

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 19 JULY 2011**

**Present:** Councillors B Rush (Chairman), D Lamb, J Stokes, M Todd, K Sharp, Shabbir, D Fower

**Also present** David Wiles, Chair of LINK

**NHS Peterborough:** Jessica Bawden - Joint Director of Communications and Patient Experience  
Russ Platt, Interim Chief Operating Officer  
Tina Hornsby, Head of Performance and Informatics  
Sue Mitchell, Associate Director, Public Health

**Officers Present:** Denise Radley, Director of Adult Social Services  
Kim Sawyer, Head of Legal Commercial  
Paulina Ford, Senior Governance Officer, Scrutiny

**1. Apologies**

Apologies for absence were received from Councillor Nash. Councillor Todd was in attendance as substitute for Councillor Nash.

**2. Declarations of Interest and Whipping Declarations**

Councillor Sharpe declared a personal interest in item 6, NHS Peterborough QIPP and Reform Plan 2010-2015.

**3. Minutes of the Meeting held on 14 June and 27 June 2011**

Members were informed that the Senior Governance Officer had received a list of comments from the PCT regarding the minutes of the meetings held on 14 June and 27 June 2011. Further clarification was required from the PCT on the comments received, therefore the approval of the minutes were deferred to the next meeting of the Commission on 13 September 2011.

**4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

There were no requests for call-in to consider.

**5. Quarterly Performance report on Adult Social Care Services in Peterborough**

The report informed the Committee on the progress against adult social care key outcomes and targets for the year 2011-12 and gave the position at the end of the annual performance cycle. The report included:

- An overview of progress on priority areas within the four national outcome domains;
- An update on progress against national and local performance indicators;
- An update on the status of key projects which were underway to achieve the priorities
- Additional activity data where this was appropriate;
- Examples of the impact of work on service users and carers in Peterborough

Also included in the report was information around which of the local care homes accepted the local authority fee structure. A performance report outlined the independent provider homes providing services for older people in the city, their rating and date of last inspection. All, except two, of the homes did accept placements under the council's existing fee structure. This assured the Members that there was no direct link between local authority fee levels and quality.

Observations and questions were raised and discussed including:

- The Director of Adult Social Services informed members that there was currently a programme in place to replace the current ICT system for Adult Social Care data collection. The new system would be in place for May 2012. This would have a particular impact on the self directed support indicator and safeguarding. The current system was not fit for purpose for data quality on these two areas.
- Members wanted to know who would pay for the new system. *Funding was being provided from the Councils capital programme, there was an allocation of approximately £400K for the programme. The current ICT system had been in place since 2003.*
- Regarding the indicator showing the proportion of those using social care that have control over their daily life. 32.6% had indicated that they had as much control as they wanted over their daily lives and 44.4% said they had adequate control. Are you therefore assuming that the remaining 23% who did not respond were happy? *The remaining 23% had answered and the range of answers were that they had some control to only one person who answered that they had no control what so ever.*
- How can you capture the people who did not respond to the survey? *Members were informed that there was always recognition that more work needed to be done to get a higher response rate (although it was noted that as a survey response rate, the % was high). One of the initiatives being looked at was to involve LiNK to visit care home residents to support those who may not have family or friends to help them complete the survey.*
- The random survey was sent to 878 service users. What percentage of service users did this equate to? *The total number of service users at the time the survey had been completed was around 4000 therefore equating to around 20%.*
- Members were concerned at the timescale of when the care homes had last been inspected in 2008/09. In view of the recent care home scares they felt this was an unacceptable timeframe. *Members were informed that the Quality Care Commission had downsized and changed its way of working and were no longer running the same inspection regime. They were now inspecting homes using a risk based approach. Therefore an excellent home may not receive an inspection for a number of years unless a concern was raised. The PCT did carry out annual monitoring visits at care homes that they had contracts with or more regularly if there were particular concerns. Social care staff visited care homes on a regular basis and would report any concerns. The Safeguarding Adults Board had asked for a report on the arrangements in Peterborough for care homes and this could be provided to the Committee.*
- Are the four homes that are rated as adequate being monitored? *Focused attention and support was being given to these homes to raise standards.*
- A member of the public addressed the Committee and asked if there was a form of self assessment for care services and if there was a target figure for the prevention of ill health. *Members were informed that there was no self assessment but supported self assessment was in place. A number of targets were in place for example, the target that measured how effective the intermediate care services were which covered people who used services that might otherwise have gone into hospital e.g. who had a fall or coming out of hospital. It measured how effective the rehabilitative type services were at getting people back on their feet. Peterborough performs very well against this indicator.*
- A member of the audience addressed the Committee and asked if the care home ratings could be updated. They also asked if when the new ICT system was implemented that an indicator could be included to measure how people spent their time in care homes and what activities took place. *The ratings could not be updated until the Care Quality*

*Commission brought in a new rating system. People's activities and wellbeing was important and there were results included in the survey to cover this.*

- Members suggested that a letter be sent to the Care Quality Commission from the Commission asking that they expedite work on putting in place a new rating inspection system for care homes.

