ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

Thursday 13th March 2014

44. DECLARATIONS OF INTEREST **Action**

Councillor Bailey declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as a Governor of the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT.

Councillor Smith declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as being on the Board of Governors for Papworth Hospital.

Councillor Sutton declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as his wife was a member of CPHT and he was a Mental Health Manager for the same organisation.

Councillor Wilson declared a non-statutory disclosable interest in line with paragraph 10.1 of the Members' Code of Conduct as his wife was a health visitor for Cambridgeshire Community Services.

45. MINUTES OF LAST MEETING

The minutes of the meeting held on 4th February 2014 were confirmed as a correct record and signed by the Chairman.

46. DELAYED DISCHARGE AND DISCHARGE PLANNING REVIEW – PROGRESS REPORT

This report updated Members on NHS and County Council progress in reducing delayed discharges from hospital, and in implementing the recommendations of the previous Committee's 2013 review of delayed discharge and discharge planning. It included the following sub reports:

- Item 3A: summary of review recommendations
- Item 3B: report from Cambridgeshire County Council
- Item 3C: report from Cambridgeshire and Peterborough Clinical Commissioning Group
- Item 3D: report from Cambridgeshire Community Services NHS Trust
- Item 3E: report from Peterborough and Stamford NHS Foundation Trust
- Item 3F: report from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Item 3G: Delayed transfers of care: trend data
- Item 3H: Report from Hinchingbrooke Health Care NHS Trust
- Item 3I: Report from Cambridge University Foundation Trust (CUHFT)

Concern was expressed at the very late production of some of these papers which had resulted in a second dispatch only being able to be printed three days before the meeting which had not provided any time for Members to receive them and study them in any detail.

Officers in attendance to respond to members' questions and comments were:

Richard O'Driscoll, Head of Service Development, Adult Social Care; Charlotte Black, Service Director for Older People's Services and Mental Health - representing the County Council
Lisa Hunt – Chief Operating Officer, CPFT
Sandra Myers, Director for Integrated Care - CUHFT
Jessica Bawden Director of Corporate Affairs, Nigel Smith Management Lead, Dr Arnold Fertig- Cambridgeshire and Peterborough Clinical Commissioning Group
Alison E Smith - Cambridgeshire Community Services NHS Trust
Christine Wroe - Hinchingbrooke Health Care NHS Trust

Richard O'Driscoll in introducing the report highlighted the improvements that had been made, while still accepting that Cambridgeshire's performance was below the national average highlighted and that while reducing delayed transfers of care was a priority, the performance was symptomatic of bigger strategic challenges. These related to increasing demographic pressures with continued increases in emergency admissions for over 85 year olds as detailed in paragraph 2.2 of the cover report.

His update made reference to the detail included in the following numbered paragraphs (paras) in the report:

- Strategy and Commissioning (paras 2.2 to 2.4 and appendices 2 and 3) – it was highlighted that a County Council Strategy for Older People had recently been agreed by Cabinet. He highlighted that
- Discharge Planning processes and communication and information systems (paras 2.5 to 2.7)
- Capacity and Use of Resources (paras 2.8 to 2.9),
- Admission Avoidance outside of hospital (paras 2.10 to 2.12)
- Performance (paras 2.13 to 2.15)

He highlighted that:

- rates of reablement had improved from Addenbrooke's Hospital and that across all three hospitals early recognition of health needs had resulted in earlier planning.
- There were IT connection issues that could not be resolved in the short term, but on-going work was continuing to improve ways of sharing information and making technology work to improve existing systems. Reference was made to the shared assessments which were now electronically referred from the wards.
- There was the need to look at providing a 7 day service which the reablement service was already undertaking.
- There were challenges in relation to workforce recruitment and retention and in response the Council had taken forward a number of initiatives

including the home care apprenticeship scheme and work based academies to encourage more people to enter social care employment.

