HEALTH COMMITTEE: MINUTES

Date: Thursday 17th December 2015

Time: 2.00pm to 4.25pm

Present: Councillors P Ashcroft, B Chapman (substituting for Cllr van de Kerkhove), P Clapp, P Hudson, D Jenkins (Chairman), Z Moghadas, T Orgee (Vice-Chairman), P Sales, M Smith, P Topping and S van de Ven

District Councillor S Ellington (South Cambridgeshire)

Apologies: County Councillors Dent, Loynes and van de Kerkhove (Cllr Chapman substituting); District Councillors D Brown (Huntingdonshire), M Cornwell (Fenland), R Johnson (Cambridge City) and C Sennitt (East Cambridgeshire)

174. DECLARATIONS OF INTEREST

In relation to agenda item 9 (minute 181), Councillor Hudson declared an interest as a Trustee of Over Day Centre.

The Chairman proposed, and the Committee agreed, that the agenda running order be changed to take item 9 (Prevention work for the Health System Transformation Programme) before item 8 (Service Committee review of additional draft revenue business planning proposals for 2016/17 to 2020/21).

175. MINUTES: 5th NOVEMBER 2015 AND ACTION LOG

The minutes of the meeting held on 5th November 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted. The Director of Public Health (DPH) advised that the first of CUHFT's reports had been received and circulated to Members with updates on the three topics identified. It was agreed that a letter be sent to CUHFT thanking them for the report and asking them to continue to provide reports, but to bear in mind when writing them that they would be read by a non-NHS audience. **Action required**

176. CO-OPTION OF DISTRICT COUNCIL REPRESENTATIVE

It was resolved unanimously to co-opt Councillor Daryl Brown of Huntingdonshire District Council as a non-voting member of the Committee.

177. PETITIONS

There were no petitions.

178. CARE QUALITY COMMISSION INSPECTION REPORTS – CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT)

The Committee considered the recent Care Quality Commission inspection of Cambridgeshire and Peterborough NHS Foundation Trust. Four of the five CQC inspection areas had been rated as Good, with the fifth inspection area, Safe, being rated as Requires Improvement. The overall rating of the trust had been Good.

In attendance to present information and respond to Members' questions were:

- from Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
    - John Ellis, Commissioning and Contract Lead
    - Jill Houghton, Director of Quality / Nurse Member
- from Cambridgeshire and Peterborough NHS Foundation Trust
    - Mel Coombes, Director of Nursing
    - Aidan Thomas, Chief Executive.

Members noted that nationally only 20% of mental health trusts received an overall rating of good, and there were no such trusts rated outstanding. An action plan was in place and being monitored internally by CPFT and externally by Monitor and the CCG. Because waiting lists were already due to be considered at its next meeting in January 2016, the Committee decided to focus on other aspects of the CQC report. The Chief Executive said that, with a couple of minor exceptions, CPFT had already been aware of the matters pointed out by the CQC. He recognised the value of inspections for patients and the Trust as improving quality and safety.

In the course of discussion, Members

- requested more information about the rating of Requiring Improvement for community-based mental health services for older people and for specialist community mental health services for children and young people. Members were advised that, for children and young people's services, this rating related largely to waiting lists. Following discussion with the CCG, more resources were being put into dealing with this; the list for Child and Adolescent Mental Health (CAMH) would conform to national guidance on waiting lists later in December, and waiting list for attention deficit hyperactivity disorder (ADHD) had recently been re-opened.

  For Older People's services, issues had been identified around consent to treatment and around management of mixed sex accommodation on one ward in the Peterborough area. The problem with consent to treatment was not that consent was not being obtained, but that the consent was not being recorded. Management of single sex accommodation had been improved by providing a male lounge in addition to the required female lounge

- welcomed the CCG's increase of investment in mental health services by 5.6% in 2015/16 but commented that this represented an input rather than output; in future, it would be helpful to see the outputs that were flowing from the increased input. The Committee was advised that the CCG's report to its January meeting would include information on where the investment had been made. The number of patients accessing treatment had increased, and there were two urgent issues of capacity, in community services and in the capacity of voluntary sector organisations to support patients on discharge. Investment in IAPT (Improving Access to

Psychological Therapies) had also increased, as had CAMH investment. More detail could be made available if required

- noted that the 5.6% increase represented an additional spend of about £2.2m.

