

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 15 MARCH 2022
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors G Elsey (Chair), S Barkham, C Harper, I Hussain, Rush, S. Farooq, B. Tyler, and Co-opted Members Parish Councillors June Bull and Neil Boyce

Officers Present Emmeline Watkins – Assistant Director for Public Health
 Debbie McQuade – Service Director Adults and Safeguarding
 Philippa Turvey – Democratic and Constitutional Services Manager

Also Present: Lisa Sparks – Senior Commissioner, Early Intervention and
 Prevention and Mental Health
 Shona Britten – Trust Professional Lead for Social Work
 Phil Warmsley – Chief Operating Officer,
 Taff Gidi – Company Secretary & Head of Corporate Affairs
 Belinda Evans – Complaint Manager

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ansar Ali, Burbage, Hemraj, and Qayyum. Councillor I Hussain was in attendance as substitutive for Cllr Burbage.

Apologies for absence were also received from Healthwatch Representative, Saqib Rehman.

47. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations of interest or whipping declarations.

48. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 11 JANUARY 2022

The minutes of the Adults and Health Scrutiny Committee meeting held on 11 January 2022 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

50. REPORT ON THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICES IN PETERBOROUGH CITY HOSPITAL, POST RELOCATION FROM PETERBOROUGH CITY CARE CENTRE

The Chief Operating Officer accompanied by the Company Secretary introduced the report which provided the Committee with information and updates on the Urgent Treatment Centre (UTC) and GP Out of Hours services' position post relocation from Peterborough City Care Centre on the 1 July 2021. The committee were informed that the Urgent Treatment Centre continued to perform well at its new location and a larger number of patients were being seen at the new location than when located at the Peterborough City Care Centre.

Key issues had been recruiting staff and in particular specialist staff such as GP's and advanced nurse practitioners. Gaps were being filled by A & E staff and consultants. This however was not ideal as GP's had a better understanding of how patients would be able to cope in the community.

The model was working well and several teams from London and Cambridge had visited the centre as it was considered to be a very good model of care. NHS England had also visited and considered the model to be working very well.

Due to Covid a large number of patients were now having non face to face outpatient appointments and this had subsequently led to less cars in the car park even with the UTC now being located at A & E. Similarly, no further complaints or issues had been raised by local residents regarding parking issues.

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

- Members sought clarification as to how the performance improvement percentages had been calculated given that the data set was different to that of Thorpe Road. Members were informed that it was not possible to do a like for like comparison as the cohort was different and the number of patients had increased and was therefore different. The more patients that were managed through the UTC the better as it was a better model of care.
- Members asked if it was possible for Peterborough's data sets to be compared to the National Clinical indicators. Members were informed that A&E indicators could be compared with National indicators, and this could be supplied. However, compared to national performance A&E had not been performing well and Peterborough was in the bottom ten A&E's in the country. There was a significant problem with type one patients who came in and required admission and were none UTC patients, this area was in turn bringing down the whole performance of A&E.
- Members sought clarification as to why it was difficult to recruit GP's. Members were informed that there had been a lot of demand on GPs and some GP's had decided to leave this career. It was difficult to recruit GPs for all areas not just the UTC and there was a national shortage of GP's.
- Members referred to page 17 of the report, "*Service Delivery and Impact on patient access and patient experience*" and noted that the UTC was often used as a short-term offloading bay. Members sought clarification as to whether this had impacted the services and resources available at the UTC and if it had impacted patient waiting times. Members were advised that on occasions patients had to be managed in the UTC so that patients could be moved off the back of ambulances. This was usually undertaken during out of hours at the UTC so that ambulances were back on the road as soon as possible and patients were cleared before the normal hours of the UTC. So far this has not affected the management of the UTC.
- Members noted that the UTC was currently an 8.00am to 8.00pm service but that after staff consultation the shift patterns may change to suit the service better.

Members sought clarification on any forthcoming changes. Members were informed that an 8.00am to 12.00midnight service was being considered and consultation with staff was being undertaken to see if this could be accommodated.

