

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 12 MARCH 2013**

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

Also present Councillor Fitzgerald, Cabinet Member for Adult Social Care
Margaret Robinson, LINKs Representative
Dr Andy Liggins, Director of Public Health
Jessica Bawden, Director of Corporate Affairs,
Dr Neil Modha, Chief Clinical Officer, Clinical Commissioning Group
Catherine Mitchell, Local Chief Officer
Councillor Sandford, Group Leader, Liberal Democrats

Officers Present: Terry Rich, Director of Adult Social Care
Tim Bishop, Assistant Director Strategic Commissioning
Nicholas Blake, Head of Commissioning, Adult Social Care
Tina Hornsby, Assistant Director, Quality Information & Performance
Paulina Ford, Senior Governance Officer
Michelle Abbott, Lawyer
Catherine Berriman, Lawyer

1. Apologies

No apologies for absence were received.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting held on 23 January 2013.

The minutes of the meeting held on 23 January 2013 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. Adult Social Care – One Year On

The Cabinet Member for Adult Social Care introduced the report which updated the Commission on the progress of his portfolio. The Cabinet Member went through the report which summarised progress to date in terms of addressing areas of poor performance, developing commissioning plans and strategies, modernising services and setting priorities for the coming year. Key areas highlighted were:

- Performance issues
- Safeguarding
- Referrals, assessments and reviews
- Framework-I implementation

- Quality assurance
- Commissioning and service redesign
- Older People Accommodation Strategy
- Learning Disabilities
- Mental Health services
- Future Priorities

Observations and questions were raised and discussed including:

- Members wanted to know why a Specialist Agency had been used to undertake reviews of support plans and how much it had cost. *Members were informed that this referred to the backlog of work which had been approximately 800 cases that had been outstanding at the time of transfer from NHS Peterborough to the Council in March 2012. The Agency called Sanctuary was brought in to clear the backlog. The backlog had been cleared and the agency was no longer with the council. The cost to complete the reviews had been approximately £240,000. Sufficient savings had been identified from the reviews to make it self financing.*
- Members noted that the report stated that a major review of Learning Disabilities Day Services had commenced and wanted to ensure that the views of the service workers and carers were taken into account. *Members were informed that no one would be excluded from the consultation process.*
- Members wanted to know if the Learning Disabilities Day Services Review would be brought before the Commission before going out to consultation. *Members were informed that stakeholders were currently being engaged with to come up with proposals and the proposals could come to the Commission before going out to consultation in June.*
- The report had stated that “more than £350,000 of unused and overpaid Direct Payments have been recovered from service users as a result of implementing a more rigorous and effective process. *Members wanted to know if any hardship had been suffered as a result of recovering these payments. Members were informed that no hardship had been suffered. A better gate keeping process had been put in place which had identified overpayments which had not been spent but were sitting in people’s bank accounts. This money had now been reclaimed. Money provided for care should have been spent on care and the council had made it clearer as to what the money could or could not be spent on. None of the money was recovered without having first reviewed the arrangements for each individual person to ensure that no hardship would be incurred.*
- Why was Adult Social Care being targeted for savings when other departments were not. *Members were informed that all service areas were being asked to make savings including Adult Social Care.*
- What was the policy with regard to the employment of agency Social Workers in Adult Social Care? *Members were advised that Adult Social Care employed all of their own people. Agency staff was only brought in for emergency and maternity cover or sickness. There had been no recruitment or retention issues with Adult Social Care Social Workers.*
- Councillor Sandford noted that care charges had increased by a third and wanted to know if when calculating the savings the reduction in uptake of the services had been taken into account. *Members were informed that the majority of people that had used the service had been means tested and therefore did not pay. There had therefore not been a reduction in take up of the service.*
- Members requested that Safeguarding Awareness training be provided for Members on an annual basis. *Members were informed that Adult Safeguarding Awareness training would be put in place for Members of the Commission prior to the next round of meetings and would also be provided to all Councillors. The Director of Adult Social Care agreed that it should be done on an annual basis.*

ACTIONS AGREED

The Commission requested that:

- I. The Cabinet Member for Adult Social Care provides the Commission with an Annual update on the progress of his portfolio. The next report would therefore be presented to the Commission in March 2014.
- II. The outcome of the Learning Disabilities Review to be presented to the Commission at the next meeting in June 2013.