The Chairman congratulated the CPFT representatives on the CQC's judgement, describing it as something to be proud of and to defend. The Chief Executive paid tribute to the efforts of CPFT's staff, to whom the praise was due; the staff were determined to achieve an outstanding rating in due course.

It was resolved unanimously:

to note the information provided by the Cambridgeshire and Peterborough Clinical Commissioning Group and CPFT in advance and at the meeting

179. OLDER PEOPLE AND ADULT COMMUNITY SERVICES – ARRANGEMENTS FOR PATIENT CARE FOLLOWING TERMINATION OF UNITINGCARE CONTRACT

The Committee received a report updating it on the actions taken by the CCG since the announcement on 3rd December 2015 that the contractual arrangement between the CCG and UnitingCare was coming to an end.

In attendance from Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to present the report and respond to Members' questions were

- Jessica Bawden, Director of Corporate Affairs
- Neil Modha, Chief Clinical Officer (Accountable Officer).

Aidan Thomas, Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) also responded to questions.

The Chairman explained that the Committee would focus in the present meeting on what had happened in the two weeks since the announcement of the end of the contract, and look at what arrangements had been put in place to ensure that no service user had been disadvantaged. There would then be further discussion of other aspects of the termination at the Committee's meeting in January 2016.

The Accountable Officer advised Members that a major incident plan had been put in place to manage the situation following the contract termination. Every provider had been contacted on the same morning and reassured that services would continue, and messages to all staff involved had been consistent, whether they were employed by CPFT or Cambridge University Hospitals NHS Foundation Trust (CUHFT). He accepted the need for an enquiry; Healthwatch had already written helpfully to the CCG at the end of the previous week posing a number of questions, and the CCG would be meeting with Healthwatch in the coming week.

The Chairman read two questions from a member of the public, Jean Simpson of Cambridge. In answer to the question 'Will the Committee take steps to investigate how much public money had been spent on this whole exercise so far, and how the service is going to be securely financed from now on?', he said that yes, the Committee would be examine secure financing of the service at its January meeting. In reply to 'Will the Committee also require the CCG to halt the current procurement exercises ongoing, in particular that for Out of Hours and 111 services, until we can be assured that the CCG is capable of doing this properly?', he said that the answer was no, but

Members had already indicated to health system officers that they did not expect them to ignore the issue.

The Accountable Officer added that the 111 and Out of Hours procurement was based on a national specification, and the CCG had been advised in this work by different advisers from those involved in the UnitingCare contract. The other current procurement exercise concerned the provision of Non-Emergency Patient Transport Services (NEPTS); both these contracts were far smaller in value than that for Older People's and Adult Community Services (OPACS). He assured Members that the CCG was taking Jean Simpson's comments very seriously.

In the course of discussion Members

- raised the possibility of the Committee writing to Monitor and the Department of Health (DH) arguing that community services needed investment to establish them, and suggesting that the DH support the Cambridgeshire and Peterborough project. The Accountable Officer replied that the fundamental principles of the Older People's programme (to keep the elderly in their own homes) had not changed, and that, after the Committee's January meeting, they should work together to see how support to that area of work could be increased

- in relation to the 111 and Out of Hours contract, enquired whether the national 111 contract formula was fit for purpose. Members were advised that 111 and Out of Hours had not been joined up services for historic reasons; to address the problem of many callers to 111 being told to attend hospital unnecessarily, GPs were now available to speak to 111 callers where appropriate, and to see Out of Hours walk-in patients. The CCG was of the view that the contract specification was fit for purpose and would deliver what was required. Pilot work on the integrated service had been undertaken in Cambridgeshire and gone into development; it was not a new model of care, but a new integrated service

