

HEALTH COMMITTEE: MINUTES:

Date: Thursday 11th September 2014

Time: 2.00 p.m. to 4.45 p.m.

Present: Councillors K Bourke (Chairman), P Ashcroft, A Bailey (substituting for P Brown), A Dent, S Frost, D Jenkins, L Nethsingha, T Orgee, S Rylance, P Sales, J Schumann, J Scutt, M Smith, P Topping and J Wisson

District Councillors R Carter (Huntingdonshire), M Cornwell (Fenland), S Ellington (South Cambridgeshire), P Roberts (Cambridge City) and H Williams (East Cambridgeshire)

Apologies: Councillors P Brown and D Giles

41. CO-OPTION OF DISTRICT COUNCIL MEMBERS

It was resolved:

To co-opt East Cambridgeshire District Councillor Hazel Williams as a non-voting member of the Committee.

42. DECLARATIONS OF INTEREST

Councillor Dent declared a personal interest in agenda item 7 on the grounds that his wife was a Director of Cambridge Samaritans.

43. MINUTES: 10th JULY 2014

The minutes of the meeting held on 10th July 2014 were agreed as a correct record and signed by the Chairman.

44. PETITIONS

No petitions were received

45. FINANCE AND PERFORMANCE REPORT: JULY 2014

The Committee received a report setting out financial and performance information for the Public Health Directorate as at the end of July 2014.

Commenting on the report, members

- raised the question of improving the take-up of health checks. Officers advised that the expectation was that all in the age-group would be invited, with the possible exception of those already under medical supervision for a long-term condition, and

that a promotional advertising campaign was being launched to increase public awareness of the benefits of health checks

- asked on what research e-cigarette figures were based, and how far non-smokers were starting to smoke e-cigarettes. Members noted that national research findings were conflicting; research was being commissioned in Fenland as part of the public health response to the high level of smoking in Fenland. One member asked to receive the research information. **Action required**

It was resolved:

To note the report.

46. JOINT CAMBRIDGESHIRE AND PETERBOROUGH SUICIDE PREVENTION STRATEGY

The Committee received a report presenting the joint Cambridgeshire and Peterborough suicide prevention strategy and accompanying three year action plan detailing public health recommendations to reduce suicide in the local area, and specific actions to be taken by individual agencies. Members noted one correction to the report: reducing the suicide rate in the general population in Cambridgeshire and Peterborough had been identified as a priority in the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Commissioning Strategy for Adult Mental Health Services, not the Joint Commissioning Strategy.

In the course of discussion members

- noted that the strategy took into account training that partner organisations had in place, such as that provided by the Samaritans to car park and shopping centre staff
- welcomed the inclusion of rural workers as a group at high risk of suicide; this was a matter of great concern to the National Farmers' Union
- noted that according to the university welfare officer, the suicide rate for students was in line with that at other universities, though no analysis of the data had yet been undertaken; an audit of student suicide was planned once all the data for the current and previous years had been received
- drew attention to the fact that 72% of suicides occurred amongst people who had not been in contact with mental health services, and asked what use was being made of the internet to help reach people at risk of suicide. Officers advised that the website Stop Suicide, aimed at preventing suicide in Cambridgeshire and Peterborough, had been launched recently. MIND was undertaking a review of social media, and developing a 'crisis app' for mobile phones
- asked whether any work had been done on the feasibility of using pop-up internet advertising attached to relevant websites and search results as a means of reaching people at risk of suicide; officers undertook to ask MIND about this

- drew attention to the omission of LGBT (Lesbian, Gay, Bisexual & Transgender) from the identified high-risk groups and asked that greater prominence be given to this group; there was some research evidence suggesting that the rate of suicide amongst gay men in civil partnerships was eight times higher than that in heterosexual partnerships, and that suicidality was particularly high amongst transgender people
- asked that CCTV control room staff be included in the groups identified for suicide prevention training
- noted that assisted suicide did not fall within the national suicide prevention strategy, and was not taken into account in the local joint strategy
- asked that the final document reflect the contribution and support given by partner agencies to the strategy by having it signed by their representatives and by including their logos on the front page.

With the agreement of the Committee, the Chairman proposed that the report recommendation be amended by the addition of wording on the inclusion of LGBT in the groups at increased risk of suicide, on the provision of training to CCTV control room staff, and the endorsement of the final strategy by partner agencies.

