

**HEALTH COMMITTEE: MINUTES**

**Date:** Thursday 16<sup>th</sup> November 2017

**Time:** 1:30pm to 4.45pm

**Present:** Councillors C Boden (Vice-Chairman), D Connor (substituting for Councillor Harford), L Dupre, Cllr Hudson (Chairman), D Jenkins, L Jones, L Joseph (substituting for Councillor Reynolds), M Smith (substituting for Councillor Topping) and S van de Ven

District Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and J Tavener (Huntingdonshire).

**Apologies:** County Councillors L Harford, K Reynolds and P Topping and District Councillor S Ellington (South Cambridgeshire)

**56. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**57. MINUTES – 19<sup>TH</sup> OCTOBER 2017 AND ACTION LOG:**

The minutes of the meeting held on 19<sup>th</sup> October 2017 were agreed as a correct record and signed by the Chairman subject to the amendment of a typographical error contained within minute 46 and the addition of Councillor Cornwell to the apologies.

The action log was noted including the following updates relating to on-going actions:

Minute 17 – Officers had received assurance that an analyst was currently undertaking the analysis.

Minute 25 – It was anticipated that the appointment of a Member Champion for Mental Health would be resolved in the coming week.

Minute 32 – Feedback would be provided to Members regarding further discussions that been held with Fenland District Council.

Members drew attention to the Member workshop regarding the Fenland area, the importance of recognising the need for a clear objective for the workshop and to ensure that the focus was not entirely on Wisbech.

Members clarified that regarding Minute 37 the requested that the report not just focussed on the positive work undertaken but also information on the positive intervention be published more widely to the general public.

Members noted that the Adults Committee report regarding Delayed Transfers of Care had been circulated to Members.

**58. PETITIONS**

No petitions were received.

## 59. HEALTHY SCHOOLS SERVICE

The Committee received a report that sought the support of the Health Committee for a competitive tender for a new Healthy Schools Service for schools in both Cambridgeshire County Council and Peterborough City Council areas. Members were informed that the contract would represent the first that had been developed through the Public Health Joint Commissioning Unit. The contract would be held by Cambridgeshire County Council and the Public Health team would monitor performance.

The underlying principle of the service was that schools were vitally influential regarding the health of children. The contract proposed to bring together a number of existing programmes into one which naturally aligned with wider ambitions regarding joint working, closer integration with preventative services.

During discussion of the report Members:

- Welcomed the approach set out in the report and the principle of joint commissioning with Peterborough City Council and requested that consideration be given to a joint meeting between the Chairman and Vice Chairman of the Health Committee and the Cabinet Portfolio holder for Public Health at Peterborough City Council in order to make the decision together. Officers confirmed that a meeting would be arranged.

### **ACTION**

- Clarified the proposed funding of the service shared across Cambridgeshire and Peterborough on a capitated basis. Officer explained that funding was not strictly split on a capitated basis because Peterborough City Council received more funding per head of population than Cambridgeshire.
- Questioned how extensive the programme was. Officers explained that there were currently 30 schools prioritised. The programme was intended to intensively support a school for a period of time in order for the initiative to become self-sustaining at which point a light touch approach would be adopted and the intensive support would be moved to another school.
- Drew attention to the performance of the Soil Association and questioned whether there were resourcing issues that were impacting upon the performance. Officers explained that the programme was a good quality programme however it required adaptation in order to meet the varying needs of schools and that had been difficult to achieve. It was confirmed that contracts with the Soil Association had been running for approximately 5 years.
- Highlighted Key Performance Indicators (KPIs) and questioned the approach to monitoring of risk and the importance of qualitative KPIs. It was explained that high level outcomes for the contract had been determined and the associated KPIs would be developed once the service specification had been completed. Monthly contract monitoring reports would be received once the contract was in place.
- Drew attention to the risk that combining disparate programmes may lead to there being no organisation being able to deliver such an integrated service. Officers emphasised the common theme of changing the school environment in order to achieve improved health outcomes that drew the programmes together.

