

HEALTH COMMITTEE: MINUTES

Date: Thursday 7th September 2017

Time: 1:30pm to 5:30pm

Present: Councillors C Boden, L Dupré, L Harford, Cllr Hudson (Chairman), D Jenkins, L Jones, T Sanderson, K Reynolds and S van de Ven

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

Apologies: District Councillor M Cornwell

28. DECLARATIONS OF INTEREST

There were no declarations of interest.

29. MINUTES – 20th JULY AND ACTION LOG:

The minutes of the meeting held on 20TH July 2017 were agreed as a correct record and signed by the Chairman. The action log was noted including the following updates relating to on-going actions

Minute 17a – Cambridgeshire Community Services (CCS) had been asked to investigate the matter and was in progress.

Minute 17b – The information was now presented within the Finance and Performance Report

Minute 17c – Sanctions under the S75 agreement did not exist. Underspends were required to be declared.

Minute 19 – Following further discussion it was agreed that a briefing regarding Delayed Transfers of Care would be circulated outside of the meeting in preparation for a liaison group meeting with Addenbrooke's Hospital

Minute 22 – Confirmation had been received that the delivery groups were operational meetings and if Members were appointed it may affect scrutiny.

30. PETITIONS

No petitions were received.

31. HEALTHY WEIGHT STRATEGY

The Committee received the Healthy Weight Strategy designed to address issues around healthy weight in Cambridgeshire. Following the presentation to the Committee of the draft strategy in July 2016 a period of public consultation took place after which a system wide event took place attended by key stakeholders and representatives from a wide range of organisations that assisted with the development of the implementation plan.

The Healthy Weight Strategy was reliant on a range of organisations in order to be effective in its goals. The implementation plan was formulated to be achievable and be able to demonstrate clear improvements.

During the course of discussion Members:

- Drew attention to obesity as both a local and national issue that required leadership nationally. The Council possessed limited tools with which to tackle the problem.
- Highlighted the role of communications and the role of District Councils and the Cambridgeshire and Peterborough Combined Authority in the strategy.
- Expressed concern regarding the focus of the strategy that would make it unlikely that the strategies targets would be achieved and questioned whether the strategy would slow that rate at which the situation was becoming worse or would actually reduce the rates of obesity. Officers drew attention to the rates of childhood obesity that had stabilised since 2008 and some reduction in the rates had been seen more recently which despite the complex challenges faced, gave encouragement for the success of the strategy.
- Highlighted the goal on page 35 of the strategy that would address health inequalities in Cambridgeshire but could not see that it was permeated throughout the targeting of the strategy. Officers informed Members that targeting was alluded to within the implementation plan and that there were issues where specific targeting was required and others where a broader approach was more suited.
- Questioned how the Council could influence the location of fast food outlets within communities. Members were informed that Public Health could have more involvement in the planning process and there were examples of this in other areas of the country.
- Requested greater leadership from the Clinical Commissioning Group (CCG) and hospitals where fast food outlets were located within hospital premises.
- Emphasised the role of the Health Committee in influencing other Policy and Service Committees in order they consider how their policies impact on people's health.
- Set the strategy within the context of the multi-million pound food industry and the fashion magazine industry that played a significant role in women's relationship with food. There was also contradictory advice received from health professionals where foods once considered to be unhealthy became healthy following further research. Therefore it was important that the strategy focussed on 2 or 3 goals that were achievable. Officers explained that the implementation plan had been designed in order that it was achievable. The strategy was aimed to create an environment where taking the healthy route was the most convenient thing to do.
- Highlighted the need for an over-arching Public Health goal for the county from which the various strategies would work to achieve. There was a danger that there could be many strategies but limited understanding of the Public Health priorities. There was also a need for the Council to become more effective at influencing partners and the wider public.

- Questioned whether the strategy went far enough in terms of influencing partner organisations and drew attention to the need for the Council to demonstrate leadership by reviewing what was stocked in its staff cafeteria. Officers welcomed the support Members could provide in influencing partners and requested that Members of the Addenbrooke's Hospital Liaison Group present the strategy to the hospital. **ACTION**
- Councillor Jones proposed the addition of a third recommendation with the unanimous agreement of the Committee that requested officers supporting other Council Policy and Service Committees to advise the Director of Public Health of any current or planned initiatives within their areas of responsibility which support the Healthy Weight Strategy, and to work with Committees to review whether their areas of responsibility meet the recommendations of the Strategy.

