

HEALTH COMMITTEE: MINUTES

Date: Thursday, 11 July 2019

Time: 1.35p.m. – 16.02 p.m.

Present: Councillors C Boden (Vice-Chairman), D Connor, L Dupre, L Harford, P Hudson (Chairman), L Jones and S van de Ven

District Councillors D Ambrose-Smith, G Harvey and J Taverner.

Apologies: Councillors K Reynolds, T Sanderson and P Topping and District Councillor Massey.

224. DECLARATIONS OF INTEREST

The Director of Public Health advised the Committee that as a co-opted non-voting member of the Clinical Commissioning Group's Governing Body she would take no part in minutes 229 and 230.

The Vice-Chairman advised the Committee that the Co-opted Member representing Fenland District Council had changed to Councillor Alan Bristow following advice of the Monitoring Officer.

225. MINUTES – 23rd MAY 2019

The minutes of the meeting held on 23rd May 2019 were agreed as a correct record and signed by the Chairman.

226. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted. A Member requested that the estimated completion date of actions be updated.

227. CO-OPTION OF DISTRICT MEMBERS

It was resolved to co-opt, Councillor David Ambrose Smith (South Cambridgeshire District Council), and Alan Bristow (Fenland District Council) to the Committee.

228. PETITIONS

There were no petitions.

229. COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN

The Chairman invited Jess Bawden (Director of External Affairs and Policy), Dr Gary Howsam (Clinical Chair) and Dr Mark Sanderson (Medical Director) to inform the Committee of the Clinical Commissioning Group's (CCG) engagement plan.

Introducing the item, the Director of External Affairs and Policy informed the Committee that a lot of work had been done regarding communication however, the deadline of the

end of July would not be met due to work taking place relating to the Community Services review. Discussions had yet to take place with Parish Councils and they would be factored into the engagement plan. Members noted that engagement with the public would be undertaken through a variety of means including social media.

During discussion Members:

- Commented that values, priorities and change were not mentioned in the covering report and expressed concern that there was too great a focus on lifestyle which was difficult to influence when focused on in too directive a way.
- Commented that the title, The Big Conversation – Using Our Resources Wisely implied that resources had not been used wisely up to now and therefore suggested that context be included that provided greater understanding of where differences could be made.
- Sought clarity regarding the purpose of the Big Conversation. Officers explained that the 10 week time frame was challenging. A Community Panel was being established with Health Watch that would discuss prioritization and specifics that would feed into the long term plan. Officers emphasised that the purpose of the Big Conversation was to be a catalyst for changing the way in which health and wellbeing was discussed. Medical professionals had limited scope through which to influence health and wellbeing and there was a desire to expand the discussion to include green spaces and planning.
- Drew attention to the concept of the Big Conversation and questioned the extent to which it was two-way. Officers explained it was deliberately not called a consultation because responses had been historically low. Methods of engagement had been developed such as targeting individual questions on social media to younger people. In order for the exercise to be a success it was essential that engagement had to be focused and targeted.
- Questioned whether there would be a change in the CCG's actions based on the feedback received. Although unable to answer the question directly officers drew attention to a campaign undertaken by the CCG relating to the return of over the counter medicines and the cost of prescribing paracetamol that had been successful conversations with the public. A Member questioned whether they were in fact promotional campaigns rather than conversations.
- Questioned whether the CCG was asking the public what they want the CCG as an organisation to do and if so how that would be achieved. Officers explained that Health Watch would undertake testing of priorities with four panels.
- Noted the role of communications leads that would test the Big Conversation with as many groups as possible including patients.
- Noted the different layers of patient representation that included 90 patient groups that filtered into patient fora and then a single patient reference group.

It was resolved to:

- a) Note and endorses the process of the draft engagement plan;

- b) Require the timescales and the final for the engagement plan as soon as possible; and
- c) Require the opportunity to comment and influence the approach to communications and engagement through regular Member briefings

230. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP ADDITIONAL UPDATE REPORT ON COMMUNITY SERVICES REVIEW

The Chairman informed the Committee that he had exercised his discretion and called in this item despite it not having been available five clear working days in advance of the meeting due to the significant public interest surrounding the financial position of the CCG.

