

## **HEALTH COMMITTEE: MINUTES**

**Date:** Thursday, 19 September 2019

**Time:** 1.30p.m. – 16.48 p.m.

**Present:** Councillors C Boden (Vice-Chairman), D Connor, L Dupre, L Harford, P Hudson (Chairman), L Jones, P Topping and S van de Ven

District Councillors D Ambrose-Smith and G Harvey

**Apologies:** County Councillor T Sanderson.

District Councillor J Taverner.

### **238. DECLARATIONS OF INTEREST**

None.

### **239. MINUTES –11<sup>TH</sup> JULY 2019**

The minutes of the meeting held on 11<sup>th</sup> July 2019 were agreed as a correct record and signed by the Chairman.

### **240. HEALTH COMMITTEE – ACTION LOG**

The Action Log was noted.

### **241. PETITIONS**

There were no petitions.

### **242. PUBLIC HEALTH RESERVES – FALLS PREVENTION PROGRAMME INVESTMENT**

The Committee received a report that sought approval for a three year investment in the Falls Prevention Programme. The presenting officer began by drawing the Committee's attention to recommendation b) of the report which required amendment. The needs data supplied in appendix 5 to the report clearly identified Cambridge City and Fenland as the areas with highest need. South Cambridgeshire regarding hip fracture in particular was the third best performing region in the East of England. With the unanimous agreement of the Committee recommendation b) was amended to approve the pilot areas as Cambridge City and Fenland.

Members noted that the report sought approval for the investment of £804k over three years and targeted to prevent increases in hospital admissions relating to falls and for robust monitoring of the investment in order that future funding be secured on a solid evidence base. The investment was predicted to deliver savings of approximately £840k and have a significant impact on adult social care by reducing the number of care packages required. Resources were also being sought to increase physical activity levels in the community which was a key component to increasing individual's resilience to falls.

During discussion Members:

- Welcomed the report and the additional funding, commenting that the Public Health Directorate was ahead of the trend following an announcement by Public Health England that emphasised the importance of muscle strength in old age.
- Highlighted the importance of demonstrating statistically significant change in driving the programme forward and questioned whether sustainability had been considered thoroughly and how the programme could be integrated within the daily work of teams. Officers explained that regarding sustainability, roles for the existing falls prevention programme had been merged into the Public Health budget in order to maintain the budget and commented that the programmes were as sustainable as possible. There were issues regarding rurality and engagement that were being addressed with providers. Links were also being forged with existing funding in the Fenland area in order to add value.
- Drew attention to the wider significance of the programme, commenting that it should feed into similar programmes around the country and be presented to the Public Health Conference.
- Reminded the Committee of how the additional funding had been released through the establishment of a cross-party Working Group agreeing for the utilisation of reserves for a programme that would be transformative.
- Highlighted the impact on the quality of life for individuals that were affected by falls.
- Drew attention to Fenland District Council which had agreed to partially ring-fence the disabled facilities grant (DFG) in order to channel it into the programme.
- Questioned whether it was the role of providers to promote the programmes being offered and whether GPs were able to make referrals and the role of day centres and extra care centres in promoting the programme. Officers informed Members that the role of the Senior Partnership Manager was to co-ordinate across the whole system in order to develop effective pathways. Promotions of the programme was also being undertaken in the form of the Stronger for Longer campaign.
- Questioned the cost to the individual of the programme. It was explained that the first part of the pathway was free of charge and if an individual had experienced a fall in the last year. Services provided by external leisure services or third sector organisations generally required a financial contribution.
- Noted the opportunity to link with charities as many were specifically for older people.
- Clarified the return on investment when compared with bone density screening and calcium supplements. Officers explained that although osteoporosis services were significant, there was strong evidence for the interventions set out within the report.
- Noted the excellent partnership working with the Adults Committee. Members noted that the General Purposes Committee would be made aware of the additional funding through the budget setting process.

It was resolved unanimously to:

- a) Approve a three year investment in the Falls Prevention Programme as detailed in paragraph 2.11 – 2.27 of the report;
- b) Consider and approve Cambridge City and Fenland as the geographical area(s) for deployment of an intensive Multi-Factorial Falls Risk Assessment and home adaptations programme.
- c) Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee to enter into a Section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust to deliver the intensive Multi-Factorial Falls Risk Assessment and home adaptations programme; and
- d) Authorise LGSS Law to draft and complete the necessary documentation to enter into the Section 75 agreement.

