PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 10 SEPTEMBER 2014

Present:	Councillors B Rush (Chairman), J Stokes, S Allen, R Herdman, R Ferris and A Sylvester	
Also present	David Whiles	HealthWatch
	Jessica Bawden	Director, Corporate Affairs – C&PCCG
	Dr Fiona Head	Transformation Programme Director
	Jane Pigg	Company Secretary, Peterborough & Stamford Hospitals NHS Foundation Trust
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Tina Hornsby	Assistant Director, Quality Information & Performance
	Paulina Ford	Senior Governance Officer

1. Apologies

Apologies 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 Meeting Held on 8 July 2014

The minutes of the meeting held on 8 July 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. Local Health Economy Five Year Strategic Plan

The Transformation Programme Director introduced the report which provided the Commission with an update on the ongoing development of the Local Health Economy Five Year Strategic Plan. Members were informed that the programme was still in the development stage.

Observations and questions were raised and discussed including:

- Members commented that those people who were not in the health sector would find it difficult to understand the acronyms and how all the various organisations fitted together. Members requested that this be made clearer and a structure chart provided to help them understand.

- Members commented on the financial figures and the fact that the gap could widen to £300M in five years' time. Price Waterhouse Cooper (PwC) had outlined three financial scenarios. Members sought clarification on whether the three scenarios were all based on an assumption that demand would not continue to rise. If this assumption was wrong what was Plan B. *The Transformation Programme Director responded that demand would continue to rise and the projections were primarily based on demographic growth. There were assumptions built in to the financial projections of each of the organisations who provided data to PwC which factored in an increase in demand. Because of the commercially sensitive nature of the projections PWC acted as a third-party which safeguarded the information. Going forward the system design work stream of the programme would need to look at the issue of increased demand in further detail.*
- Members asked if it was possible to produce a summary of the documents in a user-friendly way to engage people in a better way. *The Director of Corporate Affairs – C&PCCG stated that work completed so far had been mainly internal however there was a newly-appointed Communications Manager who had been tasked with making the information readable and produce a two page summary.*
- Members referred to page 38 and the "*significant levels of deprivation that needed to be addressed*" and that "*some of the wards in Peterborough were rated amongst the highest areas for child poverty in England*". What was being done to address deprivation and child poverty in Peterborough? *The Transformation Programme Director responded that changes in the system would need to be targeted at increasing the health of those most-deprived. This would require impact assessments of interventions which gauged impact on the most-deprived individuals in Peterborough. Deprivation was a predictor of an individuals' health and the need to reduce health inequalities relied on improving outcomes which was one of the main aims. The Executive Director of Adult Social Care and Health and Wellbeing added that the scale of the financial challenge was enormous but PCC had signed up to the Concordat and were part of the process to help deliver the Strategic Plan.*
- Members asked for a workshop in which Members could be informed as to what some of the jargon meant and to increase understanding around the issues. *The Executive Director of Adult Social Care and Health and Wellbeing stated that this would be an excellent idea and that the newly appointed Director of Public Health could arrange this. It could include other councillors as well as those on the Commission.*
- Members asked how the programme would be delivered and requested for greater transparency regarding where money had been spent and would be spent. *The Transformation Programme Director stated that further detailed information about the work streams, outcomes and how they would be delivered would be available by 30th September.*
- Members further asked for clarification as to where money was being spent. *The Transformation Programme Director added that there would be a diagram produced which would show spending across the system.*
- Members asked where the money for the sale of the hospital would go. *The Company Secretary, Peterborough & Stamford Hospitals NHS Foundation Trust (PHSFT) responded that the hospital had a £40M deficit which was funded from the Department of Health. The receipt from the sale of the hospital would mean that this would be offset against the £40M received from the Department of Health and PHSFT would therefore not need to receive the whole £40M.*
- Members commented that demand for mental health services continued to rise and asked why mental health services were low priority where funding was concerned despite increased demand. Was mental health provision part of the Five Year Strategic Plan? *The Transformation Programme Director responded that mental health was part of the plan but money allocated was based on the means of payment and was not necessarily demand-based. Part of the system design work would be looking at allocation of funds which would address some of the issues mentioned. There were national pilots of tariff-based systems which would provide better data to help understanding of the way mental health was funded.*