- Noted the governance arrangements of Peterborough City Council and that the commissioning of the service had been discussed with the Cabinet Portfolio Holder for Public Health
- Noted that schools did not purchase the service and it was provided by the Public Health ring-fenced grant.
- Emphasised the importance of the service to school children and questioned how schools could be encouraged to support the programmes. Officers explained that primarily schools were engaged by officers visiting them and promoting the service and its benefits to the school and children.
- Drew attention to the varying diets of children from different backgrounds.
- Noted the intention to retain areas of the service where there was a clear evidence base of success and the new service element of the contract regarded a new provider or mix of providers developing an integrated approach across schools in Cambridgeshire.
- Highlighted the success of the Kick-Ash service and noted that it would remain the same within the new contract, however expressed concern that its success was due to it being a well-defined product and if distinction between services was lost then their effectiveness may be reduced.
- Emphasised the cost of food to schools and families and the need to understand the pressures food pricing caused.
- Noted that there was opportunity for parents of school children to become involved and part of the Food for Life programme was to work with communities and families.
- Monitoring opportunity for case studies to see if there could be monitoring of families to determine progress – that can be investigated further.
- Noted that since 2005 a national measurement programme had been undertaken when the child is in reception class and when in year 6. The measurement programme provided robust evidence through which resources could be targeted to specific schools and support for parents.

Following discussion it was proposed by the Chairman with the unanimous agreement of the Committee that a Task and Finish Group be established that would review the specification of the contract and the KPIs by which the performance of the provider would be measured. **ACTION**

The Vice-Chairman proposed with the agreement of the Committee in light of discussions that would take place with the Cabinet Portfolio Holder for Public Health and the establishment of a Task and Finish Group that recommendation c) be amended to include “development of a section 75 agreement *or alternative arrangement*).

It was resolved to:

- a) Support the proposal to commission a Healthy Schools Service in both Cambridgeshire and Peterborough local authority areas.

- b) Approve the tender process for a Healthy Schools Support Service
- c) Approve the development of a section 75 agreement or alternative arrangement with Peterborough City Council, with CCC as lead commissioner and delegate sign off for the section 75 agreement or alternative arrangement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee
- d) Delegate the award of the contract to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee

## 60. FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2017

The Committee received the September 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position was to achieve an underspend of £96k at the end of the financial year. Due to the how the service was funded the underspend would be returned to the Council to address the overall overspend the Council faced.

During the course of discussion Members:

- Confirmed that the underspend would assist with addressing the overall overspend the Council faced in its budget. However the money would remain available for the directorate to spend if required up to the end of the financial year.
- Noted that £200k of funding for Public Health services was provided by the Council and therefore underspends in the service be returned to the Council.
- Queried whether any of the underspend was the result of underperformance by suppliers in previous years. It was explained that this was the case for a £46k accrual for Childhood Vision screening which was now not required. However for School Nursing, when the 40% 'under establishment' last year was further analysed it was evidence that a high proportion of nurses were either on training or long term sick. This would still have incurred a cost for CCS and the underspend would have been a lot less than predicted. Measures are in place through the Section 75 agreement to monitor this in the future.
- Noted that although the Committee could direct officers to allocate any underspend, it would be difficult to achieve best value so far into the financial year.
- Noted that £20k of the underspend was related to a vacancy which had arisen and had not been recruited to due to wider issues regarding recruitment of specialist staff.
- Highlighted the lack of incentive for employers to provide healthy workplaces when labour was so easily replaced particularly within the food processing industry located in the north of the county.
- Drew attention to the Key Performance Indicators (KPIs) and highlighted the risk of being too focussed on processes rather than outcomes.
- Requested that an overall summary of the position regarding KPIs be provided within the body of the report. **ACTION**

- Noted that regarding paragraph 4.4 of the officer report there were very few services that Public Health provided that were variable and therefore the amounts within the table were precise amounts.

It was resolved to:

Review and comment on the report and to note the finance and performance position as at the end of September 2017.

## **61. PROPOSED APPROACH TO AIR QUALITY AND HEALTH ACROSS CAMBRIDGESHIRE**

Members received a report that provided an outline of the statutory organisations with regard to the management and mitigation of air pollution and proposed a more strategic approach to the management of air quality across Cambridgeshire. Members' attention was drawn to table 1 of the officer report that set out the roles and responsibilities of statutory bodies regarding air quality. Officers informed Members that an error was contained within the report regarding local transport plans and who would be responsible for their development which had yet to be decided.

