ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

Tuesday 1st April 2014

53. DECLARATIONS OF INTEREST **Action**

The following members declared non-statutory disclosable interests in line with paragraph 10.1 of the Members' Code of Conduct:

- Councillor Bailey as a Governor of the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), one of the bidders to deliver the Older People's Programme
- Councillor Hickford as a Governor of the Cambridgeshire University Hospitals NHS Foundation Trust
- Councillor M Smith as a Governor of Papworth Hospital NHS Foundation Trust.

54. MINUTES OF LAST MEETING

The minutes of the meeting held on 13th March 2014 were confirmed as a correct record and signed by the Chairman.

55. PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES: CONSULTATION

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) had now launched its formal consultation on the bids received from providers wishing to deliver older people's healthcare and adult community services. Copies of the consultation document had been circulated to Committee members. The consultation set out the service improvements being sought by the CCG and also included high-level anonymised summaries of the four bids received. For reasons of commercial confidentiality, the names of the four bidders could not be attached to the summaries and their detailed bids could not be published.

The following officers from the CCG attended for this item:

- Jessica Bawden, Director of Corporate Affairs
- Dr Arnold Fertig, Clinical Lead, Older People
- Matthew Smith, Assistant Director: Improving Outcomes.

Matthew Smith gave a brief presentation using slides which would form the basis for other public consultation events. Members noted that the consultation would run from 17th March 2014 until 16th June 2014, with the first formal public consultation meeting taking place on 7th April 2014. It was noted that in addition to the public meetings, the CCG would also be visiting community groups, and the full consultation and a facility to respond were on the CCG's website.

The Committee agreed to ask the Scrutiny and Improvement Officer, in consultation with the Chairman and the Older People's Programme Working Group, to prepare a detailed response and circulate this to all Committee members for comment prior to submission. The aim would be to finalise this prior to 13th May 2014, when the Adults, Wellbeing and Health Overview and Scrutiny Committee would come to an end. J Belman

The Chairman circulated a document setting out three high-level comments, which he suggested members could agree at the meeting to submit to the CCG. Members agreed the three comments unanimously, as summarised below, with the proviso that it was not the Committee's place to take a view on the Health and Social Care Act's NHS commissioning reforms:

1. Members supported the broad aims of the programme and its objectives in the context of financial and demographic pressures to provide upstream care in the community and to reduce demand for acute services.

2. In relation to cost, members recognised that if the CCG could secure a good financial deal for this programme, it would release resources for other services. However, members were concerned that the CCG's approach should not be overly cost-led; in particular they were opposed to a 'predatory' bid being accepted, which would mean that the provider would subsequently haggle to claw money back, providing an unstable basis for service provision. Members also felt that a 'loss leader' should be avoided; whilst this would save the CCG money for the duration of the contract, and would be preferable to accepting a predatory bid, such an approach was nevertheless not sustainable on the longer term and should be rejected. Members called for the realism of the bids to be very stringently tested by the CCG.

3. Members were supportive of effective information-sharing between organisations to the benefit of patients. Patient data gathered by the provider should be made accessible to wider NHS and public health services, to enable the NHS as a whole to learn from the contract, but patient data should not be shared indiscriminately or used for commercial purposes without the explicit consent of patients. Members were particularly concerned that the lead provider and its consortium of providers should not be allowed to monopolise knowledge resulting from the contract. This could potentially lead to a monopolistic environment in which the incumbent provider would have a competitive advantage over other organisations in future.

During the discussion, members also raised the following points:

- Commented that in general, it was difficult to distinguish between the four anonymised bids. It was noted that members of the Working Group had signed confidentiality agreements and had unrestricted access to the details of the bids. Matthew Smith agreed to consider whether the information should be presented differently to these members to assist them in preparing the Committee's detailed response. However, he reminded members that it was unusual for even the level of information given in the consultation document to be made publicly available at this stage in a bidding process, and that it had been done in part at this Committee's request. Members recognised this and commended the efforts being made. Members also noted that there would be M Smith

more detailed public consultation later in the process on any major service changes being proposed by the preferred bidder.