- One of the Challenges was making sure there was sufficient support available in the community. Which would prevent a proportion of hospital admissions.
- In relation to monies to be received from the Better Care Fund, the intention was that the Council would seek to use some of the money to promote independence and community resilience to try to reduce hospital admissions.

He was thanked for providing a very good clear report.

Nigel Smith from the CCG undertook a brief presentation. He highlighted:

- That while there had been a reduction of 13% in bed days lost between April and December 2013, this had always been a problem at Addenbrooke's Hospital linked to capacity in the community care sector. In the same period the proportion of delays attributed to the NHS had increased by 3% to 57% and the proportion attributed to adult social care had risen by 1% to 41%. He highlighted that there had been a reduction of 22.6% reduction of lost bed days compared to the previous year. It was however indicated that this improvement had been from a low starting point. Historically the winter period had always been the problem area but in the current year the January / February figures had shown a 40% reduction compared to the previous year. The intervention strategy was working well and there was a need to recognise that when very elderly people were admitted to Addenbrooke's it was because they were very ill.
- New delays were now owned by all partner organisations and were reviewed on a regular basis by the relevant Chief Executive's.
- Daily operational calls were proving to be very successful helping map out demand and capacity right across the system.
- There was continued investment in Step-up beds and details were provided of the benefits that would be accrued from sufficient resourcing being provided to the district nursing service and the Acute Geriatric Response Service.
- Other initiatives / improvement areas were in relation to discharge pathways and establishing in advance with care plans what community services needed to be in place to enable a successful discharge.
- He highlighted the responses to the recommendations as set out in the detail of the report.

Questions / issues raised included:

- In relation to Addenbrooke's Hospital performance compared to hospitals in other parts of the Country the question was raised with reference to section 2.1.4 of the report on whether different measures were being used by the hospital which might mean that like for like comparisons could not be made. In reply it was indicated that there were variations in data collection all around the country and that social care data as currently collected showed the figures in an inflationary way. It was explained that a lot of time had been spent on pathways that stripped out a lot of the administrative / bureaucratic processes but that there was still more work to be undertaken to ensure the figures were correct. There was a need to

ensure consistency on reporting data around the County. Representatives from NHS England and the Association of Directors of Social Services had been recruited for a review as “critical friends”.

- A question was raised regarding whether the above review included recommendations to validate coding and at what stage the review was at. It was explained that the Council had shared a process with Addenbrooke’s. A workshop would now look at the procedures necessary to support its application, without causing undue bureaucracy. The review was three quarters of the way through.
- A question was raised on how other areas collected their data and why was Cambridgeshire’s methodology inflationary, resulting in greater attribution of Delayed Transfer of Care (DTOCs) to Council. One example given was in relation to continuous healthcare assessment which was a complicated assessment undertaken in hospital. In order to improve the patient experience and facilitate early discharge, the Council had accepted short term financial responsibility for these patients to enable the assessment to be completed in a nursing home. Where delays occurred, these were wrongly being attributed to Social Care. This resulted in the County Council paying fines when they should be recorded as an NHS delayed discharge. Ways where being looked at to speed up the process and complete the necessary forms retrospectively after the referral. It was confirmed orally by Sandra Myers that in future these particular referrals would be classified as a NHS delayed discharge. One Member commented that he wished to see patients getting the care they needed and was less anxious regarding how they were compared. Officers responded that while this was a very helpful comment, the numbers of delays were important as the fines being incurred because of the data could be better used to provide more social care services. A clearer Audit Trail was required to enable a better understanding of why the delays were taking place.
- A question was raised with reference to appendix 3 page 2 on why the bed delays were significantly worse in the County compared with the national average and what the main problems were perceived to be. In response it was explained that the reasons were quire varied and included:

    - That large tertiary hospitals draw in more people;
    - The County had a very large elderly population;
    - The County had been slower than others in removing silo working and while working on integrated older people approach was a few years behind some other areas;
    - Difficulties in recruiting to reablement / nursing home posts
    - The complexity involved in aligning partner budgets
    - The continued increase in the number of over 85 year olds being admitted of whom 30% had very complex needs. The figures had risen in a period of time from 80 admissions a week to a 100 and in most recent months had been at a level of 130 to a 140 a week. There was expected to be a further increase in the older people population of 33% over the next 10 years.
    - 30% of Social Care service users were now over 93.

