

HEALTH COMMITTEE: MINUTES

Date: Thursday 19th October 2017

Time: 1:30pm to 4:30pm

Present: Councillors C Boden, A Bradnam (substituting for Councillor Dupre), L Harford, Cllr Hudson (Chairman), D Jenkins, L Jones, L Joseph (substituting for Councillor Reynolds)

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire)

Apologies: County Councillors L Dupre, K Reynolds and S van de Ven and District Councillor J Tavener (Huntingdonshire)

45. DECLARATIONS OF INTEREST

There were no declarations of interest.

46. MINUTES – 7th SEPTEMBER AND ACTION LOG:

The minutes of the meeting held on 7th September 2017 were agreed as a correct record and signed by the Chairman subject to the amendment of bullet point 9 of minute 31 to read, “the need for an over-arching Public Health strategy” and the recoding of apologies for District Councillor S Ellington.

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

Minute 25 – the appointment of a Member Champion for Mental Health was under discussion with other Committees of the Council.

Minute 32 – Engagement with outreach health checks had been discussed with Fenland District Council’s Senior Management Team and would be followed up.

The Sustainability Transformation Partnership would commence providing updates to Members regarding Delayed Transfers of Care from 27th October 2017.

The Healthy Weight Strategy would be presented to Executive Directors at management team meetings.

47. PETITIONS

No petitions were received.

48. FINANCE AND PERFORMANCE REPORT – AUGUST 2017

The Committee received the August 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position was to balance at year end with no major variances reported.

During the course of discussion Members:

- Confirmed that children's health set out in table 2.1 of the officer report included children's mental health, but coded to the wrong line which would be amended.
- Clarified that the ring-fenced Public Health Grant was earmarked for specific purposes within the terms of the ring-fence. Officers explained that there was a general Public Health reserve that was also ring-fenced. The general public health reserve may be drawn on if public health redundancies occurred. If there was an underspend at the end of the financial year then the underspend may be returned to the corporate reserve, up to the limit of the corporate funding allocated to the directorate in 2017/18 to deliver public health functions.
- Drew attention to the health visiting mandated check – percentage of first face to face antenatal contact with a Health Visitor at 28 weeks key performance indicator and questioned whether Health Visitors had been sufficiently briefed on the changes to Children's Centres and services. Officers confirmed that the changes had been widely consulted on and information on health visitor and midwife clinics delivered in Children's Centres had been circulated to Lead Members.
- Noted that the Health visiting ante-natal mandated check was only achieving 28% against a target of 50% and questioned whether staffing levels were adversely affecting performance. Officers explained that the performance related to issues regarding transfer of information from midwifery to health visitors, and to the targeting of antenatal checks to first time mothers and higher needs families. The service was being developed further following its transfer to the Local Authority as its introduction had been quite recent. The target was ambitious and may require review.
- Drew attention to the performance regarding outreach health checks and smoking cessation that signalled issues in the Fenland area and questioned how the issues were being addressed. Officers informed Members that targets set for the Fenland area were deliberately challenging. There were a number of initiatives such as the Fenland Fund and Wisbech 2020 that were designed to engage with the community.
- Questioned why there was no target for the School Nursing Service and no anticipation of the volume of contacts that were likely to occur. Officers explained that data regarding the number of contacts was available but did not provide any detail, also there were changes to the service and new services commencing. Therefore targets had not been set at this point.
- Confirmed that the duty desk introduced by the School Nursing Service had improved the service with many issues resolved immediately by the duty desk.
- Questioned the figures contained within the School Nursing – number of young people seen for mental health and well-being concerns. Officers agreed to review the figures included in the report. **ACTION**
- Expressed concern regarding the Fenland area and the issues experienced there. Members requested that an in depth analysis be undertaken and presented to the Committee of all the initiatives taking place in the Fenland area and whether they were successful in achieving their goals. **ACTION**

It was resolved to:

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

49. SERVICE COMMITTEE REVIEW OF THE DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

Members received the service Committee review of the draft revenue business planning proposals for 2018-19 to 2022-23. Members were informed that the report represented the first iteration of the proposals and they would return to the Health Committee for presentation in December and then presented to the General Purposes Committee in January before they were submitted to Council in February 2018.