During discussion of the report Members:

- Drew attention to the Environment Agency that had a key role in the monitoring of emissions from industry not being included in the report.
- Questioned paragraph 3.3 of the officer report regarding the relationship between poor air quality and areas of deprivation as in London some of the most affluent areas were some of the most polluted in terms of air quality. Officers explained that the main cause of air pollution was traffic and deprived areas tended to be closer to main roads because the housing was less expensive.
- Noted that air quality data was published and requested that the data be more effectively publicised by local authorities.
- Drew attention to the passive role of the Public Health service regarding air quality set out in paragraph 2.1 of the report which was contrary to the proactive role description of the service set out on the Council's website.
- Drew attention to other organisations such as the Highways Agency and the Department for the Environment and Rural Affairs (DEFRA) that the Council interacts with and could influence that had not been included in the report, together with key stakeholders such as the Local Enterprise Partnership (LEP), transport providers, contractors, the NHS and Parish Councils.
- Highlighted the distributive nature of monitoring and regulatory responsibility together with the lack of consistency regarding the measurement of air quality.

- Expressed concern regarding the assumptions contained within the officer report regarding the Cambridgeshire and Peterborough Combined Authority regarding its functions.
- Requested a briefing paper be circulated to Members regarding the work of the Air Pollution Prevention Group. **ACTION**
- Drew attention to the Fenland area that had suffered from poor air quality in the past in specific areas. Fenland District Council required planning applications to contain a health impact assessment and a health strategy that would reference air quality was currently being authorised.
- Highlighted the impact of idling cars which was an offence. Officers informed Members that Cambridgeshire City Council had written to all schools highlighting the issue of cars idling especially when parents were waiting to collect children from school but had received no response.

It was proposed by Councillor Jenkins with the agreement of the Committee that a conference regarding air quality be organised in order to bring together organisations to be able to begin to address the issue. **ACTION**

It was resolved to comment on and agree the proposed strategic approach to air quality.

## **62. PUBLIC QUESTION**

Mrs Jean Simpson was invited by the Chairman to address the Committee following the submission of a question by the prescribed deadline.

In her introduction she commented that the Sustainability Transformation and Partnership Board (STP) was meeting on 30<sup>th</sup> November at which terms of reference and governance arrangements for the Board would be agreed. With regard to the proposed membership of the Board, Mrs Simpson asked how many Local Authority Councillors would have places on the Board and whether the number would provide adequate representation of the Councils' views.

Mrs Simpson then went on to question what public representation there would be on the Board and referenced the Health and Social Care Act 2012 requirement for the public to be involved in the commissioning arrangements for health care, including the procurement and contracts.

The Chairman thanked Mrs Simpson for her question and informed her that the current proposal was for a Member of each upper tier Local Authority (Cambridgeshire County Council and Peterborough City Council) be appointed to the Board and represent the interests of their respective Councils.

The Chairman encouraged Members of the Committee question the officers of the STP regarding public representation on the Board and informed Mrs Simpson that a response to her question would be sent within 10 working days of the date of the Committee.

### **63. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – UPDATE REPORT**

Members were presented an update regarding the Sustainability Transformation Partnership (STP). Scott Haldane informed Members that he was returning to his substantive post and introduced Catherine Pollard who would be taking over the role of Executive Programme Director.

An overview was provided by Stephen Legood, Director of People and Business Development regarding the current staffing position and the projected retirement forecast over the coming 5 years and the challenges faced by the Cambridgeshire and Peterborough health system. These included a growing, increasingly elderly population, significant health inequalities, workforce shortages, inconsistent operational performance and substantial financial challenges.

Catherine Pollard and Aidan Fallon, Head of Communications and Engagement presented the “Fit for Future” monthly information data and received questions.

In discussion Members:

- Identified the costs associated to training non-European Union (EU) nurses and the NHS’s reliance on EU staff, and therefore questioned how the potential costs of new immigration controls once Britain left the EU were being budgeted for and whether the Government was aware of the problem. Officers explained that the Government was increasingly aware of the situation but could do more especially regarding workforce planning nationally. Cambridgeshire and Peterborough were working closely to develop new ways of working such as the Integrated Care Worker and adopted a creative approach to the recruitment of staff.
- Noted the critical role of the Human Resources (HR) STP programmes in supporting the delivery of the wider STP plans and objectives. Members requested that they be alerted to any issues that occurred that would have significant impact on the STP programmes. Officers confirmed that a regular HR update would be provided to Members and undertook to alert Members to issues that may impact upon the wider STP programme.
- Questioned where recruitment and retention of staff was plotted on the risk register. Officers emphasised the importance of maintaining safe staffing levels and the challenges facing the NHS in that regard. Although the risk was high regarding recruitment and retention of staff there were significant mitigations in place that would address any issues and maintain patient safety.
- Drew attention to Risk 17 regarding engagement of Primary Care providers that remained red. Members were informed that a “user group” within the STP had been established that was engaged with a number of work-streams such as G.P. workforce that was currently reviewing the workload of G.P.s due to the level of information and work generated by acute hospitals. The work-stream also sought to facilitate closer integration of G.P. practices that would achieve greater resilience through scale. The risk was rated as high, however work was ongoing that would address the issues and the risk rating would be reviewed in December.
- Questioned what the effects would be if demand increased and how the STP was addressing how the public view the NHS and the services it provided. Officers explained that in early 2018 geographical patches would be developed and a rolling

promotional programme that would explain the role of the STP and engage in dialogue regarding the priorities and expectations of the public regarding health and social care. Officers informed Members they would share the programme with Members and would welcome their input

- Noted that the STP Board was scheduled to meet in shadow form on 30<sup>th</sup> November 2017 and would operate the same way as statutory NHS boards. There was a strong commitment from the STP that the Board would meet in public. Following the meeting on 30<sup>th</sup> November the terms of reference and governance arrangements would be ratified by individual NHS Boards. Officers highlighted that none of the decisions of the STP Board were binding apart from a delegated decision making power regarding a modest transformation fund.
- Drew attention to the aim and purpose of the STP to facilitate effective integration between the health and social care systems and questioned how the STP viewed Minor Injury Units (MIUs) as an opportunity. Members were informed that an aspect of the General Practice work-stream led by the Clinical Commissioning Group (CCG) was to take the opportunity to meet urgent needs as close to where people live as possible. Attention was drawn to the Princess of Wales Hospital in Ely and the redevelopment of the site that brought urgent services closer to residents, recognising the growing population.
- Drew attention to the role of GPs regarding the delivery of transformation projects within the health service and questioned what incentives were offered to GPs to engage with projects. Members were informed that the plan was twofold. There was a need demonstrate new ways of working and demonstrate that there were new business models that continued to deliver general practice in a manner that was sustainable and there was input and investment from the Clinical Commissioning Group (CCG) that supported the work. There was also facilitation of closer integration of back office functions that would create greater resilience. There was some financial incentives together with investment of time and resources from the CCG. . Members requested that a future scrutiny report be presented to the Committee. **ACTION**
- Expressed concern regarding the withdrawal of services at the MIU in Doddington as services as there would be cost implications to any move or withdrawal of services. Officers noted the concerns and undertook to request the officer responsible contact the Local Member. The Chairman requested that feedback be provided to the Committee following contact with the Local Member **ACTION**
- Requested development sessions in advance of scrutiny by Committee be arranged regarding Primary Care and Minor Injury Units.
- Questioned whether the dashboard could be shared publicly. Officers explained that the information was already in the public domain and the document could be shared, however officers urged caution regarding the interpretation of the data.

It was resolved to review and comment on:

- a) The information provided as part of the Workforce Planning workshop
- b) The “Fit for Future” monthly information report; and



- c) To decide which STP project(s) the Committee would like to scrutinise in more depth.

#### **64. HEALTH COMMITTEE TRAINING PLAN**

The Health Committee training plan was presented to Members. It was confirmed that the Deep Dive for Fenland would be prioritised as level one and would be arranged to take place in late February 2018.

A Primary Care development session and development session regarding Minor Injury Units (MIU) would be arranged.

It was resolved to note the training plan.

#### **65. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES**

Members received the Health Committee agenda plan and noted that the item regarding Development of Primary Care in Northstowe would be moved from December to January 2018

Following a request made by South Cambridgeshire District Councillor, Sue Ellington following her attendance at a recent liaison meeting the Committee agreed to provisionally schedule a scrutiny item for the February meeting of the Health Committee regarding the East of England Ambulance Service.

It was noted that the Sustainability Transformation and Partnership (STP) scrutiny item would be removed from the December meeting however if an emerging issue arises then STP officers would be called in under the Emerging Issues at the NHS standing item.

Chairman