

HEALTH COMMITTEE: MINUTES

Date: Thursday 14th December 2017

Time: 1:40pm to 16:25

Present: Councillors C Boden (Vice-Chairman), D Connor (substituting for Councillor Hudson), L Dupre, D Jenkins, L Jones, K Reynolds, T Sanderson, P Topping and S van de Ven

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire) and J Tavener (Huntingdonshire).

Apologies: County Councillors L Harford and P Hudson and District Councillor M Cornwell

66. DECLARATIONS OF INTEREST

There were no declarations of interest.

67. MINUTES – 16TH NOVEMBER 2017 AND ACTION LOG:

The minutes of the meeting held on 16th November 2017 were agreed as a correct record and signed by the Vice-Chairman subject to the amendment of the final paragraph of minute 63 to: it was agreed for a version of the dashboard and workforce development document to be circulated to Members following redaction of confidential material for public dissemination.

The action log was noted including the following updates relating to on-going actions:

- Minute 61, Members agreed for a Member Steering Group be established to assist officers regarding a conference on air quality. It was agreed to appoint Councillors Boden, Dupre and Jones to the Steering Group.
- Requested that regarding minute 25, the appointment of a Member Champion for Mental Health be appointed at the next meeting of the Committee.
- Requested that a column be added to the action log that would provide an indicative completion date.
- The Local Member for Doddington, Councillor Connor provided an update to the Committee in relation to minute 63 regarding Minor Injury Units in his division. Following a meeting with Maxine Drake from North West Anglia Foundation Trust, Councillor Connor had received assurance that IT systems would be fully compatible and referrals to Doddington Hospital could be made and patients would be encouraged to attend. Increasing the footfall of Doddington Hospital was vital to ensure the sustainability of the hospital and to be able to provide patients with choice regarding where they were treated. Further promotion of Doddington Hospital would take place in order to ensure the future of the hospital.

68. PETITIONS

No petitions were received.

69. FINANCE AND PERFORMANCE REPORT – OCTOBER 2017

The Committee received the October 2017 iteration of the Finance and Performance report. The Committee was informed that Public Health forecast position remained the same with a forecast underspend of £96k.

Attention was drawn to the performance summary contained at paragraph 4 of the report.

It was resolved to:

Review and comment on the report and to note the finance and performance position as at the end of October 2017.

70. PUBLIC HEALTH SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

Members received the draft revenue business planning proposals for the Public Health Services. Attention was drawn to paragraph 4.4 of the report which set out those proposals which remained unchanged following the first presentation of the business planning proposals at the October meeting of the Committee. Officers highlighted the further development of the restructure of the Public Health Business Programmes Team that was currently taking place and the a new proposed saving of £28k that related to Decreased Demand for Stop Smoking Services that built on a report that was presented to the October meeting of the Health Committee which identified that a smoking harm reduction pilot in the Fenland area had been unsuccessful.

Members were informed that since the first presentation of the business planning proposals at the October meeting of the Committee further opportunities had arisen to work through the Children's Health Joint Commissioning Unit, to develop a more integrated children's services across Cambridgeshire and Peterborough. It was therefore recommended by officers that in order for the transformational work to take place, the savings to health visiting and school nursing proposed in October be deferred and instead fund the savings shortfall in 2018/19 from Public Health reserves.

During discussion of the report Members:

- Noted and welcomed the opportunity that had arisen for closer working and integration between the health service and the Council.
- Welcomed that the deferral of savings would not result in the lower skilled staff undertaking health checks on children.
- Sought clarification regarding the potential savings closer integration would generate. Officers informed Members that work was being undertaken that would focus on protecting evidence based frontline services , but greater integration and

rationalisation of back office and management functions would produce significant savings.