It was resolved unanimously to:

- a) Approve the Healthy Weight Strategy and Implementation Plan
- b) To endorse partners taking forward the Implementation Plan
- c) Ask officers supporting other Council Policy and Service Committees to advise the Director of Public Health of any current or planned initiatives within their areas of responsibility which support the Healthy Weight Strategy, and to work with Committees to review whether their areas of responsibility meet the recommendations of the Strategy.

32. FINANCE AND PERFORMANCE REPORT – JULY 2017

Members received the July iteration of the Finance and Performance Report. Officers reported that the overall position had remained relatively static from the previous month and was following a similar trend to the previous year due to the nature of programmes and cycle of invoicing. It was anticipated that it would be November before a true picture of the financial position emerged.

During discussion of the report Members:

- Noted that the 'number of health checks completed' performance indicator remained red. This was partly due to data recording issues that were being addressed. There had been a lot of work to increase the numbers of checks completed and officers explained that the targets were necessary in order to effectively manage rates of cardio-vascular disease.
- Noted that a meeting had taken place with Fenland District Council's senior management team regarding outreach health checks and information would be provided to Members on engagement. **ACTION**

It was resolved unanimously to review and comment on the report and note the finance and performance position as at the end of July 2017.

33. CAMBRIDGESHIRE ADULT DRUG AND ALCOHOL TREATMENT SERVICES PROCUREMENT

The Committee received a report that described the rationale and benefits of procuring a new Cambridgeshire Adult Drug and Alcohol Treatment Service through a competitive tender. There was a need with an aging population of drug users for a different approach together with the increasing misuse of prescription drugs. There was also a need to transform services and achieve best value from any contract.

- Emphasised the need for an evidence based approach - as from a Public Health perspective there was some return on investment from drugs and alcohol services, but there was significant return on investment in terms of reduction in crime and suggested that the Police and Crime Commissioner be involved in the process. Officers explained that the office of the Police and Crime Commissioner invested in services every year. The Drugs and Alcohol Delivery Board brought together a wide range of organisations and there was an expectation that organisations would work collaboratively in order to tackle the issue.
- Drew attention to the benefits of an over-arching Public Health strategy that would better inform where money was targeted.

It was resolved unanimously to approve:

- a) The initiating a competitive tender for the procurement of a Cambridgeshire integrated drug and alcohol service
- b) The scope of service to be included in the tender
- c) A transformation approach that reflects the findings of the recent Drugs and Alcohol Joint Strategic Needs Assessment and the National Drugs Strategy, is evidence based and provides value for money.

34. ANNUAL PUBLIC HEALTH REPORT 2017

The Director of Public Health presented the Annual Public Health Report 2017 to the Committee. The report was the statutory duty of the Director of Public Health. In presenting the report attention was drawn to the section regarding trends in mental health that showed an increase in the number of admissions for self-harm however, there had been no overall increase in the suicide rate. The report recommended a consistent and sustainable focus on the north of Fenland and the Wisbech area that suffered particularly from acute health inequalities.

In welcoming the report Members:

- Drew attention to young people's mental health questioning whether the rise in admissions could be attributed to changes in the recording of admissions and therefore would be reflected nationally also. Officers explained that although the national requirements for recording admissions had changed local practices within individual hospital also influenced the data. There was also the potential for a small number of individuals to be admitted but they have several admissions over a period of time. Members noted the wide range of activity and the role of the Health and

Wellbeing Board that retained oversight of developing work in the area. Officers agreed to provide Members with further details of the areas of activity. **ACTION**

- Expressed concern regarding the level of health inequality across the county and requested that further information be provided to Members on what the inequalities were, the action being taken by the Council and the effectiveness of the action taken. **ACTION**
- Noted that GCSE attainment for pupils that received free school meals was significantly worse than other local authorities and was an area being focussed on by the Learning Directorate.
- Clarified that the asterisks contained within the table shown at figure 21 of the report were included in order that the identity of those affected could not be revealed because the numbers were so small.
- Drew attention the resource implications that related to Public Health. Cambridgeshire was one of the fastest growing areas in the United Kingdom and there was currently a situation where expenditure was below the mean.
- Highlighted the cuts in the Children's and Young Peoples budget and the changes to the provision of Children's Centres. Officers explained that the report signalled the relationship between achieving positive health outcomes while targeting resources based on analysis of needs and outcomes. Officers agreed to provide an objective briefing to Members regarding research on the contribution of Children's Centres to health outcomes. **ACTION**
- Emphasised the need to focus on the priorities for the Public Health budget and the determination of the relative values of the priorities.
- Requested that more neighbourhood mapping was included within the report as well as that based on electoral divisions.