- asked what the evidence was to support the assertion that there had been continuity of care for service users. The Chief Executive of CPFT, speaking as one of the sub-contractors, said that CPFT had been telephoned about continuity as already described. He had talked to large groups of CPFT staff to say that existing arrangements for the new model of care would continue, staff had passed that assurance on to patients, and he knew from CPFT's records that care was being delivered; many patients had not noticed the organisational difference.

  The Accountable Officer added that feedback was also being received from the Patient Advice and Liaison Service (PALS), and asked Members to let the CCG know of any evidence they had that services were not being continued. The front-line staff were all still in place, but the bills were now being paid by the CCG rather than by UnitingCare.

- sought assurance that services in community hospitals would not be affected by the contract termination. Members were advised that services previously delivered through the UnitingCare contract would continue, including those in community hospitals. There might in time be some discussion of future community hospital services, but the topic would have arisen even if UnitingCare had continued. Unrelated to the termination of the UnitingCare contract, Cambridgeshire Community Services NHS Trust (CCS) had decided to withdraw its outpatient

service at North Cambridgeshire Hospital, Wisbech; this service would in future be provided by Queen Elizabeth Hospital, Kings Lynn

- commented that an enormous amount of work and resource had gone into the OPACS procurement exercise, and expressed concern about where the resource could be found for the future. The Accountable Officer replied that the first mission was to stabilise without there being any impact at patient level, and the second mission was to learn lessons and get all possible benefit from the procurement experience to help influence future service development

- noted that the CCG had notified the Committee Chairman and Vice-Chairman of the termination of the contract on the day of the announcement, but ahead of the media being informed by press release. The CCG had been working closely with UnitingCare and had hoped until only days beforehand to find a solution

- commented that some Members would have appreciated earlier notification, and recalled that there had been no indication of any concerns when the Committee's Commissioning Older People's Healthcare working party had met with UnitingCare on 5th November 2015. The Chairman asked that the relevant Chief Executives attend working group meetings in future

- noted that Keith Spencer continued in post as Chief Executive of UnitingCare, which was a limited liability partnership and still existed. Most of its staff had been on secondment, and had now returned to their seconding organisations; UnitingCare no longer received any payment from the CCG. The CCG's intention was to take stock of the UnitingCare programme, see what elements were working well and use those findings to inform the development of future services; providers had been told that the CCG aimed to stabilise the situation in the course of the current financial year.

At the Chairman's invitation, and in response to a Member's comment that there was now an opportunity for Healthwatch to take a lead and demonstrate that it was a watchdog, the Chair of Healthwatch Cambridgeshire, Val Moore, spoke. She said that after a week of talking with the organisations involved, Healthwatch too had concluded that it had a part to play, including reassuring the public about the reassurance that it had itself received. There had been promising signs of good services being developed by UnitingCare; Healthwatch's role would be to support the development of the work going forward, bringing it to public attention and sharing information with the groups and networks to which it had access. Healthwatch would assist in any examination of what had happened; it had written and published a letter to the CCG's Accountable Officer which had in part set an agenda for future questions.

Members asked that the Committee in due course receive a full account of what had happened, with no financial information concealed on the grounds of commercial sensitivity. The Accountable Officer undertook to be open with the Committee.

It was resolved unanimously to note the report.

180. HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP

The Committee received a report informing it of the health scrutiny activities undertaken and planned since 5th November 2015. Members noted that the report and its recommendations had been written before the collapse of the UnitingCare contract.

Commenting on recent working groups, Members said that the meeting with UnitingCare had left a positive impression of progress and an opportunity to change the delivery of services for the better. In retrospect, it would have been helpful to have a more senior officer from UnitingCare present, as the group had received a presentation, rather than information. The Chairman pointed out that working groups represented a form of low-level scrutiny, and required good attendance from Members.

