HEALTH COMMITTEE: MINUTES

Date: Thursday 14th July 2016

Time: 2.00pm to 16.40pm

Present: Councillors Sir Peter Brown (substituting for Councillor Hudson), P Clapp, A Dent, D Jenkins (Chairman), Z Moghadas, M Loynes, T Orgee (Vice-Chairman), P Sales, M Smith, P Topping and S van de Ven

District Councillors M Abbott (Cambridge City Council), A Dickinson (Huntingdonshire District Council)

Apologies: County Councillors L Harford, J Hipkin, P Hudson, S van de Venn and District Councillors, M Cornwell (Fenland), S Ellington (South Cambridgeshire), and C Sennitt (East Cambridgeshire)

The Chairman drew Members attention to the release of the National Audit Office report on the ending of the Uniting Care Contract and offered to speak with Members on the matter outside of the meeting.

229. DECLARATIONS OF INTEREST

There were no declarations of interest.

230. MINUTES – 10 MARCH 2016 AND ACTION LOG:

The minutes of the meeting held on 12th May 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

231. CO-OPTION OF DISTRICT COUNCIL REPRESENTATIVES

It was resolved to co-opt as non-voting members of the Committee:

- From Cambridge City Council: Councillor Margery Abbott
- From East Cambridgeshire District Council: Councillor Carol Sennitt
- From Fenland District Council: Councillor Mike Cornwell
- From Huntingdonshire District Council: Councillor Angie Dickinson.

232. PETITIONS

There were no petitions.

233. FINANCE AND PERFORMANCE REPORT – CLOSEDOWN 2015/16.

The Committee received the Closedown 2015/16 Finance and Performance report for Public Health. Officers highlighted that the Public Health Grant income was £1.6m less than anticipated due to an in year reduction to the Public Health Grant. Savings on expenditure budgets had been achieved together with greater income received than had been forecast. Therefore, the surplus of £198k had been transferred to the Public Health Grant reserves which produced a balanced year end position.

In the course of discussion, Members:

- Queried whether the surplus at year end could be utilised by other areas of the Council. Officers explained that the Public Health Grant was ring-fenced and therefore could only be used for public health purposes and did not form part of the Council's overall budget.

- Questioned whether the chlamydia screening programme would result in problems in the future with fewer individuals being tested. It was explained by officers that screening programmes were more targeted, focussed on areas of high risk and prevalence. There were also savings realised from the renegotiation of the testing contract.

- Urged caution regarding achieving a budget surplus as it may lead to higher costs in the future.

- Requested greater clarity regarding performance in terms of outcomes in future year end reports. **ACTION**

It was resolved to review and comment on the report.

234. FINANCE AND PERFORMANCE REPORT – MAY 2016

The May 2016 Finance and Performance report was presented to the Committee. Members' attention was drawn to the budget set for the Public Health Directorate for 2016/17 that incorporated savings as a result of the reduction in Public Health grant for 2016/17 and consolidated the in-year reduction made to the grant in 2015/16. Members noted that it was forecast that the Public Health budget would balance at year end. Officers explained that the May iteration of the Finance and Performance Report was a more effective tool for analysing the previous year's performance as more information was available than when the closedown report was produced. Key areas of performance were highlighted to Members including; smoking cessation services that had been affected in previous years due to the uptake of electronic cigarettes had now stabilised and there was confidence that the services added value, the integrated lifestyle services suffered from recruitment issues that had now been resolved and there was a visible improvement in performance, childhood obesity rates were falling ahead of the national trend, there was some improvement in life expectancy rates but there were issues regarding hitting targets for health inequalities in more deprived areas.

During discussion Members:

- Sought greater clarity regarding life expectancy and health outcome rates across the county and questioned whether there was data available at Division level. Officers explained that life expectancy varied across Divisions for a number of reasons including; demographics and variances of wealth across Divisions, there was also a problem with statistical reliability and small numbers, and that up to date data was not always available at that level. The majority of the county exceeded the national average for life expectancy; Fenland was lower but in line with the national average and had improved in recent years. Members noted that there were areas within Fenland, Cambridge City and Huntingdonshire that had poorer life expectancy.

