

HEALTH COMMITTEE: MINUTES

Date: Thursday, 17 October 2019

Time: 1.30p.m. – 3.11p.m.

Present: Councillors C Boden (Vice-Chairman), L Dupre, L Harford, P Hudson (Chairman), L Jones, M Smith, and S van de Ven

District Councillors D Ambrose-Smith, G Harvey and J Taverner

Apologies: County Councillors D Connor (Cllr M Smith substituting), K Reynolds, T Sanderson and P Topping

District Councillors G Harvey and N Massey

251. DECLARATIONS OF INTEREST

None.

252. MINUTES – 19TH SEPTEMBER 2019

The minutes of the meeting held on 19th September 2019 were agreed as a correct record and signed by the Chairman.

253. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted including the following update:

Minute 243 - The full cost of invoices had been allocated to the Children 0-5 PH Programme and some should have been allocated to the Children 5-19 PH Programme and would therefore be amended.

254. PETITIONS

There were no petitions.

255. COMMISSIONING INTEGRATED LIFESTYLE SERVICES

The Committee received a report that informed Members of the re-commissioning of the Integrated Lifestyle Service for Cambridgeshire County Council and Peterborough City Council as one contract. Cambridgeshire County Council would act as the lead commissioner and the report sought approval for delegated authorities to award the contract following a competitive tender.

During discussion Members:

- In drawing attention to the potential break clauses contained at years 3 and 4 of the contract, questioned how the break clauses would be triggered when the service had been jointly commissioned. Officers explained that it would require the agreement of both Cambridgeshire County Council and Peterborough City Council to trigger the break clause of the contract.

- Noted that the contract retained flexibility in order to respond to any national changes to funding or policy.
- Sought greater clarity how the relationship between the partners was managed in the event that one partner was satisfied with the performance of the contract and the other was not. It was explained that Key Performance Indicators (KPIs) were the same across both partners although the target may differ according to need in a particular area. The service models were evidence based with the same measures of impact.
- Noted that while there were financial and other advantages that could be achieved through joint commissioning there was a negative quid pro quo that a partner could remain locked into a contract that they no longer wished to be.

It was resolved to support and approve:

- a) The establishment of a legal agreement between Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) that assigns Cambridgeshire County Council as the lead commissioner;
- b) Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
- c) Authorise the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee to formally award the new shared contract, effective from June 2020, subject to compliance with all the required legal processes; and
- d) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

256. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2020-21 TO 2024-25

Members received the draft Business Revenue Business Planning proposals for the services within the remit of the Health Committee. In presenting the report, the Director of Public Health drew attention to paragraph 4.2 of the report that focused on the key themes of the Public Health transformation programme.

Members noted that the current assumption of the Business Plan was that the ring-fenced public health grant provided by the Department of Health would remain the same. It had been recently announced that there would be a real terms increase in the public health grant in 2020/21. However, it had not been established whether there would be additional responsibilities or requirements attached to the increase.

During debate Members:

- Commented that the proposed Business Planning proposals presented an overall saving of £242k that did not have to be made as there was no reduction in the ring-fenced grant. Members noted that £142k related to historic savings and £100k related to efficiencies achieved and questioned where the savings were returned to.

Officers explained that following the significant corporate investment that was made in the Public Health directorate following the sizable reduction in the ring-fenced grant it was likely that further savings would be returned to the corporate budget in the first instance.