- One Member requested that future reports should include details of timelines and targets. The same Member made the point that at a time of no funding growth and severe restrictions on budgets it was not possible to

do all of the things that might be aspired to, and there needed to be honesty going forward on what could be achieved and to acknowledge the priorities for the next three or four years. In response, Richard O'Driscoll explained that the timeline issue was complex as it related to a whole systems approach rather than a single system approach which was required to be agreed with all partners. However, work was being undertaken to agree shared objectives. The Better Care Fund was a good example of a one system approach. A requirement for the funding was a joint approach setting out what was to be achieved and when. The intention would be to link it to other older people strategies to help integrate services and commissioning intentions.

- It was asked where the service was expected to be in the next year and subsequent years. In reply it was indicated that there was a need to gauge demand and to have a better understanding of the capacity available to deal with it in terms of the community bed strategy etc. It was not possible to provide figures on improving delayed discharges as there were a lot of variable factors, including the severity of the seasons etc.
- Another issue raised where officers considered it would be helpful to receive Councillor support was in terms of lobbying Government ministers in relation to challenging the late notification of additional one-off funding. Such Government funding when provided required to be spent within a very short timeframe e.g. Winter Funding, where only a week's notice had been provided and for which more time was required to plan the best way to utilise the resources.
- Reference was made to utilising best practice approaches adopted by other authorities in relation to attracting additional staff, including placing advertisements in papers in Eastern European countries. It was agreed that this was a good idea that could be looked into further, while also highlighting that there was already a developed market in seeking staff from overseas, with one provider already employing many of its staff from Portugal. It was explained that one of the main issues regarding the Cambridgeshire demographic and the difficulty in recruiting staff for social care was that it was not seen as attractive employment for many people. Many parts of the County were relatively affluent and the fact was that supermarkets and other local employers, such as the Science Park, were able to offer higher wages. Even in less affluent areas, such as parts of Fenland, there were now more job opportunities which competed with social care jobs.
- Related to the above, one Member asked if some of the work could be undertaken by volunteers, including tapping into retired people willing to work on a voluntary basis. It was indicated in response that volunteers were already utilised, including those from the Care Network and Age UK but agreed that this was a sector that could be expanded.
- In answer to a question raised, it was confirmed that placing a patient in an in-patient reablement centre, instead of a community setting, was still being counted as a delayed discharge.

The opportunity was extend to other organisation representatives to provide an update on issues going forward.

Lisa Hunt of the Mental Health Trust CPFT explained the more robust processes being adopted in terms of the changed model of care to focus on preventing admissions to the acute sector, but highlighted that there was a capacity issue

and the Trust required more beds for those people that needed continuing care as those with advanced dementia were not suitable to be kept in a home environment. Delays in continuing health care placements accounted for 50% of beds being blocked. However, this had to be balanced by the fact that there were only finite resources available to invest in expansion. There were no easy answers to the issues at the current time.

Alison Smith from CCS NHS Trust explained that the main challenge in the area in terms of operating a successful discharge policy was that there were 6 acute hospitals. This made a discharge to assess approach, while a good idea, difficult to operate in an area like Ely / The Fens, when there were community capacity issues.

Christine Wroe from Hinchingbrooke Healthcare NHS Trust highlighted the main issue as being how to manage the service at a time of increasing demand with the resources available.

Reference was made to the work of the reablement team which had begun operating in the hospital in the last two months with funding from winter monies and support from the County Council for patients who could be helped to improve in order to be able to return to their own homes. Additional geriatricians had been employed to obtain smarter guidance and help with quicker discharges.

