



### Action

#### 35. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillors Austen, Heathcock, Kenney, P Read, J West and R West as members of Cambridgeshire Older People's Enterprise (COPE)
- Councillor Austen by reason of supporting a person who received social care from Older People's Services
- Councillor Brown as an active participant in Cambridgeshire Local Involvement Network (LINK)
- Councillor V McGuire by reason of working for a caring agency
- Councillor Wilkins as an associate member of COPE.

#### 36. MINUTES OF PREVIOUS MEETINGS

The minutes of the meetings held on 28th September and 21st October 2010 were confirmed as a correct record and signed by the Chairman.

#### 37. CONSULTATION 'IMPROVING OLDER PEOPLE'S MENTAL HEALTH SERVICES IN HUNTINGDONSHIRE AND FENLAND': COMMITTEE RESPONSE

The Committee considered its response to the consultation by NHS Cambridgeshire (the Primary Care Trust, PCT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on proposals for older people's mental health services in Huntingdonshire and Fenland. In attendance to respond to members' questions and comments on both this and the following agenda item were

- from NHS Cambridgeshire
  - John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning
  - Claire Warner, Commissioning and Service Improvement Manager, Mental Health, Learning Disability and Substance Misuse
- from Cambridgeshire and Peterborough NHS Foundation Trust
  - John Hawkins, General Manager, Older People's Mental Health (OPMH) Services
  - Annette Newton, Director of Operations.

Questions and concerns raised by members in the course of discussing the Committee's response included

- the need to ensure equality of access to day therapies in Huntingdon and Wisbech. Officers advised that the GP clusters and the PCT as commissioners wanted to establish the estimated demand for therapy amongst the older population, to link the therapy to the demand, and to

work out the staffing required for each component; one concern was to ensure equity of provision for Fenland and Huntingdonshire in relation to the greater range of therapies already available in the south of the county

- basing transport costs on two visits a week was insufficient where for example one of a long-established couple was admitted to hospital; the calculation should allow for at least visits on alternate days

Members said that they had already expressed concern about the way in which transport costs had been calculated, and would welcome more detailed costings. They asked whether there had been any linkage with other transport providers since the Committee last met. Officers reported that they had met the County Council's lead community transport officer, who had expressed a preference for making use of existing voluntary community transport services, though it would be necessary to set up such a service in the St Neot's area. He was working towards creating a better spread of voluntary transport providers across the county.

Members noted that meetings were taking place with service user and relatives' groups. As part of service user engagement, people were being asked about their mobility and whether, for example, they could make their own way to a pick-up point or would need transport from home.

Officers advised that it was important to note that there had never been an undertaking to pay all transport costs for visiting relatives; these costs were not paid elsewhere in the county. The intention was to provide a sum of money to the voluntary services which would be providing much of the transport; the sum of £15k was the result of a rough calculation based on what voluntary groups had said was the cost of providing transport for two visits a week, each visit involving a stay of two hours at the hospital

- it was important to ensure that some of the savings made were recycled to provide adequate respite care for carers. The Committee was advised that the £96k identified reflected the cost of providing mental health input into the beds being closed, rather than the total cost of these beds
- a commitment to provide a detailed action plan would be welcome. Officers advised that CPFT had its own implementation plan, with different aspects of the scheme proceeding at different paces. Some areas would be achieved early in 2011, with recruitment of primary care staff likely to be completed later. Members expressed concern that too great a delay in recruiting primary care staff could result in loss of continuity of care for existing patients and for new patients
- what the significance was of the PCT's spending on mental health services being low in comparison with other authorities. The Head of Mental Health Commissioning explained that the PCT was aware that it spent a relatively low amount on mental health services, and had done a considerable amount of work on the benchmarking data.

Mental health spending was closely associated with an area's demography, with in general a higher incidence of mental health problems in cities than in more rural areas. The level of mental health morbidity in Cambridgeshire was about 80% - 85% of the national average, so if the PCT spent 80% - 85% of the national average spend, then the level of support provided per patient was probably roughly similar to that provided elsewhere. The £142 per head spending referred to in Office for National Statistics (ONS) data was £142 per head per year.

Around 60% - 65% of mental health spending was spent on adults of working age. Not all expenditure on older people's dementia fell within the mental health spend, however. There was national recognition for the innovative nature of Cambridgeshire's work in seeing people at an earlier stage of dementia, but there was now less financial support available for innovative working than there used to be

- as not all members of the Committee were fully convinced of the merits of the proposals, the wording of draft response paragraph 2.5 should be modified to read (additional wording in *italics*):

We welcome the commitment to improve the quality of inpatient services, and therefore support *in principle* the proposal to close the inpatient wards at Hinchingsbrooke and concentrate the inpatient service at Peterborough. We also support *in principle* the proposal to close the inpatient beds at Rowan Lodge.

PCT and CPFT officers advised the Committee that they would be able to provide an update report on the outcome of the consultation process in about six months' time. This could include further work on transport and the outcome of the collaborative work on benchmarking being undertaken with the Audit Commission. Members also expressed interest in a working paper on the OPMH projects being undertaken and their associated costs.

JE, JH,  
CW

Speaking as the professional lead for adult social care and as one of the joint commissioners for the Older People's Pooled Budget, Rod Craig, the County Council's Executive Director: Community and Adult Services, welcomed the proposals as providing an opportunity to release funding locked up in hospital-based services to achieve a greater level of care and support for older people and their carers. The high-cost expertise of the hospital beds in Peterborough should be a short-term intervention for people with acute mental health needs or at the diagnosis stage. Some of what was to be provided in the new model of working, respite and day care, fell within the pooled budget; CPFT should not be expected to be the main source of funding for respite and day care.

The Committee authorised the Scrutiny and Improvement Officer, in consultation with the Chairman and the consultation working group, to finalise and submit the Committee's response. She undertook to circulate a revised draft to members of the Committee for comment prior to drawing up the final wording in consultation with the Chairman and the working group.

JB, GH

### **38. MEMBER-LED REVIEW OF ACCESS TO SERVICES AND SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CARERS FOLLOWING DIAGNOSIS: INTERIM REPORT**

Councillor Shepherd, as chairman of the Committee's member-led review into dementia services, introduced a report on the review group's initial findings. Members noted that the review group had looked largely at the experiences of older people and had focused on what happened at and immediately after diagnosis, because the National Dementia Strategy objective 'Easy access to care, support and advice after diagnosis' had been identified in the local NHS dementia service mapping as needing a significant amount of work. Factors identified by the review group included early diagnosis, in the community, and the role of GPs.

Councillor Shepherd thanked Jane Belman, Scrutiny and Improvement Officer and Rod Craig, Executive Director: Adult Support Services for all their help in what had proved to be a huge project, and paid tribute to the invaluable assistance of the members of the review group, CPFT and the Alzheimer's Society.

Discussing the report, members

- thanked the review group for the work already undertaken, and welcomed members' concern about the issues raised
- pointed out that all GPs were required to undertake 30 hours' training a year and had an appraisal toolkit to identify training needs
- commented that perhaps the £142 per head per year spent on mental health (referred to at minute 37) was not always spent to best effect
- in relation to the emerging finding that there was a need for more training in dementia both of staff in care homes and domiciliary care staff, asked whether the training of domiciliary care staff would be reviewed as contracts were renewed.

The Executive Director pointed out that there was a direct link between the subject of the member-led review and the previous agenda item on improving older people's mental health services in Huntingdonshire and Fenland, which would give more capacity to resource carers and co-ordinate resources across agencies; there was scope for improving the assessment of need for residential care as part of a reablement package.

The CPFT General Manager, OPMH Services reported that training of care home staff and managers had been undertaken successfully in the south of the county and was now being extended to Huntingdonshire, Fenland and East Cambridgeshire as funding had become available. Members noted that high staff turnover was a factor making it difficult to ensure all received the necessary training, though it was possible that some of the turnover arose from inadequate levels of training and support

- commented that there appeared to be a risk of demand for the Alzheimer's Society's services exceeding its capacity and drew attention to the vital role it played in supporting patients and carers
- noted that there were CPFT memory clinics in Peterborough and Huntingdon, but the memory service which CPFT provided in the south of the county sometimes provided a quicker response; provision varied across the county. The CPFT Director of Operations commented that it was important that the Trust deliver the same services across the county, however they were based
- suggested that GP commissioning would bring opportunities to increase the amount of provision closer to the community, and pointed out that the new Community Infrastructure Levy (CIL) on new development would give local authorities an opportunity to look at the provision of infrastructure. The CIL could be used for example for the provision of centres to support people's health and wellbeing, such as swimming pools and gymnasiums.

The Committee accepted the review group's report and thanked its members for their continuing work on this topic.

**39. NHS FUNDED REHABILITATION SERVICES IN CAMBRIDGE CITY AND SOUTH CAMBRIDGESHIRE – UPDATE ON IMPLEMENTATION OF REVIEW**

The Committee considered a report updating it on implementation of the review of NHS funded continuing care and rehabilitation services in the south of the county which had been conducted in 2007-08. In attendance to respond to members' questions and comments were, from the PCT, Cathy Mitchell, Director of Integrated Commissioning, and Jessica Bawden, Director of Communications and Patient Experience, and from Cambridgeshire Community Services NHS Trust (CCS), Jane Crawford-White, Assistant Director Care at Home.

The Director of Integrated Commissioning outlined the background to the 2007-08 review and the current service model on the Brookfields site.

Members noted that

- there was a community rehabilitation ward at Davison House for patients discharged from Addenbrooke's Hospital who had complex rehabilitation needs; while the majority of patients returned home, some were re-admitted to acute hospital or required ongoing residential care
- CCS was providing intermediate care to people at home, which had proved successful either as an alternative to or a continuation from the rehabilitation beds
- the use of beds at St Georges Care Home had been less than expected, partly because the more complex needs of patients post-discharge did not always fit the St George's provision; Addenbrooke's, PCT, CCS and the County Council had recently met to review the best use of these beds
- plans to seek a provider for neuro-rehabilitation inpatient services at Davison House had not yet been realised; the procurement process had taken place and identified a preferred bidder for 60 beds, but the PCT had been asked to block purchase more beds than the ten it required, and the provider had withdrawn before the contract was signed
- there were ward areas on the Brookfields site which were not being used. The PCT was working with stakeholders to look at the use of the whole site, including issues of transport, site layout, and what services should be housed on it, bearing in mind that PCTs were expected to cease to exist after 2013, in line with the NHS White Paper *Liberating the NHS*, and that GP commissioning clusters were likely to seek to provide more services more locally.

