PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 22 JANUARY 2014

Present:	Councillors B Rush (Chairman), D Lamb, J Peach, D McKean, D Harrington, Shabbir and A Sylvester	
Also present	David Whiles	HealthWatch
	Simon King	General Manager for Cambridgeshire and Peterborough
	Phil Parr	Area General Manager
	Jessica Bawden	Director, Corporate Affairs - CCG Local
	Catherine Mitchell	Chief Officer – Peterborough Borderline LCGS
	Cllr Fitzgerald	Cabinet Member for Adult Social Care
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Paul Grubic	Assistant Director, Commissioning, Adult Social Care
	Mubarak Darbar	Head of Commissioning Learning Disabilities and Autism
	Paulina Ford	Senior Governance Officer
	Dr. Henrietta Ewart	Interim Head of Public Health
	Gurvinder Kaur	Lawyer

1. Apologies

Apologies for absence were received from Councillor Allen and Councillor Sharp. Councillor Peach was in attendance as substitute for Councillor Allen and Councillor Harrington was in attendance for substitute for Councillor Sharp.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 12 November 2013

The minutes of the meeting held on 12 November 2013 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. East of England Ambulance Service

The General Manager for Cambridgeshire and Peterborough introduced the report which provided the Commission with an overview of the East of England Ambulance Service and in particular the performance of Peterborough ambulance services. It noted that in all areas of 999 call priority response times from ambulances in the Peterborough area were above

target. Furthermore in all areas of call priority apart from Green 2 (serious, but not life-threatening) performance had improved from the 2012 figures. Green 2 was down from 94% on time to 92%.
Members were advised that the Ambulance Service were working with the Clinical Commissioning Group and Primary Care providers to develop robust alternative care pathways to provide patients with the most appropriate level of care for their needs and reduce the number of patients being transported to the Emergency Department. Therefore providing new and innovative services in which ambulance services were more integrated into the local healthcare economy.

Members were also advised that the 111 service would possibly go live in Peterborough in February 2014 and quality assurance processes were currently being undertaken as demand had been higher than anticipated.

Recruitment for Cambs and Peterborough had been a particular success this year with twenty new staff and there were currently ten vacancies.

Observations and questions were raised and discussed including:

- Members asked how difficult it was to recruit people. *The Area General Manager responded that with regards to recruitment, staff were divided between paramedic and non-paramedic staff with a paramedic aimed to be on every ambulance and every rapid response vehicle. The current ten vacancies were for paramedics as recruitment of non-paramedics was easier. Paramedics were either from a graduate background or they would need to undergo a significant long period of training. A new programme was being introduced for student ambulance paramedics which was a form of on-the-job training, but graduate paramedics and paramedics from other areas were being looked for. The emphasis was on recruiting high-quality staff rather than just filling vacancies.*
- Members asked if delaying the go live of the 111 service would be prudent in order to defer it until winter was over. *The Director of Corporate Affairs for the Clinical Commissioning Group was in attendance and advised Members that a reassessment of the 111 service was being undertaken as to when the service could be launched and a final decision regarding rollout would be taken at the end of February with a full launch expected in March.*
- Members also asked how targets were fixed and asked if a performance level of 87% was good enough given that a late response time could still place lives in danger. *The Area General Manager advised Members that due to ebb and flow in demand it was not always possible to predict how many resources would be needed at certain times and therefore sometimes response times were not on target. Peterborough was however a better performing area.*
- Members asked how the targets were set in the first place. *Members were advised that targets were set nationally. Floor targets also existed which were set by the CCG which were targets for the whole of Cambridgeshire. There were also self-administered targets which whilst not set at 100% of responses aimed to be on time, were higher than the floor target and above the national average and well above comparable areas within the Trust.*
- Members sought clarification with regard to delays in getting people home after hospital stays and asked if this was still an issue. *The General Manager for Cambridgeshire and Peterborough advised that this was the responsibility of the Patient Transport Services not the Emergency Operation service. He was not personally aware of any issues but he would be happy to take the question to the General Manager for Patient Transport Services and report back.*
- Members asked if the 111 service could cope at the moment even though it was only a partial roll-out. *The Director of Corporate Affairs, CCG responded that the service was coping at the moment and that 99% of calls were answered within 60 seconds. There were inevitable problems whenever a new system was rolled out and there was an aim to make sure services around the borders of Peterborough were functional before a public launch.*

