Agenda Item No: 3

HEALTH COMMITTEE: MINUTES

Date: Wednesday 14th June 2017

Time: 2.00pm to 4.35pm

Present: Councillors C Boden, D Connor (substituting for Cllr Reynolds), J Gowing, L Harford (Chairman), L Joseph (substituting for Cllr Hudson), D Jenkins, L Jones, L Nethsingha (substituting for Cllr Dupré) and S van de Ven

District Councillors M Abbott (Cambridge City), M Cornwell (Fenland) S Ellington (South Cambridgeshire) and J Tavener (Huntingdonshire)

Apologies: County Councillors L Dupré, P Hudson, K Reynolds and T Sanderson

1. NOTIFICATION OF CHAIRMAN AND VICE-CHAIRMAN

The Committee noted that Councillor Lynda Harford and Councillor Peter Hudson had been appointed by Council on 23 May 2017 as Chairman and Vice-Chairman respectively for the municipal year 2017-18

The Chairman welcomed both new and returning Committee members, including the returning District Councillors.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES – 16 MARCH 2017 AND ACTION LOG:

The minutes of the meeting held on 27th March 2017 were agreed as a correct record and signed by the Chairman.

The Director of Public Health provided an update on the Action Log, drawing attention to the need to monitor the vacancy rate in the school nursing service [minute 310], and pointing out that the 'Be Well in Cambridgeshire' section of the CCC website, which would soon be launched, would be an important resource for communicating health advice to residents [minute 310]. The action on the Sustainability and Transformation Plan (STP) communication programme [minute 296] had been covered in discussion with STP officers at the Committee development session in February, and could be marked as complete.

In relation to the Cambridge GP Out of Hours Service and Emergency Department Co-location [minute 297] Councillor Ellington reported that she and Councillor Abbott had been attending fortnightly meetings on implementation of the co-location. Some difficulties had emerged, including

- the finding of asbestos in the walls of the proposed new clinic
- the provision of on-site pharmacy services
- the availability of sufficient GPs to staff the service
- indemnity insurance for GPs streaming patients from A&E to the new service (currently covered by Addenbrooke's).

The handover date was now 31 July 2017, with the service going live on 8 August and GP screening and streaming due to start on 15 August. Lloyds Pharmacy, which provided pharmacy services at Addenbrooke's, had expressed the view that it would not be economic to have a pharmacist available overnight, so patients would therefore be required to take prescriptions to the Newmarket Road late-night pharmacy. The Committee agreed that the implementation of the co-location should be placed on the forward agenda plan.

The Action Log was noted.

4. CO-OPTION OF DISTRICT COUNCIL REPRESENTATIVES

It was resolved unanimously to co-opt the following District Councillors as non-voting members of the Committee:

- from Cambridge City Council:
  Cllr Margery Abbott
- from East Cambridgeshire District Council:
  Cllr Carol Sennitt
- from Huntingdonshire District Council:
  Cllr Jill Tavener
- from South Cambridgeshire District Council:
  Cllr Sue Ellington, substitute Cllr Andrew Fraser

5. PETITIONS

There were no petitions.

6. HEALTH COMMITTEE AGENDA PLAN AND TRAINING PLAN

The Committee reviewed the agenda plan. Although the Out of Hours relocation had been postponed to July, members decided to keep it on the July agenda because of the concerns reported; Councillor Ellington would send a list of the issues to the Chairman and the Head of Public Health Business Programmes, copied to all members of the Committee. **Action: Cllr Ellington**

In the course of discussion, members

- noted that the Risk Register update would be better taken in September rather than July because of the timing of a related meeting
- considered how to approach monitoring the East of England Ambulance Service (EEAST) following the Care Quality Commission (CQC) inspection of local delivery, and reviewing its performance in delivering Non-Emergency Patient Transport Services (NEPTS); it was suggested that the EEAST report should include the question of joint working with community transport providers on NEPTS
- asked that the STP be restored as a standing item on the agenda plan, with a general update on progress in July enabling members to identify areas on which to concentrate attention; suggestions included communications, staffing and GPs

- stressed the importance of addressing health inequalities, noting that it was one of the Committee's current priorities and that there was a workshop on committee priorities in July. Members pointed out that this should not be seen as a narrow public health issue; health inequalities should be viewed in the light of the social determinants of health, which were beyond the control of Public Health and included factors such as difficulty in securing housing at an affordable price

