

HEALTH COMMITTEE: MINUTES

Date: Thursday 8 November 2018

Time: 1.30pm to 4.55pm

Present: Councillors C Boden (Vice Chairman), D Connor, L Harford, M Howell (substituting for Cllr Reynolds), P Hudson (Chairman), D Jenkins, L Jones, P Topping and S van de Ven.

District Councillors M Cornwell, G Harvey, N Massey and J Tavener

Apologies: County Councillor K Reynolds

156. DECLARATIONS OF INTEREST

There were no declarations of interest.

157. MINUTES AND ACTION LOG: 11th OCTOBER 2018

The minutes of the meeting held on 11th October 2018 were agreed as a correct record and signed by the Chairman subject to the amendment of the second paragraph of minute 147 to read, "it was confirmed that the responses would be discussed at the quarterly liaison meeting for review and the addition of "Voluntary Sector Role in Supporting Public Health Outcomes" to the training programme.

The Action Log was noted including the following updates:

Minute 142 - The Director of Public Health relayed the following update regarding the Community First (Learning Disability Beds Consultation) - the Clinical Commissioning Group (CCG) conducted a public consultation on proposed changes to the provision of inpatient beds for people with a learning disability in Cambridgeshire and Peterborough. The consultation concluded on 12 October 2018. The CCG's Clinical Executive Committee (CEC) received the draft consultation response, and a paper on next steps in delivering the preferred model at its last meeting. At this stage, CEC determined that further work was required to provide clarity on the over-arching strategy for Learning Disability Services, our commissioning intentions and the future work plan. CEC has asked the Senior Responsible Owner for this work to review the proposals and bring back a further paper to a future meeting of the CEC.

158. PETITIONS

There were no petitions.

159. THE ADOPTION OF A DYNAMIC PURCHASING SYSTEM (DPS) FOR PUBLIC HEALTH PRIMARY CARE COMMISSIONING

The Committee received a report that described the issues relating to the multiple primary care contracts that Cambridgeshire County Council and Peterborough City

Council Public Health hold with Primary Care providers. The report sought the Committee's approval to adopt the Dynamic Purchasing System (DPS) contractual arrangements for Cambridgeshire County Council Public Health contracts with Primary Care providers for the duration of five years, effective from April 2019.

Members were informed that there were approximately 140 Primary Care contracts that placed significant strain on resources for what were relatively low value contracts when they were due for renewal. Following discussions with LGSS Law and the procurement team the adoption of the DPS was proposed as a potential solution which provided greater flexibility and allowed for providers to be added to the system.

During the course of discussion Members:

- Highlighted the potential risks associated with the proposed system and questioned the level of scrutiny of potential providers. Officers explained that although the contractual process was classed as light touch, the contract would be managed and monitored with the same rigour as all contracts
- Commented that there were no alternatives to the DPS presented and requested further information on the definition of 'light touch' in terms of procurement.

Members having sought further clarity regarding the 'light touch' approach and the DPS, requested that the item be deferred in order for further information to be provided and for a member of the LGSS Procurement Team to attend Committee and answer Member questions.

It was resolved unanimously to:

Defer the decision to the December meeting of the Committee.

160. FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2018

The Committee received the September 2018 iteration of the Finance and Performance Report which showed an increase in the underspend of £110k from August's reported position. Officers explained how underspends would be managed as set out in paragraph 2.2 of the officer report. Members noted that the performance data for quarter for the Health Visiting and School Nursing Service had not yet been received and therefore not updated within the report.

During discussion Members:

- Emphasised the importance of Public Health spending and its impact upon all areas of the Council.
- Noted the update provided by the Chairman regarding the use of the underspend on a direct marketing campaign for smoking cessation.
- Commented that the county was not increasingly healthy and highlighted the importance of being bold when allocating Public Health spending.
- Questioned whether it was possible for areas to be over-budgeted for with an inbuilt provision for an underspend.

