

HEALTH COMMITTEE: MINUTES

Date: Thursday 12 July 2018

Time: 1.30pm to 4.05pm

Present: Councillors C Boden, A Bradnam (substituting for Cllr van de Ven), D Connor, L Harford, P Hudson (Chairman), D Jenkins, L Jones, S Taylor P Topping and S van de Ven.

District Councillors G Harvey and J Tavener

Apologies: County Councillor van de Ven
District Councillor Cornwell

122. DECLARATIONS OF INTEREST

Councillor Taylor made a non-statutory declaration regarding

123. MINUTES AND ACTION LOG: 17th MAY 2018

The minutes of the meeting held on 17th May 2018 were agreed as a correct record and signed by the Chairman,

The Action Log was noted including the following update:

Minute 108 – Information had been received from the Clinical Commissioning Group (CCG) regarding the pharmacy at the re-located GP Out of Hours base at Addenbrooke's and would be circulated following clarification of certain points with partner organisations.

124. CO-OPTION OF DISTRICT MEMBERS

It was resolved unanimously to co-opt the following District Councillors as non-voting members of the Committee:

- from Cambridge City Council:
Cllr Nicky Massey
- from East Cambridgeshire District Council:
Cllr Carol Sennitt
- from Huntingdonshire District Council:
Cllr Jill Tavener
- from South Cambridgeshire District Council:
Cllr Geoff Harvey
- from Fenland District Council:
Councillor Mike Cornwell

125. PETITIONS

There were no petitions.

126. EATING DISORDER SERVICE UPDATE

Before the report was introduced the Director of Public Health drew attention to advice provided to Health Committee members from the Monitoring Officer and the Director of Public Health regarding paragraph 2.6 of the report. It would not be appropriate for a member of the Health Committee given their scrutiny role to undertake the role of facilitator at a meeting between the Trust and Mr Hart.

Introducing the report, the Chief Executive of Cambridgeshire and Peterborough Foundation Trust (CPFT) informed the Committee that the action plan was fully implemented however, the service was constantly seeking improvement and there was further work required regarding care planning. Improvements had been implemented regarding staff supervision with increased regularity, improved recording of supervision on an electronic system and improved supervision notes which were also monitored. Mandatory training had been introduced that related to the sharing of information for staff and a family liaison officer had been appointed to work with and support bereaved families. The Trust also liaised with bereavement support provided by the Council.

The complaints management process had improved however the 30 day target response time was regularly not met and therefore close monitoring was taking place.

The Chief Executive informed Members that for serious incidents that involve multiple organisations but were under the care of the eating disorder unit would be investigated by the Clinical Commissioning Group (CCG). A particular area of failing was often that doctors in accident and emergency centres may have not encountered severe anorexia before and there was a need to make clinical staff aware of the risks and how patients presented, for example blood results often masked the illness and the danger patients were in.

Attention was drawn to the work undertaken with universities. The transition from home to university was a time of significant change for adolescents and therefore a protocol was developed in 2014 working with the University of East Anglia and was currently under review in advance of the new intake of students at the end of the summer. There continued, however to be a risk when young people moved across the country for university.

The Chief Executive informed Members that it was the decision of the author of the Marsipan guidelines to remove the case study from the appendix and would, with the permission of Mr Hart, will ask for the case study to be included following the issuing of the Local Government Ombudsman's report.

The Committee was informed that the Chief Executive now chaired monthly performance and risk meetings at which the executive team were able to examine service pressures, risks and delivery for each service. A decision was taken recently decision to pause Phoenix centre, eating disorder unit following meetings where concerns over changing needs of young people were raised. A community eating disorder service had been developed which had resulted in fewer admissions. Therefore as the service was changing, re-modelling work was required in order to ensure care quality and was anticipated that it would re-open in October 2018.

In conclusion the Chief Executive recognised the Trust's failings and had responded seriously to the issues raised. However, she recognised that there was further work to be carried out.

Discussing the report, members:

- In drawing attention to section 2.2 of the report commented that students from Cambridgeshire could attend universities around the country and therefore it was essential that learning needed to be shared nationwide.
- Noted that CPFT had worked with Cambridge University and their counselling services. Chancellors and Vice-Chancellors had a keen awareness of mental health issues including eating disorders.
- Sought clarity regarding the Stop the Line process and questioned how staff were affected when they invoked the process incorrectly. Members were informed that Stop the Line was a standing order item at management meetings and was confident that staff were comfortable using it and were congratulated for doing so. When Stop the Line was called by a member of staff, senior duty managers would work to understand and address the issues. In most cases Stop the Line was invoked due to a mismatch between demand and resources.
- Noted the CQC report regarding the use of drawing pins and patients having hair straighteners. The Chief Executive explained that the intention was to provide as normal an environment as possible and patients did not have access to them without supervision, however the CQC recommended they were removed.
- Noted that the Trust had general and specialist services. It was explained that specialist services was changing and becoming ever more specialised in their nature. There was increasing complexity of cases seen across the country with young people's mental health and it was therefore necessary to review services in order to meet the needs of patients and the demand.
- Highlighted the financial pressures faced by students and questioned whether such pressures were exacerbating mental health issues. The Chief Executive explained that for adolescents with underlying eating disorders then the transition to university presented increased risks as food may not be provided or the individual cooked for.