## **243. FINANCE MONITORING REPORT – JULY 2019**

Members were presented the July 2019 iteration of the Finance Monitoring report for the Public Health Directorate. Members noted that following the July meeting of the General Purposes Committee, financial reporting for Policy and Service Committees would be revised and the report before the Committee was the first where finance reporting would be undertaken monthly and performance data would be provided quarterly.

Officers drew attention to the balanced overall forecast outturn for the Public Health Directorate

During discussion Members:

- Drew attention to the difference in accounting processes between the Council and the NHS and emphasised the importance of ensuring that the accruals process operated effectively.
- Sought clarity relating to measures regarding sexual health contraception prescribed and STI testing and treatment found in appendix 1 of the report. Members noted that sexual health contraception prescribed refers to work undertaken by GPs where the cost of implants was charged back to the Clinical Commissioning Group (CCG) where there were delays. The STI testing contract was held with Cambridgeshire Community Services (CCS).
- Drew attention to the Children 0-5 PH Programme and the Children 5-19 PH Programme contained in appendix 1 of the report and sought clarity. Officers undertook to provide further details. **ACTION**

It was resolved to:

Review and comment on the report and to note the finance position as at end of July 2019

## 244. PERFORMANCE REPORT QUARTER 1 2019/20

The Committee received the Public Health Performance report for quarter 1 2019/20. The report represented a new way of showing data. The report would be presented to the Committee on a quarterly basis in order to allow for more information and context for each indicator to be presented.

During discussion, Members:

- Welcomed the presentation of the graphs presented within the report. However, requested that they began on the x axis at April and the y axis at zero as movement was not adequately displayed.
- Commented that although the report presented an initial group of indicators there was further work that needed to be undertaken to develop and define indicators that reflected the strategic priorities of the Committee.
- Noted that further development of the report and the measures requested by Members would be communicated through the circulation of a briefing note.
- Welcomed the careful attention the Committee had paid to the report and the measures contained within in it.
- Noted that regarding health visiting mandated checks there were good levels of contacts made. However, they remained low because of a specific issue in South Cambridgeshire. The issue had been addressed by the provider through increased numbers of student places that were now maturing and it was anticipated that capacity would be reached at the end of September 2019 and expected to meet targets by June 2020 at the latest.
- Drew attention to indicators 58 and 60 which appeared to mirror one another, commenting that it was not clear which was the more important. Officers undertook to consider the measures further outside of the meeting. **ACTION**
- Questioned why the smoking cessation target varied so greatly. Officers explained that there were seasonal fluctuations in take up of smoking cessation services particularly in January following New Year resolutions and August when GP leave peaked. The targets were based on the experience of previous years.

It was resolved to:

note and comment on performance information and take remedial action as necessary

## 245. DRAFT JOINT BEST START IN LIFE STRATEGY

A report was presented that sought to ensure that there was co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services, including public health services, that was tailored appropriately to local need.

The presenting officer explained that the strategy arose following a peer review that recommended a joint strategy. Attention was drawn to the integration and partnership working that had been achieved across the system between education and children's health services.

Members noted that the draft strategy had been approved by the Children's and Young Peoples Committee at its September meeting.

During the course of discussion Members,

- Noted the positive partnership working that had taken place in developing the strategy. However, concern was expressed regarding the lack of resources available to deliver the strategy. A Member queried further the increased online offer; specifically how effective it was and how it translated into benefits.
- Drew attention and expressed concern regarding the comments contained at paragraph 4.5 of the officer report and sought reassurance regarding self-checks. Officers explained that the programme was focussed on all families. The identification of families that were likely to struggle was difficult. The programme was developed to address the opportunities that were being missed by working separately and to support families more effectively.
- Expressed concern when commenting that with a depleted workforce it was difficult to achieve a best start in life. A Member drew attention to the similarities with the Sure Start programme and expressed concern that the strategy represented a barely adequate start in life. Officers explained that the process of working up options for delivery was underway and there would be updates provided to Members regarding service delivery models. It was explained further that the process had not reached the end of phase 2 and the final part included consultation with the workforce. Options would be developed at the end of September or beginning of October.
- Noted the broad work being undertaken that was focussed on talking with families that were not traditional users of services.
- The Committee agreed unanimously agreed to amend the recommendation and replace 'endorse' with 'note' and for the Committee's comments regarding the engagement of children's public health services to be passed on.

It was resolved to:

Note the Draft Joint Best Start in Life Strategy 2019 – 2024 and pass on comments regarding the engagement of children's public health services in delivering the Strategy

## **246. CCG COMMUNITY SERVICES REVIEW UPDATE AND DELIVERY OF CCG FINANCIAL PLAN**

The Chairman invited Jan Thomas, Accountable Officer and Jess Bawden, Director of External Affairs and Policy to address the Committee. The Accountable Officer informed Members that the CCG was managing emerging risks to the budget totaling £3m. While there was no current plan to mitigate the risks, plans were being developed and it was entirely possible that the gap could be closed. There had been constructive discussions with the Sustainability and Transformation Partnership (STP) Health Care

Executive Group to identify further opportunities within the ongoing Community Services Review.

Members noted that performance across Continuing Health Care funding (CHC) had improved greatly. However, packages had increased in cost by approximately 8% on the previous year. There were also large volumes of CHC funding assessment undertaken with a low conversion rate which was concerning due to the cost and providing people with potentially false hope that the cost of care may be fully funded through health.

Due to the pause in the Community Services Review there had been delay to some of the savings programmes set out within it which had impacted on spending.

During the course of discussion Members:

- Questioned whether the variance related to CHC funding was replicated across the country. Officers explained that tier rates were introduced in order to ensure the appropriate rate was being paid. Attention was drawn to the higher referral rate from the Peterborough area when compared with the Cambridge area.
- Noted that the referral rate in the north of the county was significantly higher for CHC funding and for Funded Nursing Care (FNC). Officers explained that there was work required regarding education and managing expectations through the CHC process. The CHC checklist was designed so as not to miss anything and if a patient scored sufficiently highly then a full assessment was undertaken. The conversion rate was less than 10%.
- Noted the learning from Delayed Transfers of Care (DTOC) and the desire to work with social workers and hospitals to ensure that more accurate assessments were achieved.
- Questioned what the outcome of the Phase 2 Decommissioning and Decommissioning Engagement Programme had been achieved. Member were informed that meetings had taken place with front-line staff where service provision was discussed and ideas sought regarding efficiency. Officers commented that the exercise had highlighted a surprising level of unknown local variation in service delivery.
- Drew attention to a BBC news article that focused attention on the Petals service that had funding withdrawn by the CCG, highlighting the essential work undertaken by the organisation. Officers explained that the service had never received funding from the CCG and the news item was inaccurate in its reporting. The service had received funding through the Addenbrooke's Charitable Trust. The CCG had been approached for funding by the service but in the context of the significant increases in funding provided to mental health services a decision was taken not to provide funding. Perinatal mental health services would continue to be provide through Cambridgeshire and Peterborough Foundation Trust (CPFT).

It was resolved to

Note the contents of the report

## **247. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP – LOCAL RESPONSE TO THE NHS LONG TERM PLAN**

The Committee welcomed Jan Thomas, Accountable Officer, Clinical Commissioning Group (CCG) to inform the Committee of the Sustainability and Transformation Partnership (STP) Long Term Plan. Members were informed that the plan was released in January 2019 and contained a series of commitments throughout the document that required partnership working with clinicians and stake holders in order to be achieved. The plan moved forward the STP digital agenda and highlighted the need to make significant progress against health conditions such as mental health.

During discussion Members:

- Expressed concern regarding the speed at which the plan was to be delivered as it would be extremely difficult to meet timescales. Officers recognised that it was not possible to commit to achieving lots of different things as they wouldn't be achieved. Therefore, there was a strong focus on 5 areas that were achievable and would make the biggest difference.
- Noted that there was a level of incoherence in national requirements which is why the 5 areas of focus were so important. It was explained further that if localised care was successfully achieved then the contradictions in national requirements were somewhat covered.
- Highlighted the need to lobby the Government regarding the Health Funding Formula and requested an update regarding any progress. Officers explained that it was acknowledged that there was underfunding of the system but not in allocation cost per head. Officers were working with regulators to lobby for population data to be refreshed more regularly, on a quarterly basis.
- Drew attention to public engagement and questioned how it would be achieved successfully. Members were informed that some of the events taking place as part of the CCG's Big Conversation would feed into the public engagement for the Long Term Plan. Healthwatch had undertaken a survey of providers who had been directing their staff to the survey also.
- Commented that the global reputation of Addenbrooke's could be affected by resources being allocated to treating people who should not be there rather than focussing on research and questioned whether Delayed Transfers of Care (DTC) were reducing. Officers confirmed that DTC performance had improved greatly and was currently standing at 39 when compared with September 2018 when the rate was over 90. Continued support was required in order to manage DTCs as there were ever increasing numbers of people arriving in hospital with increased needs therefore, the work relating to urgent care and provider alliances was essential to managing demand effectively.
- Noted that alternative dates for engagement were being arranged due to the original date coinciding with the meeting of the Health Committee.

It was resolved to:

- a) Note the requirement for a local response to the NHS Long Term Plan, as well as the local approach to developing this response; and
- b) Agree future engagement with the Health Committee, noting the national timescales and deadlines for finalising the Plan.

## **248. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP – WORKFORCE UPDATE REPORT**

The Chairman invited Stephen Legood, Director of People and Business Development at Cambridgeshire and Peterborough Foundation Trust (CPFT), David Wherrett, Director of Workforce at Cambridge University Hospital Foundation Trust (CUH) and David Parke, Associate Director of Primary Care at the Clinical Commissioning Group (CCG) to address the Committee and update Members regarding workforce planning.

Members were informed that the NHS had begun to bring together disparate parts of the workforce strategy and collaborate across the system in order to address issues regarding the recruitment and retention of staff.

During discussion Members:

- Sought greater clarity regarding the overall demand and requirement for staff. Officers explained that the strategy was a relatively crude document that sought to address the coming 5 – 10 years. A particular challenge was the inclusion of social care and the strategy was being expanded to include the broader system. A far more detailed plan would then be developed. Members noted that workforce growth continued partly because the system was more effective at recruiting to vacancies and vacancies that were being held had been recruited to.
- Questioned whether consideration had been given to using elements of the market to resolve recruitment issues, with particular regard to GPs. It was explained that procurement took place in an open market. Primary Care Networks (PCN) were designed to address some of the issues through practices merging with one another. There was a concern that private providers may simply extract efficiencies through contracts with little benefit for patients.
- Questioned the level of recruitment with particular reference to internal recruitment that leave positions that require filling. It was explained that there had been significant investment made regarding the nursing apprenticeship levy which had a very low attrition rate. The vacancy rate had reduced from approximately 20% to 7%. The investment while significant represented better value than agency staff and it was intended to replicate the programme with other staff groups.
- Questioned how work was being translated across the county, helping areas that might not have been so successful in reducing vacancy rates. Officers explained that learning was shared across the system. Staff turnover within Cambridgeshire and Peterborough Foundation Trust (CPFT) had reduced from 18% to 12% where significant work had been completed relating to the nursing programme. Staff sickness was generally low and satisfaction was generally increasing. However, there were certain areas of the organisation where the vacancy rate remained high which is why it was vital to work as a system regarding recruitment in order to share and develop best practice.

- Noted the positive view of officers regarding internal recruitment and movement of staff so long as the staff were retained within the organisation. It was essential that strong career pathways were visible to staff. Officers drew attention to the significant cost associated with professional development that would have to be drawn from funding for front-line services.
- Drew attention to North West Anglia Foundation Trust (NWAFT) which had not been as successful as other areas and encouraged sharing of the successful ideas and strategies with them. Officers commented that although a year ago collaboration had improved greatly over the last year and discussions were taking place with NWAFT and the social care sector.
- Sought clarity regarding the aspirations for the future, and whether staffing levels would be maintained or grown to meet future needs. It was explained that clinical design work was required from which the workforce element would emerge. The workforce would remain relatively stable over the next 5 years and the Long Term Plan that focussed on developing Minor Injury Units and place based care would bring forward a different profile.
- Requested a greater understanding of the GP forward view. Officers provided significant details regarding the context of the GP forward view where many GPs were approaching retirement and new GPs wanted to enter a salaried profession that provided a healthy work-life balance. There was also a desire within new GPs to spend time in acute hospitals in order to develop their skills. Attention was drawn to the development of Primary Care Networks that sought to address some of the issues facing GPs.
- Requested a report be presented to the Health Committee at a future date regarding Primary Care Networks, the GP forward view and progress to date. **ACTION**

It was resolved to:

Note the contents of the report and requested a further update in 6 months' time.

#### **249. HEALTH COMMITTEE TRAINING PLAN**

The Committee received its Training Plan.

It was resolved to note the training plan.

#### **250. HEALTH COMMITTEE AGENDA PLAN,**

The Committee examined its agenda plan and the additions recommended at the Committee.

- November 2018 – STP Digital Strategy (Scrutiny Item)
- December 2018 – Best Start in Life Strategy
- March 2019 – GP Strategy (Scrutiny Item)
- March 2019 – STP Workforce Strategy (Scrutiny Item)

The Director of Public Health requested that authority be delegated to the Director of Public Health in consultation with the Chair, Vice Chair and Lead members, to submit the Health Committee's response to the Prevention Green Paper consultation by October 14th (including emailing the response to all Health Committee members for comment). The Committee agreed unanimously with the request for the delegation.

It was resolved to review the agenda plan