

HEALTH COMMITTEE: MINUTES

Date: Thursday 6 December 2018

Time: 1.30pm to 4.55pm

Present: Councillors C Boden (Vice Chairman), J Gowing (substituting for Cllr Connor, 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, N Massey and J Tavener

Apologies: County Councillors D Connor and K Reynolds

166. DECLARATIONS OF INTEREST

There were no declarations of interest.

167. MINUTES AND ACTION LOG: 8th NOVEMBER 2018

The minutes of the meeting held on 8th November 2018 were agreed as a correct record and signed by the Chairman subject to the inclusion of St Neots within minute 161 to read, “Noted the events that had been and were due to take place in the St Neots and Huntingdon areas.

The Action Log was noted including the following updates:

Minute 161 – it was proposed with the unanimous agreement of the Committee for Councillor Harford as a member of the Highways and Community Infrastructure Committee, representing the Health Committee, request that the rolling programme be expedited promptly at its next meeting.

168. PETITIONS

There were no petitions.

169. THE ADOPTION OF A DYNAMIC PURCHASING SYSTEM (DPS) FOR PUBLIC HEALTH PRIMARY CARE COMMISSIONING

Following the deferral of the decision at the November meeting of the Committee, a report was received that provided Members with the additional information it requested in relation to the adoption of a Dynamic Purchasing System (DPS) for contractual arrangements that Cambridgeshire County Council Public Health has with primary care providers.

During the course of discussion Members:

- Drew attention to certain terminology such as “light touch” which gave concern because it could result in less stringent contract monitoring and emphasised the

importance of maintaining quality of services. Officers explained that the DPS system was increasingly common for health and social care contracts. Public accountability and transparency with providers was maintained however, the DPS provided greater flexibility and allowed providers to enter the DPS as various entrances which differed from a framework agreement. Providers were vetted at the start of the process and were monitored continuously. Where there were issues with a provider there were provisions within the contract for suspension.

- Sought clarity regarding the budgetary implications of the DPS if more services were contracted. It was explained that the pressures upon GP practices were such that there was a risk that due to the work required in annual tenders for contracts they would not bid. There was a greater risk of unwanted underspend if the current arrangements were maintained.
- Commented that the perceived advantage to the DPS was that providers were able enter and leave during the agreement. Officers informed Members that the current framework arrangement was too inflexible and there were significant risks of GPs dropping out during the framework tender process.
- Noted a pseudo DPS opened in tranches whereas the traditional DPS model remained open all the time.
- Expressed concern regarding the maintenance of the quality of services and sought assurance regarding the quality control system. Members noted the work of the Primary Care Commissioning Team that concentrated on contract monitoring and audit work. Officers undertook to supply a briefing note to Members regarding contract monitoring and quality. **ACTION**
- Noted that the DPS as a method of procurement was introduced prior to 2015 in a different format. Following changes in regulations in 2015 it made adaption to service requirements easier and therefore DPSs were used increasingly often.

Having reviewed the additional information, it was resolved to:

Approve the proposal to adopt the Dynamic Purchasing System (DPS) contractual arrangements that Cambridgeshire County Council Public Health has with its primary care providers.

170. HEALTHY CHILD PROGRAMME UPDATE

The Committee were presented a report that provided an update regarding the workforce and financial issues that related to the 0-19 Healthy Child Programme (0-19HCP) and work undertaken to integrate the service across Cambridgeshire and Peterborough. The report also presented an options appraisal regarding the service model with a reduced budget.

Members noted the saving identified totalling £238k that had deferred to the current financial year in order for the detailed work set out in the report to be undertaken. It was also noted that the purpose of the report was to introduce the proposed service model and that a further report requesting the Committee's approval for a likely Section 75 agreement would be presented in the new year.

During discussion of the report Members:

