



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 24 JUNE 2015**

Present: Councillors B Rush (Chairman), J Stokes, K Aitken, R Ferris, F Fox, A Shaheed and J Knowles

Also present

Jessica Bawden	Director of Corporate Affairs, C&PCCG
Sarah Shuttlewood	Director of Contracting, Performance and Delivery, CCG
Dr Anne McConville	Interim Consultant in Public Health
David Whiles	Healthwatch
Harriet Woodhams	Youth Council Representative

Officers Present:

Wendi Ogle-Welbourn	Corporate Director, People and Communities
Tina Hornsby	Head of Adult Social Care Quality Assurance and Safeguarding
Debbie McQuade	Assistant Director Adult Social Care Operations
Pippa Turvey	Senior Democratic Services Officer
Paulina Ford	Senior Democratic Services Officer

1. Election of Chair

The Senior Democratic Services Officer advised the Commission that as agreed at Full Council on 20 May 2015, the appointment of Chair and Vice Chair of the Scrutiny Committees and Commissions fell to the individual Committee or Commission to make these appointments.

The Senior Democratic Services Officer requested nominations from the Commission for the position of Chair of the Scrutiny Commission for Health Issues.

Councillor Stokes nominated Councillor Rush and Councillor Aitken seconded the nomination.

As there were no other nominations Councillor Rush was therefore elected by the Commission as Chair of the Scrutiny Commission for Health Issues for the 2015/2016 Municipal year.

2. Election of Vice Chair

The newly elected Chair of the Commission requested nominations from the Commission for the position of Vice Chair of the Scrutiny Commission for Health Issues.

Councillor Shabbir nominated Councillor Ferris and Councillor Fox seconded the nomination.

As there were no other nominations Councillor Ferris was therefore, elected Vice Chair of the Scrutiny Commission for Health Issues for the 2015/2016 municipal year.

3. Apologies

No apologies for absence were received.

4. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

5. Minutes of Meetings Held on 8 January and 10 March 2015.

The minutes of the meetings held on 8 January and 10 March were approved as an accurate record.

6. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

7. Cambridgeshire and Peterborough Clinical Commissioning Group Performance Report

The report was introduced by the Director of Contracting, Performance and Delivery, CCG and provided the Commission with an overview of relevant health issues including performance. The main areas covered in the report included:

- An overview of key performance issues including Clinical Commissioning Group wide issues which covered A & E performance, referral to treatment and ambulance service and;
- Local Commissioning Group issues

Observations and questions were raised and discussed including:

- Members referred to the two balanced scorecards on pages 12 and 13 of the report and wanted to know why on the March 2015 indicator “*Are health outcomes for local people improving?*” it was showing Amber green but a month later the April scorecard was showing Amber red. *Members were informed that there were a number of indicators to determine health outcomes. One of the indicators that had increased was the number of people being admitted to hospital as an emergency. There was a lot of work being done to try and address including looking at trying to support people earlier in their condition to try and avoid an emergency admission. Further work was being done with agencies to try and improve resources in the community an example of which was work being done in care homes to help them to understand how they could help the elderly to avoid being admitted to hospital and be treated in the care home. A new emergency response service was also being looked at.*
- What had been done to reach the 95% standard for A & E.? *Members were informed that the following had helped to achieve this:*
 - *Better management and signposting at the A & E front door.*
 - *More clinician time at the front door so that people were seen much sooner within 1 ½ hours.*
 - *Discharging people.*
 - *Creating more capacity within the community to prevent people being admitted to A & E when they need not be.*
- Members referred to page 12, “*Ambulance Service: performance is challenging with failure to achieve key standards year to date*” and wanted to know what the key standards were. *Members were informed that the main key standard was the 8 minute response time. One of the issues for the East of England Ambulance Trust was that it covered a wide area which included wide rural areas. Capacity versus demand had also been an issue and there had been a shortfall in paramedics. This issue was however being addressed through a big recruitment drive. There had also been an extensive overhaul of the ambulances so that they did not break down. A review of the hot spots to assess where the needs were had been undertaken so that the service was directed to the right areas.*
- Members referred to the balance scorecard “*Are patient rights under the NHS Constitution being promoted?*” which was showing as red and wanted to know what was being done to improve this. *Members were informed that this related specifically to the A & E standards*

and the Referral to Treatment 18 week standard which had been a concern during 2014/2015. Plans were in place to improve this.