- Emphasised the importance of ambition and strategic thinking when investing in public health. Officers confirmed that such discussion would be taken forward with lead Members and the Chairman and Vice-Chairman.
- Drew attention to paragraph 4.5 of the report which highlighted the need for innovative joint approaches in order for further efficiencies to be achieved and expressed concern that efficiencies were taking precedent over investment.
- Commented that the priorities set out at paragraph 4.2 of the report required personnel to deliver them successfully and it was therefore essential that there was sufficient capacity to deliver them.
- Sought further information regarding the online service provided by the Sexual Health Service, with particular regard to the accessibility of services. Officers explained that a digital service had been place for approximately 5 years for young people for Chlamydia screening and appointments at clinics remained available. However, the demographic of people accessing services was under 35 years of age and were most familiar and comfortable using an online service. The clinics that were available were often poorly attended. A consultation had been undertaken in order to understand the reasons for the poor attendance.
- Commented that the sexual health services budget was not exclusively for young people and that it was important to remember that within 16-35 age range there was a significant portion that were not computer literate. Members requested information and data regarding the accessing of sexual health services. **ACTION**
- Noted that following the evaluation of programmes currently funded through reserves could be funded through the potential increase in the ring-fenced Public Health grant providing there were no additional responsibilities associated with an increase in funding.
- Clarified where savings highlighted in the report would be returned to. Officers explained that in year savings would be monitored closely with particular regard to vacancy savings.
- Noted the increasing need for a strategic vision. A Member expressed the view that prioritisation should not simply be a list of objectives but a rational decision that amends and aligns spending as required which could result in objectives being de-prioritised.
- Noted the comments of officers that a discussion with Members regarding overall strategy would be welcomed following recent restructuring of the Public Health team and new members of staff joining.
- Emphasised the importance of maintaining a watching brief on staff and managing pressure and workloads effectively.

It was resolved to:

- a) Note the overview and context provided for the 2020-21 to 2024-25 Business Plan revenue proposals for the service; and
- b) Comment on the draft revenue proposals that are within the remit of the Public Health Committee for 2020-21 to 2024-25

257. FINANCE MONITORING REPORT – AUGUST 2019

Members were presented the August 2019 iteration of the Finance Monitoring report for the Public Health Directorate. The presenting officer informed the Committee that the overall position forecast an £86k underspend for the directorate, resulting from a small number of variances being report within Sexual Health and Contraception and Behaviour Change / Preventing Long-Term Conditions. Members noted that there were several large invoices from the NHS that had not yet been received and they were being actively chased.

It was resolved to:

Review and comment on the report and to note the finance position as at end of August 2019

258. CAMBRIDGE UNIVERSITY SCIENCE AND POLICY EXCHANGE (CUSPE) HEALTHY FENLAND EVALUATION

The Chairman invited Cecilia Castro and Orla Woodward from the Cambridge University Science and Policy Exchange (CUSPE) to make a presentation attached at Appendix A to these minutes regarding the most appropriate evaluation method for the Healthy Fenland Fund. Councillor Ian Manning was also in attendance as Member Champion for the CUPSE work.

During discussion, Members:

- Welcomed the presentation and thanked Cecilia Castro and Orla Woodward who had undertaken the research and formulated the report.
- Commented that the purpose of the report was to trial approaches to evaluation methods in order to determine which were the most effective, rather than delivering the evaluation of the Healthy Fenland Fund and needed to be drawn out within the report more effectively.
- Requested a full reference list and bibliography to accompany the report as it was an area where there was a vast amount of literature that supported the work.
- Commented that there were methods to contact young people through questionnaires by using sketches and smiley faces to indicate satisfaction.
- Cautioned against assuming the same level of commitment experienced from the group within the study may not be replicated in the wider community. It was unlikely that people who were busy would complete a questionnaire that contained a large number of open questions. Members noted that the demographic of the Healthy

Fenland Fund tended to be older and that reflected in their level of commitment to the evaluation in terms of time.

- Drew attention to the mixture of towns and villages and the important distinction in the access from the towns and the villages and suggested that accessibility data should be broken down further which could be measured against areas of deprivation would be beneficial.
- Commented that although supportive of the work it was disappointing that it was necessary as when the service was commissioned the difficulties of evaluating its success was recognised. It was therefore essential that greater consideration be given to evaluation and analysis in the future.
- Requested to know the cost associated with recommendation b) of the officer report before committing to funding an external evaluation.
- Drew attention to the learning and improvement that could be achieved across the Council from the report.
- Highlighted the use of the term 'migrant community' within the report and emphasised that particularly in the Fenland area such communities were settled members of the community.

It was proposed with the unanimous agreement of the Committee to amend recommendation b) of the report to consider allocating funding to commission an external evaluation based on the findings of the evaluation report at the Chair, Vice—Chair and Lead Members meeting.

