PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD AT 7.00PM ON WEDNESDAY 18 SEPTEMBER 2019 IN THE BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors B Rush (Chairman), A Ali, S Barkham, C Burbage, G Casey, L Coles, J Howell, S Qayyum, N Sandford, H Skibsted, S Warren, and Co-opted Members Dr Steve Watson and Parish Councillor June Bull	
Also present	Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
	David Parke	Head of Primary Care, Cambridgeshire and Peterborough Clinical Commissioning Group
	Val Thomas	Consultant in Public Health
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Aitken and Councillor Hemraj. Councillor Casey was in attendance as substitute for Councillor Aitken and Councillor Skibsted was in attendance as substitute for Councillor Hemraj. Apologies were also submitted from the Healthwatch representative Susan Mahmoud.

14. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 7. Update on Changes in Primary Care Landscape in Peterborough

Councillor Qayyum declared a pecuniary interest in Item 7 in that she worked for one of the GP Practices mentioned in the report and would therefore leave the room when this item was discussed.

15. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 9 JULY 2019

The minutes of the meetings held on 9 July 2019 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

17. INTEGRATED LIFESTYLE SERVICE PROCUREMENT

The Consultant in Public Health introduced the report which provided the committee with an overview of the re-commissioning of the integrated lifestyle service. The purpose of the report was to provide information and assurances on the following:

- The range of services included in the integrated lifestyle service re-commission and why they are important.

- Assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.

- To ensure that the Members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission.

- To provide the procurement timetable for the Committee.

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

- Clarification was sought with regard to proportionate resource input between Peterborough and Cambridgeshire given that Peterborough was lagging behind the national trend on most of the indicators. Members were informed that the Peterborough funding would be kept for the Peterborough residents. Any efficiencies made would be around the management services and back office services which would benefit both Peterborough and Cambridgeshire. The Public Health Grant funding allocation for Peterborough was 20% below benchmark and had always been a challenge and continued to be so, it was therefore essential that as much value for money as possible was obtained from the service. There would be cost efficiencies by having one contract across both services.
- The budget had to be set on the historical budget against any savings that have to be made. These had not been fully formulated yet and would be available by the end of October when the budget process became public. The contract value did not have to be released until it went out to tender.
- Clarification was sought as to how the outcomes would be achieved for Peterborough with such a diverse and growing population when there was such a disparity in funding. Members were informed that great efforts were being made continuously at all levels to try and address the disparity in funding for Peterborough. To ensure best value for money a great deal of mapping across the different wards had taken place so that the service provided would be proportionate to need and relevant to each area. Targeted areas of work would become more essential. The Director for Public Health advised that Cambridgeshire's needs were less and therefore they had less funding per head than Peterborough. Sharing fixed management costs between Peterborough and Cambridgeshire would provide better value for money and better front line value in Peterborough.
- Peterborough and Cambridgeshire each received a separate Public Health funding grant from central Government the allocation of which was not controlled by the Local Authorities.
- Members were concerned that the public health outcomes for Peterborough did not seem to be improving and Peterborough was still behind nationally. The Director of Public Health advised that when looking at public health outcomes for Peterborough they should be compared with similar populations and similar indices of multiple deprivation. The determinants of health were very important for public health outcomes and therefore Peterborough needed to be compared with similar populations like Doncaster, Rotherham etc. Peterborough had improved outcomes in relation to

childhood obesity, alcohol hospital admissions had improved however there was still concern with the level of smoking rates and obesity. As well as lifestyle services there needed to be a wider approach going forward which was being developed within the Health and Wellbeing Strategy.

