

HEALTH COMMITTEE: MINUTES

Date: Thursday 6 October 2016

Time: 2.00pm to 4.00pm

Present: County Councillors Sir P Brown (substituting for Councillor M Loynes), P Clapp, L Dupre, L Harford, P Hudson, T Orgee (Vice-Chairman), P Sales, M Smith, P Topping and S van de Ven

District Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire) and C Sennitt (East Cambridgeshire)

Apologies: County Councillors D Jenkins (Chairman) and M Loynes
District Councillor A Dickinson (Huntingdonshire)

256. DECLARATIONS OF INTEREST

There were no declarations of interest.

257. MINUTES – 8 SEPTEMBER 2016 AND ACTION LOG:

The minutes of the meeting held on 8 September 2016 were agreed as a correct record and signed by the Vice Chairman.

The following updates to the published Action log were reported:

- The Director of Public Health had followed up a query on agricultural workers' life expectancy and provided the information to Councillor Sales;
- An offer of mental health consultancy support had been made to all secondary schools and training had been offered to all schools and colleges;
- The Chief Operating Officer had supplied answers to the questions raised at the previous meeting by Ms Jean Simpson and Ms Simpson was provided with a written copy of these after the meeting closed.

258. PETITIONS

There were no petitions.

DECISIONS

259. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2017-18 TO 2021-22

The Vice-Chairman noted that Sections 1-3 of the report provided an overview of business planning across the County Council and would be presented to all Policy and Service Committees whilst Section 4 dealt specifically with business planning relating to public health.

The Group Accountant introduced Sections 1-3 of the report by noting that in the current financial year and in 2017/18 public health would be funded through a ring-fenced grant. From 2018/19 public health expenditure would be treated in the same

way as that of all other directorates for business planning purposes. This reflected a move away from a cash-limited approach for individual directorates towards looking more holistically across the County Council's total expenditure in relation to delivering its strategic goals.

A number of members questioned the use of the term 'savings' in the report rather than 'cuts' and highlighted the difference between savings proposals which related to efficiencies and those relating to service reductions. It was agreed that it was important to be accurate in the use of terms going forward.

(Action: The Group Accountant)

The Director of Public Health introduced Section 4 of the report which dealt specifically with the public health draft revenue programme. She explained that there was a focus on the transformation rather than the reduction of services including by working in partnership with others to reduce the duplication of costs and actions. The ring-fenced public health grant allocation for Cambridgeshire was showing an indicative cash reduction of £681k in 2017-18 compared to the current financial year with a total savings requirement for the Public Health Directorate of £606k. The Group Accountant explained that although the presentation of figures for inflation and demography had changed, the net effect would not be much different to the previous year. Work was continuing to develop additional savings proposals, for example in relation to the smoking cessation services delivered by GPs, and these would be brought to the Committee's November meeting for consideration.

The following points were raised in discussion:

- Members felt that paragraph 4.7 of the report which described a change in the approach to demography and inflation in the 2017-18 business planning round was unclear and would do little to inform members of the public. Members emphasised the importance of clarity in public documents and it was agreed that this paragraph would be re-drafted in the November paper;

(Action: The Group Accountant)

- The need to be transparent about the impact of changes in demography and inflation on the funds available to finance services which were not a statutory requirement;
- The £4k pressure arising from changes to the management pay structure in the Public Health Directorate was part of a wider change in management pay structures which were cost neutral across the County Council as a whole;
- Some Members expressed concern about placing a reliance on community resilience at a time when many voluntary organisations and services were also facing cuts to their funding. A more holistic approach to funding was advocated which would recognise the pressures created on other organisations and partners by changes in levels of County Council funding. The Director of Public Health said that work was already being undertaken with voluntary sector representatives including the Hunts Forum with a view to developing a more holistic approach, but she undertook to look into a specific case raised by Councillor Harford;

(Action: Director of Public Health)

