

HEALTH COMMITTEE: MINUTES

Date: Thursday 17 January 2019

Time: 1.30pm to 4.28pm

Present: Councillors C Boden (Vice Chairman), D Connor, L Harford, P Hudson (Chairman), D Jenkins, L Jones, K Reynolds, S Taylor and S van de Ven.

District Councillors M Cornwell, G Harvey, N Massey and J Tavener

Apologies: Councillor Topping.

179. DECLARATIONS OF INTEREST

There were no declarations of interest.

180. MINUTES AND ACTION LOG: 6TH DECEMBER 2018

The minutes of the meeting held on 6th December 2018 were agreed as a correct record and signed by the Chairman.

The Action Log was noted including the following updates:

Minute 130 – A broader piece of work was being undertaken regarding active travel and road safety. Members noted that there were two sources of funding in place for the Bikeability scheme.

181. PETITIONS

There were no petitions.

182. HINCHINGBROOKE HOSPITAL – CQC INSPECTION UPDATE

Medical Director and Responsible Officer, North West Anglia NHS Foundation Trust (NWAFT) Dr Kanchan Rege addressed the Committee regarding the recent Care Quality Commission (CQC) inspection that had been undertaken at the Trust. Dr Rege explained that the merger of Hinchingsbrooke into NWAFT triggered an inspection by the CQC and that the methodology of inspections had altered with more targeted inspections based on risks attached to services gleaned from a pre-inspection questionnaire. All the services were inspected and the conclusion was that the hospital required improvement. Dr Rege drew attention to the number of good core service ratings that exceeded those that required improvement however the weighting applied by the CQC resulted in the overall inspection being rated as requires improvement.

During the course of discussion Members:

- Drew attention to inaccuracies within the final report and questioned whether there were issues within the methodology and process that should be fed back to the CQC. Throughout the report roles were often different and it appeared that elements of the report had been reproduced from other inspections. Dr Rege

explained that although it could not be said that the inaccuracies would material affect the assessment it was disappointing that following feedback, many of the inaccuracies remained unchanged in the final report.

- Highlighted case recording as an issue at the hospital that had been raised at liaison meetings attended by Members. The CQC report appeared to allude to poor case recording and Members questioned how resourcing affected case recording. Dr Rege accepted the concerns regarding case recording and emphasised the importance of thorough documentation. Following the merger of the hospital there had been a standardisation of paperwork across NWAFT which had resulted in some unfamiliarity in its completion. Snapshot audits were undertaken in order to ensure quality of recording and the result were relayed through performance meetings.
- Noted the positive feedback received from local residents.
- Noted the relatively high levels of staff turnover (16%) at the hospital when it merged with NWAFT.
- Noted the culture of Hinchingsbrooke Hospital which was more family orientated with a more informal approach that while well received by patients did not perform well under external inspections.
- Commented that there were a number of clear messages within the inspection report regarding compliance and accurate recording and highlighted the importance of staff training and development together with recruitment and retention of staff.
- Sought assurance regarding the treatment of mental health patients at the hospital. Dr Rege confirmed that there was a fully equipped mental health unit at the hospital that was inspected by the Royal Institute of Psychiatrists. Member concerns would be addressed further at the quarterly liaison meetings.
- Questioned whether if the hospital had been inspected the month following its merger within NWAFT the outcome would have been different. In response Dr Rege, explained it was unlikely that the outcome of the inspection would have been different as the methodology used when completing the assessment had changed and the inspection was more detailed than in 2016. Dr Rege explained further that the CQC methodology was to conduct an interview with a member of staff and then extrapolate the result to the entire hospital. An example was provided where a member of staff did not know the name of the Chief Executive and it was extrapolated to a lack of senior management visibility.
- Questioned whether the process of integration had led to a decline in standards. Dr Rege commented that the process had not in her view resulted in declining standards and that the quality of services had been maintained.
- Commented that a benefit of the inspection result was that it created the necessary environment for changes to be made.
- Noted that most areas that required improvement had improved since the inspection and sought clarification regarding actions that remained. Dr Rege explained that a particular challenge was ensuring that all staff were up to date in their mandatory training programme. If the trust was responding to particular

pressures through increased demand staff were stepped down from mandatory training in order that they could provide care.

- Questioned whether there was sufficient staff numbers to ensure planned shifts were covered. Members noted the pressures faced by the hospital were not dissimilar to other Trusts regarding the recruitment and retention of staff. Dr Rege assured Members that through a number of initiatives such as the nursing apprenticeship programme the Trust was doing as much as possible to retain staff.
- Questioned whether there was sufficient funding for services to be provided. Dr Rege commented that the CQC require a high level of staffing that was unable to be provided all the time due to budgetary pressures. Dr Rege drew attention to the Trust's Clinical Integration Strategy that sought to utilise resources and the Trust's estate to best effect.
- Expressed concern regarding the inspection process undertaken by the CQC. Dr Rege commented that the Trust had met with the CQC where concerns were raised.