It was resolved:

- a) To approve the strategy on behalf of Cambridgeshire County Council, subject to Public Health officers exploring whether LGBT (Lesbian, Gay, Bisexual & Transgender) should be included as a group at increased risk of suicide, and whether CCTV control room staff should be included in the groups identified for suicide prevention training.
- b) To express the wish that the strategy be clearly endorsed by the partner agencies when it was signed off.

47. INTEGRATED LIFESTYLE AND WEIGHT MANAGEMENT SERVICES PROCUREMENT

The Committee received a report updating it on the integrated lifestyle and weight management procurement, which had been agreed in the Council's Business Plan for the current year. Members noted that the CCG had recently indicated that it was happy for Public Health to continue with the procurement of Tier 3 weight management services as part of the current procurement exercise.

It was resolved:

To note the background to and progress with the procurement.

48. REDUCING HEALTH INEQUALITIES – UPDATE AND FORWARD PLANNING

The Committee received a report updating members on the wider context for health inequalities in Cambridgeshire and proposing an initial approach to these issues. The

proposed approach involved identifying an appropriate partnership mechanism to take forward wider work on health inequalities, and taking forward some specific actions which were more directly under the Committee's control. Members noted that other County Council strategies were also relevant, such as the Child Poverty Strategy and the Narrowing the Gap Strategy.

Commenting on the report, members

- asked how data on low income families formerly taken from free school meals figures could be obtained following the introduction of universal free school meals. The Director of Public Health undertook to circulate a written answer from colleagues in the Learning Directorate. **Action required**
- urged that a wider range of partnerships and organisations than just Health Service ones be included in the work to reduce health inequalities, for example supermarkets and other retailers, as well as the education service
- drew attention to the difficulty of reaching people in small isolated villages with poor internet connection speeds, and suggested attending country fairs as an additional way of reaching the rural population
- while supporting the specific work in Fenland, pointed out that there were pockets of high deprivation in some other parts of the county, such as Littleport
- noted that responsibility for the health visiting service would be transferred to local authorities during 2015.

It was resolved:

- a) To note the proposed initial approach to addressing health inequalities in Cambridgeshire
- b) To endorse further development work on the proposals outlined.

49. UPDATE ON PUBLIC HEALTH BUSINESS PLANNING 2015/16, INCLUDING SHARED PUBLIC HEALTH PRIORITIES

The Committee received a report outlining approaches to 2015/16 public health business planning which would support identified Health Committee priorities through reallocation of public health directorate resources into priority areas and development of shared priority outcomes working with directorates across the Council.

Members noted that, after the report had been published, an announcement had been made earlier than expected about the 2015/16 public health ring-fenced grant allocation; the grant for 2015/16 would be unchanged from the grant for 2014/15, except for specific adjustments to incorrect previous allocations of funding, for example £144k for sexual health services was being transferred from public health to NHS England, which commissioned these services. The lack of uplift for 2015/16 meant that inflation and demographic growth costs would have to be covered by savings.

In the course of discussion, members

- asked that a seminar be arranged at which members could look again at the Committee's priorities. **Action required**
- noted that the next meeting of the Health and Wellbeing Board would receive a report on the progress of the Transport and Health Joint Strategic Needs Assessment (JSNA); the JSNA would include questions of access to specific services, social exclusion and encouraging increased physical activity
- welcomed the inclusion of hospital admission rates for self-harm for young people as an area of concern, particularly in the light of the suicide prevention strategy considered earlier in the meeting.

It was resolved:

- a) To note the proposed approach to 2015/16 public health business planning
- b) To endorse further work on the proposals outlined.

50. COMMISSIONING OF OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES

a) Public questions

Two members of the public, Martin Booth, on behalf of the Stop the NHS Sell-Off Campaign, and Steve Sweeney, Regional Organiser, GMB London Region, asked questions relating to the consultation and procurement process for the commissioning of older people's healthcare adult community services. They had submitted their questions in advance of the meeting, and the Chairman gave prepared answers; questions and answers are attached as Appendix A.

Mr Sweeney wished to ask additional questions; the Chairman invited him to submit them in writing and undertook to supply a written response.

b) Findings from working group

The Committee received a report on the findings of the Commissioning of Older People's Healthcare Working Group, which had been working with the CCG since the Committee's last meeting to ensure that the bidders for the services had taken the former Adults Wellbeing and Health Overview and Scrutiny Committee and public consultation responses into account.

