

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 8 NOVEMBER 2010**

Present: Councillors B Rush (Chairman), Y Lowndes (Vice-Chairman),
R Dobbs, D Fower, N Khan, J Peach and J Stokes

Also Present: Kevin Spencer, NACRO
Three Young People from the Young Men's Project

NHS Peterborough: John Webster, Director of Turnaround
Tina Hornsby, Head of Performance and Informatics

Officers: Denise Radley, Executive Director of Adult Social Services
Marie Southgate, Lawyer
Louise Tyers, Scrutiny Manager

1. Apologies

Apologies for absence were received from Councillors Arculus and Nash. Councillor Dobbs was acting as the designated substitute and Councillor Peach as a nominated substitute.

Apologies for absence were also received from Councillor Lamb, Cabinet Member for Health and Adult Social Care and Gill Metcalfe of the Peterborough LINK.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest.

3. Minutes of the Meeting held on 13 September 2010

The minutes of the meeting held on 13 September 2010 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. Response to Recommendations Made by the Commission

The Commission considered the response made by NHS Peterborough to the recommendation made in relation to the provision of contraceptive and sexual health services for young people.

ACTION AGREED

To note the response to the recommendation and that a further report on the issue will be brought to the Commission in January 2011

6. Progress on Teenage Pregnancy

The report gave an update on the progress being made on the Teenage Pregnancy Strategy to reduce teenage conceptions in Peterborough. In 2007 the then Health and Adult Social Care Scrutiny Panel undertook a review of teenage pregnancy services in Peterborough and

had followed the progress of the issue at subsequent meetings. This report updated the Commission on the progress made since its last report on 31 March 2009.

Peterborough was facing a challenge in reducing the number of teenage pregnancies. The national teenage pregnancy target was a 55% reduction in teenage pregnancies by 2010 from the 1998 baseline of 57.7 conceptions per 1,000 15-17 female population in Peterborough. This was a challenging target and one which was unlikely to be met locally or nationally. The latest data from the Office of National Statistics showed Peterborough's rate of teenage pregnancies continued to fluctuate. The rolling quarterly average rate from January to March 2009 was 56.3 conceptions per 1,000 of the 15-17 female population. This was higher than national, regional and statistical neighbour averages. Within the same period, the rate of teenage pregnancies leading to abortion was slightly higher than national and regional averages and broadly in line with our statistical neighbours. In terms of numbers, this equated to 94 conceptions of which 38 led to abortion between January and March 2009.

The National Teenage Pregnancy Strategy would draw to a close in 2010, although the issue of teenage pregnancy remained. The Strategy was intended to develop services to prevent teenage pregnancy and support existing teenage parents with the aim of those services being mainstreamed by 2010.

In line with the Scrutiny Panel recommendations, national guidance and the recommendations from Peterborough's National Support Team visit the following key areas had been focused on during the last year:-

- Ensuring focus was on the prevention of teenage pregnancies
- Improving sex and relationship education (SRE)
- Providing a full range of contraception and ensuring contraceptive and sexual health (CaSH) services were young people friendly and accessible
- Working jointly wherever possible
- Linking teenage pregnancy with other risk taking behaviour
- Using local data to target services at the most at risk
- Engaging young people in service delivery and planning

Examples of the progress achieved during the last year included:

Case Study 1: Targeting SRE to the most vulnerable and at risk

Local data provided by Children's Services was used to help identify young people at risk of not meeting their potential. These young people were invited to take part in a self esteem based programme run by youth workers. The programme discussed sexual health issues and its links to drugs, alcohol and risky behaviour amongst other things. It aimed to equip young people with increased self esteem, knowledge, confidence and social skills to make informed choices about their behaviour. The programme was in its second year and had received positive feedback from young people and staff.

Case Study 2: Helping parents discuss sex and relationships with their children - Speakeasy Programme

The accredited Speakeasy course helped parents develop the skills and confidence to talk about relationships, sex and contraception with their children and was being rolled out across the city. The course was aimed at parents of children of all ages, including those with additional needs and increased vulnerability. Seven professionals had been trained to deliver the programme and four runs of the course were being delivered reaching a total of 30 parents. It was hoped a number of parents completing the course would become accredited and go on to run further courses in the community.

