PETERBOROUGH
CITY COUNCIL

MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD AT 7.00PM, ON TUESDAY 11 JANUARY 2022 VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH

Committee Members Present: Councillors G Elsey (Chair), A. Ali, S Barkham, C Burbage, S Hemraj, I Hussain, S. Farooq, H. Skibsted, S. Qayyum, B. Tyler, S. Warren and Co-opted Members Parish Councillor June Bull

Officers Present

Jyoti Atri, Director of Public Health
Charlotte Black, Director of Adult Social Care (DASS)
Debbie McQuade, Service Director Adults and Safeguarding
Val Thomas, Deputy Director of Public Health
Tina Hornsby, Head of Adults Performance and Strategic Development
Paulina Ford, Senior, Democratic Services Officer

Also Present:

Cllr Walsh, Cabinet Member for Adult Social Care, Health and Public Health
Matthew Smith, Senior Responsible Officer, Urgent and Emergency Care, CCG
Tracey Cooper, Service Director Ambulatory Care, Cambridgeshire Community Services NHS Trust
Bruce Luter, Assistant Director of Business Development and Strategy, Cambridgeshire Community Services NHS Trust
Russell Wate, Independent Scrutineer – Virtual attendance

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Rush and Councillor Fenner was in attendance as his substitute.

Apologies were also received from Parish Councillor Neil Boyce

35. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations of interest or whipping declarations.

36. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 9 NOVEMBER 2021

The minutes of the Adults and Health Scrutiny Committee meeting held on 9 November 2021 were agreed as a true and accurate record.

37. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no call-ins received at this meeting.

38. NEUROLOGICAL PSYCHICAL REHABILITATION CONSULTATION

The Chair commented that the Committee had only received the report late in the afternoon and therefore had not had time to consider the contents. The Chair therefore requested that officers present provide a detailed introduction. The report was introduced by the Senior Responsible Officer, Urgent and Emergency Care, for the CCG accompanied by the Service Director Ambulatory Care, Cambridgeshire Community Services NHS Trust and the Assistant Director of Business Development and Strategy, Cambridgeshire Community Services NHS Trust. The report provided the committee with details of a proposal to stop commissioning the neuro-psychological rehabilitation service offered at the Oliver Zangwill Centre, following a period of public consultation. The Committee were invited to provide views on the proposals outlined in the Neuro-rehabilitation consultation document. The Senior Responsible Officer provided a detailed overview of the review and basis of the decision to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre, alternative provision was also highlighted. Due to dwindling referrals, the challenging financial context and the fact that alternative provision for treatment could be provided elsewhere the proposal was to stop commissioning treatment at the Oliver Zangwill Centre.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members sought further clarification with regard to dwindling numbers and what the numbers were. Members were referred to Table 1, page 3 of the consultation document which provided assessments and referrals into the Oliver Zangwill Centre over a period of five years from 2017/18 to date. This had shown new referrals coming through in 2017/18 as 25 and reducing year on year to just 6 referrals in 2021/22.
- Members sought further clarification as to why referrals to the centre had reduced. Members were informed that there were a range of alternative services that patients could be referred to. The Cambridgeshire and Peterborough Foundation Trust Rehabilitation Team took a large number of referrals of which 2000 were taken in the most recent six-month period. The service provided at the Oliver Zangwill Centre had a strong international and national reputation but in recent years a number of other private organisations had provided similar services and the insurance market who had in the past made referrals to the centre were now referring to those other organisations and also in house private providers.
- In advance of the decision, other avenues to increase referrals were explored, including out of area referrals and insurance funded patients, but despite best efforts the service had continued to see a drop in referrals indicating the service was no longer receiving sufficient referrals to remain viable.
- Members were concerned that NHS services were being outsourced and privatised and felt that NHS services should be competitive enough for the insurance companies to use rather than private companies. Members were informed that the Clinical Commissioning (CCG) Group that were responsible for buying the services for the local population had to look at the whole range of services available to patients, the choices that insurance companies made were outside of the CCG’s remit.
- Members commented that insurance companies would look at the market place and would have assessors to assess a number of services for the clients that they represented and would inspect the facilities prior to making a recommendation to the insurance company. They would not have a bias towards a particular provider.

