

HEALTH COMMITTEE: MINUTES

Date: Thursday 11 October 2018

Time: 1.30pm to 3:45pm

Present: Councillors C Boden (Vice Chairman), 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 and N Massey

Apologies: County Councillors D Connor and K Reynolds
District Councillor J Tavener

146. DECLARATIONS OF INTEREST

There were no declarations of interest.

147. MINUTES AND ACTION LOG: 13th SEPTEMBER 2018

The minutes of the meeting held on 13th September 2018 were agreed as a correct record and signed by the Chairman

A Member requested that in relation to the Community First (Learning Disability Beds Consultation) item Members were provided the public consultation responses. It was confirmed that the responses would be provided at the quarterly liaison meeting for review.

The Action Log was noted including the following updates:

- No further clarification required on CCG figures. Councillor Boden had had further correspondence and was satisfied with the explanation provided.
- There would be detailed information in the next Finance and Performance report on delivery against the public health Memorandum of Understanding with other directorates.
- Work was ongoing to bring together different streams of cycle safety and promoting active travel.
- Procurement queries have been raised with LGSS procurement and there is ongoing correspondence
- Cambridgeshire Community Services NHS Trust (CCS) was continuing to link with maternity units and ensure better notification to support delivery of health visitor ante-natal visits. The Rosie was the last area to be linked in this and would use the learning from other units. There was no exact date but should take place within months.

148. PETITIONS

There were no petitions.

149. RE-COMMISSIONING OF CHILDREN AND YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICES

The Committee received a report that presented an options appraisal to Members regarding the service model and approach for re-commissioning of the Young People's Substance Misuse Treatment Service for Cambridgeshire.

Members noted that the services worked closely and the decision required was whether they remained separate or integrated within the Community Young People's Drug and Alcohol Treatment Service or integrated further within another area of young people's health provision.

Attention was drawn to the tables contained within the officer report that set out the potential advantages and disadvantages of the options before the Committee. Maintaining the closeness of the relationship between the treatment service and Youth Offending Service (YOS) was important and an advantage to further integration would be that workers would be placed under the same governance structures within a specialist service.

Before moving to the debate, the Chairman requested that recommendation b), relating to the service model options be debated and be agreed before moving to recommendation a) relating to the commissioning options.

During the course of discussion Members:

- Expressed a preference for option 2 in relation to the service models which could provide a better quality service. However, assurance was sought regarding the potential impact on the YOS team and that they were not drawn into one area and their priorities changed as a result. Members noted that following discussions between officers, YOS managers and clinicians there was a commitment to the closeness of the working relationships both in terms of the physical location of the workers and the protocols between the services would be maintained.
- Commented that option 3, relating to the integration of the service within other young people's health provision risked the dilution of the service as it was a specialist service.
- Questioned whether demand for services was increasing as evidence at Cambridge City Council suggested it was and whether the service was managing with the current level of resources and whether it would following the restructure. Officers explained that no concerns regarding demand had been expressed by the service. If demand had increased then it had been managed effectively within the team. Demand was monitored closely as part of the performance reporting cycle. Officers confirmed that there was no change to the value of the contract and therefore the value of resources remained the same.
- Noted that the other young people's services detailed in option 3 related to mental health services. Officers informed Members that YOS was approximately a quarter of the size of the Drug and Alcohol Team.

- Noted the aims of the service, to build resistance to risk taking behaviour in young people which included clinical psychological interventions.
- Questioned whether it was likely that YOS would be reorganised. Officers explained that it did not form part of the scope. It was a service that was constantly evolving.
- Noted that through integration it made it possible to make changes and develop the service that would be more challenging to achieve otherwise.

It was resolved by majority to select:

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service.

Following the selection of the proposed service model Members debated recommendation a) regarding the options for the approach to be adopted for the commissioning of Young People's Drug and Alcohol Services.

During discussion Members:

- Noted the significance of the potential spend and therefore ordinarily a competitive tender would be preferable, however due to the circumstances and nature of the services it was therefore unclear whether a competitive tender would deliver value for money and therefore entering into a S75 agreement presented the best option..
- Noted that that Trade Unions had not been consulted.
- Highlighted the strength of the relationship between the services and therefore would support a S75 agreement however, it was vital to ensure that costs were monitored closely.
- Drew attention to the potential instability the competitive tender process can bring.
- Commented that there was a risk that through a S75 agreement relationships between organisations were too comfortable and that a competitive tender focussed the relationship much more. It was therefore essential that close monitoring was undertaken. Officers confirmed that performance monitoring would be included within the S75 agreement.

