

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE COUNCIL CHAMBER - TOWN HALL ON 26 MARCH 2012**

- Present:** Councillors B Rush (Chairman), G Elsey, N Shabbir, K Sharp, J Stokes and M Todd
- Also Present:** Councillor W Fitzgerald, Cabinet Member for Adult Social Care
Barbara Cork, Peterborough LINK
Katie Baxter, Peterborough Youth Council
Alex Hall, Peterborough Youth Council
- NHS Peterborough:** Dr Sushil Jathanna, Chief Executive
Peter Wightman, Interim Director of Primary Care
Jessica Bawden, Joint Director of Communications and Patient Experience
Sarah Shuttlewood, Director of Acute Commissioning
- Officers Present:** Terry Rich, Interim Executive Director of Adult Social Services
Tina Hornsby, Assistant Director Quality, Information and Performance
Ruth Griffiths, Lawyer
Dania Castagliuolo, Governance Officer
Louise Tyers, Compliance Manager

1. Apologies

An apology for absence was received from Councillor Lamb. Councillor Todd was in attendance as substitute.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 17 January 2012

The minutes of the meeting held on 17 January 2012 were approved as a correct record.

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

There were no requests for call-in to consider.

5. Primary Care and Urgent Care Strategy

The report provided an update on the Primary and Urgent Care Strategy.

Following our meeting in September 2011, the PCT had been informed that the Cooperation and Competition Panel (CCP) had decided to accept for investigation a complaint that they had received from 3Well Medical which alleged that the PCT's conduct and process had breached national Principles and Rules of Cooperation and Competition. The CCP investigated breaches of the Principles and Rules and made independent recommendations to the Department for Health on how such breaches should be resolved.

The CCP had undertaken a three month investigation into the complaint and following investigation had found in favour of the PCT on the majority of issues, specifically that NHS Peterborough:

- Had followed a process for developing and consulting on its strategy which engaged widely and in a meaningful manner
- Did not discriminate against 3Well in terms of the management of their contract or considering possible options for the future
- Met its requirements to commission services from those providers best placed to provide the service, i.e. it had considered a full range of options and adapted the options following feedback
- The strategy appropriately offered patients choice and ensured competition

However the CCP also concluded that NHS Peterborough had failed to manage a potential conflict of interest resulting from the involvement in its consultation process of two lead clinicians who were partners in GP practices that would be directly affected. The CCP had recommended that an independent panel of clinicians should review the clinical case for reconfiguration and that NHS Peterborough put in place measures to manage conflicts of interest. Following these recommendations the PCT had received a letter from Earl Howe at the Department of Health stating that he agreed that NHS Peterborough should have better managed potential conflicts of interests and that measures should be put in place to ensure that potential conflicts were managed more effectively going forward. He did not require NHS Peterborough to undertake an independent clinical review.

Whilst NHS Peterborough were not required to undertake an independent review they did commission Collingham Healthcare Education Centre to undertake a review to provide maximum assurance for the Board and the people of Peterborough. Their summary conclusion was that either the original or revised Option 3 (the recommended change) would be clinically desirable and appropriate.

A number of practice changes had also happened since September 2011. The Orton Medical Practice had closed in December 2011 and patients had now registered with Orton Bushfield or other nearby practices. The PCT had reached an agreement with Nene Valley Medical Centre for them to be aligned to the Longueville Court Care Home and lead the provision of medical care to residents at the home, a role previously fulfilled by Orton Medical Practice.

The proposal by the Alma Road, Burghley Road and Church Walk practices to join together as one team at the Healthy Living Centre as an alternative to closure had now been withdrawn by the practices.

The provider of caretaking services at Parnwell Health Centre had given notice that they were not able to continue the service beyond June 2012 and the PCT would seek to procure a replacement provider until the new practice premises were available. During the consultation concern had been expressed for Parnwell residents that two buses would be needed to access the area assigned for the proposed new surgery. Following requests by the PCT and City Council, Stagecoach had changed the bus route from Parnwell to travel down Eastfield Road, close to the potential surgery site.

The Hampton practice had been refurbished enabling them to reopen their list in September 2011 and providing sufficient physical capacity to accommodate forecast growth for another two years.

The three practices at the Thomas Walker Centre had previously indicated their wish to merge to form one team; however this proposal had now been withdrawn by the practices.

The Commission still had to take a view on a number of the recommendations made in the Strategy one of which was around the procurement of the integrated urgent care service. Once the new integrated service had been procured and was operational in April 2013 the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.