- Members noted that 20% of deprived areas were in Peterborough and that Peterborough also received 20% less funding below the national formula.
- The recent government spending review had announced an increase in the Public Health funding grant but the actual amount had not yet been released. Ideally Peterborough's funding should be proportionate to need not just in line with national funding, but this is not yet clear.
- It was noted that there had been an error within the report regarding the procurement timeline and where it mentioned 2021 it should have been 2020.
- Members noted that the report had stated that there had been a decrease recently in the consumption of 5 a day fruit and vegetables diet and was now around 48% of the Peterborough adult population that consumed the recommended 5 a day compared to a national figure of around 55%. It was also noted that there had been a recent increase in people who were overweight. Clarification was sought as to what action was being taken to tackle these issues. Members were advised that a lot of work was being done with fast food outlets and to try and change people's eating habits. Work was also being done with the Peterborough Environment City Trust (PECT) who had various schemes such as involving people in gardening and cultivation of green spaces to try and strengthen the allotments in Peterborough. Working on allotments would be part of the Healthy Weight Strategy as a practical way to engage people in physical activity and growing their own food.
- Public Health were also working with Vivacity to increase physical activity and promote healthy eating. There was also a Healthy Schools service. Any campaigns were usually timed to go out with similar national campaigns e.g. Change for Life campaign. Work was also being done with Children's Services and in particular Children's Centres staff to ensure the right messages were being given out to parents and children. Training was also offered to front line staff who worked with families in terms of enabling them to have the skills to get people to think about what they eat and healthier lifestyles. There was also a weight management service.
- Public Health were already working with the Planning Department and Environmental Health concerning fast food outlets to encourage the less healthy fast food outlets to offer alternative options. Awards were being offered to try and encourage this.
- A member of the Public Health team sat on the steering group for the Combined Authority Local Transport Plan to ensure that Public Health input was taken into consideration in its development.
- Members were informed that the use of supermarket food waste had not been looked into in Peterborough but could be explored.
- Clarification was sought as to whether the battle against the use of convenience foods was being lost. Members were informed that there were ups and downs in any challenge and that there had been some good examples of some lifestyle changes. Peterborough had a changing population and each programme had to be continually adjusted according to the population’s needs and commercial pressures. Obesity was a complex challenge as there were so many influencers.
- Members referred to the Health Trainer Service. Members sought clarification as to whether it was known why people dropped off the radar and wondered if it might be due to such things as low motivation, low income or ineffective behaviour role change. Members were informed that it could be attributed to all of those factors. The service needed to be sensitive to issues like poverty and how people could mitigate the effects of poverty regarding their choices and also offer people the opportunity to return to the service. Reminders and follow up of the service helped to keep people on track.
- Members commented that action needed to be taken across the council to tackle public health inequalities and that it was not just down to the Public Health Service to resolve.

There was a need for an integrated approach to tackling health inequalities in Peterborough.

AGREED ACTIONS:

1. The Health Scrutiny Committee considered the report and **RESOLVED** to:

    a. Endorse the re-commissioning of the Integrated Lifestyle Service and its proposed scope
    b. Endorse the consultation process for the re-commissioning of the integrated lifestyle service in Peterborough.

2. The Health Scrutiny Committee requested that the Public Health Consultant provide a briefing note on the outcome of the consultation when completed at the end of October 2019 and a further briefing note on details of the budget work when completed.

RECOMMENDATION

The Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Public Health ensure that a more integrated approach is taken across the council with regard to public health outcomes.

18. COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN 'THE BIG CONVERSATION' – USING OUR NHS RESOURCES WISELY

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with an update on the Communications and Engagement approach to delivering the CCG Financial Plan before finalising the documents and launching in mid-September.

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

- The first phase Community Services Review was not included in the Big Conversation as this related to a specific service change The Big Conversation was about understanding what was important to people and how they wanted to use the NHS.
- The formal consultation would run from 25 September to 18 December 2019 and Members were informed that they had received the current up to date version of the consultation document. The consultation would be delivered over a period of time in bite size communications rather than one big document.
- It had not been decided which services would be discontinued or affected. The Big Conversation was about engaging with people to understand what services were important to them. Commissioning intentions were produced in the autumn and the CCG received allocation detail in December.
- Members were informed that only 66% of the JET service was used by services. GP's and the ambulance service were being encouraged to use the JET service. The more the service was used the less it would cost to run. Work was being done with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) who run the service to look at how the service could be best used as an emergency service and redesigning it. The service would not be closed but would be run on a reduced budget.
- The Big Conversation was not a consultation but a conversation. It was about raising awareness and about asking people how they want to use their NHS going forward and

the cost of providing the services. The conversation would include costs so that people could actually see what the services cost to run and then people could decide on how best the money could be spent and the services which were most important to them.

