HEALTH COMMITTEE: MINUTES

Date: Thursday 16th July 2015

Time: 2.00 p.m. to 5.15 p.m.

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

District Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire) and T Moore (Cambridge City, substituting for R Johnson)

Apologies: County Councillors M Loynes, M Smith and S van de Ven
District Councillors R Johnson (Cambridge City), R Mathews (Huntingdonshire) and C Sennitt (East Cambridgeshire)

131. DECLARATIONS OF INTEREST

There were no declarations of interest.

132. MINUTES: 28th MAY 2015 AND ACTION LOG

The minutes of the meeting held on 28th May 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted. The Director of Public Health reported that the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) had supplied an update on E-Hospital issues; once the permission of the Cambridge University Hospitals NHS Foundation Trust (CUHFT) author had been obtained, this would be circulated to the Committee.

133. CO-OPTION OF DISTRICT COUNCIL REPRESENTATIVES

It was resolved to co-opt the following District Councillors as non-voting members of the Committee:

- from Cambridge City Council: Councillor Richard Johnson, substitute Councillor Tim Moore
- from East Cambridgeshire District Council: Councillor Carol Sennitt
- from Fenland District Council: Councillor Mike Cornwell

134. PETITIONS

No petitions were received.

135. CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST – ADULT AND CHILD MENTAL HEALTH SERVICE PRESSURES

The Committee received a report on the current issues in the provision of adult and child mental health services and the actions taken to address these. Members also

considered the report on Children's Mental Health presented to the Children and Young People (CYP) Committee on 30 June 2015, noting that the CYP Committee was well aware of issues round children's waiting times; adults were seen within 24 hours in cases of urgency.

Officers present to respond to members' questions and comments were Aiden Thomas, Chief Executive, and Deborah Cohen, Director of Service Integration, from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT); and from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), John Ellis, Commissioning and Contract Lead, and Stephanie Brown, Mental Health Contract Support Manager.

In the course of discussing the reports, members

- sought clarification of the amount of money involved in the 5.6% increase in funding, and were advised that it was 5.6% of CPFT's turnover; the turnover was around £130m and the total of the cost improvement programme was £6m. £2.6m was being invested in crisis teams and the expansion of community teams; guidance about safer staffing of wards also required an increase in the number of ward staff

- welcomed the uplift in funding, but asked whether it was keeping pace with the uplift in demand. Members noted that CPFT and the CCG as commissioners were working closely together; the national funding formula produced less money for health in Cambridgeshire than in many other areas. There had been a 13% increase in serious and enduring mental illness demand (measured by referrals) and a 20% increase in demand for CPFT children's services, as well as an increase in demand for the County Council's children's services

- noted that the 18-week referral to treatment target related to the national standard for consultant-led services largely in the acute sector, and did not apply to mental health services. There were treatment time targets within CPFT's services, such as the Improving Access to Psychological Therapies (IAPT) service. Measures to manage the CAMH waiting list included seeing children with the highest need urgently. A plan to remove the waiting list had been produced but lack of funding meant that this would take longer to achieve; it had been the case that a non-urgent referral could wait for up to 12 months, which was clearly not acceptable, and it was hoped to reduce the wait to levels in line with national guidance by Christmas

- noted that there was a specific issue about waiting times for young people referred for diagnosis with possible Attention Deficit Hyperactivity Disorder (ADHD); if GPs or paediatricians were to carry out the diagnosis, this would remove them from the waiting list. There was also a significant wait for adults with ADHD, where demand for services had far outstripped supply; work was being done to enhance the support available in primary care for this condition

- expressed concern at the effect of ADHD diagnosis delays for parents seeking statements of special educational need, and pointed out that educational psychologists were also able to diagnose ADHD. Members noted that the Children's Health Joint Commissioning Board (CHJCB), chaired by Councillor Nethsingha, had already expressed concern at the delay in diagnosis; CPFT was undertaking a review of the ADHD pathway. A report would be presented to the CHJCB at its next meeting (7 September); the Chairman asked that a copy of the report be made available to members of the Health Committee **Action required**

- enquired whether having one section 136 suite (the place to which the Police can bring individuals from a public place assessed as needing mental health care) for the whole county was satisfactory. Officers advised that ideally, the facility would be located in the centre of the county, but as this was not possible, Cambridge was chosen rather than Peterborough partly because the number of section 136 cases had doubled, and because the layout of the Peterborough suite no longer complied with national guidance. The Crisis Concordat was considering the provision of clinical support for the Police