At the discretion of the Chairman, Mr Hart addressed the Committee and began by thanking the Committee for scrutinising CPFT and the Eating Disorder Service. Mr Hart expressed frustration that answers to questions that had been promised but not yet received. Mr Hart emphasised that his daughter's illness was treatable and drew attention to the care she received from the Eating Disorder Unit and informed the Committee that the Cambridgeshire coroner was looking into deaths of a similar nature.

In response the Chief Executive CPFT informed the Committee that services had improved and the multi-disciplinary team was working effectively. It was not possible to eradicate all risk and unfortunately there were some patients that did not engage with therapy. The Chief Executive offered for Members to visit the Eating Disorder Service in order to see the work that took place there.

It was resolved to:

- a) Note the contents of the report
- b) Request a further update regarding the Phoenix Centre and the CPFT complaints process in 6 months.

127. HEALTH COMMITTEE WORKING GROUP UPDATE

The Committee considered the Working Group update report that informed the Committee of the health scrutiny activities that had been undertaken or planned since 15th March 2018. Attention was drawn to paragraphs 2.2.2 and 2.3.2 which recommended future scrutiny items for consideration by the Committee.

During discussion of the report:

- Members sought clarification regarding the International GP scheme and the number recruited. Officers confirmed that 115 had been recruited to the eastern region and were anticipated to arrive in October 2018. There would be an induction and training programme they would have to complete prior to practicing.
- Highlighted the difficulties experienced in obtaining work permits for people to work in the United Kingdom.
- Regarding the recommendation contained at paragraph 2.2.2 of the officer report, members expressed frustration at the progress made regarding the sharing of patient records across the partner organisations and suggested further work be undertaken with a view to scrutinise the relevant organisations.
- Noted that regarding paragraph 2.1.1 of the officer report not all small GP practices would open for additional hours but arrangements were in place for neighbouring larger ones to do so.
- Councillor Harvey volunteered to be appointed to the Cambridgeshire and Peterborough Foundation Trust quarterly liaison group.

It was resolved unanimously to:

- a) Note the content of the quarterly liaison groups and consider recommendations that may need to be included in the forward agenda plan
- b) Note the forthcoming schedule of meetings
- c) Agree memberships for each of the quarterly liaison meetings.

128. HEALTH COMMITTEE TRAINING PROGRAMME

The Committee received the Health Committee Training Programme that set out the training and development undertaken by the Committee in the 2017/18 municipal year and the training and development confirmed for the coming year.

Discussing the training plan, members

- Noted and agreed to the use of the reserve Committee date of 9th August to be utilised for Strategic Business Planning workshop.
- Commented and praised the high attendance levels at the training and development sessions.

- Confirmed that the Health in Fenland development session would take place at the Boathouse in Wisbech.
- Suggested development sessions regarding NHS apprenticeships for nurses at Cambridge University Hospitals, working permits for overseas health workers, recruitment and retention of staff at primary care surgeries and a briefing session regarding Health Trainers.

It was resolved unanimously to note the training plan.

129. NHS QUALITY ACCOUNTS – HEALTH COMMITTEE FINAL RESPONSE TO QUALITY ACCOUNTS 2017/18

The Committee received a report that set out the Health Committee final responses to the NHS Quality Accounts. The Chairman thanked those involved in the production of the responses to the Quality Accounts, in particular Councillor Linda Jones.

In discussion Members

- Commented that a summary of issues that had arisen throughout the year would have been helpful to add to the commentary.
- Questioned whether the responses to the Quality Accounts had been included in the published versions. Officers agreed to check whether they had been included or not. **ACTION**

It was resolved to:

Note the statements and responses sent to the NHS Provider Trusts.

130. FINANCE AND PERFORMANCE REPORT – MAY 2018

The Committee received the May 2018 iteration of the Finance and Performance Report. Officers reported a balanced forecast outturn for the Public Health Directorate.