- Noted that work had been undertaken to improve access to health care in order that individuals that suffered with terminal conditions could increase their life expectancy. Attention was drawn to advice from the World Health Organisation (WHO) that identified that the lifestyle factors such as smoking, drinking, diet and exercise were very important in life expectancy.

- Requested a system wide review of health outcomes, including life expectancy across Cambridgeshire that focussed on the reasons for inequalities be presented to the Committee at its January meeting. **ACTION**

- Questioned why some health inequalities appeared to be widening across the county. Officers explained that although targets were being achieved in some cases, it was a far more challenging environment to work in. Evidence highlighted that more deprived areas required more resources to achieve desired outcomes, with people requiring more support to quit smoking for example, than in more affluent areas.

- Emphasised poor diet as a contributory factor in health outcomes.

It was resolved unanimously to note the report.

235. PLANNED CONSULTATION ON COLLABORATION BETWEEN HINCHINGBROOKE HEALTH CARE NHS TRUST AND PETERBOROUGH AND STAMFORD NHS FOUNDATION TRUST

The Committee received a report and presentation providing background information relating to the current proposals for collaboration between Hinchingbrooke Healthcare NHS Trust and Peterborough and Stamford NHS Foundation Trust.

In attendance to respond to Members' questions and comments were

- Alan Burns, Chairman, Hinchingbrooke Health Care NHS Trust
- Lance McCarthy, Chief Executive, Hinchingbrooke Health Care NHS Trust
- Stephen Graves, Chief Executive, Peterborough NHS Trust.

The position at Hinchingbrooke Hospital had been very difficult for more than a decade. The proposals for collaboration between Hinchingbrooke and Peterborough were trying to build a clear sustainable future for the hospital.

In response to Members' questions officers:

- Highlighted a work stream regarding core elective surgery with 200 patients have received care at Hingchingbrooke hospital however, this alone would not achieve viability for the hospital.

- Confirmed that following detailed analysis and scoring of the possible options a merger between Hinchingbrooke and Peterborough was the best option for recurrent savings and the effective integration of services.

- Confirmed that if the merger took place then it was permanent and therefore was a key driver to making the plans work.

- Noted the public perception of the proposals and how important the services provided by Hinchingbrooke Hospital were to residents in across the county. Officers explained that savings were to be realised through the sharing of back office functions such as IT, human resources and the Trust Board. Sharing of those functions would provide greater economies of scale and the organisation would therefore be able to negotiate far more effectively when undertaking procurement exercises.

- Provided details on the difficulties Hinchingbrooke Hospital was experiencing regarding the recruitment of doctors. In the last year 22 jobs had been advertised in total, 42 times which resulted in a significant number of the vacant positions being filled by locums and agency staff at great cost. Small hospitals were not able to attract candidates due to a lack of ability for doctors to specialise and poor shift rotas. A merged organisation would create large departments with better rotas and therefore would be a more attractive place to work.

- Noted that effective communication had to take place with the public and that the presentation slides appeared to suggest that services would move between the 2 hospitals.

- Confirmed that approximately 90% of the clinical services offered were the same at both hospitals with some additional services provided at Peterborough Hospital and that the medial treatments currently available at each site would continue to be available following a merger. Officers explained that changes would take place as treatments develop and new priorities emerged.

- Confirmed that the Clinical Commissioning Group (CCG) had been involved throughout the development of the proposals but a quality impact analysis had not yet been undertaken because the plans were not sufficiently developed for one to take place.

- Accepted that both hospitals had a difficult public image to be overcome and it would therefore be challenging to attract staff. However, improvements were taking place and the next Care Quality Commission (CQC) report would demonstrate that.

- Explained that if a merger did not take place then further work would have to be undertaken regarding the possible options regarding the sustainability of the hospitals.

- Confirmed that Stamford Hospital was approximately 15 miles north of Peterborough and explained that services were provided at other hospitals across the county including Doddington and Ely. Officers explained that doctors and specialist nurses would move between the hospitals rather than patients moving between hospitals.

- Drew Members attention to the level of staff engagement that had taken place during the development of the proposals. Clinicians had met numerous times across the county to discuss the proposals and the vast majority of staff welcomed the proposals.

