HEALTH COMMITTEE: MINUTES

Date: Thursday 3rd September 2015

Time: 2.00 p.m. to 3.55 p.m.

Present: Councillors D Jenkins (Chairman), P Ashcroft, P Clapp, P Hudson, M Loynes, Z Moghadas, T Orgee, P Sales, M Smith, S van de Ven and J Wisson (substituting for A Dent)

District Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire), R Johnson (Cambridge City) and C Sennitt (East Cambridgeshire)

Apologies: County Councillors A Dent and S Van de Kerkhove
District Councillor R Mathews (Huntingdonshire)

148. DECLARATIONS OF INTEREST

There were no declarations of interest.

149. MINUTES: 16th JULY 2015 AND ACTION LOG

The minutes of the meeting held on 16th July 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

150. PETITIONS

No petitions were received.

151. NON-EMERGENCY PATIENT TRANSPORT SERVICES

The Committee received a report introducing the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) proposal for Non-Emergency Patient Transport Services (NEPTS) and the public consultation document. Sarah Shuttlewood, the CCG's Director of Contracting, Performance and Delivery, attended to present the report and respond to members' questions.

In the course of discussion, members raised various points of concern about the consultation document and process:

- The national eligibility criteria for NEPTS were very restricted; it might help patients if some illustration could be given of who was and who was not eligible, along with examples of rulings in cases of disputed eligibility.

- There was only sketchy advice in the consultation document for those who were not eligible for NEPTS and were unable to afford the cost of transport; following the link to www.nhs.gov.uk ended eventually in advice to contact the local authority about community transport. It would be helpful to include information about what was available locally.

- Cambridgeshire Future Transport was concerned about maximising opportunities for using overlapping transport services to convey people to health-related appointments where this was being done from the public purse. It would be helpful if Future Transport could be included in future discussions about patient transport; there was potential for using postcode data to map transport need and provision, something which Addenbrooke's was already starting to do.

- The proposals seemed to be thinking in siloes, with separate categories of emergency and non-emergency transport, and those ineligible for NEPTS, as well as potential problems of incompatibility between transport availability and appointment times – it was important to view transport as a whole, and make best use of public money to provide the best possible service.

- Expecting patients to book their own appointments online could disadvantage patients who were not computer literate.

- Ease of access to services tended not to be the same across the county, with rural Fenland and East Cambridgeshire usually experiencing difficulties; would NEPTS provide as good coverage in all parts of the county.

- The report implied that there would only be one provider of NEPTS; would there be opportunities for smaller providers to be involved, or for smaller providers to form consortia, and would one central point of access be able to meet demand.

- The advertised programme of consultation meetings allowed for only a hour at each venue, which seemed rather short.

- The online response form gave little opportunity for non-users of NEPTS to comment on the proposals.

In response to their concerns, members were advised that:

- The CCG's Assistant Director of Communications and Engagement would be looking at the Committee's feedback and incorporating their comments, including addressing the question of the NHS website link, and the length of the consultation meetings. If experience of the first two sessions suggested it would be appropriate, the timings of subsequent sessions could be extended.

- Eligibility criteria were national and would not be changing; the consultation was about provision in Cambridgeshire and whether the right people were getting transport and how they accessed it. The intention had been not to limit the range of people who could respond to the consultation.

- The CCG was keen to look, with the Council, at opportunities for integrating transport, and had initially approached the Council in April 2015 about this. From the Cambridgeshire Future Transport Member Steering Group meeting held on 2nd September, which a CCG officer had attended, the question had emerged, whether it would be possible for patients who were not eligible for NEPTS to book and use the service at their own expense.

- The intention was that the patient would be in control and could access and book NEPTS for themselves, but the option would be there for GPs to do the booking for patients who preferred this.

- Patients fed back that their hospital appointments did not align with when patient transport was available; it was hoped to remedy this. Electronic booking meant that it was possible to book transport and appointment together, so that appointment and transport times would fit together.

- The present service mainly provided transport to and from hospital appointments. As part of the proposed changes, the CCG was looking at bringing services out into the community, and supporting patients to travel not only to all the local hospitals but to treatment in community settings.

- Consideration would be given to building the point about equal access for all parts of the county into the service specification.

- The CCG was looking mainly at one provider managing the contract across the whole are, but this did not mean that they should not be working with voluntary organisations and smaller providers; this would be for discussion with the providers. It would be built into the procurement process that the provider would be expected to engage with current providers.

- Experience of other areas that already had similar arrangements for NEPTS in place, for example Norfolk, was that they managed the demand well.