Observations and questions were raised as follows:

- *How did the proposed GP in the Accident and Emergency Department at the hospital fit in with the Strategy?* There had been an increase in the number of patients attending at the Emergency Department but that had now plateaued. A GP would be placed in the Department in the short term to find out why patients were attending at the hospital, redirecting them to the appropriate help and also supporting the Hospital Trust in seeing some patients.
- *Councillor Todd thanked NHS Peterborough for resolving the issues in Parnwell. However she believed that the PCT may find it a struggle to find GPs for 2014 and urged them to do everything in their power to ensure GPs were appointed.* The PCT confirmed that they would do everything they could to procure a provider but it was difficult to recruit on a caretaking basis.
- *Some members still had concerns with the process especially around the potential conflicts of interest and hoped the PCT would make an effort to address this in the future. The consultation should have started a long time ago and it was felt that the PCT had left themselves open to criticism with the process which had been followed. It was important that the PCT learnt the lessons from what had happened.* Dr Jathanna accepted that lessons had been learnt and thanked members for their comments. He apologised for the mistakes that had happened.
- *Some services would be moving out of the City Care Centre to the City Hospital, would the City Care Centre building still be viable?* The PCT had received no formal notification that services would be moving out of the Centre. A system wide estates programme to maximise facilities would be undertaken and all areas of the system would work in partnership.

RECOMMENDATIONS

The Scrutiny Commission for Health Issues now supports the following recommendations:

(i) Recommendation 6.2 – Procure the Integrated Urgent Care Service

That NHS Peterborough undertake a competitive procurement exercise to appoint a provider and that once the new integrated urgent care service has been procured and is operational (April 2013) the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.

(ii) Recommendation 6.3 – Primary Care Strategy

That NHS Peterborough adopts the primary care vision described in the strategy for consultation in May 2011.

(iii) Recommendation 6.5 – Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road Practices

That NHS Peterborough adopts the recommendations in relation to the Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road practices.

Dr Jathanna wished to thank the Commission for their involvement in this process.

6. Adult Social Services Overview

The report provided an overview of the new Adult Social Care department.

Until 1 March 2012 adult social care had been delivered on the City Council's behalf by NHS Peterborough under a Partnership Agreement. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. Subsequently the delivery side of the functions had been transferred by Peterborough PCT to Peterborough Community Services, the local NHS provider arm. The Director of Adult Social Care was a joint appointment between the PCT and the City Council.

A number of factors had led to the City Council and NHS Peterborough concluding that the partnership should come to an end. These included the proposed abolition of PCTs, the merging of Peterborough Community Services with Cambridgeshire Community Services and a range of operational, performance and financial issues.

Whilst the ending of the Partnership Agreement marked a return of the formal managerial responsibility for statutory adult social care functions to the City Council, it had not meant an end to partnership working. The strengths and benefits achieved through the former partnership agreement including multidisciplinary teams and co-location of health and social care staff would continue, wherever it could be demonstrated to be delivering benefits. Similarly a number of areas of joint commissioning activity had been maintained to ensure that health and social care investment was aligned to best meet the needs of Peterborough residents.

The Adult Social Care Department now represented close to a third of the Council's direct workforce and was responsible for approximately a third of the overall revenue budget spend and 490 staff transferred under TUPE arrangements to the Council on the 1st March. A further 20 adult social care staff remained seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust where they worked within an integrated model of service delivery.

The Department had established three key priorities for its first year of operation:

- To promote and support people to maintain their independence
 - This included developing and extending access to "reablement" services and other ways to reduce the reliance on long term care
- To deliver a personalised approach to care
 - This included giving people more choice and control over how their care was delivered and extending the use of "direct payments"
- To empower people to engage with their communities and have fulfilled lives
 - This included brokering access to mainstream community resources and reducing the need for separate institutional provision. It also included promoting work opportunities for people with learning disabilities or recovering from mental ill health.

Adult Social Care referred to the services that were provided to help individuals, who due to disability or frailty (either permanent or temporary), needed support with their activities of daily living. Following an assessment of individual needs, usually undertaken with a social worker or care manager the following were examples of the social care services that might be provided or commissioned:

- Domiciliary care (formerly known as home care)
- Day care (older people and LD in the main)
- Support to carers
- Respite care (short term breaks)
- Rehabilitative services (e.g. Reablement)

- Occupational Therapy (including physical aids and equipment)
- Supported living schemes including extra care housing
- Adult placement scheme
- Residential and Nursing home care

The numbers of Peterborough residents who used adult social care services was significant. The last audited figures were for the year ending April 2011 and showed that 5937 people received some social care services. During that year 2664 people contacted the service seeking assistance of which 2054 went on to receive an assessment of their needs. Of those 576 were aged between 18 and 64 whilst the majority (1,478) were over 65 (older people). The outcome of those assessments led to 1601 people receiving social care support. All of the indications were that during 2011/12 there had been increasing demand on our services and the numbers receiving care across all client groups had continued to grow.