- Members asked if access to GPs would be included as part of the strategy. *The Transformation Programme Director responded that the Programme Board had decided to add in a Primary Care work stream which would look at the Primary Care Provision and how it was configured across the geography and accessibility. One overall strategic aim would be to see that people went to the most appropriate place for their needs.*
- Members asked if this would include building more GP surgeries. *The Transformation Programme Director stated that this would not be included at this stage. The current stage was thinking about how NHSE worked with primary care colleagues to have a voice as part of the system transformation process and how they could be encouraged to think about how they could provide services in the future.*
- Members asked what the results were of the stakeholder mapping event. *The Transformation Programme Director responded that there was a realisation that plans that had been produced by various organisations did not align. There was a need to work together in order to ensure the successful delivery in the future. The Representative for Healthwatch added that this was a useful and unique way for stakeholders to collaborate and work together to produce a single and successful blueprint.*
- Mary Cook a member of the public addressed the Commission and made the following comments:
    - Funding for elderly care was going.
    - The Better Care Fund was being put into a general pot of money for national insurance which meant that the councils and CCGs would not get access to it.
    - There would be increased issues around funding and nobody knew what would happen in the next year and what the plans were for the next year.
    - There had been an enormous amount of money spent already which could have been better spent.
- Members stated there was a need for a big conversation about health which included hearing the public's thoughts in order to find out what is necessary to enable people to live healthy lifestyles. *The Director, Corporate Affairs – C&PCCG stated that she agreed with this and this would be acted upon over the next year.*
- Members were concerned about how many organisations would be wanting funding from the Better Care Fund. *The Executive Director of Adult Social Care and Health and Wellbeing responded that locally the amount of money available for the Better Care Fund (not new money) was £11.9M. There were different spending priorities but the latest submission was due on the 19 September and there had been different guidance issued in July about what the fund should be used for. There were increased concerns about how the money would be used. It was an evolving story but a detailed report could be provided to the Commission at a future meeting.*
- Members noted that a further 4% efficiency savings would need to be made and were concerned that there would be increasingly reduced money available for making efficiency savings. *The Transformation Programme Director responded that making recurrent savings would necessitate step changes in the way health was structured and delivered.*

RECOMMENDATIONS

1. The Commission noted the report and recommended that the Transformation Programme Director provide the following:

    a. A summary version of the Local health Economy Five Year Strategic Plan in a user friendly version.
    b. Include in the next version of the Local health Economy Five Year Strategic Plan a diagram indicating how the money is distributed across the organisations.

ACTIONS AGREED

The Commission requests the Executive Director of Adult Social Care and Health and Wellbeing, the Director of Public Health and the Director of Corporate Affairs (C&PCCG) plan

an event for Members of the Commission which will inform them in more detail of the challenges around the Local Health Economy.

6. Cardiovascular Disease

The report was introduced by the Assistant Director, Quality Information and Performance and informed the Commission that improving outcomes and reducing inequalities associated with cardiovascular disease had been identified as the priority of the Health and Wellbeing Board and to present the reasons for its prioritisation. Members were informed that cardiovascular disease was responsible for 27% of all deaths of people aged under 75 in Peterborough. Peterborough was ranked 126th out of 150 local authorities for cardiovascular disease and 69% of cardiovascular disease was thought to be preventable. There were three thematic work streams to take forward:

- Prevention and Early Intervention
- Healthcare and Rehabilitation/Reablement
- Continuing Support

Observations and questions were raised and discussed including:

- Members referred to page 172 of the report and cardiovascular disease (CVD) requiring city wide activity. What focus would there be regarding city-wide activity and on specific groups? *Members were advised that CVD could be aligned to deprivation indicating certain groups in the community had higher rates of CVD than others. Work was therefore being done with various community groups to try and drive change from within the communities.*
- Members stated that councillors could work within their wards to encourage communities to look after their health. *The Assistant Director, Quality Information and Performance responded that she agreed with this and that people could begin to view caring for their health positively.*
- Members asked what would happen if the funding for the 'House of Care' model was not available. *Members were advised that work with partners would still continue in order to deliver the results and enable individuals to work on improving their health. The difference being that it would be reliant on using organisations own resources.*
- Members asked if voluntary organisations such as the British Heart Foundation could hold events such as checking people's blood pressure in Queensgate. *The Assistant Director, Quality Information and Performance responded that holding such events in peoples own communities was being considered in order to raise awareness as an alternative to people having to go to their doctor or into the city centre.*
- Members asked if people had been approached regarding exercise. *Members were advised that there was already a health trainer programme within the council that co-ordinated a range of volunteers to give health advice and activities within communities. This was being looked at to see how this could be built upon. The Healthwatch representative stated that there was further activities like clearing dykes which people were getting involved with which got people active and would also help combat obesity and cardiovascular disease. It was important to do blood pressure tests where people meet already in the community and workplaces.*
- Members asked if there could be a register where people could find out what activities were happening.
- Mary Cook addressed the Commission and commented that cheap food was full of fat and lots of shops were making money from low-quality food. She asked the council to be more pro-active in requesting shops reduce the fat content of their food. It was also

important to teach children how to make good quality simple food instead of having ready-made meals.

- Members commented that the national curriculum was strong in terms of education on diet but that parents also needed to be educated.
- Members asked if there would be an action plan put in place to deliver the CVD programme. *Members were advised that there would be an overarching action plan and then the three work streams mentioned within the paper.*
- The Assistant Director, Quality Information and Performance commented that more use could be made of Councillor involvement in the communities and would consider how this could be done.
- It was further noted that pedometers were a good way for people to monitor their health and exercise levels.

ACTION AGREED

The Commission noted the report and requested a further report back to the Commission with a more detailed action plan for the Cardiovascular Disease Programme.

7. Adult Social Care Update

The report was introduced by the Assistant Director, Quality Information and Performance and provided the Commission with an update on Adult Social Care. It also contained a progress report on the transformation of Adult Social Care and preparations for the Care Act 2014, and contained the Annual Complaints report and Local Account information. Members were informed that the Care Act 2014 represented the greatest change to adult social care legislation since the National Assistance Act 1948 and the most radical change to how adult social care is planned, commissioned and delivered since the NHS and Community Care Act 1990. Key areas covered in the report were:

- Preparing for the Care Act 2014
- Adult Social Care Transformation
- Peterborough Care and Support Directory 2014/15
- Adult Social Care Local Account
- Adult Social Care Annual Complaints Report 2013/14

Observations and questions were raised and discussed including:

- Members referred to page 194 of the report, paragraph 5.4, Self-Funders. Members noted that the cap had been set at £72K for older people but that the cap for working age adults had not been set. Was there an update on this? *The Executive Director of Adult Social Care, Health and Wellbeing stated that nationally this had not been finalised.*
- Members asked if social workers were still being recruited and how many cases were assigned to each social worker. *The Assistant Director, Quality Information and Performance stated that there was no recruitment activity for adult social workers currently. The number of cases per social worker varied depending on the work requirements at the time and the complexity of individual cases.*
- Members asked who paid for individuals who were sent to care homes in cases of bed blocking and if people would have to pay for this themselves. *The Assistant Director, Quality Information and Performance stated that if someone was admitted to a care home for health-related care this would be classed as continuing health care and they would not need to pay. If someone is discharged from hospital or admitted to a care home temporarily but their care and support needs were social care and not health related then potentially they might be assessed for payment.*
- Members referred to the Adult Social Care Transformation and the mention of "*A front door that is the primary first point of contact*" and asked what this meant. *The Assistant Director, Quality Information and Performance responded that this was a call logging*

service where all referrals go to. Initial triaging and problem solving would be dealt with through this service. There would also be a social work team who could provide an initial crisis response. There would also be access to other services like housing options or the police.

