

**MINUTES OF THE ADULTS AND COMMUNITIES SCRUTINY COMMITTEE
HELD AT 7PM ON
TUESDAY 12 MARCH 2019
BOURGES / VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: Cllrs. N Simons (Chairman), R Brown, R Bisby (Vice-Chairman), A Ellis, John Fox, S Hemraj, A Joseph, A Shaheed, J Stokes, Co-opted Members: Parish Cllrs N Boyce and J Hayes

Officers Present:

Charlotte Black	Service Director, Adults and Safeguarding
Sarah Ferguson	Assistant Director, Housing, Communities and Youth
Fiona Davies	Head of Mental Health
Rob Hill	Assistant Director, Public Protection
Jawaid Khan	Head of Community Resilience and Integration
Jo Bezant	Manager, Housing Enforcement and Selective Licensing
Dania Castagliuolo	Prevention and Enforcement Services Officer
Diana Mackay	Senior Commissioner (Adults), Prevention and Early Intervention
Belinda Child	Head of Housing, Prevention and Wellbeing

Also Present:

Julie Frake-Harris	Director of Operations Cambridgeshire and Peterborough NHS Foundation Trust
Cllr. Irene Walsh	Cabinet Member for Communities
Cllr. Wayne Fitzgerald	Deputy Leader and Cabinet Member for Integrated Social Care and Health

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jamil and Bashir. Councillors Joseph and Stokes were in attendance as substitutes.

2. DECLARATIONS OF INTEREST

Agenda Item 6 – Portfolio Holder Progress Report - Communities

Councillor Bisby Declared a non-statutory interest due to his position as Deputy Police and Crime Commissioner and elected to remain in the room for discussion of this item.

3. MINUTES OF THE ADULTS AND COMMUNITIES SCRUTINY COMMITTEE MEETING HELD ON 15 JANUARY 2019.

The minutes of the meeting held on 15 January 2019 were agreed as a true and accurate record.

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

There were no requests for call in to consider.

5. THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID-YEAR REPORT 2018/19 ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS

The Director of Operations, Cambridgeshire and Peterborough NHS Foundation Trust, accompanied by the Service Director, Adults and Safeguarding and the Head of Mental Health introduced the report which gave the Committee an update on the performance of the Cambridgeshire and Peterborough Foundation Trust for people over 17 years with mental health the needs.

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

- Members thanked officers for producing an interesting and complex report.
- Members referred to section 4.2.1 on page 14 of the reports pack and asked why the Mental Health Social Work Business Case had been put on hold and what further work was required on it. Officers responded that the Primary Care Mental Health Service was a particularly exciting service that linked with primary care. The focus of integration was with GP providers. Work regarding social and holistic care was not on hold. The Head of Mental Health helped to steer this process. A G.P. might still refer to this as 'PRISM'. The Mental Health Social Work Business Case involved possible further improvements that were being looked at from a financial benefit perspective but the holistic integration of an individual's health and social care needs were not on hold.
- Members referred to section 4.2.3 on page 15 of the reports pack and asked what the benefits and changes there had been as a result of the redesign of the Cambridgeshire and Peterborough Foundation Trust's Adult Mental Health Locality Teams. Officers responded that the development of primary care mental health service had increased access for people with mental health issues across Cambridgeshire and Peterborough. Service users had previously been referred to secondary mental health services causing a significant delay but now the response time was less than one week for most people. The new pathway was facilitated by a reorganisation of Community Mental Health services.
- The new patient record system to replace 'RiO' had gone out to procurement and work was underway with three potential providers. The existing RiO system had involved over time and had become cumbersome. The specific tender requirements for the new system would reduce these issues. The new system would be a considerable improvement although pragmatic improvements were also being sought with the existing system before it was rolled out.
- Services were being aligned between Cambridgeshire and Peterborough, especially in Safeguarding and among Approved Mental Health Professional (AMHPs) and this was producing benefits. Best practice was being shared between the two councils.
- Members referred to the reduction in the number of vacancies for social workers on page 17 of the reports pack and asked what could be done to recruit more. Officers responded that recruiting social workers in both mental health and other areas was a challenge. A joint recruitment team had been established between the two Councils. It was hoped that Cambridgeshire's recruitment campaign, 'We love Social Workers' could be deployed in Peterborough. Developing social workers within existing staff was also important.
- Members suggested that more work needed to be done to bring mental health services closer to the people who need them, especially rough sleepers. Members asked if there was scope to bring mental health professionals into this area as the

issues faced by homeless people were often social care or mental health related, not just homelessness itself. Officers responded that access to mental health services via Accident and Emergency (A&E) had improved. 24/7 access to A&E, mental health services and acute hospitals helped people to access services via the route best suited to them. There were three 'front doors' for access to mental health services and only one of these, GPs, had a barrier to use by rough sleepers. Officers were working closely with all hard to reach groups and it was important that barriers to accessing services were taken down. The First Response Service (FRS) had had a positive impact as it gave people the ability to self-refer and allowed access to secondary mental health services. Officers would discuss these issues with the member concerned.

