



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE FORLI ROOM, TOWN HALL  
ON 14 OCTOBER 2014**

**Present:** Councillors B Rush (Chairman), J Stokes, S Allen, K Sharp,  
R Ferris, Shabbir and Shaheed

**Also present** Jane Pigg Company Secretary, Peterborough &  
Stamford Hospitals NHS Foundation  
Trust  
Katie Norton Director of Commissioning, NHS England  
East Anglia Team

**Officers Present:** Jana Burton Executive Director of Adult Social Care  
and Health and Wellbeing  
Janet Dullaghan Head of Commissioning, Health and  
Wellbeing  
Tony Marvel Interim Programme manager BCF  
Paulina Ford Senior Governance Officer

**1. Apologies**

Apologies for absence was received from David Whiles representative of Healthwatch.

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

There were no declarations of interest or whipping declarations.

**3. Minutes of Meeting Held on 10 September 2014**

The minutes of the meeting held on 10 September 2014 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. NHS England Primary Care Strategy**

The report was introduced by the Director of Commissioning, NHS England East Anglia Team and provided the Commission with an overview of the Primary Care Strategy as it relates to Peterborough and the role of NHS England.

Observations and questions were raised and discussed including:

- Members referred to page 14 and asked for an update regarding the rationale for prioritisation particularly in relation to Orton Bushfield Medical Centre. *The Director of Commissioning, NHS England East Anglia Team responded that six months ago there were constraints from the NHS in moving forward on the regeneration plans but there have now been measures put in place to ensure that the NHS would not act as a blockage and the plan could now move forward.*

- Members expressed concern that there might be a move to achieve 7 day access to General Practitioner (GP) services providing additional stress on GP's and the effect on recruitment and retention. *Members were informed that there was already 24hour access to Primary Care and GP surgeries through provision of out of hours for urgent care. There was a need to develop new ways of working with GPs and that this would need to be done in a measured way to respond to customer needs.*
- Members sought clarification with regard to the review of Primary Medical Services (PMS) contracts. *Members were informed that the figures showed a degree of inequity in the way funding was being allocated to GP Practices. It was recognised that across Cambridgeshire and Peterborough there were disproportionately more practices that had benefited historically from levels of investment through the PMS Contracts. The money would not be lost but there was a need to ensure that best value for money was being achieved and it was being invested correctly.*
- Members referred to page 14, paragraph 5.6, Primary Care at Scale. One Member felt that out of the three ways of working that were being explored the *"Discussions between individual practices where they have identified the potential benefits of merger"* should be at the top of the list and given primary consideration. *Members were informed that none of the three ways of working being explored were mutually exclusive and all of them would need to be 'bottom up'.*
- Members asked why there was an omission in the paper with regard to patients managing their own care. *The Director of Commissioning, NHS England East Anglia Team responded that this was a drafting oversight and that self-care and personal responsibility was crucial.*
- Members asked for more information on Telecare and other technological measures in order to diagnose and manage patients at home. *Members were informed that the use of technology was fundamental and these measures were increasingly being used. This needed to be communicated to patients in a measured way to ensure they were not alienated from their care.*
- Members asked if there had been feedback from pharmacies which use electronic prescription services. *Members were informed that there had not been any feedback received but this would be followed up.*
- Members stated that there had been a big expansion in the south of Peterborough and there were issues around people getting appointments and wanted to know if more GP practices would be opened. *Members were advised that opening new GP practices was difficult and it was easier to grow existing ones than to start something new.*
- Members asked what measures could be put in place in order to ensure emergency admissions to A&E were reduced. *The Director of Commissioning responded that emergency admissions were relatively low in Peterborough, but more work could be done. There was an increasingly elderly population with long term conditions which meant admissions were higher. There was a need to support these admissions for those people outside of hospital.*
- *A Member commented that a piece of land in the south of Stanground had been set aside for a GP Practice but nothing had been done with it. The Director of Commissioning had no knowledge of the land and advised that it would be looked into.*
- Members referred to page 22 and asked where the 25 Police Custody Suites mentioned would be transferred to. *The Director of Commissioning, NHS England East Anglia Team stated that this was not a change of location but a change of responsibility for commissioning of the service from the constabulary to health.*
- Members asked if Papworth Hospital would be moved to Addenbrookes. *The Director of Commissioning stated that this had been approved and would happen soon.*
- Members noted that on page 53 of the report there had been a recognition of the importance for local needs to be identified. GPs had been positive about the involvement of Health and Wellbeing Boards in understanding what local issues were.
- Mary Cooke a member of the public addressed the Commission and stated that at least £3bn had been wasted on the Health and Social Care Bill and stated that GPs were doing a great job in a city with such high levels of deprivation.

- Members referred to page 33, Life Expectancy and noted that Peterborough was at the bottom in terms of life expectancy across East Anglia. *The Director of Commissioning, NHS England East Anglia Team responded that it was vital to get GPs and the NHS working together on this. There were social-economic factors which affected life expectancy and it was therefore vital to make sure children had health checks to give children a better start in life. Many of the issues were life style issues. The Director of Adult Social Care and Health and Wellbeing commented that the Health and Wellbeing Board were focussing on cardio vascular disease and child health care.*
- Members stated that Peterborough had a big influx of non-English speaking patients. *The Director of Commissioning responded that the NHS had committed translation services and that some GP Practices had innovative practises in place to support the management of patients with different languages.*
- Members stated that there was a unique problem in Peterborough relating to churn of population. *The Director of Commissioning, NHS England East Anglia Team responded that she was aware of this and the contractual frameworks reflected the implications of population churn.*

The Chair thanked the Director of Commissioning for attending the meeting and presenting an informative report.