It was resolved unanimously to select:

Option 1: A Section 75 agreement with the current provider of Young People's Drug and Alcohol Treatment Services which includes the following:

- Approval for the development and implementation of a Section 75 agreement;
- Approval for the development of a new service specification in collaboration with the Section 75 provider;
- Authorisation of the Director of Public Health in consultation with the Chair and Vice-Chair of the Health Committee to complete the negotiation of the

proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement; and

- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

150. FINANCE AND PERFORMANCE REPORT – AUGUST 2018

The Committee received the August 2018 iteration of the Finance and Performance Report which showed a change in the balanced forecast outturn for the Public Health Directorate. There was an underspend reported of £281k that related back 2 financial years where an error in the year end accounts had led to a sum being double counted.

In discussing the report members:

- Noted the explanation regarding the £281k that had been incorrectly accounted and questioned whether there were further sums that had not yet been identified. Officers confirmed that the brought forwards had been thoroughly reviewed and no further incidents had been identified. The error had not been visible in the 2017/18 accounts and it was the change to the accounting system that had prompted its identification.
- Drew attention to the smoking cessation budget that was underspent due to the differing accountancy processes between the NHS and the Council. Members commented that the differing methods did not help decision making and made the accounts less transparent. Although Members understood the reasons why it was important to have a standardised accounting method.
- Drew attention to the Section agreement NHSE-HIV contained in table 2.1 of the report and sought clarity regarding the figures shown. Officers explained that it related to 2 periods. One period the NHS owed the Council and an older period where the Council owed the NHS. Officers informed the Committee that despite having been requested to do so, the NHS had not submitted an invoice for the money owed and therefore no payment could be made.

It was resolved to:

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

151. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2019-20 TO 2023-24

Members were presented the draft business planning proposals for services that were within the remit of the Health Committee. Attention was drawn to section 4 of the report that illustrated the majority of Public Health grant funding (over 90%) was spent on external contracts. Members noted that inflation figures set out in section 2.4 of the report appeared very low as only wage inflation for internal staff was factored. Providers were required as per their contracts to manage inflation.

Officers highlighted the table set out in section 4.5 of the report that illustrated the savings across public health contracts and directorate since 2015 and the risk associated to the lack of clarity beyond 2021 due to the changes in Local Government

funding related to Business Rates and public health ring-fence. Another key risk highlighted was the recruitment and retention of the workforce which applied system wide.

In discussing the report members:

- Discussed business case 36, 'Integrating Healthy Child Programme across Cambridgeshire and Peterborough' and drew attention to two areas of concern. Firstly the business case for delivery of the additional £160k saving was unclear, and concerns were expressed about impact on the quality of service delivery and in particular the potential negative impact on the Universal Plus aspects of the service, which support families with needs over and above the universal health visitor mandated checks. Officers responded that they were working very closely with the service provider and focussing further on potential savings from overhead and management costs, following a collaborative joint review of the section 75 with support from the LGSS internal audit team. Workshops have been held with staff to understand the potential for changes to skill mix. The savings from a joint management structure across CCS (Cambridgeshire service) and CPFT (Peterborough service) are also being quantified. Clinic attendance was also being reviewed, with the potential to reduce clinic frequency where attendance was low. Members expressed concern that mothers from more disadvantaged areas may have more difficulty attending clinics leading to lower attendance. The Family Nurse Partnership programme was also being reviewed with potential to focus on the most vulnerable teenage mothers, together with the introduction of a more integrated teenage parent pathway led by FNP nurses, which would expand the service's reach.
- Expressed concern regarding the recruitment and retention of the workforce which was a serious issue across health and social care and commented that the risks were not truly reflected within the report. Officers explained that because other local authorities were reducing their staff numbers a wider pool of resource to recruit from was available however, officers would make the risks more explicit within the report.
- Commented that it was essential that areas where services could not be recruited to and therefore not provided as a result be included within the business plan in order that they were not budgeted for.
- Highlighted the potential risk posed by the Assurance Framework as it could reduce the flexibility in how the money was spent and would encourage that message to be relayed to Public Health England.
- Questioned whether there was a risk regarding inflation figures factored within Public Health fixed price multi-year contracts in that additional costs could be created by the transference of inflationary pressures to providers. Officers explained that contracts had not generally exceeded the historical baseline however, officers would consider the point further.
- Expressed concern that services offered were not being utilised by those that needed them, resulting in services being withdrawn through a seeming lack of demand and questioned the impact on other services. Outcomes were regularly and carefully monitored, officers explained and provided an example of a person that may attend a breast feeding clinic once a week but then seek support through

alternative means such as telephone. Assurance was provided that there were a number of access routes to services and outcomes were monitored carefully.