- The Director of Public Health confirmed that officers worked closely with the procurement department to ensure that appropriate safeguards were in place;
- The Director of Public Health acknowledged the value of mapping provision across the full range of local authority, health service and voluntary and community sector providers to avoid duplication, but said that due to the scale

and complexity of the task this was usually targeted at specific areas, such as the examination of Integrated Lifestyle Services which the Committee had conducted previously. However, significant effort was being directed into delivering a strategic commissioning approach which would help address this issue going forward;

- Members felt that it would be helpful to see proposed savings or cuts shown as a percentage of overall budgets to give perspective to the scale of the reductions being proposed. Members also commented that previous reports had included details of the impact of proposed changes to front-line services and had explored alternative ways of delivering services. The possibility of including some information on the innovative work being done within the Public Health context in areas such as influencing behaviour change was also discussed. The Director of Public Health agreed to consider how best these comments could be reflected in the business planning papers submitted to the Committee in November.

(Action: Director of Public Health)

It was resolved to:

- i. Note the overview and context provided for the 2017-18 to 2021-22 Business Plan revenue for the Public Health Service;
- ii. Comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2017-18 to 2021-22.

260. FINANCE AND PERFORMANCE REPORT – AUGUST 2016

The Committee received a report by the Director of Public Health and the Chief Finance Officer setting out the financial position and performance for Public Health as at the end of August 2016.

The Group Accountant said that the report was based on the figures to the end of August which represented the most recent complete month's figures available. The Public Health Service was currently reporting a balanced year-end position with no over or under spends, although she cautioned that this was based on first quarter figures only.

The Director of Health highlighted the inclusion at Section 4 of a performance summary supported by more detailed appendices which had been requested by the Committee.

The following points were raised in discussion:

- The figures relating to hospital stays for self-harm (paragraph 4.1.2) had been queried at Spokes and the Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) had been asked to report back to that group;
- Members debated the value of including case studies in the report and the Director of Public Health agreed to reflect on whether and how this might be done;

(Action: Director of Public Health)

- A member questioned whether the figures in the final two columns on page 81 had been transposed and asked that this be checked;
(Clerk's Note: The figures had not been transposed. The reason for the variance in the Drug and Alcohol Team (DAAT) figures was that the Quarter 1 invoice had not yet been received or paid by the DAAT)

- Councillor Clapp asked whether the Thomas Clarkson Academy had accessed the specialist mental health training described on page 81 of the report. The Director of Public Health undertook to report back to him direct on this.
(Action: The Director of Public Health)

It was resolved to:

- i. Review and comment on the report.

SCRUTINY ITEMS

261. IMMUNISATION TASK AND FINISH GROUP UPDATE REPORT

The Vice-Chairman welcomed Dr Colin Uju, East Anglia Screening and Immunisation Manager, to the meeting and invited him to introduce his report. Dr Linda Sheridan, Consultant in Public Health, was also invited to contribute to this item.

Dr Uju said that the Task and Finish (T&F) Group had been established to develop a shared understanding of the delivery and uptake of national childhood immunisation programmes in Cambridgeshire, and in particular prenatal pertussis, MMR and the pre-school booster. The group had met four times since December 2015, but its final report had been delayed due to the illness of one of its members. It was anticipated that the Group would conclude its work in the next month after which it was proposed that an implementation group would be set up to deliver its recommendations. The Health Committee would be advised of the precise timings in due course and the Implementation Plan would be circulated to the Committee when it was ready.

(Action: Dr Uju)

Dr Uju said that detailed work had begun on analysing the data obtained. In many areas of the country there was a clear link between deprivation and reduced levels of the uptake of immunisation, but this was not the case in Cambridgeshire. Five GP practices had been identified where the take-up levels of childhood immunisations were particularly low, but the reasons for this were not yet clear.

