

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00 PM, ON
Tuesday, 27 September 2022
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: S Barkham (Chair), Ansar Ali (Vice-Chair), N Bi, G Elsey, S Farooq, C Burbage, C Harper, B Rush, B Tyler, M Sabir, Co-opted Member Parish Councillor Neil Boyce

Officers Present: Jyoti Atri, Director of Public Health
Debbie McQuade, Assistant Director Adults and Safeguarding
Emmeline Watkins, Deputy Director of Health Peterborough
Jan Thomas, Chief Executive Officer of NHS Cambridgeshire and Peterborough
Dr Fiona Head, ICS Chief Medical Officer/ Medical Director
Donna Glover, Assistant Director Adult Safeguarding, Quality & Practice
Tara Mackey Commissioner VCS, Carers, Prevention and Early Intervention
Paulina Ford, Senior Democratic Services Officer
Ramin Shams, Senior Democratic Services Officer

Also Present: Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health
Eva Woods, Youth Council Representative and Youth MP for Peterborough

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Shabina Qayyum and Co-opted Member Parish Councillor June Bull.

Councillor Mohammed Sabir was in attendance as a substitute for Councillor Shabina Qayyum, and Co-opted Member Parish Councillor Neil Boyce was in attendance as a substitute for Co-opted Member June Bull.

12. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest were received.

13. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 15 MARCH 2022

The minutes of the meeting held on Monday 18 July 2022, were agreed as a true and accurate record.

14. **CALL IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISION**

There were no Call-Ins received at this meeting.

15. **ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT**

The Director of Public Health and the Deputy Director of Health introduced the report. The report provided the Committee with an opportunity to discuss the Annual Director of Public Health report on approaches to health inequalities focused on Cambridgeshire and Peterborough. She explained that the report focused on economic equality, including housing, education and employment, which impacted health inequalities.

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

- The Director of Public Health advised Members that the report focused on evidence-led approaches to address health inequalities. She explained that the universal approaches could be far more effective at reducing inequalities than targeted approaches.
- In regard to the historical health inequalities in Peterborough, Members queried why progress had not been made and whether the Public Health Director's approach was different to her predecessor. The Director of Public Health advised Members that her approach was to advocate for universal approaches and to identify individuals who were in higher need and who could benefit from further intervention, rather than to target deprived areas, as this would be more cost effective and would ensure that the individual who needed support most, would benefit.
- Members were advised that children's weight was routinely measured during the reception year and year six to track progress. A similar approach needed developing for adults through primary care to measure their weight and height regularly to track progress over time. There needed to be a systematic approach to identify and track them over time at an individual level, which would form part of the HWB strategy.
- Member queried if free school meals indicated a deprived area. The Deputy Health Director advised Members that this was a proxy measure and the universal identification of need would be far better in identifying people in need. The example of carbon monoxide testing all pregnant women for smoking in pregnancy was given as an example.
- Members queried the financial incentive offered to pregnant women to give up smoking and whether this was targeted by area and if the quit would be short-lived.. The Public Health Director advised that the financial incentive was offered to any pregnant women who smoked regardless of where they lived. She explained that it would be cost-effective even if the pregnant women temporarily stopped smoking during the pregnancy, and Usually the quit is sustained.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note and considered the information contained within the report relating to the annual report of the Director of Public Health and to receive updates

16. PRIMARY CARE SERVICES UPDATE

The report was introduced by the Chief Executive Officer of NHS Cambridgeshire and Peterborough, accompanied by Integrated Care System (ICS) Chief Medical Officer/Medical Director. The report provided the Committee with an update on Primary Care Services, a detailed response to specific questions and a request for information from the Primary Care Team. She explained that the Primary Care Services provided the same capacity as pre-Covid19 and targeted specific areas where people had issues, such as working with the learning disabilities population and long-term conditions and working closely with the practice surgeries. She explained that it was sometimes difficult to get hold of your GP, but work was happening to enhance these services. GP practices had different models to operate in other areas depending on their population needs.

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

- Member raised concern over the lack of face-to-face appointments for GP surgeries. The ICS Chief Medical Officer advised Members that she would continue to work with GPs providing primary care services to offer face-to-face appointments. However, it was challenging for GPs, and some GP Doctors were getting older. She explained that new roles had been brought in within the GP surgeries to cover the pressure on the service; these roles included nurse practitioners, who deal with the most common queries. However, she added that people needed the right advice from the right person, and this probably would not be a GP; it could be your physiotherapist or paramedic.
- In regards to how far people travel to access primary care services, she advised Members that part of the problem was the workforce issue, and according to the survey the service did, people preferred to have consistency over the distance. Some people also preferred to access services virtually.
- Members raised concerns over the number of calls patients had to make to get a GP appointment and asked if the system was efficient. Members were advised that the NHS had invested in the initial access for patients, and some of the new technology set -up allowed for monitoring call drop-out data, which could be used to improve the system and put intervention in place.
- In relation to customer satisfaction, Members asked if some GP surgeries had a high level of satisfaction compared to others and if it could be replicated in other surgeries. The ICS Chief Medical Officer advised Members that some GP surgeries had different models, and every area had their population and geography. A successful model for one area, such as in North Ward, could not be successful in Bretton Ward. She explained that GP surgeries based their work model on their population's needs. Furthermore, people got frustrated when they could not get through their GP surgery, but there could be an alternative to a telephone. At the moment, people turned up to 111, but there could be a plan B for accessing these services using a different method of communication.
- In regards to staffing at the GP surgeries, Members queried the challenges of recruiting and retaining staff. Members were advised that those trained locally would be more likely to stay locally, which had advantages, and practices should be accredited to train, pushing standards up. Further work needed to be done to ease the stress and pressure of the staff to show that there was a more positive way which could also help retain staff and possibly could avoid some of the early retirements. Members acknowledged the GP surgeries' hard work to provide primary care services.
- Members asked whether it was the GP surgeries that designed their work model