It was resolved unanimously:

1) to note and endorse the progress made on health scrutiny by the liaison groups.

2) to defer until the next meeting consideration of whether public consultation on future service configurations in dementia teams in Cambridgeshire and Peterborough NHS Foundation Trust should be tabled into forward plan for future scrutiny.

3) to reconfirm liaison and working groups as a low-level form of scrutiny

4) to establish liaison groups for the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridge University Hospitals NHS Foundation Trust (CUHFT)

5) to hold quarterly meetings of the above liaison groups at the offices of the relevant NHS organisation and require the Chief Executive of the organisation to attend

6) that the Chairman/woman and Vice-Chairman/woman serve on all three liaison group, and all Members of the Committee be invited to attend liaison meetings

7) that Councillors Clapp, Ellington, Hudson and Topping be core Members of the CUHFT liaison group.

181. PREVENTION WORK FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

The Committee received a report introducing the first draft of a health system prevention strategy for Cambridgeshire and Peterborough, noting timescales and that the draft strategy had already been considered by the Health and Wellbeing Board. The strategy was looking at what would quantifiably save money for the local NHS over the next five to ten years; modelling NHS savings was not a precise science, but the strategy was building on the best evidence available, and linked with national and academic work where available. A glossary was being developed to help make the document more manageable for a non-NHS audience.

Members were advised that since publication of the committee papers, Falls Prevention modelling work had been added to the draft strategy. This was focused on people aged over 75, and had been identified as another area where savings could be made from prevention initiatives. Additional modelling had been undertaken around cardio-vascular conditions. Estimated savings would be increased slightly by the addition of these areas.

The Chairman congratulated Emma de Zoete, Consultant in Public Health, and her team on the production of a very professional, large-scale piece of work, which had involved analysts, public health expert officers, and national and academic input.

In answer to their questions and comments, Members noted that

- elements of the strategy would be funded from different sources; some (such as hypertension work largely undertaken by GPs) would come from the mainstream NHS budget, whereas for example falls prevention work involved several agencies; the strategy was more about what could be done than about which body was funding individual elements of prevention work

- the strategy could be summarised at present as a strong evidence base for investment rather than a costed plan at this stage; it needed to be taken through the local health system and the Health and Wellbeing Board

- the Committee's previous views about not disinvesting in long acting reversible contraception (LARC) had been confirmed by the work, which showed a high rate of return to the NHS from LARCs

- funding for day centres was a matter for the Adults Committee; day centres could relate to the public health budget if they for example provided targeted exercise programmes as part of falls prevention work.

Members drew attention to the scale of potential savings in relation to the investment made, and stressed the importance of all parties involved thinking more broadly, not just within their own budget silos. Much prevention work depended on other organisations, but the savings for all involved could be substantial. At the Chairman's suggestion, and with the support of the Committee, two additional recommendations were proposed, that the draft strategy be given to Group Leaders and that Health Spokes make their groups aware of its contents.

It was resolved unanimously

a) to note the first draft of the health system prevention plan

b) that the most recent draft of the health system prevention plan be given to Group Leaders to inform their budget considerations

c) that the Health Spokes for each political group make their groups aware of the contents of the prevention plan.

182. SERVICE COMMITTEE REVIEW OF ADDITIONAL DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2016/17 TO 2020/21

The Committee received a report providing an overview of the draft Business Plan Proposals for Public Health Grant (PHG) funded services, and a summary of the latest available results from the budget consultation.

Members noted that it had only become clear in November 2015 that the ring-fence on the PHG would continue for a further two years, and that there would be an average of 3.9% real-terms cuts each year to 2020/21, in addition to the in-year cut to the PHG in 2015/16. No Community Impact Assessments had yet been completed for the new

savings proposals developed since November. Ring-fencing of the PHG meant that, in accordance with the Council's custom and practice, any savings required would have to come from the services funded by the ring-fenced grant.

