

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR RURAL  
COMMUNITIES HELD AT THE BOURGES / VIERSEN ROOM, TOWN HALL  
ON 17 SEPTEMBER 2012**

**Present:** Councillors D Over (Chair), D Lamb (Vice Chair), D Sanders, D McKean, E Murphy, D Harrington, N Sandford

**Officers Present:** Nick Blake, Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers  
Tim Bishop, Assistant Director of Adult Social Care Commissioning  
Jessica Bawden, Director of Communication and Engagement (NHS)  
Leonie McCarthy, Social Inclusion Manager  
Brian Tyler, Disability Forum Manager  
Dania Castagliuolo, Governance Officer

**1. Apologies for Absence**

No apologies were received

**2. Declaration of Interest**

There were no declarations of interest.

**3. Minutes of the Meeting held on 16 July 2012**

The minutes of the meeting held on 16 July 2012, were approved as a true and accurate record.

**4. Provision of Carers in Rural Areas**

The report was presented at the request of the commission who were interested in the provision of adult home care support in rural areas and whether rural areas received the same level of care as urban areas.

The following key points were highlighted:

- DEFRA Health statistics (June 2012) indicated that life expectancy in rural areas was higher than urban areas and that years of life lost to cancer, stroke and heart disease were lower, however people in rural areas were at more risk of isolation, support services were often based in urban centres and transport costs to access services could be higher
- Peterborough's Joint Strategic Needs Assessment showed that around 20,123 (12%) of Peterborough's residents lived in a rural area
- There were areas within the Unitary Authority Boundary classified with high and low levels of deprivation
- The total cost of homecare purchased by Peterborough City Council from Independent providers for 2011/2012 was £16.1 million
- From April to July 2012 there were 127 people (10%) living in a rural area and receiving home care support from a total of 1271

- The cost of purchasing home care support made up 10% (£14,900 per week) of total home care spend (£147,000 per week) which when compared to the Joint Strategic Needs Assessment population data it appeared proportionally less homecare was purchased for rural areas.
- The Adult Social Care Strategic Commissioning Team had been consulting with providers on possible ways to improve how support was provided for people living in rural areas. People who lived in rural areas and carers would be consulted on proposed changes
- The issues associated with providing support in rural areas, following further consultation, would be included in the planned review and structure of the Independent Living Support Services framework (ILSS). Consulting on and co-producing a solution for people who used services and who lived in a rural area would be an essential part of this development framework
- In order to monitor homecare delivery for all service users, the council would be requiring all homecare providers to use Electronic Homecare Monitoring Systems from 1 October 2012. This would provide accurate information on whether homecare was delivered as commissioned by the council and would immediately highlight and evidence if calls were not delivered or were being cut short.

The Commission were asked to note and comment on the contents of the report.

Comments and questions were raised around the following areas:

- Members commented that they were happy with the Homecare monitoring systems. *The Assistant Director of Adult Social Care Commissioning advised members that the Homecare Monitoring System would be in place from 1 October 2012 and it would be able to monitor the amount of time that carers were with people that required care. The device would only monitor the time the carer clocks in and out, therefore the quality of care would need to be monitored by receiving feedback from users of the device.*
- Members queried paragraph 5.4 of the report and why providers were allowed to refuse to take on care packages in rural areas. *The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers advised the Commission that when offered a package the providers would consider factors such as flexibility and safety. Generally providers were not taking on packages in rural areas due to cost implications*
- Members queried the report released on Radio Cambridgeshire regarding poor service received by carers and if this was the case in Peterborough. *The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers advised the Commission that the report on Radio Cambridgeshire was based on the diaries of just forty families nationally. He informed that Adult Social Care reviews comments and complaints regularly to ensure bad service was not received in Peterborough. Quality of service would be ensured through regular reviews and talking to service users and carers.*
- Members queried that when Adult Social Care took over from the Primary Care Trust there was a backlog and people hadn't received initial assessments. Had Adult Social Care caught up with this backlog? *The Assistant Director of Adult Social Care Commissioning advised the Commission that the backlog had been assessed and all of the reviews were being dealt with, three hundred had been completed so far and all cases would be completed by the end of October 2012.*
- Members queried whether there were sufficient resources to keep up with all of the reviews. *The Assistant Director of Adult Social Care Commissioning confirmed that there were sufficient resources to deal with future reviews.*
- Members queried what the provision for training staff was. *The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers informed the Commission that each provider used different methods of*

