MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD AT 7.00PM ON MONDAY 21 JANUARY 2019 IN THE COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, G Casey, B Rush (Vice Chairman), N Sandford, N Simons, S Warren. Co-opted Members - Parish Councillor Barry Warne and Dr Steve Watson	
Also present	Alison Edwards	Interim Operational Manager, Cambridgeshire and Peterborough Foundation Trust
	Louise Mitchell	Chief Operating Officer, Cambridgeshire and Peterborough CCG
	Jo Bennis	Chief Nurse, North West Anglia NHS Foundation Trust
	Councillor Diane Lamb	Cabinet Member for Public Health
	Susan Mahmoud	Healthwatch
	Jane Pigg	Company Secretary, North West Anglia NHS Foundation Trust
	Anna Duke	Associate Director for Service User Patient and Stakeholder Partnerships, Cambridgeshire and Peterborough Foundation Trust
Officers Present:	Dr Liz Robin	Director of Public Health
	Dan Kalley	Senior Democratic Services Officer

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Co-opted Member Parish Councillor Henry Clark and Parish Councillor Barry Warne was in attendance as substitute.
Councillor David Over sent his apologies and Councillor Graham Casey was in attendance as substitute.

35. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

North West Anglia NHS Foundation Trust - CQC Inspection Outcome And Action Plan
Councillor Hemraj declared an interest in item 5, in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting for the duration of that item.

36. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 5 NOVEMBER 2018

The minutes of the meetings held on 5 November 2018 were agreed as a true and accurate record.

37. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

At this point Councillor Hemraj left the meeting for the next item as per her earlier declaration of interest.

38. NORTH WEST ANGLIA NHS FOUNDATION TRUST - CQC INSPECTION OUTCOME AND ACTION PLAN

The Chief Nurse at North West Anglia NHS Foundation Trust (NWAFT) introduced the report. The report provided the Committee with an update on the actions put in place at Peterborough City Hospital following the publication of the Quality Care Commission (CQC) inspection report in October 2018 which rated the North West Anglia NHS Foundation Trust overall as "Requires Improvement".

The Committee were informed that the first inspection as a newly formed organisation took place in June and July 2018 over a period of five days. Prior to the merger, Peterborough City Hospital and Stamford Hospital had been inspected in 2014 and were rated as "Good" Hinchingbrooke had received a "Good" rating in 2016. Due to the inspection criteria being changed, the inspection took place unannounced and also covered financial and efficiency matters.

When Hinchingbrooke merged with the Foundation Trust, all core services at Hinchingbrooke lost their pre-merger ratings which lead to an extensive number of core services being inspected for this study. Peterborough had received a grading of "Requires Improvement" for Medical Care on the previous inspection. Following the draft report being received, over 100 pages of factual accuracy were submitted although the inspectorate were under no obligation to accept the amendments.

Overall, the NWAFT received a "Requires Improvement" rating as an aggregate of gradings across the various sites.

An extensive action plan had been developed, incorporating the feedback received at the time of the inspection which aligned with the areas requiring improvement. A steering group had been formed which met every three or four weeks and was attended by representatives from all divisions to check and challenge the changes that have been introduced.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Councillors were interested to know how much of the factual accuracy report had been accepted by the inspectorate. The Committee were advised that this was difficult to quantify as the return included grammatical errors as well as potential factual errors. It was suggested that about 25% of submissions were accepted.
- One challenge involving the comparison of Key Performance Indicators (KPIs) originated with different sites having different targets pre-merger.
- There were several concerns with Peterborough Hospital Emergency and Urgent Care Units which received a rating of "Requires Improvement", in particular staff on reception needed to be trained to recognise signs and symptoms of patients that needed to be seen quickly. Members were concerned whether reception staff should be making that decision. They were advised a medical nurse was present in the area however that was not a 24 hour presence. The CQC had advised that reception staff should be trained in the same manner as 111 call centre staff with a predetermined list of questions to ask and triggers

to identify. Work had been undertaken to address this and a registered practitioner was now on site to assist in the triage of patients.