- Members noted that the review of the demand and capacity had resulted in Northwest Anglia NHS Foundation Trust agreeing to an additional investment into the Emergency Practitioner establishment within UTC, to support the management of Minor Injuries case mix. Members sought clarification as to how many additional Emergency Practitioners were needed and how many had been recruited so far. Members were informed that a total of seven additional Emergency Practitioners were being sought and had currently recruited five so far.
- Members noted that the percentage of virtual outpatient appointments using telephone or video has increased from prior to the pandemic and sought clarification as to what percentage of appointments would be virtual. Members were informed that it was approximately 28% of patients that were now seen virtually.
- Members wanted to know how many people just walked into the service as opposed to those booking an appointment through the 111 service. Members were informed that there was still a very small number of patients using the 111 booking service and more work needed to be done to encourage people to use the service.
- One Member of the Committee had to use the A&E service recently and had received a very good service and had been seen and assessed within two hours and wished to thank the Chief Operating Officer. Another Member of the Committee had had a different experience in that they had to wait five hours to be seen.
- Members were encouraged to see that the UTC had been a success and that it was known nationally as a better model of care. Members asked if it was possible for the committee to visit the UTC. The Chief Operating Officer confirmed that a visit could be arranged and looked forward to welcoming the committee when the current Covid surge had passed.
- Members asked if a survey had been undertaken of those patients that were now being seen virtually if they were happy with the service being offered virtually rather than face to face. Clarification was sought as to whether patients still had the option to have a face-to-face appointment if they did not want a virtual appointment. Members were informed that it varied according to speciality. Patients were routinely offered a choice but some specialties and particularly with long term follow ups were offered virtual appointments. Patients who initiated appointments were offered a choice of how they wished to access their appointment.
- Members noted in the report that the issues around parking on site had not materialised but that this may be due to less people visiting the site. Members sought clarification as to whether a further survey would be completed once the hospital was running at normal capacity. Members were informed that car park utilisation was monitored daily. If it started to look like it was reaching 100% occupancy, then it would be looked at again but currently this was not an issue.
- Members were advised that there was a single front door and anyone arriving would be triaged as to whether they needed to be sent to A&E or the UTC.
- Anyone leaving the A&E department would receive a discharge letter which was sent to their GP explaining why they had attended A&E and the results of any tests which could be accessed by the GP automatically as a later date. This process was also the same for the UTC.
- Members were informed that teams who had visited from London and Cambridge had emulated the model in the best way they could, Leicester for example had the UTC in a building next door to A&E.

Members asked the Chief Operating Officer to convey the Committees thanks to all the staff in the UTC for making it such a success.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the Urgent Treatment Centre and GP Out of Hours services' position post relocation from Peterborough City Care Centre on 1st of July 2021.
2. The Committee requested that the Chief Operating Officer provide the following information:
 - NWAFT A&E comparison performance data with that of the national performance indicators.
 - The percentage of virtual outpatient appointments using telephone or video compared to face-to-face appointments.
 - The number of people who just walked into the service as opposed to those booking an appointment through the 111 service.
 - How many offers of virtual appointments and from which speciality areas were made versus how many face to face appointments were offered and what the satisfaction surveys had reported.
3. The Chief Operating Officer to arrange for Members of the Committee to visit the Urgent Treatment Centre when practically safe to do so.

51. MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT

The report was introduced by the Senior Commissioner, Early Intervention and Prevention and Mental Health accompanied by the Trust Professional Lead for Social Work.

This report provided an update on the discharge of responsibilities for mental health delegated to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through the Mental Health Section 75 Partnership Agreement for 2021-22 and an update on the financial performance, activity and outcomes under the Mental Health (MH) Section 75 Partnership Agreement within the current year (2021-22).

Priorities for 2022/2023 were outlined and it was noted that implications of new the Integrated Care Systems would require a review of the Section 75 agreement.

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

- Members referred to page 65, 'Care Packages and Financial Performance Strategy' and noted that there had been an increase in adult mental health home care but there was a saving of £125,000 in the financial breakdown. Members sought clarification as to where the saving had come from given that there had been an increase in the provision of home care, Officers were unable to provide the information at the meeting and advised that this would need to be referred to a member of the finance team for a response.
- Members asked how a reduction in the cost of care could be predicted when patient numbers and council direct payments for mental health care remained static. Members were informed that the value of care packages could change which would then lead to a substantial saving within each period.