It was also proposed with the unanimous agreement of the Committee to amend recommendation c) to consider the implications of the evaluation of Public Health and other Local Authority programmes to be incorporated into the revised “Policy Challenge Objectives” for 2019/20

It was resolved to:

- a) note and discuss the Healthy Fenland Fund (HFF) Evaluation Report findings;
- b) consider allocating funding to commission an external evaluation based on the findings of the evaluation report at the Chair, Vice-Chair and Lead Members meeting; and
- c) consider the implications for the evaluation of Public Health and other Local Authority programmes to be incorporated into the revised “Policy Challenge Objectives” for 2019/20

259. HEALTH COMMITTEE WORKING GROUP Q1 UPDATE

A report was presented that sought to inform the Committee of the activities of the Committee's working groups. In presenting the report attention was drawn to the visit that had taken place to the eating disorder unit at the Ida Darwin centre in Fulborn.

It was noted that dates with North West Anglia Foundation Trust (NWAFT) and Member attendance had been difficult to achieve on occasions. Members emphasised the

importance of the liaison meetings and their commitment to them. Members requested that a liaison meeting be established with the new Papworth Hospital. **ACTION**

It was resolved to:

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

260. HEALTH COMMITTEE TRAINING PLAN

The Committee received its Training Plan.

It was resolved to note the training plan.

261. HEALTH COMMITTEE AGENDA PLAN,

The Committee examined its agenda plan.

It was resolved to review the agenda plan

CUSPE Policy Challenges 2019

What is the most appropriate evaluation method for the Healthy Fenland Fund?

Cecilia Castro and Orla Woodward

Council contacts: *Val Thomas and Linda Jones*



Intervention



Small grants fund

- £75,000 total per year for 5 years
- Available for new groups or groups wishing to expand

Community development team

- Support access to grants
- Provides training and assistance on budgeting, marketing/publicity, constitutional policies etc.
- Identify community connectors and enablers

Target: All residents of Fenland

17/10/19

Objectives of report

1. Understand the background to the HFF
2. Understand the challenges associated with evaluating projects like the HFF
3. Investigate how other organisations have evaluated similar projects – what worked well/not so well
4. Establish which evaluation methods would work best for the community engagement team, the project leaders and the participants
5. Recommend a framework that may be used to evaluate the HFF, and other similar projects, based on our findings.

Report Structure

1. Introduction - project brief, project approach (methods)
2. Background to the HFF
3. Literature review on evaluating community development projects
4. Case studies: Resilient Together; Fit as a Fiddle
5. Pilot evaluation techniques:
 - Questionnaire
 - Focus groups with group leaders and participants in activities supported by the HFF
6. Overall recommendations

Questionnaire

The questionnaire was divided into 4 sections:

1. Demographic information;
2. Short Warwick-Edinburgh Mental Wellbeing Scale;
3. Questions concerning perception of health improvement and community connectedness;
4. Three open questions about how participants learnt about the HFF supported group.

1. Demographic information

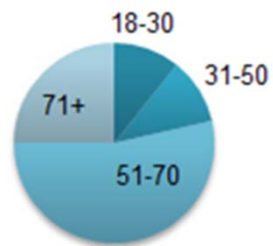
A. Role



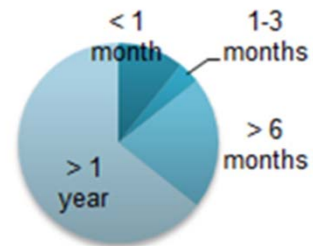
B. Gender



C. Age



D. Participation Length



2. Short-WEMWS

Since getting involved in this group:

