

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE COUNCIL CHAMBER, TOWN HALL
ON 13 NOVEMBER 2012**

Present: Councillors B Rush (Chairman), D Lamb, J Stokes, D McKean,
K Sharp, N Shabbir and A Sylvester

Also present David Whiles, LINKs Representative
Katie Baxter, Youth Council Representative
Matthew Purcell, Youth Council Representative
Councillor Fitzgerald, Cabinet Member for Adult Social Care
Andy Vowles, Chief Operating Officer, Cambridgeshire &
Peterborough CCG
Catherine Mitchell, Local Chief Officer, Peterborough & Borderline
Local Commissioning Groups
Dr Paul Van Den Bent, Peterborough Local Commissioning Group
Dr Gary Howsam, Borderline Local Commissioning Group
Jessica Bawden, Director of Communications, Membership &
Engagement, Cambridgeshire & Peterborough CCG
Bob Dawson, Project Manager, Health & Wellbeing Strategy

Officers Present: Terry Rich, Director of Adult Social Care
Dr Andy Liggins, Director of Public Health
Sue Mitchell, Associate Director of Public Health
Tina Hornsby, Assistant Director, Quality Information & Performance
Paulina Ford, Senior Governance Officer
Kim Sawyer, Head of Legal Services

1. Apologies

No apologies for absence were received.

2. Declarations of Interest and Whipping Declarations

Item 5 Update on the Development of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups

Councillor McKean declared a interest in that he was a member of the Patient Participation Group for Eye and Thorney.

3. Minutes of Meeting held on 20 September 2012.

The minutes of the meeting held on 20 September were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

The Commission had been asked to consider a Call-In request that had been made in relation to the decision made by Cabinet and published on 5 November 2012, regarding Consultation on the Proposed Closure of the Two Care Homes: Greenwood House and Welland House - NOV12/CAB/133.

The request to Call-In this decision was made on 7 November 2012 by Councillor Saltmarsh and supported by Councillors Harrington and Sylvester. The decision for Call-In was based on the following grounds:

- (i) The decision does not follow the principles of good decision making set out in Article 12 of the Council's Constitution specifically that the decision maker did not:
 - (a) Act for a proper purpose and in the interests of the public.

The reasons put forward by the Councillors were:

1. Financial reasons have been considered above the care provision and the wellbeing of the permanent residents and the day care centre users.
2. The public have felt very strongly about the closure of the homes, almost 6000 signatures were received against closure as were all the letters received, the public's opinion has not been taken into account.

After considering the request to call-in and all relevant advice, the Committee were required to decide either to:

- (a) not agree to the request to call-in, when the decision shall take effect;
- (b) refer the decision back to the decision maker for reconsideration, setting out its concerns; or
- (c) refer the matter to full Council.

The Chairman read out the procedure for the meeting.

Councillor Saltmarsh, Harrington and Sylvester each addressed the Committee stating why they had called the decision in.

Questions and Comments from Members of the Commission in response to the Councillors statements:

- Members commented that all recommendations previously made by the Commission at the extraordinary meeting held on 1 November 2012 had been accepted by Cabinet.
- The Financial model had been based on full occupancy of both homes.
- Members sought clarification that any councillor could attend any Scrutiny meeting and ask questions and put forward their points on a matter so that they could be assured that Councillors had had an opportunity to comment on this issue. *The Head of Legal Services confirmed that they could.*
- Members sought assurance that the council had taken all the correct legal steps for reviewing the decision, scrutinising it, calling the decision in and taking everything into account legally. *The Head of Legal Services confirmed that all the correct legal procedures had been taken.*

The Cabinet Member for Adult Social Care made a statement in answer to the Call-In request which included the following:

- It had been a very difficult decision to make.
- Financial considerations were not put above the consideration of the people affected. There were however financial implications.
- Cabinet Members had an opportunity to see the letters that had been submitted as part of the consultation and they had been available for any Member requesting to see them.
- The 6000 signatures included in the response to the consultation had been taken into account.