- The Community Mental Health service were amongst the stakeholders being engaged with as part of the conversation. The Director of External Affairs & Policy advised that she was unsure if the Integrated Pathways Team had been included and would check to make sure they were.
- The CCG would not be running the Community Value Panels. Healthwatch had been asked to run the panels and to make sure that there was a representative cross section of the population on each panel. Healthwatch were currently advertising for volunteers and there would be a payment for people to attend.
- One of the questions in the Big Conversation would be about what action if any should be taken if people missed GP appointments.
- The request for additional surgeries would not be part of the Big Conversation.
- Members commented that due to the shortage of GP's the impact had been that patients had found it difficult to access a doctor when they needed to and had therefore gone to A&E instead. Members sought clarification on whether an audit had been undertaken to assess if the GP Network out of hours services and 111 services had been utilised to their full capacity and if they had been effective in reducing A&E attendance. If not Members suggested that it would be practical to have a Primary Care Clinician front of house in A&E as this had proven effective in other areas of the country. Members were informed that as part of the Emergency Services Round Table work it had been identified that there were so many places to go to get help that it had become confusing for patients. All providers of urgent care had been brought together to talk about urgent care provision and were asked if given a pot of money how they would redesign the service to be more effective and efficient to match the demand. The providers were currently considering this and a pilot was being tried at Hinchingbrooke A&E where Hearts Urgent Care had been placed at the front door where patients would be triaged through the 111 algorithm, assessed by clinicians and given advice. The IT system would be set up so that if it was clear that the patient did not need to be seen urgently then an appointment could be made with their GP either the following day or the day after.

AGREED ACTIONS

1. The Health Scrutiny Committee **RESOLVED** to consider and comment on the report and requested that the Big Conversation document be sent to the Committee when finalised.

2. The Director of External Affairs & Policy to check if the Integrated Pathways Team had been included as a stakeholder in the Big Conversation.

8:10pm - Councillor Qayyum left the meeting.

19. UPDATE ON CHANGES IN PRIMARY CARE LANDSCAPE IN PETERBOROUGH

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group accompanied by the Head of Primary Care introduced the report. The report provided the Committee with an update on primary care, and specifically general practice to Committee members. The Committee had received a report in November 2018 which advised members of the local implementation plans of the national General Practice Forward View (GPFV).