Each speaker was invited to make one key summing up point setting out what they saw as the key challenges moving forward. These included:

- CPFT: The need for greater continuing health care placement capacity
- Hinchingbrooke: The system had not yet worked through the implications of the growing number of people over 85 and over 90
- Richard O'Driscoll for the County Council: The need to increase the scale and pace of change for example in discharge to assess; he would like to see more boldness in how transformation was being undertaken.
- Addenbrooke's Hospital needing to move quicker when agreeing a pathway and to look at capacity in a more flexible way to match capacity to need, for example in addressing the need for more residential care provision for people with dementia.
- CCS NHS Trust: The challenge, as stated above, of implementing discharge to assess when there was limited community capacity
- Richard O'Driscoll from the County Council concluded that the "burning platform is getting ever shorter" meaning by this that new ways of working were required as the "burning platform" of reducing resources was getting even shorter, and that the pace of change was, if anything, not fast enough given the scale of the challenges the system faced. There was agreement on this point, and also that there was an need to be clear about priorities and how this would change existing work practices, as well as acknowledging that there would be risks in the shift of resources away from acute to preventative / community care provision.

The Chairman thanked all those officers who had attended for their valuable contributions.

47. PERFORMANCE ON ASSESSMENTS AND REVIEWS IN ADULT SOCIAL CARE, OLDER PEOPLE'S SERVICES AND MENTAL HEALTH

This report provided an update in relation to services for adults of working age and older people setting out details of:

- performance in relation to the timescales for assessments of new clients following referral;
- performance in relation to the number of regular reviews conducted for existing service users.

Officers in attendance to respond to members' questions and comments were:

Charlotte Black - Service Director for Older People's Services and Mental Health
Claire Bruin - Service Director, Adult Social Care,

Jackie Galwey – Head of Operations - Older People's Services, Cambridgeshire County Council

The update included details of:

- what the timescales should be,
- how they were in reality,
- what was being done or planned to improve this,
- what improvements were being made,
- what the opportunities were to invest staffing in to improve the service and also the areas to reduce spending on services that people might no longer need.

Details were provided of the performance in relation to the following three performance measures which related to assessment and review activity:

- NI132 – Timeliness of adult social care assessment
- NI133 – Timeliness of adult social care package
- D40 – Adult social care clients receiving a review

In relation to NI132, the performance was well above target and had remained so over the 2011/12 and 2012/13 financial years. It was however highlighted that this performance was expected to decline due to a new way of recording the indicator as a result of the new Adult Information System (AIS) as detailed in paragraph 2.2.3 of the report. In reply to a question raised of whether this was also happening elsewhere, it was explained that it depended on the IT systems in place. The new system would allow the identification of where any bottlenecks or backlogs were occurring, and would support and enable a more proactive management of the assessment process.

In relation to NI 133 as shown in the graph on page 4 at paragraph 2.3, it was explained that there had been a downward trend against this indicator compared to the previous two years, although performance over the past five quarters had remained within 2% of the target. Most of the delays were due to issues in the homecare market and related directly to the previous report on delayed discharge. There was currently an action plan setting out a range of initiatives to improve capacity in homecare with key actions being delivered or investigated as set out in

paragraph 2.3.2.

It was reported that performance varied considerably between services due to variations in the complexity and volume of activity for different client groups. The Learning Disability Partnership was considerably behind target at the time of the preparation of the report, due to issues including the implementation of a new ICT system. New service users supported by the Older People's Mental Health Teams (who were managed by Cambridgeshire and Peterborough Foundation Trust) often required complex and specific care packages which could be difficult to source. All services were experiencing the same issues around a lack of provider capacity.

D40 was slightly below target. Performance at the end of January 2014, which was a cumulative measure, had been 58% against a year-end target of 80%. The forecast performance was expected to be 70% at the end of the year.

Those teams with a more volatile client base tend to perform less well – which was more of a reflection of the way the indicator was calculated than poor working practice. It was explained if their needs changed some clients might have several reviews a year.

