

## **HEALTH COMMITTEE: MINUTES**

**Date:** Thursday 15<sup>th</sup> March 2018

**Time:** 1:30pm to 4:30pm

**Present:** Councillors C Boden, D Connor (substituting for Councillor K Reynolds), L Dupre, L Harford, P Hudson (Chairman), D Jenkins, L Jones, T Sanderson and S van de Venn.

District Councillor S Ellington (South Cambridgeshire)

**Apologies:** County Councillor K Reynolds and District Councillor Cornwell.

### **95. DECLARATIONS OF INTEREST**

None.

### **96. MINUTES – 8<sup>TH</sup> FEBRUARY 2018 AND ACTION LOG:**

The minutes of the meeting held on 8<sup>th</sup> February 2018 were agreed as a correct record and signed by the Chairman.

The action log was noted. A Member drew attention to the Air Quality Conference that had been requested by the Committee and requested an update regarding the progress made in making arrangements. Officers confirmed that planning for the conference was taking place and a date would be finalised in the coming weeks. Officers had identified several national speakers that would be invited to attend the event and drew attention to the desire to hold the event to coincide with the national air quality day. Members requested that the

### **97. PETITIONS**

No petitions were received.

The Chairman read a statement provided by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) regarding the financial position of the CCG for 2017/18. A copy of the statement is attached at Appendix A to these minutes.

Commenting on the statement a Member expressed concern that regarding the timing and that the financial position had not been alerted to earlier and drew attention to the increasing demand for services that had to be balanced against a fixed budget that had little flexibility.

Members noted that budgetary pressures had been flagged by the CCG at liaison meetings, however detail regarding level of the overspend was unavailable at the time.

### **98. CAMBRIDGESHIRE DRUG AND ALCOHOL TREATMENT SERVICES PROCUREMENT**

The Committee received a report that sought to ensure that arrangements were in place to award the contract for the Cambridgeshire Adult Drug and Alcohol Treatment

Services. The report also summarised the procurement and the results of the consultation that was part of the tender process. Officers drew attention to the key areas of feedback received through the consultation and the summary of requirements in the service specification that addressed them.

During discussion of the report Members:

- Clarified what constituted successful completion of treatment for drug and alcohol addiction. Officers explained that successful completion was defined as abstinence during a defined time period. There was discussion taking place nationally regarding the measures as they should reflect more effectively the complex nature of the condition.
- Confirmed the duration of the consultation and the scope of organisations consulted and requested in future that the procurement process be clearly demonstrated within the report. Officers reported that the consultation took place between October and December 2017 included GP practices and focus groups with several hundred responses received.
- Highlighted the importance of harm reduction within treatment for drug and alcohol addiction and questioned the balance between the two within the contract. Officers advised that the contract had been designed to be flexible in order to meet the varying and complex needs of patients. It was an integrated service with a multi-skilled staff which also facilitated flexibility.
- Drew attention to the Crime and Disorder Reduction Partnership and the concern expressed by the Police regarding the growth of organised crime relating to drugs and questioned whether the Police had been consulted. Officers confirmed that consultation had taken place and emphasised the close working relationship with the Police. The Drugs and Alcohol Team worked closely with agencies across the criminal justice system and the Police and Crime Commissioner also provided funding.
- Welcomed the provision for older people within the contract and questioned why as stated in the report they did not 'fit' in a service. Officers explained that there was a large amount of group work that included a broad cross-section of society and could be unsettling for older people.
- Drew attention to the consultation regarding the potential move of Cambridge Magistrates Court which could affect accessibility.
- While acknowledging the pressures upon GPs; expressed disappointment at the response of the majority of GPs not wanting to be involved in a shared model of drug and alcohol treatment, drawing attention to the levels of prescribed drug abuse and that it was a community issue that they were in a position to facilitate treatment of. Officers informed Members that the CCG was conducting a review and

emphasised that individuals that misused prescription drugs often had extremely complex conditions that impacted upon their treatment.

It was resolved to:

- a) 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
- b) Authorise the Director of Law and Governance to approve and complete the necessary documentation.

## **99. FINANCE AND PERFORMANCE REPORT – JANUARY 2018**

Members were presented the January 2018 iteration of the Finance and Performance report. Officers drew attention to the increase in the forecast underspend across the Public Health budgets for 2017/18 of £113k due to further underspends being identified against staffing budgets in the Public Health Directorate. Members were informed that the level of underspend would reduce following the appointment of an interim position.

