HEALTH COMMITTEE: MINUTES

Date: Thursday 13 September 2018

Time: 1.30pm to 4.30pm

Present: Councillors C Boden (Vice Chairman), D Connor, L Harford, P Hudson (Chairman), L Jones, K Reynolds, P Topping and S van de Ven.

District Councillors J Tavener and G Harvey

Apologies: County Councillor D Jenkins, S Taylor
District Councillor N Massey

134. DECLARATIONS OF INTEREST

There were no declarations of interest.

135. MINUTES AND ACTION LOG: 12th JULY 2018

The minutes of the meeting held on 12th July 2018 were agreed as a correct record and signed by the Chairman,

The Action Log was noted including the following updates:

- Minute 118 - Information had been received on procurement processes and would be circulated
- Minute 130 - Information regarding LGSS overheads had been received and would be circulated
- Minute 130 - Officers were compiling the different bicycle schemes funded by various sources to provide an overview for Members.

136. PETITIONS

There were no petitions.

137. FINANCE AND PERFORMANCE REPORT – JULY 2018

The committee received the July 2018 iteration of the Finance and Performance Report which showed a balanced forecast outturn for the Public Health Directorate. The presenting officer clarified that it was the most up-to-date report available at the time, with the August report due to include information on overspends or underspends in July.

In discussing the report members:

- Queried the negative figures listed in table 2.1 of the report. It was noted that they represented payments related to the previous financial year and that adjustments were therefore applied. The budget was spent in a variable way and that could occur on a monthly, quarterly or annual basis depending on the contractor.

- Suggested that main expenditures came at the back end of the year according to the figures in table 2.1 of the report. It was clarified by the officer that numbers appeared to be in arrears because there had been delays in invoicing, especially by the NHS. Council methods of accounting differed from the NHS, so there were naturally discrepancies. Members urged officers to use Council methods to ensure that funding was allocated correctly.

- Noted the text in the appendix was positive and questioned why there was a red rating. Members were informed that the red rating was because performance was below the 50% target and that the commentary was positive because it reflected the measures that were improving the situation. Members noted the indicator would remain red for a period of time due to the timing of reporting and when notifications of contact required were received. The officer was asked to report on this at the next meeting. **Action**

- Queried the geographic location of areas at higher risk of cardio vascular disease and where GP Health Checks were low that were mentioned in section 4 of the table in appendix 6 of the report. The officer explained that the data referred to the whole of the LA area and did not differentiate between the numbers in different locations. In Fenland where there is higher risk of cardio vascular disease the numbers of health checks had increased due to the targeting of additional resources into the outreach health check programme in the area.

- Sought clarification on the causes for lower levels of smoking indicated in section 5 of the table in appendix 6. It was noted that this was not just due to service improvement but also because of changes within the community. Campaigns were targeting smokers and it was vital to maintain the change.

It was resolved unanimously to:

> Review and comment on the report and to note the finance and performance position as at the end of July 2018.

138. UPDATE ON AIR QUALITY AND HEALTH ACROSS CAMBRIDGESHIRE

The committee received a report that provided updates on actions underway across the region that addressed air quality as well as proposing new actions. The presenting officer drew attention to the progress made and emphasised that responsibilities were distributed among district councils, with Public Health within the Council bearing no direct responsibility. These councils met on a quarterly basis and to date have supported the work but have raised concerns over their capacity to do so.

In discussing the report members:

- Queried whether the bus review was being consulted on its considerations regarding air quality. The officer confirmed that it had been consulted and had been encouraged to consider air quality when developing transport across the county. It was also noted that transport should be considered in totality, with consideration

given to all modes of transport, such as bus, train and bike, rather than just one in isolation. Members urged officers to provide specific suggestions to the review and to follow developments.

- Considered their role in the process going forward, noting the need to raise and maintain consciousness of the issue and to develop tools allowing councillors and others to act. Attention was drawn to paragraph 3.3 of the report that highlighted the required integration of various bodies and organisations to increase effectiveness. It was suggested that a list of attendees at training events would assist in this.

It was resolved unanimously to:

i. Note and comment on progress to date

ii. Agree the next steps in paragraphs 3.1 – 3.6.

139. PROPOSED RESPONSE TO CAMBRIDGE CITY COUNCIL AIR QUALITY ACTION PLAN CONSULTATION

The committee considered the report containing the proposed response to Cambridge City Council's Air Quality Action Plan consultation. The Council was asked to participate as part of the process and given that air quality was identified as a priority by the Health Committee, members of the committee were asked to comment on and agree to the responses.

In discussing the report members:

- Admired the aspirations and intentions of the City Council's Action Plan but questioned how it would be implemented and whether it could be achieved. It was noted that in the list of seven main areas for action in section 3.1 of the report, only the first one included a specific action, which required low emission taxis. It was noted that more information on the other areas would have been helpful.