The Chairman asked whether there was any scope for delaying the early December date for going out to procurement. He was assured that the date was not absolutely firm, and that opportunities for collaboration might emerge from conversations with district transport officers.

The Chairman thanked the CCG officer for attending the meeting and affirmed the aim of rationalising transport while saving money and providing a service that was fair to all users. He expressed concern that the present exercise touched on only a very small part of community transport, and asked that officers talk to the Committee again before going to procurement if efforts to achieve greater integration were unsuccessful. The Director of Contracting, Performance and Delivery confirmed that the CCG was keen to maximise opportunities for public engagement and for integration, but added that it was necessary to maintain the pace of the project. The Chairman asked her to keep members informed of developments.

It was resolved unanimously to note the proposal for Non-Emergency Patient Transport Services and to note the public consultation.

152. PROGRESS UPDATE ON THE CAMBRIDGESHIRE INTEGRATED SEXUAL HEALTH SERVICE

The Committee received a report updating it on the progress against the objectives and performance of the new Cambridgeshire Integrated Sexual Health Service which had been launched in September 2014; a map was supplied [attached as Appendix A] showing the distribution of hub and satellite services across the county. Members noted that the Service had encountered a number of difficulties, in particular the effect

of the introduction of e-Hospital by Cambridge University Hospitals NHS Foundation (CUHFT); because of delays in the delivery of laboratory reports, clinic staff had had to spend time trying to obtain test results.

Discussing the report, members

- welcomed the improved service, and the efforts to address health inequalities

- noted that the service in Ramsey was at tier 2; the level of service in any one place was liable to change as demand changed, for example Sawston was changed from tier 2 to tier 1 to reflect the type of demand being experienced in the area

- commenting on the disparity between the number of those offered an HIV test and those accepting the offer, queried whether it might be appropriate to inform patients of the practicalities of self-testing, with support in place for those receiving a positive result, as had been tried in parts of London. Members were advised that self-testing was recommended in areas of high prevalence, but not at the level of prevalence experienced in Cambridgeshire. However the Service would always provide advice and support for someone having a positive diagnosis

- noted that it had proved difficult to find clinic facilities for Chatteris; it was possible to locate the service at Doddington Hospital, but travel considerations meant that this would not be ideal for Chatteris patients, especially young people.

The Chairman thanked officers for attending the meeting and congratulated them on the good progress made by the Integrated Sexual Health Service.

It was resolved unanimously to note:

a) the progress of the Cambridgeshire Integrated Sexual Health Service against its objectives

b) the issues raised and the mitigating factors that had been implemented.

153. UPDATE ON ACTIONS TO ADDRESS LOW UPTAKE OF BREAST AND CERVICAL SCREENING IN CAMBRIDGESHIRE

The Committee received a report describing the work of a Task and Finish Group set up to address the low uptake of breast and cervical screening in Cambridgeshire; the report was in response to the Committee's request for further information on low screening uptake after considering the matter earlier in the year. Members noted that the Task Group had not found any one factor in the low take-up of either breast or cervical screening; there was no obvious correlation with age or level of deprivation.

In the course of discussion members

- in response to a question about the role of private health insurance in the data, noted that the results of employer-provided breast screenings could not be entered on the public health database because they were not subject to the same quality checks as NHS screenings

- welcomed efforts to improve communication, but the stressed the importance of first trying to understand the reasoning behind decisions not to attend for screening

- expressed concern at the low uptake of screening, commenting that publicity given in recent years to disadvantages of screening might have contributed to the low uptake, and noted that another factor in low figures could be the rapid turnover of population in parts of the county

- pointed out that some practice nurses used other health checks as an opportunity to offer immediate cervical screening

- suggested that the introduction of papilloma vaccination may have led young women and their mothers to give a lower priority to cervical screening

- requested uptake information at GP practice level, which could be shared with Local Health Partnerships and would give some indication of where action should be taken. The Director of Public Health (DPH) said that this information was being shared in confidence with the task group; she offered to discuss how it might be possible to provide it to Local Health Partnerships without breaching confidentiality. **Action required**

The Committee requested a further update to its meeting in January 2016. The Chairman commented that the survey of GPs should have been published in July, and suggested that the Committee might wish in future to look at how GPs met other performance measures, not just the screening indicators. He asked the DPH to supply members with a summary of the survey findings, if available. **Action required**

It was resolved unanimously to
a) receive the report; and
b) endorse the actions taken to date.