- It was questioned whether the recommendation of the officer report constituted a key decision. It was explained that although the decision was an important one for the Committee it did not constitutionally represent a key decision.
- A Member drew attention to the challenges of recruiting Health Visitors in sufficient numbers and that the situation in Cambridgeshire had stabilised somewhat. However, concerns were expressed regarding the proposed model in that 90% of the work would be undertaken by nursery nurses. The model would result in Health Visitors spending far more time undertaking safeguarding work which was not why they joined the profession and was a key driver for Health Visitors to leave the profession. Officers explained that the appendix to the report set out the future of the service and did not represent the present picture. Officers provide assurance that the vast majority of the service would be undertaking deliver of the universal offering to all families. With a reduce cost envelope it was necessary to mix skills and deliver the service in a different way. It was also essential that specialised clinical staff were utilised appropriately. Officers were acutely aware of the issues affecting staff retention and were looking to developing staff from within the service.
- A Member questioned whether nursery nurses with less than 1 years' experience would have the sufficient skills necessary to identify issues when undertaking assessments. It was explained that when they were appointed nurses worked to a competency framework and received comprehensive training that equipped them to have constructive dialogues with families. Numerous tools including supervision were utilised in order to ensure competency In terms of the internal mood of women, assurance was provided that checks were undertaken.
- Members noted that the model was in use elsewhere in the country however evaluation feedback would have to be obtained regarding their success. Officers commented further that nursery nurses are highly skilled regarding assessments and arguably in some cases were more skilled than certain health visitors. The Benson model was used in 40 different healthcare sectors and had been developed over last decade. The model assisted modelling the level of workforce required for the service to operate.
- A Member welcomed the officer presentation that provided greater confidence in the model and commented that the skills of nursery nurses were often over-looked and under rated.
- Concerns were expressed that there was a possibility that issues could be missed and the varying quality of NVQ qualifications around the country and sought assurance that the training provided at NVQ level 3 was sufficient in terms of quality. Officers commented that no new recruit was the finished article when recruited and therefore required support in order to reach their full potential. Qualifications would be provided by various awarding bodies depending on the Further Education College the student attended. Candidates were assessed against an application and interview process and successful candidates were performance managed through support and regular supervision.

- It was noted there was a clear emphasis and allocation of resource to safeguarding which was welcomed. Members noted that there were staff shortages in the Fenland, Peterborough and Cambridge City areas which contained areas of high deprivation and questioned whether consideration had been given to targeted recruitment within the eastern European community. Officers informed Members that recruitment from such communities could be improved and alternative approaches were being assessed for the Wisbech area.
- A Member expressed support for the proposed Section 75 agreement. Performance would be monitored closely and requested granularity of data split into District Council level. Officers also highlighted the importance of demonstrating outcomes which it was noted were more difficult to measure.
- Further information was sought regarding the support and supervision for the new teams. Officers informed Members that the supervision process was robust. Those undertaking supervision would not hold cases in order that they could fully focus on the caseloads held by staff. There was also restorative supervision undertaken which focussed burnout and anxiety of staff. Safeguarding leads also undertook specific safeguarding supervision.
- The level of engagement by parents through digital channels was queried and questioned the confidence of officers in difficult to reach parents utilising digital access. Officers drew attention to the success of the “Chat Health” service that had achieved a level of interaction that would not have been possible through the old model. Officers went on to provide examples of where digital access to services was able to provide better outcomes for people who were in need.
- A Member continued to express reservations regarding the model and commented that there was little evidence to support the view that the level of nursery nurse training was sufficient.
- It was noted that recruitment hotspots were areas where there were difficulties in recruiting staff.
- Noted that officers agreed to circulate to Members further information regarding the current students that were undertaking training and how the model projected the numbers required for the service. **ACTION**
- Drew attention to the pay levels of nursery nurses and expressed concern with regard to the high cost of living and transport. It was explained that newly appointed members of staff began at band 4 which was a starting salary of approximately £22k which was set nationally and deemed appropriate.
- Members questioned whether the required skill mix of staff, recruitment and demand for services had been addressed within the service design. Officers explained that all three were risks and had been addressed. Demand for services was an ongoing issue due to continued population growth.
- A Member sought further information regarding the level of team capacity was devoted to safeguarding. Officers drew attention to section 2.5 of the officer report that showed 18% of staff time would be spent on the safeguarding pathway. Members noted the multidisciplinary nature of safeguarding work and further work that had been undertaken to streamline the process.

It was resolved by majority to:

- a) To note the workforce update on the Health Visiting and School Nursing service
- b) To note the proposed service model for the 0-19 HCP, including the options for the delivery of support to teenage mothers, and to endorse the model for implementation from April 2019.

171. FINANCE AND PERFORMANCE REPORT – OCTOBER 2018

The Committee received the October 2018 iteration of the Finance and Performance Report which showed an increase in the overall underspend of £68k from September's reported position.

During discussion Members:

- Observed that it was welcome that there were more direction of travel arrows that indicated improving performance as opposed to negative ones.
- Drew attention to appendix 4b of the Healthy Child Programme report that suggested that across Cambridgeshire, Health Visitors were meeting their targets, yet performance had reduced according to the Finance and Performance report. Officers undertook to provide additional information in the next iteration of the report
ACTION
- Commented that certain Section 75 monies had been directed to Adult Social Care. Officers undertook to provide a briefing note to Members. **ACTION**
- Noted that the overall underspend represented 2% of overall public health expenditure and that £281k related to an accounting issue from 2016/17.
- Commented that it was hoped that no further underspends occurred within the current financial year, expressing concern that a further shift had occurred. Officers explained that due to the overall national Public Health Grant being reduced, contracts with GPs had been reviewed and had delivered savings earlier than anticipated. There were also posts that not been recruited to as it was known that the post would be deleted in the near future.

