HEALTH COMMITTEE: MINUTES

Date: Thursday 29th May 2014

Time: 2.00 p.m. to 4.45 p.m.

Present: Councillors Bailey, Bourke, P Brown, Clapp, Frost, Giles, Leeke, Nethsingha, Orgee, Reeve, Sales, Schumann, Scutt, Smith and Topping,

Councillor Sue Ellington, South Cambridgeshire District Council

Apologies: Councillors Dent, Jenkins (Cllr Leeke substituting); Lagoda, Rylance (Cllr Reeve substituting), and Wisson (Cllr Bailey substituting)
Councillor Mike Cornwell, Fenland District Council

1. CONFIRMATION OF CHAIRMAN AND VICE-CHAIRMAN

The Committee noted that the Council had appointed Councillor Bourke as the Chairman and Councillor Orgee as the Vice-Chairman for the municipal year 2014-15.

2. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

The Committee co-opted Councillor Sue Ellington, South Cambridgeshire District Council and Councillor Mike Cornwell, Fenland District Council as non-voting members of the Committee.

The Committee agreed Councillor Andrew Fraser as South Cambridgeshire District Council substitute member.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. PETITIONS

There were no petitions.

5. HEALTH COMMITTEE: POWERS AND DUTIES

The Director of Public Health summarised the powers and duties of the Committee in relation to public health and scrutiny of the NHS. The public health function became the responsibility of the Council in April 2013. It is funded by a ring-fenced Department of Health grant, and is subject to regulation. The Council cannot charge for its public health services, and must have regard to guidance from the Secretary of State in exercising its public health function.

The Council continues to have a statutory duty to scrutinise the NHS. Its statutory powers include a power of last resort to refer a proposal to the Secretary of State for Health.

The Committee had a very good legacy from the previous Adults Wellbeing and Health Overview and Scrutiny Committee (OSC), including its scrutiny of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) procurement of older people's services, which had been shortlisted for a Centre for Public Scrutiny Good Scrutiny Award.

It was resolved to note the report.

6. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee agreed the following appointments:

- Cambridge University Hospitals NHS Foundation Trust Board of Governors: Councillor R Hickford
- Papworth NHS Foundation Trust Board: Councillor M Smith
- Cambridge Local Health Partnership: Councillor J Whitehead
- Cambridgeshire and Peterborough NHS Foundation Trust: Councillor P Brown.

7. RESOURCES AND PERFORMANCE

a) Overview of Services and Performance in the Public Health Directorate

Officers summarised the public health responsibilities which had been transferred to local government from the NHS, the wide range of public health services that the Council now commissions or provides in house, and the Council's performance against the key indicators set out in the 2014/15 Business Plan and the local indicators for the Public Health Directorate. A range of service changes and developments were planned for 2014/15; one of the proposed strategic priorities for 2015/16 was to develop shared priorities for public health outcomes with the partner agencies who contribute to the Health and Wellbeing Board.

The following points were made in discussion:

- The number of people successfully quitting smoking with support from stop smoking services was below target, and the budget for this service was therefore underspent, as service providers are paid on a payment by results basis. This was being experienced nationally, and was being attributed to the popularity of e-cigarettes which had affected the number of people going through the service. Whether e-cigarettes should be regulated, and whether they should be approved as a means of smoking cessation was currently being discussed nationally. There was as yet insufficient evidence on their safety or their effectiveness in stopping people smoking to determine this. Members considered that the Council should continue its current approach to smoking cessation until there was sufficient evidence that a different approach should be taken. It was suggested that the Council's policy on the use of e-cigarettes on Council premises be reviewed when more evidence was available.

- The smoking cessation service did not cover prisons – this responsibility now rested with NHS England.

b) Business Plan Budget for 2014-15

Officers provided the Committee with details of the budgets funded by the ring-fenced Public Health Grant. In response to member questions, officers explained that:

- The General Purposes Committee could authorise a budget virement between budget areas of up to 1% of that area, provided that it did not change the overall budget.
- The Directorate's spending on the promotion of physical activity for children came under the 'Obesity -Children' budget heading.

c) Finance and Performance Report – March 2014

Officers provided the Committee with the financial position to the end of March 2014. A final out-turn report, and an update on the 2014/15 financial position would be presented to the Committee at its next meeting in July.

In response to member questions, officers explained that there was a total underspend of £782k, which had both negative and positive aspects. The negative aspects included issues relating to transition as the responsibility for public health transferred to the Council, such as delays in recruitment of staff; and under-performance on NHS health checks and smoking cessation. The positive aspect was that funding had been set aside for risks that had not materialised. Under the ring-fencing arrangements, the underspend would be rolled forward into 2014-15. Provision for in-year risks would be carried forward by holding the underspend as a reserve within the ring-fenced public health budget, rather than the Council's mainstream budget.

The NHS health check was a national mandated service, targeted on people aged 40-70, who had not been identified as having a long-term condition, and therefore might be unaware that they were at a high risk of ill-health. The aim was to prevent long-term ill health and save money by identifying problems early. The service needed to be more actively promoted in Cambridgeshire in order to improve public awareness and take-up.

The underspend on the intelligence team related to bought-in NHS services, and it was intended to make savings in this area.

Members commented that future reports should include more background information, including on the reserve fund.

It was resolved to note the reports

8. ANNUAL PUBLIC HEALTH REPORT

Directors of Public Health are required to prepare an independent annual report on the health of local people for local authorities to consider. The Annual Public Health Report (APHR) covers the overarching outcome indicators in the national Public Health Outcomes Framework (PHOF), which include the wider determinants of health. The Council has to have regard to the PHOF when determining how it delivers its public health responsibilities and spends the ring-fenced public health budget. The report compared Cambridgeshire with other areas, and summarised where there could be

actions to improve health. While Cambridgeshire generally did well in terms of life expectancy and healthy life expectancy, which were linked to socio-economic and demographic factors and the quality of health care, Fenland was close to the national average.

Issues include the high rate of smoking among manual workers and in Fenland; inequalities, especially in the very early years – children who receive free school meals (FSM) have lower levels of development when these are measured during reception year at school; the need to work with communities in Fenland on health and lifestyles; mental health prevention, which had been raised locally; and relatively low vaccination rates.

The following points were made in discussion

- There was a wide gap in attainment between children who receive FSM, which is an indicator of other disadvantage, and children overall. The Children Families and Adults Directorate Narrowing the Gap strategy was seeking to address this. It was suggested that the Public Health Directorate work with education to identify whether better use could be made of the pupil premium which schools receive for FSM children.

- The data for smoking rates among manual workers did not distinguish between agricultural workers and manual workers generally. It would however be possible to compare Cambridgeshire with other agricultural areas.

- The proportion of children aged 4-5 in Fenland who were overweight or obese was higher than the national average. The Committee would need to decide whether it wished to put more resources into resolving this.

- Officers were working with GP practices to promote awareness and take-up of the NHS Health Check.

- Prison Health, including mental health, was funded and commissioned by NHS England, but the Director of Public Health had a statutory duty to have an understanding of the service and make links with it. It was suggested that this could be a topic for scrutiny.

- Members suggested that the high rate of re-offending in Cambridge City, which could be linked to drug and alcohol abuse, could be investigated further.

- There was a need to improve the rate of identification of people with chlamydia – however this target would not be met if there was a low rate of chlamydia infection as a result of effective work on sexual health.

  It was resolved to note the report.

9. COLLABORATIVE TUBERCULOSIS STRATEGY FOR ENGLAND: RESPONSE TO CONSULTATION

Officers presented for the Committee's approval a draft Cambridgeshire County Council response to the current national consultation on the Public Health England draft Collaborative Tuberculosis Strategy 2014-19. The strategy encouraged a systematic and multidisciplinary approach to TB control, including a proposal to set up multi-agency TB control boards to provide oversight and accountability. The draft response suggested that these should cover a wide geographical area, and include areas with a low TB prevalence such as Cambridgeshire, rather than being restricted to high TB prevalence areas.