- The report presented to Cabinet had provided a fair and balanced view for consideration but acknowledged that it may not have pleased everyone.

The Director of Adult Social Care responded in answer to the Call-in request:

- In response to the call-in reason of “Financial reasons have been considered above the care provision and the wellbeing of the permanent residents and the day care centre users”, Members were advised that the report had presented in a balanced way the rationale for the decision. The route of the decision lay within the Older Peoples Accommodation Strategy. The financial implications of continuing to run the two Care Homes, rebuilding them or building a new one were clearly laid out in the report.
- Regarding the second point ‘The public have felt very strongly about the closure of the homes, almost 6000 signatures were received against closure as were all the letters received, the public’s opinion has not been taken into account’. The issues raised by those responding to the consultation had been grouped together and responded to in the report.
- The Scrutiny Commission had scrutinised the report in detail at its meeting on 1 November 2012 and recommendations were made to Cabinet.

Comments and questions from Members of the Commission

- Councillor Shape made a statement which included the following:
 - Additional alternative proposals should have been considered
 - A phased approach should be taken regarding the transfer of the elderly people so that they were not put under stress.
 - The decision should be made at Full Council.

As there was no further debate the Committee took a vote to decide on whether they should:

- (a) not agree to the request to call-in, when the decision shall take effect;
- (b) refer the decision back to the decision maker for reconsideration, setting out its concerns;
- or
- (c) refer the matter to full Council.

The Committee voted in favour of (a) not agree to the request to call-in the decision (4 in favour, 3 against)

ACTION AGREED

The request for Call-in of the decision made by Cabinet and published on 5 November 2012, regarding Consultation on the Proposed Closure of the Two Care Homes: Greenwood House and Welland House - NOV12/CAB/133 was considered by the Scrutiny Commission for Health Issues. Following discussion and questions raised on each of the reasons stated on the request for call-in, the Committee did not agree to the call-in of this decision on any of the reasons stated.

It was therefore recommended that under the Overview and Scrutiny Procedure Rules in the Council’s Constitution (Part 4, Section 9, and paragraph 13), implementation of the decision would take immediate effect.

5. Update on the Development of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups.

The report informed the Commission on the development of the shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups. The Chair welcomed the Chief Operating Officer, Cambridgeshire &

Peterborough CCG and colleagues. The Chief Operating Officer introduced the report and provided the Commission with the following information:

- An update on the Cambridgeshire & Peterborough Clinical Commissioning Group and the developing priorities.
- An overview of the new NHS architecture.
- Local decision making and planning for next year 2013/2014.

The Commission were informed that from April 2013 Primary Care Trusts would be abolished and the functions discharged by PCT's would go in three main directions:

- Clinical Commissioning Groups
- A new body called the NHS Commissioning Board
- Public Health functions would be transferred over to the Local Authority and some areas would go into a new body called Public Health England.

Clinical Commissioning Groups were statutory bodies set up through the Health and Social Care Act but were membership organisations which were built on GP Practices. Peterborough had 109 member practices spanning the County of Cambridgeshire and Peterborough city and also entering into Northamptonshire and Hertfordshire. Under the Clinical Commissioning Group which would be the statutory body from April 2013 there would be eight Local Commissioning Groups constituted of local practices that then elected their leadership. The Governing Body has decided on three main priority areas:

- Frail elderly
- End of life care
- Health inequalities, particularly in relation to coronary heart disease

The business plans for the Clinical Commissioning Groups were being developed and would be brought before the Commission in March 2013.