It was resolved to:

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

172. HEALTH COMMITTEE REVIEW OF DRAFT REVENUE AND CAPITAL BUSINESS PLANNING PROPOSALS FOR 2019/20 TO 2023/24

Members were presented an overview of the draft Business Plan revenue and capital proposals for services that area within the remit of the Health Committee. In introducing the report, the Director of Public Health drew attention to the changes set

out in the report that had been made since the business planning proposals were first presented to the Committee at its October 2018 meeting.

In discussing the report Members:

- Noted the modification of approach to certain budget lines that had been agreed with the Section 151 Officer. It was noted that the effect of these changes was not to create an additional reserve that could be deployed elsewhere but deliver savings without reducing services.
- Drew attention to the Public Health reserves and questioned how they could be better deployed and commented that reserves could be utilised to into areas such as oral health.
- Expressed concern that reserves could be recalled by central government.
- Suggested that discussions take place at the Chair and Lead Members briefing in order to be taken forward.

It was proposed with the unanimous agreement of the Committee that the wording of recommendations b) and c) be amended through the deletion of the word 'endorse' which was to be replaced by the word, 'forward'.

It was resolved to:

- a) Note the overview and context provided for the 2019/20 to 2023/24 Business Plan revenue and capital proposals for the Service, updated since the last report to the Committee in October unanimous
- b) Comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2019/20 to 2023/24, and **forward** them to the General Purposes Committee (GPC) as part of the consideration for the Council's overall Business Plan.
- c) Comment on the changes to the capital programme that are within the remit of the Health Committee and **forward** them to the General Purposes Committee (GPC) as part of consideration for the Council's overall Business Plan

173. LET'S GET MOVING PHYSICAL ACTIVITY PROGRAMME

Following the deferral of the decision at the November meeting of the Committee, Members received a report that provided additional information requested by the Committee regarding the Let's Get Moving Physical Activity Programme. .

In discussing the report Members:

- Highlighted the importance of the public understand how the Council was spending money.

- Welcomed the additional information provided in the report and drew attention to the importance of the evaluation work, questioning whether there was sufficient resource budgeted to its evaluation.
- Highlighted the programmes undertaken by South Cambridgeshire District Council and their work regarding sustainability.
- Thanked and congratulated the facilitator at South Cambridgeshire District Council who had been so successful in driving the programme forward.
- Emphasised the importance of longer term evaluation of the programme and how the evaluation linked directly to the sustainability of the programme.
- Noted the importance of Members being kept informed with events and initiatives that were taking place in their divisions in order that they were able to evaluate it.

It was resolved to:

- a) Extend the Let's Get Moving Programme Public Health Reserve funding for an additional year in line with the indicated timeline feature in the officer's report.
- b) The introduction of the proposed interventions to strengthen the longer term monitoring of sustained behaviour change.

174. NHS DENTAL SERVICES ENTER AND VIEW VISITS BY HEALTHWATCH CAMBRIDGE AND PETERBOROUGH

Members received a report from Sandie Smith, Chief Executive Officer (CEO), Healthwatch Cambridgeshire and Peterborough. In introducing the report the CEO informed the Committee that the writing of the report had arisen from the reported difficulties the public had experienced in accessing NHS dental services. The public had reported many stories where urgent treatment had been difficult to access. Transport links especially in the Fenland areas were exacerbating accessibility issues and people with lower incomes and children were disproportionately affected. There was also little evidence of preventative work in terms of oral health.

During the course of discussion Members:

- Welcomed the report and drew attention to the apparent mis-match between the Oral Health Needs Assessment and the findings of the Healthwatch report. It was however noted that the Healthwatch report was a deep dive into a particular geographic area. Cambridgeshire performed well in terms of dental decay, however there were pockets of deprivation where oral health was much worse.
- Emphasised the importance of the relationship between good oral hygiene and health outcomes.
- Noted that overall Cambridgeshire performed well in terms of oral health, however drew attention to the disparity between the north and the south of the county, including certain areas of Cambridge City.
- Confirmed that a further report would be circulated to Members in January 2019.

It was resolved to note and commend the contents of the report.

175. NHS DENTISTRY PROVISION

The Chairman invited David Barter, Head of Commissioning NHS England Midlands to address the Committee.