*training, smaller providers used Council Safeguard training for their staff whereas big providers used national schemes. Contract review and monitoring took place regularly, records were checked and staff were visited to discover what training the agencies staff had been on.*

- *Members queried how direct payments were functioning in rural areas, who would be attending people's homes and would it not put more pressure on carers when dealing with assessments. The Assistant Director of Adult Social Care Commissioning informed the Commission that over the past year Peterborough had been introducing a programme of homecare called reablement which worked with people in a crisis or a hospital admission to regain the skills and confidence they may have lost. This service provided specialist homecare for an intense period free of charge. The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers advised members that he did not currently have information regarding direct payments although the number of direct payments were on the increase.*
- *Members queried whether new government legislation was being released shortly regarding care in rural areas, and was Peterborough up to date with this. The Assistant Director of Adult Social Care Commissioning advised the Commission that there was a white paper published by the government in August 2012 entitled Caring for our Future which set out its aspirations for Adult Social Care. The direction for this paper was around trying to ensure people's independence and choice. The white paper did not cover the funding of Adult Social Care although since the white paper was published the government stated it would look at funding as part of an expending review. Adult Social Care in Peterborough was moving in the direction of that white paper.*
- *Members commented that a topic of conversation around villages was the quality of care and queried if there was a system in place to prevent people from not using direct payment money on care. The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers advised members that monitoring of direct payments had been looked at recently. There were systems in place to monitor direct payments although people who received direct payments had responsibilities for submitting receipts to Adult Social Care to evidence what the money had been spent on. The direct payment would also have to be paid in to a separate bank account which Adult Social Care would also have access to. Future monitoring systems would be improved and a direct payment monitoring officer would be employed.*
- *Members were concerned that the direct payments could not be monitored as large amounts would be spent on labour charges which would be difficult to monitor. The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers commented that people who received direct payments became the employer therefore they were responsible for controlling their own direct payments. Adult Social Care made sure that if there were any issues around the direct payment that the person was able to manage with support from the service, the direct payments were also monitored with regular reviews.*
- *Members were concerned that most of the providers were centred within the city and suggested that providers were recruited from areas such as Stamford or the Deepings to cut travel times for the carers. The Head of Commissioning – Older People, Physical Disabilities, Sensory Impairment, HIV and Carers advised the Commission that most of the providers were based in the city centre although they did have some providers that were based in rural areas that picked up care packages in the eastern rural region. There were no restrictions on providers from Stamford or Market Deeping on bidding for work and there was also a range of national providers on the books. The key issue was where the care workers lived as the providers were often restricted as to where they can recruit the care workers from.*

## **ACTION AGREED**

The Commission requested that a breakdown was provided of the names of the providers who had refused to take on care packages in rural areas.

The Commission requested that information was provided on the number of direct payments being issued in Peterborough.

The Commission requested that feedback from the use of the Home Care Monitoring Systems (trackers) was reported to the Commission at a later date.

## **RECOMMENDATIONS**

- The Commission recommends that the Council encourage and promote local carers to come together to work proactively to increase direct payment care provision in rural areas.

### **5. Provision of Primary Care in Rural Areas**

The report was presented to the Commission at the request of the Chairman who expressed concern that there were few GP Practices and Pharmaceutical Services within rural areas which would in turn make it difficult for elderly and disabled people to access these services. The report was written by Peter Wightman, Interim Director of Primary care who was unable to attend the meeting therefore the report was presented by Jessica Bawden, Director of Communications, Membership & Engagement (designate).

The Commission were asked to note the current provision and current transition in NHS organisations.