- Members noted that the impact of the pandemic had not been addressed in the proposals and wanted to know how certain that ceasing provision at the Oliver Zangwill Centre was the correct decision. Members were informed that the review of the service had started in 2019 prior to the pandemic which had identified that it was a relatively high cost and unique service which other CCG's did not commission. Taking into account the overall financial context it had been difficult to justify continuing the service. The pandemic may have had an impact but it would not have altered the original rational behind the decision.
- Members noted that six patients who had been identified for the rehabilitation programme has chosen to postpone their treatment and sought clarification as to why they had done this. Members were informed that there were three themes as to why they had postponed treatment which were, having Covid, fear of catching Covid during treatment or personal circumstances.
- Members sought confirmation that the existing patients' needs would be met by the alternative services. Members were advised that having reviewed and looked at all the services that the patients' needs would reasonably be met through alternative services. The alternative services may not however provide the same method of delivery as those that were provided at the Oliver Zangwill Centre.
- Members were concerned about the complex needs of some patients and did not feel that the Cambridgeshire and Peterborough Foundation Trust would be a suitable alternative provider in terms of psychological needs compared to the Oliver Zangwill Centre. Members also sought assurance that patients would be referred in a timely manner so that they would not suffer even more if their psychological needs were not being met. Members were informed that CPFT did offer a specialist service for those types of patients which included psychological input. Members felt that the burden would be borne by Primary Care who were already struggling to assist these types of patients. Members therefore wished this to be noted as a point of concern.
- Members commented that the proposal seemed to be a quick fiscal savings exercise.
- Members commented that the cost of treatment was relatively low and therefore could not understand why there were so few referrals. Members were informed that the service was not an inpatient service or provision of 24hr care and did not provide beds. The service could not be benchmarked. It was a therapy type day patient care service. The important thing to note was that patients were not being referred to the service, but the fixed cost for the service would still be £800,000.
- Members wanted to know if any feedback from the survey had been received and how many people had completed the survey. Members were informed that the consultation had only been approved earlier in the day, so it had only just commenced and therefore no feedback had been received yet.
- Members sought clarification on how easy it had been for Primary Care to refer patients to the service, or had it been so difficult that Primary Care had not been referring patients. Members were informed that it was a routine type of referral into the service and were not aware of any issues regarding referrals from GP's.
- Members wanted to know if consideration had been given to other money saving ideas rather than cutting services to patients. Members were advised that savings were also being made in non-patient areas including reducing premises owned by the CCG to reduce costs; however, the scale of the financial problem was significant.
- The Healthwatch representative in attendance advised that Healthwatch systematically collected data and feedback from the Cambridgeshire community and would find out after the meeting if any data had been collected with regard to the Neuro-Psychological Rehabilitation service at the Oliver Zangwill Centre.
- Members sought clarification on the average time from referral to initial assessment of a patient and if those times had ever been breached. Members were informed that

the response time to patients was quite fast due to the lack of patients being referred. There had been a period during the pandemic in 2020 when some services were closed and unable to treat patients.

- Members were concerned that the reasons as to why people had chosen not to take up the service were not clear.
- Members sought clarification as to what the threshold would be before a brain injury patient could be referred to the Oliver Zangwill Centre for treatment. Members were informed that it was a very specialist type of approach to treatment and patients would not be referred until at least twelve or more months after the brain injury. The patient would normally be someone with complex needs.
- Members commented that it would appear that if the service closed that people with brain injuries and complex needs would therefore no longer get the support they needed. If the service was as successful as had been stated, then why were people not being referred to it and suggested that there might be something wrong with the referral system. Members were informed that there were a range of alternative services for Cambridgeshire and Peterborough patients that met the needs of neuro-psychological rehabilitation.
- Members sought confirmation that there were no alternative NHS services that could fully provide the same service as that provided by the Oliver Zangwill Centre. Members were informed that it was a unique service which other CCG's did not commission which had been shown when the clinically led pathway review of Community Services took place in 2019. The review identified that further analysis of the whole neuro-rehabilitation pathway, including the Oliver Zangwill Centre (OZC) was needed. This then resulted in a number of improvements around the pathway for this particular group of patients.

The Chair thanked officers for attending and responding to questions.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to comment on the public consultation following the neuro-rehabilitation review at their meeting on 11 January 2022 and the consultation proposal to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre.

2. The Committee requested that all comments made during the meeting should be taken into consideration as part of the consultation process and in particular their concerns as to the reasons why so few patients were being referred to this specialist service.

39. CAMBRIDGESHIRE AND PETERBOROUGH SAFEGUARDING ADULT BOARD ANNUAL REPORT 2020/2021

The previous Chair of the Cambridgeshire and Peterborough Safeguarding Adult Board Russell Wate who was now an independent scrutineer for the Board introduced the report, accompanied by the Director of Adult Social Care who was also the current Chair of the Cambridgeshire and Peterborough Safeguarding Adult Board.