Officers representing the CCG, Jess Bawden (Director of External Affairs and Policy), Dr Gary Howsam (Clinical Chair) and Dr Mark Sanderson (Medical Director), tabled an additional supporting document that would be presented to the CCG Board that evening. The spreadsheet detailed services identified by the CCG that were either to be decommissioned or contracts were not to be renewed, contracts which were to be renegotiated or required further information and finally a group of services that required further learning by the CCG.

The Committee was informed that there were three key components that were contributing to the financial position at the CCG. Firstly the CCG experienced higher activity when benchmarked against other comparable areas, secondly there was significant duplication of services provided through a multiplicity of providers and thirdly, the allocation of funding to the CCG was significantly less than its closest neighbours and was the third lowest funded CCG in the country.

Expanding on the allocation of funding, officers explained that there was a significant difference in the level of funding received per head of population compared to some neighbouring areas, which totaled £150m across the CCG. The shortfall in funding could not be afforded by the NHS and therefore there was a need to review every contract in order that best value and efficiency be ensured.

Members noted that hospitals were equally challenged financially and the Community Services review was about reviewing every service to ensure best value. Officers informed the Committee that although engagement work with providers had been undertaken, the publication of the CCG Board papers had brought forward significantly revised and improved data from providers and therefore the review was paused for two weeks in order for new information to be robustly assessed. Officers assured Members that the pause did not represent a loss of momentum with the review as the CCG was losing £1m per week and therefore momentum could not be lost.

During discussion Members:

- Were informed that the Carers Trust supplied different categories of carers support and further work was being undertaken to assess whether funding be provided where the support bordered on a clinical level of support.
- Noted that the Health and Wellbeing Network had identified that the current grant required modification and had provided a revised proposal that required less funding.

- Sought greater clarity regarding the number of users of services. Officers explained the cost versus the number of interventions provided and informed the Committee during the review process some of the figures had been found to be incorrect.
- Questioned how the Dial-a-Ride service would be replaced. Officers explained that the CCG could not afford to maintain the service as it was provided to a small area surrounding Addenbrooke's Hospital and was not provided elsewhere in the county and was therefore inequitable.
- Questioned the level of engagement that had taken place and expressed concern that providers had claimed they had only been provided one week notice that their grant would cease. Officers advised that meetings with providers had taken place in May 2019 and letters had been written in December 2018 and March 2019. Throughout the conversations that had taken place organisations were aware that funding may cease. Providers were informed of the recommendation to the CCG Governing Body a week prior to the meeting and all were subject to further notice periods.
- Noted the ongoing work taking place with the Sustainability and Transformation Partnership (STP) that focussed on how organisations were working together and integrating more closely. Officers advised that the solution to the issues facing the CCG was through health and social care working together through the STP.
- Questioned the level of discussion that had taken place regarding displacement of service users to other providers. Members were informed that local authorities had been contacted where duplication of services existed. While there would be an impact on services officers sought to assure the Committee that the review was clinically led and patient focussed.
- Sought reassurance that transformational work was being undertaken by the CCG as their appeared to be little evidence it was taking place. Officers drew attention to the 'Big Conversation' which sought to empower communities in shaping the services they received which had not been done before.
- Expressed concern regarding the length of time that it had taken to reach this stage of the process. There was a need to change and act on what needed to be done.
- Expressed deep concern regarding the funding formula for the CCG that had resulted in it being severely underfunded for a number of years.
- Noted the comments of officers that the situation was different from the previous year and although the £192m figure was challenging there was an understanding on the part of the regulator that the work being undertaken was in the best interest of the system.
- Drew attention to the Stroke Association that was identified to have funding ceased and highlighted the risk of undermining community groups by doing so. Officers explained that the proposed contract for termination was a very small visiting sign-posting service that was also provided by the hospital. Sign-posting was provided by GPs, NHS England, providers and Cambridgeshire and Peterborough Foundation Trust (CPFT) who were also commissioned to provide the service.