I feel optimistic about the future*

I feel useful*

I feel more relaxed*

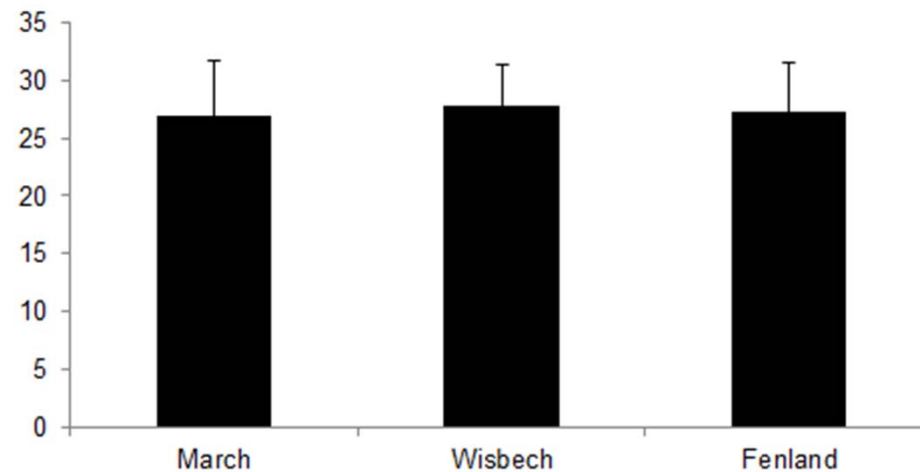
I am better at dealing with problems*

I think more clearly*

I am more interested in other people*

I am able to make decisions about my health*

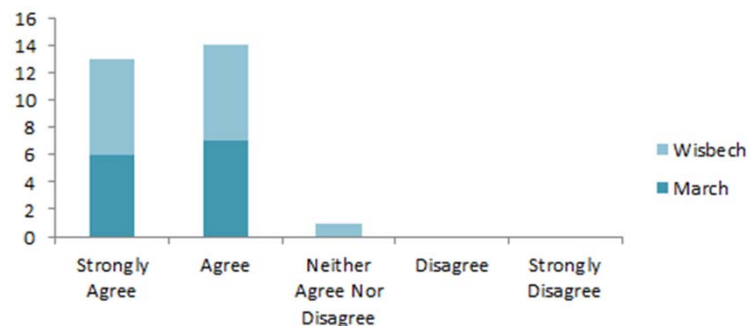
Wellbeing Scale



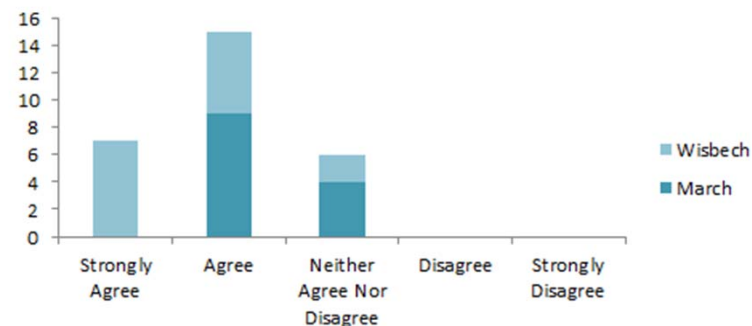
Strongly Agree – Agree – Neither Agree Nor Disagree – Disagree – Strongly Disagree
5 4 3 2 1