Observations and questions were raised and discussed including:

- Members sought clarification on End of Life Care. Was there a legal requirement for all doctors to fully explain and obtain consent from the patients, relatives or carers before placing someone on the End of Life pathway? *Members were advised that this was correct.*
- Members wanted to know how doctors could ensure that the procedure for placing people on the End of Life pathway would be followed. *Members were informed that there had been a programme of work around End of Life Care looking at consent issues and services that people need. A register was in place for people on the End of Life Care pathway and GP's would gain consent to put people on the register. An assessment would then take place as to what services that person would need as they progressed along the End of Life pathway at each stage. The Multi Disciplinary Teams would also follow this process.*
- Had the report taken into consideration the latest Census figures when considering the growth in the older population over the next four to five years? *Members were advised that the population projections in the report were based on the Office of National Statistics (ONS) data and these would be updated as new data was received.*
- What patient representatives and other groups were represented on the new Clinical Commissioning Groups. *The Director of Communications, Membership & Engagement, Cambridgeshire & Peterborough CCG informed Members that there was a sub committee of the Shadow Clinical Commissioning Group Governing Body called a Patient Referencing Group. This group was made up of patient representatives from each Local Commissioning Group Board. The Peterborough Consultation Forum also sat on this group. It was hoped that the new HealthWatch would also sit on the group in the future. Dr Gary Howsam, Borderline Local Commissioning Group advised Members that for*

Borderline there were ten practices and ten Patient Participation Groups. One or two representatives were sent from these groups to the Patient Forum. The patients were at the heart of the decisions made and could veto a decision made by the Board. Every other month a Borderline Jamboree was held. It would be based on a different clinical project and was open to all patients, patient groups, all staff and all clinicians working throughout Borderline. 80 to 100 people usually attended. Dr Paul Van Den Bent, Peterborough Local Commissioning Group advised that when developing patient pathways for specific diseases invitations went to groups like Age UK and the Asthma Society. Patients were central to the development of pathways.

- Members were advised that the Statutory Duties to engage and consult with patients would be transferred to the Clinical Commissioning Groups.
- The report stated that Clinical Commissioners would be responsible through the CCG for managing prescribing based on clinical and cost effectiveness and best value prescribing. How would the cost effectiveness and best value be worked out whilst ensuring the patient was given the best prescription? *Members were advised that best value would be about the 1:1 consultation with the patient as each patient had a different requirement regarding prescribing. The price of drugs varied greatly and the technology of the drugs changed over time but prescribing would be based on what was best for the patient.*
- How many professional commissioners would be employed in the new commissioning structure? *Members were informed that there was about 200 staff employed across the whole CCG which was a reduction in staff than was employed through the PCT.*
- Members sought clarification that Peterborough's interests would be taken into account at all times and that Peterborough would receive its fair share of National Health resources. *Members were informed that the CCG operated a devolved structure which was a federation of the eight local commissioning groups. When the allocation of resources was received it would be distributed on a fair shares basis to relevant communities.*
- What did the Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups think of the draft Health and Wellbeing Board Strategy and priorities. *Members were informed that the CCG and Health and Wellbeing Board had worked closely together and therefore the priorities of both were aligned.*
- Mary Cook, Vice Chair of Peterborough Pensioners Association addressed the committee and made a statement which highlighted points concerning generic drugs and the End of Life Strategy referral system.
- Annette Beaton a member of Peterborough LINKs and a Governor at the hospital addressed the committee and commented that she was very pleased to see that the CCG's were taking on the responsibility of the patients.

ACTION AGREED

The Commission noted the report and requested that the Commission be kept updated on the development of the Clinical Commissioning Groups.

6. Draft Health and Wellbeing Strategy 2012-15

The Director of Public Health introduced the report which presented the Commission with the draft Health and Wellbeing Strategy 2012-15. This was the first strategy of the Health and Wellbeing Board and the Commission had been asked to give their views and comments as part of the consultation process.

The three year strategy was set out to:

- Identify health and wellbeing priorities
- Set clear markers for NHS and Local Authority commissioners as they acted to put in place the right mix of services and initiatives to meet the needs of the population

- Enable commissioners to mutually hold each other to account for their commissioning decisions
- Help to develop partnerships that provided solutions to commissioning challenges

Members were informed that the Health and Wellbeing Board was about partnership and seeing the best possible way to deliver service. The priorities selected in the strategy related closely to the findings of the Joint Strategic Needs Assessment (JSNA):

1. Securing the foundations of good health
2. Preventing and treating avoidable illness
3. Healthier older people who maintain their independence for longer
4. Supporting good mental health
5. Better health and wellbeing outcomes for people with life-long disabilities and complex needs

The consultation would close on 23 November and the final draft including feed back from the consultation would be presented to the Health and Wellbeing Board on 10 December to confirm the priorities and finalise the strategy.

Observations and questions were raised and discussed including:

- Members noted that under the priority '*Healthier older people who maintain their independence for longer*' there was evidence that flu vaccination for over 65s was below average. Members had felt that it had not been well advertised and this could be the reason for it being below average. *The Director of Public Health responded that most practices should have written to all eligible patients advising them of the availability of the vaccination. The national flu vaccination campaign had not run for the last two years but the government had agreed to reinstate it.*
- How had the consultation been promoted and how many responses have been received so far. *Members were advised that the consultation process was still running. On 21 November there would be a stakeholder event for 60 delegates. The feedback through the written consultation route had been relatively limited. The main feedback would come through the stakeholder event. There had also been several press releases and the draft strategy had been put on various partnership agendas.*
- Members noted that under the priority '*Supporting good mental health*' there was evidence of high level of school exclusions and out of city placements for children and young people with statements with the primary category being behavioural emotional and social difficulties. Why were children sent to out of city placements? *Officers were unable to comment on Children's Services but advised Members that it might be because they were children with special needs. This was in the strategy because it had been an issue of concern.*
- How could you ensure that this strategy would work and improve things when previous ones have failed? *The Director of Public Health responded that the strategy was based on evidence and the findings of the Joint Strategic Needs Assessment. The priorities identified within the strategy were some of the most difficult issues across society and within Peterborough. A key determinant for the successful delivery of the strategic priorities and associated outcomes would be the robustness of the interagency planning, commissioning and delivery arrangements for Peterborough.*

The Strategy included a series of questions which the Commission were required to respond to as part of the consultation process to obtain their views on the strategy. It was agreed by the Members that they would respond outside of the meeting and the responses would be emailed to the officers as this would allow more time to consider the response.

ACTION AGREED

1. The Commission noted and commented on the draft Health and Wellbeing Strategy for Peterborough.
2. The Commission to respond to the Director of Public Health on the questions in the draft Health and Wellbeing Strategy for Peterborough by 23 November 2012.

7. Quarterly Performance Report on Adult Social Care Services in Peterborough

The report provided the Commission with an update on the delivery of Adult Social Care services in Peterborough against the key priorities identified in the business plan, linked against the four outcome domains contained within the national Adult Social Care outcomes framework. The report covered the second quarter of 2012-13. The Assistant Director, Quality Information & Performance informed the Commission that the report was in a slightly different format than previously presented in that it had been mapped to the departmental priorities as well as the national priorities. New information sets had been included such as reablement statistics which had been identified as a major priority for this year. Highlights included:

Priority One – promoting and supporting people to maintain their independence

The operating model for Adult Social Care to promote independence and support people for longer in lower care environments was being remodelled. In particular the reablement service was expanding and delivering good outcomes in respect of the levels of need with which people leave the service.

Priority 2 – delivering a personalised approach to care

Progress was being made against the key enablers of this priority. Numbers of Learning disabled people receiving annual health checks was increasing and expected to hit the target of 16% by the end of the year. Numbers using the shared lives scheme was increasing and the recent campaign had created interest from prospective carers. The national carer's survey was currently underway, with just under one thousand carers being sent a survey.

Priority 3 – Empowering people to engage with their communities and have fulfilled lives

Supporting adults with learning disability into employment had continued to do well. However, numbers in settled accommodation was still comparatively low. There was still a need to improve availability of information for all client groups. Work to introduce an online directory of services was now underway with an expected delivery date of January 2012.