- Noted that it was important for the public message to be clear and concise, but explained that any decisions regarding the provision of services at either hospital, while views were able to be expressed by the hospitals, was a matter for the CCG.

The Chairman emphasised the importance of communication and the high level of public interest in the matter and requested greater clarity for the future on what the changes meant for individual patients.

The Chairman proposed with the agreement of the Committee that further proposals regarding a joint scrutiny arrangements with Peterborough City Council and other Local Authorities be progressed subject to their agreement.

It was resolved

a) to consider the information provided

b) to proceed with further joint scrutiny of the proposals in collaboration with Peterborough City Council and other Local Authorities subject to their agreement.

236. PUBLIC HEALTH RISK REGISTER UPDATE

The Committee received the Public Health Risk Register. Officers drew the attention of Members to paragraph 2.5 of the report which confirmed that the Committee's request that Risk 11: Failure to address health inequalities, particularly in the north of the county had been added to the Corporate Risk Register. Risk 13: Childhood Immunisation Targets – rates of immunisations, below national average with potential risk to public health of children, was highlighted to Members; childhood immunisations were behind target but work was taking place that would address the issue.

During discussion Members:

- Highlighted the Healthy Weight Strategy and the potential risks to it if organisations failed to cooperatively work together. Members therefore requested that the risk of organisations not working effectively together be placed on the register. **ACTION**

- Requested that a risk be added to the Risk Register regarding bullying in schools. Officers confirmed that an anti-bullying strategy was being developed in conjunction with Children, Families and Adult Services (CFA). Officers agreed to discuss the matter further with the Member concerned following the meeting. **ACTION**

- Noted the Public Health England initiative regarding lung health and early cancer diagnosis.

- Questioned whether concerns should be raised with Public Health England regarding immunisations. Officers explained that childhood immunisations targets were now mainly being met but targets for administering the flu vaccination to at risk groups was not. It was therefore proposed with the Committee's agreement that the Committee expressed its concern regarding immunisation and requested that it was placed on the scrutiny programme. **ACTION**

- Questioned whether follow up work took place regarding the effectiveness of immunisations for vulnerable groups. Officers explained that national statistics were compiled on the effectiveness of the vaccine and drew attention to one particular year where the vaccine was less effective against a particular strain of flu.

It was resolved to

a) Note the position in respect of Public Health Directorate Risk

b) Comment on the Public Health Risk Register and endorse the amendments since the previous update

c) Express concern regarding immunisation and request that it is placed on scrutiny programme.

237. THE EFFECTIVENESS OF STOP SMOKING SERVICES

The Committee received a report providing it with an overview of the effectiveness of the Stop Smoking Services including the impact of e-cigarettes and demand management processes. Evidence backed the model used and it produced the best outcomes for individuals to quit smoking. Officers highlighted the evidence regarding e-cigarettes that endorsed their use as a means to quit smoking.

Commenting on the report, Members

- Sought further information regarding the costs of the proposed pilot scheme for a harm reduction approach. Officers informed Members that the pilot, lasting approximately 2 years would target an area of high prevalence and would cost £10 - £20k.

- Questioned, with regard to paragraph 2.11 of the report, the legal position regarding electronic cigarettes and when they have to be licensed. Officers explained that when licensed the product could be prescribed by doctors as part of a smoking cessation programme.

- Confirmed that doctors have been able to prescribe nicotine replacement therapies since 1999 and electronic cigarettes could form part of the replacement therapy although only one type was currently licensed.

- Questioned whether cigarettes having been removed from public display in shops had made a difference to smoking rates. Officers explained that there had not yet been a conclusive study, however information from areas where the approach had been adopted many years ago confirmed there was a benefit.

- Noted that low paid workers were often purchasing cigarettes at a reduced cost off the “Black Market”. Support offered was designed to make it easy as possible to quit smoking and therefore reduce the long-term costs to the NHS.

It was proposed with the agreement of the Committee that in advance of a pilot harm reduction model being undertaken, a briefing paper be provided to the Committee informing Members of the costings.

It was resolved to confirm the Committee’s support for the Stop Smoking Services.

