

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 18 MARCH 2019
IN THE COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH**

Committee Members Present: Councillors J Stokes (Chairman), K Aitken, A Ali, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), N Sandford, N Simons, S Warren

Also present

Caroline Walker	CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance
Jan Thomas	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group

Officers Present:

Stuart Tarbuck	Change and Transformation Communications
Sion James	Senior Health Improvement Specialist
Dr Liz Robin	Director of Public Health
Paulina Ford	Senior Democratic Services Officer

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barkham, Co-opted Member Parish Councillor Henry Clark and Dr Watson. Apologies were also received from Healthwatch representative Susan Mahmoud.

47. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Councillor Hemraj declared an interest in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting should the subject be discussed, however it had not been listed as an item on the agenda.

48. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 21 JANUARY 2019

The minutes of the meetings held on 21 January 2019 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

50. HEALTHY PETERBOROUGH PROGRESS REPORT

The Director for Public Health introduced the report accompanied by two officers. The report provided the Committee with an update on the actions of the Healthy Peterborough campaign which was developed by Peterborough City Council's Communications and Public Health teams with support from health partners. The brand of Healthy Peterborough had now been incorporated in to the Integrated Lifestyles Service which was run by Solutions4Health. Healthy Peterborough had supported the many campaigns across the breadth of the public health service.

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

- Success of the Campaign was measured in two ways. One being the success rate of the channel that the message was being communicated by and looking at how many people had viewed it. The other way would be to look at the outcomes of a piece of work, for example the number of people who had stopped smoking following a campaign. Campaigns had been successful because they had been built around the people that the campaign was trying to reach, such as Stay Stronger for Longer. The messages and images used are therefore targeted at a particular audience. Solutions4Health also provided community engagement, including activity like one to one lifestyle counselling, which had also had a positive impact.
- A mix of channels was required to get messages across and this also provided a way of measuring success. Facebook was a very strong social media tool.
- Members suggested using 'influencers' as people to get targeted messages across.
- Members commented that research in Bristol had shown that putting in place 20mph speed limits had proven that it had encouraged people to walk and cycle more and wanted to know if this had been looked at in Peterborough. The Director for Public Health advised that Public Health were aware of the research undertaken in Bristol however further evidence would be required as the cost of implementing 20mph speed restrictions was high.
- The Director of Public Health advised that Public Health would always support people getting out of cars and walking and being part of active travel and Healthy Peterborough would support this initiative an example of which was the Walking Bus campaign.
- There was still more work that could be done to communicate the Healthy Peterborough campaigns in particular across the rural areas which could be assisted by engaging with Parish Councils.
- Healthy Peterborough was an umbrella brand and appeared to be successful as a brand. However the individual campaigns under that brand would have their own individual criteria of success.
- Members sought clarification on whether the mental health campaigns had been successful in reaching the right people. The information on the success of the individual campaigns was not readily available at the meeting. It was acknowledged that a more tailored approach was best practice when engaging diverse communities.
- Members commented that there was a group of GP's who attended Mosques to promote and provide advice on various health issues and suggested that Public Health may wish to engage with these GP's to assist in raising awareness regarding the various campaigns.
- Public Health staff provide advice to the council's planning and transport departments.
- Members suggested using Councillors surgery's and newsletters as another means of communication.

AGREED ACTIONS:

1. The Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the progress report on Healthy Peterborough.
2. The Health Scrutiny Committee also agreed that the Director of Public Health provide the Committee with a briefing note on how Public Health is engaging and working with the council's Planning Department.

51. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE ON STRATEGIC DIRECTION 2018/19 AND SIX MONTH REVIEW

The CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance introduced the report which provided the committee with a six month update on the key short-term priorities of the STP, progress of the North Alliance; and the NHS Long Term Plan. It was highlighted that the Board meetings of the STP were now held in public.

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

- Members commented on the section relating to finances and noted the overspend of £133m and sought clarification as to who funded the overspend. Members were informed that the £133m was the approved deficit and the Government had set budgets to include that deficit, therefore the money would not have to be found as it was guaranteed funding from the Government. Anything over and above the agreed deficit would mean borrowing money from the NHS and paying it back.
- The Government have started consulting with services to consider abandoning some targets including A & E Targets and waiting time targets but not the performance of the NHS and standards for safety.
- Clarification was sought around the possibility of a no deal Brexit and what impact it would have on the hospital and finances. Members were informed that hospitals were planning for a no deal Brexit and were looking at regional and national delays for medical supplies from outside of the UK and the possibility of international staff making decisions to leave the UK. To date there had been no significant cost to the hospital other than the time spent planning for contingency arrangements. No surgical items or drugs were being stock piled as a result of a possible no deal Brexit.
- Short term priorities refer to what needs to be done this year or this month and this was reviewed on an annual cycle.
- The North Alliance comprises integrated neighbourhoods, the first three of which were around Peterborough and the fourth one was in Fenland.
- Members sought clarification as to the meaning of the Ask and Offers process. Members were informed that this was a process where representatives from all organisations were brought together and asked what they would want the health service to give them when creating an Integrated Neighbourhood. Suggestions made included: to all work in the same building, to know the list of patients every day that go into the hospital that could have been kept out of hospital.
- Members were concerned about the increased use of the City Care Centre and parking issues. The Chief Officer of the Cambridgeshire and Peterborough CCG advised Members that when buildings were not being fully utilised the CCG had to pay void costs. It was therefore practical to use each building to the maximum use. It was acknowledged that there was an issue with the parking at this facility.
- Delayed Transfer of Care (DTC). Assisting people to leave hospital using the Third Sector was normal practice. All sites had representatives from the Third Sector on site to assist with getting people back to their own homes. The national standard was that no more than 3.5% of beds should be occupied by DTC's. The City Hospital site were at

4% over the last few weeks and on some days this had been below 3.5 % which had been a real improvement.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider and note the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North Alliance.

52. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPACT OF DISCONTINUATION OF IVF PROVISION

The Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group accompanied by Director of External Affairs & Policy introduced the report. The report provided the Committee with an update on the CCG Commissioning Plans including the response to the PWC review and an update on the review of the impact of discontinuation of IVF provision following its suspension in September 2017.

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

- Two new Lay Members had been appointed to the CCG's Governing Body which would make four Lay Members in total. The two new Lay Members were not from a clinical background which provided a varied skill set on the Governing Body. The CCG Governing Body comprised of the following: CCG Accountable Officer, Chief Finance Director, Chief Operating Officer, Medical Director and Chief Nurse, 8 GP's and 4 Lay Members.
- The CCG only use consultants when particular expertise was required for a specific piece of work. PWC were therefore asked to look at the CCG governance processes and financial plans to provide technical assurance.
- It was anticipated that the C&PCCG would be on track to stay within the target of a £35,069 deficit as had been agreed with the regulators by the end of the financial year. The next financial year 2019/20 would be hugely problematic across Peterborough and Cambridgeshire and the current funding allocation had not looked promising. The financial allocation is made up of three parts: funding per person which is then multiplied by the population of the area and then adjusted to provide fairer funding across the UK. In Cambridgeshire the financial allocation per person was £1125pp. Other CCG areas of the country received a lot more e.g. West Norfolk received over £1400 per person, West Suffolk received over £1200 per person. Younger populations attracted less funding as they were deemed to be healthier. 2019/20 would be a very difficult year financially. The funding formula had been challenged and the National Health team had been asked to look at the formula and to meet with the C&PCCG to explain their rationale behind the formula and answer questions. To date the National Health team had not agreed to meet. The CCG welcomed Members lobbying Government whenever possible.
- Members were concerned that the decision to cease IVF treatment was still in place when many lifestyle treatments were being provided free of charge. Members were informed that information was being collated from providers as to whether there had been any impact on multiple births as a result of IVF treatment received abroad and any related issues. Information was also being collated to see if there had been any significant impacts on mental health services as a direct result of the withdrawal of the service. This information would be presented to the CCG Governing Body on 14 May along with any comments and recommendations made by this Committee.
- Members were informed that there would possibly be a £20m gap in the finances for 2019/20 and difficult decisions would have to be made. If Members wanted IVF treatment

to be reinstated then what alternative services could be withdrawn. A suggestion was made with regard to stopping the prescribing of vitamins.