It was highlighted that there was an issue with a reduced budget in relation to available capacity when both seeking to discharge people out of hospital earlier through earlier assessments, while also seeking to prioritise reviews. Section 5 of the report set out initiatives being undertaken to improve the completion of reviews in Older People's Services. For assessments, demand on the service had to be managed through a process of prioritisation for review.

What was not showing in the data was that some people had a significant number of reviews in a year. It was reported that there were significant developments ahead around reviews. In Older People's Services, work was beginning on an evaluation of the current review process. The findings of this work would inform changes in working practice across the two directorates. A key area highlighted under active development was collaboration with providers on reviews. Details were provided of a pilot for a more collaborative approach to carrying out reviews with providers of domiciliary care to avoid current duplication for service users through more joined up working. The aim would also be to:

- develop a more flexible approach to reviews - so some complex cases were brought forward
- release staff capacity to tackle a range of challenging priorities to achieve demand management
- ensure that if home care packages need to be adjusted up or down this was picked up quickly
- help take forward the personalisation agenda improving the focus on the relationship between service user and provider

It was indicated that more details would be included in the presentation about Transforming Lives - a new model of social work and social care that the Service Director, Adult Social Care would be giving at the Members Seminar the next day.

As well as involving providers in reviews, consideration was also being given to whether additional investment in staff to increase capacity to conduct reviews

might result in a financial saving from the review of people's packages, as reviewing might result in the identification of over-provision where people's needs had lessened since their last assessment or review. In addition, the Older People's Service was setting up a new small peripatetic team on an invest to save basis that would move around the county as needed to tackle backlogs or delays.

Questions / issues raised included:

- In relation to graph 5 on page 7 showing those people receiving a review, it was suggested that there must be a small number of people who were invisible to the service and did not receive a review. The Member further suggested that these were cases where a review might identify changes needed in terms of the care package and potentially a reduction in cost and therefore needed to be looked at in a different way. In response it was highlighted that there was to be a review of whether the current performance indicators (PIs) were still fit for purpose, as those included in the report had been national PIs which had been kept locally. It was accepted that some of them could be improved in terms of the data they provided. Reassurance was provided that staff were able to identify vulnerable service users who had not received a review and that they were being prioritised and were not "off the radar".
- One Member, as a follow on question to the above, asked if there was any person who had never received a review. In response, it was indicated that the current PI required a client review once a year. This was considered to be an unsophisticated measure as for many people a year was far too long, as some clients' needs changed very quickly. In addition, there were cases when initial expensive care packages could be down-graded when the need for the specific services was no longer required and the sooner this was identified the better. Packages of care were only modified following a review. A way of reducing the costs of the service being investigated included the Occupational Therapy Service (OT) looking at reducing double-up care (where two carers attend the client), including putting in specific equipment for more complex clients' needs, which would result in less carers being needed and would achieve a longer term saving on the costs of their care package.
- Making reference to the Section 75 partnership agreement for the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to deliver mental health services as referred to in paragraph 3.2.1 on page 9 of the report and the recognised need to significantly improve performance in mental health reviews, one Member queried whether they were bound to carry out reviews. In reply it was indicated that the Section 75 Agreement represented the level of performance expected from the Trust. It was explained that there were quarterly meetings to discuss their performance against the Contract agreement. While there was certainty in relation to Older People's performance data, officers were of the opinion that currently the data provided by the Trust on performance did not fully reflect the activity undertaken.
- The Chairman expressed the view that, although the report was very informative and detailed, the overall picture was negative, as was the direction of travel in terms of some performance indicators. He asked whether there were any significant problems and whether officers were confident that performance levels could be improved. In response and as referred to earlier, it was explained that it was a very challenging position in

terms of available resources and prioritising between reducing delayed discharges or prioritising other areas of service. To undertake all improvements required both an increase in staff and removing inefficiencies in the current processes. This was at the same time as having to make further savings when the elderly population continued to grow and as a consequence placed an even greater demand on social care services. Currently the model of Social Care was considered to be unsustainable but officers were confident that they were grasping the main issues within the resources currently made available.

