

## HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 7 January 2014.

PRESENT: Councillor S J Criswell – Chairman.

Councillors K M Baker, R C Carter, I J Curtis,  
Mrs P A Jordan, S M Van De Kerkhove,  
M C Oliver and J W G Pethard.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors D B Dew, R Fuller, C R Hyams and Mrs M Nicholas.

### **72. MINUTES**

The Minutes of the meetings of the Panel held on 3rd and 11th December 2013 were approved as a correct record and signed by the Chairman.

### **73. MEMBERS' INTERESTS**

Councillor Mrs P A Jordan declared a non-disclosable pecuniary interest in Minute Nos 13/75 and 13/76 by virtue of her employment with the NHS.

### **74. NOTICE OF KEY EXECUTIVE DECISIONS**

The Panel considered and noted the current Notice of Key Executive Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader of the Council for the period 1st January to 30th April 2014.

### **75. REDESIGN OF MENTAL HEALTH SERVICES**

*(Mr J Ellis, Commissioning and Contract Lead for Mental Health, Mrs C Hodgson, Mental Health Commissioning and Contract Manager, Cambridgeshire and Peterborough Clinical Commissioning Group, Dr D Irwin, GP Mental Health Lead for Hunts Care Partnership, and Mr A Thomas, Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust, were in attendance for consideration of this item).*

Pursuant to Minute No. 13/57, and with the aid of a presentation by Mr J Ellis, Commissioning and Contract Lead for Mental Health, the Panel received an update on local mental health services in Huntingdonshire following the redesign of services across Cambridgeshire and Peterborough. As part of the presentation, Members were reminded of the objectives of the public consultation which had taken place in 2011/12, and received details of the adopted new service model. The Panel then received information on the Advice and Referral Centre which had been launched locally in May

2013. Finally, data on the number of patients in Huntingdonshire accessing mental health services was provided.

Having concluded the presentation, Mr Ellis proceeded to respond to questions, which had been raised by the Panel in advance of the meeting. With regard to the number of Huntingdonshire patients who were accessing acute services in Peterborough or Fulbourn in comparison to two years ago when Acer Ward was operational, it was stated that demand for acute services had remained the same, though there had been a notable increase in the number of times the Huntingdonshire Crisis Team was contacted.

On the question of the support and care services that were available to mental health patients who have been discharged into the community, Mr A Thomas, Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust, explained that overall there had been a decrease in the number of Hospital admissions and that attempts were made to utilise primary care mental health services wherever possible.

In response to the question on the Hospital's transportation arrangements and the accessibility of acute wards, Mrs C Hodgson, Mental Health Commissioning and Contract Manager, explained that £15,000 had been invested into the Cambridgeshire Community Car Scheme. No negative comments had been received from service users to date and Mr Thomas advised that, since he had come into post in September 2013, the Trust had not received any complaints in this respect. In noting that regular contact with the service user group was maintained, Mrs Hodgson undertook to forward their details on to the Panel outside of the meeting.

Other matters that were discussed included the extent to which the Clinical Commissioning Group commissioned services from the voluntary sector. The Panel would be provided with details of the various voluntary organisations commissioned by the service. The functions performed by the Advice and Referral Centre included the transfer of patients to and from acute and community services. Members were then acquainted with the challenges faced by the service to meet growing levels of demand whilst being mindful of increasing budgetary pressures, the number of Huntingdonshire patients currently admitted to acute facilities, the types of referrals made by GPs to the Advice and Referral Centre and performance statistics for the Centre in its first few months of operation within Huntingdonshire.

At the conclusion of the Panel's discussions, the Chairman thanked all those present for their attendance at the meeting. Mr Ellis indicated that he and his colleagues would be happy to return to provide a further update to Members at a future meeting.

## **76. PROCUREMENT OF OLDER PEOPLES PROGRAMME**

*(Mr R Murphy, Interim Local Chief Officer (Huntingdonshire System), and Mr I Weller, Strategic Programme Lead, Cambridgeshire and Peterborough Clinical Commissioning Group, and Dr D Irwin, GP Mental Health Lead, Hunts Care Partnership, were in attendance for consideration of this item).*

Mr I Weller, Strategic Programme Lead for Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), delivered an update on the procurement exercise currently being undertaken in relation to the Older Peoples Programme. He reported that an open competitive tendering process for a range of acute hospital unplanned care, community services, primary care, voluntary sector grants, older people's mental health services and end of life care had been launched in July 2013. Ten providers had been invited to submit outline solutions in August 2013, and five now were taking part in the current stage of the procurement process. Bids had been invited for the whole contract and for smaller defined geographical areas.

A process of evaluation was currently taking place to review the outline submissions received with a view to short listing the bidders down to three providers. These would be invited to submit final solutions, which would be assessed to determine who would be awarded the contract. It was hoped that an announcement would be made in April/May 2014. A twelve week public consultation would then be launched, with the mobilisation phase commencing in late summer/early autumn. The contract would last for five years, with an option to extend it to seven years. Representatives of the CCG acknowledged that the timescales were tight, particularly given that staff would have to transfer across to the new provider.

In response to a question by the Chairman whether any elected Members would be involved in the procurement process, Mr I Weller reported that such provision had not been made but that local authority Officers from both the County and District Councils were assisting with the evaluation phase of the procurement process. Nevertheless, the view was expressed that Members acted as advocates for the public and their involvement would instil in them trust and confidence in the process. Given that bids could be submitted for various combinations of areas, it was suggested that there should be some local Member involvement, especially if the process resulted in arrangements for the Huntingdonshire area that were different from the others.