- Drew attention to the importance of early interventions together with invest to save proposals.
- Questioned how Health visiting for 12 month to 2.5 years was currently being delivered in the Huntingdonshire area. It was noted that Fenland had moved to a home visiting service however, this was part of a targeted approach. Officers agreed to provide a briefing note which would provide further information. **ACTION**
- Drew attention to JTA scheme contained at page 44 of the report and the relatively small amounts that were spent on road safety and active travel, while emphasising the benefits of the scheme.
- Expressed concern regarding the accuracy of the wording related to Children's Centres on page 39 of the report. Members noted that an update report on Children's Centres was to be presented at the next meeting of the Children's and Young Peoples Committee. Officers confirmed that they would address the text within the Memorandum of Understanding section of the report to ensure accuracy. **ACTION**
- Requested that the Chairman contact the Chairman of the Children's and Young Peoples Committee to express Members concern. **ACTION FOR CHAIRMAN**
- Noted the general consensus of Members regarding the vital importance of Public Health spending for younger people and questioned the appropriateness of certain indicators. Although it was appreciated that many indicators were dictated by the nature of the contracts it was requested that where possible they be amended for the coming new financial year. **ACTION**

It was resolved to:

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

161. **PROGRESS REPORT – PROGRAMMES FUNDED FROM PUBLIC HEALTH RESERVES**

Members were presented a paper that provided progress reports on three pilot programmes funded by the Health Committee from Public Health reserves.

Officers introduced the Falls Prevention Programme that had made significant progress in reducing the number of serious falls that required medical attention. An evaluation was being produced for the Sustainability and Transformation Partnership and the results were encouraging with a reduction in the number of falls.

In discussing the report members:

- Echoed support of Falls Prevention Scheme that demonstrated the positive impact on individuals lives. However, Members were concerned that there was limited data available and questioned when there would be a separation of Peterborough and Cambridgeshire as it would provide essential comparative data. Officers confirmed that the Sustainability and Transformation Partnership (STP) were working on this and it was anticipated that the data would be available in the near future.

- Commented that in the longer term falls prevention should form part of standard practice rather than a stand-alone project and question what work was being undertaken to ensure the sustainability of the programme and embed within the health system. Members were informed that falls prevention had been embedded within neighbourhood teams, also 350 nurses had been trained and awareness had been increased across the system.
- Welcomed the positive response from the health care system regarding the falls prevention programme and congratulated officers for effectively co-ordinating many different areas of the system to work collaboratively.
- Commented that the Ambulance Service was affected significantly by falls as attending them was labour intensive.
- Emphasised the positive impact on people's lives and the savings that falls prevention provided to the system as a whole. Members questioned how the different elements of the healthcare system could be encouraged to contribute to the programme and whether there were any other metrics used for measuring the success of the programme other than presentations to Accident and Emergency departments. Officers explained that the start of the programme was delayed because it was too large for Public Health to undertake alone. The funding for the programme was also provided through the NHS, STP and Better Care Fund (BCF). Metrics assessing the success of the programme were being developed including how to assess the impact on individuals.
- Emphasised the importance of falls prevention and noted that there was 24/7 service run through the Reablement Service that responded to falls and were alerted through a person's Lifeline and were able to attend within the hour. The Ambulance Service would also triage emergency calls in order that the most appropriate response was dispatched.
- Noted the Fenland District Council Health and Wellbeing Strategy which was designed to demonstrate how everyone in the Council could impact upon health outcomes for its residents.
- Following concern raised by Members regarding maintenance and the standard of pavements and footpaths in their Divisions and the importance physical activity for particularly older people who were at risk of falls, requested that the matter be brought to the attention of the Highway's and Community Infrastructure Committee. The Chairman undertook to report back to the Committee his discussion with the Chairman of the Highways and Community Infrastructure Committee regarding maintenance of footpaths and pavements. **ACTION FOR CHAIRMAN**

It was resolved to:

Note that the Public Health allocated funding to support the system-wide Falls Prevention Programme will end in January 2020 and its future funding will require review by the Health Committee.

Following conclusion of the discussion relating to the Falls Prevention Programme, the Committee considered the Let's Get Moving Programme which equated to £513k over 2 years. District Councils were requesting that the funding be continued. Funding would cease end of March 2019.

During discussion the course of discussion Members:

- Requested that the report be presented at a later date and for it to include end of year data. Members noted that within table 2 contained at page 71 of the report the majority of people engaged were undertaking limited physical activity and emphasised the need to reach more inactive people.
- Reported concern regarding the robustness of the data collected to date, commenting that the scheme was probably one that should be supported, however the evidence was not presented within the report. Members suggested that the funding of the scheme be extended to the end of the financial year in order for further evaluation data to be presented.
- Expressed concern that the scheme had been advertised without acknowledging the funding was provided by Cambridgeshire County Council.
- Drew attention to different types of exercise and the mental health and wellbeing benefits of exercise.
- Highlighted the connection between the Lets Get Moving and Falls Prevention programmes. While expressing disappointment in the figures for South Cambridgeshire, commented that residents were probably healthier due to the affluence of the area however the population was aging and emphasised the benefit of the Falls Prevention programme.
- Noted the events that had been and were due to take place in the Huntingdon area
- Commented that due to the nature of the programme it was difficult to get started and there were risks with over-reliance on statistical data and evidence.

In conclusion to the discussion it was proposed with the unanimous agreement of the Committee to defer the decision regarding recommendation (b) to the December meeting of the Committee at which further evidence of plans to build evaluation data into the programme to increase the evidence base of the project would be presented.

It was proposed by the Chairman with the agreement of the Committee to defer discussion of the Healthy Fenland Fund to the January meeting of the Committee.

It was resolved to:

- a) Acknowledge the positive progress achieved by the three programmes
- b) Defer a decision to continue to fund the Let's Get Moving Programme for a minimum of one year from April 2019 until the December meeting of the Committee.
- c) Defer discussion of the Healthy Fenland Fund until the January meeting of the Health Committee
- d) Note that the Public Health allocated funding to support the system-wide Falls Prevention Programme will end in January 2020 and its future funding will require review by the Health Committee.

162. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) WORKFORCE UPDATE REPORT

The Chairman invited David Wherrett, Director of Workforce at Cambridgeshire University Hospitals Foundation Trust (CUH), Stephen Legood, Director of People and Business Development at Cambridgeshire and Peterborough Foundation Trust (CPFT) and Claire London, Programme Manager Workforce Lead to provide an update regarding workforce issues.

In discussing the report Members:

- Noted the target for the international recruitment of GPs was 30 and there was currently 3 recruited. Officers accepted that the recruitment campaign had not been particularly successful. There had been an increase in the number of people beginning GP training, however it would take a long time for those trainees to come through and there was an immediate need for trained GPs.
- Commented that the development of Care Navigator roles implied structural complexity issues in the health care system. Members sought further information regarding Super Healthcare Assistants. Officers explained that they were not Registered Nurses but Support Workers with extended roles and drew attention to the Thistlemoor Road Surgery in Peterborough where staff were developing a range of skills that included translation services and therefore better support patients when they first arrive at the surgery.
- Requested that caution be exercised when evaluating new roles to ensure there were clear career pathways.
- Noted that 10% of the workforce at CUH were of European Union (EU) origin and if destabilised could pose a significant risk to the organisation. Cambridge remained an attractive place to live and work and therefore there had not been a significant reduction in recruitment from EU countries
- Sought assurance that an ethical approach was taken to overseas recruitment. Officers explained that checks were undertaken on applicants and there was reliance on specific countries such as the Philippines where CUH worked closely with the Ambassador.
- Noted the reliance on overseas recruitment and the difficulties that were experienced in delivering Intensive Care services.
- Noted that CPFT did not currently undertake international recruitment and was the lead organisation for delivering Nursing Associates.
- Questioned why the GP international recruitment campaign had performed so poorly and if it continued what changes would be made. Officers explained that it was a nationally commissioned programme that contained significant investment. Analysis was being undertaken however as yet there were no clear reasons. International recruitment formed part of the GP Five Year Forward View programme

and officers requested that they present the programme to a future meeting of the Committee. **ACTION**