- Members followed up by asking if the 99% call answering rate within 60 seconds meant that when the call was answered it was the start of the assessment. *The Director of Corporate Affairs, CCG responded that this was her understanding.*
- Members asked if the 111 call staff were trained to deal with the same severity of calls that 999 call staff were or would those calls be directed to 999 staff. *Members were advised that the system used was called NHS Pathways which was an automated system designed to take any acuity of call and was used by some ambulance services as well as 111. A central part of the 111 service was the integration with the 999 service and they aimed to never pass a call over to 999. The 111 staff would be able to give all the necessary resuscitation advice if required.*
- Members asked if the ten paramedic vacancies which were identified and were also present last year was an issue. *Members were informed that there was a shortage of paramedics and a limitation in ability to recruit locally to graduate paramedics and direct entry paramedics from other ambulance services. There had been a concentration on recruiting emergency care assistants and advised that student ambulance paramedic recruitment was to be undertaken soon.*
- Members expressed concern that recruitment had been 'treading water' for a year and the student programme would mean paramedics taking up to two years to qualify. How was the shortfall in paramedic recruitment being dealt? Was it through overtime, interims or by other means and how sustainable was the situation when there were ten paramedic vacancies. *Members were advised that performance in Peterborough was good despite there being between five to ten vacancies and there were good levels of cover. There would be student ambulance paramedics able to respond to emergencies within twelve months and would have a full level paramedic qualification within another twelve months.*
- Members wanted to know what ten vacancies meant and asked for the ten vacancies to be put into perspective regarding the other staff available. *Members were advised that there were 128 full-time equivalents in North Cambridgeshire so the ten vacancies represented a less than 10% shortfall. With regards to sustainability the current level of vacancies had been maintained for the last twelve months. This was sustainable through shifts being covered through overtime.*
- Members asked how the service would respond if they were somehow unable to reach a patient in time and whether they would call on the East Midlands Trust for assistance. *Members were advised that the ambulance service was controlled from Bedford. There was a good relationship with colleagues in the East Midlands Ambulance Service and it was therefore routine practice to pass calls between services.*
- Members asked the difference between the Red 1 and Red 2 categories in the report. Members further asked when first responders would be contacted in these situations. *Members were advised that the categories were nationally set and that Red 1 was generally for people in or likely to be in cardiac arrest. The performance requirement was to be there in eight minutes 75% of the time. Red 2 was the next acuity down and was for people having heart attacks, serious breathing difficulties and strokes. The response time was still eight minutes however there was a slight technical difference in when the clock was deemed to have started. In calls that were triaged as Red 1 the clock began when the call was connected to the switchboard whereas all other categories allowed a few seconds longer to find the address or allocate the resource.*
- Members asked how the FIRM (For Immediate Review and Management) service which aimed to support intervention and management of a patient in their own home and reduce admissions to A&E was operating. How many admissions to A&E had been diverted as a result of the service? *Members were advised that the service was initially trialled last year and was for mostly over-65s to provide care around them at home rather than them going into care. This had massive benefits for emergency departments leaving more patients at home. The trial ended in the summer of 2013 and started up again just after Christmas. He stated that there was no data as yet as the service had only been fully used for four weeks but response so far had been very positive.*
- Members asked how the withdrawal of funding after target failures had impacted on the service. *Members were advised that the 2% reduction was a penalty and the reason for that was that CCG had asked the Ambulance Service as a Trust to provide a remedial*

action plan of how the Trust would turn around the performance Trust wide. The performance figures were trust-wide and incorporated Cambridge as a whole. The CCG was part of a region wide consortium and the remedial action plan was not delivered to the satisfaction of the Peterborough and Cambridge CCG and the decision was taken to withdraw the 2% funding. The money had not yet been withdrawn however internal budgets have taken into account the 2% reduction. The Director of Corporate Affairs, CCG responded that penalties were put on providers until the situation was resolved. The aim was not to affect patient care but to ensure that performance was adhered to as specified in the contract.

- Mary Cook a member of the public asked if the use of student paramedics would mean that the service in future would be less highly-skilled. *The General Manager for Cambridgeshire and Peterborough responded that this was not the case and that student ambulance paramedics would work with paramedics until they reached a point in which they were qualified to lead a crew themselves.*

The Chair thanked the General Manager for Cambridgeshire and Peterborough and the Area General Manager for attending and presenting an informative report.

ACTIONS AGREED

1. The Commission noted the report and requested that the East of England Ambulance Service return in one year to provide a further progress report.

2. The Commission also requested that the General Manager for Cambridgeshire and Peterborough ask the Patient Transport Services on their behalf if there was continued issues with delays in getting people home after hospital stays.