- drew attention to the importance of the school nursing service in preventing later health problems, and noted that a briefing on the existing action plan for the service could be circulated to members, to be followed by a more strategic item on the agenda; it would fit well with the immunisation task and finish group item in October

Action: Liz Robin

- requested an update on minor injuries units (MIUs) in East Cambridgeshire and Fenland; it was suggested that this could be raised initially at the next quarterly liaison meeting with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

The Committee also reviewed its training plan, noting that the finance training was now booked for 14 July; it would be looking at financial matters specific to the work of the Health Committee, and new members should try to attend both this and the more general finance training being offered to all new members. It was suggested that an update on the work being done by the Director of Public Health and colleagues as part of the devolution agenda would be helpful in relation to the Committee's understanding of work to address health inequalities.

It was resolved unanimously to:

a) agree the agenda plan attached at Appendix A of the report before Committee, subject to the following amendments:
    - receive the Risk Register update in September 2017, not July
    - combine the scrutiny items on the EEAST CQC inspection and the performance update on Non-Emergency Patient Transport Services into one item for July 2017
    - add an update on the Sustainability and Transformation Plan (STP) to the agenda for July 2017, and add the STP as a standing item for future agendas
    - add a scrutiny item on pressures in school nursing and health visiting to the agenda for October 2017
    - add an update on the pilot harm reduction project for stopping smoking to a future agenda

b) agree the training plan that had been developed as set out as Appendix B of the report before Committee, and note the new date of 14 July for finance training, and that there would be a session on Health Committee Priorities on 21 July

c) consider if there were any other areas of the Committee's remit where members felt they required additional training, and identify the work being done by the Director of Public Health and colleagues under the devolution agenda as an area for briefing.

7. FINANCE AND PERFORMANCE REPORT – OUTTURN 2016-17

The Committee considered the 2016/17 Outturn Finance and Performance report for Public Health. Members noted that

- the actual underspend was close to that forecast in January
- detailed information on spending under the Public Health Memorandum of Understanding (MOU) across CCC directorates was not included in this report although a summary was provided in Appendix 9
- the £182k received from the County Council (CCC) in addition to the Public Health ring-fenced grant had been returned to the CCC general reserve, and the remaining £15k of underspend had been added to the public health ring-fenced reserve.

In the course of discussion, members

- congratulated the Director of Public Health and her staff on keeping within budget

- noted that, as part of the significant recurrent savings that had been required in 2016/17, the budget for health protection had been reduced. This budget was used only in response to emergency events, so in some years it was overspent and in other years hardly needed at all. To avoid holding money unspent, the amount allocated had been reduced, recognising that in some years it would be overspent

- suggested that it would be helpful if the finance and performance reports could have a column showing the following year's budget, so that the magnitude of the budget challenge would be clearly visible; officers accepted this suggestion

- observed that merely measuring childhood obesity did not remedy the problem, and suggested that there should be a comment that this reflected activity, not outcome. Members were advised that it was necessary to monitor the contractors'' performance carrying out the measurements; performance in addressing the problem of childhood obesity was collated through a national system and published nationally

- suggested that it would be helpful for new members to see the Healthy Fenland Fund action plan. Officers advised that they had recently been examining the outcomes of the performance indicators applied against the organisation responsible for delivering the project, and offered to convey this information to members.

Action: Val Thomas

It was resolved unanimously to:

- review and comment on the report
- note the finance and performance position as at the end of 2016-17.

8. ANNUAL PUBLIC HEALTH PERFORMANCE REPORT

The Committee received a report presenting a year end update on public health performance measures, to sit alongside the year-end financial reporting for 2016/17. Members noted the improvements over the year, and the areas of continuing difficulty.

Members' comments on the report included that

- it would be helpful to see the statistics for the work of the health trainer, and evidence of change in health behaviours clearly set out; this was an area that could be measured.

The Consultant in Public Health undertook to provide performance information for the Health Trainer role, giving evidence of changes in health behaviour in easily-readable headline graphs, as requested. **Action: Val Thomas**

- the figure of 130% for four week quitters required explanation; it would be helpful to see the raw data in this area, and when looking at percentage graphs in general, as the numbers involved, for example in falls prevention, could be rather smaller than might be expected. Members noted that 130% was the percentage achievement against the calculated target number of quitters