- Sought clarity regarding section 5.2 of the officer report. Officers explained that Council transformation resources 'may' be required rather than 'will', and this was unlikely for the current year.
- Noted that the workshops undertaken with Public Health England to set out the priorities for the Committee informed the business plan.
- Drew attention to the level of savings achieved by the directorate in comparison to other service areas. Officers explained that due to the reductions in the national Public Health Grant it had been necessary to significantly reduce expenditure.
- Commented that the purpose of the Committee was to improve the health of the county and expenditure should not be reduced consistently and suggested that a list of potential public health investments be promoted to the Council. Officers explained that in recent years there had been a tendency to make investments from reserves and other sources. Investment had been made in the 'Lets Get Moving' programme and the 'Healthy Fenland Fund'.
- Questioned whether follow up work was undertaken in relation to staff that had taken early retirement in order to understand the reasons why they had decided to leave early. Officers confirmed that work was undertaken to understand the reasons and people that had taken early retirement were also actively encouraged to return to work.
- Commented on the increased numbers of looked after children and drew a link to the reduction in the delivery of early help and there was a point at which no further reductions in funding or service could take place.

It was resolved unanimously to:

- a) Note the overview and context provided for the 2019-20 to 2023-24 Business Plan revenue proposals for the Service
- b) Comment on the draft revenue proposals that are within the remit of the Health Committee for 2019-20 to 2023-24

152. MINOR INJURY UNITS IN EAST CAMBRIDGESHIRE AND FENLAND UPDATE

Matthew Smith, Managing Director for Emergency Care at the Clinical Commissioning Group provided an update to Members regarding Minor Injury Units (MIU) in East Cambridgeshire and Fenland.

Three MIUs had been established within East Cambridgeshire and Fenland located at Princess of Wales Hospital, Ely; Doddington Hospital; and North Cambridgeshire Hospital, Wisbech.

In presenting the report officers drew attention to the workforce challenges experienced in Fenland in terms of GP support however, progress had been made in Wisbech and officers were optimistic regarding the Doddington MIU.

In discussing the report members:

- Welcomed and expressed support for MIUs however following an issue regarding a constituent that had attended the Wisbech MIU and had been turned away because it was too close to the 6pm closing time to be assessed, questioned how important it was to ensure 100% opening and whether there was a target. Officers explained that ordinarily patients would be seen up to the closing time of the MIU. Occasionally there would be an unexpected influx of patients that could affect the operation. The aim was for 100% opening and drew attention to the Local Urgent Care Service (LUCS) that when fully operational would enable the extension of the range of skills and staff available to treat patients.
- Questioned the learnings that had arisen from the high vacancy rate and how confident officers were in the sustainability of the model. Officers acknowledged that recruitment and retention was a challenge across the health system and had recognised at an early stage that a different approach was required to recruitment as there were no applicants to posts advertised. A Clinical and Operational Manager position was created which created a focus on the recruitment process and fostered a more collaborative approach undertaken across the system. The skill mix of staff had been reviewed together with a more flexible approach to working and an emphasis on staff development, which had all contributed to significantly reducing the vacancy rate.
- Noted the importance of MIUs which were recognised nationally and questioned whether there was an intention for opening hours to be standardised across the county. Officers confirmed that if there were sufficient resources then an equitable service would be established.
- Noted the use of an 'e-roster', and the methods used to cover staff absence. Officers confirmed that the Jet team were utilised on occasion however, the impact of doing so was acknowledged.
- Questioned the level of confidence of officers in the sustainability of the staffing pool. Officers acknowledged the challenge presented by the overall 10% vacancy rate in doctors and nurses across the system and drew attention to initiatives such as introducing a rotation scheme to allow nurse practitioners to develop across the system.
- Drew attention to National Standards that existing facilities at the time did not meet and questioned whether they would be modified. Officers explained that there had been a number of discussions with the Government. There was an imperative to enable MIUs to be successful in order to provide an alternative to Accident and Emergency rather than meeting the prescribed standards.
- Noted that pharmacies were located at the Ely and North Cambridgeshire Hospital site however there was not one at Doddington Hospital.
- Noted that work was being undertaken to promote integration with the Out of Hours service which were located at Ely and Doddington. There was a separate Out of Hours service located at the North Cambridgeshire Hospital site.
- Noted that work was being undertaken with regard to students and how they can be supported effectively within the service and grow.

It was resolved to:

Note the report and provide a further update to the Committee in 6 months' time.

153. HEALTH COMMITTEE WORKING GROUP QUARTER 2 UPDATE

Members received a report that provided an update regarding the activities and progress of the Health Committee's Working Groups since the last update.

In discussing the Chairman emphasised the importance of Member attendance at the meetings. Members therefore requested that a system of substitutes be established in order that attendance be maintained. Officers agreed upon receipt of apologies to contact the Committee as a whole for a substitute to attend.

It was agreed unanimously to:

- a) Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan.
- b) Note the forthcoming schedule of meetings.

154. TRAINING PROGRAMME

The Committee examined its training plan and noted that a briefing had been requested from the Greater Cambridge Partnership regarding access to the Addenbrooke's Hospital campus.

It was resolved unanimously to:

Note the Committee training programme

155. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan and the addition of a further item regarding Minor Injury Units.

It was resolved unanimously to:

- i. Note the Forward Agenda Plan, subject to the following changes made in the course of the meeting: