

HEALTH COMMITTEE: MINUTES:

Date: Thursday 16th October 2014

Time: 2.00 p.m. to 3.05 p.m.

Present: Councillors K Bourke (Chairman), P Brown, A Dent, S Frost, D Giles, D Jenkins, M Leeke (substituting for Cllr Nethsingha), T Orgee, P Sales, J Scutt, M Smith and J Wisson

District Councillors R Carter (Huntingdonshire) and S Ellington (South Cambridgeshire)

Apologies: Councillors Ashcroft, Clapp, Lagoda, Nethsingha, Schumann and Topping; District Councillors Cornwell and Williams

55. DECLARATIONS OF INTEREST

There were no declarations of interest.

56. MINUTES: 11th SEPTEMBER 2014

The minutes of the meeting held on 11th September 2014 were agreed as a correct record subject to the addition of Councillor Giles's name to the list of apologies, and to the correction of the figure of £114k in the second paragraph of minute 49 to read £144k. The minutes were signed by the Chairman.

57. PETITIONS

No petitions were received

58. SERVICE COMMITTEE REVIEW OF THE DRAFT 2015-20 REVENUE PROPOSALS

The Committee received a report providing an overview of the draft Business Plan Revenue Proposals for Public Health. Members noted that

- there would be no cash uplift of the public health budget for 2015/16, so savings would be required to cover increased costs from inflation and demography
- 80% of the public health budget went to commissioned providers of public health service; it was proposed not to offer a cash uplift to providers, and to ask them to identify cost improvement programmes to cover inflation and demography costs
- it was proposed to make savings against current public health budgets and services in order to invest in preventive services which reflected Health Committee priorities

- a response was required by 23rd October 2014 to the technical consultation being conducted by the Department of Health and Public Health England on a Health Premium Incentive Scheme, the concept of which had already been agreed as part of the implementation of the Health and Social Care Act (2012).

In the course of discussion, in relation to various aspects of the proposal to offer no cash uplift to commissioned providers for 2015/16, members

- noted that a zero uplift had been offered to providers in 2013/14, the year of transition of responsibility for Public Health from NHS to Local Authority, when the position on the budget had been unclear, but an uplift had been offered in 2014/15
- commented that it would be challenging for providers to be asked to maintain the same level of provision for what would in effect be less money
- expressed concern that the effects of what was in practice a cut in funding would be compounded if a pattern of repeated zero uplifts were to develop in future years
- enquired about measures to ensure that the level of service would be maintained. Officers advised that monitoring arrangements would be built into contracts, and that Public Health had received substantial assurance from Internal Audit on its contract monitoring; robust processes were in place.

In relation to other aspects of the report, members

- expressed differing views on the merits of spending on smoking cessation services; there were many other aspects of public health which merited investment, but on the other hand large savings would be made if people stopped smoking
- noted that the smoking cessation service made use of demographic information supplied by the Council's research group to assist in predicting service usage by age group; service usage was monitored monthly. The Director of Public Health offered to send members on request information on the cost-effectiveness of and cost savings achieved by smoking cessation intervention
- welcomed investment in children and young people's mental health, and in the public mental health strategy
- suggested that more sums of money might usefully be quoted in the narrative report on the Public Health draft revenue programme; although the figures were included in the finance tables, it would aid understanding if they were also for example in the statement about the savings to be made against agency costs, vacancies and non-pay costs (paragraph 4.3)
- in relation to the transfer of responsibility for commissioning the healthy child programme age 0-5 from NHS England to the Local Authority, noted that the budget for the programme, which included health visitors, was ring-fenced. The work being done through Children's Centres would be examined to identify, in a strategic way, ways of maximising joint resources, particularly for the benefit of the 0-2 age group

- commented that the finance tables were difficult to understand without the figures for 2014/15 as a comparator
- expressed concern that the community impact assessments were rather bland and did not acknowledge the potential impact of the proposed cost savings; if everybody was suffering equally, the impact was arguably negative rather than neutral
- noted that the community impact assessments would be developed beyond their present neutral, draft form in the light of contract discussions.

The Chairman asked members who had expressed concerns about the proposals whether they wished to table any amendments in line with their comments. No amendments were proposed.

It was resolved:

- a) to note the overview and context provided for the 2015-20 Revenue Proposals for Public Health
- b) to endorse the development of the draft proposals for Public Health's 2015-20 revenue budgets
- c) to support the approach of offering no cash uplift to commissioned providers of public health services for 2015/16
- d) to delegate the technical response to the Department of Health and Public Health England's consultation on the 'Health Premium Incentive Scheme' to the Director of Public Health in consultation with the Chairman and Vice-Chairman of the Health Committee.

59. PUBLIC MENTAL HEALTH STRATEGY: SCOPING PAPER

The Committee received a report providing an outline scope for the public mental health strategy. Members noted that the intention of the strategy was to look at the wider determinants of mental health, rather than at an individual's mental health, and to promote an integrated, holistic approach to physical and mental health.

In the course of discussion, members

- commented that the strategy's definition of public mental health could easily become rather convoluted, and suggested that the Mental Health working group might usefully be included in discussion of the definition
- received assurance that the strategy could include reference to the importance of matters such as green space, a healthy environment and transport links as factors in public mental health
- noted that the strategy was being drawn up in collaboration with a multi-agency steering group, and that District Councils would be involved in drafting the strategy

- welcomed the scope of the strategy, and commented that a holistic approach required the development of multi-skilled healthcare workers; a walk in the park could contribute as much or more to a person's overall health than attending to physical needs. Members noted that this would be covered in the section on the mental health of people with physical illness and the physical health of people with mental illness.

It was resolved to agree the scope of the strategy.

60. CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT) ARTS THERAPY SERVICES CONSULTATION – HEALTH COMMITTEE WORKING GROUP REPORT

The Committee received a report informing it of the activities undertaken by the Mental Health Working Group scrutinising the proposals and consultation for the provision of Arts Therapy services within CPFT. Aidan Thomas, Chief Executive of CPFT, attended the meeting to respond to members' questions and comments.

The Chairman explained that, at its first meeting with CPFT to discuss Arts Therapies, the working group had agreed that it was not necessary to conduct a formal public consultation. However, because of the strong concern expressed by members of the public who had attended Committee, the working group said that it intended to scrutinise the proposals and to provide a response on behalf of the Committee.

The Chairman further explained that, after the working group had eventually received the full consultation documents and met representatives of CPFT in September, it had on 1st October 2014 submitted a document detailing various questions and comments on the proposals, with a view to providing a final response on the Committee's behalf once it had received answers to its questions. However, the working group then learnt that the consultation process had already been concluded before the answers had been received. This had given rise to concern because of previous difficulties in the CPFT consultation process over the Lifeworks service, although that situation was now on a more positive footing. The reason for inviting CPFT to attend the committee meeting was to consider together how best to conclude the arts therapy process and to proceed constructively in future.

The Chief Executive apologised for the confusion, which had arisen because it had been agreed by CPFT representatives and the working group that the nature of the changes meant it was not necessary to conduct a formal public consultation. The working group's questions had arrived after CPFT had concluded the consultation with staff and service users. He fully accepted that the members of the working group were bound by rules of confidentiality, but the service in question was so small that detailed answers in public could identify individual therapists and thus impact on individual service users; he would be happy to talk to the working group in private. The Chief Executive assured the Committee that there was no proposal to withdraw any services in the short term; any proposed changes had to be worked through with individual patients' teams.

The Chairman thanked the Chief Executive for his attendance.

It was resolved to note the report.

61. MENTAL HEALTH SERVICES – HEALTH COMMITTEE WORKING GROUP REPORT

The Committee received a report informing it of the activities undertaken by the Mental Health Services working group to scrutinise the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) proposal to develop a 5-year mental health strategy. The Chairman advised that the group would consider how to proceed once it had received the documents from the CCG outlining the development of the strategy.

It was resolved to note the report.

62. COMMITTEE WORKING GROUPS: REPORT BACK

The Committee received a report informing it of the activities and progress of the Committee's working groups since the last Committee meeting. Members noted that the working group following up with the CCG developments around the Preferred Bidder for Older People's Healthcare and Adult Community Services had met with CCG officers on 10th October; a report on this meeting would be brought to the Committee's November meeting.

Members welcomed the suggestion of using a reserve date for a transport seminar.

It was resolved to agree to a joint member seminar on Transport and Health on one of the Health Committee's reserve dates.

63. HEALTH COMMITTEE AGENDA PLAN

The Committee considered its agenda plan and considered what use to make of the reserve meeting date of 11th December 2014.

It was resolved to:

- a) note the agenda plan
- b) hold a seminar on the Committee's reserve date of 11th December 2014 for members of the Health Committee and the Economy and Environment Committee.

64. HEALTH AND WELLBEING BOARD FORWARD AGENDA

The Committee received the Health and Wellbeing Board's forward agenda plan for information, noting that the Board would be considering whether to move to a pattern of six meetings a year rather than four from May 2015.

It was resolved:

To note the forward agenda plan for the Health and Wellbeing Board.

Chairman