6. Cambridge and Peterborough Clinical Commissioning Group – Programme Update

The report was introduced by the Director of Corporate Affairs and provided the Commission with an update on the Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) work. This included the following:

- Financial position
- Commissioning intentions 2014/2015
- Better Care Fund 111 service
- Older peoples Programme

Observations and questions were raised and discussed including:

- Members referred to the Older People's Programme and asked what the steps of procurement were and if the City Council were being consulted on the process of procurement. *The Director of Corporate Affairs, CCG advised Members that with a traditional NHS tender a specification would be drawn up then it would go out to consultation and then the specification would go out to tender. In this case however certain outcomes had been identified for the elderly but there was no specification on how this should be achieved. This was a new method for the CCG in which bidders were asked to suggest ways in which they felt they could deliver better outcomes. In the meantime work had been undertaken with the City Council and the Older People's Programme Board, which had been sitting for a year and there was patient representation from Peterborough on that board. There had also been discussions regarding the best time to go to public consultation to ensure the public had all the necessary information available. There had been ten initial expressions of interest and this was now down to five submissions.*
- Members wanted to know where the engagement was for the next stage of the process. *Members were informed that discussions were still ongoing regarding public consultation.*

Members were assured that there was however engagement and it would be in place going forward.

- Members referred to the Better Care Fund and sought clarification as to what issues there were if any and if the council and other partners were fully engaged with the CCG. *The Local Chief Officer – Borderline Peterborough responded that the Health and Wellbeing Board had agreed to the setting up of a task group which had been working on the Better Care Fund which was comprised of both professional and public representation. The group met on a regular basis and had a template action plan which needed completion. Vision objectives had already been agreed and stakeholders had been consulted regarding the action plan. Healthwatch had also been engaged and agreed to work with the CCG on the publicity around the Better Care Fund.*
- Members asked if the transfer of funds for housing was ring fenced. *The Executive Director, Adult Social Care and Health and Wellbeing informed Members that this was a complex debate with many issues in terms of existing arrangements governing the transfer of funds. The intention was to review the transfer of funds however local authorities inevitably depend on funding for front-line services and there was a question as to how to make the transition between different means of funding. Transparency was important as funding for this year would be smaller at approximately £600,000 therefore it was necessary to be transparent regarding how this funding was allocated.*
- Members referred to clinical priorities and in particular to improving care for the frail and elderly and asked how these were being organised. *Members were advised that the CCG was mostly involved in the Older People's Program procurement to ensure that it operated more efficiently and effectively. The Local Chief Officer – Borderline advised Members that the FIRM which was a multi-agency response service was a significant service being worked on and had dedicated doctors, nurses and social workers who were not working in general practice and only for the FIRM. Other areas worked on were the Carer's Prescription Service whereby a GP could give a prescription for support to carers in maintaining frail older relatives. There were also services to ensure patients could get home safely following assessment within the A&E department. Work was being undertaken with local GPs to identify frail older people who may need additional support in order to create a care plan to support those people and try to prevent crisis in their lives.*
- Members asked if there was a special section dealing with the frail and elderly who had falls. *Members were advised that the FIRM could be called to attend and make an initial assessment to see if the person needed to be referred to hospital or supported in other ways. Equally a GP who was aware of old people susceptible to falls could refer an individual to this service.*
- Members asked how people at the end of their lives were cared for now that the Liverpool Care Pathway was abolished. *Members were advised that the government had issued new guidance regarding the Liverpool Care Pathway. The End of Life Programme Board was reviewing this. The real issue was not just about the Liverpool Care Pathway but about people having choice about where they might choose to end their lives. In some parts of Cambridge and Peterborough there was not much choice. A heavy emphasis was placed on patient choices regarding end-of-life care however often the resources were not available in hospices and in the community to facilitate patient choice.*
- Members sought clarification on the reduction of inequality in premature deaths from coronary heart disease. *The Local Chief Officer – Borderline responded that coronary heart disease in Peterborough and the surrounding area was a big issue and had impacted heavily on the local area. The issue was being looked at long term by giving lifestyle preventative advice to try and ensure people lived longer.*
- Members asked why the financial deficit had occurred so early into the CCG's lifetime and requested clarification and details on how the deficit figure was arrived at in relation to the starting figure. *The Director, Corporate Affairs, CCG responded that the budget had been allocated based on the previous Primary Care Trust budgets which was £856M for Cambridgeshire and Peterborough. Subsequently the services were then split and Primary Care was now looked after by NHS England therefore reducing the CCG budget. Further money was taken out for specialist commissioning (specialist cancer care,*

children's services, prison services, etc.) so therefore what had changed in the budget was approximately £5M less than what had originally been allocated in the budget.