- Noted that there was currently a significant lack of clarity regarding the future status of EU workers. In response, CUH was providing assistance to EU workers, including the provision of immigration lawyers to provide advice.
- Noted the status the recruitment of international doctors for the acute sector that was well established. For GPs, international recruitment was relatively new and officers shared the concerns of the Committee regarding the success of the recruitment programme.
- Questioned how apprenticeships were being advertised and the level to which apprentices could reach. It was explained that the apprenticeship scheme was a 4 year programme. The recruitment profile of apprentices was predominantly female and older cohort drawn from the existing pool of healthcare assistants External advertising of the apprenticeship scheme was undertaken and recruits were required to work for the organisation for 6 months before being eligible for enrolment onto the degree programme. It was noted that CPFT administered a number of in-house apprenticeships and the 4th cohort was currently being recruited.

It was resolved to:

- a) Note the content of the report and request a further update in 6 months having been encouraged but the programmes outlined by officers and sharing concerns regarding the short-term future.
- b) Send a letter to encourage MPs to support the local NHS in international recruitment and current international employees working in the NHS.

163. UPDATE ON CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP'S (CCG) FINANCIAL POSITION AND IMPROVEMENT DELIVERY PLAN

Members received a report from Jan Thomas, Chief Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). In introducing the report the Chief Accountable Officer (CAO) informed the Committee that since being appointed to the role 5 months previously a robust plan had been implemented, a new strategic team with greater transformational experience had been appointed. Consultation had been undertaken, the result of which requested a greater public and patient focus.

Members noted the context of the £35m deficit that was set against an overall budget of £1.2bn and the key areas of focus that would begin to address the financial issues including, delayed discharges from hospital and Section 117 (S117) funding of mental health patients. The CAO informed Members that the Continuing Health Care Team had improved greatly with the backlog of cases reduced to under 300 from a starting position of over 900.

During the course of discussion Members:

- Welcomed the performance of the delivery plan and noted the professional realism of it and that risks were being managed in a transparent manner. Members questioned the overall funding formula and whether it delivered the funding required given the demographic pressures in Cambridgeshire. The CAO informed Members that it had been agreed that if the deficit remained at £35.1m at the end of the financial year it would not have to be added to the cumulative debt position of the CCG. It was explained that it was possible that because of the geographical size of the CCG, acute demographic changes had been blended and diluted.
- Noted the overall downward trajectory regarding winter pressure figures which had reduced from a variance of 6,731 to 599. Data was scrutinised by regulators and NHS England who have confidence in the data reported.
- Noted concern regarding S117 cases. The CCG had embarked on a piece of work to review S117 after care through the establishment of a task force that had a breadth of skills as a multi-disciplinary team.
- Drew attention to Section 106 funding which represented capital funding for buildings and infrastructure but was not able to provide the staff necessary to operate the facilities, which was leading to S106 funding having to be returned to developers because it had not been utilised within the required timescale. Members sought further information regarding how the CCG was tackling the issue. The CAO advised that long term planning was required to ensure that primary care infrastructure was being built in its entirety. Meetings had taken place with Planning Officers and MPs to address the issue and a team was to be established within the CCG to review, ensuring that S106 funding was not lost.

It was resolved to:

- a) Note with concern the CCG's financial position and express optimism regarding the progress made and the improvement plan.
- b) Request an update in 3 months.

164. TRAINING PROGRAMME

It was resolved to:

Note the Committee training programme

165. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan

It was resolved unanimously to:

Note the Forward Agenda Plan, the changes that arose during the course of discussion and the additional items requested.