- Noted the majority of stroke patients did not receive the stroke service as it was only provided in the Addenbrooke's area. If the service was required it would be provided by another part of the system.
- Commented that they remained to be satisfied that the impacts of the cuts to services had been thoroughly considered on a system-wide basis. Officers sought to provide assurance to the Committee that the proposed changes would not create gaps in provision.
- Noted that impact assessments had been undertaken on each individual services affected.
- Noted the assurance provided by officers that no changes to funding provided by the CCG would result in an organisation failing as they were funded through a variety of sources.
- Were informed that regarding the Alzheimers Society, further information had been provided by the organisation providing greater clarity on the work they undertook. Therefore, further work was being undertaken prior to any decision being taken.
- Drew attention to dermatology and asserted that the quality of service was being changed. Officers explained that duplication of the service was being removed from 9 GP practices where the service was provided at Addenbrooke's Hospital. The service could not be provided across all the county's GP practices and it was therefore inequitable for the service to remain in a small number.
- Sought greater clarity regarding the level of savings hoped to be achieved from groups 3 and 4 which required re-negotiation or further investigation. Officers informed the Committee that the CCG was hoping to achieve savings of £3m to £6m from the two groups.
- Noted the value of the Joint Emergency Team (JET) that prevented hospital admissions through supporting GPs. There was therefore a need to undertake further work with CPFT in order to re-design the patient pathway and make best use of the resources.
- Drew attention to the legal requirements regarding consultation when services were being altered and how that duty may be discharged.

In summary the Chairman expressed his deep concern regarding the planned focus on short-term financial cuts rather than service transformation. Without transformation the CCG would continue to struggle to find a sustainable financial platform on which to deliver services.

The Chairman with the support of the Committee undertook to write to the Secretary of State for Health and Social care regarding the disparity of funding received by Cambridgeshire which was one of the fastest growing areas of the country when compared to its closest neighbours such as Norfolk and Suffolk. The letter would highlight the ongoing difficulties within the CCG and request all possible support for the current management team. It would also emphasise the critical situation at the CCG and the concerns the Committee shared for the health and wellbeing of Cambridgeshire residents.

It was resolved to:

- a) Note with concern the CCG update on the first phase of its Community Services Review
- b) Require the CCG to return to the Committee in September 2019 in order to update Members following the meeting of the of the CCG Governing Board
- c) |Require regular briefings from the CCG on the Community Services Review.

231. KEY DEVELOPMENTS AT CAMBRIDGE UNIVERSITY HOSPITAL FOLLOWING AN UNANNOUNCED CQC INSPECTION IN OCTOBER 2018 AND WELL-LED USE OF RESOURCES INSPECTIONS IN 2018

The Chief Executive Officer (CEO), Cambridge University Hospital, Roland Sinker, was invited by the Chairman to address the Committee regarding its recent inspection undertaken by the Care Quality Commission (CQC) and Well-Led Use of Resources inspections undertaken by NHS Improvement in November 2018.

The CEO reminded the Committee that the CQC was responsible for assessing the quality of care against four categories; safe, effective, caring, well-led and responsive. In September 2015 the CQC rated the hospital as inadequate.

Members noted the work that had been undertaken over the course of three years to move the hospital into the rated good category. It was unusual that the hospital had not been rated outstanding as all measures apart from responsive were rated as outstanding. A huge amount of work was being undertaken within the system and that was noted by the inspection team however, it was not enough to alter the rating.

During discussion, Members:

- Sought further information regarding waiting times. The CEO informed members that the 95% target for the emergency admissions to be seen within 4 hours was not being met. The target for treating people within 18 weeks for planned care was not being met. There remained issues regarding Delayed Transfers of Care (DTOC) where upwards of 10% of the bed base was being held by patients who were fit for discharge.
- Noted that as a health system a control total had been agreed that was deeply challenging and the sustainability of the challenge required testing within a three to five year financial plan. From that the factors driving the current financial difficulties could be established and a position moving forward could be established.
- Questioned whether the areas that required improvement; responsiveness and use of resources, could be improved without moving significant resources from elsewhere and whether they likely to improve because of the planned cuts. The CEO explained that there was significant transformational work that could be undertaken that would improve patient pathways and therefore move forward on the responsiveness measure. Regarding the use of resources, the hospital would struggle to move forward without government support which was backed by the report.