In response to member questions, officers explained that:

- TB was a complex condition which was linked to a range of factors. To become infected required close contact, and most people who were infected developed latent TB which was asymptomatic and the majority would not become active. Where it did become active, this could be a long time after infection.

- Following the recent outbreak of TB in Chatteris, the Director of Public Health was agreeing a briefing for councillors with Public Health England, which would be available shortly.

It was resolved:

To approve the County Council response to the consultation, with the inclusion of a sunset clause for TB control boards when the target for reduction in levels of TB incidence had been achieved, and the actions required to maintain TB control had been mainstreamed.

10. SEXUAL HEALTH SERVICES CONTRACT

The purpose of the report was to ensure arrangements were in place to award the contract for Sexual Health Services in Cambridgeshire, which was reaching the final stages of a competitive procurement process. The decision to go out to procurement had been taken by Cambridgeshire Primary Care Trust (PCT) in March 2012, with the aim of improving accessibility of services to users, and address inequities of access across the County.

It was resolved to:

- Note and endorse the progress made to date in undertaking the procurement of sexual health services in Cambridgeshire
- Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes
- Authorise the Director of Law, Property & Governance to approve and complete the necessary contract documentation.

11. MENTAL HEALTH – LIFEWORKS AND COMMUNITY PERSONALITY DISORDER SERVICE – CONSULTATION PROPOSALS AND UPDATE

Neil Winstone, Divisional Nurse Lead, Community Division, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced the report. CPFT had put together a consultation paper, with input from the former Adults Wellbeing and Health OSC working group, on proposals for the provision of the Community Personality Disorder Service. This would be published shortly, for a 6-week consultation period; the consultation process would include focus groups, and although it was not a full public consultation, people could also respond via the CPFT website. As an additional safeguard, all responses would be made available to representatives of Healthwatch Cambridgeshire and scrutiny, to ensure that the CPFT's report of the consultation responses was a fair representation of the points made.

It was resolved:

> to set up a working group to ensure a fair consultation process and co-ordinate a response, consisting of Councillors Anna Bailey, Kilian Bourke, Peter Brown, Tony Orgee and Mandy Smith**.**

12. PLANNING FUTURE RE-DESIGN OF LOCAL MENTAL HEALTH SERVICES

The following officers attended for this item:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):
  Dr Neil Modha, Clinical Accountable Officer
  John Ellis, Commissioning and Contract Lead Mental Health Services
  Dr Emma Tiffin, GP Lead for Mental Health
  Jessica Bawden, Director, Corporate Affairs

- CPFT
  Dr Geraldine Owen, Director of Psychological Services

The local NHS was engaged in two significant planning processes; the finalising by service providers of their annual cost improvement plans, and the development of five year plans for 2014-19. The report summarised how these processes were moving forward for local mental health services.

CPFT had put forward its outline cost improvement plan for 2014-15 to the commissioners, which included quality impact assessments. Delivery was scheduled for later in the year, to allow for consultation. The CCG had invested an additional £1.2m in community based mental health services to address population growth and the need for a greater community response and reducing waiting lists. In 2013-14 the CCG invested in specific services, such as dementia and psychological therapies, and had made savings by reducing out of county placements without affecting services.

A multi-stakeholder event on 9th May identified the need for transformational change to meet the challenges, involving partnership between the NHS and local authorities. Maintaining services for the most acutely ill had been identified as a major challenge. Other areas under discussion were early intervention; a primary care focus; self-help

and the recovery model. Engagement with service users, including the Service User Network, and with voluntary organisations was starting. The process would take 9-12 months.