- Commented that one solution, D, stood out from the others in its recognition that the County was so heterogeneous that it was not possible to apply a single solution across its entire geographical area. This solution suggested that different systems would be needed in different areas. Members suggested that this awareness was commendable and that this point should be made in the Committee's detailed response. J Belman

- Noted that not all GP practices in Cambridgeshire were registered with the CCG, particularly those close to the County's borders. The specific example was given of the Gamlingay practice, which provided services to 5,000 Cambridgeshire residents, who received their health services from Bedfordshire and their social care services from Cambridgeshire. It was suggested that the current procurement process offered an opportunity to put things right.

  Matthew Smith noted that the primary scope of the current consultation and the services to be procured was the patients of the 108 practices registered with the CCG. The CCG was making specific arrangements for the others, which would require discussion with colleagues in adjoining CCGs such as Bedfordshire.

  Jessica Bawden noted that three GP practices in Northamptonshire and two in Royston had chosen to join the Cambridgeshire and Peterborough CCG; however, the practice in Gamlingay had not. She agreed to revisit this issue with them. J Bawden

  Members suggested that boundary issues for GPs should be covered in the Committee's detailed response. J Belman

- Noted that all bids included a 24-hour telephone service. Members emphasised that callers should not have to wait a long time to get through and once through, should be helped meaningfully. Arnold Fertig agreed that what was needed was an 'access centre', focussing on avoiding hospitalisation. It was expected that a response, an assessment and a full package to address the situation would be in place within two hours of a call being received. He noted that some economies of scale through liaison with the 111 telephone service might be possible.

  Members expressed concern that call centres provided by other organisations did not always have the capacity to manage call volumes and asked how this would be avoided in this case. Matthew Smith explained that the provider would be incentivised to provide the appropriate calibre and number of staff, otherwise the proposed model of care would not work, with adverse consequences for both patients and the provider. Jessica Bawden noted that it would be possible for calls to be monitored daily, including both response times for calls answered and callers who hung up before being answered. Detailed arrangements such as this would be developed as the bids progressed.

- Asked what penalties would be applied if required levels of care were not delivered. Matthew Smith explained that the contract would be based on an outcomes framework, with 10-15% of the contract value at stake if the provider failed to achieve desired outcomes. However, prior to financial penalties being applied, an escalating range of performance management measures would be used, with a view to resolving problems as early as possible. Ultimately, if the provider did not deliver, it would be possible to terminate the contract and revert to more traditional arrangements.

With members' agreement, the running order for the remainder of the agenda was altered to facilitate attendance by officers and members of the public.

56. COMMITTEE ACHIEVEMENTS AND OUTSTANDING ISSUES

New political arrangements would be introduced on 13th May 2014, making this the last meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee. The Scrutiny and Improvement Officer introduced a report setting out the Committee's achievements over the past year and identifying outstanding issues that members might wish to pass on to the new Committees.

Councillor Ashcroft noted that he and the Scrutiny and Improvement Officer would be meeting with NHS representatives and mediators on 2nd April 2014 to discuss the recommendations made by the Joint Health Scrutiny Committee considering treatment for liver metastases. The outcome of the mediation would be reported to the new Health Committee. J Belman

Councillor Hickford provided an update on services for women who had experienced a miscarriage. Services were now well established at Addenbrooke's but did not appear to be provided consistently across the County. He would continue to address this issue.

Members suggested that the following issues should be priorities for the new Committees: J Belman

- Mental health services, including transition from child and adolescent to adult services – Members felt that the Committee had not been able to dedicate sufficient time to this service and concerns were raised about whether the situation with Lifeworks discussed later in the meeting could be symptomatic of wider problems
- The commissioning programme for older people's services
- The strategic direction of the Health and Wellbeing Board
- Public health – Members felt that public health had been brought back to local government because of its synergy with community services such as planning and transport; that this purpose had, understandably, not yet been fully realised, and that the new Health Committee should play a key role in driving this agenda across the Council
- Health inequalities
- Transport issues, particularly the impact of any reductions to community transport on access to health services.

Members also suggested that the training for new members should include visits as well as more formal sessions.