or if it was based on the customers' feedback and preference. Members were advised that both the GP surgery and the area population developed their work model. She explained that stress tests were carried out in response to customer feedback and complaints to improve the system.

- In regard to the customer services at the surgery reception, Members queried the level of training the receptionists received. The ICS Chief Medical Officer advised Members that it was the responsibility of the partner organisations to assess the level of training needed for their staff. The staff at the core front of a GP surgery could have different backgrounds, and their training could vary practice by practice.
- Members queried the new partnership emerging between GP surgeries post-Octagon partnerships. The Chief Executive Officer of NHS for Cambridgeshire and Peterborough advised Members that GPs would align themselves with other key partners in their local area to assess if their partner's work model would work for their population based on their population needs. The ICS Chief Medical Officer advised that 86.3% of the appointments were within two weeks of patients booking them, which was above the national average. She explained that it was not just to book a face-to-face appointment for patients but to book the appropriate assessment.
- Members were advised that the GPs' work was based on a Performance List, which was over and above the General Medical Council (GMC) register. The procedure for the license to practice also involved quite a rigorous process, including regular feedback from colleagues at the surgery and from the patients to identify any concerns. If there were some serious concerns, the Performance List would identify them.
- In response to Members concerns over the number of telephone calls and staff shortages in answering phone calls at the GP surgeries. Members were advised that GPs were classed as small businesses, and further work was needed to ensure they were coping with the demand and had the resources for extra recruitment. She further explained that extended hours in the evenings and weekends for the appointments had allowed taking some of the pressure off and had created further options for people to book an appointment outside regular hours.
- In regards to the waiting time for patients over the phone to get an appointment with their GP surgery and whether a central customer service centre would be helpful, the ICS Chief Medical Centre advised Members that during the Covid19 pandemic, when the surgeries launched their e-referrals, there was a significant amount of queries submitted during the out of office hours, which weren't generally dealt with it. It also put pressure to respond to these queries, which increased their workload. She explained that a similar conversation had taken place over a central phone system, including out-of-office hours.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the contents of the report.

17. **CARERS SURVEY AND CARERS STRATEGY**

The report was introduced by the Assistant Director of Adult and Safeguarding, Quality and Practice accompanied by Commissioner VCS, Carers, Prevention and Early Intervention. The report outlined the findings of the national survey of adult carers in Peterborough and the actions being undertaken to further develop carer support in the City. The carers' survey took place every two years, but because of the Covid19 pandemic, the survey was postponed and took place in autumn 2021, and results were published in June 2022.

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

- Members queried about the family members who became carers during the Covid19 pandemic and asked what supports were available to these carers. The Assistant Director for Adult and Safeguarding advised Members that two campaigns were completed to raise awareness, including using social media algorithms to find hidden carers. This was a priority for the service and would also be incorporated into the new strategy and the associated action plans.
- Members asked whether the survey figures had been broken down by ethnicity and whether specific communities lacked carers' support because of the language barriers. Members were advised that the current provider was doing a substantial amount of work to link and reach out to those hidden carers. The two campaigns that had been launched would also target those minority groups.
- Regarding caring for family members, she explained some of the narratives that were feedback in the survey were quite compelling, as communication was highlighted as an issue which needed to be addressed.
- Members queried the support available to young carers. The Assistant Director for Adult and Safeguarding advised Members that Centre 33 in Peterborough specialised in supporting young carers, and currently, they were actively engaged with 185 young carers in the area. In addition, Centre 33 did a range of other activities involving young carers.

AGREED ACTIONS

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

1. Noted the responses from local carers to the national survey of adult carers.
2. Noted the actions taken in developing the Carers Strategy and support for carers.

18. **FORWARD PLAN OF EXECUTIVE DECISIONS**

The Senior Democratic Services Officer 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.

Members asked for further information regarding the Social Care Reforms item. The Senior Democratic Services Officer confirmed that a request for a briefing note would be

put forward to the Assistant Director Commission and Commercial OPS.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the report.

19. REVIEW OF 2021/2022 AND WORK PROGRAMME FOR 2022/2023

The Senior Democratic Services Officer presented the report. Members considered the Work Programme for the municipal year 2022/23 to determine the Committee's priorities.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the report.

20. DATE OF NEXT MEETING

- 11 October 2022 – Joint Meeting of the Scrutiny Committees
- 08 November 2022 – Adults and Health Scrutiny Committee

CHAIR

7.00 – 09:00 pm