

HEALTH COMMITTEE: MINUTES

Date: Thursday, 14 March 2019

Time: 1.35p.m. – 4.00p.m.

Present: Councillors D Connor, J Gowing (substituting for Councillor Boden), L Harford, P Hudson (Chairman), D Jenkins, L Jones, K Reynolds, S Taylor, Topping and S van de Ven

District Councillor N Massey

Apologies: Councillors C Boden, G Harvey and J Tavener

The Chairman expressed his thanks to Cambridge News reporter Josh Thomas who had reported on the Health Committee regularly and was leaving to take up a new role in Westminster.

198. DECLARATIONS OF INTEREST

There were no declarations of interest.

199. MINUTES - 7TH FEBRUARY 2019

The minutes of the meeting held on 7th February 2019 were agreed as a correct record and signed by the Chairman.

200. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted. Officers undertook to provide a written briefing note that updated Members on the outstanding actions.

201. PETITIONS

There were no petitions.

202. FINANCE AND PERFORMANCE REPORT – JANUARY 2019

The Committee considered the January 2019 Finance and Performance report. In presenting the report officers highlighted that the recommendation of the report should request that Members noted the finance position as at end of January 2019 not November 2018.

Members were informed that there was no overall change in the financial position and there was a forecast underspend of £459k of which £391k would be returned to corporate reserves.

Attention was drawn to paragraph 2.3 of the officer report which related to the S75 contract for 0-19 healthy child services. It was reported that there had been significant numbers of vacancies within the service and therefore it was possible that a portion of the value of the contract could be re-funded as a result. Members noted that £238k had

been earmarked from ring-fenced reserves in order to maintain the contract and that reserves would not have to be utilised to the same extent if a refund was received.

Members were informed further that due vacancies that had occurred within roles shared across Peterborough City Council and Cambridgeshire County Council could result in reduced costs and therefore money paid to Peterborough City Council.

During discussion Members:

- Questioned the impact of staffing underspend for the Healthy Child Programme and re-asserted concerns regarding the ability of Nursery Nurses to recognise issues such as abuse.
- Expressed concern regarding vacancy levels across the Public Health directorate, and relayed concerns of residents regarding a lack of Health Visitors.
- Noted the comments of a member that had attend a meeting of the Communities and Partnerships Committee and the discussions that had taken place with officers regarding health visiting and the concerns of Members.
- Drew attention to Appendix 5 of the officer report and questioned whether it would be possible to install new software into GP practices. Officers commented that improvements had been achieved in the number of health checks undertaken. Members were informed that software had been commissioned however due to General Data Protection Regulations (GDPR) had resulted in its decommissioning however, existing systems were able to be used.
- Noted the comments of a Member that had visited Health Visitors and saw them working as a team that would advise one another regarding any concerns relating to families.
- Drew attention to the length of time between the 9 month check, 2.5 year check and the next check which took place at school. Officers in response emphasised the importance effective monitoring that would identify any risks that could jeopardise children's health.
- Sought further clarification regarding the long term position of the Counting Every Adult (MEAM) project contained at Appendix 7 of the report. Officers undertook to provide further information. **ACTION**

It was resolved unanimously to:

Review and comment on the report and to note the finance and performance position as at the end of January 2019.

203. CAMBRIDGESHIRE AND PETERBOROUGH CCG FINANCIAL POSITION AT MONTH 9

The Chairman invited Jess Bawden, Director of External Affairs and Policy together with Mark Sanderson, Medical Director and Wanda Kerr, Deputy Chief Finance Officer to update the Committee regarding the financial position of the Clinical Commissioning Group (CCG) at month 9.

Members were informed that month 10 figures had been received and the CCG remained on track to meet the forecast overspend of £35m. Members noted that if the target was achieved then NHS England would write the deficit off and would not have to be re-paid in future years.

Pressures relating to Section 117 cases were highlighted together with issues relating to Continuing Health Care funding.

Members were informed that the budget for 2019/20 totaled £1.3bn however, it would unlikely be sufficient to meet the predicted population growth for the area. Meetings with NHS England were taking place in order for a control deficit of £25m to be agreed.

