

HEALTH COMMITTEE: MINUTES

Date: Thursday 12 January 2017

Time: 2.00pm to 5.25pm

Present: Councillors Sir Peter Brown (substituting for Councillor G Kenney), P Clapp, D Connor (substituting for Councillor M Loynes), L Dupre, L Harford, P Hudson, D Jenkins (Chairman), Z Moghadas, T Orgee (Vice-Chairman), M Smith and S van de Ven

District Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and S Ellington (South Cambridgeshire)

Apologies: County Councillors G Kenney, M Loynes and P Sales

CONSTITUTIONAL MATTERS

291. VARIATION OT THE ORDER OF BUSINESS

With the agreement of the Committee, the Chairman announced his intention to vary the order of business from the published agenda to take the item on the Cambridgeshire and Peterborough Sustainability and Transformation Plan as the first substantive item. This would allow the officers presenting the report to attend another meeting elsewhere later in the afternoon. In doing so he noted that the Committee took its responsibilities for scrutiny very seriously and expected those invited to attend for scrutiny to do so. However, the Committee also recognised the significant demands on the time of senior managers and clinicians and was willing to show the flexibility to accommodate these competing demands where possible.

292. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. There were no declarations of interest.

293. MINUTES OF THE MEETING ON 15 DECEMBER 2016 AND ACTION LOG:

The minutes of the meeting held on 15 December 2016 were approved as a correct record and were signed by the Chairman.

The following updates to the Action Log were noted:

- 1. Minute 282: Proposal to transfer the in-house stop-smoking services to an external provider**
The Director of Public Health would provide further detail on how the contract was laid out to the next meeting of Health Committee Spokes on 26 January 2017.
- 2. Minute 261: Immunisation task and finish group update report**
Production of the implementation plan had been delayed due to staff sickness, but was now with officers.

294. PETITIONS

No petitions had been received.

295. CO-OPTION OF A HUNTINGDONSHIRE DISTRICT COUNCILLOR AS A NON-VOTING MEMBER OF THE COMMITTEE

The Committee resolved to co-opt Councillor Jill Tavener of Huntingdonshire District Council as a non-voting member of the Health Committee. The Chairman recorded his thanks to her predecessor, Councillor Angie Dickinson, for her positive contribution to the Committee's work during her time as a co-opted member.

SCRUTINY ITEMS

296. SUSTAINABILITY AND TRANSFORMATION PLAN

The Chairman noted that two public questions had been received on this item from local residents and he invited Jean Simpson and Jeremy Caddick to put their questions to the Committee.

Ms Simpson said that the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) had published its Sustainability and Transformation Plan (STP) on 21 November 2016. Within this Plan there was no evidence of how the proposed savings would be achieved other than through the downgrading of Hinchingsbrooke Hospital. A freedom of information (FOI) request had been made to the CCG asking to see the entire STP documentation and appendices which had been submitted to NHS England as in other parts of the country the workforce and financial appendices had disclosed more detail on how it was proposed savings would be achieved. Specifically, Ms Simpson wanted to know:

1. How the Health Committee could scrutinise the STP published on 21 November 2016 when, according to the reply to the FOI, this was not the final document?
2. Were members of the Committee aware that this was not the final document?
3. When the Committee expected to make a decision about whether the proposals were in the interests of the Health Service and the community it serves?
4. When the Committee expected to make a decision on the adequacy of the consultation process and whether sufficient time had been allowed, given that detailed information was being released in stages?

The Chairman thanked Ms Simpson and said that a written response to her questions would be provided (copy attached at Appendix A). He wished to make clear that the Health Committee held no executive function (decision-making powers) in relation to the implementation of the STP. However, the Committee took its responsibility for scrutiny very seriously and if Members perceived there to be problems with the STP they would make this clear publicly.