Members were informed that there was a statutory requirement under the Care Act 2014 that the Safeguarding Adult Board publish an annual report detailing the work of the Board. The purpose of the report being brought to the Adults and Health Scrutiny Committee was to ensure that Members were fully aware of the work and progress of the Board. The report covered the period from April 2020 to March 2021 and was published in December 2021.

The report had been written during the pandemic and practitioners had continued to conduct safeguarding reviews throughout the pandemic either in person or virtually. The main priority that the Board had was to make safeguarding personal and offer help, protection and provide care to those in need of safeguarding.

The Board had three core duties which were to; develop and publish a strategic plan setting out how it would meet its objectives and how its member and partner agencies would contribute; publish an annual report detailing how effective its work had been and commission Safeguarding Adults Reviews (SARs) for any cases which met the criteria for these.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that they had read with interest the various case studies within the report. Members commented that in terms of the Multi Agency Hub there needed to be a lot more communication, and more timely notifications to safeguarding leads to attend review meetings.
- Members also commented that there was currently no women's refuge available in the day in Peterborough, and it was therefore difficult to place women who were in danger in a place of safety.
- Members commented that there was nothing in the report that reflected the diversity of Peterborough and noted that there had been two eastern European women killed in the last two years and wanted to know what services were in place for this community. Members were informed that the cases of the two Lithuanian women referred to were not safeguarding adult reviews. The cases referred to were domestic homicide reviews which were managed by the Safer Peterborough Partnership. There had however been a good level of learning from those cases. The Independent Scrutineer agreed that more could be learnt from joining up the learning of adult safeguarding reviews and domestic homicide reviews.
- The Director of Adults and Safeguarding agreed that the report could better reflect the services on offer in Peterborough and the diversity of Peterborough and noted this for the next report.
- Members sought clarification on how lessons that had been learnt from the case studies of those listed in the report were actually being put into practice. Members were informed that the online training had been delivered continually throughout the pandemic via software called Sway. The training consisted of virtual briefings where there was a presentation, but each slide had an audio with it that discussed the content of the slide. Approximately 2000 people had accessed the training and it had gone out to the voluntary sector as well as the statutory organisations. Policy guidance and culture changes has also been brought about following the case reviews. It had been noted through independent review that changes in practice had taken place. The voice of the adult was important, and a lot of work had been done around listening to the adult and the voice of the adult and the learning from this was beginning to show through in recent case reviews.
- The Director of Adults and Safeguarding agreed that it was very important to have a very clear action plan in place following every case review to ensure that the service was held to account. The Service Director Adults and Safeguarding who was also in attendance added that as well as the work of the Adults Safeguarding Board and subgroups each of the partners had a responsibility. For example, social care would have to look at the recommendations from the case review and also develop an action plan which would be looked at by the Practice Governance Board which was chaired by the Assistant Director for Adults and Safeguarding. This work would be reviewed on a monthly basis to ensure that it had been implemented. Audits would also be

undertaken on the frontline practitioners to ensure the actions had been implemented and embedded.

- Members referred to the case study of 'Clare' and noted that the case was from 2017 and wanted to know why lessons had not been learnt before now and what was being done to ensure that it did not happen again. Had Trauma Therapy been offered to this person. Members were advised that there was only a brief summary of the case in the report, and it had been a very complex case. The focus had not been on 'Clare's' mental health and Clare had presented as well. The review had highlighted a lack of communication between agencies and opportunities missed. It was a very sad situation and lessons had been learnt. The purpose of each case review was to generate questions and lessons learnt.
- Members commented that often GPs were unable to access services for those patients with complex mental needs and patients were passed from 'pillar to post' and often ended up in accident and emergency or babysat by the police and other agencies such as primary care. Valuable time was therefore lost in providing the correct treatment and support for these patients. Members wanted the Board to note the accessibility difficulties in assessing and accessing services for complex mental health patients. The Director of Adult Social Care noted the comments and advised that they would be fed back to the Board.
- Members sought clarification as to what was happening with regard to managing allegations against people in positions of trust where you had adults moving across local authority boundaries and keeping multi agencies informed in a timely manner. Members were informed that there were internal policies and processes in place for people in positions of trust. The wider question sat with the Safeguarding Board and the officer advised that she could not answer on behalf of the other partners and agencies. The officer advised that she would refer to the Safeguarding Board for a response.
- Members referred to the Learning Disabilities Mortality Review (Leder) Programme which looked into why people with learning disabilities died earlier than the general population. It was noted that the table in the report which showed thirty completed reviews also indicated that approximately 45% of those reviews fell short of the required care and expected good practice. Five of the reviews also stated that the care fell short of expected good practice and this had contributed to the cause of death. Members sought clarification as to what the Leder programme was doing to prevent these shortfalls in care happening again. Members were informed that one of the problems that had been identified was that the learning disability mortality reviews had not been taking place as they should have been. Over the last eighteen months they had been taking place but had been playing catch up, so the Board were now in a position to drive forward lessons learnt and changes. The CCG who led on responsibility in this area had driven the process to make sure the reviews were now being done. A recent summit has also been held to review all the services supporting those people with disabilities and in particular how they were being treated when in hospital. There was now a greater awareness and willingness to learn and improve support.
- The Chair commented that over the last ten years in his experience safeguarding had improved considerably.