- Members expressed concern about the issues faced by homeless veterans, including Post Traumatic Stress disorder (PTSD), alcoholism and other mental health issues, expressing concern that the Housing Needs team who interact with them are not necessarily fully trained in mental health. Members requested that Mental Health professionals liaise with the Head of Housing Needs and his team to improve this as rough sleepers facing these issues often did not seek help themselves.
- Officers responded that services were already integrated in this way with mental health practitioners being present in police and ambulance control rooms. Multi-disciplinary teams needed to have mental health training, not just nurses. Officers would be happy to explore links with the Armed Forces Partnership Board with the help of Members.
- Members responded by saying that Light Project would benefit from this as they were offering one of the best services available for homeless people and any extra help would be appreciated. It was important that services were offered free of charge.
- Members asked if mental health services were now available 24/7, noting that people often experienced mental health crises in the evening and at the weekend. Officers responded that the core mental health team were available 24/7 and the first response service had links with A&E, the 111 service and Sanctuary.
- Officers added that there was an opportunity for organisations to work together in a different way to ensure that services were available for people to access in a way most appropriate to them and there had been improvements in this area.
- The new electronic patient record was not cloud-based although it was integrated with Primary Care and the nationwide NHS.
- It was a requirement that the Council and NHS's own data was able to be used for research and that the system was capable of interfacing with primary, acute and care colleagues in a meaningful way.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee **RESOLVED** to comment on the contents of the report and endorse the direction of travel.

6. PORTFOLIO HOLDER PROGRESS REPORT – COMMUNITIES

The report was introduced by the Cabinet Member for Communities accompanied by the Head of Community Resilience and Integration, the Assistant Director for Public Protection and the Assistant Director of Housing Communities and Youth. The report gave the Committee the opportunity to scrutinise the work being undertaken under the portfolio of the Cabinet Member for Communities.

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

- Members raised concerns about community groups being unable to raise funds for the repair of buildings transferred to them via Community Asset transfer. Officers responded that under the Community Asset Transfer scheme, the group became responsible for maintenance under the terms of the leases although the Council would retain ultimate responsibility for the scheme. Officers added that it was important that groups were not being set up to fail and a capital budget was in place to future-proof buildings before the transfer took place. There would be break clauses in the leases if the requirement to make a major capital investment would cause the lease to fail.
- All community centres would be kept open if an operator could be found for them.
- The property team held a schedule of works. When a lease is signed, it was agreed what work would be covered by the City Council.
- Members raised concern about knife crime, noting that Peterborough was located only 45 minutes away from London and asking what was being done to combat the issue. Officers responded that the Safer Peterborough Partnership were involved in this area and the Police had procedures in place to deal with issue. There was not a particular knife crime problem in Peterborough, but officers would be happy to provide updates at future meetings of the Scrutiny Committee if needed.
- The Cabinet Member stated that it was this committee that had felt work against knife crime needed to be strengthened and the concerns of the community about the issue needed to be reflected.
- Officers added that they were concerned about the issue and wanted to be proactive if the issue became a greater concern. A county-wide working group on knife crime was planned to be established.
- Members thanked officers and the Cabinet Member for attending and providing a detailed report.
- Members raised concerns that only 6 out of 48 transfers had taken place, which included a Community Centre in Bretton. Specific issues were raised regarding parish support and electrical wiring. The Cabinet Member responded that she was grateful to Bretton Parish Council for covering the interim period before an operator could be found. The Council were committed to maintaining the Centre and were confident that the right team could be found to run the building.
- Specific concerns were raised regarding Copeland Community Centre and asked if the City Council would maintain it if there was no interest in other organisations running the centre.
- Member expressed support for Parish Council Liaison meeting.
- Some members felt that parishes and parish clerks needed additional support from the City Council across all services. The Cabinet Member stated that parishes had an important role as the first tier of Government. The City Council had a dedicated Parish Coordinator, Sylvia Radouani, who would be happy to provide assistance. Parish Councils were instrumental in delivering the Integrated Communities and Think Communities Strategies. The Cabinet Member encouraged contact from parishes.
- Officers were exploring opportunities to align parish work across Cambridgeshire and Peterborough.
- The Cabinet Member acknowledged that the City needed to become better at promoting itself and showing what it had to offer.
- Members mentioned that limited contact that took place between some parishes and the City Council and suggested some city councillors were not necessarily particularly enthusiastic about engaging with parishes. In response, the Cabinet Member reiterated the importance of parishes and raised examples of work such

as a digital strategy to unify parish domain names so that members of the public always know how to contact them. In some parishes, personal email addresses were used, potentially causing data protection issues and this was an area in which the City Council could provide assistance.

