HEALTH COMMITTEE: MINUTES:

Date: Thursday 15th January 2015

Time: 2.00 p.m. to 5.00 p.m.

Present: Councillors K Bourke (Chairman), P Ashcroft, P Brown, A Dent, D Jenkins, M Loynes (substituting for Cllr J Wisson), L Nethsingha, T Orgee, J Scutt, M Smith and A Walsh (substituting for Cllr P Sales)

District Councillors R Carter (Huntingdonshire), M Cornwell (Fenland) and S Ellington (South Cambridgeshire)

Apologies: Councillors P Clapp, S Frost, D Giles, P Sales, J Schumann, P Topping and J Wisson

86. DECLARATIONS OF INTEREST

There were no declarations of interest.

87. MINUTES: 11th DECEMBER 2014

The minutes of the meeting held on 11th December 2014 were agreed as a correct record and signed by the Chairman.

Members noted that the actions recorded in the minutes of the previous two meetings, on 20th November and 11th December, had been completed or were in hand.

88. PETITIONS

No petitions were received.

89. PROPOSAL TO DEVELOP A SECTION 75 AGREEMENT FOR PROVISION OF SCHOOL NURSING SERVICES

The Committee received a report on the proposed development of a Section 75 agreement with Cambridgeshire Community Services NHS Trust (CCS) for provision of the Cambridgeshire School Nursing Service, pending a wider joint strategic review of the provision of children's health services in Cambridgeshire. Members noted that responsibility for the commissioning of school nursing had been transferred to the Local Authority (LA) in April 2013, and responsibility for the commissioning of elements of the 0-5 Healthy Child Programme would be transferred to the LA in October 2015. The proposal in Cambridgeshire was to create a section 75 agreement which would enable the continued delivery of the existing school nursing service; the longer-term intention was to develop an integrated pathway for ages 0-19.

Speaking as Chair of the Children's Health Joint Commissioning Board, Councillor Nethsingha confirmed that the proposal had already been considered by the Board; what was required was a change to the legal arrangements to enable the service to continue for the time being, not a change in the service being delivered.

In answer to their questions, members further noted that Cambridgeshire's public health spend on the 5-19 age range was relatively lower than that of other areas. The uplift in the contract value from 1st September 2014 had been arrived at partly on the basis of demography and inflation, and partly on feedback from CCS on what was actually being spent on school nursing.

It was resolved unanimously:

a) to develop a Section 75 agreement with CCS for provision of school nursing services

b) to delegate authority for completion of the Agreement to the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee

90. BUSINESS CASE FOR FALLS PREVENTION

The Committee received a report setting out the outcome of the delegation made at its last meeting to the Director of Public Health, in consultation with the Chairman and Vice-Chairman, to confirm recommendations on the use of public health funding for falls prevention in response to the General Purposes Committee's request. The detailed draft business case had been circulated to members of the Committee for comment; they had drawn attention to the maintenance of footways as a factor in falls prevention.

The Chairman thanked the Director of Public Health and her colleagues for producing a detailed evidence base and business case in such a short timescale.

Commenting on the report, members

- queried the terminology of referring to falls to the floor rather than the ground, and noted that the source had been the National Database of Nursing Quality Indicators

- regretted the absence of an executive summary as an aid to understanding, and noted that pressure of time had caused its omission

- noted that work would be undertaken with Children, Families and Adults (CFA) Services to establish baselines for Cambridgeshire to make it possible to evaluate the savings achieved

- commented that savings would be made not only by the County Council but also elsewhere in the health system, and by those funding their own social care.

It was resolved unanimously:

a) to note the outcome of the delegation by the Committee to the Director of Public Health in consultation with the Chair and Vice Chair, to confirm recommendations on the use of public health funding for falls prevention in response to the request made at the General Purposes Committee meeting on 2 December.

b) to request an update on falls prevention work in six months' time.

91. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2014

The Committee received a report setting out financial and performance information for the Public Health Directorate as at the end of November 2014. Members noted that the budget remained on target, and that the transfer of pump-priming funding for the Healthy Fenland Fund had taken place.

In response to the report, members

- expressed appreciation for the revised layout as much clearer than previously, with key figures and performance indicator now set out at the start of each section of the written commentary

- queried why the report covered the period only to the end of November. Officers advised that for consistency, each cycle of Service Committee meetings received a finance and performance report for the same period, and the General Purposes Committee looked at all the reports; in the current cycle, the Health Committee had been the last to meet

- discussed various aspects of the reduction in the use of smoking cessation services, the fall in smoking, the work of the young people's programme Kick Ash, and the rise in the use of e-cigarettes. The Chairman said that, as a result of a query at the last meeting of the General Purposes Committee, he had asked public health officers to put together a briefing on the stop smoking performance indicator for the General Purposes Committee

- asked that national figures be included in tables for comparison purposed where possible; officers undertook to do so, but pointed out that not all such information was collected on a national basis.

It was resolved to note the report.

92. DEVELOPMENT OF SHARED PUBLIC HEALTH PRIORITIES: UPDATE

The Committee received a report updating it on progress with development of action plans for shared public health priorities across directorates, work which had been agreed by the Committee in July 2014. Members noted that cross-directorate project teams had now completed draft project plans for each of the shard public health priorities, and a revised Memorandum of Understanding (MOU) was being drawn up, framed in financial terms. There would be no change in cash limits for directorates, but funding was being used for increased strategic joint working.

Examining the report, members

- noted that the evidence for the beneficial effects of physical activity was so strong that large sums would be spent on it if it was a drug

- drew attention to the role of Economy, Transport and Environment Services in encouraging walking through footpath maintenance

- asked about monitoring of progress in each priority; the Director of Public Health offered to circulate the information contained in the monitoring sheets, and to improve their format for reporting to Committee.

The Chairman expressed appreciation for the shared priorities work, but commented that members had probably visualised something more than these relatively minor pooled budget measures in order to drive integration. He suggested that the Committee make it a priority to put together a project looking at the best way of accelerating and integrating public health outcomes across the county, including the involvement of both District Councils and the Health and Wellbeing Board. This was particularly important at a time when local authority budgets were under huge pressure.

It was proposed by the Chairman and seconded by Councillor Scutt that a second recommendation be added, 'requests the Director of Public Health to develop a project plan for deepening the integration of Public Health across the Council, local government and the health system'. On being put to the vote, the amendment was carried.

It was resolved unanimously:

a) to note progress with development of action plans for shared public health priorities across Council directorates, which will lead to a revision of the current public health memorandum of understanding, to be brought to the Committee in March

b) to request the Director of Public Health to develop a project plan for deepening the integration of Public Health across the Council, local government and the health system.

93. UPDATE ON SCREENING AND CHILDHOOD IMMUNISATIONS

The Committee received an update report on the latest uptake figures for screening and childhood immunisation programmes in Cambridgeshire. Members noted that responsibility for commissioning national immunisation and screening programmes sat with NHS England. The County Council had responsibility for providing advice to organisations delivering health protection services within the county. To deliver this responsibility, the Director of Public Health chaired a multi-agency Cambridgeshire Health Protection Steering Group, and the Public Health Nurse Specialist attended the Cambridgeshire and Peterborough Immunisation Steering Group convened by NHS England.

In relation to childhood immunisation, members noted that considerable work was being undertaken to improve record-keeping and identify all children living in the area; one factor in Cambridge was that children arriving from overseas had often already been immunised, but were not included in the Cambridgeshire records. In relation to breast screening, one factor in the poor performance could be that if a screening was delayed beyond 36 months after the previous one, this affected the uptake figures; equipment and staffing difficulties had led to an increased interval between screenings in the south and east of the county. Cervical screening uptake was also of concern.

The Chairman expressed frustration that, having called for this to be followed up in response to the Director of Public Health's Annual Public Health Report, the Committee was still gathering information. He suggested that as well as requesting further information, appropriate actions be taken in the meantime to improve the very poor figures.

Commenting on the report, members

- asked whether people were being encouraged to attend for screening, and whether any awareness-raising campaign would be helpful

- suggested that, if the immunisation status of children of visiting academics was part of the problem, it should be made easier for GPs in Cambridge to log this. Officers advised that the difficulty was rather that these children had been immunised to a different schedule, which did not fit into the way the UK measured uptake

- noted that the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was examining the data by GP practice to ensure that it was indeed the case that incoming children had been immunised, and suggested that the Committee did not need to receive further information on childhood immunisations

- noted that public health did not receive information about those people who made a decision not to accept immunisation

- pointed out that uptake was based on the number called for screening, and enquired about the number not called for screening; there was a problem in the north of the county with people not being registered with a GP, and also some indication that a smaller proportion of females than of males were registered. The Director of Public Health confirmed that invitations to screening were based on GP registrations; it could be useful to look at strategies to increase the numbers registering with GPs.

With the unanimous agreement of the Committee, it was proposed to amend the second recommendation ('identify any issues on which the Committee would like further feedback or information in future') to a request for further information on the poor rate of screening and what could be done to address it.

It was resolved unanimously:

a) to note the report

b) to request further information on the poor rate of screening and what could be done to address it.

94. PUBLIC HEALTH RISK REGISTER UPDATE

The Committee received a report providing details of Public Health Directorate risks.

Examining the risk register, members suggested that

- Risk 2 (childhood immunisation targets) be downgraded in the light of the preceding discussion (minute 93 refers)

- two new risks be added, one on screening, in the light of the preceding discussion, and the other on Hinchingbrooke Hospital, on the grounds that there could be a huge impact if people became reluctant to attend the hospital.

Officers advised that, although NHS England were commissioners for screening, it would be appropriate to add the screening risk because it formed part of the public health outcomes framework. The work of Hinchingbrooke Hospital fed more into the NHS outcomes framework, so addition of a risk to the Public Health Directorate risk register was not appropriate, but the hospital could be an appropriate topic for scrutiny. Officers agreed to discuss the members' suggestions at their next quarterly review of the Public Health Directorate risk register.

It was resolved unanimously to note the position in respect of Public Health Directorate risk.

95. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

The Committee received a report providing information about the Cambridgeshire and Peterborough Health and Care System Transformation Programme, formerly known as the Five Year Plan. Dr Fiona Head, Programme Director, Cambridgeshire and Peterborough System Transformation Programme, and Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group, attended to present the report and respond to members' questions and comments.

Dr Head explained that she was present on behalf of all the organisations in Cambridgeshire and Peterborough that were collaborating on this work. She drew attention to the particular importance of the first of the programme's strategic aims and values, 'people at the centre of all that we do', and reminded members that prevention remained fundamental to getting the health and social care system working.

Examining the report, members

- asked what sort of data was available with regard to demand for GP services now and in the future in specific areas of the county. Members were reminded that responsibility for commissioning GP services now lay with NHS England rather than the CCG. Because there were 108 different providers of GP services, all of whom had different ways of working, it was difficult to collect information as a regular data flow on such matters as the wait to see a GP or the wait to have a phone call answered. Steps were being taken to invest in software to help with this

- in relation to co-location of GP services, noted that the CCG was seeking to increase the input of GPs into the NHS 111 service as likely to achieve better clinical outcomes, for example by using GPs to answer calls at times of high demand. Another form of co-location which was being explored was that of 111 service, out of hours service and A&E (accident and emergency) department

- enquired how many New Models of Care pilots would be developed locally. It was explained that these could take one of two forms, either integration of primary and acute care, where a hospital trust took on the provision of primary care (though the

guidance did not specify how this was done), or a multi-agency community provider. These ideas were at a very early stage of development; NHS England was currently working on how to be an early adopter of a New Model of Care

- commented on the importance of making it simple for people to get the medical help they needed when they were ill. Dr Head stressed the importance of the transformation programme working at the level of the individual patient, and recalled that the NHS 111 service had been introduced to streamline the choices patience had to make when accessing healthcare.

The Committee noted the report.

96. UPDATE ON NHS 111 AND GP OUT OF HOURS SERVICES FOR CAMBRIDGESHIRE AND PETERBOROUGH

The Committee received an update report on the public consultation on a future model for NHS 111 and GP Out of Hours Services for Cambridgeshire and Peterborough. Jessica Bawden, Director of Corporate Affairs, CCG, attended to respond to members' questions and comments, and a member of the public, Jean Simpson of Cambridge, attended to ask a question of the Committee.

The Director of Corporate Affairs announced that, in the light of concerns raised by Ms Simpson about the availability of printed consultation documents and functionality of website 'have your say' links, the CCG had decided to extend the consultation period by a further two weeks.

Ms Simpson asked whether the Health Committee was confident that patients would have been sufficiently informed and involved in the consultation process, and given the opportunity to question the CCG on their decisions and to influence the service, in view of: the short length of the consultation period – nine weeks (now extended to eleven) which included the Christmas and New Year period; the lack of availability of printed consultation documents at the sites listed in the consultation process document; the lack of publicity for public consultation meetings (attendance at the first meeting in Peterborough had included only six members of the public, attendance at the meeting in Cambridge had been better, but only because people had been informed by the group 'Keep our NHS Public'); the lack of detail on the terms of the contract, which would only be known next winter; and the failure to consult the public about whether they wanted an integrated service delivered by a single provider, and wanted the CCG to be putting the service out to competitive tender.