Following a question about the quality of the services to be provided, Mr I Weller confirmed that the outcomes framework contained a number of quality indicators, which had been based on NHS quality standards. He also advised that the Prospectus for the procurement would shortly be released for publication, with quality appearing as key criteria in determining who would be awarded the contract. Having been advised that the outcomes framework had been tested by a number of interested stakeholders, which included patient user groups, comment was made on the absence of these groups during the evaluation phase of the procurement process. The view was expressed that these individuals would be able to contribute to the evaluation of service delivery.

The Panel echoed the concerns of the Cambridgeshire Adults, Well-Being and Health Overview and Scrutiny Committee over the timetable for the mobilisation of the contract. In response, it was reported that it was likely that the current timescales would change.

Other matters that were discussed included the need to ensure that

the successful bidder would meet local needs, the opportunity that existed to transform primary care services and the added social value that the procurement would bring to the community whilst being mindful of the voluntary sector's role in the tendering process.

At the conclusion of discussions, the Chairman thanked the representatives of the Clinical Commissioning Group for their attendance at the meeting.

**77. RECONNECTIONS POLICY FOR HOMELESS PEOPLE WITH NO LOCAL CONNECTION**

With the aid of a report by the Head of Customer Services (a copy of which is appended in the Minute Book) the Panel gave consideration to a draft policy which aimed to assist with the prevention of homelessness by reconnecting homeless people with the area with which they had a local connection. By way of background, Mr J Collen, the Council's Housing Needs and Resource Manager, explained that all housing authorities within the Cambridge sub-region were now adopting similar policies with a view to preventing rough sleeping within their areas. It was further explained that the policy formalised practices already employed by the Council through its homeless prevention work. Members were advised that a recent audit had established that there were between 0 and 3 rough sleepers within Huntingdonshire at any one time.

A Member asked whether individuals could be reconnected against their interests. In response, Mr Collen stated that alternative mechanisms were in place for certain cases, for example those who had been subjected to domestic violence, but that the justification for being treated this way was verified with the appropriate authorities.

RESOLVED

that the Cabinet be recommended to endorse the content of the Reconnections Policy for Homeless People with No Local Connection as appended to the report now submitted.

**78. DISCHARGING A HOMELESSNESS DUTY THROUGH THE PRIVATE RENTED SECTOR**

Consideration was given to a report by the Head of Customer Services (a copy of which is appended in the Minute Book), which sought endorsement for a policy that would allow the Council to fulfil its duty to a household accepted as homeless by making an offer of suitable private rented sector accommodation. In introducing the report Mr J Collen, Housing Needs and Resource Manager, explained that the Localism Act 2011 had given the Council the power to introduce such a policy but that it was unlikely that the policy would be regularly utilised. Having been advised that Regulations contained criteria that required accommodation to be suitable, safe and reasonable, it was

RESOLVED

that the Cabinet be recommended to endorse the content of the Policy to Discharge the Council's Homelessness Duties

Through the Private Rented Sector.

**79. FACING THE FUTURE**

Pursuant to Minute Nos 13/59, 62, 67 and 71, the Chairman delivered an update on the Facing the Future process. The Overview and Scrutiny Chairmen and Vice-Chairmen had met on 18th December 2013 to review the complete list of potential savings suggestions and the priorities that they had been accorded. Further meetings would be held on 9th and 16th January 2014. The latter would involve the Council's Chief Officers Management Team. In addition it was noted that an informal Cabinet away-day had been arranged for late January 2014 to enable Executive Councillors to consider the outcome of the Panels' deliberations and their own priorities. Reports on progress would then be submitted to Overview and Scrutiny and to the Cabinet in February 2014.

**80. CAMBRIDGESHIRE ADULTS, WELL-BEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Councillor J W G Pethard reported on matters currently being considered by the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee. These included the Adult Social Care, Older People and Mental Health Services Business Plans, the Commissioning of Older People's Services and Sheltered Housing at Langley Court and Langley Close, St Ives. Having been advised that the County Council would be changing its governance arrangements to the Committee system in the new Municipal Year, Members were informed that the Adults, Well-Being and Health Overview and Scrutiny Committee would continue to exist because the authority still had a duty to scrutinise health matters.

*(At this point during the meeting (8.40pm) Councillor S M Van De Kerkhove left the meeting).*

**81. WORK PLAN STUDIES**

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and Environmental Well-Being.

**82. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS**

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. It was reported that a meeting of the Hinchingsbrooke Hospital Joint Working Group would be held on 23rd January 2014. Brief updates were also received on the Corporate Plan, Voluntary Sector, Consultation Processes and Social Value Working Groups. A meeting of the Elderly Patient Care Working Group would be arranged to consider the End of Life Pathway.

Pursuant to Minute No. 13/75, the Panel agreed that representatives

of the mental health service user group should be invited to a future Panel meeting with a view to gaining an understanding of local residents' experience of the service. A suggestion was made and accepted that the invitation should be extended to Hunts Mind and various other relevant voluntary groups within the District.

Further to the earlier discussions on the procurement of the Older People's Programme (Minute No. 13/76 refers) the Panel reiterated its concerns over the tight timescales proposed for and the absence of any Elected Member representation from the procurement process. In noting that Dr S Lammin, Head of Environmental and Community Health Services, was the District Council's lead Officer in this area, it was agreed that her views should be sought on the best way for the Panel to obtain feedback on the procurement process.

**83. SCRUTINY**

The 140th Edition of the Decision Digest was received and noted.

Chairman