- One Member expressed concerns that, (as referenced in paragraph 4.3 of the report) the contract requiring domiciliary care providers to undertake several reviews a year could be a disincentive to applying for contracts, leading to a possible shortfall in providers. In response, it was indicated that a more joined up, approach was being sought in relation to the reviews undertaken by providers and the current annual social care review in order to help avoid duplication. This was expected to make things easier in future. The intention was that the service user would determine whether they wanted the provider or officers from the Older People's Team to undertake the review. There was also a development opportunity with providers to help up-skill them to look at different solutions / different technologies.

The Officers were thanked for an excellent report.

48. COMMISSIONING OF OLDER PEOPLE'S SERVICES ; OLDER PEOPLE'S PROGRAMME UPDATE

An update was provided in relation to the activities of the Committee's Older People's Working Group and progress with the Clinical Commissioning Group (CCG) Older People's Health Care and Adult Community Services procurement as set out in the slides of the power-point presentation which was also included as an appendix to the published report.

Officers in attendance to respond to members' questions and comments were Jessica Bawden Director of Corporate Affairs and Dr Arnold Fertig-Cambridgeshire and Peterborough Clinical Commissioning Group

An oral update indicated that the public consultation on the procurement commissioning exercise was about to commence, with all stakeholders having been informed, advertisements placed in local newspapers, and details provided on the Clinical Commissioning Group's website, including the relevant timelines.

In the next week publicity would be made available in poster format in GP surgeries and in local authority libraries. The consultation would run until 16th June.

In terms of the 22 public meetings already arranged it was indicated in response to a question that officers would be happy to make presentations to parish councils on request as well as to care homes and housing associations.

The officers were thanked for their attendance with the Chairman apologising that they could not give more time to the item due to times over-running on earlier items.

49. NHS 111 SERVICE

The Committee received a report on the launch of the NHS 111 Service which is a national telephone service for members of the public to call when they need medical help fast, but it is not a 999 emergency The service, which had replaced NHS Direct, was launched to the public in Cambridgeshire in February.

Officers in attendance to respond to members' questions and comments were:

Jessica Bawden and Harper Brown

In addition, Sandie Smith from Healthwatch Cambridgeshire (HWC) had been invited to present some written comments included in a short response paper titled 'People's Reported Experiences of Using the 111 Service in Cambridgeshire' which had been e-mailed to Members in advance of the meeting, with copies made available on the day.

It was explained that 111 was a symptom based service and callers to 111 were assessed, given advice and directed straightaway to the local service that could help them best. It was highlighted that it was a 24 hours a day, seven days a week, 365 days a year service and that calls from landlines and mobile phones were free. Dialling 111 would get the caller put through to a team of highly-trained advisers, who were supported by experienced nurses. They would then be asked questions to assess the caller's symptoms and give then the health care advice they needed or direct them to the right local service. The NHS 111 team would, where possible, book the caller an appointment or transfer them directly to the people they needed to speak to.

In terms of monitoring, a 'Situation Report' was provided on a daily basis to Cambridgeshire and Peterborough CCG and to NHS England via Unify with the detail of what was included set out in paragraph 3.2 of the report. In addition there was a weekly operational call with the Out of Hours (OOH) providers, 111 provider and Cambridgeshire and Peterborough CCG, a weekly situation report call with the OOH providers, 111 provider, Cambridgeshire and Peterborough CCG and the East of England Ambulance Service NHS Trust (EEAST) and a weekly call with NHS England East Anglia Area Team.

Section 4 of the report set out the Governance arrangements and section 5 the communications and engagement details.

Sandie Smith indicated that HWC only had information on four direct experiences of using the service at the time of preparing the report as it was still such a new service. These had all been positive as detailed in the report, but as an update she reported that she had received a further one which was negative that morning. She highlighted that in one case a caller had become so anxious when questioned that it had eventually required an ambulance to be called.

