets people's needs
- Making sure that the environment was clean and safe
- Managing and staffing services

Observations and questions were raised and discussed including:

- Peterborough LINK had worked closely with the CQC and had carried out five inspections. Reports from the inspections were passed onto CQC and actions on any issues were now being addressed. This proved that a multi agency approach did work.
- How often did unannounced visits to care homes take place? *Members were informed that it varied and was dependant upon the risk. There was no prescribed frequency. Those not complying with the law had more frequent visits.*
- If a member of the public wanted to contact CQC how could they. *There were a few ways. Via the website, telephone, through the inspectors, information was also collected from members of the public, through PALS and through Councillors.*
- Do you use family and friends of patients to get information? Was the service advertised in the care homes with contact details so that people could advise you of complaints and compliments. *Members were informed that every effort was made to ensure the service was advertised. Complaints and compliments were received via the services and services were checked to see what they did with the complaints. Most services were compliant. When visiting the care homes every opportunity was taken to talk to family members to obtain feed back on the service being received.*
- When a complaint was made was there a timescale set to action the complaint and resolve it. In particular the time taken to acknowledge the complaint to the person complaining. *Members were informed that there was no mandate or legislation for CQC to investigate complaints. The complaint was the responsibility of the provider to deal with. If however CQC received information that a complaint had not been responded to then this would be a breach of the regulations.*

- The report states that no details were available for one of the care homes. What does this mean? *Members were informed that the statement referred to a care home that had recently transferred its management from one organisation to another and had not been revisited as the new provider.*
- Member sought clarification with regard to statistics for Peterborough Resident Population Projections by age group to 2021. *The Director of Adult Social Services provided clarity and confirmed they were cumulative percentages.*
- When a new home is built is it inspected before it is completed. *Members were advised that part of the registration application was submitted ten weeks before the doors opened and all the necessary checks would take place at that point.*
- Councillor Lamb commented that there were dementia nurses situated at Peterborough City Hospital and felt that it would be useful if the care homes liaised with them so that they could share knowledge.

ACTION AGREED

The Commission noted the report.

6. NHS Peterborough QIPP and Reform Plan

The Interim Chief Operating Officer presented the report which informed the Commission on the context, scope and progress of the NHS Peterborough Quality, Innovation, Productivity and Prevention (QIPP) and Reform Plan.

The delivery of the transformation covered under the QIPP work underway in Peterborough was of a significant scale and involved complex and inter-related issues. Oversight of the delivery of the plan was dealt with locally by the Health and Care Transformation Board comprised of the Chief Executives of the main commissioning and providing organisations, including Peterborough City Council.

The plan dealt with both the required improvements for the commissioners and providers and had identified new ways of working that would:

- Deliver a better patient experience
- Improve people's health
- Reduce unfairness in health.

Work was currently underway to refresh the plan for 2012/13.

Observations and questions were raised and discussed including:

- How does the £2305 spend on health care per person on average compare to that spent on health care per person in Cambridge? *Members were informed that the figure had been arrived at by taking the total budget figure and dividing it by the number of patients. The officer advised that he did not know the Cambridge figure for spend on health care per patient but could find out and report back.*
- The Chair of LINK commented that the report should also reflect national spend on health care per patient.
- The QIPP and Reform Plan document has a section at the end titled 'How will I find out what is happening?' and gave a website address. How will people who do not have access to websites find out what is happening. *Members were informed that any major changes and consultations would also be published via the GP surgeries and in the media. At the back of the document there were also contact details for PALS via telephone, email and an address to write to.*