The Committee had received notice, under Part 4.4 of the Council's Constitution, of one question from a member of the public. The chairman invited Silvana Reynolds to address the Committee. Ms Reynolds asked whether CPFT was intending to make use of the expertise and experience of the arts therapists working within CPFT in redesigning its new service model for arts therapies, and if so how. CPFT had told staff that the ideal model for arts therapies was 6-12 sessions per patient

On behalf of CPFT Geraldine Owen responded that arts, dance, music and movement therapy staff would be involved, through workshops and individual consultation. CPFT would also seek advice from education and academic providers, and from NHS trusts in other areas which had redesigned, and in some cases, increased their arts therapy service.

The following points were made in discussion:

- Members asked whether the proposed 6-12 sessions model for art therapy would be strictly applied to all patients. A parent of an individual with long term mental health problems had expressed concern to Committee members about users' access to art therapy being time-limited. Dr Owen explained that while providing art therapy on a goal-oriented and time-limited basis was being discussed, provision should be based on the needs of the individual. The evidence however was that long term therapy was not effective. The aim would be to move people towards wider support in the community, but it was recognised that some people might need longer term support in order to reach this stage. CPFT was still working on the development of the best model, taking advice from experts in the field.

  Dr Tiffin explained that services would be based on guidelines, which were not prescriptive, and patients would not be discharged if they were very unwell and it would not be safe to do so. However, resources were limited, and it was important to consider who needed specific health input, and who could be supported in other ways. Patients should have their care reviewed every year.

- Members expressed concern that there was a pattern of poor consultation by CPFT, as evidenced by the lack of communication about the proposals to close Lifeworks, and the way in which proposed changes to the Arts Therapy service were communicated to staff. CPFT needed to clarify and communicate whether and how it intended to engage and consult on each of its service changes proposed for 2014-15, including how it planned to involve staff and users, and the rationale for its approach. Dr Tiffin expressed the CCG's commitment to ensuring that CPFT engaged with users on its plans; the CCG would not approve changes without evidence that CPFT had consulted. Processes had been put in place to avoid a repetition of the situation that had arisen at Lifeworks.

- Members requested clarification from the CCG as to how it would consult on the five year plans for mental health services, including a list of engagement activities. In response, CCG representatives undertook to bring the strategy to the Committee,

and to keep the Committee informed of its consultation processes, including who it had consulted with.

- CCG representatives explained that a range of issues and risks could arise from each of the consultation processes which would require different responses. The biggest challenge was protecting services, particularly for people with long term mental illness who would always needs support, within the resources available.

- Members requested that mental health services work more closely with Community Safety Partnerships, particularly in dealing with issues of anti-social behaviour by young people who were on the verge of going to prison. In response, CCG representatives stated that work was underway to improve partnership working between the police and mental health services, including an event hosted by the Police and Crime Commissioner and the CCG in July. A police strategy for engaging with mental health services had just been produced. The redesign plans included crisis care and access from the criminal justice system, and police could now use the CPFT's single point of access. Police were being trained in how to deal with mental health problems. Councillor P. Brown invited the CCG to the July meeting of the Huntingdonshire Community Safety Partnership.

- Dr Modha noted that the CAMEO early intervention service went from a 3-year to a 2-year pathway, in order to extend it to more people, although the evidence base suggested a pathway of up to 5 years. There were no plans to change the service further. The CCG would provide members with details about the service.

- John Ellis noted that while the CCG's spending on mental health was relatively low in cash terms, it formed a reasonable proportion of the CCG's overall budget, and the CCG had only required cost improvement savings from CPFT.

- The CCG noted that it would welcome joint working on mental health issues between members of the Health Committee and Peterborough City Council scrutiny members.

- The value of appointing member champions for mental health was discussed

It was resolved:

- to appoint Councillors Bourke and Orgee as the Council's member champions for mental health

- to request that Cambridgeshire and Peterborough Clinical Commissioning Group and Cambridgeshire and Peterborough NHS Foundation Trust brief the Director of Public Health on plans for all significant changes to mental health services, and the engagement activities associated with them, including their plans for smaller service changes.

13. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP UPDATE

The following officers attended for this item:

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):
  Dr Neil Modha, Clinical Accountable Officer
  Jessica Bawden, Director, Corporate Affairs

All CCGs were required to produce a 5 year strategic plan and 2 year operational plan. As one of the 11 most challenged health economies, Cambridgeshire and Peterborough CCG was receiving external support from Price Waterhouse Coopers (PwC) to analyse what happened now, identify solutions, and develop an outline strategy and draft implementation plan. A system wide approach was being taken, involving Chief Executives from the NHS and local government, including the County Council, and including stakeholders such as voluntary organisations and patient groups, Healthwatch, GPs and hospital doctors. The plan needed to be produced by 20th June. Two key areas of focus were elective (planned) hospital care, and unplanned care.

This was the start of a 1-3 year programme to get the health economy, including social care, into place. The CCG was working with the Health and Wellbeing Board, and due process would be followed in consulting on service changes.

The CCG summarised its progress and plans in relation to its three key priorities of tackling inequalities in coronary heart disease, End of Life Care, and improving services for older people. Other priority areas were the Better Care Fund and the commissioning of children's services.

In response to member questions, it was noted that:

- Officers were working with Hinchingbrooke hospital to support them to resolve the problem of people smoking just outside hospital entrances

- The CCG was not counting on its underfunding situation being resolved, although lobbying, including representations made by the Health and Wellbeing Board and the Overview and Scrutiny Committee did have had some impact on the funding formula. A partnership approach was essential to manage the challenges faced by the local health economy; one of the issues identified was that the plans of the different health organisations had clashed with each other.

- Peterborough Hospital's plans to make savings by tendering for the use of its spare capacity on the 4th floor of the new hospital would not impact on the 5-year strategy. Financial assistance for the hospital was coming from the Department of Health and not the CCG's budget, but the CCG was closely involved in discussions with the hospital about its financial situation.

  It was resolved to note the report.

14. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME

The Committee was asked to prioritise the Health Committee forward work plan, and to consider a request from the Audit and Accounts Committee that each new service committee should consider whether they would wish to undertake a review of two previously completed projects within their terms of reference remit, to confirm that they were satisfied that value for money had been achieved.

Members commented that

- Mental health, including provision for people who were not sufficiently unwell to use CPFT's services, was a major area of concern

- The Chairman suggested that the Committee could work with the Economy and Environment (E&E) Committee on linking transport and health issues. He suggested that the Joint Strategic Needs Assessment for transport include a particular focus on the public health benefits of re-opening the Wisbech rail line, and that the Director of Public Health provide the E&E Committee with evidence to this effect.

  Members also suggested that the E&E Committee could be encouraged to appoint a health champion to promote joined up working on transport issues.

- A review of the cost-effectiveness of the smoking cessation service would be an appropriate response to the Audit and Accounts Committee request

It was resolved:

a) To agree the agenda plan and work programme with the following additions, to be considered at the next Committee meeting on 10th July
   i. a report from Cambridgeshire and Peterborough Clinical Commissioning Group on the outcomes so far from the work of Price Waterhouse Coopers which was supporting the development of the local health economy five year strategic plan
   ii. Public health priorities for 2015/16
   iii. A report on the cost-effectiveness of the smoking cessation service

b) To support the development of a public mental health strategy

c) To discuss the agenda plan and work programme further at the Committee training seminar on 19th June, including how the links can best be made between access and transport issues and health.

15. PROPOSALS TO IMPROVE OLDER PEOPLES HEALTHCARE AND ADULT COMMUNITY SERVICES: ADULTS WELLBEING AND HEALTH OSC RESPONSE

It was resolved to note the report.

16. PROPOSALS FOR LIVER METASTASES SURGERY: OUTCOME OF JOINT HEALTH OSC/NHS ENGLAND RESOLUTION PROCESS

It was resolved to note the report.

17. HEALTH AND WELLBEING BOARD FORWARD AGENDA

It was resolved to note the report

Chairman