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

- Octagon. Members noted that the CCG had as recently as July 2019 rated Octagon as requires improvement. It was also noted that the Octagon practice had grown exponentially from a 50,000 patient base in November 2018 to a 150,000 patient base and was continuing to grow. Concern was raised regarding the model of care being offered by Octagon and if that justified such rapid expansion and approval by NHS England and the CCG.
- Members sought clarification of any evidence that in the one year that Octagon had been in place that there had been improvements in patient care and referred to the recent CQC Inspection report dated 27 August 2019 for Octagon Medical Practice which had rated the practice as 'requires improvement'. Members were informed that the CQC Inspection report would be presented to the October meeting of the Cambridgeshire and Peterborough CCG Primary Care Commissioning Committee which commissioned primary medical (GP) services for the people of Cambridgeshire and Peterborough. The committee was made up of lay members, Executives and representatives of NHS England. There would be discussions about Octagon being the first big merger and what the state of the practices were when they merged and what their last CQC ratings had been. Discussion would also be around if there had been a change for all those practices who had been part of the merger and if so was this because of the merger or other reasons. It was inevitable that with a merger of this size there would be some challenges. Level of care was of prime concern and poor quality of care would need to be addressed. The Quality Team within the CCG were currently working on a reactive basis due to a number of services across the patch coming in at requiring improvement or inadequate. Moving forward there would need to be thought given as to how the Quality Team could support individual practices on a more proactive basis to avoid practices getting to the point of requiring improvement.
- The Local Medical Council have offered to provide master classes to Practice Managers, Business Managers and Senior Partners across the system working closely with the CQC Inspectors. This was to make sure that if there were any areas deemed to be weak or inadequate they were addressed before an inspection took place.
- The Head of Primary Care shared the Committees concern regarding the speed and growth of the Octagon merger and advised that there would be further probity and scrutiny to seek assurance around any further potential mergers.
- The idea behind practices merging was to have an IT system across a geographical patch so that any patient could call and make an appointment at any of the practices within that patch. Most practices were on System One which meant that the sharing of clinical notes would be easy across the group and any GP would be able to access any of the patient's records within the group.
- Members were concerned that patients had not been made aware that their records could now be seen by GP's in other practices across the group. The Head of Primary Care acknowledged that the sharing of patient's records could have been handled differently and communicated to patients in a better way. However a similar analogy would be when a new GP started at a practice and in order for him to be able to do his job he would have to access patients records at that practice. Patients would not be notified as a matter of course advising that a new GP had started. All GP's and health care professionals have to agree to confidentiality when working within the health care system. It would be more concerning if a patient were sat in front of a health care professional who could not access the patient's records.
- NHS England had advised that there had been no breach of law or GDPR with regard to the sharing of patient records in relation to the Octagon merger.
- Members sought assurance that the growth of Octagon as a Primary Care Network would proceed with caution going forward. Members were advised that making a super

practice with tens of thousands of patients was not necessarily a bad thing, however the CCG did share the Committees concerns. Across the patch there were GP's surgeries which were operating from houses with inadequate facilities in areas which geographically were difficult to entice GP's to work there hence the migration to super practices and sharing of resources. If this did not happen there would be a continuation of an inequality of services such as those in remote areas of the fens, with inadequate services and low patient numbers. There was a need to get better at transitioning patients. A lot of lessons will have been learnt from the recent merger. Assurance will be sought from Octagon that they will be providing better safer services.

- The Director of External Affairs & Policy assured Members that the Committees concerns would be raised when considering any future mergers.
- Members were informed that there was a process in place and an action plan would be developed to address the areas that required improvement.
- The Primary Care Networks (PCN) were in the early stages of development and the individual GP practices were currently still on their current contract but would probably combine with others over time. Over the coming year the enhanced service would be developed which would include the sharing of staff. NHS England would be providing 100% funding for Social Prescribers who would be shared within the PCN and would have to work over a population of 30 to 50 thousand. GP's and consultants would be working more closely together providing a lot of patient care needs within the GP surgery and therefore providing a better patient experience.
- The current practice for booking a doctor's appointment did require the patient to ring their GP practice at 8.00am and wait to speak to a receptionist. Part of the new GP contracts would be to improve the online access to patients whereby patients could book appointments, access prescriptions and look at their care notes. There would therefore be a combination of online and telephone bookings available. All patients should be offered extended access appointments if there was no availability at their own GP practice when calling at 8.00am.
- All GP surgeries should publish their CQC inspection reports and rating on their website on the front page.
- Members were informed that the Nightingale Scheme new build had been delayed. Any practice that had been inspected by the CQC and reported as failed would be supported by the CCG to ensure that improvements were made and failing areas put right. One of the issues across the Primary Care estate was that much of the premises were not fit for purpose. New premises could provide the facilities a modern surgery would be required to have to delivery safe quality services.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note and comment on the report and requested that the Director of External Affairs & Policy provide the Committee with a detailed response to the list of questions sent to the CCG regarding the Octagon practice.

8.50pm – Councillor Qayyum returned to the meeting.

20. BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES

The Director for Public Health introduced the report. The purpose of the report was to seek the Committees views on current work to ensure that there was a co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services, including public health services, that was tailored appropriately to local need. Because the 'Best Start in Life' Strategy encompasses a range of Council and NHS services for children aged 0-5, the views of the Children and Education Scrutiny Committee are also being sought. The report

also provided an update on the creation of a formal Section 75 agreement with local providers Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for delivery of Children's Public Health Services (Healthy Child Programme) across the local area. The services involved were health visiting, family nurse partnership and school nursing services. In Peterborough these services were delivered by CPFT and in Cambridgeshire by CCS.

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

- Members referred to the financial implications and sought clarification as to what savings skills mix had been achieved so far and what was the indicative gap in funding for the CPFT services and would that gap be closed. Members were informed that the total shortfall for the remodelled service would be £870,000. A lot of work had been done around the need and skill mix required. Having worked very collaboratively with CPFT there was confidence that a position would be reached where the service could continue to be delivered within a new financial envelope.
- Members referred to the section on 'Reducing Childhood Obesity' and noted the work being done with food outlets to encourage and incentivise the provision of healthier ingredients, menus and cooking practices. Members sought clarification as to what reward the outlets received and what changes they had made. Members were informed that the Environmental Health team were leading on the healthy options work in conjunction with the Public Health nutritionist and were working with the fast-food outlets to improve the menus on offer. Those taking part would be given the Health Options award which was good publicity for the outlet and demonstrated that they had made good progress.
- Schools had the Healthy Schools support service which worked with schools and targeted schools with higher rates of obesity. The Healthy Schools award system was in place.
- Members commented on the underfunding of the Public Health Grant for Peterborough and the disproportionate funding between Peterborough and Cambridgeshire and suggested that a letter be sent from the Committee to the Local MP's to urge them to lobby the Secretary of State for Health. Members were informed that the underfunding had arisen from the transfer of the Public Health functions from the Peterborough Primary Care Trust in 2013. The subsequent cuts however had been at the same percent across the country. The local MP's were aware of the situation and the MP for North West Cambridgeshire had been lobbying with regard to the Public Health Grant.
- Members commented that there had been a noticeable rise in childhood obesity and the decline of sporting activities in schools. Members were informed that there had been a lot of work done with regard to childhood obesity and assessing what effective measures there were for measuring childhood obesity. Physical activity was important but diet was equally important. Childhood obesity could not be solved through just increasing school sports. It was important to look at what interventions cost and what schools already did and work with them to identify the most effective interventions. CEDAR The Centre for Diet and Activity Research provided bulletins on work that had already gone on in schools and what had been effective and the Public Health team referred to these.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to:

1. Endorse the Cambridgeshire and Peterborough 'Best Start in Life' Strategy
2. Endorse the involvement of health visiting and school nursing services in the

development of a new Best Start in Life Service model from pre-birth to age 5.

3. Note progress with the implementation of a Section 75 agreement across Peterborough City Council (PCC), Cambridgeshire County Council (CCC), Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for provision of children's public health services (Healthy Child Programme including health visiting and school nursing) age 0-19.

RECOMMENDATION

The Health Scrutiny Committee **RECOMMENDED** that a letter be sent to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough.

21. MONITORING SCRUTINY RECOMMENDATIONS

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

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and agreed that the following recommendation should remain on the monitoring report as ongoing and that the Committee receive a further briefing note to update them on ongoing work with regard to this recommendation.

- The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.

22. 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.

23. WORK PROGRAMME 2019/2020

Members considered the Committee's Work Programme for 2019/20 and agreed to note the items as included. Members suggested that the Committee consider looking at the health care of the homeless and rough sleepers and the allocation of funding between Cambridgeshire and Peterborough. The Director for Public Health advised that the Cambridgeshire and Peterborough Clinical Commissioning Group were undertaking a

health needs assessment of rough sleepers and the outcome of this could feed into a report when available.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2019/20 and that the Committee consider looking at the health care of the homeless and rough sleepers and the allocation of funding between Cambridgeshire and Peterborough.

24. DATE OF NEXT MEETING

• Tuesday 19 November 2019 – Health Scrutiny Committee

CHAIRMAN
7.00pm – 9.19pm