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

The Assistant Director Quality Information and Performance introduced the report which provided the Commission with an update on the delivery of Adult Social Care services in Peterborough against the key priorities identified in the department's business plan, linked against the four outcome domains contained within the national Adult Social Care outcomes framework. The report covered the third quarter of 2012-13 (1 October – 31 December 2012).

Priority 1 – promoting and supporting people to maintain their independence

- The operating model for Adult Social Care had been developing in particular the reablement service was expanding and delivering good outcomes in respect to the levels of need with which people leave the service.
- Work was progressing to secure additional professional support services in reablement - including appointing additional dedicated care management and Occupational Therapy posts to the service.
- There were some concerns around the interface with health regarding discharges from hospital where there was an increase in delays in discharge and in readmissions following discharge.

Priority 2 – delivering a personalised approach to care

- The national carer's survey had been completed, with just under one thousand carers being sent a survey and an overall return rate of around 40% of the customer base.
- Numbers using the shared lives scheme had increased.
- Improvements had been made to the mechanisms for monitoring the quality of social care support.
- The Adult Social Care complaints service had been successfully relocated from Anglia Support Partnership (Serco) in Cambridge to Peterborough City Council Central Complaints Team (Serco) at the end of December 2012.

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

- The council continued to do well in supporting adults with learning disability into employment. Numbers in settled accommodation were still comparatively low.
- The online care directory project progressed as planned during Quarter 3 with most of the development completed in December 2012. The directory was now being marketed to providers with plans for a full public launch in March 2013.
- Greenwood House had closed and Welland House would close shortly. Additional Extra care housing was being built in Stanground. A dementia resource centre was also being developed.

Safeguarding Vulnerable Adults

Progress has been made in the process of conducting safeguarding investigations. The backlog of cases previously reported has now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 3 had shown that the improvements made over the last two quarters have remained consistent.

The change in case management system at the beginning of December 2012 did not seem to have impacted adversely upon the timeliness of Safeguarding investigations. The achievement of year to date targets for timeliness of the process had been impacted by the delays within the first quarter.

Work was ongoing with partner agencies in establishing a safeguarding adults 'core data set' which would provide more focus on outcomes of safeguarding work.

Observations and questions were raised and discussed including:

- Members commented that at a previous meeting the Commission had requested that the performance reports should show targets and timeframes. The current report did not show these. The Officer sought clarification of exactly what was required. Members suggested that some Members work with the Officer regarding the format of future performance reports to the Commission.
- The representative from LINks sought clarification on what was meant by "the reablement service had now reached capacity". *Members were advised that the reablement team were small and they could only support a certain amount of people. The current team had reached the point where all the hours available were being fully used supporting the people already in the service. Independent sector providers would be used to deliver reablement if further capacity were required.*
- How much more did it cost to go to an independent provider? *Members were advised that it cost less than the in house service*
- Members noted that the report had stated that there was an ongoing review of Learning Disability Day Services in Peterborough to ensure that services offered were more strongly tailored towards the personal needs of customers. Members wanted to know how the review was being conducted and wanted to ensure that the day centres were being visited as part of the review. *Members were advised that the review would engage with users and staff at the day centres and would be based on individual assessments of need. Proposals that come out of the review will be presented to the Commission.*
- Members had been aware that the hospital had been on red alert and that the hospital had been putting the emergency beds into the interim care beds. Was the Council working with the hospital to manage the situation? *Members were advised that the council worked very closely with the hospital and social workers attended the regular discharge meetings where the discharges were planned. PCC took responsibility for patients with funded social care from the Council to ensure a placement was made at an appropriate provision. PCC were in daily contact with the hospital to confirm that there were no delays regarding Adult Social Care patients.*
- Members sought clarification as to why there had been a rise in delayed transfers of Care during the months of October, November and December 2012. *Members were informed that this data showed delays for Peterborough people being transferred from hospital who were being delayed for health reasons and were waiting for a health service or self chosen package of care.*
- Members commented that with the closure of Welland House and Greenwood House there was a request from the Commission to audit the individuals transferring from those homes to monitor their transition. The report had not provided this information. *Members were assured that audits had taken place and information on this would be provided in the next quarterly report.*
- Members sought clarification on the implementation of the electronic call monitoring (ECM) system. *Members were advised that the ECM was now in place and reports were being received from providers. There had been an issue with the data that was being provided in that it was in different formats from each provider and therefore difficult to provide a like for like comparison. This was being looked in to. Members were also advised that the Scrutiny Commission for Rural Communities had highlighted issues regarding monitoring of care provision in rural areas and a full report was due to go the Commission in the new municipal year.*

