

HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP

To: **HEALTH COMMITTEE**

Meeting Date: **17th December 2015**

From **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To inform the Committee of the activities and progress of the Committee's working groups since the last Committee meeting.**

Recommendation: **The Health Committee is asked to:**

- 1) Note and endorse the progress made on health scrutiny by the liaison and working groups.**
- 2) Consider if public consultation on future service configurations in dementia teams in Cambridgeshire and Peterborough NHS Foundation Trust should be tabled into forward plan for future scrutiny.**
- 3) Continue with the Commissioning Older People's Healthcare working group with a focus around performance measures.**

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1. BACKGROUND

- 1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 5th November 2015.
- 1.2 Since the last report a liaison meeting with Cambridgeshire and Peterborough Foundation Trust (CPFT) and a working group meeting around Commissioning of Older Peoples Services with UnitingCare Partnership has been held with members.
- 1.3 This report updates the committee on the working group activities and the liaison meetings with CPFT.
- 1.4 CPFT Liaison Group members are Councillors: Brown, Orgee, Jenkins, Sales, Scutt and van de Ven. The Commissioning Older People's Health Care working group members are Councillors Ashcroft, Orgee (chair) Jenkins and van de Ven with district council representation from Cllr Ellington.

2. MAIN ISSUES

Liaison Meeting with Cambridgeshire & Peterborough Foundation Trust

- 2.1 The following members of the liaison group, Councillors: Orgee, Jenkins and van De Ven, met with Aidan Thomas (Chief Executive) and Deborah Cohen (Director of Service Integration) from CPFT on 9th November 2015.
- 2.2 Liaison group meetings are precursors to formal scrutiny working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under their scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.
- 2.3 The Health Committee members raised the following areas for discussion with representatives from CPFT.
 - CQC Inspection Report
 - CAMH waiting lists
 - Current and Future service changes
 - Health committee forward plan
- 2.4 Representatives from CPFT raised the following areas for discussion.
 - Demand for Mental Health Services
 - Older People's Transformation updates

2.5 Headline discussion around the CQC inspection report focused on the following areas.

- Concerns on “restrictive” practices
- Staffing issues around some community children’s teams and acute services affecting waiting times
- Management of mixed sex accommodation on Maple 1 (specific Peterborough issue)
- Consent to treatment procedures (appropriate recording)
- Access to psychological therapies

Members noted that representatives from CPfT would be in attendance at the next Health Committee meeting in December to discuss the findings in more detail.

Pressures around the Child and Adolescent Mental Health (CAMH) services were discussed. CPfT noted that funding from the CCG with an agreed trajectory would address the specific issues with the ADHD waiting list. Members requested a copy of the agreed trajectory. Members noted that an in depth report on this item is scheduled for the January 21st Health Committee meeting for further scrutiny.

CPfT reported pressures on adult services for patients with serious mental health conditions. Some of this is being addressed through the mental health joint workstream and NHS Vanguard funding (to reduce pressures on A&E).

CPfT reported on progress around the Older Peoples Transformation programme with Uniting Care Partnership contract with specific reference to changes coming up for CPfT in relation to service configuration, with staff consultations scheduled for the next month. Members noted that they had attended a working group with UCP the previous week where recruitment issues were also discussed.

Future developments around Learning Disabilities provision was also discussed at the meeting.

2.6 Commissioning Older People’s Healthcare - Working Group Meeting

The working group members Councillors: Orgee (chair) Jenkins and van de Ven with district council representation from Cllr Ellington met with Andrea Grosbois (Head of Communication and Engagement) from UnitingCare Partnership on 5th November 2015.

2.7 The working group received an update from UnitingCare Partnership on the mobilisation phase of the contract. Key areas of the update were:-

- Neighbourhood Teams
- Single View Point (Electronic Data & Patient Records)
- Joint Emergency Team (JET) and One Call
- Wellbeing Service and Voluntary Sector arrangements
- End of Life care

- 2.8 Members requested more information on the wellbeing model that is being developed. Recruitment issues in relation to establishing neighbourhood teams were discussed. This meeting provided members with an overview of the progress Uniting Care Partnership is making around the mobilisation phase of the older people's contract. As there are still a number of areas in development members felt that they would benefit from a further update meeting in March / April 2016. This group has provided an overview around the mobilisation phase of the Older People's contract. Members have now requested more information around performance measures which could benefit from holding a further working group with Cambridgeshire & Peterborough Clinical Commissioning Group.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

3.2 Statutory, Risk and Legal Implications

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

3.3 Equality and Diversity Implications

There are likely to be equality and diversity issues to be considered within the remit of the working groups.

3.4 Engagement and Consultation Implications

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

3.5 Localism and Local Member Involvement

There may be relevant issues arising from the activities of the working groups.

3.6 Public Health Implications

The outcomes from the activities of the working groups are likely to impact on public health

Source Documents	Location
None	