Safeguarding Vulnerable Adults

Progress had been made in the process of conducting safeguarding investigations. The backlog of cases previously reported had now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 2 have shown a marked improvement. Focus was now moving on to quality monitoring and a case audit tool for safeguarding investigations was being piloted.

A permanent strategic lead had been appointed for Safeguarding and would be in place by the end of November.

Observations and questions were raised and discussed including:

- Priority 3 – Empowering people to engage with their communities and have fulfilled lives. What was being done to help, support and facilitate those in elderly residential care bungalows and supported living and volunteers on those sites? *Members were informed that work was being done on a Prevention Strategy around supporting people at*

the level of need prior to them needing high levels of intervention. Volunteer schemes were key to the strategy. More information would be provided to the Commission at a later date.

- Had audits now been put in place for the care homes as recommended by the Commission at its meeting on 1 November 2012? *The Director of Adult Social Care advised Members that the frequency of the reviews of those people moving from Greenwood House and Welland house had been increased to three monthly reviews instead of six monthly during their first year at the new care home. Additionally the contract management visits would continue at each of the homes.*
- Had the issues with the IT systems now been sorted? *The Director of Adult Social Care confirmed that all staff had now been transferred onto the new IT system.*
- Members were pleased to note that there were no indicators in the progress report marked as red but that there were some indicators marked as Amber and wanted to know if there was a timescale for those indicators to turn green. *Members were informed that some indicators like the safeguarding ones would remain Amber for the year to date position but others were working towards turning green. The department was in a phase of continuous challenge and improvement and therefore the report would continually reflect both red and amber indicators as some indicators turned green and were removed others would be added that would be red or amber.*
- Members sought clarification on the Shared Life Scheme. *The Director of Adult Social Care advised Members that the scheme was about carers who were assessed and agreement reached to provide professional care in their own home for an individual. It was a contractual arrangement with care support going into it. If the relationship broke down in that care scenario then care professionals would work with them to resolve the issue or move the person. It was part of a nationally recognised scheme to provide care for a number of individuals.*
- Members wanted to know if there was evidence that the Shared Life Scheme had been successful in other places. *Members were advised that there had been evidence of good outcomes from schemes around the country and the Peterborough scheme could also evidence good outcomes. A presentation on the Shared Life Scheme could be brought to the Commission at a future meeting.*
- Members requested that future progress reports should include targets and date to be achieved.
- Members noted in the report that under 'Support Planning' a specialist agency had undertaken around 500 reviews of support plans for clients that had not received a review in the previous 12 months. Members wanted to know why there was such a backlog and going forward would they be able to ensure no further backlogs occurred. *Members were informed that in Qtr 1 it had been identified that there was a back log of people who had received an Adult Social Care service but had not been reviewed in the last 12 months. The decision was made to bring in a specialist organisation to clear the backlog. It was anticipated that now the backlog had been cleared current reviews would take place on time.*

ACTION AGREED

1. The Commission noted the report and requested that The Assistant Director, Quality Information & Performance provide in future performance reports targets and timescales for achieving those targets.
2. The Commission also requested that the Director of Adult Social Care provide further information on the Shared Life Scheme.

8. Notice of Intention to Take Key Decisions

The Commission received the latest version of the Council's Notice of Intention to Take Key Decisions, 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 Notice of Intention to Take Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commissions work programme.

ACTION AGREED

The Commission noted the Notice of Intention to Take Key Decisions and requested further information on Healthwatch Commissioning – KEY/30NOV12/02.

9. Work Programme

Members considered the Commissions Work Programme for 2012/13 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2012/13 and the Senior Governance Officer to include any additional items as requested during the meeting.

10. Date of Next Meeting

Wednesday, 23 January 2013

The meeting began at 7.00pm and finished at 9.25pm

CHAIRMAN

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