Case Study 3: Embedding sexual health in multi-agency work with those at risk - Street Youth Project

Funding had been obtained to tackle anti-social behaviour amongst young people during the summer holidays in priority wards. To maximise the opportunity to reach at risk young people, a number of professionals joined the police including youth workers, contraceptive nurses and staff from local drug and alcohol charities. Staff from the 8-19 Service had continued to work in those wards on Friday and Saturday evenings actively promoting sexual health messages to young people alongside their other work with young people. This helped to ensure that some of the most disengaged and at risk youngsters were engaged with services and could access the C-Card scheme and Chlamydia Screening.

Case Study 4: Making contraception more accessible to young people

A further school-based health clinic (HYPA) had been opened bringing the total to six in the city. The HYPAs offered contraceptive and sexual health services alongside drug and alcohol advice and general physical and emotional health advice. A further two schools offered purely CaSH services through a 'Clinic in a Box' scheme. The idea behind the services was to encourage young people who might not feel confident in visiting their GP to still obtain contraceptive and sexual health information and advice. They were particularly aimed at younger teenagers. They also provided a safe place to ask questions and discuss the merits of delaying early sexual activity. The NHS also offered outreach CaSH services in Peterborough Regional College, local hostels and alternative education settings to reach older teenagers and those who might be more vulnerable and at risk. These services were promoted to young people by partner agencies, SRE sessions, outreach and general marketing.

One priority within the Sexual Health Strategy was to increase the use of long acting methods of contraception (LARC). The number of medical staff trained to fit long acting methods of contraception had increased this year to allow more young people to have LARC fitted to prevent unintended pregnancy. The CaSH service had moved to new premises in Rivergate to provide a central location and additional opening hours.

Case Study 5: Promoting sexual health messages to young men

A marketing campaign called 'Who's The Daddy' was commissioned to reach young men and raise their awareness of teenage pregnancy and contraception. A panel of young people were involved in the commissioning and delivery of the project. Local contraceptive and sexual health services had also been promoted to young people through a campaign of wristbands, posters, radio advertising and websites.

We welcomed Kevin Spencer from NACRO and three young men who talked about the Young Men's Project. The project worked directly with young men aged between 13 and 19 around prevention of teenage pregnancies and risk taking through a mixture of outreach, 1:1 and group activities. The young men involved in the project had found the project very positive.

Questions and observations were made around the following areas:

- How long had the National Strategy been in place for and how much grant had been awarded? *The Strategy had been in place for 10 years and each year the Council received £125,000 implementation grant to pump prime services. A lot of work had also been funded through mainstream funding.*
- *Had officers considered spreading the message to young people via email, Twitter and Facebook? Those methods had been looked at through the Who's the Daddy campaign and some social marketing companies could also push messages via Bluetooth.*

- A lot of work was being done with young men between the ages of 13 to 15. It appeared that contraception was not the main issue as most young people knew where to get it. The campaign was targeting young men who at 13 and 14 were already very sexually active.
- When the Strategy ended would Jo still be in post? *Jo confirmed that the funding would end in March 2011 so there was the likelihood her post would end then.*
- What would the Strategy be in Peterborough following the end of the national strategy? *It was important that teenage pregnancy remained a priority and it was also important to link it to other risky behaviours.*
- A lot of money had been put into the work but what had been achieved? Was this a losing battle? *A lot of work had been done but it had not been innovative enough. The focus had always been around contraception; however young women know where to get contraception. Aspiration and educational attainment needed to become priorities. There also needed to be a link with other risk taking behaviours. It was a very challenging issue and became more challenging with the new arrivals in the city. There was a lot of capacity to be innovative as the previous government had been very prescriptive in the guidance it issued.*
- It was important to separate where lots of positive work had been done and show where the weaknesses were.
- Did officers have any problems getting into the faith schools? *It was an area which needed a sensitive approach. There was some provision in some of the faith schools but there were also other schools that were also sensitive to the issues. Accessibility in schools depended on the senior management team and governors of the school. The young people had a right to confidentiality but some individuals had a concern about that in schools.*
- Mary Cooke of the Peterborough Pensioners Association advised that she believed that it was short sighted to reduce the funding as it would lead to future costs for the NHS. Young men needed to change their attitude and treat young girls with respect. *Kevin and his team were working with the young men to develop respectful behaviours.*
- The work being done with NACRO was being independently evaluated and officers would be happy to bring that report back around March 2011.