- Have the patient forums in doctors surgeries received the QIPP and Reform Plan. *The Joint Director of Communications and Patient Experience felt sure that they had gone out to GP Surgeries in November but would check.*
- Ensuring quality. The QIPP plan states; 'Bed utilisation – improving systems to maximise bed usage and ensure patients get the right care in the right place'. After Christmas it had been reported in the newspaper that 69 operations had been cancelled. Can you assure the Commission that this was just a 'blip'? *Members were informed that the intent behind the statement in the plan was to ensure people were seen in the right place at the right time. There would be issues that occurred from time to time and particularly during the winter.*
- After some discussion around the figures within the QIPP Plan Members and Officers noted that there had been a misprint of the document during publication and some of the figures had not been printed correctly. The published version on the Peterborough City Council website had been correct but in the printed version some figures had not been printed correctly. The Joint Director of Communications and Patient Experience advised that she would look into why this had happened. Correct figures were then verbally given to the Members at the meeting.
- The Chair commented that the covering report appeared to be the same report as that presented at the last meeting that it had been presented. *Members were advised that the report had included the summary of the QIPP plan whereas the previous report had not included the QIPP Plan. The full QIPP Plan had been published on the website*
- Did Cambridgeshire have their own QIPP Plan and would there be a Cambridgeshire wide one in the future. *Members were advised that the two PCT's had clustered and Cambridge did have a QIPP Plan but they were working towards a unified QIPP Plan.*
- Will there be a 2012-2013 QIPP Plan. *The current version was a four year QIPP Plan which would be refreshed next year.*
- How can the QIPP Plan be accessed. *The plan was a strategic document and could be accessed on line.*
- How will the QIPP plan be affected by the current consultation regarding the review of the mental health services? *The changes in the QIPP Plan regarding how the changes in the mental health services would be delivered had already been factored into the consultation.*
- One of the key areas for improvement in the QIPP Plan was for Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) which provided mental health services. Members commented that there had been a recent report published damning the mental health service and Members wanted to know if this would affect the QIPP Plan. *Members were advised that there was an action plan in place that NHS Peterborough and the CPFT were working on to address the issues raised by the Care Quality Commission. There was also a new Chief Executive who had plans in place for changing the way staff worked with their patients, in particular looking at care pathways and care planning. The QIPP plan was more about a longer term strategy and therefore would not be affected.*
- How has the financial situation in NHS Peterborough changed over the last twelve months? *Members were informed that the PCT broke even last year and was on track to break even this year.*
- Members commented that the QIPP Plan did not include enough financial information or information on staffing levels. Was there a more detailed report available? *There was a more detailed report available particularly with regard to financial details. Work force was expressed in spend rather than numbers.*
- The QIPP Plan states that local people will be involved in decision making. How do you make sure that as many local people as possible are involved in developing the QIPP Plan. *Members were informed that the QIPP Plan was a plan and when any of the changes needed to be delivered wide consultation and engagement would take place. Patient groups, patient forums, LINKs and the Public Consultation Forum would be used extensively for consultation. Patient representatives and service users would also be used in the actual process of change.*
- The QIPP plan states that it will 'redesign community services for people of all ages'. What age group does this actually cover? *This statement meant that all services would*

be redesigned and that it would not just relate to those just for children or older people. All services would need to be fit for purpose.

ACTION AGREED

The Commission noted the report and requested that:

1. A further progress report be brought back to a future meeting and to include detailed financial data and national spend on health care per patient.
2. That the Interim Chief Operating Officer provide the Commission with the Cambridge figure for spend on health care.
3. That the Joint Director of Communications and Patient Experience to confirm if the QIPP and Reform Plan had been distributed out to GP Surgeries.

7. Clinical Commissioning

The report informed the Commission on the developing clinical commissioning in Cambridgeshire and Peterborough. The project had been running for two years and there was another eighteen months to go. The new Bill had yet to pass through the final stages of Parliament. The main changes that would affect Peterborough were centred on the establishment of new Clinical Commissioning Groups (CCGs) by 2013 and the establishment of a Health and Wellbeing Board. The CCGs would be based on groupings of GP practices, clinically led. The Health and Wellbeing Boards would be the key vehicle for joint working and agreeing a Health and Well-Being Strategy. There would also be an establishment of a new NHS Commissioning Board in October 2012 and public health functions would be transferring to local government. Local proposals were:

- One Clinical Commissioning Group for Cambridgeshire and Peterborough
- The CCG would be made up of a federation of a number of (8) Local Commissioning Groups (LCG)
- There would remain a strong focus on Peterborough and the needs of its residents
- LCGs would be enabled and supported by the CCG to make local change happen and manage resources through delegated budgets
- LCGs would be able to take on different responsibilities and operate at different speeds
- The CCG Governing Body would ensure that statutory duties were met, hold LCGs to account, and ensure probity
- All of the above was subject to authorisation by the NHS Commissioning Board in autumn 2012

Observations and questions were raised and discussed including:

- The current spend per patient is £2305 per person per annum. Will the CCG's split the budget equality amongst all the patients or will Peterborough get an increased share because of the complexities of the demographics. *Members were informed that there had been no further information on this. Peterborough did have demographic issues and practice population calculations generate the notional practice budget which did have a definite link to demographics. The rules and regulations changed every year and up to recently there had been a heavy waiting applied for deprivation but this had now been removed. It was population based computation and was based on the age and morbidity of the population. If a practice had a higher population of elderly patients it would have a higher budget.*
- Will these changes be good for Peterborough and fit Peterborough's needs? *The answer was two fold. The old system was only delivering in patches and had not been sensitive to patients needs. The changes had offered an opportunity to keep an eye on quality while trying to deliver better health in partnership with the public.*

ACTION AGREED

The Commission requested that a further report on progress be brought back in July.

8. 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 Commission noted the Forward Plan

9. Work Programme

Members considered the Committee's Work Programme for 2011/12 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2011/12 and the Scrutiny Officer to include any additional items as requested during the meeting.

The Chair asked the Director of Communications and Engagement at NHS Peterborough for an update on the complaint to the Competition and Cooperation Panel (CCP). *Members were informed that it was expected that they would publish an interim report in one weeks time which would suggest alternative remedies for the complaint. There would then be a two week consultation process whereby interested parties could comment on the suggested remedies. The final report would then be published during the first week of February with the final remedy.*

10. Date of Next Meeting

13 March 2012

CHAIRMAN
7.00 - 8.50 pm