Attention was drawn to the table at paragraph 3.1 of the report that set out the total savings requirements year by year and Members noted that the ring-fenced grant received by the Council was reduced by £700k.

Officers highlighted the inflation forecast set out at paragraph 2.4 of the report explaining that the inflation figure was particularly low due to external contracts specifying that inflationary and demographic pressures would be absorbed by the provider.

Councillor Topping joined the meeting at 2.25pm.

During discussion of the report Members:

- Expressed concern regarding stipulating within contracts that providers must absorb inflationary costs as there was a risk that providers build a greater allowance for inflation within the contract which increases their profit.
- Drew attention to the Cambridgeshire Community Services contract for Integrated Sexual Health Services and sought reassurance that access to services would remain available for people who did not have internet access. Officers explained that most people that accessed the services were young people that had easy access to the internet and it was confirmed that services would remain accessible for residents of rural areas.
- Sought assurance that universal mandated checks at 1 year and 2-2.5 years that would be undertaken by lower skilled staff would be as effective and that the staff would be equipped to identify issues. Officers explained that families that were low risk would receive checks by lower skilled staff and that training and supervision was closely monitored. Vulnerable families would remain with the Health Visitor. Members requested that effective monitoring took place and reported to the Committee. **ACTION**

- Questioned whether nocturnal enuresis was an indicator of anxiety or a mental health need. It was explained by officers that incontinence was a complex issue and a clear incontinence pathway had been established that was the role of the community incontinence service and not the role of the school nursing service to provide.
- Highlighted the lack of an overarching Public Health strategy that the budget would aim to deliver. There were a number of transformation projects that the delivery of the budget rested on that warranted discussion and it would have been beneficial for a strategic discussion to have taken place prior to setting the budget. Members were reminded that a Business Planning Workshop took place in September where a number of proposals were discussed.

It was resolved to:

- a) Note the overview and context provided for the 2018-19 to 2022-23 Business Plan revenue proposals for the service
- b) To comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018-19 to 2022-23

50. PRESSURES IN THE SCHOOL NURSING SERVICES

The Committee received a report that provided Members with information about the School Nursing Service and to provide the Health Committee opportunity to comment on the service and changes to the service delivery.

Attention was drawn to the issues experienced nationally regarding recruitment and retention of staff. Section 3 of the report was highlighted to Member regarding the future planning for the service and the initiatives being undertaken to develop the service.

During the course of discussion Members:

- Confirmed that pictures could be sent through the Chat Health service.
- Noted the necessity of staff training but expressed concern regarding the additional strain it placed on resources. Officers confirmed that a risk assessment had been undertaken that addressed service continuity while staff were undertaking essential training that would in the long term address retention issues in the workforce.
- Noted that while case studies would have been welcomed within the report it was not possible to include them due to it leading to the possible identification of individuals.
- Confirmed that staff could be rotated around the structure in order that skills were maintained.

It was resolved to:

- a) Note the content of the report and;
- b) Support the action outlined in the report, which outlines the changes to the school nursing provision moving forward.

51. REVIEW OF THE SMOKING HARM REDUCTION PROJECT

Members were presented a report that provided the Committee with the findings from the evidence based harm reduction stop smoking pilot project which aimed to enable smokers who had not been successful in stopping smoking through using the existing quit smoking model.

Officers informed Members that the project had broadly failed in its objectives and analysis was taking place to understand the reasons. Smoking was embedded within some groups of the population within the Fenland area that were difficult to engage with. The project was due to run for one year but following a six month review it was discontinued due to the lack of success.

In discussion Members:

- Requested that the project form part of the deep dive regarding the Fenland area.
ACTION
- Welcomed the honest report despite the disappointing outcome of the project. The role of e-cigarettes was highlighted and questioned whether they could be promoted more aggressively to smokers as they were less harmful than cigarettes. Officers explained that there was evidence that smoking rates in the Fenland area had reduced significantly over the course of the last 15 years but there was a group that were unable to be influenced. It was confirmed that promotion of e-cigarettes took place as part of the smoking cessation programme but they were not provided.
- Highlighted the role of employers in creating healthy work places and encouraging their employees to stop smoking.
- Drew attention to successful campaigns targeted at pregnant women in Liverpool that incentivised quitting smoking. Although it was not successful in the medium term there was a significant short term affect during pregnancy and when the children were born.
- Emphasised the addictiveness of cigarettes and questioned why people engaged with the project in the beginning. Officers informed Members that each person that showed interest in the project was contacted and that highlighted that certain groups were difficult to engage with. .
- Questioned whether money was spent in the most effective area. People that weren't engaging with the project were also difficult to reach for health checks. If health checks were targeted then it would assist in helping people value their health and bodies.
- Noted that support had been offered to smokers through a variety of means including a text messaging service.

It was resolved to:

Note the findings and support the approach adopted by the Stop Smoking Services.

52. IMMUNISATION UPTAKE IN CAMBRIDGESHIRE ACTION PLAN

The Committee was presented an update regarding the immunisation uptake in Cambridgeshire action plan. A Steering Task and Finish Group had been convened by Cambridgeshire County Council, Public Health England and NHS England following concern regarding low uptake for some vaccination programmes in Cambridgeshire.

Members were informed that 16 practices with poor uptake of vaccinations had been contacted and provided information regarding the number of vaccinations required. Of the 16 practices 7 had received a visit from officers to assist with improving performance.

During discussion Members:

- Confirmed that there was no clear geographical relationship to the poor uptake in vaccinations.
- Noted the success of 'nudge tactics' that were relatively inexpensive and questioned whether there were elements that could be applied to other areas of public health.
- Noted that there were no general links between the 16 worst performers in vaccinations and indices of deprivation. There were in central Cambridge a large number of academics that resided with their families in the city for a short period of time whose children may have visited a GP once and have remained on their system despite having left the area.
- Clarified that the 95% vaccination target set by the World Health Organisation was based on the level of vaccination required in order to achieve herd immunity for measles.
- Highlighted the various IT systems in use that did not allow data to be interrogated effectively.
- Drew attention to the impact of incorrect historical research on the side effects of the Measles Mumps and Rubella (MMR) vaccine and questioned how the erroneous information had been addressed. Members were informed that a catch up campaign had been carried out and large amounts of information and literature had been produced that addressed concerns.
- Questioned why the uptake of the MMR2 vaccine was so poor. The timing of the vaccine, Members were informed that the vaccine was administered when many parents had returned to work and therefore uptake was lower.
- Questioned whether alternatives such as pharmacists at supermarkets providing vaccinations would increase immunisation rates. It was explained that pharmacists do not have access to the necessary medical records in order to ensure that the

timing of the vaccination was appropriate and therefore there would be safety issues.

- Requested a progress report be provided for the Committee in 6 months. **ACTION**

It was resolved to note the update provided.

53. EMERGING ISSUES IN THE NHS

This item was removed from the agenda.

54. HEALTH COMMITTEE TRAINING PLAN

The Health Committee training plan was presented to Members. Members noted the Sustainability Transformation Partnership workshop scheduled for 6th November and asked that representatives address current pressures and staffing at the session

Members requested that a short evaluation form for training sessions be issued to Members at each session. **ACTION**

It was resolved to note the training plan.

55. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted that the item regarding Delayed Transfers of Care scheduled for November would be removed from the plan and that the item titled Integrated Commissioning of Children's Health and Wellbeing Services would be moved from November to December.

Members requested a report regarding the integration of services following the changes to the provision of children's centres. The new service was due to start in April 2018 and it was therefore agreed that a report would be presented in summer 2018 regarding the integration of services within the remit of the Health Committee.

Members requested that a 'Deep Dive' workshop on issues in Fenland should be added to the Training Plan.

Members requested that a workshop on Public Health Strategy should be added to the Training Plan.

Members noted that Councillor Peter Topping was no longer able to act as the Health Committee's representative on the Papworth Hospital Governors. The Chairman therefore proposed, seconded by the Vice-Chairman that Councillor Sue Ellington be appointed as replacement for Councillor Topping. The Chairman informed the Committee that advice had been sought from Democratic Services and the nomination of a co-opted District Council Member of the Health Committee would be appropriate.

It was resolved to appoint Councillor Sue Ellington as the Health Committee's representative to the Papworth Hospital Board of Governors.