- welcomed the review of the Advice and Referral Centre (ARC) and noted that it was expected to be completed within two months. The review included looking at widening access to the ARC to include people with mental health problems, at developing a single point of assessment when contacting the ARC, and at making it easier for service users to regain access to CPFT services following discharge

- sought further information on the redesign of inpatient services for people with learning difficulties. Officers advised that responsibility for the redesign rested with the Learning Disability Partnership; CPFT was involved only in the provision of two (usually short-stay) inpatient units for those needing acute assessment. Members expressed concern at the delay in redesign, and the Chairman undertook to pursue the matter with the Director of Public Health and to talk to the chairmen/women of the Adults Committee and the CYP Committee. **Action required**

- in relation to the shortage of approved mental health practitioners (AMHPs), noted that only staff with the AMHP qualification could carry out various functions under the Mental Health Act. The County Council had recently raised the level of allowances to AMHPs, bringing them into line with neighbouring authorities, and were encouraging and supporting non-social workers to train as AMHPs. AMHP assessments had to be carried out when required, without any waiting list

- drew attention to the importance of improving the transition from children's to adults' services and noted that this was under active review. Difficulties for parents included that the threshold for children's mental health support was lower than that for adults, that parents were much less closely involved in provision for adults, and that CAMH stopped at 17 but adult services started at 18. The Children and Families Act 2014 made it clear that transition should be driven by the needs of the individual, not by age; it was necessary for Cambridgeshire (and many other authorities) to review their transition arrangements

- noted that each Local Commissioning Group had a lead practitioner for mental health. GPs had made it very clear to CPFT and CCG that it was necessary to increase investment in mental health as a priority.

The Chairman thanked officers for giving up their time to attend, and asked them to present an update to the Committee in January 2016.

It was resolved unanimously to note the courses of action outlined in the paper.

136. UPDATE FROM UNITINGCARE PARTNERSHIP

The Committee received a report describing UnitingCare's background and model. Attending from UnitingCare to provide an oral update on recent developments and

respond to members' questions and comments were Keith Spencer, Chief Executive, and Tracy Cannell, Chief Operating Officer

The Chief Executive reported that UnitingCare had taken over responsibility for the contract for older people's healthcare and adult community services on 1 April 2015 and had worked to ensure a safe transition of services. UnitingCare was working closely with health providers and local authorities in Cambridgeshire and Peterborough, and was closely involved in efforts to reduce delayed transfers of care from hospital (DTOC) and to avoid hospital admission, with an emphasis on diversion and ensuring that people were treated closer to their own homes.

In the course of discussion, members

- noted that efforts were being made to achieve the same understanding by both health and social care of what was meant by a neighbourhood team. The teams were being based round GP practice clusters, and third sector (voluntary) organisations were being encouraged to base their services round the clusters too

- enquired whether teams would be working with local day centres; officers responded that such centres were often well placed to know local needs; they had a local network and local focus that could help build up services

- noted that the scale of change required was greater than that achieved by any other health system, but the alternative to making the changes would be far worse; doing nothing would result in a 31% increase in hospital admissions in five years' time. The success of UnitingCare's efforts was vital to the success of the Better Care Fund (BCF) programme. Uniting Care was trying to express its targets in terms people could understand, for example by saying that it was necessary to prevent the admission of 17 more people to hospital each day compared with a year ago; this equated to one per neighbourhood team per day, a readily-intelligible challenge

- noted that efforts were being made to get people out of hospital by providing more support at home; hospital stay length had already reduced

- enquired whether this ambitious programme had been risk-assessed, and whether it was realistic. Members noted that the model was evidence based – introducing integrated teams with more community support in Lowestoft had led to a 9% reduction in admissions at a time when other areas were seeing a 10% increase. When putting in the contract bid, the Chief Executive and colleagues had worked with external agencies to assess different schemes such as the Joint Emergency Team (JET); the findings had suggested that UnitingCare was at the median

- commented on the need for public education around proper use of the health system, such as not missing appointments, and noted that an engagement campaign was planned to educate the public and responders (e.g. the Ambulance Service) about the options available to them for obtaining care

- noted that the telephone and advice service OneCall was currently accessible only to healthcare professionals, but was being extended to care homes for their patients, and would be extended to known patients already receiving care; it would not become available to the general public

- noted that short-term 24/7 care was being introduced, and hospice at home services were being expanded in conjunction with Sue Ryder and Arthur Rank House; the aim was to provide safe care that people were happy with at home

- in answer to a question about the numbers involved in a 19% reduction in avoidable hospital admissions, noted that 10% of hospital admissions came from the 240 care homes in Cambridgeshire and Peterborough; if the data was broken down, it could be used to encourage change. The health system needed to be determined to address the issue of admission avoidance.