- Members sought clarification on whether the contracts were directly paid for or if they were paid for by results. *Members were advised that this varied depending on the type of contract.*
- Members referred to prescriptions and wanted to know if savings were going to be made by prescribing cheaper medication. *Members were informed that prescribing budgets were quite significant within the CCG in terms of cost of medication that was subscribed by the GP. Medication is looked at as medication does change as it comes off licence and names of medication change. When medication comes off licence it means that there are more suppliers of medication and therefore the prices do reduce. In order to manage their budgets GP's do look at other drugs that are cheaper. They also monitor the patients when there is a change in drugs to check compatibility.*
- Members asked if there were any examples of savings made. *Members were advised that part way through last year the government undertook rebasing and therefore money was taken away from the baseline figure and given to the area team. There was therefore a statutory duty to achieve financial balance by 31st March and now areas were being looked at where services could be delivered differently to make savings and to avoid overspending. Some things being looked at were different ways that people were treated and whether they should be treated at hospital or at home and wasted medication.*
- Members asked if the CCG had been given less than they felt they needed and if savings were therefore unwelcome. *The Director of Corporate Affairs – CCG responded that this assessment was correct and there had been lobbying undertaken to the government and next year's figures were improved but not as much as was hoped. However, there was less money per head in Cambridgeshire and Peterborough than anywhere else in the East of England. Members were advised that internal efficiency savings were also being made such as moving to cheaper offices, cutting down on travel, freezing vacancies. It was important to be mindful that it was not just about patient services.*
- Members referred to the deficit and asked how they would fund the extra responsibility for the development of children and young people's services. *The Director of Corporate Affairs – CCG responded that this was not additional responsibilities but a restructure of existing responsibilities.*
- Members sought clarification that the deficit was entirely as a result of government changes and not as a result of overspending. *The Director, Corporate Affairs confirmed that the CCG had forecast to break even until the government changes took place.*
- Members asked what the impact of a financial recovery plan would be on local services. *The Local Chief Officer – Borderline responded that she was not aware of any reductions to services locally.*
- Members referred to the Better Care Fund which was about use of existing money and asked what confidence the CCG had that valued existing services would be protected in the new arrangements. *The Local Chief Officer – Borderline responded that as a working group there was a challenge from a social care perspective and hence there was work to achieve national outcomes. From a CCG point of view in 2015 work would need to be undertaken with the council to achieve the best possible existing services.*
- Members asked how pump priming money to make changes would happen within the Better Care Fund. *Members were informed that no discussions had currently taken place between the CCG and the Council regarding whether money could be released for pump priming of services.*
- Members referred to the Older Peoples Programme and what the CCG's views were regarding the extent to which bidders were committed to the delivery of a quality service and what resources would be protected. *Members were advised that what had been done as part of the process leading to the tender was that Borderline and Peterborough Local Commissioning Groups had created an outline service specification in terms of outcomes for local people. This consisted of a framework in which bidders could then write a detailed service specification.*

- Members referred to the Plan on a Page and requested an updated version with outcomes achieved and current predictions. *The Local Chief Officer responded that the information could be provided.*
- Mary Cook a member of the public addressed the Commission and made a statement which included the following points:
    - The public and in particular older people were appalled that private procurement was coming into the National Health. A particular concern was private procurement for the end of life.
    - The FIRM was a short term project which has had to be brought back into use due to more elderly people attending hospital.
    - The Chief Executive of NHS England had stated that the Better Care Funding was unlikely to reach its intended use.
    - She further stated that the referrals system could be adjusted to save money in the short term.
    - The Care Bill going through Parliament would severely disadvantage older people who had been paying national insurance and tax longer than anybody else in society. Elderly people would have to pay out £150K before they would receive any help with funding.
    - Concerned about Section 2, paragraph 3 of the bill which allowed the local authority to impose charges for the provision of care. *The Director, Corporate Affairs – CCG thanked Mary Cook for her comments and issues raised and advised that it was important to focus on the quality of care rather than the provider of the care.*
- Members expressed concern regarding the referral model noting that optician referrals to hospitals were going through the referral board. Members requested more information on the objectives and capacity of the referral board, as well as a measure of the impact of timescales for patients being referred for assessment to hospital and on patient outcomes. Members also sought clarification as to why there was a need for a separate referral board when doctors may be competent to refer. *The Local Chief Officer – Borderline responded that over the past 25 years there had been a standard assessment completed by opticians in the high street in which a form was completed, sent to a GP and then referred to hospital. GP's were not specialists in optometry. The new referral service had already been implemented in Suffolk whereby the referral by the high street optometrist went to a qualified optometrist who reviewed the referral after which it may go on to the hospital or to alternative forms of treatment.*
- Members requested information regarding the wider use of the referral system in terms of objectives, what was being referred, capacity and what measures were in place to measure the impact on patients. *The Local Chief Officer – Borderline responded that the referral support service was where a doctor reviewed referrals from GP practices and was only for three specialties and was used to make sure that appropriate information was on referrals and that clinical thresholds were being adhered to.*

The Chair thanked the Local Chief Officer, Borderline and the Director of Corporate Affairs for attending and presenting the report.