Members thanked the Chairman, Councillor Bourke, the Vice-Chairman, Councillor Bailey and the Scrutiny and Improvement Officer, Jane Belman, for all their work on behalf of the Committee.

57. LOOKING AHEAD TO 2014/15, INCLUDING THE BETTER CARE FUND AND A SUMMARY OF ACHIEVEMENTS AGAINST THE 2013/14 PLAN

At members' request, the Committee received a position statement on performance and achievements in adult social care during 2013/14 and a summary of key issues for 2014/15. The following people presented the report:

- Councillor Yeulett, Cabinet Member for Adult Services
- Charlotte Black, Service Director: Older People's Services and Mental Health
- Claire Bruin, Service Director: Adult Social Care.

Members made the following comments:

- Welcomed the report as an excellent and useful summary as the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee came to an end. It was suggested that the report should be circulated to the members of the new Adults Committee, together with details of the service's financial position. The Service Director: Older People's Services and Mental Health noted that the predicted year-end overspend on older people's services was reducing, assisted in part by the greater scrutiny of budgets made possible by the transfer of Cambridgeshire Community Services back into the County Council. J Belman

- Expressed concern in relation to services delivered in partnership with the voluntary and community sector that it could be difficult to ensure equitable Countywide coverage.

  Members discussed the specific example of the Community Navigators scheme. The Service Director: Adult Social Care explained that this scheme was being delivered under a three-year contract with the Care Network. The County Council's funding paid for five co-ordinators, one in each District, whose task was to recruit volunteers and to address some of the more complex cases themselves. The contract was subject to regular monitoring and the Council was also working with the Care Network to determine whether there were any quantifiable financial benefits to the interventions being made.

  Members noted that the Care Network provided training for people volunteering as Community Navigators, which was tailored to individuals' levels of knowledge and experience. Members asked what actions could be taken if problems were identified with individual volunteers. The Service Director: Adult Social Care noted that there were processes in place to address this and that individuals could be removed from the scheme if necessary.

  Members noted a gap in coverage in Gamlingay, which the Service Director: Adult Social Care agreed to raise with the Care Network. The Service Director also agreed to circulate a list to members of Community Navigators and their coverage across the County. C Bruin

- Asked what the key challenge was likely to be in the coming year. The Service Director: Older People's Services and Mental Health noted that the Older People's Programme set out all the changes that needed to be made in this service area. The Programme Board had recently met and had reviewed risks. It was felt that the need for change was now accepted but that the challenge would be finding the capacity to deliver at an appropriate pace.

58. THE COUNTY COUNCIL CARERS STRATEGY

At the request of members, the Service Director: Adult Social Care, Claire Bruin, and the Head of Disability Services, Linda Mynott, presented a report on the Council's work to develop a new model of support for carers. The aim was to support carers as effectively as possible, to ensure their own wellbeing and in recognition of their crucial role in looking after people who were likely otherwise to need Council services. The report set out the findings of a recent census of carers in Cambridgeshire, which had found that 60,000 people considered themselves to be carers, 70% of these providing 19 hours or less of care a week and 20% providing 50 hours or more.

One member raised the issue of equitable support for carers across the County, highlighting as an example the prescription service, which was funded through the CCG and was not available to Bedfordshire-registered GPs such as the Gamlingay practice. The Service Director: Adult Social Care noted that the introduction of the Better Care Fund would mean that the CCG's funding allocation for carers would transfer to the County Council, enabling the County Council to review how it was spent; it might be possible to find a way to address anomalies such as these.

Members suggested that the new Committee should be asked to consider support for carers further. J Belman

59. SUPPORT FOR PEOPLE WITH ACQUIRED BRAIN INJURY

At the request of the Chairman, the following people attended the meeting to provide a briefing on support for people with acquired brain injury:

- Claire Bruin, Service Director: Adult Social Care
- Linda Mynott, Head of Disability Services
- Des Kelly, Service Development Manager: Housing Related Support

Members noted that:

- The County Council was working with the Papworth Trust on the possible development of two sites in Papworth as accommodation for people with acquired brain injury. One site comprised five flats with a communal area and the other bungalows that could be used jointly.

