

HEALTH COMMITTEE: MINUTES

Date: Thursday 1st October 2015

Time: 2.00pm to 2.55pm

Present: Councillors P Ashcroft, P Brown (substituting for Cllr Topping), B Chapman (substituting for Cllr van de Kerkhove), P Clapp, P Hudson, M Loynes, Z Moghadas, L Nethsingha (substituting for Cllr Jenkins), T Orgee (Chairman), P Sales, M Smith, S van de Ven and J Wisson (substituting for Cllr Dent)

District Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire), R Johnson (Cambridge City)

Also present: Cllr Reeve

Apologies: County Councillors Dent (Cllr Wisson substituting), Jenkins (Cllr Nethsingha substituting), Topping (Cllr P Brown substituting) and van de Kerkhove (Cllr Chapman substituting); District Councillors Sennitt and R Mathews (Huntingdonshire)

The Committee agreed to send its best wishes to Cllr van de Kerkhove.

159. DECLARATIONS OF INTEREST

There were no declarations of interest.

160. MINUTES: 3rd SEPTEMBER 2015 AND ACTION LOG

The minutes of the meeting held on 3rd September 2015 were agreed as a correct record and signed by the Chairman, with the following correction: add to end of seventh paragraph on p5: "The Committee felt that future integration and cooperation was extremely important, and requested a report back from the Director of Public Health before the consultation deadline, regarding collaboration on transport. **Action Required**"

With regard to the Action Log, the Committee noted the following verbal updates from the Director of Public Health:

153/Update on actions to address low uptake of breast and cervical screening in Cambridgeshire: the Director of Public Health would be formally raising this question at the Health Protection Group (a group of senior officers from the County Council and other partners) and a summary of the GP survey would be circulated when available.

157/Health Committee Training Plan – the training plan would be presented to the November Health Committee, for confirmation, with a rolling training programme presented as a standing item at future meetings.

The Action Log was noted.

161. PETITIONS

There were no petitions.

162. SAVING PROPOSALS TO MEET THE IN-YEAR REDUCTION IN CAMBRIDGESHIRE COUNTY COUNCIL'S PUBLIC HEALTH GRANT ALLOCATION 2015/16

The Committee received a report which sought approval on savings and use of public health reserves to meet the in-year reduction in Cambridgeshire County Council's public health grant for 2015/16.

The Director of Public Health clarified that the Department of Health (DoH) had published an indicative reduction in grant of £1.6M for Cambridgeshire County Council in 2015/16. The final reduction figure, following the consultation that ended at end of August, had not yet published. However, it had been agreed that due to timescales, the Committee needed to identify proposed savings based on the best information available, and may be subject to amendment if the DoH's final reduction figure changed.

Members were reminded that a significant proportion of the 2015/16 public health grant was allocated across other County Council directorates e.g. CFA holds budgets such as drug and alcohol programmes. Discussions had taken place with the other directorates, and it had been agreed that given the short notice of the announcement, the cross-directorate focus should be on contingency planning for recurrent reductions in public health grant in 2016/17 and future years. It was proposed that the in-year 2015/16 reduction would be met through a combination of Public Health Directorate savings, and through ring-fenced Public Health Earmarked Reserves which all directorates had contributed to.

The specific savings proposals were detailed in Annex A of the report, and the Director of Public Health briefly outlined the different categories, and her specific concerns regarding specific areas of work:

- Long acting reversible contraception (LARCs) delivered by GP practices – these were particularly useful for vulnerable women with more chaotic lifestyles, and had been shown to be effective in reducing teenage pregnancy. Provision of LARCs had been shown to be cost savings to the NHS;
- Smoking cessation (GP and pharmacy programmes) – this would result in the 'harm reduction' approach to support longer term smokers not being implemented. There was evidence to suggest that this approach was particularly successful on a cost effectiveness basis.