During its work the T&F Group had noted that when a parent had been offered two invitations to immunise their child and had not responded that no further invitations would be sent. This practice had been suspended and parents would now continue to receive invitations regardless of whether they attended. The Group had also identified a poor take-up rate of flu vaccinations amongst pregnant women in 2015/16, reflecting a national trend during this period. This might have been influenced by some negative press relating to the flu vaccine at the time, but a survey conducted by the T&F Group had also identified that neither GPs or midwives in Cambridgeshire saw this as an issue on which they were the lead professional. The education programme to both GPs and midwives on this topic was being revised to address this issue. Work was also in hand to set up an alert on a child's medical records to show if they had missed a vaccination so that this could be discussed with parents or the vaccination offered if the child attended a medical appointment for another reason.

The following points were raised in discussion:

- Members felt that it would be more clear for the text at the bottom of table 4.2 to be incorporated into the left hand column of the table;

- It would be helpful to have an update in 12 months' time to see if the drop in vaccination uptake rates amongst pregnant women was a single year anomaly or whether it was repeated in the figures for the following year;
- Whether it would be possible to look at the figures for vaccination uptake by district or whether this would raise information governance issues. The Director of Health agreed to investigate this question and report back;
(Action: Director of Public Health)
- The variety of reasons why parents might not have their children vaccinated, or why child vaccination records might be incomplete;
- The variation in practice between different GP surgeries in the way in which members of the population aged 65 and over were offered flu vaccinations;
- The school vaccination programme had been extended during the past 12 months and the uptake of childhood vaccinations had been significantly increased where these were delivered in school. It was confirmed that parental consent was obtained in advance for vaccinations being carried out in school;

The Chairman thanked Dr Uju for his report and noted that it showed the impact which a change in process could have.

It was resolved to:

- i. Note and comment on the information provided.

262. REPORT BY THE CLINICAL COMMISSIONING GROUP (CCG) URGENT AND EMERGENCY CARE REVIEW TASK FORCE

The Committee considered a report by its task force on the Clinical Commissioning Group (CCG)'s Urgent and Emergency Care Review. Jessica Bawden, Director of Corporate Affairs for the Cambridgeshire and Peterborough CCG, was invited to join the discussion.

The Vice-Chairman said that it was not the role of the Committee to tell the CCG its job, but to ensure that the consultation process was carried out. The focus was therefore on the process rather than on the outcome. Following a meeting on 15 September 2016 the task force had made the following recommendations:

1. That the review recognised current and planned developments over a longer time frame so that its robustness in different circumstances could be tested;
2. That, if an option was dependent on some form of expanded GP role, the practices concerned should be identified, their capability be assessed and their commitment be secured;
3. That a full picture be developed of all the services which would operate in the future (primary, urgent, emergency, out-patient etc) and how they would be accessed by different people in the community;
4. That a specific and compelling communications programme be developed to encourage people to use the proposed new configuration;
5. That a set of service standards (distance, access times, availability etc) be developed so that people could understand exactly what any new service configuration would mean to them and that these be set out, along with the financial considerations, when the various options were being compared. This recommendation notwithstanding, the task force advised caution in the setting of

these standards so that the CCG did not become hostage to unrealistic expectations;

6. That, when the total costs of different options were being presented, these include the full costs of any expected diversions to other services, especially Accident and Emergency (A&E). These should clearly be identified as such.

It was resolved:

- i. To approve the recommendations of the task force as set out in the report and to write to the CCG informing them of the task force's findings.
(Action: Head of Public Health Programmes: To draft a letter to the CCG setting out the task force's findings)

DECISIONS

263. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS AND TO PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee noted that no appointments were currently required.

264. HEALTH COMMITTEE AGENDA PLAN

It was resolved to:

- a) note the Agenda Plan;
- b) add a request for a follow-up report by the Immunisation Task and Finish Group in 12 months' time. The report should also cover whether the drop in take up of flu immunisations by pregnant women was a single year anomaly or whether it was repeated in the figures for the following year.
(Action: Democratic Services Officer)

Chairman