- A possible development in Ely was also being considered, to provide flats outside the Brain Injury Trust premises, with a communal facility inside. A third potential site in Ely had very recently been identified.

- Within Cambridge City, a service for people with low-level autistic and learning difficulties was keen to provide short-term accommodation to people with acquired brain injury, supporting their longer-term rehabilitation.

The Service Development Manager: Housing Related Support confirmed that if in the future, people with acquired brain injury came forward who would like to live in a group setting, this would be explored and facilitated subject to cost and viability.

The Chairman thanked officers for their helpful responses and confirmed that he would take the issue forward.

60. CALLED-IN DECISIONS

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

61. LIFEWORKS SERVICE

Members received a briefing on proposals by the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to restructure the Complex Cases service, its provision for people with personality disorders. The proposals included the closure of two services based in Tenison Road, Cambridge, a drop-in clinic and Lifeworks, a regular structured programme of social activities. This item had been included on the agenda at the request of the Chairman, Councillor Bourke, who had been approached by service users, campaigners and Cambridge's MP. Two members of the public attended the meeting and asked questions, as set out in Appendix 1 to these minutes:

- Ann Robinson, a service user
- Jannie Brightman, a representative of service users and UNITE activist.

The following officers attended the meeting and participated in the discussion:

- Dr Chess Denman, Medical Director, CPFT
- John Ellis, Mental Health Commissioning and Contract Lead for the CCG
- Jessica Bawden, Director of Corporate Affairs, CCG.

Also present were the following officers, who did not take part in the discussion:

- Martin Stefan, Clinical Director, CPFT
- Neil Winstone, Nurse Lead, CPFT

Responding to the questions from the members of the public, the Chairman explained that the Committee could not prevent Lifeworks from closing, but did have a statutory function to be consulted on major service changes and to ensure that the public were also properly consulted. Members discussed a number of issues raised by the speakers, including:

- **Consultation** – Members noted that service users were frustrated that they and their carers had not been consulted on the closure of Lifeworks and on alternative support for them, receiving notification of the closure only in February 2014. This was despite suggestions from the CPFT that service users had both been consulted sooner and had discussed plans for the future with their care managers. Jannie Brightman had suggested that the CPFT

and CCG were in breach of their legal duties with regard to consultation and had called for meaningful consultation over a reasonable timescale and following correct procedure. She had also asked for an Equality Impact Assessment to be provided.

Chess Denman admitted that its high-level consultation on proposed changes to the Complex Cases service had not included specific reference to Lifeworks. In response to a question, John Ellis confirmed that the CCG had not specifically been made aware of the proposal to close Lifeworks in Tenison Road before they heard of the service users' concerns.

- **Reasons for the proposed changes** – Chess Denman explained that there were two main reasons for the proposed changes, to implement best practice and to provide a more equitable service.

  In relation to best practice, Chess Denman explained that when the Complex Cases service had first been established, there had been no national guidance on the treatment of personality disorders. Since the service had been set up, NICE and commissioning guidance had been issued, recommending an evidence-based approach for the treatment of personality disorders. The Complex Cases service did not fit within this guidance and so needed to be remodelled.

  Chess Denman explained that over the last ten years, a number of large studies had been conducted of treatments for people with personality disorders. Three approaches had been identified as being particularly effective: Cognitive Behavioural Therapy, dialectical behavioural therapy and mentalisation-based therapy. The CPFT had adopted mentalisation-based therapy because they found that fewer patients tended to drop out of treatment; also the major studies relating to this approach were English, rather than American, and were thought overall to have involved patients who were more unwell.

  Members expressed concern that whilst this approach might be better for service users overall, it was not necessarily better for current users of Lifeworks. Chess Denman noted that there were currently 30 active users of Lifeworks. Of these, the care of a small number was not co-ordinated by the CPFT and they had no other contact with mental health services. There were also a number of service users on the service's books who had not been in contact for each time. Each person would be reviewed individually and the most appropriate course of action identified, with some being referred back to their GP and some being offered treatment in the remodelled service.

  Members asked why, given the value service users placed on Lifeworks, it was not possible to add the NICE-recommended treatments to the existing service. Chess Denman explained that the CPFT was committed to a 'recovery' model for patients with mental health problems, seeking to return them to active citizenship and end their connection with mental health services as quickly as possible. This included socialising through wider community groups, not those specifically provided by the CPFT. The Lifeworks service was not consistent with this model. She also noted that in practical terms, it would be too expensive and too difficult to staff both the Lifeworks approach and the NICE-recommended treatments equitably across the County.

Members noted this explanation but commented that personality disorders could be particularly intransigent and questioned whether a 'recovery' model was realistic in these cases. Chess Denman noted that the aim was to recover the human being from the condition and that the model could work with chronic and severe conditions.

In relation to equity of service provision, Chess Denman and John Ellis explained that at present, inequitable distribution of resources and services meant that not all people with personality disorders were having their needs met. The proposed redesign of services would help to ensure the equitable provision of specialist treatment to as many people as possible. Chess Denman explained that 1 in 100 people had a personality disorder of considerable severity, equating to 3,000 people in the CPFT area. The CPFT was unable to support this number of people, but the changes would help to improve the numerical and geographical equity of the service, supporting those people who were most in need but also those who were not currently 'visible' to services.

Jannie Brightman had expressed concern that one of the key reasons cited for the redesign was cost, but that there were no figures available; she had also suggested that closing Lifeworks would result in greater demand for reactive services, leading to increased costs to the NHS overall. Responding to this, John Ellis confirmed that whilst the CCG and the CPFT were required to make efficiency savings each year, the need to make savings was not a key driver for this closure: if more money were available, the CCG would still not be commissioning the Lifeworks service.

- **Implications of the proposed changes** – Ann Robinson had claimed that Lifeworks was a 'lifeline' for service users, offering a range of services including 1:1 therapy, a drop-in service, a crisis clinic and socialisation groups such as cookery, arts and crafts and walking, operating two days a week from the Tenison Road premises and providing a vital service for people who would otherwise be isolated. The ability to return to the service if necessary after a time away was particularly valued. Ann Robinson had claimed that without Lifeworks, service users' conditions would deteriorate and reach crisis point, with a consequent increase in demand for emergency support, including hospitalisation, drug and alcohol support and police involvement, and an increased risk of fatalities. She had expressed particular concern at the suggestion that some service users would be referred back to their GPs as their main reference points.

  Members shared the concern that GPs provided medical but not community support and suggested that the treatment value of regular weekly meetings in a social setting should be recognised.

  Members asked whether the CPFT had monitored the impact on service users in locations where services similar to Lifeworks had already been closed. Chess Denman noted that service users in Peterborough were being looked after by secondary care services in the north of the County. Service users in Huntingdon had either transferred to Cambridge or returned to secondary care.

- **The current situation at Tenison Road** – Members noted that service users were currently occupying Tenison Road and that both Lifeworks and other services were being delivered from other locations. Ann Robinson had claimed that there was no reason why services could not continue to be delivered from the front part of the building during the occupation. Chess Denman disagreed, noting that a fire inspection instigated by the CPFT had found the building to be unsafe. She also emphasised the need to ensure the clinical safety of staff and other service users.

  Members were particularly concerned to learn that the CPFT could not guarantee that Lifeworks would return to Tenison Road if the occupation ended and were concerned that its current alternative location at Spring Bank, Fulbourn was not readily accessible. They felt that failing to re-open the service in Tenison Road would create the impression that the closure of Lifeworks was a predetermined outcome of the consultation. Re-opening it would provide a positive basis for the consultation to take place.

- **The way forward** – Chess Denham and John Ellis accepted that CPFT and CCG had not engaged service users appropriately to date and emphasised that they were keen to address this. Chess Denman set out her proposed way forward, including a stay on the closure of Lifeworks, publication of terms of reference for the consultation by CPFT on Monday 7th April 2014, discussion and agreement of these with service users and then the consultation itself. As part of the consultation, respondents would be invited to propose alternative models of service to that preferred by the CPFT, which could be assessed against the terms of reference. The process would be overseen by a Non-Executive Director on the CPFT Board who had not previously been involved in the issues.