## **ACTION AGREED**

The Commission requested that:

1. The Safeguarding Adults Board report on the arrangements in Peterborough for care homes to be circulated to members of the Commission.
2. A letter to be sent to the Care Quality Commission on behalf of the Scrutiny Commission for Health Issues asking that they expedite work on putting a new rating inspection system for care homes in place.

## **6. NHS Peterborough QIPP and Reform Plan 2010-2015**

The report informed the Commission on the Quality, Innovation, Productivity and Prevention (QIPP) System Reform Plan. The QIPP plan is a coordinated response to the challenges of delivering increased quality across health and social care whilst at the same time responding to the financial pressures placed on the system by the downturn in the economy. A Health and Care Transformation Board consisting of the Chief Executives of the following organisations, together with a GP commissioner representing Peterborough Clinical Commissioning Group had been formed.

- NHS Peterborough
- Peterborough City Council
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Peterborough Community Services

A Director level Delivery Board with representation from the same organisations had also been established in order to coordinate the delivery of the required change and ensure that change in one organisation did not have unforeseen consequences in other organisations.

The following priority areas of work had been identified:

- Children and Maternity
- Acute Care
- Planned Care
- Mental Health
- Health Improvement
- Primary Care
- Community and older people
- End of Life
- Learning Disabilities

Observations and questions were raised and discussed including:

- You have stated that there is a financial gap of £100 million across several services. What percentage does this equate to in the overall budget? *The figures quoted were Peterborough's share of the nationally quoted £15bn-£20bn. There was currently a £330 million budget per annum and this budget would continue to rise over the next 3 years.*

*The £100 million quoted represented the pressure that would occur if spending continued to rise as it had in past years and thus represented the challenge to be addressed.*

- *Can you please explain what End of Life – reducing unnecessary referrals, un-planned and emergency admissions to hospital means? This was about making sure that in the final period of a patient's life being very clear of the patients needs and wishes e.g. making sure that if they wish to stay at home to receive treatment then their wishes were met.*
- *How do you ensure that a quality service is still provided whilst providing prevention so that people lived longer, growth and cut backs? There was a continual watch on any work that was undertaken to ensure that the quality of service and safety was not compromised. We are absolutely clear that quality and patient safety will not be compromised through this process and indeed there is considerable evidence that quality improvements very often yield productivity improvements.*
- *Members were concerned about setting targets for the Ambulance Trust to ensure alternatives were in place to reduce conveyances to A&E, with more patients triaged/treated at the scene. How could they ensure that the right treatment would be given at the scene? It was important that the correct assessment and treatment was given on arrival at the scene and that it might not be appropriate to take the patient to hospital. There would be options available to the patient and the decision on the course of action would be made with the Ambulance Trust on what was safe to do.*
- *The cost of running the NHS and PCT has gone up. How are you going to reduce the administration costs? The PCT were already engaged in a process of reducing its running costs through a reduction in management and administration staff.*
- *The report mentioned productivity opportunities. Can you explain what these are? The main approach was through benchmarking. Benchmarking indicators would be used to compare Peterborough with other systems to identify areas where there was evidence of things that work. This would enable the system to look at the cost effectiveness of certain areas of health and compare it with the National picture and then make an assessment as to where the local system should be on the efficiency curve.*
- *You state in the report that stakeholders and the public and patients would be fully engaged in the proposals. Do you intend to continue to have regular consultations? There would be continuous engagement with any patients that would be affected by talking to the patient groups, their families and carers to help redesign a service. If there were to be a full scale major change then a full consultation would take place.*
- *What are you going to do regarding saving money in respect of the rising cost of utilities? Members were informed that the PCT did have a Green Agenda but it had not been mentioned in the report. Members requested further information regarding this.*
- *Members wanted to know if there was a QIPP plan in place and how it would impact on Peterborough City Council financially. Members were advised that there was no formalised QIPP Plan but as each idea evolved it would be reported back to the Commission in detail with any financial impact. The NHS Peterborough had the responsibility of coordinating the process and part of that process was to ensure that something was not changed in one part of the partnership that impacted on another.*
- *A member of the public addressed the Commission and voiced concerns about the reduction of staff and that there may not be enough trained staff to deliver the service going forward. The model of delivery going forward was about changing the shape of care and not necessarily relying on admission to hospital. There was a strong commitment to invest in the right staff for the future.*

## **ACTION AGREED**

The Commission requested that a regular report be provided on the development of the Quality Innovation Productivity and Prevention Plan (QIPP) and Reform Plan.