During discussion Members:

- Congratulated the CCG on maintaining the target overspend of £35m and questioned whether the mild winter had assisted in achieving the target. Officers confirmed that the mild winter had helped operationally as seasonal flu had not been as severe as previous years and there had been limited snowfall. A significant amount of forward planning for the winter period and proactive management had been undertaken and as a result the system a whole managed winter pressures more effectively.
- Noted that previous years' overspends would continue to be carried forward into the new financial year however, the current £35m deficit would not be added to the cumulative deficit.
- Questioned to what extent areas in which overspends were likely to occur, such as Delayed Transfers of Care (DTOC) were within the control of the CCG. Officers explained that with regard to S117 cases, management of the costs had improved greatly together with more robust processes regarding case management implemented. Officers explained the penalties applied regarding DTOCs were done so on a sliding scale.
- Were informed that the Learning Disability Partnership (LDP) was a pooled budget managed by Cambridgeshire County Council. There were budgetary pressures within the LDP driven by the complexity of cases and increasing numbers of new clients.
- Noted the comments of officers regarding the potential end of special measures at the end of March 2019 which would afford greater autonomy.
- Noted the progress made against the CCG's Improvement Plan which was monitored by the CCG Board. Independent assurance was sought for the plan and positive comments were received regarding its progress. There was reasonable confidence that the organisation was moving in the right direction.

It was resolved unanimously to note the CCG's financial position.

203. GENERAL PRACTICE FORWARD VIEW – LOCAL IMPLEMENTATION UPDATE REPORT

The Medical Director, Mark Sanderson of the Clinical Commissioning Group (CCG) together with Jess Bawden Director of External Affairs and Policy were invited by the Chairman to update Members regarding the General Practice Forward View.

In presenting the report the Medical Director drew attention to paragraph 2.1 which set out the four main areas of work that supported the ambitions set out in the report. Work was being undertaken with the Sustainability and Transformation Partnership (STP) regarding local geography and conversations were taking place with GP practices regarding areas.

Members noted the challenges relating to recruitment and retention of GPs, in particular the difficulties experienced in recruiting internationally. The requirements relating to English language in order to be placed on the national performance list were particularly challenging. There were also substantial numbers of GPs forecast to leave the profession in the short to medium term and initiatives to mitigate and improve the position were being investigated.

During discussion, Members:

- Drew attention to the ambition for the recruitment of 30 GPs from overseas of which only 2 had been recruited. Members were informed that many applications had been received, however few met the required standards, particularly regarding English language. It was also noted that the concept of GPs differed overseas where in Eastern Europe for example, a thyroid issue would be referred to hospital where as in the United Kingdom the GP would undertake a variety of tests.
- Noted that 6 GPs from Australia had moved to England and begun practicing.
- Sought further understanding of how the coalescence of different GP practices was being encouraged, particularly for practices that did not have a natural inclination to coalesce. It was explained that Cambridgeshire was behind when compared with other areas. Examples of practices in Peterborough that had merged were provided and Members noted that 2 practices in St Ives and a practice in Somersham had merged. Officers explained that the direction of travel toward greater integration was well known amongst GP practices.
- Noted that for extended access to GP services over the weekend, there was a requirement for every patient to be provided access however, there was no requirement for every practice to deliver it. Therefore, hubs were used to provide services out of normal hours. In the future the extended access would be linked with the newly established networks.
- Noted the numbers of qualified nurses that were currently working as healthcare assistants and unable to work as nurses because they were unable to reach a level 7 standard of English.
- Questioned to what extent the national contract would provide a driver for change and sought greater clarity regarding timescales. It was explained that the contract influenced GP behaviour significantly as they were small businesses. Timescales were challenging and a clinical director would lead for each group in order to align staff to be able to establish networks. There would also be standardisation of

certain practices such as warfarin management and work was being undertaken with the University of Cambridge to produce a leadership programme. Members requested that any leadership programme encompass distributed leadership.

- Questioned how monitoring of the progress was measured including outcomes. Officers agreed to return to Committee to provide an update on progress which would include measures of progress and outcomes.
- Questioned whether the only driver for change was financial or was it to also improve patient access to services. It was explained that in Peterborough which would likely be the preferred model there was one large merged practice that enhanced patient access.

It was resolved to note the report and return 6 months.