During the course of discussion Members:

- Noted the decline in the percentage of infants being breastfed and questioned whether the trend was understood. Officers explained that further research was required as it was not clear whether there was a long term decline in the rate and deterioration in the recording of rates could have also affected the figure.
- Sought reassurance regarding the Personal Health Trainer Service that reported a negative direction of travel in relation to performance. Members noted that there were challenges to the reporting of the performance due to the measures and conditions. Work had been completed with the service but there was a consistently high turnover off staff due to the nature of role. Succession planning was therefore critical in managing that.
- Noted the level of non-recurrent underspend that had arisen partly from two periods of maternity leave.
- Requested legal assurance regarding the return of underspend amounts to the County Council's general reserve. In particular, assurance regarding the practice of treating the underspend figure as a gross amount that would be returned to Cambridgeshire County Council (CCC) general reserves up to the level of core funding. **ACTION**
- Emphasised the importance of investment in public health by the Council and expressed disappointment at the lack of incentive for greater efficiency through being able to bid for unspent funding. Officers drew attention to the Public Health reserve that was available for one off expenditure and the Council's Transformation Fund.

- Requested an update regarding Children Centres within two weeks. **ACTION**
- Highlighted the number of schools on the waiting list regarding road safety. Officers explained that although a saving had been made against the service, funding was available from a variety of sources. Activity had also changed with certain interventions focussed on travelling to school differently rather than just road safety.

It was resolved to:

Review and comment on the report and to note the finance and performance position as at end of January 2018.

## **100. NHS ENGLAND DENTISTRY**

The Chairman invited representatives of NHS England to address the Committee regarding the provision of NHS dentistry in Cambridgeshire. The Head of Primary Care, NHS England spoke of the need to ensure that primary and secondary dental care met the needs of the community. NHS England worked closely with 750 dental practices to ensure that the needs of the population were met through a robust Oral Needs Analysis.

It was explained that the national contract with practices was closely monitored in order that the correct level of activity was commissioned and where appropriate funding was claimed back if a practice was providing less activity than commissioned for. Where NHS England was aware of population growth through new and existing developments then additional units of activity would be commissioned at existing practices or a new NHS practice would be commissioned if appropriate.

During discussion Members:

- Questioned how growth areas of the county such as Northstowe and planned new developments at Bourne and Waterbeach would have their dentistry needs met. Officers explained that the Oral Needs Analysis assesses areas of growth and from that analysis it is determined the point at which existing practices were no longer able absorb any new patients and a new practice was required. The process took around nine months to complete.
- Confirmed that there were no current plans for an NHS practice at the new development of Northstowe.
- Expressed concern that when information was requested regarding the setting up of a NHS dental practice in Northstowe, none was received. Officers explained the commissioning process during which if there were current practices in the area then it would be assessed whether the current contract could be uplifted to provide sufficient provision. The process was also governed by procurement legislation and if it was identified that a new practice was required then the contract would need to go to tender.
- Noted the engagement with local communities at the Local Dental Forum, at which concerns were raised.
- Clarified which set of population growth forecasts were used when assessing dental provision as there were significant differences between the figures provided by the

Office of National Statistics and local housing growth forecasts. Officers confirmed that the more localised data sets were being used and that often they would be approached by local dentists where they saw new business opportunities.

- Emphasised that oral health should not simply focus on teeth and there was a need for partnership working so that effective preventative care was provided.
- Questioned whether NHS dentistry failed to meet the needs of communities which was why there were so many private practices. Officers did not agree with the assessment and highlighted that the NHS provided a number of ways to maintain oral health.
- Sought clarification regarding units of dental activity. Officers explained that a contract would specify the number of units needed to be delivered against bands. Band 1 included a check-up, x-rays, scaling and polishing and that equated to 1 unit. Band 2 treatment which included fillings and extractions equated to 3 units. In response to concern regarding the incentivisation of escalating treatment officers assured Members that dentists worked within National Institute of Clinical Excellence (NICE) guidelines to provide appropriate treatment.
- Drew attention to dental health inequality across the county and social groups and requested that data be included in future reports. Officers confirmed that the data was available and being used to target areas. Accessibility was highlighted by officers, in particular making dental practices welcoming and friendly environments in order to remove the fear of the dentist.
- Noted the challenges faced by dentistry regarding recruitment and retention nationally and aim within Cambridgeshire to have as many trained practices as possible for newly qualified dentists to complete their training locally and remain in the area.
- Highlighted Section 106 money received from developers. Officers agreed to provide further information regarding Section 106 and confirmed that the estates team worked actively regarding Section 106 money.
- Drew attention to smaller housing developments in established communities and the cumulative impact of such developments upon local services. NHS England were a consultee during planning applications but greater clarity was required regarding the process.
- It was proposed by Councillor Jenkins with the unanimous agreement of the Committee to request the Director of Public Health to monitor the development of Section 106 agreements related to large developments including Northstowe where there was money allocated for primary health care to ensure that appropriate consideration is given to the provision of dental health facilities

It was resolved to:

- a) Note the contents of the report;
- b) Invite representatives of NHS England Dentistry to a future meeting of the Health Committee; and

- c) Request the Director of Public Health to monitor the development of Section 106 agreements related to large developments including Northstowe where there is money allocated for primary health care to ensure that appropriate consideration is given to the provision of dental health facilities

#### **101. NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2017-18 REQUESTS**

The Committee received a report that requested the agreement of the Committee to a process for the collation and submission of comments on the Quality Accounts provided by NHS Provider Trusts. The issue we have is responding to foundation trusts.