In reply, the Chairman said that the Committee, given the need for service improvement to be in place before next winter, had agreed to support the shorter consultation period in keeping with the principle of proportionality. The distribution of paper consultation documents was very disappointing, but the consultation period had now been extended. In his experience of the Older People's Services consultation, the CCG had taken the Committee's concerns into account.

The Director of Corporate Affairs reminded members that all contracts for the 111 service and the Out of Hours service had come to an end but had been extended. It was essential to make the best possible use of NHS resources, and putting Out of Hours and 111 services together was expected to contribute to this aim. She undertook

to continue to follow up the question of the distribution and display of paper copies of the consultation document, and to return to give an interim report on the consultation findings to the Committee at its meeting on 12th March.

The Committee considered whether and how to submit a formal response to the consultation, and decided to form a working group. It was proposed by Councillor Smith and seconded by Councillor Loynes that the second recommendation be amended to read 'that Councillors Bourke, Jenkins, Orgee and Scutt form a working group to submit a formal response to the consultation on the Committee's behalf'. On being put to the vote the amendment was carried.

It was resolved unanimously:

1) to note the consultation document and extended consultation period from Cambridgeshire and Peterborough Clinical Commissioning Group

2) that Councillors Bourke, Jenkins, Orgee and Scutt form a working group to submit a formal response to the consultation on the Committee's behalf.

97. HEALTH COMMITTEE WORKING GROUPS: REPORTBACK

The Committee received a report informing it of the activities and progress of its working groups since the Committee's last meeting. As Councillor Rylance had stood down from the Commissioning of Older People's Healthcare Services working group, members considered whether to select a further member to serve on that group.

It was resolved unanimously:

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

2) to appoint Councillor Ashcroft to the Commissioning Older People's Healthcare Working Group to replace Cllr Rylance.

98. HEALTH COMMITTEE WORK PLAN AND PRIORITIES

The Committee considered its work plan and priorities in the light of recent developments at Hinchingbrooke Hospital. Circle had withdrawn from its contract to manage the hospital, and the Care Quality Commission (CQC) had published an inspection report of the hospital that had raised concerns about patient care and safety. The inspection report's overall rating for the hospital was inadequate.

Members noted with concern that neither County nor District elected members had been invited to CQC's presentation of the report; Hinchingbrooke Hospital, the CCG, NHS England, and the Trust Development Agency (TDA) had been invited. Members also expressed concern at the potential impact of the findings on residents of Huntingdonshire and South Cambridgeshire; Huntingdonshire residents were anxious to know what had happened to their hospital.

After some discussion, it was decided to ask the Care Quality Commission and Clinical Commissioning Group to attend a member seminar on a date to be identified, and to

ask Circle to attend the seminar separately. CQC and Circle would both be asked for their action plans, and members could then consider further how to proceed. As a first step, there would be a scrutiny item on the agenda for 12th March 2015.

It was resolved unanimously:

1) to note and endorse the progress made on the work plan.

2) to agree proposed changes to the work plan including the combined governance arrangements for items g) and i) and removal of completed actions from the plan.

99. HEALTH COMMITTEE AGENDA PLAN

The Committee considered its agenda plan in the light of the preceding discussion (minute 98 refers).

It was resolved to note the agenda plan, subject to the following changes:

a) the inclusion of a scrutiny item on patient care issues at Hinchingbrooke Hospital on the agenda for 12th March 2015

b) the postponement of the scrutiny item on delayed transfers of care from the agenda for 12th March to 21st May 2015.

100. HEALTH AND WELLBEING BOARD AGENDA FOR 15 JANUARY 2015 AND FORWARD AGENDA PLAN

The Committee received the Health and Wellbeing Board's agenda for its meeting on the morning of 15th January, and its forward agenda plan. Members were advised that the Board had that morning agreed to the establishment of a multi-agency Public Health Reference Group; this reference group could be helpful to the Committee in terms of the wider integration of its work.

It was resolved to note the Health and Wellbeing Board's agenda for 15 January 2015 and forward agenda.

Chairman