MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 12 MARCH 2018
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors M Cereste (Chairman), B Rush (Vice Chairman) K Aitken, N Sandford, G Casey, H Fuller, A Clarke, N Khan, S Lane, G Nawaz, J Whitby, Parish Councillor Co-opted Member Henry Clark, and Co-opted Member Dr Steve Watson	
Also present	Susan Mahmoud	Healthwatch
	Roxana Mojoo Jones	Primary Care Commissioning Officer
	Paul Marshall	Interim Sector Head East of England Ambulance Service NHS Trust
	Stephen Graves	Chief Executive North West Anglia NHS Foundation Trust
	Neil Doverty	Chief Operating Officer North West Anglia NHS Foundation Trust
	Ian Weller	Head of Urgent and Emergency Care Cambridge and Peterborough CCG
	Marek Zamborsky	Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough CCG
	Lee Miller	Head of Transformation and Commissioning (Children and Maternity), Cambridgeshire and Peterborough CCG
	Dr Emma Tiffin	Adult Clinical Mental Health Lead Cambridgeshire and Peterborough CCG
	Tracy Dowling	Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
Officers Present:	Dr Liz Robin	Director of Public Health
	Joanna Morley	Democratic Services Officer

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barkham and Councillor Jamil. Councillor Sandford attended as a substitute for Councillor Barkham and Councillor Clark attended as a substitute for Councillor Jamil.

45. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest or whipping declarations were received.

46. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 8 JANUARY 2018

The minutes of the meetings held on 8 January 2018 were agreed as a true and accurate record.

47. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

48. DENTAL SERVICES IN PETERBOROUGH

The Primary Care Commissioning Officer introduced the report which outlined dental service provision in Peterborough as well as the vision and future plans for the service.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Councillors felt that the report did not address their questions and that the information contained within the report was out of date and did not focus on Peterborough.
- Patients who required emergency dental services were often told to call the next day at 7am but when they got through, even though that may have been at 7.15am, all the appointments had been taken.
- The out of hours service was under review as the contract would come to an end by March 2019 and officers were currently scoping the requirements for the service with a view to re-procuring a fit for purpose service.
- In an ideal world, instead of having dental access centres, patients should be registered with a dentist so that preventative work could be done.
- Work was currently under way to investigate who was using the access centres, what work was being done and whether they then registered with a regular dentist.
- There was no additional monies to spend on dental services to improve the immediate situation but where contract conditions had not been met, £156 000 had been clawed back and redeployed in other dental services.
- Councillors felt that the report outlined problems with dental service provision in Peterborough but did not offer any suggestions on how to tackle them.
- There was an issue with recruiting enough dentists to work in Peterborough.
- As Peterborough residents had particularly high levels of decay Members wanted to know if tooth ‘varnishing’ was offered to children to prevent later decay and what the current levels of this service was.
- The 111 service had a list of all the City’s dental practices and expected patients to be referred to one of them.
- It was not clear to Members exactly what services were included in the £11 million contract.
- Dental practices were closely monitored to make sure contracts were delivered. Where practices were not meeting 96% of activity it was considered a breach and the commissioning officers started looking at contract sanctions. Where there has been a breach the providers had assured the CCG that this would not happen in 2018/19.
- For auditing and accounting purposes, when additional services were wanted, another contract was issued, instead of a variation on the existing contract, which is why some practices had 7 contracts.
- Tooth implants were only provided after trauma or an accident and then only with panel approval.

- Every treatment for every patient went through a dental assessment process and was monitored on a quarterly basis.
- The quality of materials used in the NHS was as good as those used in private practice and was fit for purpose.
- Contracts were commissioned on the number of the population in those areas rather than a geographical spread so there were more contracts with dentists in central Peterborough in comparison with rural areas.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and requested that:

1. The Primary Care Commissioning Officer provides data on the levels of fluoride teeth varnishing being offered to children in Peterborough and the areas within Peterborough where this service is available.

2. NHS England Dental Services produces an up to date report for the Scrutiny Committee which outlines the current dental provision in Peterborough and provides details on exactly what services have been commissioned, what is being delivered and where there is a shortfall what measures are being put in place to address this. This report to be delivered by the report author at the next meeting of the scrutiny committee in the new municipal year.

49. AMBULANCE SERVICE – AMBULANCE RESPONSE PROGRAMME (ARP) AND THE IMPACT ON PETERBOROUGH

The Interim Sector Head of the East of England Ambulance Service (EEAST) NHS Trust introduced the report which updated the Committee on the NHSE Ambulance Response Programme (ARP) and its impact on Peterborough.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members questioned whether paramedics were doing too many hours and working under too much stress especially as the service covered such a large geographic area which meant crews could start in Peterborough but finish in Great Yarmouth and have a long journey back after a stressful shift.
- The Ambulance Service was working with Unison to see how it could address the long hours and late finishes that ambulance crews did. Although the working party had come up with several propositions, it had yet to find a resolution that worked in practice. The nature of the service was that the closest resource was sent which meant that a crew may travel from March to Peterborough and then be the closest to a call that was on a different side of the City to the one they had come from.
- There had been changes to the way in which resources had been put out on the road so that the most suitable resource for the incident, attended. The service was therefore increasing its use of double staffed ambulances to attend category 2 and 3 incidents and reducing the use of rapid response vehicles.
- An independent service review confirmed that EEAST faced a significant capacity gap and required additional funding for several hundred more staffing positions across the region in order to cope with the growing pressure on the service. The service would be taking on the majority of this extra staff by recruiting students through the paramedical programme,

taking on additional qualified staff and transferring in from other areas. This recruitment would take place over the next three years and the additional funding to achieve this had been agreed.

- The numbers of calls to the service had gone up but the number of conveyed (to hospital) cases had gone down. This was partly because patients were being referred to an alternative service in order to keep them out of hospital and also because there were paramedics who had higher skill levels and were able to keep more people at home.
- Peterborough and Norfolk had a higher percentage of hand over times (over 30 minutes) than all other areas in England. This meant that the service was forced to stack 999 callers who were waiting for ambulances because the ambulances were waiting to offload their patients at hospital. These figures had been higher than the national average for five years and were recorded before the ARP came in but reflected a larger system issue i.e. not just the ambulance response but the hospital having the space to receive patients. The situation was slowly improving however down from 37% in January to 32% in February.
- Ambulances were equipped with the most up to date maps and satellite navigation to avoid any problems reaching patients, especially because of the very large geographic area that the service covered.
- A whistle-blower had gone to the press about 19 people dying because of ambulance delays over the Christmas period but none of these incidents were in the Peterborough area.
- For category 3 incidents, e.g. if someone fell over, there could be up to a 6 hour waiting time. If there were these extended delays then the service would look to use alternative resources such as a specialist falls services and working with community groups.
- GP practices had started to embed paramedics within their systems which had become an issue for the ambulance service as the more experienced paramedics had been lost to this kind of work as it offered better working hours.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the report and agreed to accept the invitation from the Interim Sector Head, East of England Ambulance Service NHS Trust to visit the Regional Operating Centre to see how the Ambulance Response Programme (ARP) worked.

50. WINTER PRESSURES

The Chief Operating Officer North West Anglia NHS Foundation Trust introduced the report which gave an overview of emergency admission demand and the plans for managing capacity pressures for the coming year.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The Trust was not achieving its targets and this was a real concern for the population they served especially as staff were working under such intense pressure.
- On a recent Sunday, of the 158 ambulances in operation in the area, 41 arrived at Addenbrookes and 117 arrived at Peterborough, which had 600 beds. In contrast Cambridge University Hospital had 100 ambulances arriving but had 1200 beds available which was double the number.
- The growth in the activity of admitted patients had been notable; over the last four months Peterborough and Hinchingbrooke hospitals had averaged 14% more admissions to a bed

than in the same period last year which equated to 100 more beds being required. This hard fact contributed to the increase in queuing and waiting ambulances.

- Data showed that the length of stay in hospital was lower than average but the Trust still had higher delayed transfer of care rates.
- Peterborough had one of the fastest growing populations and this contributed to the rise in the number of admissions. This had been further compounded by a notable shift in the number of Lincolnshire residents coming to Peterborough hospital.
- Members questioned whether calls and ambulances could be diverted to Cambridge where there were more available beds but the problem was that the patients were local to Peterborough and statistics showed that discharge was earlier if you remained locally.
- In the last three years the size of existing wards had been increased to 36 beds in core wards. Another 100 beds were needed to support the population growth in Peterborough and it was suggested that the office space on the fourth floor of the hospital could be turned into two new wards to add extra capacity. Large scale capital funding would be needed to achieve this.
- Activity in neighbouring areas was having a direct effect on admissions to Peterborough. Grantham hospital was very small and now closed at 6pm every night which resulted in an estimated two extra ambulances every night which took last years' 12 extra beds.
- There were ongoing discussions with Lincolnshire STP about the Pilgrim hospital maternity unit at Boston. If the unit closed it was originally thought that patients would transfer to Lincoln however of the 2000 babies born last year, 800 mothers would be nearer to Peterborough and so closure at Boston would bring added capacity pressures to Peterborough.
- In June and July of last year the Trust was at 90% against its target of 95% patients being seen within a four hour waiting time. This figure had gone downhill and in December was at 70%. In February a figure of 78% was recorded.
- It was felt that there was not enough resilience built into the system at PCH for external events such as a norovirus outbreak that closed wards. The perfect storm of events was already happening and seemed to be concentrated at the Peterborough site.
- Admission avoidance schemes such as JET had been developed and more patients had been diverted into the Trust's Ambulatory Care Unit in order to reduce emergency care activity.
- An increased bed capacity brought with it the extreme challenge of staffing it adequately as there were simply not enough doctors and nurses available both locally and nationally..
- Peterborough Hospital had a lower nurse vacancy rate than Addenbrookes and Papworth as it was cheaper to live in Peterborough than Cambridge and therefore in some instances was more attractive.
- Cambridgeshire naturally had more capacity than Peterborough because of the specialized units and services that if offered.
- The population growth expected in Peterborough over the next twenty years would necessitate extra facilities that would be comparable in size to a small district hospital.
- Delayed Transfers of Care (into another healthcare setting) were recorded 72 hours after a patient had been deemed fit to leave hospital and at Peterborough Hospital these levels were considerably higher than planned. At peak times the level of DTOC's equated to almost four wards worth of patients, a 100 beds in total.
- Not all bed blocking came under Peterborough Council as there were many patients waiting to be released into the care of other authorities.
- It was much more difficult for patients to be discharged at the weekend and to organise packages of care because of the availability of other care professionals and services. Part of discussions going forward was to try and turn a traditional five day service into a seven day service.

RECOMMENDATION:

The Health Scrutiny Committee noted the report and **RECOMMENDED** that the Chief Operating Officer

1. Actively investigates addressing the capacity needs of Peterborough City Hospital by utilising the fourth floor of the hospital to provide two new wards and,

2. Returns to address the Scrutiny committee at its July meeting to discuss further proposals and options for increasing capacity at Peterborough City Hospital.

51. UPDATE ON THE SUCCESSESS AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON

The Head of Urgent and Emergency Care Cambridge and Peterborough Clinical Commissioning Group (CCG) introduced the report which provided the committee with an update on the status and performance of the Integrated Urgent Care (IUC) service 1 year on.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members who had visited the 111 call service centre had found the visit extremely interesting and informative and expressed their thanks to those involved in organising it. As a consequence of the new information they had gleaned, Councillors felt that more needed to be done to promote the service to others.
- The 111 service was being promoted and advertised and 25,000 calls had been received in December. It was recognised that more needed to be done around language issues to make the service fully accessible to all.
- The 111 service was currently allowed 4 options, three of which were being used. Option 1 went through to the medical triage service, option 2 went through to first response service and option 4 was for healthcare professionals so that they could bypass triage.
- An option 3 was being discussed for Peterborough and Cambridgeshire which would direct callers straight to the social care call centre. This option would be used for those people who needed care but who did not need a full medical intervention. There would be greater working with officers in social care to support this initiative and help to lessen the number of hospital admissions.
- Dental calls were a problem for the 111 service as emergency appointments were not often available so they were then referred into a GP out of hours service. Some GP's said they were not insured for dental treatments so the problem built up.
- The 111 service worked well during the week but fell down at the weekend because of the problem of recruiting GP's to work shifts out of hours.

RECOMMENDATION:

The Health Scrutiny Committee noted the report and **RECOMMENDED** that;

The 111 Service enters into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' route which would direct patients calling in with a social care need straight to the social care call centre without the need to call a separate social care helpline.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the report and requested that the Urgent Care Lead Cambridgeshire and Peterborough CCG attends an all-party briefing meeting to promote the 111 service to Councillors by presenting on the scope of the service and how it operates.

52. BRIEFING UPDATE ON KEY CURRENT LOCAL MENTAL HEALTH WORK STREAMS

The Head of Adult Mental Health, Learning Disability Commissioning and Contracting, and the Head of Transformation and Commissioning (Children and Maternity) introduced the report which updated the Committee on mental health commissioning in and around Peterborough.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members expressed concern about children's access to mental health services, in particular psychological therapies. The report noted that there was a national target to offer psychological therapies to 16.8% of the population who suffered depression and anxiety which Members felt was too small an amount and did not adequately cover enough people.
- The 16.8% target was in place until 2021 and thereafter would be increased to 25%. The CCG received funding from the Government for this level of access which equated to £9 million of funding.
- The 16.8% figure was an estimated prevalence figure so was quite difficult to validate. Additionally not everyone who had mild to moderate depression wished to access psychological therapy and instead chose an anti-depression medication.
- There was a self-referral system for accessing psychological therapies which had relatively short waiting times which suggested that the capacity for the service was good and patients received the type of treatment that they wanted.
- The government had set a national target of 32% of children with a diagnosable mental health condition should be able to access evidence based services by April 2019. Last year the level for the Peterborough area was at 14% but this year was up to 20% and was aiming for 35% by next year.
- Talking therapies were shown to have a limited benefit so there needed to be other ways in which young people and children could be supported to deal with mental health issues; this could include online counselling, access to sport and a change in environment.
- The waiting list times for children and young people to access services was a maximum of 18 weeks but the majority were seen within 6 weeks
- Anecdotally Members had heard that there seemed to be a problem transferring from children to adult services with differing thresholds and approaches being taken. This year in order to overcome some of the problems a transition team had been introduced which worked with 17 year olds who would be about to transfer into the adult system. This team included a form of peer support from patients who had gone through the process themselves as well as specialist staff.
- Most people who were getting specialist assessments for autism and ADHD were not then getting a positive diagnosis which was not the best use of consultant and psychiatric resource. As a result of this the pathways for autism and ADHD sufferers had been reviewed and more effective interventions had been introduced at an earlier stage which resulted in less people going through to that specialist service. However there was an increase of prevalence in the condition which would begin to affect the service.
- Waiting times for patients to see a specialist in the autism and ADHD field were 18 weeks.

- Neuro development services were fully integrated with young people's mental health services (CAMHS) and was a service that was admired and copied by many other authorities as it delivered much better outcomes.
- CHUMS was the young people counselling service that brought the services available across Peterborough, together. Previously there had been patchwork provision with obvious geographical gaps and duplication.
- Sport, Art and Music therapy were well known tools used to help with recovery from mental illness. Members questioned whether there was a correlation between the demise of the teaching time of these subjects in schools over the past 20 years and the increase in children's mental health problems.
- Art therapies and sports were currently being used in prisons, children's wards and for those suffering eating disorders.
- Since Christmas there had been a new team of mental health practitioners in place who specialised in dealing with mental health problems form a young age and who schools could contact. These were specialists called emotional well-being practitioners who were locally based and did not have a caseload and were there to advise mainly schools but also anyone in the community, about mental health issues. Initially the focus in Peterborough for this resource had been on primary and secondary schools but if extra funds were available then this would be extended to nurseries.
- Currently it was felt that the parenting programmes that ran for those with children aged three to eight had been the most effective way to tackle mental health issues in the very young.
- Included in the Scrutiny report was the response of CPFT to the Health Service Ombudsman's report regarding the investigation into a complaint made by Mr Nic Hart. The complaint was in relation to the care and treatment that Mr Hart's daughter Avril received from the trust and was made after Avril died following a four year history of anorexia nervosa. The CPFT accepted the findings of the Ombudsman's report and had taken actions to address the service failings. There were challenges experienced across the Country in the provision of eating disorder services and the report had made recommendations for national action which the CPFT were keen to engage with.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the update report on the 2017-18 deliverables of the Sustainability and Transformation Plan (STP) Mental Health Strategy Document "Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years".

53. MONITORING SCUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome and progress of those recommendations to consider if further monitoring was required.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at the previous meeting, as attached in Appendix 1 of the report and agreed that no further monitoring of the recommendations was required.

54. FORWARD PLAN OF EXECUTIVE DECISIONS

The Committee received the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the Forward Plan of Executive Decisions.

The Chairman took the opportunity at the close of the meeting to thank Councillor Khan, who was retiring from the Council, for his dedication and contribution to the work of the Health Scrutiny Committee.

The meeting began at 7.00pm and finished at 9.40pm. CHAIRMAN

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