- Members felt that the online care directory was a good idea but were concerned that not everyone would have online access and wanted to know what other ways it could be accessed. *Members were advised that people could call the Peterborough Direct 747474 number and a customer advisor would be able to search the directory for them. A paper version was also being considered but this was more difficult as the directory was a live document and the information would be updated constantly. It would also be available in libraries and voluntary sector organisations, social workers and social care agencies would also have access to the directory.*
- Members were concerned that the implementation of the online directory had been deferred to the end of March and it should have been in place in time for the closure of Greenwood House and Welland House. *Members were advised that the implementation had slipped to March due to the delay in populating the directory. It was felt that it had been better to wait for the directory to be fully populated before implementing otherwise people accessing it may not have found it helpful. Residents transferring from Greenwood House and Welland House would have been informed of all available care providers regardless of the directory being implemented.*
- Members noted that in the Carer's Survey for 2012/13 Provisional results indicated that around 42% were satisfied with social care services overall. Members wanted to know what this meant. *Members were advised that the question in the survey asked carers to rate their overall quality of life and 42% was for those who rated it good, very good or excellent showing a positive answer. This result was comparable to regional authorities.*
- When will the additional Extra Care Housing that is being built in Stanground be available? *Members were advised that it would be available from summer 2014.*

ACTIONS AGREED

The Commission requested that:

1. The Assistant Director, Quality Information & Performance work with Members of the Commission to agree a format for future presentations of the Adult Social Care Performance report to the Commission. The Senior Governance Officer to obtain nominations from the Commission members to undertake this work.
2. Regional benchmarking figures to be provided within the Quarterly report.
3. The Head of Commissioning, Adult Social Care to provide a report to the Commission on the Implementation of the Electronic Call Monitoring System.

7. Transfer of Public Health Functions from Peterborough Primary Care Trust (PPCT) to Peterborough City Council (PCC)

The report informed the Commission of the responsibilities and implications of the transfer of certain Public Health functions from Peterborough Primary Care Trust (PPCT) to the Council under the Health & Social Care Act 2012 ("the Act"), which would take effect from 1st April 2013. Key areas covered were:

- The Public Health Responsibilities of the Local Authority of which there were five mandatory services:
 1. Providing appropriate access to sexual health services;
 2. Ensuring there are plans in place to protect the health of the population, including immunisation and screening;
 3. Ensuring NHS commissioners receive public health advice on matters such as health needs assessments for particular conditions or disease groups, evaluating evidence to support the clinical prioritisation for populations and individuals and new drugs and technologies in development – this advice has become known as the "core offer" from public health to Clinical Commissioning Groups; and
 4. The NHS Health Check programme for people between 40 and 74;

5. The National Child Measurement Programme (NCMP).

- Transfer of contracts to the Council
- Structure and transfer of staff
- Implications of the transfer of responsibility

The Council would receive a public health grant which it is intended should enable it to fulfil its public health responsibilities. The grant was allocated by the Department for Health using a formula developed specifically for this purpose. For 2013/14 the sum would be £8,446,100 and this will increase to £9,290,700 for 2014/15. It was expected that the grant would be sufficient to meet the costs of the service. As some elements of the service were demand led, the service would need the same rigorous financial monitoring applied to it as for all other council services. Quarterly reporting to the Department of Health on the usage of the grant was mandated and the local authority Chief Executive would also need to return a statement confirming that the grant had been used in line with the specified conditions.