As highlighted in her paper and explained orally, feedback from health care professionals was currently low, with only 100 reported, when the service was taking an average of 350 calls a day. At this level of response she suggested it was hard to tell if colleagues in the healthcare system were satisfied or not with the service.

The points she wished to highlight were:

- To date complaints to the service were low and the reporting focussed on process rather than issues and learning. HWC had wished to ensure that the service learnt from complaints received and had now been invited to contribute towards the development of the feedback systems.

- There were some concerns about the lack of dental support for the service as the new General Dental Service contract was not likely to be completed until 2016 and in the meantime people with dental emergencies were being referred to clinicians.

- HWC understood that a directory of services is in development to support 111 locally and suggested that this was an opportunity to direct people to local community resources. However, HWC was concerned that only commissioned services would be included, thereby missing a vast range of community and voluntary groups, services and activities that might be of help to the caller. It was suggested that it would be helpful to link it in with the HWC Information & Signposting Service.

Questions included:

- Seeking a response to the comment made on the views of healthcare professionals. It was clarified that it was only anecdotal and could not be corroborated by any hard data.
- Linked to the above, another Member asked whether there was any evidence that the service had impacted on hospitals, Accident and Emergency Service (A&E) and whether it had led to an increase in workload as a result of more referrals. Harper Brown indicated there was currently no evidence to suggest there had been an increase.
- How gaps in provision were being identified. In reply it was indicated that this was through the use of regular analysis and call reviews and passing information to local clinical commissioners.
- Whether there was capacity to bring in other community groups to help with gaps in provision. In reply it was indicated that this was being looked at as part of future service expansion. There were currently 35 call handlers during the week with 10 -15 on duty to take calls at weekends. The intention was to develop the service so that sometime in the future, GP appointments could be added. Currently the service was restricted to a national directed specification.

The Chairman thanked the officers for an excellent report and commented that the service appeared to offer a lot of potential going forward.

50. COMMITTEE PRIORITIES AND WORK PROGRAMME

The committee noted a report on progress against its priorities and work programme for 2013/ 14 and agreed the agenda for the final meeting on the 1st April as listed on page 6.

The Chairman brought the Committee's attention to a new topic on page 4 titled "Relocation of Papworth Hospital to the Addenbrooke's Hospital site" and the action taken by the Vice-Chairman and himself as set out in the accompanying text. Local Members present made the point that the decision to relocate did not

reflect the views of the local population.

51. CABINET AGENDA PLAN

This was noted.

The Chairman indicated he would circulate a draft response paper to the CCG's consultation on Commissioning of Older People's Services. Cllr Bourke

In relation to the report on the 15th April Cabinet meeting titled 'Transforming Lives: a new strategic approach to social work and social care for adults in Cambridgeshire', discussion of the agenda item on Adult Social Care: Looking Ahead to 2014/15 scheduled for the 1st April meeting of this Committee would provide an opportunity for Members to comment in advance of the Cabinet meeting.

52. CALLED IN DECISIONS

No decisions had been called in since the publication of the agenda.

53. DATES OF FUTURE MEETINGS

The last meeting of the Committee was due to be held on Tuesday 1st April 2014 at 2.30 p.m.

Members of the Committee in attendance:
County Councillors P Ashcroft, A Bailey (Vice-Chairman), K Bourke (Chairman), S Criswell (substitute for Cllr Loynes) P Downes, S Frost, K Reynolds, M Smith, M Tew, S van de Kerkhove, G Wilson (substitute for Cllr van de Ven) J Wisson (substitute for Cllr Hickford) and; District Councillors W Sutton (substitute for M Archer)

Apologies: County Councillors M Loynes, R Hickford and S van de Ven; District Councillors: M Archer, J Pethard and B Smith

Also in attendance: None

Time: 2.30 p.m. – 4.45 p.m.
Place: Shire Hall, Cambridge

Chairman