During Discussion of the report:

- Questioned the figures relating to the smoking cessation service. It was explained that accruals were completed at year end which put a credit into the following financial year until invoices were received and smoking cessation services always ran 2 months behind. There had also been challenges regarding back logs of invoices from the Clinical Commissioning Group and the transition to the new Enterprise Resource Planning (ERP) system.
- Welcomed appendix 7 of the report but queried how the allocated funding was being used. Officers informed the Committee that detailed information was now available and would be circulated to Members. **ACTION**
- Queried the monitoring of the provision of children's centres. Members were informed that monitoring was based on feedback received. Officers commented that they were mindful of not reducing the offer and advised that they were producing a

report that could be presented to a future meeting of the Committee. Members requested that the report be an outcomes based assessment. **ACTION**

- Requested that information regarding the Healthy Fenland Fund be provided as an appendix to the next iteration of the report. **ACTION**
- Questioned the overheads paid to LGSS and whether value for money was being achieved.
- Emphasised the benefits of interventions for cycle and pedestrian safety as an investment in the future. It was requested that officers explore ways to find funds in order to avoid any reduction in the “Bikeability” scheme. **ACTION**

It was resolved unanimously:

To review and comment on the report and to note the finance and performance position as at the end of May 2018.

131. ANNUAL PUBLIC HEALTH PERFORMANCE REPORT 2017/18

The Committee received the annual Public Health Performance Report 2017/18. In presenting the report officers explained that the covering report highlighted areas that were not reported within in the Finance and Performance report.

Discussing the paper, members

- Welcomed the report and the evidence contained within the appendices and recommended the report as background reading to new members of the Committee. Appendix A, members commented was easier to follow as it was more difficult to understand what was working well in Appendix B.
- Expressed concern regarding the problems identified within the Drug and Alcohol service and requested information how the challenges were being addressed over the course of the next few months. Officers informed the Committee that new contracts have Key Performance Indicators that can be reported to the Committee following criticism that data from existing contracts did not provide answers.
- Were surprised to see the pharmacy was least effective in relation to smoking cessation. It was explained that there had been difficulties in recruiting and engaging with pharmacies which was experienced nationwide.
- Noted that the report focussed on process rather than outcomes. Officers explained that there were Key Performance Indicators built into the contracts and it was possible to provide a future report focussed on outcomes.
- Questioned whether regarding significant procurement exercises there was scope for greater Member involvement at an earlier stage of the procurement process. Officers agreed to investigate further the possibility of earlier Member involvement. **ACTION**
- Noted that there were issues with receiving notifications of birth from hospitals and there was a focus on antenatal services targeting the most vulnerable families.

- Drew attention to the issues raised within the report and would therefore welcome future reports to the Committee that addressed the issues raised, in particular children's health checks and drug and alcohol services.
- Expressed concern that the Committee had decided not make the transition for nursery nurses to carry out health checks yet there appeared to be too few health visitors to provide the service.

It was resolved unanimously

- a) To note the information in the Annual Public Health Performance Report (2017/18)
- b) To request a report in 3 months regarding Health Visitors and recruitment and retention

132. LOCAL AUTHORITY HEALTHCARE PUBLIC HEALTH ADVICE SERVICE (CORE OFFER) TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: 2017/2018 ANNUAL REVIEW

The Committee received a report that provided a brief annual report covering the services provided by the Cambridgeshire County Council and Peterborough City Council Local Authority Healthcare Public Health Advice Service to NHS Cambridgeshire and Peterborough Clinical Commissioning Group for 2017/18.

During the course of discussion Members:

- Questioned whether the level of advice provided by the Public Health Advice Service was resource limited and whether it should be expanded through additional funding through the Clinical Commissioning Group (CCG). Officers explained that while the service was resource limited expansion was difficult as guidance made provision for 2.5 Public Health Consultants budgetary pressures had resulted in the provision being reduced, therefore it would be challenging to agree funding from the
- Noted that reports would be presented regarding the Fenland Fund and falls prevention.
- Commented that it was difficult to evaluate the effectiveness of the work without supporting evidence and figures. Officers explained there were a large number of policy reviews that were tracked and Public Health consultants provided the directional steer for the policies.

It was resolved unanimously to:

Note the 2017/18 annual review of the Cambridgeshire County Council and Peterborough City Council Local Authority Healthcare Public Health Advice Service to the CCG and comment as appropriate

133. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan, taking into account various additions identified at the meeting, and also considered the appointment of a Member to the Papworth Hospital NHS Foundation Trust Council of Governors.

It was resolved unanimously to:

- (i) note the Forward Agenda Plan, subject to the following changes made in the course of the meeting:
 - a) reserve date scheduled for 9th August to be utilised as a Strategic Business Planning Workshop
 - b) 13 September 2018 – add an item regarding Air Quality.
 - c) 11 October 2018 – add an item reporting on the Public Health Reserves (ear marked) including: Falls Prevention, Fenland Fund and Let's Get Moving
- (ii) appoint Councillor Linda Jones to the Papworth Hospital NHS Foundation Trust Council of Governors.

Chairman