238. HEALTHY WEIGHT STRATEGY

The Committee received a report that provided an overview of the Healthy Weight Strategy and the implications for its implementation. Officers highlighted the

importance of a system wide approach and the strategy attempted to achieve a joined up, whole systems approach.
The strategy considered the impact of the increase in the prevalence of unhealthy weight along with evidence based interventions for prevention through to treatment for the associated poor health outcomes. There was a focus on diet and physical activity as the key factors that influenced a healthy weight.

The role of the private and voluntary sectors was emphasised by officers in order for the strategy to be effective.

During the course of discussion Members

- Questioned how food manufacturers could be influenced or instructed to reduce levels of salt and sugar within their products. It was explained that national policy largely influenced product content but confirmed that at a local level work took place with retailers regarding what products they stocked. Attention was drawn to the "Sugar Smart" app that was available from the "change for life" website. The app was able to scan items for their sugar content and through market demand could in time shape what was stocked in shops and super-markets.

- Emphasised the importance of good quality, healthy food being produced by public sector organisations at hospitals and other public buildings. Officers confirmed that part of the strategy was focussed on the public sector offering.

- Highlighted the importance of cooperation and working together across all organisations to ensure the success of the strategy.

- Questioned why obesity levels were so much lower in Cambridge City. It was explained that there was a high level of awareness regarding healthy eating in the city and the demographic of Cambridge was predicated to a healthier lifestyle and that the overall population was younger, which is associated with lower levels of obesity. There was also a wider variety of foods available within the city.

- Welcomed the essential strategy and noted the number of allotments and home grown vegetables in Cambridge city. Members drew attention to education and gardening clubs for children that promoted healthy eating and living. Officers confirmed that allotments were being designed into some new developments within the Cambridge area at the planning stage.

It was resolved to

a) Approve the Healthy Weight Strategy as a draft document for further engagement and consultation

b) Endorse a system wide event to enable engagement of organisations and communities for finalising and implementing the Strategy.

239. HEALTH AND CARE EXECUTIVE GOVERNANCE FRAMEWORK

The Committee received the Health and Care Executive Governance Framework. Cambridgeshire County Council and Peterborough City Council participated in the programme with the intention to align their public health and social care services in an integrated way. The Governance Framework set out the governance arrangements for

the Executive. Membership includes the Council's Chief Executive. Group of officers working together to pull together a 5 year strategic plan for the NHS in Cambridgeshire.

It was resolved to

a) Endorse the Cambridgeshire and Peterborough Health and Care Executive Governance Framework

b) Approve the alignment of service planning for Council Public Health Services with relevant aspects of NHS system transformation work.

240. HEALTH COMMITTEE TRAINING PLAN

The Committee considered its training plan. Officers reminded Members of the Task & Finish Group set up to review the Public Health budget for 2017/18 at 9am 28th July. Councillors Sales, Jenkins, Clapp and Orgee confirmed their attendance.

It was resolved unanimously to note the training plan.

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

Members were informed that Councillor Nethsingha was no longer able to represent the Council as a governor on the Cambridgeshire and Peterborough NHS Foundation Trust.

The Trust provided mental health and specialist learning disability services across Cambridgeshire and Peterborough.

It was resolved to appoint Councillor Graham Wilson to the Trust.

242. HEALTH COMMITTEE AGENDA PLAN

The Committee considered its agenda plan and the oral update provided.

It was resolved unanimously:

a) to note the agenda plan

b) to move the item on 0-19 Joint Commissioning of Children's Services from the agenda for 8 September to the agenda for 6 October

c) to remove the provisional item on the possible consultation on collaboration between Hinchingbrooke Health Care NHS Trust and Peterborough & Stamford NHS Foundation Trust to the agenda for 8 September 2016.

d) to add a scrutiny item regarding the immunisation programme to the agenda for 6 October

e) to add a system wide review of Health Outcomes across Cambridgeshire, focussing on the reasons for inequalities across the county to the agenda for 12 January.

f) to add a report relating to the governance for a joint scrutiny arrangement regarding the collaboration between Hinchingbrooke Health Care NHS Trust and Peterborough NHS Trust.

g) to add the Community Led Physical Activity Proposal to the agenda for 8 September.

h) to add a briefing paper on the costings of a pilot smoking cessation harm reduction model for 8 September

Chairman