



**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL
ON 14 MARCH 2017**

Present: Councillors Cereste (Chairman), Rush (Vice-Chairman), Aitken, Ayres, Barkham, Bull, Lillis, Serluca, Sylvester, Murphy, and John Fox

Also present

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| Parish Councillor Henry Clark | Co-opted Member |
| Jessica Bawden | Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group |
| Dr. Richard Spiers | |
| Kishore Sankla | Chief Executive, Solutions4Health |

Officers Present:

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| Dr Liz Robin | Director of Public Health |
| Julian Base | Head of Health Strategy |
| Philippa Turvey | Democratic and Constitutional Services Manager |
| Joanna Morley | Democratic Services Officer |

1. Apologies

Apologies for absence were received from Councillors Khan and Lane, and David Whiles. Councillors Murphy and John Fox, and Susan Mahmoud were in attendance as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 10 January 2017

The minutes of the meetings held on 10 January 2017 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. IVF Service Consultation

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group, and provided an overview of the proposals to stop routinely commissioning any specialist fertility services other than for two specified exceptions. Feedback from the Committee was sought as part of the consultation process.

The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and Dr Richard Spiers were in attendance and responded to comments and questions raised by Members. A summary of responses included:

- A public consultation on IVF services had been launched and would run for 13 weeks from 13 March to 12 June 2017. 100 responses had already been received.
- The proposal to stop the routine commissioning of any specialist fertility services was purely a financial one, not a clinical one. The Clinical Commissioning Group (CCG) would have preferred to keep IVF services but under current financial constraints this was the one area that had the least impact on patients for the most return.
- There would be a saving of approximately £700,000 per annum to the CCG if the proposals were adopted.
- IVF services were looked at as part of a number of other areas. IVF services were an easily identifiable area as there was only one main provider (Bourne Hall) and therefore the amounts involved were known.
- The CCG used to provide three cycles of treatment at a cost of £1.4 million per annum. Although the service now only provided one cycle there were still patients going through the 3 year cycle as well as patients who had been referred under the one year cycle but who had yet to start. The savings amount of £700,000 for a financial year was based on this mix.
- Any health care intervention that cost more than £250,000 per annum and that was able to be easily modified was being looked at. However there were areas where there was NICE guidance and these areas could not be legally stopped.
- There was only one area where the CCG set the criteria for access and it was IVF services. Nationally all CCGs were looking at restricting this area.
- Restriction on orthopaedic services were already in place in terms of clinical thresholds for pain as well as weight restrictions for hip and knee replacements.
- There were extremely few clinical reasons that were accepted for cosmetic surgery.
- IVF was cost effective and worked well within a defined criteria and as such would be one of the services that the CCG would like to reinstate if funding improved.
- Other ways of rationing IVF, alongside age restrictions, had already been put in place. Patients had to have a uterus capable of carrying a pregnancy, be within the weight restrictions and be responsive to hormone stimulus.
- The psychological stress of infertility and its associated costs to the Health Service was acknowledged. However only a quarter of people visiting a GP with fertility problems were referred for IVF so the problem already existed to some extent.
- Another cost consideration was the issue of health tourism where patients, in the absence of IVF services at home, went abroad and had multiple embryos implanted. The cost of those pregnancies for the NHS was huge but it was difficult to prevent and there were already patients who did not fit the NHS criteria at present who went abroad for treatment.
- The Deficit for Health funding was £17.4 million. This was due to increased demand and activity across the NHS because of a growing and ageing population. The current funding formula for the particular demography of Peterborough did not meet requirements.
- The debt for the closure of the UnitingCare programme was £8.4 million.
- Prevention was identified as the key issue when dealing with patients with diabetes and weight related illnesses.
- There were only two exceptions to the proposal that were outlined in the report but patients could appeal by arguing that their case was an exception to the rule. The exceptionality process involved a panel of experts considering whether an exception could be made. The process was exhaustive and clinicians and lay members had to evaluate each case individually and find supporting evidence.

- The success rate for IVF could not be given in area specific terms but NICE data for national figures was as follows:
 - In the 23-39 age group, 40% got pregnant after the first attempt
 - In the 39-42 age group 25% got pregnant after the first attempt
 - In the 42+ age group there was a success rate of 10% or less
- NHS spending on IVF services accounted for 20% of the total spend on IVF. This figure was distorted because of the 'add-on' techniques offered by private clinics and as such it was difficult to compare costs.
- It was an extremely difficult decision to cut IVF services but every other viable option had been considered. Without this cut in services the alternative would have been increased waiting lists or persuading practitioners not to do the best for their patients.
- Scrutiny would only be in a position to stop the withdrawal of IVF services if the CCG had not carried out the consultation properly.

RECOMMENDATION

The Health Scrutiny Committee could not recommend supporting the proposal to withdraw IVF services as it was felt that the potential savings did not justify the loss of the service.

ACTIONS:

The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group to report back to the Committee on the results of the consultation process.

6. Integrated Healthy Lifestyles Services Contract Implementation

The report was introduced by the Director of Public Health and provided an overview of the rationale used for the establishment of an Integrated Healthy Lifestyles Service and the progress made towards implementation on 1 April 2017.

Comments and questions were raised by Members and in summary included:

- Local Authorities were accountable for the prevention of serious conditions which would in turn relieve the pressure on the NHS.
- The message was much more about current lifestyle choices and prevention rather than on life threatening illnesses and death as they wanted to make people engage with the services on offer.
- The lifestyle areas covered a delivery service of programmes for both adults and children which included weight management, smoking cessation, physical activity programmes and health check programmes for the over 40s.
- Solutions4health provided a service to approximately 100,000 people around the UK and were experts in providing preventative and integrated lifestyle services.
- The main office for core staff would be located at Gladstone Park Community Centre but services would be offered from locations across the city such as Children's centres, GP practices and Citizen Advice offices. There would also be a healthy schools programme operating in schools.
- Peterborough and Cambridgeshire were part of a national prevention of diabetes programme but Solutions4health were also looking to do much more focussed work on diabetes particularly around weight management and levels of physical activity.
- A specially equipped vehicle would be available to drive to different locations so that barriers to people accessing services could be overcome.

- If a person gave up smoking at the age of 30 they could expect an increased life expectancy of 10 years. If they gave up at the age of 60 their life expectancy would increase by 3 years.
- Many lifestyle choices led to long periods of ill health that put a great strain on the NHS. The Council therefore looked to measure outcomes by looking not just at life expectancy but at healthy life expectancy.
- The contractors would be measured against validated results for example carbon dioxide validation that confirmed that an individual had stopped smoking instead of a tick on the form to say they had.
- Key Performance Indicators for Solutions4health were in discussion at the moment but the company stressed that they were not just focussed on KPI's but had a patient centric approach and would measure such things as improvement in self-esteem.
- Solutions4health was appreciative of the need to overcome cultural barriers and gave as an example their offer of women only exercise classes for Asian women with exercises that were appropriate to their culture.
- The funding of £4.2 million meant that Solutions4health could be flexible in their approach and would offer training, especially to people from the voluntary sector, improved accessibility for those people with disabilities and increased funding to support a self-care agenda so that people could better self-manage.
- An older people strategy was being developed and solutions4health would look to consult with parish councils on the largely elderly population that lived in rural areas.
- Services currently being delivered by Peterborough City Council would be transferred on 1 April to Solutions4health
- Solutions4health had contracts in many other parts of the country including Nottinghamshire, Berkshire and Oxfordshire and had been commissioned by Peterborough in part because of their successes in those areas.
- The contract had been awarded to Solutions4health after the completion of a competitive tender process.

RECOMMENDATIONS

The Health Scrutiny Committee considered the information provided within the report and

1. Noted the rationale for establishing an Integrated Healthy Lifestyles Service and the progress that had been made towards service implementation on 1 April 2017; and
2. Agreed that the progress made by the service and the associated health outcomes achieved for Peterborough post-implementation of the service would be reviewed on a six monthly basis.

ACTIONS AGREED

1. The Chief Executive of Solution4health to provide the Committee with real life case studies that gave a greater level of detail on performance monitors;
2. The Head of Health Strategy to provide the Committee with a briefing note on how the £4.2 budget would be allocated;
3. The Head of Health Strategy to provide the Scrutiny Committee with access to a 'dashboard' of real-time information showing performance against targets; and

4. The Chief Executive of Solution4health to provide the Committee with a plan and map, by ward, of what was going on where and at what time. Councillors could help disseminate this information when it was ready.

7. Forward Plan of Executive Decisions

The Committee received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Committee noted the Forward Plan of Executive Decisions and requested a briefing note on the following item:

- Community Supported Living Services - MAR17/CMDN/34

8. Work Programme

The Committee did not have any items for the draft work programme and agreed to wait for the work programme meeting for the new Council year, however the Chairman of the Committee proposed that Social Services should be brought back to this Scrutiny committee as there was so much crossover between the two areas.

The meeting began at 7.00pm and finished at 9.03pm.

CHAIRMAN

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