RECOMMENDATIONS

That the Cabinet Member for Children's Services, Executive Director of Children's Services and Chief Executive of NHS Peterborough are recommended by the Scrutiny Commission for Health Issues that following the end of the National Teenage Pregnancy Strategy:

- (i) tackling teenage pregnancy remains one of the Council's and NHS Peterborough's named priorities and should be included in appropriate strategic plans; and
- (ii) funding is identified to maintain levels of service provision and enable innovative ways of working to be continued to tackle this difficult issue.

7. NHS Peterborough Turnaround Plan

We welcomed John Webster, Director of Turnaround at NHS Peterborough to the meeting who gave an update on the delivery of the Turnaround Plan.

The target for the year was to achieve savings of £23.75m and to date £7.8m savings had been made however there was a predicted shortfall of £1.6m.

Questions and observations were made around the following areas:

- How much confidence did Mr Webster have that the right calibre of management was in place that could turn the situation around? *Paul Zollinger-Read had already had an impact across Peterborough and Cambridgeshire. There were committed people in*

NHS Peterborough but continuity of leadership was now needed. There was a commitment within the organisation to make schemes deliver.

- *Was there confidence that the targets would be met? There was confidence in people's skills and further work would be undertaken to look at some of the projects in detail. There continued to be some pressures in areas such as acute care.*
- *An article had been in the Sunday Times on how some PFI hospitals were coming under pressure due to the high costs for general maintenance. How could this affect Peterborough in the future? There were lessons to be learnt through earlier PFI schemes and we needed to understand the costs going forward. The new hospital would bring efficiencies to services.*
- *Community and mental health were both showing as amber, how would that become green? The RAG status was comparing performance not money. For example investing in rehabilitation and reablement services, if done well, would lead to savings in the future as well as better performance.*
- *Mary Cooke asked why corporate and back office was showing that there were no issues to report. The new GP Consortia would need to be trained and supported which would mean that there would be a cost in getting them organised. The majority of savings within corporate was down to staff leaving NHS Peterborough. A reduction in bureaucracy was expected but it would be difficult to balance.*

ACTION AGREED

To note the current position of the NHS Peterborough Turnaround Plan and to receive a further update in March 2011.

8. Safe Sharps Disposal Pilot Project

The report provided an update on the Safe Sharps Disposal Pilot.

The Safe Sharps Disposal Pilot placed special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public. In November 2009, the Commission were advised that a project implementation plan had been drawn up for the installation of the bins and the bins had now been installed in seven locations around the city between January and March 2010. One of the bins had to be removed due to it being wrongly sited on private land and work was now underway to identify an appropriate site for this to be moved to.

The bin locations had been promoted via the service specific and pharmacy needle exchanges in the city to all drug users, and had been clearly labelled with the needle exchange logo so that those who used injecting equipment were aware of what they were for.

Last week 171 needles had been collected from the bins and this could be partly related to work which had been done to secure a number of properties where needles were being used and also to the hard work the local services and service user groups had been undertaking to promote use of the bins. In addition, the incidents of reported discarded needles and drug-related litter around the city had dropped slightly from 170 to 122. However the use of the bins had not been as high as quickly as was originally hoped.

The low use of the bins might be due to a number of factors, including:

- hotspots having moved;
- greater numbers of needles being returned to needle exchanges and an increase in the portable sharps bins given out;
- fear of using the bins;

or a combination of all three.

Feedback was that users were willing to use the bins and word was starting to get around. Officers were currently undertaking work to identify how the bins could be better promoted.

Questions and observations were made around the following areas:

- Were there any leaflets in the Centre's which showed where the bins were? *No leaflets were produced but information was available in pharmacies. The needle exchange logo was also on the bins.*
- It would be useful to see a comparison of the number of needles collected in the bins compared to the number of needles that City Services collected. *More comparative data could be supplied. We would also keep an eye on hotspots to see if the bins needed to be moved to other locations in the future.*
- Were the bins able to be used by diabetics? *Yes, potentially they could and it was thought that diabetics would recognise the needle exchange logo.*
- Perhaps the focus of the bins needed to change and could be promoted as an additional service to diabetics. This would need to be discussed with health colleagues.

ACTION AGREED

To note the progress of the Safe Sharps Disposal Project.

9. Adult Social Care Services - Quarterly Performance Report

The report detailed progress against adult social care key outcomes and targets for the year 2010-11.