It was resolved to:

- a) Note the contents of the report
- b) For the Chairman of the Health Committee to write to the Care Quality Commission (CQC) regarding the inspection

183. EATING DISORDERS SERVICE UPDATE

Following previous attendances at Committee the Chief Executive, Cambridgeshire and Peterborough Foundation Trust (CPFT) provided an update to the Committee regarding the Eating Disorders service. The Chief Executive drew attention to the challenges in treating eating disorders highlighting the level of risk associated with the condition.

The Chief Executive explained to the Committee that a clear priority for the service was to provide more effective pathways within the acute sector for patients admitted with eating disorders. Discussions were beginning with regional medical directors with a view to certain hospital specialising in providing.

The Chief Executive drew attention to the service provided in Norfolk and the challenges faced by the service related to staffing due to maternity leave and sickness. Discussions were taking place with Norfolk commissioners in order to provide a more robust Eating Disorders Service for the area.

During discussion of the report Members:

- Drew attention to the prevalence of mental health issues affecting students at university.
- Noted the importance of continual monitoring of cases within the community and the risks posed if community monitoring does not operate effectively, question whether the issue required greater attention nationally. The Chief Executive commented that in Hertfordshire, monitoring was provided centrally which was inconvenient for

patients and expensive whereas Norfolk provided GPs with training and there was a backstop in order to provide full coverage. The development of primary care networks would enhance coverage for monitoring in the future. There was need for a regional approach that responded to the needs of the community.

- Confirmed that section 2.8 of the report provided complaints statistics for the organisation as a whole and not just the Eating Disorders Service.
- Noted that although the Community Eating Disorders Service was located in hospitals they did however, worked in the communities they covered.
- Sought further information regarding community based care. It was explained that therapy was provided in the community and that included family therapy. Patients were generally admitted to hospital because they required feeding or their physical condition had worsened.
- Noted the health risks associated with eating disorders which included young age heart failure. The Chief Executive drew attention to the benefits of early intervention in treating eating disorders with treatment within the first three years of the disease providing the greatest chance of recovery.
- Commented that it would have been helpful to have trend data included in the report. The Chief Executive confirmed that such data could be provided to Members.
- Noted that referrals to the Eating Disorders Service had to be made by the GP. A significant number did not receive specialist services because they did not meet the threshold. The Chief Executive informed Members that patients were presenting with increasingly complex needs and had other mental health conditions together with the eating disorder.

In concluding the item, the Chairman encouraged Members to attend quarterly liaison meeting and to visit the Phoenix Centre.

It was resolved to:

Note the update provided

184. PROVISION OF 111 OUT OF HOURS SERVICE FOR WISBECH

The Head of Urgent and Emergency Care, Clinical Commissioning Group (CCG) addressed the Committee regarding the provision of 111 Out of Hours Service for Wisbech. In presenting the report the Head of Urgent and Emergency Care explained that although Wisbech patients were excluded by default the patients were covered as a Wisbech patient who called 111 would be routed through to IC24 who were responsible for the provision of the local NHS 111 and Out of Hours services. Members noted that Norfolk CCG were beginning a procurement exercise and as part of that work discussions were taking place in order to potentially return Wisbech to the Cambridgeshire and Hertfordshire CCG.

During discussion Members:

- Noted that due to the telephony system no changes were able to be made before the new financial year once the procurement exercise had been completed.

- Noted that the delivery of the Local Urgent Care Hub would not be affected.
- Were provided assurance that the current arrangement for accessing out of hours services based on the statistics available did work and there was a seamless transfer and no loss of connection.
- Noted that there had been few complaints raised at provider assurance meetings.
- Welcomed the potential return of the Wisbech area to the Cambridgeshire and Hertfordshire CCG.

It was resolved to:

Note the contents of the report

185. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2018

The Committee received the November 2018 iteration of the Finance and Performance Report. Officers informed the Committee that there had been no change in the forecast outturn since the October report. .