- Noted the opportunities relating to health visiting through integrating working that would enable more effective coordination between health visitors and other services.
- Expressed concern that there were limitations regarding the integration of services as employees delivering the service are required to take on tasks that were formally the responsibility of managers which therefore affects the service delivered. There were risks associated with the opportunity including the risk that the savings may not be delivered. Officers highlighted the importance of the work in order that the best outcomes be achieved given the wider financial context of the Council.
- Acknowledged the pressures faced by staff, the back office and the vital role it played in service delivery.
- Expressed concern that during periods of significant change the most qualified and able staff were more likely to leave the service and it was crucial to monitor staff turnover and morale. There was also a risk that if the transformation work was focussed too greatly on savings rather than service configuration then the transformation would be poor. Officers explained that the transformational work was focussed on the children and their outcomes. The crucial role of staff in completing the work successfully was highlighted because of their experience and understanding the pressures within the system.
- Requested that reports be presented to a future meeting of the Health Committee and Children's and Young Peoples Committee that provided an update on progress and to allow the Committee's to have an input into the process. **ACTION**
- Noted that the drivers for change were not solely financial. Closer integration across 0-19 year's services had been a strategic goal for a considerable time, prior to financial pressures within the Council becoming so acute.
- Welcomed the involvement of parents and children within the transformation work, listening to their suggestions to make changes and help deliver better outcomes for families.
- Clarified what elements of the original proposals would still go ahead if the proposed savings were deferred. Officers explained that certain elements such as 'Chat Health' and the duty desk for school nursing had already been implemented. However if the Committee decided to defer the savings of £238k then the changes to health visiting and the skill mix of staff would not take place.
- Requested that a briefing note regarding the proposal and clarifying the impact of the proposals be circulated to Members. **ACTION**

- Expressed concern regarding the financial pressures faced by the Public Health service and that savings were being realised within preventative services and early intervention that would result in greater demand for services in the future. Councillor Jones therefore proposed with the agreement of the Committee that recommendation C be amended to note and refer the draft revenue savings proposals.

It was resolved to:

- a) Note the overview and context provided for the 2018/19 to 2022/23 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October
- b) Comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018/19 to 2022/23, and agree that the Committee's preferred option was to defer the 2018/19 savings relating to the 0-19 service and fund the £238k shortfall through the Public Health reserves, in order to develop a more transformational approach to integrated children's services across Cambridgeshire and Peterborough.
- c) Note and refer the draft revenue savings proposals for 2018/19 to 2022/23, including the Committee's preferred option for the Public Health 0-19 services, to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

71. INTEGRATED COMMISSIONING OF CHILDREN'S HEALTH AND WELLBEING SERVICES.

Members were presented an update regarding the restructure of the provision of Children's Centres and the links to Health Provision and Services following the move of the restructure to the implementation phase. Further engagement with Midwives, and the Healthy Child Programme was ongoing and work streams had been developed regarding buildings utilisation. There was an overarching ambition to identify services that were currently provided in hospital and move them into the community within children's centres.

During the course of discussion Members:

- Drew attention to paragraph 3.2 of the report and the response to question 3 of the public consultation.
- Questioned whether with fewer children's centres would there be a reduction in the level of provision of services. Officers emphasised the importance of delivering an integrated approach that would deliver an effective service.
- Expressed concerns regarding the accessibility of services in the South Cambridgeshire area in particular areas with poor public transport links. Officers agreed to share work streams with members and address specific concerns with the Implementation Board. **ACTION**

- Requested that a survey of areas of deprivation be undertaken to understand how vulnerable people and families accessed Children's Hubs in those areas. **ACTION**
- Requested that future reports demonstrated how the implementation of the changes was working at an operational level and demonstrate areas where improvements have taken place, together with key outcomes and the progress made against them. It was also requested that case studies be provided which would be helpful in evaluating the programme. **ACTION**
- Expressed concern that not all vulnerable families were easily identifiable and through losing the Children's Centres the opportunity to provide a general service was lost. There was therefore greater reliance on vulnerable families being identified.

It was resolved to note the work completed to date and the timescales for future implementation.

72. HEALTH COMMITTEE UPDATE REGARDING THE CAMBRIDGE GP OUT OF HOURS BASE MOVE FROM CHESTERTON TO ADDENBROOKE'S INCLUDING THE CO-LOCATION OF GP STREAMING

Members were presented an update regarding the relocation of Cambridge GP out of hours base including the co-location of GP Streaming. Members were informed that the Out of Hours Service was accessed through the NHS 111 service and the number of patients accessing the relocated base was between 20-15% less than that of Chesterton. However, that was comparable to trends across the Integrated Urgent Care service across Cambridgeshire. There had been a 4% growth in the number of patients attending the Emergency Department at Addenbrooke's Hospital since the relocation of the service which was below the forecast 6% increase. Signage at the site had been improved and checked to ensure that it was clear and in place. Officers highlighted the level of apprehension regarding the re-location of the service but despite some initial issues there had not been significant numbers of complaints from members of the public.

In discussion Members:

- Requested that graphs in future reports be contextualised.
- Expressed concern regarding the drop in the numbers of patients accessing the service and queried the level of patient feedback and planned survey work that assist in the monitoring of access to the service. Officers explained that effective monitoring was required and early quantitative data had been obtained and it was now the appropriate time to seek qualitative data from patient experience.
- Expressed concern regarding the pharmacy provision at the site and the distance to the nearest pharmacy which was 6 minutes by car. Officers explained that the ambition for a pharmacy onsite remained and Addenbrooke's had also expressed their commitment. The delay however, was regrettable. Officers further explained that patients could attend any pharmacy of their choice to collect medication. If pharmacies were not open then an emergency supply of medicine was retained at the centre. The NHS Urgent Medicine Supply Service (NUMAS) was also available for people to use.

- Drew attention to concerns to ensure they were not creating a drop in centre and procedures were in place to manage situations Members were informed that to date there had not been occasion where a person had attended the service without a referral.
- Queried whether regarding out of hours indemnity insurance for GPs there was likely to be a resolution to the issue. Officers explained that the lack of affordable out of hours indemnity insurance prevented GPs from practising. A new indemnity insurance scheme provided by the Government was designed to include out of hours cover for GPs. It was anticipated that the new scheme would be operational within 2 years.
- Requested that the methods of transport used to travel to the site be expanded to include cycling.
- Requested that the development of the re-tendering process for the pharmacy and the results of the travel survey be reported to Committee. **ACTION**
- Drew attention to signage and leaflets displayed at Chesterton surgery that was out of date and therefore misleading regarding the changes to the out of hours services. Officers undertook to write to practices asking them to remove any out of date information.
- Noted and welcomed the extended opening hours of GP practices locally. Officers informed Members that funding had been provided through NHS England work streams to encourage practices to extend opening hours and offered to provide a report to Members.
- Confirmed that the range and stock of medicines retained at the site were sufficient to meet demand.
- Queried the level of shifts that were being filled. Officers explained that the target was for 100% of shifts to be filled but it was more realistic for a safe level of cover to be achieved. In order to provide adequate cover there cross cover between bases in operation and daily conference calls took place to monitor shift coverage.

It was resolved to note the contents of the report.

73. EMERGING ISSUES IN THE NHS

This item was removed from the agenda

74. HEALTH COMMITTEE WORKING GROUPS UPDATE

The Committee received an update that related to Health Committee Working Groups.

During discussion Members requested that the Clinical Commissioning Group when next attending the Health Committee provide an overview of their financial position for 2018/19. Officers agreed to take this forward for the agenda plan.

It was resolved to:

- a) Note and endorse the progress made on health scrutiny through liaison groups
- b) Note the forthcoming schedule of the quarterly liaison meetings
- c) Consider any items from the quarterly liaison meetings that may be included on the forward agenda plan.

75. HEALTH COMMITTEE TRAINING PLAN

It was resolved to note the training plan.

76. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

Members received the Health Committee agenda plan and noted that the provisional meeting date scheduled for 8th February would be utilised and the item regarding Non-Emergency Patient Transport would be moved from January to that date. The Finance and Performance report would not be presented in February in order to allow for the Clinical Commissioning Group (CCG) to present the financial position for 2018/19.

Members noted that following a request from Councillor Jenkins, with regard to the publication of a recent Local Government Ombudsman report in relation to eating disorder services the Chief Executive of Cambridgeshire and Peterborough Foundation Trust (CPFT) be called in to provide assurance to Members that the events that took place could not occur again.

There were no appointments to Outside Bodies to be made.

It was resolved to note the agenda plan

Chairman