Before considering the report's recommendation to agree how it engaged with the next stage of the commissioning process, the Committee turned to the next section of this agenda item.

c) Update from Cambridgeshire and Peterborough Clinical Commissioning Group

The Committee received a report from the CCG updating members on the progress of the Older People's Programme. Officers attending from the CCG to present the report and respond to members' questions and comment were Jessica Bawden, Director of Corporate Affairs, and Matthew Smith, Programme Lead, Older People.

Arising from the update report, members

- drew attention to the importance of keeping the successful bidder on track to deliver the contract, and of ensuring that all the organisations that were engaged to work with the bidder had compatible plans. Members were assured that the CCG would be working with all agencies engaged with the successful bidder to ensure a smooth transition to the new arrangements
- stressed the need to ensure that the successful bidder remained in communication with the many voluntary and not-for-profit organisations involved in delivering services, and to ensure that these small groups were being commissioned by the successful bidder. Members noted that the CCG had asked all bidders to include third-sector organisations, including smaller ones, in their proposals
- noted that officers were confident that the CCG could deliver the new arrangements on time despite the scale of the project, because it would be a transfer of services in their current state. The major work of improving services would form part of the ensuing five-year transformation programme
- in response to a question about how to respond to a possible legal challenge to the proposed bid, officers advised that the risk of legal challenge had been taken into account from the start of the procurement programme; professional procurement and legal advice had been obtained as part of work to mitigate that risk.

The Director of Corporate Affairs expressed her gratitude to the working group, whose members had put in many hours of hard work.

d) Next steps

The Committee went on to consider how it would engage with the next stage of the commissioning process.

It was resolved:

- a) To authorise the Older People's Healthcare Working Group, following its next meeting with the Cambridgeshire and Peterborough Clinical Commissioning Group, to work out how the Committee would engage with the next stage of the commissioning process once the preferred bidder had been selected
- b) To note the progress of the Older People's Programme.

51. LIFEWORKS AND COMMUNITY PERSONALITY DISORDER SERVICE

a) Public question

Jannie Brightman, a member of the public from Cambridge, had submitted a question asking the Committee how it was possible to go ahead with the current consultation being conducted by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on its proposals for Lifeworks and the Community Personality Disorder Service, given that it effectively excluded Lifeworks. In response, the Chairman assured the questioner that the Committee would maintain close involvement with the process and that CPFT was still developing proposals with service users.

b) Update

The Committee received a report updating it on progress with the proposals for the provision of the Community Personality Disorder Service, and the current position regarding the service. The report was presented by Neil Winstone, Associate Director of Performance Delivery, CPFT. Members noted a correction to the report: the CCG Board meeting referred to would be held on 16th September 2014, not 30th September.

It was resolved:

To note the report.

c) Consultation response

The Committee received a report setting out the response that had been submitted by its working group to CPFT's consultation on proposals for the Community Personality Disorder Service, and the CCG's response to the working group's recommendation 4 of its consultation response.

Members welcomed the reaching of an agreement between CPFT and the service users which had resulted in the ending of the sit-in at the Lifeworks premises in Tenison Road. Members noted that the Lifeworks service was operating from another location while modification work was carried out at Tenison Road; the Tenison Road premises were due to reopen in November.

It was resolved:

To note the report.

52. COMMITTEE WORKING GROUPS: REPORT BACK

The Committee received a report informing it of the activities and progress of its working groups since the Committee's last meeting.

It was resolved:

To note the report.

53. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME

The Committee considered its agenda plan and work programme. Commenting on various aspects of the work programme, members

- asked that the entry on the mental health of female offenders resident in Cambridgeshire be reworded to make it clear that they were being held in prisons outside the county
- stressed the importance of bringing together the various elements of the mental health topic to influence the CCG's five-year strategy
- said that, at a regional health scrutiny chair's meeting recently, one authority had reported on its experience of looking at public health profiles on an electoral division basis, with each councillor being consulted about local public health needs. The suggestion that the possibility be explored of doing something similar in the county met with some support; members acknowledged that health information was already analysed at a local level and that it might be more practicable to meet with groups of councillors on an area basis
- drew attention to the fact that the Children and Young People Committee was already looking at bullying in the context of schools; members noted that Public Health officers attended a joint working group on emotional health with officers from Children, Families and Adults Services.

It was resolved:

To agree the work programme and agenda plan.

54. HEALTH AND WELLBEING BOARD FORWARD AGENDA

The Committee received the Health and Wellbeing Board's forward agenda plan for information, noting that the Board had met on the morning of 11th September to discuss the Better Care Fund submission and had agreed to incorporate a target of a 1% reduction in emergency admissions as part of the submission.

It was resolved:

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

Chairman