- Hinchingbrooke hospital end of life care practices were replicated at Peterborough Hospital, although Peterborough was not assessed in the latest inspection. A sit in service was offered to patients together with chaplaincy services for patients and families and inpatient support. If Peterborough was reassessed there was a possibility that this would now qualify for an "Outstanding" grade.
- Each organisation identified core training requirements which were deemed to be mandatory. This was challenging when compliance was not satisfactory however mandatory did mean mandatory.
- Quality improvements were required at all sites but there was no need for patients to be concerned for their care should they be referred to Hinchingbrooke hospital. The merger worked on merging the best of practices of each site and there was always continuous quality improvements across the sites.
- The Manchester Triage system, a practitioner led system which was used to categorize patients, was used at Peterborough hospital but not Hinchinbrooke.
- There was a drive towards maintaining all patient records electronically. Patient records were retained electronically in the Maternity Unit on the Peterborough site but not at Hinchingbrooke. A new digital system has been introduced which currently does not cover all areas. Sample audits were carried out on a monthly basis on the quality of record keeping, however there was always an element of human error. It was professional practice to ensure documentation was robust to ensure there was evidence of actions carried out if required at a later date, however the Chief Nurse was not aware of any organisation which had 100% compliance.
- It was considered useful to have an external inspection to provide an alternative point of view and feed-back to help with quality improvement. Most of the comments contained within the report were anticipated and had been identified as priorities within the first and second years of the merger.
- The CQC inspections were unannounced and the next visit cannot therefore be anticipated in advance however for a unit in "Special Measures" the CQC will revisit within one year and within two years if the grade was "Requires Improvement" The next visit was anticipated in 2020 and a request for performance data would likely be received at the end of 2019, however if several complaints were received for a core service, the CQC could call to review that one service earlier.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to note the contents of the report.

Councillor Hemraj re-joined the meeting.

39. PODIATRY SERVICES

The Interim Operational Manager, Cambridgeshire and Peterborough Foundation Trust (CPFT) introduced the report which aimed to seek scrutiny support for the Podiatry Engagement Plan following a review of the podiatry service across Cambridgeshire and Peterborough.

The Podiatry Manager for CPFT advised the committee this work commenced to address the challenges with staffing and recruitment and had been ongoing for three years. A study was conducted with each site and included patients, staff organisation and accommodation.

Recruitment remained a serious issue. Due to the changes in the bursary funds available to students, several universities had reported a drop in numbers from 35-45 per annum to 17 per

annum. The service had considered additional training for existing staff to enable them to take on supporting roles however this proved difficult. Waiting lists became hard to manage when trying to cover staff leave and sickness, particularly on sites where clinics were held monthly.

The Health Scrutiny Committee debated the reports and in summary, key points raised and responses to questions included:

- The room availability had not been confirmed for the relocation to the City Care Centre in Thorpe Road, however it had been agreed that the service would vacate the Healthy Living Centre, on Princess Street and remain in the City Clinic in Wellington Street until a move to the City Care Centre can take place.
- The Healthy Living Centre (HLC) currently held the Diabetes Services but there were plans to relocate other services there. Children's Services were moving to the City Clinic.
- Sites under consideration to lose the service included HLC, City, Werrington, Bretton, Paston, Botolph and Bushfield.
- The sites to be retained in Peterborough would be Queens Street Practice, Stamford Hospital, Yaxley and the temporary site at the City Clinic in Wellington Street however the only podiatry site to remain within Peterborough permanently would be the City Care Centre.
- Patient care had not changed and the strict criteria remained in place. Only patients with a high risk need and a pathology would continue, other cases such as nail surgery, bone surgery and bio-mechanics would be discharged.
- Currently referrals were via the GP for the appropriate treatment using the Choose to Book service.
- The committee were concerned that patients had to make one trip for an assessment and then another for the treatment and would now have further distances to travel. They were advised that 25% of new referrals were discharged at the point of assessment, 25% return for appointments for up to six appointments and 50% stay on the books indefinitely.
- The use of telephone calls and technology such as photos or Skype was being considered to enhance the triage process.
- Waiting lists were challenging with new referrals being seen within the 18 week target although on average, new patients were seen within six weeks and other cases between 10 and 17 weeks. Ongoing care remained a problem and patients were encouraged to self-manage where possible. On sites where the clinic was held for only half a day each month, difficulties were experienced when a clinic had to be cancelled as the following clinic would usually already be full and this had a detrimental effect on waiting lists.
- Members were concerned diabetic patients with foot wounds were not seen quickly enough and there were cases that were not seen within the 48 hour requirement.
- There would not be any change in service at Hinchingbrooke and Oak Tree.
- Information regarding the consultation process had been available to patients currently using the podiatry sites.
- Community Connectors and local radio stations used by minority groups could be utilised to ensure all patients were aware of consultations and documents could be translated into other languages spoken regularly in this area.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the report and:

1) Support the rationale for the changes to the Podiatry Service
2) Support the engagement plan for these changes
3) Requested a full list of current and proposed podiatry sites within Peterborough.

40. CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT

The Cabinet Member for Public Health introduced the report. This report provided an overview of the performance of the public health functions of the Council over the past year, taking forward public health priorities and services within a difficult financial period.

Peterborough received the lowest level of public health grant per head for local authorities with similar levels of deprivation. It was anticipated that the financial and savings targets would be met while managing high levels of demand.

There was concern with the low level of uptake on bowel, breast and cervical cancer screening being below average and it was hoped further advertising would increase the uptake.

A range of public health partnership work had been undertaken including the new Falls Prevention Programme in conjunction with Vivacity which included strength and balance classes and the Stay Stronger for Longer falls prevention campaign.

Work would continue on local public health concerns and updates would be available in the monthly Cabinet reports.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Funding received by all Local Authorities was based on historical data provided by the National Health Service (NHS) in 2013 and Peterborough's funding was at the lowest level. The Peterborough services were in a difficult period in 2013 with a significant deficit and it was likely a funding reduction had already been made at that stage. Not all public health spending had previously been recorded and the funding was not accurately transferred over as a consequence.
- There was a move to steer local authorities towards a fairer funding rate in 2013 - 2015 at which time Peterborough was 26% below the average funding rate when calculated against a national formulae. This reduced the deficit to 20% but there have been blanket public health reductions since.
- The health needs of Peterborough appeared to be consumed within Cambridgeshire but their needs were quite different, although the needs within Fenland are more aligned with Peterborough. Using a joint public health team provided more public health staff with more expertise who were able to bring together a wider range of skills. The Director for Public Health advised the Committee it was her responsibility to ensure the division remained fair and that Peterborough retained its full allocation of resources.
- Engagement with local groups and charities within Peterborough was progressing well such as the work carried out with the Eastern European population. A Joint Strategic Needs assessment was carried out; data was collected on the community and the professionals who worked in the community which was used to support Peterborough's bid to the Controlling Migration Fund. This had resulted in funding over £1m to work with those communities.
- The funding formula would not be affected by having a Joint Public Health Team as the funding was provided to individual local authorities and having a Joint Public Health Team would save Peterborough money.
- A project led by the Public Health Team involved the production of YouTube videos which were very visual and were supported by a voiceover in several Eastern European languages. They provided details on how to access health treatments and GP surgeries, together with advice on wider issues such as education and housing systems. This was in response to a request from that community. hen the videos were finalised they would be circulated to Ward Councillors to share within their communities.

- One of the key objectives set by the Chief Executive for this year was to develop a Healthy Weight Strategy for Peterborough which would be the key focus of the Public Health Officer Board this year. This encompassed all areas including planning policies such as the siting of fast food outlets, communities which encourage physical activities and health visitors.
- Health Visitors encouraged breastfeeding and healthy eating. The Child and Family Centres and the Healthy Peterborough website also promoted healthy lifestyles. National Campaigns were also advertised through the website, such as Change for Life. Feedback indicates The Change for Life branding has proved popular, being picture based.
- The newly commissioned Healthy Schools Services would be conducting targeted work with schools with the highest rates of overweight children to encourage healthy school environments. High quality feedback was provided to parents from the National Childhood Measurement Programme.
- Latest figures were showing a significantly high number underweight children who would need support.
- It was too early to say how effective the Fall Prevention Programme had been as the scheme had not long been in operation. In Cambridgeshire there had been a positive evaluation indicating a reduction in falls admissions. Results will continue to be monitored to confirm the trend as it appears to be providing a good return of investment.
- The multi-agency Sexual Health Strategy Group had prioritised pregnancy prevention to address the high number of teenage pregnancies in the area. This complex issue required an approach which combined encouraging aspiration among young women and good access to contraception. Sex education in schools was now mandatory and supported by the Healthy Schools Support Service. Emergency hormonal contraceptives were available in pharmacies.
- There was a link between those experiencing teenage pregnancy and smoking, drugs, and other poor outcomes and it was hoped work could be conducted around resilience to support young people at an early stage.
- The teenage pregnancy statistics were always behind as the it took two years for the national benchmarking figures to be published.
- Members expressed concerns regarding the health challenges presented as a result of the levels on concentration of licensed premises selling alcohol and fast food and were interested to know what could be done to protect the interests of the communities affected. The Community Impact Zone around the Lincoln Road area would remain in force. A recent submission by Public Health England (PHE) at the last licensing hearing, resulted in restrictions being applied to the applicant on the hours alcohol would be on sale, the strength of some products sold and alcohol being available to purchase only with food items. It was anticipated this type of intervention would continue and public health would work with the Licensing Committee and community partners to lessen the impact of alcohol sales.
- Work was currently be undertaken with the Planning Department to design a supplementary planning document for fast food outlets. The research unit in Cambridge, South East England Development Agency (SEEDA) was currently collating data from other local authorities to identify ideas implemented that had worked well and the results would then be used to formulate an appropriate planning scheme in Peterborough.
- There were health inequalities across the region and life expectancy was lower in some urban areas. Health inequality was a complex issue requiring a range of interventions and surveys were being conducted within specific ethnic groups to identify their specific concerns. The survey results indicated that diet, diabetes and weight were considered very important.
- Members referred to a couple of studies carried out with children taking in part in daily exercise activities during the school day and being tested on these, both in the UK and abroad. However, the school curriculum was determined on a national basis and it could be challenging to make local changes when the priority in schools was to improve academic achievement, although there was evidence that healthy, active children perform well and exercise would be a move towards this goal.