Observations and questions were raised and discussed including:

- Members sought clarification on how the significant proportion of public health services that were commissioned through the three large provider contracts would fit in with the new Clinical Commissioning Group arrangements e.g.
 - Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) Agreement.
 - Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Cambridgeshire Community Services NHS Trust (CCS)
 - Cambridgeshire Primary Care Trust as Coordinating Commissioner (CPCT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Agreement

Members were advised that currently Peterborough was spending money through these organisations to delivery services to residents. This arrangement would continue but as with any contract this would be reviewed for efficiency and effectiveness to see if there were any other alternative providers or more effective ways of achieving the outcomes.
- How did the Public Health Outcomes framework relate to the Councils Health and Wellbeing Strategy? *Members were advised that the Outcome Framework was in alignment with the Health and Wellbeing Strategy.*
- Members were pleased to see that one of the objectives for improving the wider determinants of health was the 'utilisation of green space for exercise / health reasons'.
- Members sought assurance that when funding was provided to such organisations as Cambridgeshire Primary Care Trust to provide services for Peterborough people that it was ring fenced and was only used for Peterborough people. *Members were assured that this was the case and that the contract was monitored to ensure this happened. If it was found that the money was not being used correctly then intervention would take place.*

Dr Liggins informed the Commission that he would be leaving the role of Director of Public Health to pursue other career interests when the Public Health functions transferred over to the council on 1 April 2013.

The Chair on behalf of the Commission wished Dr Liggins every success in his new ventures and wished to acknowledge and thank him for his dedication and hard work over the years for public health in Peterborough.

ACTIONS AGREED

The Commission requested that a Quarterly report be presented to the Commission on the Public Health Outcomes Framework.

8. Dementia Strategy and Plans for Commissioning a Dementia Resource Centre

The report provided the Commission with an update on the progress made with developing an Adult Social Care Dementia Strategy and on the commissioning of a Dementia Resource Centre. The Commission were presented with a YouTube video which illustrated how dementia day care had been developed elsewhere in the country. This highlighted some of the things that could be achieved through the commissioning of the Dementia Resource Centre in Peterborough. The range of services to be provided at the Dementia Resource Centre would be:

- Advice and information
- Day Opportunities
- Interventions
- Carers support

The specification for the Dementia Resource Centre was currently being developed and the tender and associated services would be completed by June. The Dementia Strategy was presented in draft and Members were informed of the key areas which were:

- gaps in service provision and priority setting,
- the Vision for dementia services – commissioning intentions
- action plan

Observations and questions were raised and discussed including:

- Members wanted to know if there were drugs available to control dementia. *Members were informed that there was a range of medication to support people with dementia.*
- Members sought clarification on what the Capital Investment of £600k would cover. *Members were advised that the £600K was made up of two elements:*
 - *£500K would be allocated to the Dementia Resource Centre. This would be spent ensuring the Dementia Resource Centre was an appropriate environment to deliver dementia services from.*
 - *£100K would be allocated to develop wider community based resources.*
- What would be the capacity of the Dementia Resource Centre? *Members were advised that it would depend on which service was being provided. In terms of information and advice it would meet the needs of the wider population. In terms of a day centre the capacity would be for approximately thirty places for people with dementia.*
- Would the Dementia Resource Centre be built to allow for expansion? *Members were advised that the physical site may not allow for expansion but flexibility of the delivery of the services would be provided for as the demand grew.*
- Members sought assurance that accessibility would be a key consideration when the site for the Dementia Resource Centre was being considered. *Members were assured that accessibility was a key element regarding the site of the centre.*
- Members sought assurance that Adult Social Care was working closely with the Clinical Commissioning Group and in particular with regard to the Firm which was a multi disciplinary approach unit. *Members were advised that the Clinical Commission Group and Adult Social Care were working together. In terms of the Firm there were key services that Adult Social Care would be looking to work together on which were Intermediate Care and Reablement.*
- Members commented on the fact that the Dementia Resource Centre would not be a custom made building but an existing building that would be adapted and were concerned that with the growth of dementia patients the building would not be able to cope with demand in ten years time. *Members were informed that it would be difficult to predict what services would be required in ten years time. The idea would be to develop a range of options. Strategically services would be developed close to where people lived through a range of service delivery points around the community rather than have one large hub delivering all services for dementia.*

- How much will it cost to run the centre and who would run it. *Members were advised that this would be part of the tender exercise to decide who would run it. The cost of running it would become clearer over the next twelve months.*
- Would priority be given to voluntary sector organisations to run the centre? *Members were advised that the procurement exercise would ensure that the best provider got the contract and it would be specified in the contract that they would have to work with voluntary sector organisations.*
- Will the providers to the Dementia Resource Centre be responsible to the council? *Members were advised that all service providers to the Dementia Resource Centre would be responsible to the council. Monitoring of these services will be put in place and this would be reported to the Commission if required.*

The Chair congratulated the Head of Commissioning, Adult Social Care on a detailed and informative report.

ACTION AGREED

The Commission requested that the Head of Commissioning, Adult Social Care provide:

1. A quarterly report to the Commission on the Dementia Resource Centre and
2. The Dementia Strategy to be emailed to the Commission when finalised.

9. The Cambridgeshire & Peterborough Clinical Commissioning Group Business Plans

The report updated the Commission on the Clinical Commissioning Groups (CCG) progress in developing its Commissioning Plan for 2013/2014. Members were advised of the distinction between the Primary Care Trust (PCT) that the CCG. The CCG commissioned acute care i.e. hospital care, community care and mental health care for the 864,000 people that were registered in GP practices across the CCG. It did not commission primary care e.g. GP contracts, dental services or pharmacy services. These services were commissioned by the National Commissioning Board.

A presentation was given covering the following key areas:

An update which included the following points:

- One clinical commissioning group (CCG) for Cambridgeshire & Peterborough, including three practices in Herts and two in Northants
- Federation of eight local commissioning groups (LCGs)
- Delegated budgets for local decision making with central accountability and robust governance
- National Commissioning Board approved authorisation on 23 Jan 2013
- CCG to take on full responsibilities from April 2013.

The work of the CCG so far:

- Operating in Shadow Form since April 2012.
- Governing Body met in public for the first time on 5 Feb 2013
- Clinical Accountable Officer plus eight GPs, secondary care doctor, three lay members and executive directors
- Building relationships with partners and communities
- Developing the vision and values
- Developing medium-long term plans.

The context in which the CCG worked:

- 2013/14 allocations: £854 m
- Population: 831,000 (based on ONS figs, not registered)
- Challenged provider landscape
- A growing and ageing population with health inequalities

- An efficiency plan in 2013/14 of £30m.

Priorities for 2013/2014:

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

Observations and questions were raised and discussed including:

- People on long term medication require monthly prescriptions. Was this the most cost effective way of prescribing long term medication. Would it be better to prescribe on a three monthly basis or even longer? *Members were informed that there had been a drive in Peterborough to move to monthly prescriptions. The reason behind this was that prescribing on a three monthly basis can often produce a lot of waste where medication is not used. Prescribing monthly also meant that the GP could monitor patients in a better way. Some medicines also had a use by date which would also dictate how often they were prescribed.*
- Members sought assurance that a system that was operated by GP's would be patient focused and not on the interests of the GP. *Members were advised that this was one of the main reasons there had been a split in responsibility and that the Primary Care Trust would commission primary care. The GP contracts sat with the PCT and in the future it would sit with the National Commissioning Board not the Clinical Commissioning Group.*
- How will the Clinical Commissioning Group plan for the growth in Peterborough and how were you going to get the doctors to plan and facilitate that growth. *Members were advised that the National Commissioning Board had said that in the future it would look to match the funding with the elderly population and the true population. Growth was being considered with regard to hospital services, community services and mental health services and contracts were being inflated to accommodate the potential growth. The Medium Term Plans included all the information provided from the Joint Strategic Needs Assessment which included planning projections.*
- Was anything being done to educate people and inform them of what National Health Service to use as an alternative to going to the Accident and Emergency Department now that the Alma Road walk in centre was closing. *Members were informed that a communications plan was in place to inform people of alternative places to go. There was also a campaign about "Choose Well" to help direct people to self help, pharmacy, available walk in centres and out of hours GP's. These messages would continually be reinforced. If people went to A & E and it was not an accident or emergency then they would be signposted to an alternative provision. The A & E department was under a lot of significant pressure and other areas of the country offered a different model to Peterborough where A & E offer a gate keeper service where GP's were available to see patients not requiring A & E. This model was being considered for Peterborough.*

The Chair thanked Dr Neil Modha for an interesting and informative presentation.

ACTIONS AGREED

The Commission requested that the Clinical Commissioning Group provide a further progress report in six months time.

10. 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 Commission's work programme.

ACTION AGREED

The Commission noted the Notice of Intention to Take Key Decisions.

The meeting began at 7.00pm and finished at 10.15pm

CHAIRMAN