Mr Caddick said that as a Cambridgeshire resident and user of local health services he was extremely concerned by the STP. He acknowledged that the County Council did not have responsibility for implementing the Plan, but noted that the Council had signed a memorandum of understanding with NHS services which committed it to working closely on the implementation of projects. Mr Caddick believed that there had been a deterioration in health and care services in Cambridgeshire in recent years and he wished to highlight to the Committee that a number of local authorities had chosen to reject the STP's published for their regions. Specifically, Mr Caddick wanted to know:

1. Could the County Council and the Health Committee assure the residents of Cambridgeshire that they would refuse to endorse the region's STP if it was clear

that the savings required could not be delivered without threatening the availability and safety of NHS treatment?

2. If the Health Committee and the County Council decided that the STP could not be implemented safely would they join local campaigns to publicly call for adequate funding for local health services?

The Chairman thanked Mr Caddick for his questions and said that a written response would be provided (copy attached at Appendix B). He did though see the memorandum of understanding as a very positive aspect of the STP as it committed all signatories to working together for the benefit of the communities which they served. The achievability of the savings proposed in the STP was indeed a key question and if individual councillors, the Committee or the County Council as a whole judged that funding levels would not be adequate they would draw attention to this publicly through the democratic process as they had done previously, for example at the meeting of Full Council on 18 October 2016 when members voted in favour of a motion presented by Councillor Count for the Chief Executive of Cambridgeshire County Council to write to the Secretary of State for Health and local Members of Parliament to:

‘call upon national government to provide significant transitional funding and transformational support to Cambridgeshire’s NHS, to strengthen preventive community services and care closer to home and reduce the pressure on local hospitals’.

The Chairman invited David Astley, Independent Chair, Scott Haldane, Interim Programme Director, Joel Harrison, Finance Analytics and Evaluation Director, Dr Gary Howsam, Clinical Chair and Chief Clinical Officer and Jessica Bawden, Director of Corporate Affairs to the table in their capacity as representatives of Cambridgeshire and Peterborough Clinical Commissioning Group and to update the Committee on the STP. He asked that they address where possible the questions raised by the members of the public attending the meeting.

Mr Astley thanked the Chairman for the invitation to brief the Committee in person and for re-arranging the order of business to accommodate their attendance. Mr Harrison said that the version of the STP produced in October 2016 and which was publicly available on-line contained all of the information which had been provided to NHS England. The only document which had not been published was an Excel spreadsheet which was a live document which spoke to the documentation in the public domain; there was no other set of information which was not being shared. Should any member of the Committee wish to see the spreadsheet he would be very happy to take them through its content in detail. Overall, the financial challenge remained to address a projected NHS deficit across Cambridgeshire and Peterborough of £504m by 2020/21 if no remedial action was taken. It was expected that the requirement on the NHS to make savings year on year would account for half of this sum so the focus was on how to release the remaining £250m of savings needed to ensure that a balanced budget was achieved by the end of the period. The timing of how these savings would be released across the five year period of the Plan remained subject to some re-working as operational plans were updated, but the overall picture remained unchanged.

The following points were raised in discussion and in response to questions from Members:

- The Chairman thanked representatives of the CCG for attending a private briefing session on the STP the previous week which had been open to all County Councillors. Members had found this most useful and he anticipated more private

briefing sessions and public discussions of the STP in the coming months as the proposals continued to take shape;