- Members asked if information was available with regard to a breakdown of the number of direct payments made and what they had been issued for. Clarification was also sought as to what extent the payments were followed up. Members were advised that direct payments were awarded through a person-centred approach which considered the needs of the individual and the outcomes that they wished to achieve. Direct payments and when they were used were monitored closely to ensure they were being used appropriately for the individual needs of that person.
- Members asked what the criteria was for accessing the mental health service and what preventative type work was being done. Members were advised that the service was an Adult Social Care team which was based within an NHS Trust and worked in accordance with the Care Act and were not governed by conditions and treatments. Over the last year two full time adult social workers had been recruited to work within the community to provide an overarching preventative approach. With regard to accessing the service there was a process in place to identify eligible and non-eligible needs under the Care Act.
- Members also sought clarification on how many people the service had supported to prevent their condition from worsening. Members were advised that it was difficult to quantify the amount of people who benefitted from preventative measures. Actual numbers who were currently being supported could be provided. There was also preventative support work being done through various other groups. Access to the service and the process of eligibility, was interpretive and varied but the service maintained a proactive approach to monitoring its preventative measures.
- Members asked how successful referrals from GP's were and if they had faced many delays in being seen by the service. Members were informed that there had been no unnecessary delays as referrals were received directly from GP surgeries and were triaged from that point.
- Members wanted to know how the alignment of Section 75 arrangements would work alongside the Integrated Care Systems. Members were advised that the service remained unsure how the proposed structure would affect the arrangements as wider detail had not yet been shared. It was noted that local authorities would be involved but that models of how it would work had not yet been decided. A report on the new Integrated Care System would be presented to the committee at a future meeting.
- Officers clarified that the report was not about the treatment of mental health as that was the responsibility of the CPFT mental health Trust.

AGREED ACTION

1. The Adults and Health Scrutiny Committee **RESOLVED** to endorse the report as a full account of service and financial performance, activity, and outcomes under the Section 75 Partnership Agreement.
2. The Committee requested that the Senior Commissioner, Early Intervention and Prevention and Mental Health provide information on the number of people that had been supported through the early preventative work and how many of those were subsequently escalated.
3. The Committee requested that a report be provided on the Integrated Care System at a future meeting of the Committee.

52. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2020-21

The report was introduced by the Complaints Manager and provided the Committee with a summary of the compliments and complaints received in relation to the Council's delivery and commissioning of adult social care. This report was provided as a statutory

requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Complaints Manager highlighted that the number of complaints had fallen over the last two years and that there were fewer complaints where faults were found in the method of investigation. It was also noted that a small number of complaints had been escalated to the ombudsman.

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

- Member noted that 59% of complaints were responded to within the 20 working days response timeframe and sought clarification on what the response entailed. Members were advised that statutory complaint checks were made to make sure the individual who made the complaint was entitled to use the process and had consent to make the complaint. Although a general acknowledgement of the complaint was made within 3 days, and a target of 20 days' timeframe or sooner was expected it was not always possible if multiple service areas were involved.
- Members sought clarification as to why the Contracts Team and Independent Providers had received the most complaints and how their services could be improved. Members were advised that care delivery had been difficult during this period with issues relating to resourcing and the pandemic affecting commitment to previous care timetables and care packages.
- It was noted that the Contracts Team found the care providers and set up contracts. Contract Monitoring Officers then monitored their contracts, through maintained standards and quality. The Contracts Team dealt with complaints about providers directly. Members were advised that customers could go directly to the provider with a complaint if they had commissioned the care themselves. If the care had been commissioned by the council, then the complaint would be dealt with through the Contracts Team.
- Members sought clarification on how the service compared to other authorities. Members were informed that the services compared favourably against other authorities and that it saw a lower numbers of complaints in comparison. It was noted that a stable workforce could have contributed to this as such stability was not often seen within other parts of the council, the Adult Early Help Team and Complaints Team work closely together and were very accessible.
- Members were informed that the service was focused on learning from complaints, which were reviewed regularly so that areas of improvement were identified.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the summary of Adult Social Care statutory complaints and compliments received between 1 April 2020 and 31 March 2021 and the learning and actions taken as a result.

53. FORWARD PLAN OF EXECUTIVE DECISIONS

The Chair introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during 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.

The Committee requested further information on the following CMDN - Healthwatch Service-KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service.

AGREED ACTION

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

The Committee requested that further information be provided on the CMDN - Healthwatch Service-KEY/22NOV21/02 - Approval to enter into an agreement for the provision of Healthwatch Service.

As it was the last meeting of the municipal year the Chair thanked committee members for their contributions over the past year and closed the meeting.

7.00PM - 8.08PM
CHAIR

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