3. Health and community improvements

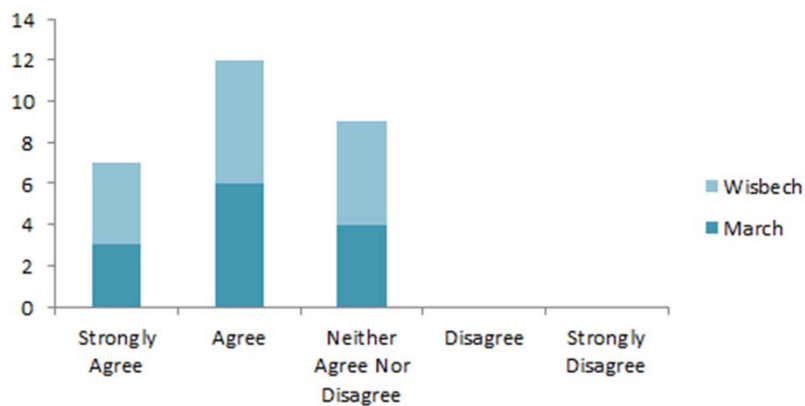
I feel more connected with my community



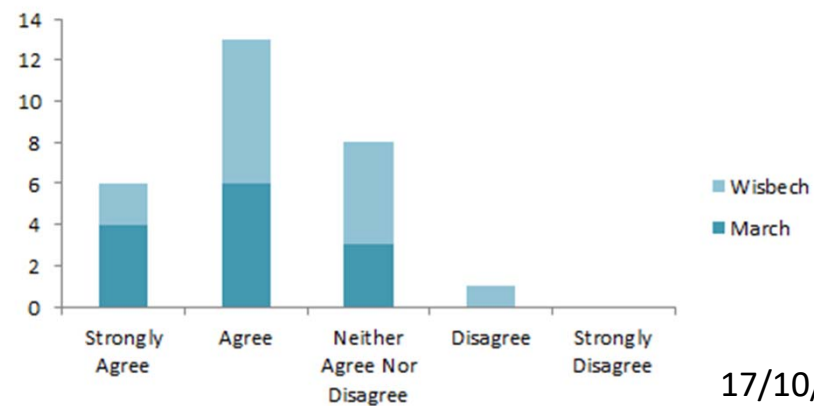
I can identify concerns within the community and consider solutions