Mr Barter began by informing Members that Dental Access Centres (DACs) were set up several years ago for the purpose of attending to patients in pain. A significant piece of work had since been undertaken in order to ascertain the benefits to the health of attendees. The results of the work found that patients will go to when they have pain however, the DAC provided no pathway for oral care and patients would not regularly attend a dentist. This was compounded by the banded courses of treatment that could be offered by a dentist. It was therefore intended that pilot areas were set up in areas of most need for providers to be paid an enhanced rate to provide a course of treatment that would build a relationship between the practice and the patient in order to improve regular attendance at a practice. The proposal had been presented to the Dental Strategy Group and service specifications were being drafted.

During the course of discussion:

- A Member highlighted the case of an elderly constituent who suffered a fractured hip and was having difficulty accessing domiciliary dentistry services. The Head of Commissioning confirmed that there had been no funding cuts to domiciliary services and offered to speak to the Member regarding the individual.
- Members endorsed paragraph 2.1 of the Oral Needs Assessment that stated oral health should be for life. In drawing attention to preventative care a Member questioned how dental hygienists were funded through the NHS. Members were informed that the majority of dental contracts underperformed in terms of activity. Contracts tendered annually to deliver a specified number of units underperformed regularly. The intention was to remind and help the profession understand that a key objective was to ensure children regularly attended the dentist through the development of pilot schemes which would directly influence the new dental contract which was more focussed on prevention. It was confirmed that anyone could attend an NHS dentist and request to be seen, what prevented them being seen was whether the dentist had sufficient units of activity. In order to see a hygienist a dentist would have to be seen first.
- It was noted that if the region was successful in having a dental school commissioned then it would of huge benefit in terms of work-force for the area.
- Attention was drawn to concerns regarding accessibility to NHS dental practices where patients were being turned away. It was confirmed that a practice could only refuse to see an NHS patient if they did not have units of activity left. There was therefore a need for robust discussions to reduce contracts in certain areas where they were underperforming in order to re-direct resources to areas of greatest demand.
- It was noted that the new model encouraged community outreach. There was a key objective to encourage families to attend practices in order that children entered the oral health pathway at the earliest opportunity.

- A Member questioned the numbers of multiple extractions that appeared to be increasing. The Head of Commissioning although unsure as to the accuracy of the data emphasised the importance of the approach to commissioning with providers to encourage children to attend the dentist and prevent poor oral hygiene.
- Attention was drawn to partnership working, in particular whether links could be forged with Health Visitors who were undertaking visits. It was confirmed that such partnership working was being pursued.
- Members noted that with regard to plans for new communities such as Northstowe, close work was undertaken with colleagues from NHS deliver to ensure that sufficient provision was in place. A Dental Strategy Group had been formed that would model what would need to be commissioned. The Head of Commissioning undertook to provide a written briefing to Members on the plans for Northstowe.
- A Member commented that the Cambridgeshire County Council's 'Be Well' website did not contain a dental health icon.

It was resolved to note the contents of the report

176. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP DIGITAL STRATEGY

The Head of Analytics and Evaluation, Clinical Commissioning Group, Chris Gillings was invited by the Chairman to address the Committee. Members were informed that a Digital Enabling Group had been meeting since July 2018 and had developed a strategy which was presented to the Committee.

Five key areas of the strategy were highlighted and the vital importance of transparency and governance was emphasised. Members noted that there were other parts of the country where digital integration was working.

During discussion of the report Members:

- Noted the work of the Digital Enabling Group and the work that had been undertaken at Addenbrooke's where a baseline had been built through which providers could begin to link data sets.
- Questioned whether the Ambulance Service had been included in the work. It was confirmed that they were taking part in the work and had been developing a system called Patient Picture.
- Drew attention to care homes which were an environment attended to regularly by the Ambulance Service and where patients had complex needs and many medications. It would therefore be vitally important for their inclusion.
- Noted the plan for wave 3 for local health care records which had a standardised method of drawing on information from across England. Members further noted that there was a model where the patient owned their own data and could give permission for that data to be seen by a GP online. Barriers regarding identification

had been overcome and further work was being undertaken to ascertain how it could be developed and used effectively.

- Thanked the Head of Analytics and Evaluation for his report and in noting the planned work, requested that he present an update to the Committee in the summer 2019.

It was resolved to note and comment on the contents of the report.

177. TRAINING PROGRAMME

Members received the Health Committee Training Programme and noted the updates provided at the meeting.

It was resolved to:

Note the Committee training programme

178. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee examined its agenda plan.

It was resolved unanimously to:

Note the Forward Agenda Plan, the changes that arose during the course of discussion and the additional items requested.