Comments and questions were raised around the following areas:

- Members were concerned that the report was very brief and did not indicate whether the Primary Care and pharmaceutical services were adequate in rural areas, also it did not mention transport for people in rural areas to enable them to access these services. *The Director of Communications, Membership and Engagement (designate) advised the Commission that the request was to report on the situation as it stood now. There had only been five complaints in the last year received from rural areas all of which were resolved easily.*
- Members commented on paragraph 4.2 of the report where it stated 'Practices operate geographic catchment areas to ensure practical distances for home visiting' GP's in Peterborough all operated this way. The issue that the current government was bringing forward was that the people should be given a choice, although giving choice in rural areas was not as simple due to distances but to what extent did the people have a choice. *The Director of Communications, Membership and Engagement (designate) advised members that this depended on the list size of the practices and whether people were able to use the service efficiently, therefore there was an element of choice.*
- Members commented that many GP practices operated poorly on geographic catchment areas regarding opening hours and certain times appointments can be made. They queried whether having catchment areas was for an element of convenience. *The Director of Communications, Membership and Engagement (designate) advised members that GP's were not allowed to choose which patients they had. There had been some difficulty with being flexible with patient lists within the city due to building size and capacity but there was no issue with this in rural areas.*

- Members queried whether the Ailsworth Surgery and Newborough surgery were going to close. *The Director of Communications, Membership and Engagement (designate) confirmed that the Ailsworth practice was not going to close they were looking for a GP to take over the practice when Dr Laliwala retired. The Newborough surgery was also going to remain in practice.*
- Members queried whether Parnwell practice was going to be taken on by the Ailsworth practice. *The Director of Communications, Membership and Engagement (designate) was not sure and advised the Commission that she would check and report back.*
- Councillor Sanders left the meeting at this point.
- Members queried whether the patient numbers for the Ailsworth practice were up to date. *The Director of Communications, Membership and Engagement (designate) informed members that the figures were obtained within the last six months, she advised that she would obtain up to date figures and report back to the Commission*
- Members were concerned that the report did not give anything for them to scrutinise, they requested a further report with more in depth information explaining which practices were reaching capacity, which doctors were approaching retirement, what would happen after this and how would these villages cope.
- Members were concerned that not enough information was being given to them and they did not know what to advise their constituents. *The Director of Communications, Membership and Engagement (designate) advised the Commission that more information would be given when they came back with a more in depth report.*
- Members commented that they would like to know what the doctors in rural areas specialised in.
- Members commented that people in rural areas with serious health problems or elderly people who could not get around easily would not be able to make long journeys in to the city to see a doctor. The report indicates that there was no real service of primary care in rural areas therefore in future this would need to be looked in to
- Members queried whether healthcare and health visits for mums with young babies in rural areas were provided by the primary care trust. *The Director of Communications, Membership and Engagement (designate) informed members that it was commissioned by the Primary Care Trust and provided by Cambridgeshire Children's Services. The provision of primary care in rural areas does include health visitors.*
- Members queried that as there was only one dental surgery within the rural areas did the report only look at the NHS dentists as there were a lot of private dentists. *The Director of Communications confirmed that the report did only look at the provision of NHS dentists.* Members commented that it may have been useful to make people aware of private dentists.
- Members commented that preventative care should also be looked in to as well as treatment of existing illnesses.

## **ACTION AGREED**

The Commission requested that the following information be provided:

- Why Fletton Medical Practice was included in paragraph 4.2 of the report
- Had Ailsworth Medical Practice taken on patients from Parnwell
- Up to date figures on the number of patients that Ailsworth Medical Practice currently had registered

The Commission requested that a further, more detailed report was brought back to the Commission on 14 January 2013.

## 6. Disability Issues in Rural Areas

The purpose of this report was to propose a series of access audits for rural areas by disabled people living in Peterborough working with Peterborough City Council and the Disability Forum

The key issues were highlighted as follows:

- The proposal would ensure that the views and experiences of local disabled people were incorporated in to any and all future developments, and provide suggestions for improving existing rural provisions including:
  - ❖ Work to date on access audits for the city had been unfunded and provided through the goodwill of untrained volunteers
  - ❖ There was no organisation currently providing access audits for Peterborough on a voluntary basis
  - ❖ Access audits for projects of this nature by qualified consultants were estimated to cost within the region of £10k
  - ❖ The Council's own access audits would be in the region of £1k - £5k depending on the size and depth of audit required
  - ❖ The Council's findings led them to believe that many professional access audits were carried out without the involvement and inclusion of disabled people
  - ❖ Disabled people living in rural areas would have the opportunity to influence decision making and plans in their neighbourhoods, they would also be able to improve skills, reduce isolation and improve general health and wellbeing
  - ❖ This pilot project in rural areas would be a unique example of best practice for involving local disabled people in rural issues related to access and inclusion
  - ❖ Older people were now living longer and many of the issues affecting older people in terms of accessibility and 'getting around' were the same as those with a physical disability