- Members stated that at the Scrutiny in a Day event the Commission had recommended a single point of contact. *The Executive Director of Adult Social Care and Health and Wellbeing stated that the front door was not a physical front door but would be a single point of contact which would enable individuals to self-serve and would represent a light touch which was fast and responsive.*
- Members asked if Adult Social Care had been involved in the redesign of the corporate website. *The Assistant Director, Quality Information and Performance responded that she was involved in the work around the Digital Strategy and how the Digital Strategy could support the Care Act. which would improve the customer experience and what functionality would be required from the website.*
- Members stated that it had been helpful to see how the Adult Social Care system had evolved and in particular the opening of the Dementia Centre.
- Mary Cook addressed the Commission and made the following statements:

    - The impact from the change in the eligibility criteria was very obscure and in future it would be harder to get any type of funding besides continuing care funding. *The Assistant Director, Quality Information and Performance responded that this was part of the Care Act. but that the full detail around the national eligibility criteria was not yet published.*
    - Direct payments going to individuals needing care was a cumbersome process. It had been suggested that young people could help elderly people set up direct payments. This poses issues around adult safeguarding and insurance. *The Executive Director of Adult Social Care and Health and Wellbeing stated that there would be a need to help vulnerable people and in terms of transformation it was hoped to set up a quality improvement team which would support quality improvements in residential homes. In terms of direct payments and the use of personal assistants it was hoped to engage with the younger population who might then want to go into the care sector.*
    - The Care Act did not mention anything about the training of staff and added that this was crucial to the operation of the system. It would not be right to have young people going into homes on their own unless they were well trained.

- Members asked if the increase in complaints of 97% during 2013/14 was due to people's increased awareness that they could complain. *The Assistant Director, Quality Information and Performance responded that it was due to a variety of things like the change in the eligibility criteria, a tightening of direct payments criteria and a back log of payments which meant people complained more. There was a raised awareness of the complaints system and this would certainly account for some of the increase in the number received. However, it was important to be mindful as to how many complaints went to the Local Ombudsman as this demonstrated whether or not complaints were dealt with appropriately and Peterborough had a very low level of complaints to the Ombudsman.*
- Members referred to complaints made regarding staff attitude and conduct. How was this dealt with? *Members were advised that if there was a complaint about a member of staff the member of staff was interviewed and this would be signed off by a senior manager to ensure that the reasons have been explored appropriately. If the complaint was substantiated then this would be taken to the appropriate level. The Executive Director of Adult Social Care and Health and Wellbeing stated that we would expect be more complaints in future as this would demonstrate a better awareness of the complaints system.*
- Members asked if there would be a peer review of safeguarding. *The Executive Director of Adult Social Care and Health and Wellbeing stated that the practice was good in terms of process but not quality. There was a lot of work being done internally to improve the*

practice. There had been investigations conducted and the LGA had been invited to conduct a peer review of practice.

- Members noted that there had been a tightening up of the correct use of direct payments. How did officers know that direct payments were being used inappropriately? *The Assistant Director, Quality Information and Performance stated that the auditing practices had been tightened up and checks were put in place to check that the spend was actually being spent in the way it had been advised. This had identified that money was not always being spent appropriately. An example would be that some people had accumulated money in savings accounts and it had not been used on what it had been intended for. There had historically been a lack of clear advice to users of direct payments as to what they could or could not spend their money on and this had now been addressed.*
- Mary Cook stated that the Strategic Project Team had a Friends and Family Scheme which was very good at sifting through and identify complaints and could be helpful.

ACTION AGREED

The Commission noted the report.

8. Forward Plan of Key Decisions

The Commission received the latest version of the Forward Plan of 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 Forward Plan of Key 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 Key Decisions.

9. Work Programme 2014/2015

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

ACTION AGREED

To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 8.43pm CHAIRMAN

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