- Expressed concern over the lack of commitment by private bus companies to lower their fleets' emissions, while also suggesting that replacing the bus fleet in the city with low emission vehicles would only result in the older vehicles being used elsewhere across the region. The presenting officer advised Members that the Combined Authority was also looking into this issue.

- Noted that the National Grid was currently unable to support the increasing demand for charging points for electric vehicles. It was suggested that trials held in other regions, such as those of battery storage in Somerset, should be considered. The Chairman requested Members' concerns regarding these issues be added to the response. **Action**

- Considered whether car engine emissions were the greatest problem, suggesting that volume and traffic flow were also important considerations. A Member drew attention to the number of locations for measuring particulate levels in Cambridge and suggested that diffusion tubes could be deployed to identify problem areas more widely across the city, while pointing out that the County Council was helping by reducing its impact on the city by relocating and decentralising its operations across the county. It was noted that previous monitoring suggested that the three

locations used were sufficient and that expansion of the scheme was limited by financial constraints.

- Expressed their appreciation for the inclusion of bicycle concerns in the response and it was noted that more extensive consideration was given to bicycles in the full report than in the summary.

- Discussed the general public's perception of pollution levels. It was noted that people had varying understanding of air pollution and in general air quality was better in Cambridgeshire than elsewhere in the country, however there are still levels which exceed the national objectives in the more urban areas of the County.

- Queried why monitoring was not more widespread across other districts given the expanding urbanisation and increasing levels of public concern. The presenting officer agreed that Cambridge City Council had more resources to commit to an Action Plan but pointed out that it was also being carried out because of the legal requirement to do so. There used to be a joint action plan across Cambridge City, South Cambridgeshire and Huntingdonshire but now each council was preparing its own action plan, South Cambridgeshire and Huntingdonshire waiting for the completed A14 improvements before undertaking a new action plan. Members agreed that the Health Committee's responsibility was to promote such action.

- Discussed the response to Question 8 in the report, noting that the effects of idling were particularly acute on children's bodies and considered what the Council and Health Committee could be doing to improve the situation.

It was resolved unanimously to:

Comment on and agree the proposed consultation response as amended during discussion.

140. CHILDREN'S MENTAL HEALTH - UPDATE

The committee received an update to the March 2018 report on Children's Mental Health by the Clinical Commissioning Group, with focus on four areas of challenge: increased demand, waiting times, Child and Adolescent Mental Health Service (CAMHS) Access targets, and workforce. The presenting officer reported that there had been success in gaining additional funding and that '111' calls could now be taken by the service which would potentially reduce hospital admissions. She noted that a directory was being collated of young people who have gone in to or were at risk of going in to social care or special education and that this was an 18 month project. It was clarified that national survey data on children's mental health was based on 2004 data and new data was anticipated in the autumn, which is likely to show an increase in demand. It was also emphasised that referrals of children from primary schools had increased demand. The officer noted that the majority of cases were seen within 18 weeks but that delays in assessment and treatment were high and being tackled both locally and nationally with service providers. Attention was drawn to the CHUMS service and the challenges experienced in setting up groups for interventions as well as the self-confirming nature of the service which caused delays. A review was being undertaken regarding how to capture information on the different NHS computer systems to improve data usage and presentation. Recruitment was identified as a key challenge, with 13.8% vacancy levels significant and it was noted that the 10% target was across the Cambridgeshire and Peterborough Foundation Trust (CPFT) so could

not be broken down in to specific areas. The Children's Wellbeing Practitioners programme had assisted in this and all training posts for the coming year were filled.

In discussing the report members:

- Queried whether the minimum of 2000 referrals mentioned in part 1 of section 2.2 in the report was accompanied by a maximum. The officer confirmed that there was no maximum and that 2000 was the predicted number but having not worked with primary age cases, it had proven hard to predict.

- Expressed concern over teachers being used in appropriate roles and requested clarification on barriers in the workforce arena. It was noted that there was a lack of psychiatrists and that there were challenges in recruiting to lower paid positions due to high living costs and the proximity to London with its higher wages, as well as the competition with agencies offering higher wages. The slow progress through the system and stress of the role also led to people leaving or working reduced hours.

- Questioned the conclusion of considerable progress in the context of widespread media coverage of a crisis in children's mental health services. It was noted that many services were new and that demand and prevalence were far greater than originally thought, while funding had been insufficient leading to cuts in services.

- Noted the significant funding increase mentioned in section 2.2 of the report and questioned whether it was being used effectively to increase early identification levels. The presenting officer acknowledged that issues remained and informed Members that work and research was ongoing. Members considered whether targets regarding assessments were desirable or achievable. It was noted that the green paper was trying to reduce waiting lists to 4 weeks and that trials in other areas that were successful were being looked at.