- The Cabinet Member stated that she felt that Parish Councillors were the 'First' tier of Government, not the 'Lowest' in response to a member's comment that the language used could be indicative of a person's attitude toward parishes.
- Concerns were raised by Members about the inability of rough sleepers with addiction issues to access night shelters with the Garden House only providing support during the day. Officers responded that this was a complex issue and discussions were underway with partners. The Council needed to examine the work done in Cambridgeshire about diagnostic pathways as there was currently no effective set-up. A homelessness forum had been set up with partners to try to find a different way of dealing with this.
- Members asked for additional clarification as to whether there was a gap in service provision for rough sleepers with addiction problems.
- Officers added that there was no need for anyone to be on the streets of Peterborough but some people chose not to engage with the support offered. There was sufficient capacity for everyone rough sleeper to be accommodated. Working with people with complex needs was challenging. People with substance misuse issues could be accommodated in hostels but they could not use drugs overnight and this could cause issues.
- The Cabinet Member added that she did not believe that there was a 'gap' in provision but there were safeguarding issues regarding drug users and shelter staff could not be expected to deal with people under the influence of drugs.
- Some members challenged the Cabinet Members' assertion that there was sufficient capacity.
- Members suggested that there was a debate over what should be considered 'challenging behaviour'.
- Members raised a specific case about a service user at The Garden House who was told there was no space for him to be accommodated. Officers and the Cabinet member expressed concern about his and asked for further details outside of the meeting.
- Members felt that the work on Community Cohesion would be excellent if it took place and noted that smaller communities suffered the most problems. Some community connector contracts had ended and this meant that the input of some people had been lost. Officers responded that there had been funding issues with the Community Connectors with the work being absorbed into Integrated Communities. Lessons had been learnt from this process. Targeted support and links with parishes were being pursued and the work was focussed on all Protected Characteristics, not just ethnicity.
- Some members felt that parishes needed to do more to engage with the City Council, who were easily approachable.

ACTIONS AGREED

The Adults and Communities Scrutiny Committee **RESOLVED** to consider and scrutinise this report and endorse the approach being taken under the portfolio of the Cabinet Member.

7. SELECTIVE LICENSING – INTERIM REVIEW AND OUTCOMES

The report was introduced by the Manager of Housing Enforcement and Selective Licensing, the Assistant Director for Public Protection and the Prevention and Enforcement Services Officer which provided the Committee with an update on the progress and current position of the selective licensing scheme currently in force within certain areas of Peterborough.

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

- Licences could be revoked for a number of reasons such as the property being sold to an owner occupier or someone dying. The new owner would have to apply for a new license. Licence revocation did not mean that a person would be left homeless.
- The Council needed to be produce evidence that Selective Licensing was required for the introduction of selective licensing to a particular area. The further expansion of the scheme was dependant on a national review and the Government were not currently in favour of city-wide schemes.
- Members felt that the scheme was intended to protect tenants by ensuring that that private sector accommodation was of a good standard. Letting agents had praised the implementation of the scheme.
- Councillor Bisby, seconded by Councillor Ellis, proposed that the Committee should recommend that Cabinet should consider extending Selective Licensing across the whole city after the current scheme expires in 2021. This recommendation was **UNANIMOUSLY** agreed.
- Licences could be revoked for serious breaches of licensing conditions. A licensee could also have their status as a 'fit and proper person' revoked, prohibiting them from holding a licence in all properties. It was also possible to apply for a banning order in certain circumstances to prevent the person holding a licence anywhere in the country.
- There was no evidence that rents had risen as a result of the introduction of Selective Licensing although rents in general had increased since 2016.
- Members asked if the Council's checked landlord's premises following a rejection or revocation of a licence. Officers responded that this was the case and licensing officers conducted regular checks to ensure compliance.

RECOMMENDATION:

The Adults and Communities Scrutiny Committee **RESOLVED** to recommend that Cabinet should consider extending Selective Licensing across the whole city after the current scheme expires in 2021.

ACTIONS AGREED

The Adults and Communities Scrutiny Committee **RESOLVED** to review and comment on the progress of the Peterborough Selective Licensing scheme, and note and comment on the next steps regarding the future of the scheme.

8. TECHNOLOGY ENABLED CARE (TEC)

The report was introduced by the Cabinet Member for Integrated Adult Social Care and Health, the Senior Commissioner (Adults), Prevention and Early Intervention, Head of Housing, Prevention and Wellbeing and the Service Director for Adults and

Safeguarding. The report provide the committee with information on the use of Technology Enabled Care (TEC) within the Adults Positive Challenge Programme. (APCP). The introduction to the report included a video of a 'smart flat'.