AGREED ACTION

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the content of the annual report and requested that the Director of Adult Social Care:

- Feed back to the Board all comments on the Annual Report from the Committee and those concerning GP accessibility to services for those patients with complex mental health needs, and
- Contact the Safeguarding Board to find out what was happening with regard to managing allegations against people in positions of trust where you had adults moving across local authority boundaries and keeping multi agencies informed in a timely manner.

40. PORTFOLIO PROGRESS REPORT FROM THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH INCLUDING THE ADULT SERVICES SELF-ASSESSMENT

The report was introduced by the Cabinet Member for Adult Social Care, Health and Public Health accompanied by the Deputy Director of Public Health and the Head of Adults Performance and Strategic Development. The purpose of the report was to provide the committee with an update on the progress of the Cabinet Members portfolio for Adult Social Care, Health and Public Health.

The Director of Public Health who was also in attendance provided the committee with the latest Covid data which had since superseded the data in the report. Covid rates were rising dramatically due to behavioural change and variation in testing uptake over the Christmas holidays and children returning to school. Nationally there had been an increase in deaths by 30% and hospital admissions had increased by 57% nationally. Rates in Peterborough were below the East of England average and below the England average but were rising for all ages and for the over 60's. The current rate for cases were the highest seen at 1749 per 100,000 for all ages and for over 60's the rate was 917 per 100,000 and hospitalisations were also rising.

The uptake of vaccinations continued to rise and there had been an increase in booster vaccinations.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members referred to the Drug and Alcohol Treatment Services and were concerned to note that during COVID the number of clients presenting to the service had fallen. Members sought clarification as to what was being done to promote the service. Members were informed that the 12 to 18 year olds had been affected by Covid as there would normally have been referrals from schools. There was a lot of outreach work being undertaken with young people to try and address this and in reach work was also continuing in schools. The adult clients were much more complicated as many more people were presenting with quite complex cases including mental health conditions. The recovery service had been strengthened to give additional support. Additional funding had been secured this year from Public Health England and MHCLG to support and increase interventions targeting drug and alcohol users who were rough sleepers and those leaving prison who required additional support. The Rough Sleeper Team was now up and running and delivering regular outreach on the streets to identify people who needed additional support.
- Members sought clarification as to whether Covid cases were rising due to children going back to school or whether it was too early to say. Members were informed that before Christmas rates were particularly high in the school age population and that was driven by the Delta variant not Omicron. This then dropped over the Christmas period due to the children being at home but in the meantime, Omicron had risen in the 20 to 39 working age population over the Christmas period. There had been an

increase in Covid in the 10 to 19 age group since the return to school and Omicron was now the dominant variant.

- Members wanted to know if the Director for Public Health had any current data for those who had been hospitalised particularly the more serious cases and how many of those had been vaccinated. The Director for Public Health did not have the data to hand but said that it was likely that more people entering hospital now would have been vaccinated which was not an indication of vaccine failure but was entirely to be expected especially in the over 60's who were more vulnerable. People entering hospital for whatever reason would be tested for Covid and if positive would be counted as a Covid hospital admission. Some people were also catching Covid in hospital. It was not possible at the moment to provided data on those Covid cases that were community acquired and those cases that were hospital acquired. The Director for Public Health advised that she would see if she could obtain the information from the health service.
- The enhanced status for Peterborough ended on 24 December and all the measures that had been put in place were now part of the National Plan B.
- Members sought clarification on how many deaths in the last year had been attributed to flu. Members were informed that transmission of flu had been low this year partially due to people still socially distancing and working from home.
- Members were informed that the national reporting of deaths within 28 days of a positive Covid test may not mean that the death had been caused by Covid and could have been caused by another reason.
- Members referred to the financial implications section of the report and wanted to know if the monies received from government to fund the initial costs of outbreak management would have to be returned if not spent. Members were informed that confirmation had been received that the Covid Outbreak Management Fund could be carried forward until next year, however it was unknown if it would be clawed back after that date if not spent.
- Members referred to engagement and key issues which had been identified within the report and wanted to know if the key issues were now under control. Members were informed that the council had been working closely with Healthwatch and partners to develop some really good leaflets and information for Cambridgeshire and Peterborough and the issues had been addressed.
- Members referred to the Adult Social Care Framework, indicators where it was noted that Peterborough was worse than the regional average and wanted to know what was happening to resolve those issues. Members were informed that the service users survey had not gone out for two years due to Covid but a survey would go out to the long term service users in January and the results may therefore be different. The officer provided further context and information around what had been done to resolve the issues.
- Members sought clarification as to how many people were surveyed by Healthwatch during the survey of people who left hospital between June and August 2020 (during the COVID-19 pandemic). Members referred to paragraph 4.6.8 and noted that a significant number of people reported lack of communication during discharge and sought clarification as to what a significant number was. Members were informed that the survey was commissioned on the basis of the Healthwatch national survey and it was a very small survey of between 40 and 50. Each person had been contacted directly rather than sending out a general survey.
- Members referred to areas for focus in 2021/22 and noted that under Market sustainability and market management the better use of the regional Provider Assessment and Market Management Solution (PAMMS) was being looked at. Members wanted to know if this would affect spot purchase and impact on overall