- Drew attention to the lack of work considering issues such as social media and mobile phones and questioned what strategies were in place for these areas. CHUMS had a resilience group working on this and keep-your-head.com was identified as one such project but it was noted that there was no specific strategy. The NHS had identified children's mental health as a priority area therefore funding would increase but this was a recent development.

- Queried whether the difference in funding for mental health and physical health achieved further parity and it was noted that cancer research received an average of £9000 per capita compared to £9 for mental health issues. Mental health issues by their nature were more complex and often the success of interventions were uncertain.

- Suggested that some of the numbers in the CHUMS waiting time table provided on page 61 of the report appeared inconsistent and there was a request for officers to use median figures rather than maximums and minimums.

- Queried how triaging affected waiting times, noting that some conditions required immediate treatment. The officer stated that all referrals were assessed within two hours upon which point triage and risk assessment was undertaken in order that the most appropriate action was taken.

- Requested an update in 8 months to follow up on priority areas including online bullying, social media and waiting times.

It was agreed unanimously to:

a) Note and comment on the report.

b) To request an update in 8 months' time regarding the priorities of the service, social media and eating disorders.

141. PUBLIC QUESTION

The Chairman invited Mrs Jean Simpson to address the Committee and pose her question regarding the Community First (Learning Disability Beds Consultation).

Mrs Simpson queried whether the saving would be sufficient to provide quality community service while also covering the cost of repatriation of patients, and whether there was a sufficient number of trained staff to deliver this service.

The Chairman thanked Mrs Simpson for her question and requested the report writers provide answers while stating that the topics would be largely covered during the discussion and added to the minutes.

142. COMMUNITY FIRST (LEARNING DISABILITY BEDS CONSULTATION)

In presenting the report, the officer explained that the paper was a result of transforming care for people with Learning Disabilities, a programme introduced nationally by the Department of Health and Social Care which questioned the levels of hospital admissions for people with learning disabilities. Members noted that 16 specialist beds had been commissioned for people with Learning Disabilities, of which 6 had been empty for the last two years and the remaining 10 having a 30%-60% occupancy rate, leading to the proposal for 6 to be formally closed and for the £1,000,000 saving to be reinvested. It was noted that a further small number of patients with acute specialist needs that were unable to be supported locally were treated in other areas of the country.

The officer presented four options that had been considered: to continue with the current situation; to divert the 6 beds to locally-based specialist provision; to remove all the beds; to close unused beds. The first three options were deemed unviable, leading to the proposal in the paper. The officer noted that any additional funding that would become available as a result of the changes would be re-invested in services such as enhancing community provision, extending hours of availability and developing crash pads, or crisis houses to alleviate hospital use. It was also noted that the proposal had been subject to impact assessment testing and complied with national guidance and best practice, as well as being cost neutral for the CCG.

In discussing the report, members:

- Thanked the officers for the report and for extending the consultation at the request of the Committee.

- Noted that absolute transparency would be necessary to avoid misperceptions of the proposal being viewed as a reduction of the service. It was noted that this was identified during the consultation process and was being considered as a fundamental part of the plan.

- Requested further information regarding Unified Integrated Teams and the crash pad service. It was noted that the integrated team was already in place on behalf of the CCG and was delivering well nationally, therefore the local population would notice increased access as opposed to new access. Although it was ready to be installed immediately, further consultations were still under way on a local level, including with patients and local charities. It was acknowledged that across the county, Cambridgeshire has proportionally lower numbers of hospital admissions than neighbouring authorities and that entry to the crash pads would be through clinicians and social care workers. Serving as a point of intervention at a point of crisis, the facilities would encourage users to move on as quickly as possible when ready.

- Queried the figures in table 4.1 of the report which suggested £1,300,00 was needed as opposed to the £1,000,000 that would come from closing 6 beds and expressed general concern over how the project would be funded. It was also noted that the beds had been out of use for a long time so it was unclear where the savings would be made. The officer suggested that although he could present figures to the Committee, it might be more effective to provide a comprehensive spreadsheet to members at a later date, which was confirmed by the Chairman. **Action**

- Expressed concern that responsibility was being shifted onto the community and that this should not be considered a way of saving money. The presenting officer gave details of the dynamic risk register that existed to identify people who could run into crisis and help them avoid this. If they required hospital admission then they would do so, but the aim of the program was to prevent hospital admissions.

- Acknowledged the problem of beds allocated for people with Learning Disabilities being inappropriately utilised for over-filled areas of hospitals and argued that any reduction of inefficiency in this way was good.