The Director of Public Health thanked the Public Health directorate, the Council's other directorates, and contractors for being very understanding of the position in which Public Health had been placed. In terms of forecast cash savings for 2016/17, the revised savings target for PHG-funded expenditure was predicted to be £2.7m. The key factor in determining savings was how to minimise the impact on residents; it was necessary to consider deliverability, and consider the most vulnerable communities. Work was also being undertaken to identify scope for income generation.

Members noted that it was planned to hold a workshop for committee members on the business planning proposals in early January, and consider the findings at its meeting on 21st January to inform the General Purposes Committee's consideration for the Council's overall Business Plan.

In answer to questions, Members were advised that treating the PHG as a ring-fenced grant concentrated the savings into the Public Health budget; the position of the rest of the Council had therefore been improved by the £1.8m anticipated reduction in PHG, which would now be found from within PHG-funded services, rather than from the Council as a whole (which would have been the case had the ring fence been removed). Public Health had been working closely with other directorates on how savings could be made in PHG-funded work carried out in other directorates through the Memorandum of Understanding (MOU); there might be opportunities for services giving Public Health outcomes to be funded in other ways, as they had been before the introduction of the MOU. Members commented that long-term savings in Public Health lead to long-term increases in health costs.

The Chairman distributed additional text for consideration as a possible resolution:

That the Committee

1) notes the Government's decision to continue funding an increasingly expensive NHS
2) notes the evidence-supported positive long term impact that Public Health spending has on NHS costs
3) notes the recent Government decision to
    a. continue the ring fence of the Public Health grant
    b. cut next year's grant by 3.9% on top of the in year cut of 7% this year
4) is concerned because of the impact that this will have on short and longer term total health economy costs and therefore
5) requests that the Chairman writes to local MPs asking them for support in reversing next year's cut
6) requests that Cambridgeshire County Council co-ordinates a broader response via the Local Government Association
7) requests the Director of Public Health to develop alternative approaches to funding Public Health programmes.

Discussing this text, Members suggested adding that there had been a significant increase in population in this area, from both housing development and immigrant populations, which required recognition as part of the funding process. Bearing in mind the report on prevention work, it was also suggested that an effort be made to add some figures to points 2) and 4). However, Members also queried whether this was the

right time to write to MPs, given the forthcoming budget workshop in January and subsequent meeting of the Committee. One Member reported that she had been contacted by her local MP asking for help to secure funding for Centre 33 for residents of South Cambridgeshire; a letter along the lines proposed would make it clear to MPs that there was indeed a funding difficulty in Cambridgeshire.

On being put to the vote, it was resolved by a majority to defer taking the proposed action. Instead, the Committee would consider a motion at its next meeting along the lines already discussed. It was suggested that some informal discussion with the potential recipient MPs could assist in arriving at helpful wording for the letter.

The Committee then considered what its comments to the General Purposes Committee would be on the draft revenue saving proposals for 2016/17.

It was resolved unanimously to:

a) note the overview and context provided for the 2016/17 to 2020/21 Business Plan revenue proposals for Public Health grant funded services, updated since the last report to the Committee in November.

b) relay to the General Purposes Committee as part of consideration for the Council's overall Business Plan the comments that

    a. the Committee would work on a budget incorporating the savings requested in Public Health grant funded services for 2016/17 to 2020/21

    b. the Committee was unable to consider the revenue savings proposals to Public Health grant funded services for 2016/17 to 2020/21 in the absence of Community Impact Assessments

    c. the Committee would consider and comment on the draft revenue savings proposals to Public Health grant funded services for 2016/17 to 2020/21 at a workshop in early January 2016 and at its meeting on 21 January 2016, and then relay its comments to the 2 February 2016 meeting of the General Purposes Committee as part of consideration for the Council's overall Business Plan

c) note the ongoing stakeholder consultation and discussions with partners and service users regarding emerging business planning proposals

183. PUBLIC MENTAL HEALTH STRATEGY UPDATE (INCLUDING WIDER PROGRAMME UPDATES)

The Committee received a report on the County Council's public mental health work; a number of the projects reported on were funded through the public mental health strategy implementation.