The Chairman thanked officers for attending and wished them well for the future of their exciting project.

It was resolved unanimously to note the report.

137. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

The Committee received a report updating it on the strategic aims and values of the Cambridgeshire and Peterborough Health and Care System Transformation Programme and its strategic planning process, and on the NHS England second wave Vanguard applications for acute hospitals. Jessica Bawden, the CCG Director of Corporate Affairs attended to present the report and respond to members' questions.

Members noted that the programme had been running for over a year and was currently at the pre-engagement phase; the public awareness work planned for the period to September 2015 was intended to supplement establish forums and formal consultation, not replace them. The programme was looking at how both local authority and health organisations could manage the system without impacting on the quality of care. The Director of Corporate Affairs undertook to ensure that the points made by the Health and Wellbeing Board at its meeting on 2 July 2015 were followed up.

In discussion, members

- noted that timescales would depend on the findings from each stage of engagement and consultation; if formal consultation were to take place in January to April 2016, final results of the programme could still be some way off
- speaking from experience of one recent drop-in session, expressed disappointment at the low attendance and commented that the CCG's questions were rather too broad and wide for the general public to understand what they were being asked; the Director undertook to convey this point to the team
- commented that it was necessary to encourage people to change how they reacted to a health problem; A&E was not the answer to everything
- noted that Cambridgeshire Older People's Forum (COPE) had been supplied with the information about the programme; however, older people were less likely to attend A&E inappropriately than e.g. the parents of young children, or those not registered elsewhere.

The Chairman thanked the Director of Corporate Affairs for her report.

It was resolved unanimously to note the progress of the programme to date.

138. HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP

The Committee received a report informing it of the activities and progress of the Committee's working groups since the last Committee meeting, noting that changes in committee membership made it necessary to revisit the membership of working groups.

It was resolved unanimously to:

1) Note and endorse the progress made on health scrutiny by the working groups

2) Retain the 2014/15 working groups and liaison meetings for 2015/16

3) Note that the Commissioning Older People's Healthcare working group expected to conclude its work after one more meeting

4) Appoint the following members to the liaison and working groups:

   Commissioning Older People's Healthcare – Working Group
   County Councillors Ashcroft, Jenkins, Orgee, Schumann and van de Ven
   District Councillors Ellington and Moore

   Mental Health – Working Group
   County Councillors P Brown, Jenkins, Orgee, Sales, Scutt, Smith
   District Councillor Ellington

   Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) & Health Watch Liaison Group
   County Councillors Jenkins, Orgee, Schumann
   District Councillor Ellington

   Cambridgeshire & Peterborough Foundation Trust (CPFT) Liaison Group
   County Councillors Brown, Jenkins, Orgee, Sales, Scutt and Schumann

139. HEALTHCARE PUBLIC HEALTH ADVICE SERVICE TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: 2014/15 ANNUAL REPORT AND 2015/16 MEMORANDUM OF UNDERSTANDING

The Committee received a report on the annual report of the Local Authority Healthcare Public Health Advice (HPHAS), noting that the operation of the service was described in and governed by a Memorandum of Understanding (MOU) agreed annually between the County Council, Peterborough City Council and the CCG.

Discussing the report, members noted that the Health and Social Care Act required that the HPHAS be provided free of charge to the CCG; it had been delivered roughly within resources in 2014/15. The MOU for 2015/16 was similar to that for 2014/15, but incorporated the principles behind it, rather than the previous year's more bureaucratic wording. The timing of the report to Committee was designed to allow coverage of both the previous year's annual report and the present year's MOU.