154. REVIEW OF CAMBRIDGESHIRE STOP SMOKING SERVICES

The Committee received a report setting out the challenges currently faced by the Cambridgeshire Stop Smoking Service. Over the past three years, its achievement of the countywide quitting target had fallen from 95% to 64%, but the prevalence of smoking had also fallen. A recent evidence review from Public Health England had indicated a good quit rate when patients attending smoking cessation services used e-cigarettes as part of their quit attempt. The Cambridgeshire service was looking at other ways of encouraging quitting than four weeks of intensive support, including a harm reduction model that would support smokers to quit for one to two years. This would have implications of increased costs for medication to help stop smoking and staff time; any change of model would have to be factored into Public Health budget discussions.

Considering the report, members

- reported hearing of two cases where a hospital consultant had refused to operate until the patient was nicotine-free for four months; if consultants were setting quitting conditions, they should be referring the patients to the smoking cessation service. Officers advised that medical staff had information about referrals to Stop Smoking Services and work had also been undertaken with the CCG

- pointed out that if a smoker transferred to e-cigarettes and then quitted smoking completely, quitting would have been achieved but would not appear in the service's figures

- drew attention to the ready availability of black market cigarettes in parts of the county, and suggested that people would continue to smoke if they could buy cigarettes cheaply. Members noted that Public Health, along with Public Health from Suffolk, Norfolk and Essex and their Trading Standards departments, was about to launch a campaign about illicit cigarettes, targeting the most vulnerable areas and groups

- noted that Kick Ash continued to work in schools.

It was resolved unanimously:

a) to note the challenges and the options for the Service identified in the paper

b) that the 'harm reduction' model should be further considered during the prioritisation process for 2016/17 business planning.

155. FINANCE AND PERFORMANCE REPORT – July 2015

The Committee received a report setting out financial and performance information for the Public Health Directorate as at the end of July 2015. Members asked about the consequences for the budget of the low health checks uptake; officers advised that a range of initiatives was being started, including social marketing, work with GP practices, blood tests at the point of care, and easier ways of data collection for practices.

It was resolved unanimously to receive and note the report.

156. CAMBRIDGESHIRE COUNTY COUNCIL RESPONSE TO DEPARTMENT OF HEALTH CONSULTATION ON 'LOCAL AUTHORITY PUBLIC HEALTH ALLOCATIONS 2015/16: IN-YEAR SAVINGS'

The Committee received a report setting out the response that the DPH had made on behalf of the County Council to the Department of Health consultation on 'Local authority public health allocations 2015/16: in-year savings'; any savings would have to stay within the Public Health ring fence. Members noted that the in-year reduction had been announced in Parliament and consulted on from 31st July to 28th August. As there had been no meeting of the Committee in this period, the DPH had consulted members at a workshop and by email. Cambridgeshire's Public Health funding was below target; the response had expressed the view that more of the savings should be taken from areas receiving more than target funding.

Members asked whether Cambridgeshire's allocation was low because its population's health was good and it was not a deprived area. They were advised that this was not the reason; the target had taken account of these factors, and the funding allocated was below that target.

It was resolved unanimously:

to note the response of the Director of Public Health on behalf of Cambridgeshire County Council to the Department of Health consultation on 'Local authority public health allocations 2015/16: in-year savings'

157. HEALTH COMMITTEE TRAINING PLAN

The Committee considered its training plan, and suggested that it might be appropriate to include some training to enhance members' understanding of the work of GPs, in order to help them in any scrutiny of GP work. The DPH advised that overall responsibility for contracting with GP practices for their services lay with NHS England, thus removing potential conflict of interest with GPs as commissioners. She offered to look into ways of exploring how GP practices were developing and performing. Members also requested information on how the different relationships in primary care fitted together, including pharmacies and dental services.

It was suggested that the subject of NHS funding and commissioning responsibilities should be expanded to cover this, and that a training session should be held on the reserve meeting date in February 2015. **Action required**

It was resolved unanimously:

a) to note the training plan

b) to add to Subject 4 (NHS funding and commissioning responsibilities) an element on how relationships between primary care services fitted together

158. HEALTH COMMITTEE AGENDA PLAN, AND APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee considered its agenda plan, noting that it would probably be necessary to hold a formal meeting on the reserve date of 1st October 2015 to look at proposals for the 2015/16 in-year Public Health Grant savings. In the context of future agenda items, one member suggested that the Committee might look at end of life care in local hospitals. The CCG's Assistant Director of Communications and Engagement pointed out that the CCG was running an end of life programme, and suggested that it might be appropriate for the CCG to supply a report on this.

It was resolved unanimously:

a) to note the agenda plan

b) to note that there were currently no outstanding appointments to be made.

Chairman