- The CCG representatives emphasised that they were committed to genuine engagement with the public, voluntary sector organisations and all other interested parties. Numerous public engagement sessions had already been held and more were planned for the future. Dr Howsam emphasised that public engagement would be an iterative and evolving process rather a single event;
- There were no plans to close any hospitals. However, options for using premises more imaginatively such as through the co-location of services might be explored;
- There was concern that District Councils did not feel that they had been sufficiently involved in the STP process given their key role in supporting the health and wellbeing of their local communities. The Director of Public Health accepted this point, but highlighted the work being taken forward on the Local Authority Appendix to the STP Memorandum of Understanding (MOU). The Cambridgeshire Health and Wellbeing Board was meeting next on 19 January 2017 and would be invited to agree a clear process of engagement with District Councils prior to final sign-off of the STP MOU;
- Assurances were given that development of the STP had taken full account of the input from service users, the Public Health Directorate, GPs and other partner organisations;
- The savings envisaged within the STP included those which could be achieved through investment in primary and community services to reduce in the longer term the higher costs associated with acute care;
- The Chairman emphasised the importance of continued engagement with the full range of stakeholders and of tailoring the nature and content of this engagement to meet the needs of each group. The Committee would be interested to see a copy of the proposed communication plan in relation to each stakeholder group, including the objectives for the engagement and the outcomes it was intended to achieve;
(Action: CCG)
- An invitation was extended to all members of the Committee to meet with administrators and clinicians to discuss any workstreams in which they had a particular interest. The CCG would contact Councillor Moghadas direct to arrange a meeting to discuss the possible impact on the number and duration of patient journeys to access specialist care;
(Action: CCG)
- A detailed impact assessment would be carried out before the implementation of any of the proposals contained within the STP;
- Known population increases such as those relating to proposed developments in the Wisbech area had been taken into account in producing the STP;
- All present acknowledged the importance of encouraging behavioural change within the population from childhood onward to improve health outcomes;
- The Chairman noted that there was no signatory to the STP representing GPs. Dr Howsam explained that each GP practice represented an individual business and as such there was no single representative to sign up on their behalf. He acknowledged that there might be a variation to the timescales in which individual GP practices came on-board with the proposals, but ultimately all GPs were committed to delivering the best possible care to their patients and he was confident that the momentum existed to ensure the required buy-in. The Chairman said that he did not yet see the pathway between how GP services were constituted and in the future. Both the Chairman and Councillor Harford said that they would welcome a more detailed briefing on this in the next few weeks and it was agreed that this would be arranged;
(Action: CCG)

- The Chairman confirmed his understanding that the Excel spreadsheet described by Mr Harrison was a fluid rather than fixed document which would be revised on an on-going basis as operational plans were updated. He felt it would be helpful if some members of the Committee would take up Mr Harrison's offer to provide a more detailed briefing on this.
(**Action:** CCG)

The Chairman concluded the discussion by thanking the representatives of the CCG for attending and said that he looked forward to further meetings in the coming months to drill down into the detail of the proposals.

It was resolved to note and comment on the Sustainability and Transformation Plan update.

297. CAMBRIDGE GP OUT OF HOURS SERVICE AND EMERGENCY DEPARTMENT CO-LOCATION

The Chairman welcomed Dr Vaz Ahmed, Consultant in Emergency Medicine at Cambridge University Hospitals NHS Foundations Trust (CUHFT), Dr Gary Howsam, Clinical Chair and Chief Clinical Officer at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Jessica Bawden, Director of Corporate Affairs at the CCG, Ian Weller, Head of Transformation and Delivery, Urgent and Emergency Care at the CCG and Dr Andrew Anson, a GP and the CCG lead on Urgent Care.

Ms Bawden apologised for the late submission of her report which set out proposals for a consultation on the plan to move the Out of Hours base from Chesterton Medical Centre to Clinic 9 at the CUHFT site where it would form part of an integrated urgent care package alongside the existing Accident and Emergency department. The consultation would include open meetings in the areas which would be affected by the proposals, consultation with patient groups and publicity campaigns in the local media. Copies of the publicity material would be provided to members of the Committee for information.

(**Action:** Director of Corporate Affairs, CCG)

The following points were raised in discussion of the report:

- The cost of parking at Addenbrooke's hospital was currently £3.50 per hour and it was acknowledged that this would represent an increased cost to some patients. Councillor Clapp asked to be provided with details of how the money raised by car-parking charges was spent;
(**Action:** Director of Corporate Affairs, CCG)
- Members emphasised the importance of clear sign-posting of services and ease of access and it was agreed that an opportunity would be arranged for Members to visit the site and inspect the arrangements;
(**Action:** Director of Corporate Affairs, CCG)
- The proposed co-location of Out of Hours services and Accident and Emergency services on the same site meant that patients could be re-directed as appropriate between the two services, ensuring them ready access to the right clinicians and level of care;
- This model had already been operated in Peterborough and had not led to an increase in patient numbers beyond the existing upward trend;

- There was a strong focus on improving the 111 non-emergency telephone service so that patients would choose to use this and reduce demand for Out of Hours appointments or visits to the Accident and Emergency department;
- An electronic prescription service was being set up so that prescriptions could be sent direct to a patient's local pharmacy;
- Members commended the pilot project which allowed callers to the 111 service to speak directly to a mental health practitioner (111 option 2);
- Councillor Ellington offered the opportunity for CCG representatives to speak to the local health partnership in South Cambridgeshire.