- Queried the number of out of area placements, including non-specialist cases while asking whether sending patients to other regions was creating an unfair burden elsewhere. It was noted that the local ward was not ideal and did not match current model expectations, partly due to the physical environment itself and also because of the scale and complexity that the local provider could currently offer as it was not specialist.

- Suggested that 1-5 places as a maximum was insufficient. It was noted that weekly admission statistics over the course of 3 years demonstrated that the proposed provision was sufficient and officers had confidence in the numbers and projections. .

- Were informed that although investments were made in social services staff and local trusts, recruiting the necessary staff was an inherent risk that was appreciated.

It was resolved unanimously to:

i. Note the report

ii. Support a nine-week formal consultation on the reconfiguration of the Learning Disability bed base and development of Community Services (Friday 10 August – 5pm Friday 12 October 2018)

143. STP UPDATE AND STRATEGIC DIRECTION FOR 2018-19

The Committee received a report on the strategic direction for the Cambridgeshire and Peterborough STP. In presenting the report, the Interim Accountable Officer for the STP emphasised the focus on integrating the care provided by hospitals, the community and families. He informed members that 18 months ago all STPs were ranked into four descending levels of effectiveness with Cambridgeshire and Peterborough placed in the second tier, although deteriorations over the last year meant it now lay in the third. It was noted that although the deficit in proportion to the overall budget was the second highest nationwide and emergency treatment had increased, improvements had been made around early supported discharge and neighbourhood teams. Recent public consultations had identified problem areas and demonstrated the need to develop relationships across the patient and staff spectrum.

The Interim Accountable Officer informed Members that immediate issues being addressed included the STP community earning the license to operate and building confidence, delayed transfers of care and finance. It was noted that 60% of the deficit related to areas that were outside of the control of the CCG but the STP was working to address the remaining 40%. In the longer term the STP was developing and reviewing the north and south alliances, introducing pilot initiatives to look after populations of 50,000, models of governance, engaging with the mayor in the devolution debate and cancer research. The Interim Accountable Officer also advised that it was unusual for the CEO of a hospital to be running an STP and assured the committee that he was committed and would perform in the role as best he could.

In discussing the report members:

- Appreciated the openness of the officer's presentation and questioned whether the north and south provider alliances were an internal mechanism or subject to separate budget controls, accountability and responsibility. Members were informed that it was not presently clear but that they increased the human level of the work, identifying and investing in communities. As had already been done in other parts of the country, it was important to get two or three neighbourhoods moving to see how to move forward.

- Acknowledged attempts to reduce delayed transfers of care (DTOCs) but expressed dissatisfaction with the figures in the report and questioned whether the targets were achievable. The Interim Accountable Officer explained that there were system-wide issues and capacity issues were a hindrance. It was emphasised that staff would not be criticised for acting in their patient's best interests over those of the organisation in relation to DTOCs. He agreed that 3.5% was ambitious and that it might be more realistic to expect levels of 5% or 6% this year. Members questioned the likelihood of an audit regarding DTOCs and were informed that an audit was highly likely and the Interim Accountable Officer suggested it may be prudent to invite an audit rather than have it imposed. A Peer Review was planned to be invited in September which would encourage external assistance and lead to extra support.

- Referred to partnerships that have pooled budgets, such as Manchester, and asked whether such a move would prove beneficial. Members were informed that the idea had been considered but not progressed, as well as indicating that it would be preferable to work in that direction as opposed to forcing relationships with people they don't know or trust. He acknowledged that areas that had pooled budgets were happy with the results but stressed that they were based on a natural transition between long-running relationships.

- Recalled that a few months ago the officer had explained the delayed transfer of care figure was at 8.3% only as a hiccup and that it would improve but instead it has risen. The Interim Accountable Officer explained that it had been reduced to around 6% in spring through unsustainable levels of senior management focus. .

- Expressed concern over the number of priorities listed in section 2.4.2 of the report and asked whether certain priorities should be given greater attention in order that the Committee could identify where progress had been made. The Interim Accountable Officer defended the priorities listed but stated that they were looking at pausing some of them, such as estates and shared services, expressing understanding and agreement with the members' concerns.

It was resolved unanimously to:

Note and discuss the strategic direction and request an update regarding the development of the STP in 6 months.

144. TRAINING PROGRAMME

The Committee examined its training plan and noted that the STP would be coming in at some point during the next few months.

It was resolved unanimously to:

- Ask members to provide input and ideas to the programme

- Propose a joint training session with the Adults Committee.

145. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan, taking into account various additions identified at the meeting.

It was resolved unanimously to:

i. Note the Forward Agenda Plan, subject to the following changes made in the course of the meeting:

   a. 14 March 2019 – add an item updating on the STP

   b. 23 May 2019 – add an item reporting on children's mental health.