204. REGIONAL CHILDREN'S HOSPITAL COMMUNICATION AND ENGAGEMENT PLAN

Representatives of NHS England including Jessamy Kinghorn, Head of Communications and Engagement NHS England Specialised Services (Midlands and East of England), Tracy Dowling, Chief Executive Cambridgeshire and Peterborough Foundation Trust (CPFT), Rob Horsecore, Clinical Lead for Children's Hospital, Alison Bailey, Director of Communications and Engagement Cambridge University Hospitals NHS Foundation Trust and Ian Mallet, Communications and Engagement Lead were invited by the Chairman to address the Committee.

Following the government announcement of £100m capital funding for the establishment of a new children's hospital officers were attending the Health Committee in order to provide details on how the public and patients would be engaged during the process.

Officers provided information regarding the scope of the proposed hospital and highlighted the opportunity to provide world leading paediatric services which would benefit from being located at the Addenbrooke's campus with its teaching and research facilities.

Officers explained that the historic separation of physical and mental health services was out-dated and it was vital to look at health as a whole mental and physical health were intrinsically linked.

The Committee was informed that integration was key to the hospital. The remit of the hospital was to support specialist services across the region and co-locate services at the Addenbrooke's campus. There was an ambition to work with providers in order that pathways be improved through an effective hub which utilised digital and telehealth services to ensure children remained local.

Members noted the ambition to build a hospital that was the pride of East Anglia similar in stature to Alder Hey children's hospital in Liverpool.

The report outlined the proposed approach to ensure that patients, families and the public were involved in co-developing the plans. Members noted that children and young people would be central to the proposed engagement. Initial discussions had taken place and the general view expressed was that it provided an opportunity

however, concerns were expressed regarding co-locating both mental health and physical services on one site.

Commenting on the report Members:

- Welcomed the proposed children's hospital and highlighted the importance of providing a dedicated facility for parents to stay at when their children were being treated.
- Suggested that parents of patients of other children's hospitals be engaged with in order to learn from their experiences together with past patient experiences.
- Emphasised the importance of creating a clear framework through which engagement was delivered, commenting that the public often became frustrated when it was not clear what was being consulted on.
- Expressed concern that there was a risk that the proposed hospital could detract from services patients currently used.
- Questioned what officers hoped to learn through the consultation exercise about patient experience. Officers explained that a formal 12 week consultation would not be undertaken because a two year involvement approach was considered to offer more meaningful engagement. There was a desire to work closely with children, families and clinical teams to produce pathways and identify current barriers. Members noted the concerns of patients of the Ida Darwin hospital that included concerns regarding green space at the Addenbrooke's campus and the busy environment that was found there.
- Highlighted the importance of transport and access to the campus.
- Emphasised the positive relationships the Committee enjoyed with many health partners and drew attention to the Liaison Group where information and support could be shared.
- Expressed support for the Children's Hospital and agreement with the proposed approach to engagement.
- Confirmed Councillor Lynda Harford to act as a lead Member relating to engagement for the new Children's Hospital.

It was resolved to note the report.

205. NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2018/19 REQUESTS

Members considered a report that sought to establish a process through which the Committee as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts. During discussion Members confirmed that they would appoint Councillors Connor, Hudson, Jones and Taylor to the proposed Task and Finish Group. Members also confirmed that they wished to respond to all Quality Accounts detailed in the officer report.

It was resolved to:

- a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to
- b) To note the improvements in the process introduced for responding to Quality Accounts in 2018 and feedback from the Trusts
- c) To delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting in consultation with the views of members of the Committee appointed to the Task and Finish Group; and
- d) To appoint Councillors Connor, Hudson, Jones and Taylor to the Task and Finish Group.

206. HEALTH COMMITTEE TRAINING PROGRAMME AND DRAFT TRAINING PROGRAMME 2019/20

Members received the Health Committee Draft Training Programme 2019/20. During the course of discussion Members suggested further discussion take place at the Chair and Lead Members meeting. Members highlighted the importance of undertaking evaluation of training sessions.

It was resolved to note the Training Programme and Draft Training Programme 2019/20.

207. HEALTH COMMITTEE FORWARD AGENDA PLAN

The Committee examined its agenda plan and noted that the CGL Contract Novation report would be presented to the May meeting of the Committee together with the Let's Get Moving – Evaluation Plans. It was therefore noted that that provisional meeting for April would be cancelled.

It was resolved unanimously to note the Forward Agenda Plan.