ACTION AGREED

The Commission requested that the Director of Corporate Affairs provide the following:

1. The plans for the development of Children's and Young Peoples Services as soon as they are available. This to include a detailed breakdown of financial information.
2. The updated version of the Plan on a Page and outcomes achieved.
3. A report providing information on the referral system with particular reference to objectives, what was being referred, capacity and the impact on patient's referral time to hospital.
4. Further details on the End of Life Care.

7. Transforming Day Opportunities for Adults Under 65

The Head of Commissioning Learning Disabilities and Autism, Adult Social Care presented the report which provided the committee with an opportunity to comment on the consultation paper and survey regarding the Transformation of Day Opportunities for Adults under 65. The consultation proposed three key objectives:

1. Investing in re-enablement and transitional support to help people gain employment and skills for living
2. Redesigning how the current service operates and reinvest in support that people from needing Adult Social Care and maintain their independence in the community
3. Redesigning how people's future opportunities are governed and managed.

Consultation began on 6 January 2014 initially with eleven dates but more consultations had been requested so there would now be fourteen consultations. Six had already taken place. The themes coming out of the consultations were varied with some expressing desire for change and others who wished to continue the service currently delivered. Feedback had been largely positive.

Observations and questions were raised and discussed including:

- Members referred to section 6.5, Discrimination and Equality in the report and asked what analysis had been done with regard to rural communities. *Members were informed that in terms of consultation rural areas, minority groups and individuals had been included. There was a suggestion for satellite bases as a solution to areas which did not have connections to the service. Areas such as Derby were already providing this type of community engagement in local communities which had been successful. Often people spent a lot of time travelling on buses to get to the service provided and it would be more beneficial if the service was provided locally.*
- Members asked with regard to the consultation if the officers were getting on buses and checking if travel times and distances were convenient. *Members were informed that this was part of their remit and they were looking at ways to improve this.*
- Members asked how people with complex needs were being included in the consultation. *Members were informed that the project group set up last year included an advocacy scheme run by PCVS which was tasked with capturing the views of those people with learning or communication difficulties and complex and profound needs. Parent carers of people with profound and complex needs were also part of the project group. There were also day centres which were represented on the working group.*
- Members asked what the timescale would be if the consultation recommendations were accepted. *Members were informed that the consultation would end on 3 March and then the final proposal would be taken to cabinet. Following that the installation period for the proposals would be from March 2014 to April 2015.*
- The Executive Director of Adult Social Care and Health and Wellbeing stated that often in situations which involved parents and carers of those with complex needs, there were significant concerns and it would take a long time for people to understand the changes. It was therefore important to be mindful of the issues and to work with those with complex needs.
- Members referred to the dementia centres and the auditing process that was undertaken of individuals who transferred to other homes. Would it be pertinent to adopt a similar model in this situation? *Members were advised that it was appropriate to treat individuals with regard to their own individual needs. For example individuals with autism might take longer to transition between environments because they required a degree of continuity.*
- The Cabinet Member for Adult Social Care stated that it was important that everybody was constantly assessed and that individual care was subject to constant review as individual needs could change quickly. It was inevitable that there would be some opposition to this. No one affected by the changes would be given something which was not suitable for them.

- Members were assured that all service users, advocates and carers of those service users would be wholly informed throughout the whole consultation process and in partnership with them.

The Chair thanked officers for attending and presenting the report.

ACTION AGREED

The Commission noted the report.

8. Forward Plan of Key Decisions

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

ACTION AGREED

The Commission noted the Forward Plan of Key Decisions.

9. Work Programme 2013/2014

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2013/14 and the Senior Governance Officer to include any additional items as requested during the meeting. Additional items to be included were:

- A further report on the progress of the Transforming Day Opportunities for Adults Under 65 and outcome of the consultation.

10. Date of Next Meeting

Monday 10 February 2014 – Joint Meeting of the Scrutiny Committees and Commissions – Scrutiny of the Budget

The meeting began at 7.00pm and finished at 9.15pm CHAIRMAN