Adult Social Care could be seen as comprising of three major elements:

1. Commissioning: this comprised of understanding the overall social care needs of the community and through management of the local market, specifying and procuring a range of services to meet community needs
2. Assessment and care planning: this was the interface between the citizen and the department in relation to assessment of needs and agreement around the ways in which those needs might be met. Social workers, care managers, occupational therapists were the key professionals involved in this work.
3. Care service provision: This was the "hands-on" care delivered to meet assessed needs delivered by care workers usually within people's own homes, or in day centres, supported living schemes or in some cases within care homes.

In Peterborough those three elements were provided as follows:

1. Commissioning of services:
 - This was a core responsibility and function of the City Council Adult Social Care Department.
 - In a number of areas commissioning was undertaken as a joint activity across health and social care - for example in the area of Learning Disabilities where the Council commissioned services on behalf of NHS Peterborough.
2. Assessment and care management:
 - This was a core responsibility and function of the City Council Adult Social Care Department. It was delivered by community and hospital based teams who worked closely with their colleagues within the community and hospital health services.
 - For people with mental health problems these services were delivered by Peterborough Adult Social Care staff (social workers) seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust.
3. Care Service provision:
 - The majority of care services were commissioned from a range of independent sector providers – domiciliary care agencies, nursing home and care home providers.
 - The voluntary sector were also commissioned and funded to provide a range of services including information and advice services, sitting services and day services.
 - The Department also provided a range of direct care service provision, including two residential care homes (Welland and Greenwood) day centres for older people and for people with learning disabilities, and the reablement team.

The challenges for the department over the coming year centred upon the pressures of increasing demand and managing within the resources available including delivering of savings and efficiencies. During the final year of the Partnership Agreement it had become apparent that demands on the service were increasing and that the budget was coming under significant pressure. This matter had been subject to detailed consideration by members in the period leading up to the setting of the budget for the coming financial year.

Observations and questions were asked around the following:

- *Had all of the consultation with staff finished by 1 March?* It had all been finished. There had been a change in the number of staff transferring and this had been concluded by mid-February.
- *In relation to the Cambridgeshire and Peterborough Foundation Trust, was the Director happy that our high standards of care would be maintained or would Peterborough be brought down to the level of Cambridgeshire?* The Director had met with the Trust and was instrumental in the development of a board level post of Director of Social Care which Peterborough had seen as a deficit. There was a new agreement with the Trust to maintain services and he was confident that our good performance could be maintained.

ACTION AGREED

To note the overview of the Adult Social Care department.

7. Quarterly Performance Report on Adult Social Care Services in Peterborough

The report provided an update on the delivery of adult social care services in Peterborough against the four outcome domains contained in the national Adult Social Care outcomes framework and information of Safeguarding adults at risk.

Key areas where performance had improved since the last report were:

- The number of people receiving self direct support via a personal budget was increasing, although was still behind target. The target needed to be revised in light of the new model of working, and in particular re-ablement as it did not take account of people receiving focussed services for a short period and then leaving before a permanent self directed support plan was needed. Performance at 52.8% was greater than last years top quartile for all Councils (35.2%)
- The percentage of adults with learning disabilities in settled accommodation was increasing and was now just below target at 74.3% (target was 75%). The top quartile for all England councils was 70.2%.
- The numbers delayed in being discharged from hospital was back under the target maximum, and continued to be in line with top quartile of all council's performance. In December there had been no delays from mental health beds.
- The numbers of carers receiving assessment and services had increased, but at 28.7% it was still below the target of 36%. 28.7% was the national average. An audit of two months assessments was being undertaken to ensure that carers were appropriately assessed.

Key areas where performance had declined since the last report were:

- The number of new people coming on to direct payments was lower this year than last year and we were investigating the potential causes of the drop. Overall numbers receiving direct payments were still at a comparable level to other Councils.
- Permanent admissions to residential care from adults aged 18-64 were up on last year, but still comparatively low. There had only been 11 placements, therefore a

brief audit of these cases would be undertaken to ensure there was no underlying gap in community service provision.

Councillor Fitzgerald, the Cabinet Member for Adult Social Care, advised that it needed to be noted that the shortfall in some of the targets was against the stretch targets that the Council had set itself and was not failing to meet the national averages.

ACTION AGREED

To note the latest performance report.

8. Forward Plan of Key Decisions

The Commission 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 Commission noted the Forward Plan.

CHAIRMAN
7.00 - 7.46 pm

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