- the number of people who had gone through the falls prevention process was disappointingly small; what were the targets for the future. It was explained that work was being done as part of the Sustainability and Transformation Plan (STP), and reserve funds were being held back until they could be co-invested under the STP. Another health trainer would be appointed with Everyone Health next year, and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) would be appointing Occupational Therapy Assistants; each recipient of strength and balance training needed about 50 hours of input. It was necessary to attract people to make use of the services available, both those of district leisure centres, at modest cost, and the free service supported through the public health budget

- the present falls prevention funding was time limited; it was important to get it incorporated in the base budget for the future

- other Policy and Service Committees bore an element of responsibility for falls prevention, and it was important that the Health Committee work with them; the reduction in spending on pavements, and their deteriorating quality, meant that falls in the street were a major cause of falls in older people

- a target of 90% for the Health Visiting mandated check required justification, given the importance of early intervention in preventing ill health. Janet Dullaghan, speaking as the lead commissioner for school nursing and health visiting, said that reasons were always sought for not meeting targets; some families failed to attend, some moved away, some missed an appointment and when eventually seen were over the timescale by a few weeks. The aspiration was to reach all children

- reaching members of the Gypsy and Traveller community was of particular concern; they formed the second largest ethnic group within South Cambridgeshire. Councillor Ellington invited officers to talk to her if there was anything the district could do to assist in this

- outreach NHS checks in Fenland were an element of the health inequality work that the Committee needed to look at; members noted that considerable efforts were being made to promote these in Fenland through for example information at bus stops and on social media, and working with employers, but the level of output was small in relation to the effort being put in to the work

- on emotional health in schools, information such as mapping of hotspots, if available, would help members raise awareness and know the local picture. The lead commissioner said that considerable resources were being put into meeting emotional health and wellbeing needs in schools; a recently-introduced helpline on self harm was receiving 40 calls a day, and the waiting time for Child and Adolescent Mental Health (CAMH) services was much reduced compared with 18 months previously. Thought was being given to joining up the efforts of all those going in to schools on health matters, such as volunteers and school nurses.

Members were advised that it was possible to map self harm admissions, which were highest in the most deprived areas. District-based information was available on harmful behaviours, but not school-based information

- the number of young people seen for mental health and wellbeing concerns had been extremely high in some months, if correctly recorded; this and subsequent peaks seemed to coincide with periods of particular stress in school, such as exams, mock exams, and the start of the school year. It was important to ensure that emotional support was available in school at times of crisis in the year. Members were advised that this graph in report paragraph 6.0 had the numbers correctly at the bottom; the scale at the side should also be actual numbers, not hundreds

- children of members' acquaintance reported finding the ChatHealth confidential text messaging service, available to all children, was a really good and helpful service

- it would be helpful to have greater granularity within the data, for example if the year-end dashboard could have some indication of the degree of variation within the county, and of any particular problem areas, so that spending decisions could be aligned with areas of need. There seemed to be no correlation between the activity in the dashboard and the outcomes; there were some unacceptably high levels of variance across the county which should not be accepted. The Director of Public Health said that she would be happy to adopt the approach in future reports of bringing exceptions to the Committee, drawing attention to areas where performance was particularly poor

- members should be supplied with links to useful internet sources of public health information to help them understand what was going on in their own areas; Lower Layer Super Output Areas (LSOAs) showed small area data. **Action: Liz Robin**

It was resolved unanimously to note and comment on the Annual Performance Report.

9. 0-19 JOINT COMMISSIONING OF CHILDREN'S HEALTH AND WELLBEING SERVICES

The Committee received a report from Janet Dullaghan, Head of Commissioning, Child Health and Wellbeing, updating it on the 0-19 Healthy Child Programme (HCP) and the work programme for this area, and the impact this was having through the Joint Commissioning Unit (JCU). Members noted that responsibility for health visiting and school nursing had been transferred to Public Health from the NHS; these services should be viewed in the context of the wider group of services for children and young people which were joined up round the needs of children.

The joint commissioning unit had been developed by Cambridgeshire County Council, Peterborough City Council and the CCG in response to children and families saying that they were having to deal with many different parts of the system rather than with a single body; they wanted to be able to tell their story once. The aim was to pool resources and develop a more integrated approach to delivering services, and give children the best possible start in life from pregnancy onwards, in contrast to the position 18 months previously, when there had been long waiting lists, now much reduced, for CAMH services, and disjointed pathways for those affected by autism and attention deficit hyperactivity disorder (ADHD). A multi-disciplinary team was now in place to ensure that people were directed to the best place to receive the services they needed.