In the course of discussion members

- reported that the LINK Addenbrooke's group had identified that the discharge system at Addenbrooke's broke down on occasions; if there were delays in the discharge lounge, these probably caused problems to Brookfields. Officers advised that a workstream was looking at problems in discharge from Addenbrooke's, and that in terms of managing beds at Brookfields and St Georges, it was usually possible to give Addenbrooke's 24 hours' notice of a pending vacancy
- asked how rehabilitation provision fitted with reablement plans. Members noted that, whatever the terminology, the aim was to achieve a place between the community and the acute hospital where the right mix of services was provided to enable people to recover and regain their independence

- in view of the breakdown in the procurement process for neuro-rehabilitation beds in April/May 2010, asked whether an adequate service was being provided and where patients needing such care were currently being accommodated. Officers advised that the PCT was spot-purchasing beds in Sawbridgeworth in Hertfordshire; the intention remained to provide such care within Cambridgeshire, though the timetable for procurement was still being developed
- commented that this was a helpful, informative report, with a welcome honesty about aspects which had not worked so well
- in relation to equity of provision across the county, enquired how services in Cambridge City and South Cambridgeshire compared with what was available in Huntingdonshire, East Cambridgeshire and Fenland. The Director of Integrated Commissioning advised that there were in-patient beds at the hospitals in Ely and Wisbech and supported beds in a Huntingdon care home; reablement had now been rolled out throughout Cambridgeshire. Members welcomed her offer to provide an overarching report summarising reablement, rehabilitation and neuro-rehabilitation provision across the county, and noted the importance of equity of outcome for all residents
- asked what was being done to address the blockages that occurred between community and acute care. Members noted that the chief executives of the hospitals, care providers and the Executive Director met monthly bringing all the workstreams together; this work would be covered in the overarching report and included the discharge lounge.

CM

The Committee noted the report and requested that it receive both an overarching strategic report summarising rehabilitation, reablement and interim care provision and an update on the Brookfields site at its meeting on 22nd March 2011.

#### **40. COMMITTEE PRIORITIES AND WORK PROGRAMME 2010/2011: UPDATE**

The Committee agreed its priorities and work programme, subject to

- the addition of a report on the Adult Support Services' performance assessment action plan to the agenda for 1st February, and its addition to subsequent agendas as a standing item
- for 22nd March, the addition of a report from the PCT and CCS giving an integrated, holistic picture of rehabilitation, reablement and interim care provision throughout Cambridgeshire, in order to assist the Committee in considering equity of provision and outcomes in the county
- for 22nd March, the addition of a progress update on the options for consideration relating to the Brookfields site and services
- the suggestion that the report on the CPFT's strategy and three-year plans, timetabled for 22nd March, might form the catalyst for a member-led review of Mental Health Services
- for 22nd March, the addition of an update on developments in the Hinchingsbrooke Next Steps process
- the use of exception reporting rather than a member-led review to maintain oversight of delayed discharge and admissions avoidance, in view of improvements in performance already achieved

- the inclusion of Public Health in the issues to be considered, particularly in view of the recent publication by the Department of Health of the white paper on the strategy for public health in England.

#### **41. CALLED IN DECISIONS**

Members noted that no decisions had been called in since the despatch of the agenda.

#### **42. EXCLUSION OF PRESS AND PUBLIC**

The Committee resolved that the press and public be excluded from the meeting for the following item of business on the grounds that it contained exempt information under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed (information relating to the financial or business affairs of any particular person (including the authority holding that information)).

#### **43. SCRUTINY OF ADULT SUPPORT SERVICES' INTEGRATED PLAN**

The Committee considered a report on the findings of the task and finish working group established at the Committee's meeting on 28th September, and on outline proposals for the Adult Social Care Integrated Plan for 2011/12 and 2012/13. Rod Craig, Executive Director: Community and Adult Services, attended to introduce the report and respond to members' questions and comments on the outline proposals.

#### **44. DATE OF NEXT MEETING**

It was noted that the next meeting of the Committee would be held on Tuesday 1st February 2011 at 2.30pm.

**Members of the Committee in attendance:** County Councillors G Heathcock (Chairman), S Austen, B Farrer, G Kenney, S King, V McGuire, P Read (substituting for Cllr S Hoy), K Reynolds, C Shepherd, J West and K Wilkins; District Councillors S Brown (Cambridge City), R Hall (South Cambridgeshire) and R West (Huntingdonshire)

**Apologies:** County Councillor S Hoy; District Councillor J Petts (East Cambridgeshire)

**Time:** 2.35pm – 4.55pm

**Place:** Shire Hall, Cambridge

Chairman