The next steps were:

- To seek funding, including applying for external funds to undertake access audits in rural areas
- To identify priority areas with the Rural North Neighbourhood Committee
- To identify disabled residents living in rural areas to assist with audits if appropriate

Comments and questions were raised around the following areas:

- Members were supportive of the work that was being carried out by the Disability Forum for disabled people
- Members queried whether there was enough funding to change the current situation for disabled people regarding access in rural areas. *The Disability Forum Manager advised the Commission that situations would be easy to change if highlighted when projects were developed as there was not always the right amount of consideration for disabled people which led to more money being spent on changing existing provisions for disabled people. This could be resolved easily by consulting organisations such as DIAL and listening to disabled people before proceeding with a development*
- Members suggested drop curbs were considered when doing road repairs, low level post boxes and cash machines, battery car charging points and basic wifi systems. If there was the knowledge that each village had different requirements

by conducting an audit on even one village per year then a thorough review of each village could be completed within ten years.

- Members queried whether there was a designated Disability Compliance Officer to deal with major issues. *The Social Inclusion Manager advised the Commission that Peterborough City Council did not have a designated Disability Compliance Officer because one of the most recent decisions stated that all directors of the Council would take responsibility for disability issues within their directorate, however there was a recognition of its importance and the Social Inclusion Manager now led on Equalities. The work being carried out with the Disability Forum Manager was a starting point to ensure that there was an acceptable standard across the city. The big issue was that it was not just regarding land owned by Peterborough City Council but also private shop owners therefore local disabled people would be getting involved with the project to voice their thoughts and opinions and have an influence on the way that Peterborough City Council worked.*
- Members commented that the Council needed to comply with legislation around disabled people.
- Members were concerned with public transport and bus stops being too far away from supermarkets and developments, they felt this was an issue with the planning department and they should be asked to look at the issue with bus stops as it was not just discrimination against disabled people but also elderly people.
- Members suggested that all multiple agencies were pulled together and an audit was carried out which was then passed on to Neighbourhoods and planning for them to see where the problem areas were.
- Members suggested that an app was developed to inform disabled people of the nearest facilities. *The Social Inclusion Manager agreed that the app could be a good idea. The Neighbourhood Committee route was discussed because it was where local people could discuss issues and get involved with decision making. Part of this project was to obtain grants through the voluntary sector to develop the work needed. With regard to Planning and Policy there were three action plans relating to the main issues for disabled people 1) Hate Crime 2) Being involved with the planning and policy decision making 3) Difficulties with access around the city. The quality control of the project needed to be carried out by the disabled people of Peterborough who would be using the facilities. The action plan for accessible Peterborough was about checking the Equality Impact Assessments and making sure that every department equality impacted everything that it did and designed and all of the project work. The action plan for the Disability Forum was to receive every new plan or policy from planning and transport for them to comment on, documents were to be broken down in future to make it more accessible for groups to look thorough and comment on.*
- Members commented that it should be the responsibility of the director of Planning and Transport to ensure it was accessible for disabled people around villages.

## RECOMMENDATIONS

- The Commission recommends that before the Council agrees planning permission for commercial developments it ensures that provisions for disabled people have been taken into account and that Equality Impact Assessments have been conducted. If the development was found to be inaccessible to disabled people, planning permission should not be granted.

- The Commission recommends that Directors of Services should submit updates on Equality Impact Assessments undertaken to the relevant Committee for consideration.

## **7. Forward Plan**

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.

### **ACTION AGREED**

The Commission requested to find out why there was no legal officer present at the meeting.

## **8. Work Programme**

Members considered the Committee's Work Programme for 2012/13 and discussed possible items for inclusion.

### **ACTION AGREED**

The Commission requested that Engaging with Hospitals was added to the work programme.

The Commission requested an update on the progress of the development of the Energy Park.

## **9. Date of Next Meeting**

19 November 2012

The meeting began at 7.00pm and ended at 9.18pm

CHAIRMAN