

**HEALTH COMMITTEE: MINUTES**

**Date:** Thursday, 7 February 2019

**Time:** 1.35p.m. – 2.37p.m.

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

District Councillors G Harvey and N Massey

**Apologies:** Councillors M Cornwell, D Jenkins, K Reynolds and J Tavener

**191. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**192. MINUTES - 17TH JANUARY 2019**

The minutes of the meeting held on 17th January 2019 were agreed as a correct record and signed by the Chairman.

In relation to Minute 187 – Annual Public Health Report 2018, one Member questioned whether self-harm should include suicide. The Director of Public Health reported that this reflected the definition in The International Global Burden of Disease study. The Chairman suggested bringing a report to a future meeting on this issue. **Action Required.**

**193. HEALTH COMMITTEE – ACTION LOG**

The Action Log was noted.

**194. PETITIONS**

There were no petitions.

**195. PUBLIC HEALTH ENGLAND SEXUAL HEALTH SERVICES COMMISSIONING PILOT**

The Committee considered a report seeking its support and approval to award an interim contract for the delivery of the Integrated Contraception and Sexual Health (iCaSH) service to the current provider, Cambridgeshire Community Services (CCS). The CCS interim contract would run for six months commencing 1 October 2019 and terminating on the 31 March 2020. Members were informed of an amendment to the fifth recommendation to reflect staff changes in LGSS Law, as follows:

Authorise Val Thomas, Consultant in Public Health, in consultation with Debbie Carter-Hughes, Interim Executive Director of LGSS Law to approve and complete the necessary contract documentation.

Attention was drawn to the background and main issues relating to the contract. Members noted the rationale for having an interim direct award contract until March

2020, which reflected not only the need to align dates but also other complexities and considerations that made for a longer procurement process. It was also noted that a number of alternative options had been considered. Members were reminded that the Authority had a statutory duty to provide these services, and that it would be very difficult to establish a service for nine months only, which could create a destabilisation effect. The Committee was informed that there were risks associated with this proposal which reflected the legal position with regard to the direct award. Advice had been sought from the legal and procurement teams. It was proposed to issue a Voluntary Ex Ante Transparency (VEAT) Notice as a means of advertising the intention to let the contract without opening it up to formal competition.

One Member expressed his support for aligning the main contract date with Peterborough City Council (PCC). However, he was concerned about the legal position as it conflicted with EU procurement legislation. He therefore requested reassurance regarding the level of risk. The LGSS Interim Principal Lawyer reported that this proposal was not without precedent, particularly when an Authority was required to deliver a statutory service. It was therefore necessary to balance the statutory requirements against the risk of challenge from the EU or other providers. The VEAT Notice was important to achieve transparency before carrying out a full competitive process and did mitigate the risk. In her experience, most providers welcomed a VEAT Notice, which provided an opportunity for more time to prepare a tender. It was noted that the EU would look at the whole picture, which included the need to provide a statutory service against the rights of contractors. It was also important to note that it was difficult to bid for a nine month contract.

The same Member queried the situation relating to other contracts, which needed to be aligned with PCC. The Consultant in Public Health explained that the work involved in the Public Health England Sexual Health Services Commissioning Pilot had delayed the retendering and aligning of the contract for iCaSH. She reported that all other contracts had been aligned with PCC.

Another Member acknowledged that there was a need to balance risk. She queried whether any public funding would be used to stimulate the market if there was going to be a robust competitive process. The Consultant in Public Health explained that work on the contract would be reported to a future meeting of the Committee. At the moment, it was proposed to use soft market testing via an electronic portal to stimulate the market. The same Member queried whether the current provider was doing a good job. It was noted that part of the work being undertaken would include a due diligence and financial model. Members were reminded that monthly reports to Committee showed that performance was quite good.

A Member queried what would happen if someone challenged the VEAT Notice. The Committee was informed that the Authority would be rushed into procuring the service, which would put at risk the ability to secure efficiencies and improvements. The Authority was keen to have a robust procurement process. Members were reminded that the VEAT Notice gave providers reassurance that there would be a procurement process.

Whilst acknowledging that such situations were not unusual, one Member queried whether the procurement process had been started too late. The Committee was reminded that the process was taking longer because the Council was part of a national pilot. As well as aligning with PCC, there was also a need to align with the commissioning cycles of the NHS. Another Member queried whether the future contract presented to the Committee would be as the result of a Section 75 Agreement

or competitive tender. The Consultant in Public Health confirmed that officers were considering the robustness of both. It was important to have good information in order to select the best provider. One Member highlighted the different demographics associated with PCC.