During discussion Members:

- Sought further clarity regarding Appendix 1- Public Health Budgetary Control Report which appeared to show a disparity relating to the Children 0-5 PH Programme. Officers undertook to investigate further. **ACTION**
- Questioned whether the invoice process would be changed for the new financial year regarding Smoking Cessation Services. Officers undertook to discuss invoicing processes and the timing of their issue with the NHS.
- Drew attention to the S75 agreement for HIV. Officers agreed to provide the Vice-Chairman with a briefing note regarding the matter. **ACTION**
- Sought further information regarding the establishment of Community Hubs as part of the Children's Centres programme detailed on page 17 of the report. **ACTION**
- Requested further information relating to the Ambulance Trust featured within C&CS Research. **ACTION**
- Drew attention to the Counting Every Adult (MEAM) service and questioned how long decisions had been pending for and commented that 'sofa surfing' and 'living with family' were not the same and should be separated for the purposes of the report. Officers undertook to report back the length of time that decisions had been pending. **ACTION**
- Requested that consideration be given to collating data relating to Health Visiting reported at items 6, 7 and 10 on page 13 of the report separately by area. Although there was a balance to be struck between collecting data that impacted upon staff resources, there were significant health inequalities that would be better reflected if the data was collated separately. **ACTION**

It was resolved to:

- a) Review and comment on the report and to note the finance and performance position as at the end of November 2018.
- b) To approve the formation of a working group to carry out a review of the Public Health Reserves and nominate Councillors Boden, Harford, Jones and van de Ven.

186. PROGRESS REPORT: PROGRAMMES FUNDED FROM PUBLIC HEALTH RESERVES – HEALTHY FENLAND FUND

Members were presented a report that updated Members on the Healthy Fenland Fund that was funded through Public Health reserves. The Healthy Fenland Fund was committed to improving health outcomes and inequalities in the Fenland area. The programme aimed to contribute to improvements in the health and wellbeing of communities through supporting the development of strong and resilient communities that were fully engaged in identifying and addressing their needs.

In discussing the report Members:

- Emphasised the importance of a thorough evaluation of the programme in order to fully understand the difficulty of community interventions of this nature and commented that resource was required in order to carry out the evaluation.
- Noted that within paragraph 8.2 of the report that 74% of groups had gone on to be self-sustaining, Members also confirmed that the groups were enduring.
- Confirmed that periodic reviews were undertaken to understand how long groups endured for.
- Commented that when programmes were developed in the future, assessment of evaluation was undertaken in order to determine whether it was necessary and to ensure its robustness.
- Noted with concern the health outcomes of areas with significant migration from eastern European countries where smoking and alcohol misuse were more prevalent.

It was resolved to:

Acknowledge the positive progress achieved by the Healthy Fenland Fund Programme

187. ANNUAL PUBLIC HEALTH REPORT 2018

The Director of Public Health presented the Annual Public Health Report 2018. Attention was drawn to the strong focus within the report on achieving the 'best start in life for babies and young children in Cambridgeshire and reviewing some key factors which affected health and development up to the age of five.

The International Global Burden of Disease (IBD) study which had been providing health statistics for national governments globally for the last twenty years had for the first time provided analysis of health and disease at English local authority level. The IBD highlighted smoking as the greatest cause of premature death and the impact of poor diet and high body mass index as a cause of both premature deaths and disabling health conditions.

Members noted the 2017 annual report that focussed on determinants of health and that the majority of the recommendations would be carried forward.

In discussing the report Members:

- Highlighted and expressed concern regarding the percentage of women smoking at time of delivery April – September 2018 for the North Fenland area. Members noted that the Clinical Commissioning Group (CCG) was making investment into smoking cessation during pregnancy. The position created by the funding would work within the Public Health team in order to ensure close partnership working with midwifery services.
- Drew attention to the recommendations contained within the report of the Chief Medical Officer and encouraged reflection on them highlighting the impact of obesity and weight issues in terms of cost to the health service and health outcomes.
- Commented that local authorities were barely mentioned within the report of the Chief Medical Officer.
- Confirmed that self-harm included suicide.
- Emphasised the importance of influencing other services and directorates to achieve better health outcomes.
- Noted the emphasis regarding fiscal disincentives to achieve health outcomes.
- Noted the work undertaken by Fenland District Council to introduce a health strategy that encompassed the whole local authority and suggested incorporating health outcomes into local plans.

It was resolved to:

To discuss and comment on the findings of the Cambridgeshire Annual Public Health Report and national Chief Medical Officer (England) Report

188. HEALTH COMMITTEE QUARTERLY LIAISON MEETINGS Q3 UPDATE

Members received the quarter 3 update of the Health Committee quarterly liaison meetings. In presenting the report officers drew attention to the key items discussed at the meetings.

During the course of discussion Members:

- Emphasised the importance of the liaison meetings which provided a forum for matters to be discussed openly through which vital information was provided to

Members. A Member commented further that consideration needed to be given to how the discussions that took place at liaison meetings was fed back to the Committee.

- Noted the update provided by a Member regarding Doddington Minor Injuries Unit. Members appointed to the relevant liaison group undertook to raise the matter at the next meeting.

It was resolved 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.

189. TRAINING PROGRAMME

Members received the Health Committee Training Programme and noted the updates provided at the meeting.

It was resolved to:

Note the Committee training programme

190. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan.

It was resolved unanimously to:

Note the Forward Agenda Plan and the additional item added to the March meeting of the Committee – CGL Contract Novation.