- The Healthy Schools Support Service would focus on creating an environment in schools that encouraged activity through playground design and school break activities. Schools would be encouraged to survey pupils on health issues and encouraged to provide a healthy environment. There was increasing evidence that the food environment both inside and outside schools also had an impact on children's health.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the Public Health Portfolio Holder's Performance Report

41. PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health introduced the report and informed the Committee that the The Health and Social Care Act (2012) included a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people and the council had a duty to publish this.

The concerns identified included early years health, higher than average teenage pregnancy rate, above average smoking rate, poor dental health in early years and below average early years development and readiness for school. Disadvantages at reception level had a knock on effect and led to disadvantages throughout school and in life outcomes around both health and employment.

The Global Burden of Disease Statistics for the local area identified local issues, such as heart disease, cancer, chronic obstructive pulmonary disease, self-harm, drugs and alcohol as key causes of early death and ill health.

Poor diet, weight and high blood pressure, were also risks that needed to be addressed. The report included information on the effect of diet had on mortality and air pollution was also identified as a risk factor on public health.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Promoting the benefits of physical activity, healthy lifestyles and active travel plans for schools and workplaces such as biking initiatives help towards reducing air pollution.
- Responsibility for transport has transferred to the Combined Authority.
- Lung cancer was the second most common cause of years of life lost because of the early age of diagnosis and the poor prognosis, the most common cause of which is smoking.
- Malnutrition in children was a complex issue concerned with poor diet during pregnancy and in young children. There were national campaigns to ensure that healthy food was available at an affordable price and that key messages about healthy, good diet were promoted. Some families did not have enough money to eat well and support was needed for families experiencing economic difficulties.
- Renal death was not one of the most common causes of death locally although impaired kidney function was a risk factor which could lead to other diseases. Poor kidney function could result in high blood pressure and infections.
- The highest cause of death in Peterborough was heart disease as indicated in the report. The NHS prevention guidance indicated diet was an important factor in preventing heart disease and this was supported by the Healthy Eating Campaign and website which gave specific advice on reducing the risk factors. Different communities had different diets and more specific information needed to be targeted at these groups. Local events and new ways of delivering the message to keep it interesting would also be required.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the Peterborough Annual Public Health Report.

42. MONITORING SCRUTINY RECOMMENDATIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome of those recommendations to consider if further monitoring was required.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at previous meetings, as attached in Appendix 1 of the report and requested:

- A briefing note to provide an update on the progress on an additional option within the 111 service to provide a smoother link to the social care call centre without the need to call a separate social care helpline number.

43. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which was the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions.

44. WORK PROGRAMME 2018/2019

Members considered the Committee's Work Programme for 2018/19 and agreed to note the items as included.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2018/19.

45. DATE OF NEXT MEETING

12 February 2019 – Joint Scrutiny of the Budget Meeting
18 March 2019 – Health Scrutiny Committee

CHAIRMAN
7.00pm – 8.50pm