  Chess Denman noted that there was as yet no set duration for this process, which would be agreed as part of the terms of reference. However, when pressed by members, she suggested it might be completed in eight weeks; a lengthy process would prolong the period of uncertainty for service users and the disruption to this and other services. Concern was expressed that with the initial discussion of the terms of reference, this meant that the formal consultation might still only be the minimum of four weeks. John Ellis agreed that officers would set out a draft timetable for consultation with service users and circulate this to members.

- **Members' involvement** – At the end of the discussion, members remained concerned at the lack of consultation to date and suggested that the CPFT had failed in its duty of care towards vulnerable service users. They agreed to set up a working group to consider the issues further, and offered, with service users' consent, to take part in the discussion with the CPFT about the terms of reference and consultation. The following members were appointed to the working group: County Councillors Bourke, Bailey, Loynes and Smith and South Cambridgeshire District Councillor Bridget Smith. J Belman

  Members also questioned whether there were any other significant service changes similar to the closure of Lifeworks of which Overview and Scrutiny Committee members had not been notified. Chess Denman noted that the CPFT was making a large number of service changes, which were being discussed with the CCG. Members asked whether a list of these could be

provided. Chess Denman noted as services were under constant review, a framework would be necessary to ensure that such as list was meaningful. She also commented that it would be helpful to know more about their duty to consult. The Chairman suggested the Scrutiny legislation's reference to a substantial variation as a starting point. It was agreed that the CPFT, CCG and members would discuss this further, to help ensure that members were not in future reacting to ad hoc closures such as this one. The Committee asked the CPFT to provide members with a list of service changes as urgently as possible. J Belman

Members of the Committee in attendance:
County Councillors P Ashcroft, A Bailey (Vice-Chairman), K Bourke (Chairman), P Downes, S Frost, R Hickford, M Loynes, M Smith, M Tew and S van de Ven; District Councillor B Smith

Apologies: County Councillors J Scutt and S van de Kerkhove; District Councillors J Pethard and W Sutton

Also in attendance: County Councillor F Yeulett

Time: 2.30 p.m. – 5.25 p.m.
Place: Shire Hall, Cambridge

Chairman

Appendix 1

MINUTE 61, LIFEWORKS SERVICE: QUESTIONS FROM MEMBERS OF THE PUBLIC

Questions from Ann Robinson

- Can the Scrutiny Committee acknowledge views of Lifeworks Service Users as to the way we have been treated by the CPFT and indicate what action they will take to secure the long term future of Lifeworks?

- Can the Scrutiny Committee inform us who specifically authorised the closure of Lifeworks: can we have their names, job titles and departments - and who do they answer to (NICE, DoH, other)?

- What reassurance do you have that they understand the specialist and expert nature of the service that Lifeworks offers and if they do, what rationale can there possibly be in closing it, given the inevitable increase in extreme distress it will cause and the consequential financial implications in terms of increased pressure on GPs, A and E departments, the police service and the increased cost of prescribed medications? If current NHS policy is to free up acute services by moving more services into the community closing Lifeworks directly contradicts this policy. CPFT policy from 2003 stated that "Personality Disorder is no longer a diagnosis of social exclusion": none of the services we have been advised to access for support in the community (GPs, the Samaritans, CWRC) are adequately equipped to deal with our condition and other services, such as MIND, are dealing with cuts to their own service. Lifeworks works! - it is a model that other trusts have expressed an interest in adopting. Why close it? Mental illness is not necessarily a visible illness: this does not justify leaving people in mental distress by closing Lifeworks. Lifeworks represents a space where we feel safe and supported, where we can meet other service users with the same diagnosis and difficulties and where we are not judged, discriminated against or stigmatised: no other community service offers us this.

Questions from Jannie Brightman

- Following the failure to consult properly, can the Scrutiny Committee ask CPFT to provide a timescale for a meaningful consultation and their methodology, including a screening tool and scope, for a full Equality Impact Assessment and for the CCG to ensure the correct procedure is followed?

- As the reasons given for the re-design of Lifeworks are overwhelmingly financial and no figures have been produced, can the Scrutiny Committee ensure that specific costs for Lifeworks are made available along with longer term cost analyses of the impact of closing the service and pushing costs onto acute services?