Arising from the report, individual Members:

- commented that it was upsetting and disturbing to see potential health cuts which would affect the most vulnerable members of society, such as LARCs. The Member added that she would find it difficult to support these reductions. Two other Members shared these concerns, stating that more generally, the fact

that the in-year reductions had emerged without warning was wholly unacceptable, as it was completely unreasonable to expect authorities to provide services on this basis, and shortsighted to be reducing funds in-year which could lead to greater costs in the long term;

- asked what impact the proposals would have on partner organisations such as District authorities. It was acknowledged that this was not part of the Community Impact Assessment, and needed to be investigated. District Members were welcome to feed back their views as non-voting Members of the Committee;
- commented that the figures showed how chronically underfunded Cambridgeshire was compared to the national average. The Director of Public Health agreed, stating that Cambridgeshire County Council's response to the Department of Health consultation on the in-year public health budget reductions had stated that our preferred option would be for those authorities that were overfunded in comparison to their national target funding to take a higher proportion the in-year reductions;
- discussed whether it was appropriate to fund some of the reduction from reserves, noting the potential for a government view that the more reserves were built up, the less funding was needed. However, the in-year reductions were on the basis of a blanket percentage cut for all authorities;
- asked what discussions had taken place with district authorities' related services e.g. Cambridge City Council's sports development service, and to what extent these had been considered when developing the proposals. The Director of Public Health advised that the proposals reflected what was achievable in year. A number of earmarked funds, including the Fenland Fund, had been protected. There would be no change to district authority provision in the current year;
- asked what actions would not be carried out as a result of the public Mental Health Strategy. The Director of Public Health agreed to provide Members with further detail on this. **Action Required.**

Members discussed the smoking cessation services, and made the following observations:

- one Member commented that e-cigarettes seemed to be generally preferred to patches as a more effective way for smokers to stop smoking, and it would be a good step for the service to support those individuals;
- a number of Members felt that local taxpayers' money should not be spent providing smoking cessation services, as smoking was a matter of individual choice;
- one Member indicated that there had been recent reports that some individuals were genetically predisposed to being more addictive, and therefore unlikely to give up.

In response, the Director of Public Health advised that evidence suggested that smokers were four times more likely to stop smoking if they received support from smoking cessation services, and the costs to the taxpayer were ultimately greater if

individuals continued to smoke. In addition to the economic arguments, the quality of life and personal outcomes for those individuals needed to be considered. In response to a Member question, it was confirmed that the socio economic status of smokers was monitored.

A number of Members indicated that the saving on LARCs provision was of considerable concern, and that they would not want to see it made recurrently

The Chairman concluded by thanking Members and officers for their thorough debate on the issues involved. He commented that many of the proposed reductions were contingencies where expenditure was unlikely, or areas such as smoking cessation services and LARCs, where the amounts involved were unlikely to be spent in the current year.

It was resolved, by a majority, to approve for a savings programme, outlined in Annex A of the report, and the use of up to £650K from the ring-fenced public health reserve, to deliver the in-year reduction in Cambridgeshire County Council's public health grant allocation for 2015/16, subject to final confirmation of the level of public health grant reduction by the Department of Health.

163. NHS HEALTH CHECK POINT OF CARE TESTING: AWARD OF CONTRACT

The Committee received a report on the arrangements in place to award the contract for the provision of NHS Health Check Point of Care Testing (POCT).

The NHS Health Checks programme is a Cardio-Vascular Disease (CVD) risk assessment programme targeting 40-74 year olds, to identify those at risk or suffering from the disease or any related condition. It excluded those who already have a diagnosed pre-existing condition. Under current arrangements, patients had to make two visits to the practice –the first for the blood test, the second for the results. With POCT, patients only had to attend once, as the results were available immediately. Members noted that this POCT was a genuine efficiency, and indicated their support for the proposal.

It was resolved unanimously:

- a) to 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, Property & Governance to approve and complete the necessary contract documentation.

Chairman