In answer to their questions and comments, Members noted that

- the work was proceeding largely as planned, though progress was quicker in some areas and delayed by external factors in other areas, for example, in the case of the

physical health of those with severe mental illness, work by the CCG and CPFT meant that Public Health needed to do less

- cyber bullying was to be a topic for the anti-bullying steering group's meeting in January 2016; Members suggested that cyber-bullying be specifically included in the public mental health strategy

- Public Health was working closely with the Learning Directorate and Personal, Health and Social Education (PHSE) colleagues to develop a toolkit for secondary schools, and to develop consistency of approach to bullying across schools

- the strategy recognised that bullying was a risk factor for poor mental health

- a pilot scheme was being conducted in 12 Cambridge schools. As part of the pilot, training provided by CPFT was being offered to a mental health champion in each school to support champions in working to ensure that schools were meeting their requirements relating to the mental health needs of students

- there was a separate suicide prevention strategy which covered the question of people with severe mental health problems who were not working, not in education, and not involved in day to day community activities, and were bordering on suicidal. Officers offered to supply a copy of the strategy to the questioner. **Action required**

It was resolved unanimously:

to note the progress and work being undertaken in delivery of the Public Mental Health Strategy.

184. TRANSFER OF RESPONSIBILITIES FOR COMMISSIONING HEALTH VISITING AND FAMILY NURSE PARTNERSHIP TO CAMBRIDGESHIRE COUNTY COUNCIL

The Committee received a report updating it on the main issues relating to responsibility for public health commissioning for children aged 0-5. Members noted that Public Health in Cambridgeshire and Peterborough worked closely together, with the Cambridgeshire and Peterborough Children's Health Joint Commissioning Unit (JCU) being led by the Peterborough City Council Director equivalent to Cambridgeshire's Executive Director: Children, Families and Adults. Having taken over contracts with Cambridgeshire Community Services NHS Trust, the JCU was monitoring current performance, outcomes and delivery of services. The basis on which work was commissioned had changed from being based on GP practice to geographical location.

Commenting on the update, the Chairman suggested that, because this area of business was a recent addition to the Council's Public Health responsibilities, it would be helpful to hold a training seminar for Members to give them an overview of how this work was managed and implemented.

It was resolved unanimously:

to receive this briefing on the current commissioning responsibility of health visiting to Cambridgeshire County Council.

185. HEALTH COMMITTEE TRAINING PLAN

The Committee considered its training plan, noting the addition of an invitation to attend a training event being organised by the Centre for Public Scrutiny on 11th February 2016. The Chairman reported that three names had been put forward to reserve the three places offered (Councillors Clapp, Jenkins and Orgee), but other nominations could be made through Spokes. It was suggested that those who attend should feed back their findings after the event.

It was resolved unanimously

a) to note the training plan

b) to add a training seminar, to be held jointly with the Children and Young People Committee, on the commissioning of children's health and the services the Council was required to deliver.

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

The Committee considered its agenda plan. Members asked that they be given sight of business planning papers as early as possible, even if in draft and in instalments. The Director of Public Health noted this request.

It was suggested that there be a very brief item on hospital car parking charges at the next meeting, to give an opportunity to propose writing to hospital chief executives encouraging them to publicise the various reductions in charges available.

Because of the likely length of the January agenda, it was proposed to start the meeting at 1pm and take a break halfway through.

It was resolved unanimously:

a) to note the agenda plan, with the addition of items on Business Planning and on hospital car park charges to the agenda for 21st January 2016
b) to start the meeting on 21st January at 1pm
c) to note that there were currently no outstanding appointments to be made.

Chairman