I feel more confident



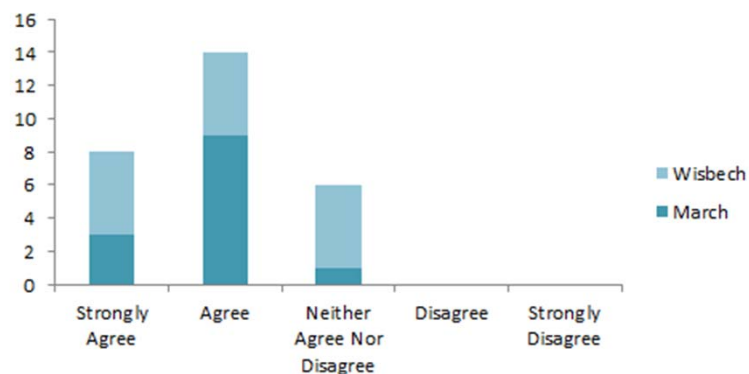
I have gained new skills



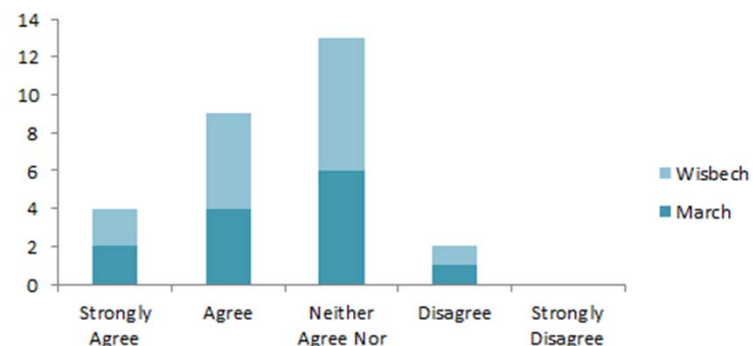
17/10/19

3. Health and community improvements

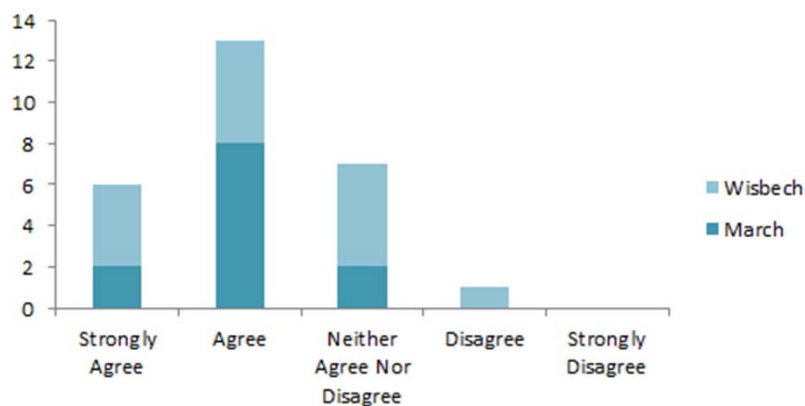
I feel better about myself



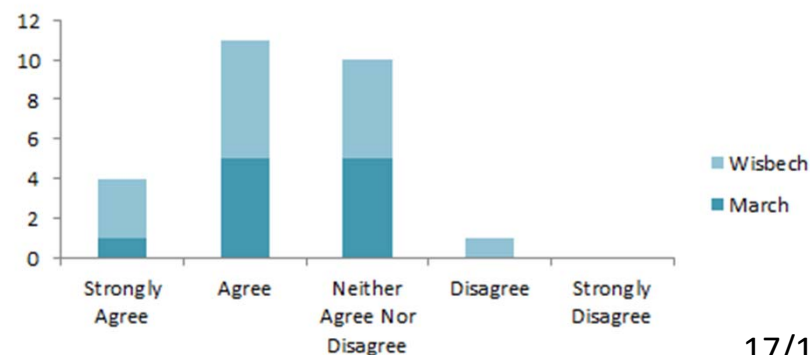
I have more energy



I am more active

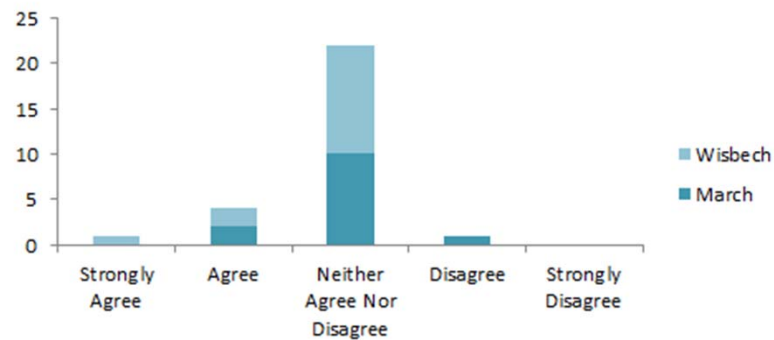


I am more aware of my physical and mental health needs

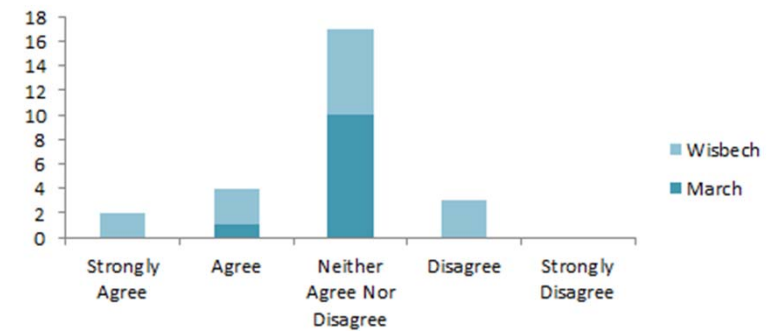


3. Health and community improvements

I have found it easier to access support services

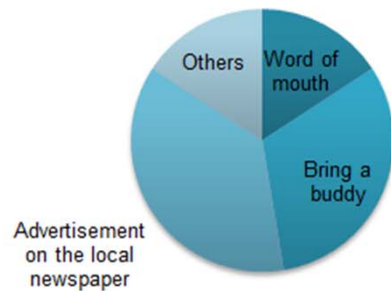


The number of times I visit my GP has decreased



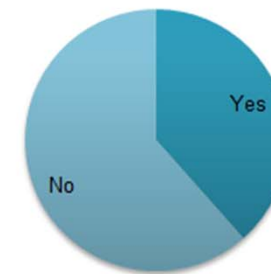
4. Open questions

How did you learn about the group?



Very few people appear to use social media to gain knowledge/information about the groups/activities

Are other members of your family taking part?



How did you learn about the HFF?



For the question “How did you learn about the HFF?”, we considered only the replies given by group leaders.

Focus Groups

More than 30 people took part in 4 focus groups, helping to give a clearer picture of the activities supported by the HFF and the people taking part in it.

Lessons learned:

- Many different activities supported by the HFF
- Gained lots of information about people's views on the HFF
- Able to better understand changes to health and behaviour
- Had lots of people from only one group e.g. 8 people from March Choir
- Skewed towards older people (>50 years)

Recommendations

1. Hire dedicated personnel or consider outsourcing the evaluation;
2. Include a mixture of qualitative and quantitative methods;
3. Set reasonable outcomes for the initiative;
4. Identify and consider barriers;
5. Listen to all the stakeholders, through focus groups and one-to-one interviews;
6. Rephrase some of the questions in the questionnaire, giving more space for open answers.