Members noted that a business case had been made for the necessary funding, and the Children and Young People Committee had also recently received a report on this work. Although savings had had to be made, this had been done by developing different ways of working rather than by cutting services. The JCU was beginning to make a difference to children and young people's services, and was a candidate for a national award in the forthcoming MJ Achievement Awards.

Welcoming the report, the Chairman commented that the Head of Commissioning had provided more information orally than in writing; she should not hesitate to use the report to set out the successes more clearly, such as the reduction in waiting lists.

In discussion, members

- expressed their support for the work, and for prioritising spending on early help and support

- commented that it was important to include mention of the targeting necessary to those people and areas in greatest need; the Head of Commissioning said that she would ensure that the next report did so

- pointed out that increasing the health element of children's centre work could only be achieved if children's centres continued to exist; there were currently serious threats to the number, funding and management of children's centres in the county, and a resulting risk that the service would cease to be universal, and people in need of help would slip through the net

- drew attention to the findings of Professor Marmot's review into health inequalities in England, and the importance of avoiding means-testing and of meeting need in areas of deprivation.

It was resolved unanimously to:

- support the work to date
- note the interdependencies with other transformation work streams.

10. NHS QUALITY ACCOUNTS – RESPONDING TO REQUEST TO COMMENT

The Committee received a report outlining the requirement that NHS Healthcare providers produce an annual Quality Account report and send a copy of it to the Health Committee in its Overview and Scrutiny function for information or comment. The timing of these requests for comment had not fitted well with the cycle of committee meetings in recent years, and a process was being proposed for responding to the reports in 2017/18. At the stage when the Committee was sent the Quality Accounts, they were in draft, and so could not be circulated beyond the Committee.

Discussing the report, members welcomed the proposal that the Committee establish a task and finish group to comment on the draft Quality Accounts, and authorise the Head of Public Health Business Programmes to respond to them, with final responses being reported back to the Committee at the next meeting.

It was resolved unanimously to note the requirement to comment on Quality Accounts and to

a) note the responses sent to the NHS Trusts (Appendix A)

b) agree the process for responding to Quality Accounts for 2017/18 set out in report paragraphs 4.2 and 4.3, subject to changing 'approval for' to 'authority to' in paragraph 4.3.

11. HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP

The Committee received a report informing it of the recent activities and progress of the Committee's working groups, and inviting it to agree membership of the Committee's various liaison groups with NHS Commissioners and Provider Trusts. It was noted that, though members had appreciated being able to attend liaison meetings when their diaries permitted, it was helpful to have a core of members for each liaison group, and to keep numbers to a manageable size for the Chief Executives hosting the meetings.

It was resolved unanimously to:

a) note and endorse the progress made on health scrutiny through the liaison groups and the schedule of liaison meetings (Appendix 1 of the report before Committee)

b) appoint members to the following Liaison Groups with NHS Commissioners and Provider Trusts:

- with Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), Councillors Abbott, Ellington, Harford, Joseph and van de Ven

- with Clinical Commissioning Group and Cambridgeshire Healthwatch, Councillors Connor, Ellington, Harford and van de Ven

- with Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Councillors Ellington, Jones, Harford and van de Ven

- with North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital), Councillors Connor, Ellington, Harford and Tavener.

12. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee received a report inviting it to consider appointments to outside bodies, internal advisory groups and panels, and partnership liaison and advisory groups. Members noted that the role of those appointed to the Council of Governors of an NHS Foundation Trust was not to scrutinise the trusts, but to work within the organisational structure to contribute to making them more effective.

The Chairman thanked those who had undertaken these duties in the past, and paid tribute to the good work of her predecessor as Chairman of the Health Committee, thanking him for his commitment in the role over the years.

It was resolved unanimously to:

(i) review and agree the appointments to partnership liaison and advisory groups as detailed in Appendix A of the report before Committee, namely

a) Cambridge Local Health Partnership – Councillor L Jones
b) Cambridge University Hospitals NHS Foundation Trust Council of Governors – Councillor M Howell
c) Cambridgeshire and Peterborough NHS Foundation Trust Council of Governors – Councillor G Wilson
d) North West Anglia NHS Foundation Trust Council of Governors – Councillor J Gowing
e) Papworth Hospital NHS Foundation Trust Council of Governors – Councillor P Topping

(ii) defer the appointment of a Member Champion for Mental Health to a later meeting, to allow time for the Chairman to discuss the matter with the Chairwoman of the Adults Committee

(iii) note that the Economy and Environment Committee had appointed Councillor Tim Wotherspoon as Transport and Health Champion

Chairman