- Councillor Rush, Seconded by Councillor Jones put forward a recommendation that the IVF services which had been suspended should now be reinstated with at least one cycle of routine IVF treatment being offered and requested that the CCG Governing Body reverse their decision made in September 2017. The recommendation was unanimously agreed.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the contents of the report.

RECOMMENDATION

The Health Scrutiny Committee considered the information within the report providing an update on specialist fertility services and **RECOMMENDED** that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group advise the Governing Body at the meeting on 14 May 2019 that the Health Scrutiny Committee **does not agree to** continuing with the suspension of IVF services and request that the Governing Body reverse the decision made in September 2017 to suspended routine commissioning of any specialist fertility services. They also request that the Governing Body

1. Reinstatement at least one cycle of routine IVF treatment.
2. Consider all other alternative areas where savings could be made.

53. EU EXIT – CAMBRIDGESHIRE AND PETERBOROUGH CCG POSITION STATEMENT

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with an update on EU Exit planning and preparedness from the CCG. This CCG wished to provide assurance to the Health Scrutiny Committee on the CCG's progress in delivering the European Union (EU) Exit Organisational Readiness Guidance published by the Department of Health and Social Care on 21 December 2018. The two main areas of risk in the event of a No Deal Brexit were workforce and medicine supplies but mitigations were being put in place to address these.

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

- Members sought clarification as to whether there had been any calculations done with regard to how much money had so far been spent on preparing for an EU Exit. Members were informed that there had been a request nationally for the cost of preparing for an EU Exit to be provided. The CCG were collating the information which covered staff time, planning and event management.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the contents of the report.

54. MONITORING SCRUTINY RECOMMENDATIONS

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

- The CCG had provided a briefing note to the Committee on the outstanding recommendation from 12 March 2018 meeting concerning the Update on the Successes and Failures of Integrated Urgent Care 1 Year on. Members noted that the Option 3 service would only operate from 9.00hrs to 17.00hrs Monday to Friday (except Bank Holidays). The Social Care services operated an out of hour's service and Members sought clarification if this service could still be used out of hours. Members were advised that it was not clear if this out of hour's service would be used via the Option 3 service. It was therefore suggested that the recommendation remain on the monitoring report as on going so that a further update could be provided when the service went live.
- Members had received a response with regard to the recommendation regarding the Primary Care Update report from the 5 November 2018 meeting. The Committee felt that the response was insufficient and requested that the CCG continue to do further work with GP's to try and address the issue raised in the recommendation. Members were advised that the contract for the GP's was not managed by the CCG Governing Body and was managed by the Primary Care Commissioning Committee. A lot of GP's were looking at on line appointment bookings, extended access and GP Hubs where routine appointments could be held on Saturdays and in the evenings. A more detailed response could be provided regarding GP appointments.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at previous meetings, as attached in Appendix 1 of the report and agreed that the following recommendations should stay on the report for further monitoring:

<p>UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON</p>	<p>The Health Scrutiny Committee noted the report and RECOMMENDED that;</p> <p>The 111 Service enter 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.</p>
<p>PRIMARY CARE UPDATE PETERBOROUGH</p>	<p>The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.</p>

55. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which was 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 report and considered the current Forward Plan of Executive Decisions.

Councillor Rush announced that it would be the last meeting that Jane Pigg, the Company Secretary for North West Anglia NHS Foundation Trust would be in attendance at as she would be retiring. Councillor Rush thanked Jane on behalf of the Committee for her valued support and assistance to the Health Scrutiny Committee and wished her every happiness in her retirement.

CHAIRMAN
7.00pm – 8.53pm

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