- Members commented that years ago there had been a specific hospital ward for elderly people to go to recover before going home. Was a similar facility available now? *Members were informed that the City Care Centre which had 34 beds provided rehabilitation and support for people who had been in hospital. There was also a range of care homes which provided this service.*
- A Member commented that in a recent article they had read it had been stated that the course for paramedics run by the Ambulance Service had not been accredited. Would this affect getting new recruits? *The officer present did not know and would come back to the Commission with an answer.*
- Members were concerned to see that the “Cancer – 2 week wait breast” had dropped to 83.9% in March and was showing as red. Had this improved and what had caused the drop? *Members were informed that it had improved and was back up to 95.5% in April. The officer advised that she would find out what had caused the decrease.*
- EPIC stood for Electronic Patient Integrated Care Record. It was a paperless IT system that Addenbrooks had implemented. There was an ongoing training programme in place.

The Chair thanked the officer for an informative report and requested that future reports should provide more contextual information with regard to areas rated as RED and what was being done to improve the situation.

ACTIONS AGREED

The Commission noted the report and requested that a further report be brought back to the Commission in six months’ time. Further contextual information to be provided for areas rated RED.

8. End of Consultation Report on a Future Model for NHS 111 and GP Out of Hours Services for Cambridgeshire and Peterborough

The report was introduced by the Director of Corporate Affairs, C&PCCG and provided the Commission with the results of the consultation on a future model for NHS 111 and GP out of hour’s services for Cambridgeshire and Peterborough. The officer went through the key themes that has arisen from the consultation which included:

- Access to the service
- Special patient Notes
- Awareness of 111 Service
- 111 assessment questions via the ‘NHS Pathways algorithm
- Workforce capacity
- Length of wait for GP call backs
- Timings of the Out of Hours service
- Links between NHS 111/GP OOH services and registered GP practices
- GP practice opening hours
- Walk-in facilities for GP Out of Hours
- 111 links to GP practice booking systems
- Location of GP Out of Hours bases
- Links to other services and reviewing all of urgent care together
- 111 presence in accident and emergency departments
- Keep Our NHS Public
- Consultation process
- 111 call handlers
- Links to pharmacy services
- General Election
- Timescales

Members were informed that the service specification was better than provided previously. Following the approval and procurement process it was anticipated that the new service would start in May 2016.

Observations and questions were raised and discussed including:

- Members commented that there had been a very wide range of views in response to the consultation. One member had attended one of the consultation events and had found this very useful.
- Had the Royston issue affected the timeline? *Members were advised that consultation was being undertaken with the Royston practices to see if they wished to become part of the service or not. The main question was if they wanted to have a base in Stevenage or Cambridge. This had meant a small delay in the timeline but nothing significant.*
- Members referred to page 44, "Links to pharmacy services" and expressed concerns that prescribing drugs over the phone might be open to abuse. *Members were informed that the types of drugs that could be prescribed over the phone was limited and controlled drugs could not be prescribed over the phone.*
- One Member was concerned that the new service would not be delivered until 2016 and felt that improvements were needed sooner. *Members were informed that contract and quality monitoring meetings were held monthly to review the quality of the service being provided. 111 service calls were reviewed in detail by GP's on a monthly basis to check the quality of the standard of the calls. There was a need to make sure the service was safe which meant that it was slightly risk adverse. The current 111 service met all standards. There was a GP Pilot already in place over the weekends to give additional support.*
- Was it possible to provide dental services via the 111 service? *Members were advised that dental services were provided by NHS England. Sufficient capacity was an issue for out of hour's dental services and this had been raised with NHS England.*
- What are you doing to raise the profile of the 111 service and raise awareness so that more people use it now and what is being planned to raise awareness of the new service next year? *Members were informed that the service was launched in Peterborough in November 2014 and this was being reinforced through the 'Choose Well' campaign with a continual promotion of the 111 service as the first point of call. The launch of the new service will promote access to a GP within four hours and the key message will be that it will be a swifter service.*
- Members felt that there needed to be a bigger campaign to get the message across to people who would not normally use the service. *The Director of Corporate Affairs advised that the communications plan could be presented to the Commission before it is launched for comment.*
- Was there enough call handlers to answer the calls as it appeared that people had to wait a long time to get through. *Members were informed that the 111 service provided now had a very good response time compared to other national providers. There had been a particularly bad day on 27 December where only 18% of some services were answered within 60 seconds but the Peterborough service had been 86%. The service was adequately staffed at the moment but more staff will be provided with the new service.*
- Do you have an aspiration in relation to the number of clinicians to call handlers? *Members were informed that in the specification there was an increased ratio of clinicians to call handlers.*
- What incentives have you considered to lure GP's to work in the call centre. *Members were informed that this was already part of a GP's training.*
- Will the new system stop the large numbers of inappropriate referrals to A&E? *Members were informed that there was a strict algorithm in place which was risk adverse however during the pilot with GP's in attendance at the call centre there had been a reduction in referrals to A & E.*
- Mary Cook a member of the public in attendance was invited to address the Commission and made the following comments:

- Biggest threat to GP's was the number of GP's leaving the service and not enough new GP's being trained.
- More people were being dealt with by phone appointments but there was often a need to actually see the patient to assess for other underlying issues.
- GP's are under great pressure and will have added pressures going forward if they have to attend A & E, surgeries and the 111 call centre.
- The Director of Corporate Affairs acknowledged that recruitment and retention of GP's was an issue but the Clinical Commissioning Group was addressing the situation.
- Members commented that nurses used to have on the job training but now have to go to university.
- What are the CCG going to do with the responses received to the consultation? *Members were informed that the responses had been grouped in to themes and these had been addressed and put into a revised specification. The next stage would be to finalise the service specification with the Programme Board and once this had been done there would be an invitation to tender with a rigorous evaluation to ensure the specification had been met.*
- Members sought clarification that when choosing the service provider they would not be tied into a long contract and that the provider could be held to account. *Members were advised that the contract was for two years with an option to extend for one year and then another year and there would be get out clauses. If there was a quality issue or a safety issue that was not being addressed then the service could be ended.*

The Chair asked Members if they were happy to support the procurement for the integrated NHS 111 and Out of Hours Services. The majority of Members agreed to support the procurement apart from one member who was unsure.

ACTION AGREED

The Commission:

1. Noted the feedback to the consultation and the changes that would be made to the service specification in response to the consultation.
2. Noted the Royston practices request to join the procurement.
3. Noted the preferred bidder of IC24 to provide integrated Out of Hours and 111 services for Wisbech.
4. Noted the additional work that had been done during the 'pause' period to ensure that all new factors were considered.
5. Agreed to support the procurement for the integrated NHS 111 and Out of Hours Services with adjustment to the timeline to allow for engagement with Royston patients.
6. The Commission also requested that the Director of Corporate Affairs bring the Communications Plan for the new 111 and GP Out of Hours service to the Commission before being launched.

9. Adult Social Care and Public Health – 2014/2015 Performance Overview Report

The report was introduced by the Head of Quality Assurance and Safeguarding, Adults and Communities and provided the Commission with a summary of performance delivery for the financial year April 2014 until March 2015 for Adult Social Care and Public Health responsibilities. The following key areas were covered:

Adult Social Care

- Promoting Wellbeing through Universal Services, Information and Advice and Guidance
- Enabling people to live fulfilled lives and building confidence to do things safely
- Personalisation of long term support
- Safeguarding against harm to wellbeing

Public Health

- Health Improvement
- Health Protection
- Healthcare public health
- Health Intelligence

Observations and questions were raised and discussed including:

- Members commented that the public health profile for Peterborough was very bad. Members were concerned that most of the key metrics were red and felt that a more joined up approach across all services areas needed to be taken. *The Corporate Director of People and Communities advised Members that since the Director of Public Health had been in place there had been a much more joined up approach to public health. The Director of Public Health was part of the Corporate Management Team and therefore provided challenge to the Corporate Directors across all services. An internal Public Health Board had also been established to look at the key metrics to see how things could be done differently.*
- Members suggested that either an All Party Policy briefing or a Scrutiny in a Day event should be held to provide all members with an awareness of all public health challenges. *The Corporate Director of People and Communities advised that she would speak to the Cabinet Member for Public Health regarding the suggestion.*
- Members were informed that there was an annual report which went to the Health and Wellbeing Board which gave a picture of the health status of the people in Peterborough. It covered areas like healthy schools, healthy work places and the approaches to making Peterborough a healthy city which included transport and green space. This report provided a platform to build on. One of the key issues was people being more active in their everyday life.
- Members were concerned that there was still an issue with the number of under 18 conceptions. *Members were informed that this continued to be a priority and work was being done through the PSHE (Personal, social, health and economic) programme in schools.*
- Members felt there was a need to get people cycling, walking and using sustainable transport more.
- Members were concerned about having the right kind and enough nursing capacity in care homes. *Members were informed that care homes were constantly assessing their resourcing needs which included nursing capacity. An example of this was when the flu epidemic came agencies provided additional resources to the care homes where required.*
- Members were concerned about the high rates of Tuberculosis (TB) in Peterborough and wanted to know how this was being addressed. *Members were informed that TB was a disease that people could have for a long time before it appeared. People coming from other countries where it was more prevalent could arrive with it but not know they had it. Peterborough was moderately high compared to other places nationally but one of the highest areas in the East of England. The CCG commissioned a TB service from the local hospital which was currently being reviewed to provide a new service specification. One of the challenges was that the drugs that treat TB were not very pleasant to take and needed to be taken for months.*
- The Youth Council Representative referred to page 80, Sexual Health and under 18 conceptions and commented that in school sexual health education finished at year 9 and that there should be further education on the subject after this time. Young people at the age of 14 were more likely to be in danger of getting pregnant. There was a need to continue to reinforce the message of responsibility and the dangers of getting pregnant after year 9. *The officer advised that there was currently outreach services in ten schools and more were going to be providing the service going forward. There was also the iCaSH service available in the centre of Peterborough. One of the issues was having the time in the curriculum after year 9 to continue the lessons. The Corporate Director invited the Youth Council Representative to take part in discussions with officers.*

- Mary Cook a member of the public in attendance was invited to address the Commission and made the following comments:
 - There used to be education programmes with regard to TB and this should be reinstated.
 - Concerned that going forward the plan is that everyone would be cared for in their own home but this would be done by a voluntary care workforce. There would therefore need to be an education programme in place.
 - Nurses now have to be revalidated which meant further work for the nurses.
 - Public not engaged with health transformation programme as they do not understand it.
- Members commented that there was a need to have a housing strategy that related to public health.

ACTION AGREED

The Commission noted the report and requested a further report back to the Commission at a further meeting. The design and content of the report going forward would be discussed at the Group Representatives meeting.

10. Public Health / Adult Social Care: Introduction, Overview, and Work Programme

The Director of People and Communities advised that a large amount of the content of the report and PowerPoint presentation had already been covered in the previous reports presented and due to the lateness of the hour suggested that rather than go through the PowerPoint presentation questions could be taken. Members had a hard copy of the presentation which is attached at Appendix 1 of the minutes. No questions were taken and the Corporate Director suggested that Members read the hard copy of the presentation which outlined the responsibilities of the Commission and provided suggestions for the future work programme. Any suggestions for the work programme could be emailed to the Senior Democratic Services Officer before the first Group Representatives meeting. The Chair and members of the Commission agreed to the proposed way forward for this item.

ACTION AGREED

The Commission noted the report and content in the hard copy of the PowerPoint presentation. Any questions or suggestions for the work programme to be emailed to the Senior Democratic Services Officer.

11. Review of 2014/2015 and Future Work Programme 2015/2016

The Senior Democratic Services Officer introduced the report which provided the Commission with a review of the work undertaken during 2014/2015, Terms of Reference for the Commission, recommendations made during 2014/2015 and a draft work programme for discussion. The Officer also addressed the Commission on the principles of Good Scrutiny which covered the following:

The principals of good scrutiny:

- Provide a critical friend and challenge the executive policy makers and decision makers.
- Enables the voice and concerns of the public.
- Is carried out by independent minded governors, who lead and own the scrutiny role.
- Drives improvement in public services.

What makes scrutiny work?

- Ownership – Member led and Officer driven.

- Focus – Clear work programme and objectives.
- Research – Getting to know the real issues.
- Innovation – Engaging in different ways.
- Reputation – Being recognised for adding value and making an impact, tackling issues of direct relevance to local people.

The Commission should ensure that all work carried out by them:

- Is focused and relevant to the remit of the Commission
- Makes a positive impact on services.
- Promotes good practice.
- Challenges underperformance.
- Acts as a catalyst for change.
- Deals, where appropriate, with relevant partnership issues.
- Provides strong and clear recommendations to Cabinet or Council to enable positive outcomes.

The Senior Democratic Services Officer informed the Commission of the possibility of alternative Governance Arrangements going forward and how it was important for all scrutiny committees to think about the following:

- How scrutiny could help to influence change within new governance arrangements.
- There was an opportunity for the scrutiny committees to work together to help design the new model of alternative governance by thinking about what the new model would mean in terms of:
 - Number of scrutiny committees
 - Number of meetings
 - Terms of reference
 - Ways of working
 - How they would fit in to the whole process of reporting in to Cabinet/Council
- It was as an opportunity for scrutiny to make an impact and to add real value to the organisation.

The Chair invited the Commission to make suggestions for items for the 2015/2016 work programme and in particular the July meeting. The following suggestions were put forward:

- Memorandum of Understanding for Child Health - July
- Minor Injury and Illness Unit Proposed Relocation - July
- Health Transformation Programme - July
- Prime Ministers Challenge Fund - July
- UnitingCare Partnership – Quarterly Report – move to September
- Public Health across all services

Jane Pigg, Company Secretary for Peterborough and Stamford Hospitals NHS Foundation Trust was in attendance and addressed the Commission inviting Members to visit the hospital for a tour and to meet key personnel.

The Senior Democratic Services Officer advised Members that the Scrutiny in a Day review on the Impact of Welfare Reforms held in January 2014 had been shortlisted for the Centre for Public Scrutiny, Good Scrutiny Awards and had received a highly commended certificate.

12. Forward Plan of Executive Decisions

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive 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 Executive 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 Executive Decisions.

The meeting began at 7.00pm and finished at 9.20pm

CHAIRMAN

This page is intentionally left blank