It was resolved unanimously to:

1. Review the rationale for the request to award an interim contract.
2. Support the interim contract being awarded to CCS for the delivery of iCaSH services in Cambridgeshire.
3. Support the publication of a Voluntary Ex Ante Transparency Notice (VEAT) to mitigate any procurement risks.
4. Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes
5. Authorise Val Thomas, Consultant in Public Health, in consultation with Debbie Carter-Hughes, Interim Executive Director of LGSS Law to approve and complete the necessary contract documentation.

## **196. RE-COMMISSIONING OF THE HEALTHY CHILD PROGRAMME**

The Committee considered a report detailing the re-commissioning options for the Healthy Child Programme. Attention was drawn to the background and main issues relating to the contract. The Committee was being asked to consider two commissioning options but it was noted that Option 2 would result in a 12 month delay. Members were reminded that they had noted the proposed model, which involved integrating with PCC, at their December meeting. It was further noted that Cambridgeshire County Council (CCC) would act as the lead commissioner. Attention was drawn to the Draft Cabinet Member Decision Notice at Appendix 1 and a revised Appendix 2 detailing the Draft Delegation Agreement (DA).

The Chairman asked Councillor Jones about her recent visit with Health Visitors. Councillor Jones reported that it had been a very informative visit with a number of concerns raised. She thanked officers for arranging the visit.

One Member queried Schedule A of Appendix 2, as she felt the diagram containing non delegated activities contained activities she thought had been delegated. She also queried whether the good CQC rating on page 28 of the report covered both providers. It was acknowledged that more work needed to be carried out on the DA. The document had been provided to the Committee at this stage for illustrative purposes only. It was noted that both providers had a good CQC rating.

A Member commented that he was inclined to support Option 2. However, he acknowledged the importance of a robust, flexible, accountable and innovative approach, which would be delivered through partnership working via Option 1. He stressed the importance of a proper partnership approach and the need for the contract to perform well. In proposing Option 1, he drew attention to the risks associated with this option. The LGSS Interim Principal Lawyer reported that there was no risk as there would be no breach. However, the Authority would need to demonstrate that best value

and integration had been achieved. It was noted that in order to achieve transparency and mitigate against any risks, it was proposed to use a VEAT Notice.

One Member highlighted the need to talk to other authorities about their experience of integrating services and bringing two sets of contracts together. She also raised concerns about the contract going forward, in particular the accuracy of the Benson Model. She felt that the data was not robust enough to do workforce analysis.

Members were informed that when the key performance indicators were reviewed all assumptions regarding the Benson Model would be considered. Another Member commented that it would be useful to have a discussion regarding how the Committee oversaw this large amount of data. It was important to have a straight forward system to manage this contract. It was agreed that there should be a discussion about this issue at Chairs and Lead Members. **Action Required.**

A Member queried whether PCC was supportive, and also queried whether current providers would be asked how they worked together rather than the Council just telling them. Attention was drawn to the Cabinet Member Decision Notice at Appendix 1. It was also noted that the two partners' (CCS and Cambridgeshire and Peterborough Foundation Trust) partnership board, and the child health joint commissioning unit (comprising PCC, CCC and CCG) fed into the Children's Transformation Board.

One Member queried why the County Council had taken the lead. The Director of Public Health reported that it was common practice for the authority putting the larger amount of funds into a contract to take the lead. It was important to note that the preparatory work for the contract would be supported by a joint Public Health Directorate and the legal teams from both authorities.

It was resolved unanimously to:

- a) Endorse an integrated commissioning approach for the Healthy Child Programme (HCP) across Cambridgeshire and Peterborough, with Cambridgeshire County Council (CCC) as the lead commissioner.
- b) Approve **Option 1** for the approach to be adopted for the re-commissioning of the Healthy Child Programme

**Option 1:** A Section 75 Agreement with the current providers of the Healthy Child Programme which includes the following:

- Approval for the development and implementation of a revised Section 75 Agreement.
- Approval for the development of a new service specification in collaboration with the Section 75 provider.
- Authorisation of the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement.
- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

## 197. HEALTH COMMITTEE FORWARD AGENDA PLAN

The Committee examined its agenda plan and raised the following items for further consideration:

- the need to ask Addenbrooke's, the Bio-Medical Campus, and Papworth Hospital for their vision for the next five years. It was agreed that this should be discussed at Chairs and Lead Members first. **Action Required.**
- the need to include the Public Health reserves in the Finance and Performance Report to be considered in July. **Action Required.**
- the need for Public Health to be responsible for progressing the motion proposed by Councillor Kavanagh at full Council regarding clean air zones near schools. **Action Required.**
- the need for a report on Doddington Hospital. **Action Required.**

It was resolved unanimously to note the Forward Agenda Plan.