



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 13 JANUARY 2015**

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

Also present

David Whiles	Healthwatch
Jessica Bawden	Director of Corporate Affairs, C&P CCG
Dr Fiona Head	Director of the Cambridgeshire and Peterborough System Transformation Programme
Sam Leak	Head of Operations, Renal, Respiratory, Cardiac and Vascular Clinical Management Group
Geraldine Ward	General Manager Renal and Transplant, the University Hospitals of Leicester NHS England
David Heason	NHS England
Mark Gedney	Financial Systems Manager
Dr Neil Modha	The Cambridgeshire and Peterborough CCG Chief Clinical Officer

Officers Present:

Liz Robin	Director of Public Health
Adrian Chapman	Service Director Adult Services and Communities
Pippa Turvey	Senior Democratic Services Officer

1. Apologies

No apologies were received.

2. Declarations of Interest and Whipping Declarations

Councillor Stokes declared that she was temporarily covering the role of Cabinet Advisor for Children's Safeguarding on a voluntary basis. There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 5 November 2015

The minutes of the meetings held on 17 September 2015 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. Combined Report of the Cabinet Member for Integrated Adult Social Care and Health, and the Service Director for Adult Services and Communities

The report was introduced by the Service Director for Adult Services and Communities. The report provided an overview of the work of the Adult Social Care service which formed part of the Adults and Communities Department, and incorporated both the Cabinet Member's progress report and the Service Director's performance report.

Observations and questions were raised and discussed including:

- The Commission questioned what action was being taken to raise public awareness.
The Service Director for Adult Services and Communities advised that there was a dedicated information officer for adult social care. The relevant web pages were being improved and the 'front door' for customers was being redesigned. Following the redesign a trained member of staff would be the first person customers spoke to in customer services.
- It was queried what 'building capacity' meant in this context and whether there was a limit.
The Service Director for Adult Services and Communities explained that often voluntary agencies were more effective at delivering services, however this provision was ad hoc at the current time. Investment would be made to set up an 'innovation partnership', whereby co-commissioning could be carried with the voluntary sector.
- The Commission noted the results of the carers survey and raised concerns that 35% of respondents did not find information and advice about support, services or benefits easy to find.
The Service Director for Adult Services and Communities agreed that there was room for improvement. It was advised that ward specific actions plans were in place to address these issues and that the redesign of the 'front door' would assist to integrate the Council with other health colleagues.
- The Commission discussed the attendance of carers to peoples' homes and the problems arising from short visits.
The Service Director for Adult Services and Communities advised that this was a national problem, however 15 minute appointments were not used in Peterborough. Discussion were taking place with other providers to introduce a process to monitor and ensure that obligations were met.
- The Commission sought clarification on mental capacity and deprivation of liberty safeguards and whether applications had increased.
The Service Director for Adult Services and Communities commented that demand had increased and that a further investment of £280,000 had been proposed to assist this work. The judicial process was under pressure and consultation had been made by the Law Commission on a change to the system.
- In relation to the survey statistics provided, that Commission noted that the data had only just been published, however the results were for 2014/15.
The Service Director for Adult Services and Communities explained that there was often a delay in the publication of national survey results as they required validation.

ACTION

The Commission noted the report.

6. Cambridgeshire and Peterborough Health and Care System Transformation Programme

The report was introduced by the Director of the Cambridgeshire and Peterborough System Transformation Programme and the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The report provided an update on the planning process of the System Transformation Programme.

Observations and questions were raised and discussed including:

- The Commission suggested that alternative engagement approaches should be considered, as 'drop in session' were not well attended.
The Director of the Cambridgeshire and Peterborough System Transformation Programme agreed that using a variation of engagement methods was important to capture a wider section of the population. The focus group had taken a more focused approach, undertaking a number of exercises to improve the quality of engagement.
- The Commission enquired as to what the next steps for the Programme were.

The Director of the Cambridgeshire and Peterborough System Transformation Programme informed the Commission that the information received would be used to assess the best use of money to improve services. A consultation had initially been aimed for early 2016, however was now estimated not to take place before Autumn 2016.

- The Commission asked for further detail on how the Council was involved in the Vanguard programme.

The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG advised that the Council was involved in the new Programme Board, on which the Local Chief Officer, Borderline and Peterborough LCG and the Corporate Director People and Communities held seats. The Vanguard Programme fed into the System Transformation Programme

- The Commission queried how the new Government guidance issued in December 2015 would feed into this programme.

The Director of the Cambridgeshire and Peterborough System Transformation Programme advised that the guidance had shifted the basis of work to 'place', health and wellbeing and efficiency. A Sustainability Transformation Plan was to be created with partners to provide a sign off process for funds that come into the service in 2017/18.

- The Commission questioned that current issues with weekend health services, as highlighted in the media.

The Director of the Cambridgeshire and Peterborough System Transformation Programme advised that she had not had sight of the relevant data, however felt that the service had improved in the past year with the introduction of care plans.

The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG clarified that a joint call took place each weekend to discuss the pressure points. It was noted that disparity was more apparent for different seasons than between weekdays and weekends.

- The Commission commented that the data provided within the 'Fact Packs' were useful. It was queried why a number of percentages, such as caesarean sections, were higher in Peterborough than elsewhere.

The Director of the Cambridgeshire and Peterborough System Transformation Programme clarified that the data had not come from the System Transformation Programme. She would be happy, however, to investigate whether the level of caesarean sections in Peterborough was appropriate.

ACTION

The Commission noted the report.

The Commission agreed to alter the order of the remaining agenda items.

7. Peterborough Renal Haemodialysis Capacity Consultation

The report was introduced by the Head of Operations, Renal, Respiratory, Cardiac and Vascular Clinical Management Group and the General Manager Renal Transplant, the University Hospitals of Leicester. The report provided the Scrutiny Commission for Health Issues with assurance on Peterborough Renal Haemodialysis Capacity Consultation progress to date.

The Head of Operations, Renal, Respiratory, Cardiac and Vascular Clinical Management Group provided an update to the report and informed the Commission, with the permission of the tender applicant, that one bid had received for Lot 1. Lot 1 was for a small satellite unit within 6 miles of Peterborough Hospital. The bidder was Peterborough Hospital in partnership with Renal Services. The contract award decision was expected to be sent in February 2016, with work to commence in March 2016, subject to the University Hospitals of Leicester's Revenue and Investment Committee agreement to support the tender application.

The General Manager Renal and Transplant, the University Hospitals of Leicester provided an overview of a patient consultation group held on 10 January 2016. The Commission suggested

that invitations to events be circulated to Councillors separately, to encourage greater participation.

ACTION

The Commission noted the report.

8. Adult Social Care Charging Review

The report was introduced by the Financial Systems Manager. The report sought the views of the Scrutiny Commission for Health Issues on a number of proposed changes to Peterborough City Council's adult social care charging policy.

Observations and questions were raised and discussed including:

- *The Financial Systems Manager advised that charging for adult social care did not overlap with the UK tax and National Insurance payments, as they were two separate systems.*
- The Commission questioned the low engagement response.
The Financial Systems Manager clarified that previous engagement with the public about the adult social care charging policy had been part of a wider consultation. It was suggested that it would be beneficial to adopt this approach again in future to encourage greater involvement and participation.
- The Commission inquired as to whether the income generated from the policy would be ring-fenced for re-investment in adult social care services.
The Financial Systems Manager was not able to confirm such, however would feed back on the matter to Cabinet.
- The Commission raised concern over the inclusion of an administration fee.
The Financial Systems Manager advised that this was a nominal fee and would be a reasonable figure that would not exceed the actual costs incurred.
- The Commission sought clarification on what services individuals in prison would receive.
The Financial Systems Manager explained that, as a result of the Care Act, the Local Authority was now responsible for the adult social care to prisoners. In reality it would affect only a small number of people.
- The Commission raised concerns that individuals with capital just above the threshold for would be hit the hardest and would be put off from using the services.
The Financial Systems Manager advised that the focus of Adult Social Care had shifted in the past few years towards prevention, and maximising people's independence. The care services that were initially provided to support these aims (reablement, occupational therapy, assistive technology) were free of charge, so were provide irrespective of people's capital or income levels. The charging policy was not therefore designed to deter people from services, but to ensure that those who could afford to pay for their long term care did so.
- The Liberal Democrat Group Leader commented that this proposals was being presented as a budget saving of approximately £260,000. Under the recent central Government finance settlement for Local Authorities, an increase in Council Tax of up to 2% has been encouraged, ear marked for adult social care. This would amount to £1.2 million. It was questioned, in light of this, whether an increase in charges was necessary.
The Service Director for Adult Services and Communities responded that the £1.2 million referred matched the current pressure on care providers to meet the requirements of the nation living wage. The Council had already committed to meet this requirement, in order to support the infrastructure of the local care market.

RECOMMENDATIONS

The Commission made the following recommendations:

1. That option one in respect of the charging policy proposals, 'Agree to the changes and apply these from the earliest available opportunity as part of the routine financial assessment process,' is the preferred approach; and
2. That income generated from the Adult Social Care Charging Policy be ring-fenced for re-investment in adult social care services.

ACTION

The Commission noted the report.

9. Older Peoples' and Adult Community Services Contract Transfers to Cambridgeshire and Peterborough Clinical Commissioning Group

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough CCG. The report provided an overview of the contract transfer of Older Peoples' and Adult Community Service to Cambridgeshire and Peterborough CCG.

Observations and questions were raised and discussed including:

- The Commission questions how much money the CCG had to provide to support Uniting Care for the past 9 months.
The Cambridgeshire and Peterborough CCG Chief Clinical Officer advised £8-10 million had been provided on top of what had been originally budgeted. This money had gone towards patient care.
- The Commission were pleased with the report and that work was being done to stabilise the service in light of the problems encountered.
- The Commission sought an explanation on why the contractual arrangements had come to an end.
The Cambridgeshire and Peterborough CCG Chief Clinical Officer advised that a focus review would be carried on into the cause. It was noted, however, that UnitingCare LLP did not feel that the level of funding available was sufficient for the services to be provided.
- The Commission questioned whether any penalty clauses had been built into the contract for such circumstances.
The Director of Corporate Affairs, Cambridgeshire and Peterborough CCG responded that there was such a clause, however both parties were keen to avoid this route in light of the associated legal costs.
- The Commission queried whether the CCG had underestimated the requirements of the contract, in the first instance.
The Cambridgeshire and Peterborough CCG Chief Clinical Officer commented that the financial landscape had changed and that the provisions were considered to be secure when let.
- The Commission questioned how long the CCG could sustain the services.
The Cambridgeshire and Peterborough CCG Chief Clinical Officer advised that there was no intention to go out to tender in the near future. The CCG had previously predicted a surplus budget of £4 million. In light of this contract ending, however, the CCG would be in deficit by £8.4 million at year end. This spending was in order to stabilise the service and was patient care driven.
- The Commission raised concern that a number of established work streams may not be continued.
The Cambridgeshire and Peterborough CCG Chief Clinical Officer confirmed that work was due to be undertaken with partners to establish what aspects of the services were working or not. It was emphasised that patients of the service were secure and that no incidents of harm had been reported. Patient care was the CCG's main priority.

ACTION

The Commission noted the report.

10. Draft Peterborough Health and Wellbeing Board Strategy

The report was introduced by the Director of Public Health. The report sought the views of the Scrutiny Commission for Health Issues on the draft Peterborough Joint Health and Wellbeing Strategy (JHWS) and on the proposed engagement process for stakeholders and the public.

Observations and questions were raised and discussed including:

- The Commission was pleased to see that a number of issues had been collated in one place.
- Concerns were raised regarding how success would be measured and what specific aims had been identified.
The Director of Public Health advised that priorities were being tested at the current time and would lead into a target based approach. Work to develop specific trajectories was still to be done.
- The Commission expressed their hope that the Strategy would feed into the work of every service of the Council. It was further question whether an extended engagement period would be worthwhile, in order to reach greater numbers.
The Director of Public Health clarified that, as additional time had been taken to draft the Strategy, the engagement period was subsequently shorter. Officers were aware of the limited engagement period and an extension was being considered.
- The Commission congratulated the Communications Team on a well-designed product. It was noted, however, that the smaller scale maps were of little practical use, particularly without a key.
- Councillor Sandford, Group Leader of the Liberal Democrats, noted that the Strategy had the capability to feed into the Environment Capital agenda, particularly in terms of the Local Transport Plan. It was further commented that the Council may need to shift its focus from growth towards health and wellbeing.
The Director of Public Health noted the comments and advised that a health specialist had been brought into the Council specifically in relation to the various growth schemes around the city. Growth was a high level strategy, however the Health and Wellbeing Board Strategy would provide clear guidance on such matters.
- The Commission commented that there was opportunity for the Health and Wellbeing Board Strategy to be undermined in certain areas and suggested that Health and Wellbeing in the city needed to be prioritised.

ACTION

The Commission noted the report.

11. 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.

12. Work Programme 2015-2016

Members considered the Commission's Work Programme for 2015/16 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2015/16 and the Senior Democratic Services Officer to include any additional items as requested during the meeting including a further report to the Commission at the next meeting on the outcome of the Peterborough Renal Haemodialysis Capacity tender process.

The meeting began at 7.00pm and finished at 9:35pm.

CHAIRMAN

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