It was resolved to:

1. Approve the process for public consultation on the proposed relocation of the Cambridge Out of Hours base;
2. Comment on the related Clinical Commissioning Group (CCG) Governing Body paper and appendices attached to the report before Committee.

The Committee adjourned from 3.30pm to 3.40pm for a short break.

KEY DECISION

298. RE-COMMISSIONING OF THE HEALTHY CHILD PROGRAMME: PROPOSED SECTION 75 AGREEMENT FOR HEALTH VISITING, FAMILY NURSE PARTNERSHIP AND SCHOOL NURSING (KD2017/008)

The Committee considered a report by Raj Lakshman, Consultant in Public Health Medicine and Janet Dullaghan, Head of Commissioning, Child Health and Wellbeing which sought the Committee's approval to develop a Section 75 agreement to replace the existing Section 75 agreement for School Nursing and to incorporate Health Visiting and the Family Nurse Partnership into the same arrangement. The existing agreements relating to these services would expire on 31 March 2017 and it was necessary to put measures in place to ensure continuity of service while the longer term integration of 0-19 provision was finalised. It was proposed that the delivery model and staff in post would remain unchanged with only the internal contractual arrangements being revised.

The following points were raised in discussion and in response to questions from Members:

- Control of the services remained with the Public Health team and so Members could have confidence that the delivery model would remain unchanged;
- Work was already underway on the detailed service specifications and officers deemed that the proposed two year timescale to complete the planned work by March 2019 was achievable. However, with any project of this size there would always be the possibility of slippage;
- The Director of Public Health said that legal advice had been obtained on the extent of consultation required for this change in contractual arrangements and officers had been advised that discussion between key stakeholders and providing information via staff newsletters was sufficient. Should any changes to services be proposed a wider consultation would be carried out which would include service users;

- An additional £60,000 would be invested in the School Nursing Service in 2017/18 to provide school nursing support in Cambridgeshire's special schools;
- Some Members expressed concern that the Family Nurse Partnership (FNP) did not have the capacity to work with all teenaged mothers. The Director of Public Health said that the FNP had always been constrained in the number of young mothers it was able to support. From April 2017 a new, more targeted approach would ensure that support was focused on the most vulnerable teenaged mothers. Around 50% of teenaged mothers would receive support from the FNP whilst those not reached by this service would still receive support through the Health Visiting Service. Councillor Clapp noted that additional support was also available through charitable organisations such as NACRO.

In light of the discussion it was resolved to:

1. Confirm the Committee's approval for the development and implementation of a new Section 75 Agreement for School Nursing, Health Visiting and Family Nurse Partnership services until March 2019;
2. Delegate authority to the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and to enter into the proposed agreement.

OTHER DECISIONS

299. FINANCE AND PERFORMANCE REPORT: NOVEMBER 2016

The Committee received a report by the Chief Finance Officer and presented by the Group Accountant providing the financial and performance position as at the end of November 2016.

A balanced budget had been set for the Public Health Directorate in 2016/17 which incorporated savings as a result of the reduction in the Public Health Grant. A forecast underspend of £115,000 had been identified across the Public Health budgets.

The following points were raised in discussion of the report and in response to Members' questions:

- The Director of Public Health highlighted a number of points contained in the performance summary including that performance of contract sexual health and contraception services remained good with all monthly key performance indicators achieved and smoking cessation performance had improved against the previous month's results;
- Councillor Dupre requested more information on how outcomes of Mental Health First Aid and Mental Health First Aid Lite training to front line staff was measured;
(**Action:** Director of Public Health)
- The Group Accountant confirmed that any monies not used by the end of the current financial year would be retained and recycled within the Public Health Directorate.

It was resolved to review and comment on the report.

300. SYSTEM WIDE REVIEW OF HEALTH OUTCOMES IN CAMBRIDGESHIRE

The Committee received a report by the Director of Public Health which provided a system wide review of health outcomes in Cambridgeshire. The review focused on health inequalities and life expectancy across the county and in particular on concerns about health outcomes in Fenland in comparison to the rest of the county. A private development session had been held earlier in the day for members of the Committee to brief them on the complex data contained within the report.

The following points were raised in discussion of the report and in response to Members' questions:

- There was strong evidence of the long-term benefits of early interventions to reduce health inequalities;
- Possible access issues to services in Fenland;
- The significance of Devolution 2 in tackling health inequalities and deprivation. The Director of Public Health was leading work on considering how strategic working across Cambridgeshire and Peterborough could improve outcomes for those experiencing deprivation. Work in two pilot areas including Wisbech had included seeking evidence-based information from local experts on what worked in their areas, holding community events and collating existing data within local communities. Information was being worked up on the fiscal benefits of tackling deprivation as well as the health and social benefits and improvements to quality of life. Both the Chairman and the Director of Public Health had committed to attending follow-up meetings in Wisbech and the Chairman emphasised the importance of listening to local residents and finding solutions which would work for them. Following evaluation of the pilot projects work was underway to look at how the lessons learned could be applied strategically across the county as a whole;
- Councillor Clapp offered his thanks to the Chairman and the Director of Public Health for visiting Wisbech and allowing him the opportunity to show them first hand some of the issues being faced by local residents;
- Members welcomed the wealth of information contained in the report, but suggested that the graphs used to present the data might be slightly revised to make them easier to interpret;
- There was some concern that successful projects might be discontinued due to the time taken for the positive impact of some interventions to become clear;
- Members felt it was important that the report's findings should be shared more widely with Members of the County Council and beyond to other stakeholders.

Following discussion of the report it was resolved to:

1. Note and comment on the system wide review of health outcomes in Cambridgeshire;
2. Support the Devolution 2 Public Health-led project to address deprivation in the county with an initial focus on Wisbech;
3. Circulate the paper to all Members of the County Council and other stakeholders, including District Councils.
(**Action:** Democratic Services Officer)

301. VARIATION OT THE ORDER OF BUSINESS

With the agreement of the Committee, the Chairman announced his intention to vary the order of business from the published agenda to take the item on the East of England Ambulance Trust (EEAST): Care Quality Commission Inspection of Local Delivery as the officers delivering the report were already present.

SCRUTINY ITEM

302. EAST OF ENGLAND AMBULANCE TRUST (EEAST): CARE QUALITY COMMISSION INSPECTION OF LOCAL DELIVERY

The Chairman welcomed Luke Squibb, Locality Officer and Gill Briggs, Locality Business Manager for the East of England Ambulance Service NHS Trust (EEAST). Whilst the Committee had the right of scrutiny Members liked to offer challenge in a constructive fashion and he thanked both officers for coming along and preparing a slide presentation.

Mr Squibb gave a presentation providing an insight into the role and experience of the EEAST in Cambridgeshire and Peterborough (copy attached at Appendix C). This included levels of demand across the region year on year, performance in relation to key clinical indicators and patient car and, the findings of the Care Quality Commission (CQC) inspection in August 2016.

The following points were raised during the presentation and in response to Members' questions:

- Members offered their thanks to the staff of the EEAST for all of their hard work on behalf of the residents of Cambridgeshire;
- Call volume had increased significantly over the period 28 December to 10 January compared to the same period last year;
- Red 1 Performance (the response to patients in cardiac arrest) was improving month on month and, although still below target levels, the EEAST's performance level was currently fifth out of the ten ambulance trusts in England;
- Ambulances were located dynamically and strategically around the region according to experience in order to best meet local need;
- The availability of community defibrillators for use in appropriate cases was viewed as a positive development by the EEAST;
- In response to the observation in the CQC report that information had not been shared sufficiently widely to enable lessons to be learned such information was now made available in all ambulance stations;
- Attendance levels at mandatory training courses remained good at around 95% and from February 2017 safeguarding training would be included within the training package. The levels for the completion of workbooks was lower at around 35-40% and was attributed in part to the pressures on officers' time;
- Some difficulties had been experienced with staff appraisal and personal development reviews in the previous year due in part to pressures on time, but Members welcomed assurances that plans were in place to address this in the forthcoming year;
- Work was being undertaken in conjunction with the region's acute hospitals to tackle delays in patient handover which would free up ambulance crews more quickly to attend other incidents;

- Over 94% of the EEASTs patients rated the Service's response as satisfactory or better;
- Protocols had been put in place to ensure that staff who attended a distressing incident were contacted during the following week to see how they were responding and offered additional support if required;
- Around 62-65% of ambulance call-outs in Cambridgeshire result in the patient being conveyed to hospital. In response to a question from the Vice Chairman on alternative responses to deploying an ambulance crew it was reported that some calls had been referred to the Joint Emergency Team (JET), although only a proportion had been accepted. The 111 NHS non-emergency telephone helpline could divert appropriate cases away from an emergency response, although in Cambridgeshire around 400-600 calls per week to the 111 service resulted in an ambulance being dispatched. A first response from the mental health team was now available via the 111 helpline via option 2 and it was hoped that this would lead to some callers being more appropriately directed to mental health services rather than resulting in an ambulance being dispatched. The EEAST was also working closely with the Cambridgeshire Care Homes Group to implement a falls protocol which would identify which cases required an ambulance to be dispatched and which might be dealt with safely via a non-emergency response;
- There had been quite a high turnover of staff during the past year as new opportunities opened up for qualified paramedics, for example in the JET, some GP practices and in lecturing opportunities at Anglia Ruskin University. Some staff who had left the Service to pursue other opportunities had subsequently returned, but turnover of staff was generally quite high. Conditional offers of employment had been made to 21 recent graduates and they were due to join the Service in 2017. Staff vacancy levels across Cambridgeshire stood at around 3% and were attributed in part to the high cost of housing in some parts of the county;
- Staff sickness levels had spiked during the Christmas period at around 10% which was attributed to the high workload during the period;
- Some use was made of private ambulance companies and staff. The performance of these companies was monitored closely and their staff were required to undertake induction training.

The Chairman offered warm thanks on behalf of the Committee for an informative presentation and response to questions. The Committee would like to see representatives of the EEAST again in around six months' time for a further update. The venue and format would be decided nearer the time, but it might take the form of a visit to the EEAST.

(Action: Head of Public Health Programmes/ Democratic Services Officer)

It was resolved to note the information received in the presentation given by the East of England Ambulance Trust (EEAST).

OTHER DECISIONS

303. PUBLIC HEALTH RISK REGISTER UPDATE

The Committee received a report by the Director of Public Health providing information on the Public Health Risk Register for the period to October 2016. The Risk Register was subject to quarterly review by the Public Health Directorate Management Team and to half-yearly review by the Health Committee. The Chairman noted that an

additional factor related to the risk of failing to influence behaviour change and requested that officers reflect on whether this might be included in the Risk Register.

(Action: Director of Public Health)

It was resolved:

1. To note the position in respect of Public Health Directorate risk;
2. To comment on the Public Health Risk Register and endorse the amendments since the previous update;
3. That the risk of failure to influence behaviour change be reviewed and added to the Public Health Risk Register if appropriate.

304. HEALTH COMMITTEE TRAINING PLAN

The Head of Public Health Programmes advised that a half day regional training event led by the Centre for Public Scrutiny would be held on the morning of 6 February and would focus specifically on scrutiny of Sustainability and Transformation Plans (STPs). Places would initially be offered to the Chair and Vice Chair of each Scrutiny Committee in the region, but as hosts of the event she was hopeful that additional places might become available to Cambridgeshire representatives. Details of the event would be circulated to all members of the Committee for information and expressions of interest in attending the session were invited.

(Action: Head of Public Health Programmes)

A further development session on the Cambridgeshire and Peterborough STP would be held on 16 February 2017 and the content of the session would be discussed by Spokes on 26 January 2017.

It was resolved to note the training plan.

305. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

It was resolved to note that no appointments were required.

306. HEALTH COMMITTEE FORWARD AGENDA PLAN

The Committee resolved to note the agenda plan, subject to the following possible changes to February 2017:

1. Possible deferral of the item on 0-19 Joint Commissioning of Children's Services;
2. Possible deferral of the item on the Award of the Contract for the Provision of Stop Smoking Services to March 2017.

Questions to the Health Committee. 12 January, 2017 from Jean Simpson

The Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) published the Cambridgeshire and Peterborough Health Care System Sustainability and Transformation Plan (STP) (including appendices) on the 21 November 2016.

The CPCCG state that they have to save £500 million pounds from the Cambridgeshire and Peterborough health care system by 2020. However in the STP documents there is no evidence whatsoever about how they are going to save this amount of money, apart from beginning the downgrading of Hinchingbrooke Hospital. In order to try to understand where the cuts in services are to be made, Margaret Ridley (Chair of Keep Our NHS Public, Cambridge), sent a Freedom of Information request to the CCG asking to see the entirety of the STP submission that had gone to NHS England, including the workforce and financial appendices. In other geographical areas, the examination of STP appendices has revealed the extent of proposed job losses and cuts to local services.

The CPCCG has declined the request saying that "the financial details of the plan are still under discussion with NHS England". The response to the request is attached.

Questions.

- 1) How can the Health Committee scrutinise the STP published on the 21st November 2016 when, according to the FOI request reply, this is not the final document?

The Health Committee can scrutinise the document that was presented to them at the December meeting but would expect to have sight and the option to scrutinise a final version of the STP. The Health Committee will ask the CCG to clarify its position on the documents provided.

- 2) Were the members of the Committee aware that this was not the final document?

Members sought clarification with representatives from the CCG at the meeting on the 15th December as to which document they should be scrutinising, clarification was given that it was the "Fit for the Future" document published on the 21st November. <http://www.fitforfuture.org.uk/what-were-doing/publications/>. At no time during this meeting were members told that this was not the final document however the CCG did refer to missing appendix(s) that still required sign off through the appropriate NHS channels. Assurances were given that the Health Committee would receive these once they were finalised.

- 3) When is the Committee expected to make a decision about whether the proposals are in the interests of the health service and the community it serves?

- 4) The Health Committee in its scrutiny role is not a decision making body, this can be confusing as it has a dual role as an executive committee for the councils public health function in which decisions are made often at the same meetings.

Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny as stated by the Department of Health in guidance is to strengthen the voice of local people ensuring that their needs and experiences are considered as an integral part of

the commissioning and delivery of services and that those services are effective and safe

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)

As I noted at the December Health Committee we intend to conduct a robust scrutiny that will require looking in depth at specific elements within the STP proposals. It is also important to note that any “significant service changes” that result from the proposals in the STP are subject to independent statutory consultation with the Health Committee on each service change. Members of the Health Committee will then be able to provide clear recommendations for each proposal.

- 5) When is the Committee expected to make a decision the adequacy of the consultation process and whether sufficient time has been allowed for, given the fact that detailed information is being released in stages?

It is our understanding that the CCG is conducting an “engagement process” rather than a formal consultation. The CCG was provided with questions from the Health Committee for the meeting on 15th December. Responses received have indicated that there is five strands to the engagement. We will be focusing our meeting today on GP and Public engagement.

- Patient engagement in specific work streams
- Wider public engagement about awareness raising of the challenges the NHS is facing
- Wider engagement or consultation about specific areas of change
- Clinical engagement
- Staff engagement

Public Question to Cambridgeshire County Council Health Scrutiny Committee about the region's 'Sustainability and Transformation Plan'

To **Councillor David Jenkins**, and the Council's Health Committee, from Jeremy Caddick, Resident of Market, Cambridge

As a resident of Cambridge, and a user of local health and care services, I am extremely concerned by the 'Sustainability and Transformation Plan', developed by the NHS and local government officers, for Cambridgeshire and Peterborough, that has recently been published.