During discussion of the report Members:

- Expressed dissatisfaction with the process regarding responding to the Quality Accounts in particular Cambridgeshire University Hospital Foundation Trust and their deadline for response. It was suggested that future meetings of the Health Committee be scheduled in order that they be fully considered.
- Noted that Quality Accounts from East of England Ambulance Trust (EEAST) had not been received but officers now had a contact through whom the Council could ensure they were received.
- Drew attention to the quarterly liaison meetings and the ability for Members to raise the Quality Accounts at such forums.
- The Committee requested that the following Quality Accounts be prioritised for response:
  - Cambridge University Hospital Foundation Trust;
  - Peterborough and Stamford Hospital Foundation Trust;
  - Cambridgeshire and Peterborough Foundation Trust; and
  - Hinchingbrooke Health Care NHS Trust.
- The Committee resolved to appoint Councillors Dupre, Hudson and Jones to a Member Task and Finish Group that would consider feedback on the Quality Accounts.

It was resolved to note the requirement for NHS Provider Trusts to request comment from Health Scrutiny Committees and;

- a) To consider if the Committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to.
- b) Establish and appoint to a Member Task and Finish Group that will provide feedback on the Quality Accounts.
- c) Delegate the approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes and Democratic Services acting in consultation with members of the Committee appointed to the Task and Finish Group.

## **102. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

The Chairman invited the Head of Transformation and Commissioning (Children and Maternity) at the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to address the Committee.

During the course of discussion Members:

- Noted that there were a range of services including online counselling which was anonymous that young people could access if they did not wish to include parents or teachers; though the involvement of parents and teachers should be encouraged as often they were part of the solution.
- Commented that from the report it was not clear whether services were improving and what the additional £2.4m of funding provided when national targets were not being met. Members questioned the level of integration with other services. It was explained that a joint commissioning unit oversaw local authority and CCG spending. There was investment in early intervention and preventative services. Online counselling services had increased in capacity together with investment in reducing the waiting lists for sufferers of Attention Deficit Hyperactivity Disorder (ADHD) which were now below 18 weeks and represented a significant improvement in performance.
- Questioned why the target for the percentage of children and young people with a diagnosable mental health condition receiving treatment from a NHS-funded community mental health service was so low at 35%. It was explained that not all patients required specialist services and there may also be reasons that treatment through therapy or medication would not be appropriate. Specialist services were only effective in 50% of cases and therefore joint working was undertaken in other areas such as education.
- Confirmed that children that suffered from Attention Deficit Hyperactivity Disorder (ADHD) were usually diagnosed around 5 years old and the waiting list for treatment was a maximum of 18 week.
- Expressed concern regarding the 4 challenges set out in the report and requested that data be presented in a future report that underpinned the challenges.
- Questioned which areas workforce pressures were the most acute and why. Members were informed that each Clinical Commissioning Group (CCG) had been provided an uplift to the Mental Health budget and there were significant challenges in recruiting children's psychiatrists which was an area that had declined in popularity. The cost of living in Cambridge City posed significant recruitment challenges and also posts that required unsocial hours to be worked. Levels of agency staff were monitored and there were national programmes paid for by NHS England regarding recruitment.
- Noted the role of Emotional Well-being Practitioners that were based in localities that to support GPs schools and community groups, each district would have at least one practitioner that could provide advice, training and support in order to prevent escalation of issues.

It was resolved to:

- a) Note the contents of the report; and
- b) Request an update for the committee including the data requested by Members in 6 months' time. .

### **103. HEALTH COMMITTEE WORKING GROUPS UPDATE**

The Committee was presented an update regarding the various Health Committee Working Groups.

In discussion Members:

- Requested that all groups be listed regardless of whether they had met.
- Considered at length whether quarterly liaison meetings should move to a 4 monthly arraignment. Whilst it was acknowledged that attendance had been difficult to achieve at recent meetings, the liaison meeting were important in terms of maintaining relationships across the health service. It was therefore agreed for the liaison meetings to remain quarterly and to review in 6 months' time.

It was resolved to:

- a) Note and endorse the progress made on the Healthy Schools working group and the liaison groups
- b) Note the forthcoming schedule of meetings
- c) Consider any items from the quarterly liaison meetings that may need to be included on the forward agenda plan.

### **104. HEALTH COMMITTEE TRAINING PLAN**

In presenting the Health Committee Training Plan officers drew attention to a potential issue regarding purdah and a training event scheduled to take place on 27<sup>th</sup> April. Confirmation of whether the event would take place would be provided.

In response to a Member question officers explained that the decision not to include Members in a recent workshop with Public Health England was taken due to the highly specialised training required to score the priorities effectively and would not have been best use of Member time.

It was resolved to note the training plan.

### **104. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES**

Members received the Health Committee agenda plan and noted the following update provided at the meeting.



Additions for May –

- Children and Young People's Drug and Alcohol Treatment Services Procurement.

It was resolved to:

Note the agenda plan and the update provided at the meeting

Chairman