The new national performance framework for adult social care identified the following three outcomes for focus:

- Health and wellbeing
- Choice and control
- Dignity and respect

There was now much less focus on National Indicator sets to judge performance and the new report format was more evidence based.

Health and Well Being

The team at 17 Fletton Avenue had secured sponsorship from John Lewis and also the Italian Community Association to develop a group for learning disabled people to have a kick about in the local park. This group had now become a competitive side who now entered competitions and had won trophies. Meetings had taken place with the Football Association (FA) and it was hoped that formal entry into a league would happen as part of the five year plan for disability football that the FA had. Service users participating in this scheme had shown improved communication skills, motivation and self-confidence.

Choice and Control

- The data for October had now shown that over 30% (national target) of service users now had a personal budget.
- The indicators for adults in contact with mental health services in settled accommodation and in paid employment were both showing as red. There were some data issues but there were also some issues around employment.

Dignity and Respect

The Peterborough Palliative Care in Dementia Group had won the NHS Team of the Year 2010, chosen by the Dementia Services Development Centre of the University of Stirling. The group had been founded in 2005 by a Consultant in Palliative Medicine and a local GP after a shared experience looking after a care home resident dying with advanced dementia.

The group aimed to develop and disseminate good practice in care of people with dementia at the end of life, with a particular focus on nursing / residential homes, but also in hospitals and community settings.

The results of an audit of 12 months of hospital admissions from 6 local care homes showed a 40% reduction in admissions and a 45% reduction in deaths in hospital from this population, the majority of who had dementia, three years after the establishment of this group.

Questions and observations were made around the following areas:

- What were the issues around the performance of mental health? *There were issues around data particularly as we were not certain of how many people there were or how many were not in employment. There were also issues around how we supported people in employment. Around employment there had been a small amount of additional funding this year but there needed to be a review of how the money had been used as we had not seen an impact on the indicator. With the housing indicator there were issues with ensuring the right type of housing was available and there was a lot we could learn from our work with people with learning disabilities.*
- Were social housing providers required to provide housing for people with mental health issues in new developments? *There was nothing specific but providers were asked to provide accessible homes.*
- When would the updated data on dying at home be available? *The next report would be published in December 2010 and would be reported in the quarter three report in March 2011.*
- Was there a concern that self directed support could be a more bureaucratic process for service users? *It should not be a more bureaucratic process and officers worked closely with the service user. There was currently a national debate about assessment processes and how far cash payments should be promoted but it would always be a balance of needs.*
- Mary Cooke advised that a number of people had told her that they could not get through on the 747474 number for social care assessments. *It had now been arranged with Peterborough Direct that adult social care would be the first option callers were given when they called the number.*

ACTION AGREED

To note the progress made against adult social care key outcomes and targets for 2010-11.

10. Safeguarding Adults - Quarterly Report

The report provided an update on the latest performance on adult safeguarding.

The key points were:

- The average number of referrals was 31 a month, which was down slightly on last year.
- More females were the alleged victims of abuse.
- Most allegations of abuse happened in the victims own home.
- Older people/physical frailty was the biggest vulnerable group.

- The dementia figures looked low, which was an under reporting issuing which had been identified.
- Adverts were now going out for the new safeguarding team.
- An independent chair of the Safeguarding Board was being recruited.
- The Safeguarding Policy was being reviewed.

ACTION AGREED

- To note the latest performance on adult safeguarding.
- That a copy of the Safeguarding Policy be circulated to Commission members once it has been reviewed.

11. Forward Plan of Key Decisions

The latest version of the Forward Plan, showing details of the key decisions that the Leader of the Council believed the Cabinet or individual Cabinet Members would be making over the next four months, was received.

Questions and observations were asked around the following areas:

- Future of Peterborough Community Services – Executive Director to circulate details of the proposed decision.
- Drug and Alcohol Misuse Services for Children and Young People – Scrutiny Manager to get an update on the decision.

ACTION AGREED

To note the latest version of the Forward Plan.

12. Work Programme

We considered the Work Programme for 2010/11.

It was agreed to add the future of Orton Medical Practice to the work programme for January 2011.

ACTION AGREED

To confirm the work programme for 2010/11.

13. Date of Next Meeting

Monday 17 January 2011 at 7pm

CHAIRMAN
7.00 - 8.52 pm