Thank you to Councillor Jenkins for responding to my question about the STP to the whole council last year.

I was concerned to read in your reply, however, that you could not give assurances to the public about delivering the STP without rationing of care or worsening quality of treatment.

I understand the county does not have direct responsibility for implementing the plan. However, the council has signed a memorandum of understanding with NHS services to work closely together on the project and councillors have a duty to represent their constituents and their wishes.

Many NHS officials have given warnings about the ability of regions to deliver the STP's without making huge cuts to services. Only a small minority of NHS Finance Directors think their financial targets are achievable.

I believe most residents of Cambridgeshire, who have seen health and care services deteriorate in recent years, will share my concern about the deliverability of these plans.

I would like to highlight to the committee, and to the councillors present, that a number of other local authorities have chosen to reject the STP's published for their region. Local authorities such as Ealing, Hammersmith and Fulham, Wirral Borough Council, Shropshire Council, Telford and Wrekin Council, have chosen to reject the STP's published for their region.

Oxford City Council has passed a motion which rejects the notion that £200 million can safely be saved from the local NHS budget by 2020-2021.

Yet the STP for Cambridgeshire aims to save £543 million.

I ask;

- Can the council, and this committee, assure the residents of Cambridgeshire, that they will refuse to endorse the region's STP, if it is clear the demanded savings cannot be delivered without threatening the availability and safety of NHS treatment?

Rather than endorsing the STP it is the role of health scrutiny to ensure that the STP is robust, effective and inclusive. If the Health Committee doubts the effectiveness of the proposals it will say so. The Health Committee has a statutory role to scrutinise any

“significant service changes” that result from the proposals in the STP and members of the Health Committee will provide clear recommendations for each proposal.

We still need to see detailed financial plans to understand how the savings are being delivered and we have asked the CCG to provide us with more transparency around the risk register to understand the associated risk with each proposal.

- If the committee, and the council, decide the STP cannot safely be implemented, will they join local campaigns to publicly call for adequate funding for local health services?

Through the use of democratic process local councillors are able to publically call for adequate funding for the local health services through formal channels. At the Council meeting on 18th October 2016 members voted in favour on a motion presented by Cllr Count for the CEO to write to the Secretary of State for Health and local MPs to

“call upon national government to provide significant transitional funding and transformational support to the Cambridgeshire’s NHS, to strengthen preventive community services and care closer to home and reduce the pressures on local hospitals”.

<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/171/Committee/20/Default.aspx>

The Health Committee has previously had success with getting a motion about understanding the impact of Public Health expenditure on health outcomes and future costs in the broader health economy in Cambridgeshire. Further, the motion was passed at the Local Government Association’s conference

Background Information - Time Scale of Health Scrutiny on STP

Date	Theme	In attendance
16 TH June 2016	<u>Training Session:</u> To provide health committee members with an overview of the Sustainability and Transformation programme pre-submission by the CCG	Health Committee members
2 nd Dec 2016	<u>Overview session:</u> on published STP with Cambridgeshire Health Watch in attendance	Members of STP Task & Finish group
15 th Dec 2016	<u>Health Committee:</u> Introduction to published plans with CCG / STP programme representatives	Health Committee members
6 th Jan 2017	<u>Overview session:</u> Representatives fro STP programme in attendance. Focus on Finance, Workforce Planning, Primary care engagement	Health Committee members invited
12 th Jan 2017	<u>Health Committee:</u> GP & public engagement	Health Committee members
6 th Feb 2017	<u>Training Session:</u> Centre for Public Scrutiny providing regional training around Scrutiny of STP	Hosted by Cambs County Council: 3 places to HC members
16 th Feb 2017	<u>Development Session:</u> Representatives from STP programme Theme to be confirmed	Health Committee members
16 th March 2017	<u>Health Committee:</u> Workforce planning with representatives from STP programme	Health Committee members