It was resolved unanimously to

a) Note the 2014/15 annual report of the Cambridgeshire County Council Local Authority Healthcare Public Health Advice Service to the CCG and comment as appropriate

b) Approve the 2015/16 Memorandum of Understanding between CCC, PCC and the CCG

140. UPDATE ON FALLS PREVENTION BUSINESS CASE

The Committee received a report updating it on the Falls Prevention Project and progress of the Falls Business Case. Members noted that the project plan included elements of training, awareness raising and provision. There were two important challenges, a real lack of awareness of the services that were available in the county, and a lack of linkages between agencies that were working to prevent falls. Having undertaken mapping to identify services, it had become apparent that existing falls prevention work was directed at people who had already had a fall; work with those who had not yet fallen was also required.

Discussing the update, members

- asked about the interactions between Health Trainers and the District Councils' services, pointing out that district fitness staff had had relevant training and many of their services ran programmes and classes equally applicable to falls prevention and to work following falls. Officers advised that the Health Trainers' main role was to identify and signpost people to existing district services

- noted that work would be undertaken with colleagues in Fire, Transport and Housing, and urged that the issue of adequate resources be highlighted, for example in relation to the provision of grab rails by the home improvement service

- queried what outcome measures were to be used, and noted that initially, these were likely to be process-related rather focussing on the number of falls

- drew attention to the risk of outdoor falls in winter, and asked whether measures such as non-slip overshoes and provision of gritter bins could be considered. Members noted that analysis was being undertaken on where and how falls occurred, and that such matters as gritter bins would be covered in discussions with Environment, Transport and Economy officers. More falls occurred in the home than outside.

It was resolved unanimously to receive and note the report.

141. PUBLIC HEALTH INTEGRATION STRATEGY - UPDATE

The Committee received a report presenting an updated public health integration strategy, being developed in response to the Committee's request in January 2015 that the Director of Public Health develop a project plan for deepening the integration of Public Health across the Council, local government and the health system.

Members noted that in addition to establishing the delivery vehicles for the integration of public health outcomes across directorates within the County Council and across the district councils and the wider health system, it was proposed to add a sub-heading for the Strategy 'Integrating public health outcomes across local government and the health system', in order to clarify the intention of the strategy. The Finance and Performance Outturn Report (agenda item 13, minute 143) included a proposal that a significant portion of the reserve be used as pump-priming for implementation of the strategy.

In discussion, members welcomed the report and asked how local members could become involved. Members were advised that an evidence review had been carried out around community engagement and it was proposed to look at evidence-based priorities round obesity, diet, and physical activity, and look at ways in which community engagement could be used to take them forward, for example looking at opportunities for maximising physical activity in midlife. Local members could use their knowledge of communities to identify effective low-resource opportunities for physical activity.

It was resolved unanimously to agree:

a) The delivery vehicle for integration of public health outcomes across directorates within the Council to be the 'New Operating Model'

b) The delivery vehicle for integration of public health outcomes across district/city councils and the wider health system to be through the Public Health Reference Group, with an initial focus on PHRG priorities of obesity prevention (diet and physical activity) and community engagement approaches.

c) Adoption of a sub-heading for the Strategy 'Integrating public health outcomes across local government and the health system'

142. CAMBRIDGESHIRE HEALTH PROTECTION STEERING GROUP ANNUAL HEALTH PROTECTION REPORT 2015

The Committee received a report setting out a summary of activity and performance as reported on in the Annual Health Protection report for Cambridgeshire County Council. Members noted that, apart from sexual health, the Director of Public Health was not responsible for delivering health protection services. A memorandum of understanding was in place with partner agencies delivering health protection services; it was due to be reissued for signature by these agencies in August 2015.

Commenting on the Health Protection Report, members

- asked why food poisoning and scarlet fever had increased, and what was being done in response. The Committee was advised that District Environmental Health departments were being consulted about the food poisoning increase; there was some concern around some food premises. Levels of scarlet fever had increased nationally; the disease tended to spread rapidly in the at-risk population

- pointed out from personal experience that at least one person in the target age range had not received an invitation from their GP to participate in the shingles vaccination programme

- queried the number of task and finish groups that were running and suggested it might be appropriate to review them in six months' time; members noted that the screening programme was on the Committee's agenda for 3rd September 2015.

It was resolved unanimously

to note and endorse the actions being taken to address health protection concerns in Cambridgeshire.

143. FINANCE AND PERFORMANCE REPORT – Outturn 2014/15

The Committee received a report providing the 2014/2015 Finance and Performance Outturn report for Public Health. Members noted that the underspend was about £30k more than had been anticipated in the March 2015 report.