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

- Members raised the issue of the fire risk caused by people smoking in bed. Officers responded that they were aware of this issue and work had been done with the Cambridgeshire Fire and Rescue Service, noting the use of potable misting systems. The practice of hoarding could increase the fire risk caused by smoking.
- Retrofitting technology, such as GSM modules, was possible. The modules used in Kingfisher Court were Wi-Fi enabled and required an internet connection.
- The Cabinet member mentioned that the savings from the use of assistive technology could be worth £3,600 per year. This was worthwhile as the cost of technology was less than the cost of carer.
- Members felt that there would eventually be more 'homes for life' built with assistive technology included to make them suitable or a person's whole life, due to an ageing population.
- Members felt that good support and information needed to be provided to users and carers to help them with the new technology.
- Members stated that some more complex needs would not be able to be served by existing technology and expressed interested about how much further assistive technology could progress in the future, e.g. in the field of robotics.
- Members felt that it was important people were never forced to use assistive technology and sought reassurance that alternative human support was available for the service user if they preferred this.
- The Cabinet Member responded that this work was focussed on aiding people to live healthier and longer at home. Regular assessments would take place with the social care team and no one would ever be forced to use assistive technology. The decision about when the transition to the next phase would take place would be made by health professionals and the adult social care team.
- The Cabinet Member was monitoring developments in Artificial Intelligence (A.I) technology to provide comfort to service users as well as to provide a monitoring service that could alert relatives to a break in a service users' routine that could indicate a health issue.
- It was important to work with self-funders not currently receiving Council care. If interventions did not take place to provide advice, their care costs could fall on the Council much faster.
- Members highlighted the importance of elderly people of using wearing their 'lifeline' alarms.
- Members hoped that hospitals were aware of, and able to issue technology when patients were discharged. Officers responded that they were working with NHS colleagues to ensure that people could return home from hospital as quickly as possible with the necessary support in place. The importance of assistive technology work being done jointly with the NHS was noted.
- Officers added that an Occupational Therapist (OT) worked with the Delayed Transfer of Care Team to ensure that patients had any TEC they needed in place to enable discharges. Officers expressed an interest in improving connections with the NHS to improve work in this area.
- Members raised an example of a smart app for use by people with early stage dementia that could be used to scan barcodes in a room to explain how to perform household activities, such as making a cup of tea.

- The Cabinet Member mentioned his role as partner-governor at the hospital, noting that issues were discussed at board level where appropriate. The hospital recognised the importance of technology and its applications in the discharge team.
- Delayed transfers of care (DTOCs) were nearly non-existent within Peterborough City Council.
- Members asked if officers were looking at other possible uses for this technology, such as with young children or people with learning disabilities. Officers responded that this was the case. Interventions with TEC were not necessarily expensive considering the significance of the outcomes achieved. TEC was about enabling people to be autonomous and make their own decisions.
- The Cabinet Member stated that the use of technology was not just for people with dementia but encompassed those who were frail, at risk of falling and with respiratory diseases for example. The Cabinet Member encouraged members to visit the 'Smart Flat' mentioned in the presentation.
- Officers added that a project was underway across Cambridgeshire and Peterborough to develop emergency technology for vulnerable people that did not involve wearing a pendant and identify problems at an early stage before a crisis occurred.
- The Cabinet Member felt that there needed to be more proactive use of TEC for monitoring people's health in the wider healthcare system to detect a potential issue before it became serious rather than reacting with expensive treatment once a major incident had occurred. Helping people to live independently for longer was better for patients and had a lower cost.

ACTIONS AGREED

The Adults and Communities Scrutiny Committee **RESOLVED** to have regard to the content of the report and support the increased use of technology-enabled care to support people to live independently, and therefore reduce demand for statutory care and support across adult social care.

9. CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND SOCIAL CARE PEER REVIEW ACTION PLAN UPDATE

The report was introduced by the Service Director for Adults and Safeguarding which updated the committee on progress against the recommendations from the Health & Social Care (HSC) System Peer Review (September 2018), in preparation for a Care Quality Commission Local System Area Review.

There were no comments or questions by members of the Committee.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee **RESOLVED** to scrutinise the report.

10. MONITORING SCRUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

In response to a Member's question, the Democratic Services Officer clarified that the recommendation made under agenda item 7 – 'Selective Licensing – interim review and outcomes' would be included in subsequent Recommendations Monitoring Reports at future meetings of the Committee.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee considered the report and **RESOLVED** to consider the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

11. FORWARD PLAN OF EXECUTIVE DECISIONS

The Democratic Services Officer, David Beauchamp, introduced the report which invited Members to consider the most recent version the Forward Plan of Executive Decisions and identify any relevant items for inclusion within the Committee's work programme or to request further information.

ACTIONS AGREED:

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

Chairman
7pm – 8.43pm

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