## **ACTIONS AGREED**

The Commission noted the report.

### **6. Healthy Child Programme / Child Health / Joint Commissioning Arrangements**

The report was introduced by the Head of Commissioning, Health and Wellbeing and provided the Commission with an update on developments and performance within the Healthy Child Programme (HCP) and specialist services in Peterborough.

Observations and questions were raised and discussed including:

- Members asked what work was being done to address childhood obesity, especially encouraging children to walk to school and promoting healthy eating options in schools. *The Head of Commissioning, Health and Wellbeing responded that much was already being done but a consistent and joined-up approach needed to be embedded. The Executive Director, Adult Social Care and Health and Wellbeing responded that messages needed to reach parents as well as children.*
- Members asked if mothers who had recently given birth needed to go to the hospital or if they could instead have home visits. *The Head of Commissioning, Health and Wellbeing responded that they were able to have home visits and health visitors could use interpreters if there were language issues.*
- Members asked if every Year 6 child was measured. *The Head of Commissioning responded that this was the case.*
- Members asked if teenage pregnancies had reduced in Peterborough. *Members were informed that the figure had been higher than the national average but it was now just below the national average. There was therefore still a lot of work to do.*
- Was there a teenage strategy in place to reduce teenage pregnancies? *Members were informed that there was a multi-agency team involved in a concerted effort to reduce teenage pregnancies which would report to the Health and Wellbeing Board.*
- Mary Cooke, a member of the public stated that there was a shortage of school nurses, health visitors and midwives. *The Head of Commissioning, Health and Wellbeing responded that there were 45 health visitors now, when previously there had been 25. There had been a real investment in service, including Hypa clinics in schools.*
- Mary Cooke followed-up by stating that there needed to be an education programme in place and that children with autism were have trouble getting appointments.

- Members asked if there was a breakdown of teenage pregnancy statistics. *The Head of Commissioning responded that there was and this was looked at in order to assess if it was a cultural issue. 95% of the girls were white British.*

#### **ACTION AGREED**

The Commission noted the report.

### **7. Health and Wellbeing Action and Delivery Plan Progress**

The report was introduced by the Executive Director of Adult Social Care and Health and Wellbeing and provided the Commission with an update on the progress being made on the action plan following the LGA Peer Review held in March 2014.

Observations and questions were raised and discussed including:

- Members referred to page 134 action point 4, *Implement the British Heart Foundation's House of Care model (regardless of success of the application) and asked for an update. Members were informed that the application had not been successful and therefore did not get the funding but some of the initiatives would still be taken forward.*

#### **ACTION AGREED**

The Commission noted the report.

### **8. Better Care Fund Update**

The report was introduced by the Interim Programme Manager, Better Care Fund (BCF) and provided the Commission with an update on the BCF submission in light of the new guidance issued by Central Government requesting that plans be resubmitted by 19 September 2014.

Observations and questions were raised and discussed including:

- Members referred to the joint arrangement between the Cambridgeshire and Peterborough Clinical Commissioning Group and Peterborough City Council and asked who the accountable body would be in case something went wrong. *The Interim Programme Manager, Better Care Fund responded that accountability was at the Health and Wellbeing Board.*
- Members asked if the pot of money could be added to. *The Interim Programme Manager, Better Care Fund stated that this was possible.*
- Members asked why the protection of Adult Social Care was a high-risk factor. *Members were informed that the regulations for the Care Act had not been received yet. It was not expected that the funds would meet the Care Act responsibilities. It was originally designed for older people but it now included A & E.*
- Members asked if the Better Care Fund was just for adults. *The Interim Programme Manager, Better Care Fund responded that an element of the grant dealing with disability also included children.*
- Members asked how often the risk log would be revisited and updated. *The Interim Programme Manager, Better Care Fund responded that it was critically important to keep it up to date. The Better Care Steering Group would meet every three to four weeks and it would be updated then.*
- Members asked who took the risk in cases of overspend now that the budget was pooled. *The Interim Programme Manager, Better Care Fund responded that the risk lies with the CCG and the preferred bidder rather than the local authority.*
- Mary Cooke a member of the public stated that part of the money was to implement the Care Act, which was not signposted and could be used for anything. Older people would suffer from this. *The Executive Director of Adult Social Care and Health and Wellbeing*

*responded that Councillor Rush wrote as part of consultations on Better Care procurement and had identified this as an issue.*

#### **ACTION AGREED**

The Commission noted the report and requested that the Interim Programme Manager provide a briefing note on the outcome of the recent Better Care Fund submission once known.

#### **9. 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.

#### **10. Work Programme 2014/2015**

Members considered the Committee's Work Programme for 2014/15 and discussed possible items for inclusion which included:

- Healthy Schools Programme

#### **ACTION AGREED**

To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 9.09pm

CHAIRMAN

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