pricing in term of bed placements. Members were advised that in terms of using PAMMS whether it was a spot purchase or contract purchase with a provider the contracts team would use PAMMS. In terms of price the two did not necessarily align and during the pandemic the cost of placement had increased. The market was dealing with people with more complex needs. The priority was always to support people in their own home. There was some regional work being conducted with the LGA to understand the real cost of home care. Engaging with regional colleagues helped to maximise expertise and knowledge.

- Members noted that in terms of equality outcomes from Covid-19 it had been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. Peterborough had a diverse population and wanted to know how challenging this was and if some communities were overrepresented in terms of deaths and were they getting vaccinated. Members were informed that there was a variation in deaths which was due to a number of reasons such as pre-existing structural inequalities for example living in more densely populated areas. BAME communities and poorer communities tended to live in more densely populated areas which increased their risk of catching Covid. They also tended to have to go out to work which also increased their risk of catching Covid and were also more likely to have more underlying health conditions. The Director confirmed that there had been an enormous effort into increasing vaccination uptake in the BAME and more deprived populations which included knocking on people's doors, the impact of which was that vaccination rates were rising.
- Members sought clarification as to whether if vaccinations were left over at the end of the day they could be offered to other people and in particular those that were within their 12 week gap before the next vaccination or were waiting for their booster. Members were informed that the 12 week gap between vaccinations was still in place and had been appointment only to try and maximise getting as many people vaccinated as possible, however there was now a move to go back to walk in's as not as many people were going for vaccinations. The outreach vaccination bus was also being brought back into service at the end of January.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to:

- Note and comment on the Portfolio Holder Progress report for Public Health including updates on managing Covid-19 and Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement
- Note and comment on the summary of findings from the adult social care self-assessment and approve the public facing Local Account for publication.
- Note the updates from Adult Social Care, including the process for allocating the Covid-19 specific grants.

The Committee requested that the Director for Public Health try to ascertain whether data was available on those Covid cases that were community acquired and those cases that were hospital acquired.

41. ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING START TIME 2022 - 2022

The Chair introduced the report and sought the committees' views on what start time they would like going forward for the new municipal year 2022/2023.

Members of the committee unanimously agreed that the start time should remain at 7.00pm for the municipal year 2022/2023.

AGREED ACTION

The Adults and Health Scrutiny Committee **RESOLVED** to keep the start time for all Adults and Health Scrutiny Committee meetings for the Municipal Year 2022-23 at 7.00pm.

42. MONITORING OF SCRUTINY RECOMMENDATIONS

The Chair introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

The Chair referred to the outstanding recommendation from the 13 July 2021 meeting which had recommended that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough. The Chair advised that officers had advised that this work was already being done and they were speaking to The Department for Levelling Up, Housing and Communities on a regular basis. The Chair therefore proposed that this recommendation be closed of which the Committee unanimously agreed.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to close the outstanding recommendation in Appendix 1 of the report.

43. FORWARD PLAN OF EXECUTIVE DECISIONS

The Chair introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

No items were identified for further information.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

44. WORK PROGRAME 2021-22

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

No further items were put forward at the meeting for inclusion.

AGREED ACTION

The Adults and Health Scrutiny Committee **RESOLVED** to note the work programme for 2021/22.

45. DATE OF NEXT MEETING

9 February 2022 – Joint Scrutiny Meeting - Budget
15 March 2022 – Adults and Health Scrutiny Committee

7.00PM - 20:58

CHAIR

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