Examining the proposals for the use of Public Health Reserves, members noted that

- £952k contingency was being put aside for the reduction in Public Health grant that had been announced nationally; it would be prudent to plan for this being recurrent, though no decision had yet been made, and it was intended to meet some of this year's reduction out of recurrent funding
- the £500k Healthy Fenland Fund would be taken forward over five years; experience had shown that it was better to engage over a long period with Fenland residents
- the NHS Healthchecks programme was a new, complex IT procurement; funding was being carried forward as the work had not been completed last year.

In answer to a question about whether value for money was being obtained for the spend on smoking cessation services, members noted that the level of routine smoking cessation work had reduced. Insight work had however been undertaken to look specifically at smoking and the smoking cessation services. A review of stop smoking services was planned for the Committee's next meeting, on 3rd September.

It was resolved unanimously to:

1) note the report.

2) approve the proposals for the use of Public Health reserves so they could be forwarded to the Chief Finance Officer for agreement.

144. FINANCE AND PERFORMANCE REPORT – May 2015

The Committee received a report setting out financial and performance information for the Public Health Directorate as at the end of May 2015. Members noted that it covered only the first month of the current financial year.

It was resolved unanimously to receive and note the report.

145. PUBLIC HEALTH RISK REGISTER UPDATE

The Committee received a report setting out details of Public Health Directorate risks. Members noted that cancer screening including bowel cancer screening had been added, as had a new risk on vision screening. Failure to address health inequalities had been downgraded to amber, not because there was no risk in the north of the

county, but because it was felt that the risk of what was under the directorate's control had reduced.

It was resolved unanimously to:

(a) Note the position in respect of Public Health Directorate risk

(b) Note the Public Health Risk Register and endorse the amendments since the previous update.

146. HEALTH COMMITTEE WORKPLAN, PRIORITIES, AND TRAINING PROGRAMME

The Committee received an update on the progress made against the Committee's identified priorities, and considered proposals for inclusion in its training programme.

Looking at the six subjects listed, members

- on subject 1, new legislation on the Care Act, drew attention to a document produced by the Service Director: Adult Social Care; it was agreed to look at this then consider what more was required

- on subject 2, equality and diversity issues, suggested that this went beyond the Committee and should be the subject of a general member seminar

- on subject 3, County Council directorate structures, suggested that written information would be most helpful; it was pointed out that there were structure charts on the Council's intranet

- on subject 4, NHS funding and commissioning responsibilities, welcomed a seminar on this substantial subject

- on subject 5, System Transformation, it was agreed to hold a seminar on the reserve committee date of 13th August

- on subject 6, mental health promotion and prevention activity, suggested that the planned progress report on the Public Mental Health Strategy could be expanded to include an overview of wider prevention work.

Members suggested community pharmacy as a further subject, noting that it would be necessary to be very clear about the reason for inviting community pharmacists to attend, because Public Health funded some community pharmacy activity.

It was resolved unanimously:

(a) to agree the content of the work plan and approach and note the progress made

(b) to agree the inclusion of Community Pharmacy as an additional item to be included in the committee's training programme

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

a) Agenda Plan

The Committee considered its agenda plan, noting that the timetable for business planning had altered and there was no longer an expectation that the October reserve date would be needed for a formal meeting. Instead, much of the November meeting would be devoted to business planning.

It was suggested that a preparatory business planning workshop be held on the reserve date of 1st October, and noted that it could be necessary to seek a Committee decision on a reduction in the current year's budget at the September meeting.

b) Appointments to be made to internal advisory groups and panels, and to partnership liaison and advisory groups

The Committee considered the four appointments that had been delegated to it by the General Purposes Committee, noting that Councillor P Brown wished to stand down from the Cambridgeshire and Peterborough NHS Foundation Trust.

It was resolved unanimously

1) to note the agenda plan, subject to the addition of an update on Cambridgeshire and Peterborough NHS Foundation Trust – Adult and Child Mental Health Service Pressures to the agenda for 21 January 2016

2) to appoint
   a) Councillor Joan Whitehead to serve on the Cambridge Local Health Partnership
   b) Councillor Roger Hickford to serve on the Cambridge University Hospitals NHS Foundation Trust Board of Governors
   c) Councillor Lucy Nethsingha to serve on the Cambridgeshire and Peterborough NHS Foundation Trust
   d) Councillor Mandy Smith to serve on the Papworth Foundation Trust Board.

Chairman