- Emphasised the importance of giving due recognition to the positive elements of the report.
- Drew attention to the failure to improve the position relating to the responsiveness measure and sought further information regarding the reasons why. In response the CEO explained that large numbers of metrics were supplied to the inspection team that demonstrated improvement in the responsiveness measure however it was not enough in order to be moved into the good category. If the hospital was to be reviewed again, in the case of older people fit for discharge it has improved significantly down from 100 to 29 patients classed as DTOCs. The CEO warned that the coming year would be very difficult and transformational work to improve the patient pathway would improve the position however, if the financial position could not be solved then the system would be under severe pressure.
- Welcomed the time taken within the organisation to develop staff and emphasised that the hospital should be enormously proud of its staff.

It was resolved to note the contents of the report, recognise the improvement that has taken place over the last three years and the work being undertaken to address the findings and deliver further improvement.

232. CONTRACT NOVATION IN RESPECT TO THE INTEGRATED DRUG AND ALCOHOL TREATMENT SERVICE CONTRACT

A report was presented that sought to secure the support of the Health Committee to novate Cambridgeshire County Council's Integrated Drug and Alcohol Treatment Service contract from the charity Change Grow Live, to the wholly owned subsidiary of the charity, Change Grow Live Services Limited.

Commenting on the report a Member confirmed their satisfaction with how the arrangement had been organised and drew attention to the Charity Commission who were supportive of this type of novation, providing the purpose was to improve outcomes for service users.

It was resolved to:

- a) Review the rationale for the request for contract novation
- b) Approve the contract novation of Cambridgeshire County Council's Integrated Drug and Alcohol Treatment Service contract from the charity Change Grow Live, to the wholly owned subsidiary of the charity, Change Grow Live Services Limited
- c) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to novate the current contract subject to compliance with all required legal processes; and
- d) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

233. FINANCE AND PERFORMANCE REPORT – MAY 2019

Members considered the May 2019 iteration of the Finance and Performance report, the first of the financial year that presented a balanced financial position.

During the course of discussion Members:

- Drew attention to the accruals process and suggested it was an area that required the focus of officers and the Committee in order to ensure that costs were reported in the same financial year.
- Highlighted decreasing activity in primary care and questioned the reasons why it was happening. Officers explained that the trend had occurred over several years and was related to workload.

It was resolved to review and comment on the report and to note the finance and performance position as at the end of May 2019

234. NHS QUALITY ACCOUNTS – HEALTH COMMITTEE FINAL RESPONSES TO QUALITY ACCOUNTS 2017/18

Members received a report that provided an update to the Committee on the final responses submitted to NHS provider Trusts in regards to their Quality Accounts 2018/19.

The Committee recognised and thanked Councillor Jones for the work she had undertaken in reviewing the accounts.

It was resolved to note the statements and responses sent to the NHS Provider Trusts.

235. HEALTH COMMITTEE WORKING GROUP AND QUARTERLY LIAISON GROUP Q2 UPDATE REPORT

The Committee received a report that updated it of the activities and progress of the Committee's working groups.

The Vice-Chairman reported to the Committee the work of the Earmarked Reserves Working Group and applauded it as an example of good cross-party working and thanked all that attended.

Members noted that a decision would be brought before the Committee regarding the level of reserves that would be maintained (around £500k). A further report would be provided to the Committee in September 2019 that would seek the Committee's approval for the allocation of reserves for a falls prevention programme and to achieve transformational change. Members were informed that £45k of the reserves had been allocated to support work on a best start in life strategy, which was authorised by the Director of Public Health.

It was resolved to:

- a) Note the content of the quarterly liaison groups and consider the recommendations that may need to be included in the forward agenda plan
- b) Note the discussions from the Public Health Reserves Working Group.

236. HEALTH COMMITTEE TRAINING PLAN

The Committee received its Training Plan.

It was resolved to note the training plan.

237. HEALTH COMMITTEE AGENDA PLAN,

The Committee examined its agenda plan and noted the additional scrutiny item scheduled for September 2019 relating to the Clinical Commissioning Group.

It was resolved to review the agenda plan