## 7. Future Provision of Emergency Hormonal Contraception to Young People

The report updated the Commission on the proposed future delivery of emergency hormonal contraception (EHC) to young people. This was in relation to the cessation of the sexual health service offered through pharmacies. Peterborough had for a number of years had a high rate of teenage pregnancy and poor sexual health for some young people. The latest data for 2009 was 171 pregnancies for young women under the age of 18 in Peterborough. Work was being done to improve services in Peterborough for children and young people. Teenage pregnancy rates had continued at the rate of 168 to 170. Members were informed that there was evidence that teenage pregnancy rates would fall over time by having access to long acting reversible contraception and that young people's sexual health would improve. Funding for the pharmacy based sexual health service which provided free EHC, Chlamydia Screening and condoms to the under 25 population had ended in August 2010. The PCT took the decision not to main stream the scheme going forward because the uptake of the scheme had not been popular to young people due to access issues through the pharmacies. Young people's contraceptive and sexual health services had been reviewed and as a result of the review there had been a greater uptake of long acting reversible contraception. The numbers had doubled between 2008/09 and 2009/10 with over 300 extra young women requesting long acting reversible contraception. A decision was taken to increase the skills of school nurses to enable them to support young people and talk about the issues around sexual health, providing contraceptive advice and where necessary prescribing emergency hormonal contraception. A more sustainable approach was being looked at like offering access in secondary schools, the drop in clinics, the contraceptive and sexual health services at Rivergate, increasing access to the young people's contraceptives service in GP practices and a range of other services. The Assistant Director for Public Health provided the Commission with examples of marketing and publicity material for young people which promoted the sexual health services and where they could get advice.

Observations and questions were raised and discussed including:

- How do you reach the young people who leave school at 14 and also those at schools which do not have the Health and Young People Advice (HYPA) clinics? *Young people not attending secondary schools that may be at high risk and were attending Pupil Referral Units would be covered by this scheme. There was still a lot of work to be done with the schools who were not part of the scheme to convince them of the benefits of providing a HYPA clinic at school. The marketing campaign targeted places that young people go to like pubs and clubs. An example was beer mats giving details of where to get advice. Facebook and Twitter was also being used.*
- Members commented that the marketing was very good.
- Where were the hotspots in the city and could statistics be provided to show each area and how the campaign had impacted on those areas. *Information would be provided on the hotspots and any current data available.*
- Was it the intention to have a HYPA clinic in every secondary school? *Currently they were provided in the hotspot areas but ideally every school would have one.*
- Councillor Fower felt that the marketing and publicity had missed some key areas to engage with young people. *The Assistant Director for Public Health requested a meeting with Councillor Fower to discuss further ways of getting the message across to young people.*
- To what extent have young people been consulted about the access to services? *Young people had been widely consulted and the results of consultations had informed the process.*
- What do the pharmacies think about the new proposals? *The Pharmaceutical Committee had been consulted on the review and there would be further discussions with them about targeting hotspots across Peterborough.*

## **ACTION AGREED**

1. That the Commission noted the report.
2. The Assistant Director for Public Health to contact Councillor Fower to discuss different ways to engage with young people through marketing and publicity.
3. That further information to be provided to the Commission on the hotspot areas of the city and the impact the marketing campaign may have had on these areas.

## **8. Peterborough Safeguarding Adults Update Report**

The report provided an update on the latest performance on adult safeguarding. The report had been presented to the Safeguarding Adults Board for consideration at its meeting in June.

Some key points of the report were:

- There had been 469 referrals in the last 12 months and the rolling average was 39 per month which had shown an increase in referrals.
- Terms used throughout the report were Alert and Referral. Alert was when someone contacted the service to report something which might potentially be a safeguarding issue but a referral was when it had been determined as a safeguarding matter for investigation.
- The most significant referral groups over the last 12 months had been White British (86% of the total referral group) female (65%) resident in their own home (55%), had a physical and sensory disability/frailty (55%) and over 65 yrs of age (60%) with 37% of these being 80 or over.
- Roughly a third of referrals had closed with the claim substantiated with a further third unsubstantiated. In April, of cases closed in month significantly more claims had been unsubstantiated than substantiated (16 compared to 7)
- Around 57% of referrals had an outcome of 'no further action', the next most common outcome being 'increased monitoring' (20%).
- There had been some reporting issues on how things were recorded. The data had not been very helpful to frontline staff and a lot of manual checking had been required. The new ITC system would address this.
- A data analyst had been appointed to conduct detailed analysis of the data for better reporting in the future.

Observations and questions were raised and discussed including:

- One of the issues in the report was that the quality of alert recording forms were missing from RAISE. *This was more about the fact that the forms had not been completed and recorded properly. This was a staff issue and was being addressed.*
- Do you get repeat referrals? *Yes but the data had not been recorded in the report. In the future repeat referral rates may be one of the outcome indicators in the new outcome framework.*

## **ACTION AGREED**

The Commission noted the report.

## **9. Forward Plan of key Decisions**

The Committee received the latest version of the Council's Forward Plan, 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 Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

#### **ACTION AGREED**

The Committee noted the Forward Plan and agreed that there were no items for further consideration.

#### **10. Work Programme**

Members considered the Committee's Work Programme for 2011/12 and discussed possible items for inclusion.

Additional item for inclusion:

- Joint Strategic Needs Assessment

#### **ACTION AGREED**

To confirm the work programme for 2011/12.

#### **11. Date of Next Meeting**

Tuesday, 13 September 2011

CHAIRMAN  
7.00 - 9.20 pm

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