It was resolved to:

- a) Discuss and comment on the information outlined in the Annual Public Health Report
- b) Consider any recommendations the Committee may wish to make based on the content of the report.

35. PUBLIC QUESTION

Mrs Jean Simpson had submitted a question by the deadline and the Chairman invited her to address the Committee.

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In her introduction she commented on the priorities of the Health Committee regarding its scrutiny function and raised concern regarding how that function was undertaken. With regard to engagement with the public Mrs Simpson questioned with regard to the

Sustainability Transformation Partnership (STP) Board strategy that mentioned a stakeholder group. Mrs Simpson asked what the membership of the Stakeholder Group was, whether service users and members of the public were to have seats on the STP Board, whether the meetings of the Board would be held in public with minutes made available and whether the STP would explain how the Capped Expenditure Process would result in cuts to health service provision.

The Chairman thanked Mrs Simpson for her question and informed her that a written response to her question would be sent within 10 working days from the date of the meeting.

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36. PLANNING FUTURE PRIORITIES FOR HEALTH COMMITTEE

Members received a report that requested the Committee review and agree its priorities for 2017/18. The report built on development session held for the Committee and summarised the issues discussed at that event.

During the course of discussion Members:

- Welcomed the priorities set out in the report following the development session including the scrutiny areas of focus; delayed transfers of care and the Sustainability and Transformation Partnership.
- Emphasised the need to focus on what could achieve the best outcomes based on the resources that were available.
- Requested that health inequalities be reduced to the extent that it could be achieved. Members noted the success that financial incentives provided to pregnant women who were smokers and the evidence base that supported the conclusions, requesting that the same evidence based approach applied to priorities in the future.
- Drew attention to the need for an overarching Public Health Strategy in order for the Committee and officers to assess the priorities effectively.

It was resolved to:

- a) Discuss the priorities recommended in paragraphs 2.3 and 2.4 of the officer report following a development session for Committee members held in July
- b) Agree Health Committee priorities for 2017/18
- c) Consider what reporting mechanisms the Committee would like to see put in place to monitor progress against identified priorities.

37. SUICIDE PREVENTION STRATEGY UPDATE

This report provided the Committee with an update on progress relating to the suicide prevention strategy and presented the draft refresh of the strategy prior to it being presented to other organisations and stakeholders. Officers drew attention to the collaborative approach of a number of organisations that ensured the strategy was effective and some of the initiatives and programmes that had been implemented during the period of the strategy.

During discussion

- Requested that the report focussed more on the positive results of the strategy and that they be circulated to Members and the public. **ACTION**
- Drew attention to the provision of Survivors of Bereavement Due to Suicide (SOBS) branches across the county and questioned how a branch in Cambridgeshire and Peterborough would be achieved. Officers informed Members that there had been interest received from bereaved relatives who were interested in setting a group up but had experienced difficulties in accessing the necessary training. Officers were therefore contacting neighbouring local authorities in order to be able to achieve the numbers of people necessary to make training events viable.
- Highlighted the complex needs of the bereaved that required a broad range of support, noting that Public Health England had provided guidance on post suicide bereavement services and this would be provided to Members **ACTION**.
- Sought greater clarity regarding occupations that were seen as higher risk of suicide such as construction and I.T. and emphasised the importance of the language used to describe suicide noting the legal connotations of the term committing suicide. Officers explained that those professions in particular tended to be isolated and work was being undertaken with MIND that focussed on workers living alongside the construction of the new A14 during the week.
- Noted that assisted suicide was not mentioned in the report as it focussed on mental health rather than end of life care.

It was resolved to:

- a) Note and comment on progress to date against the suicide prevention strategy 2014/17
- b) Comment on the draft suicide prevention strategy 2017/20

38. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

The Committee received a presentation from the Sustainability and Transformation Partnership (STP) including areas of reporting requested by the Health Committee at the July 2017 meeting. The purpose of the presentation was to provide the Committee with information relating to STP operational performance, STP programme delivery and risk management.

Councillor Harford left the meeting at 4:30pm and did not return.

During the course of discussion Members:

- Requested that information on Delayed Transfers of Care (DTOCS) be provided by hospital and by type. It was also requested that it be presented in graphical form with 18 month rolling format that illustrated fluctuations attributable to seasonality. Officers agreed to provide the level of analysis requested.
- Confirmed that a list of subjects for 'deep dives' would be provided to the STP for future scrutiny at the Health Committee.
- Highlighted the importance of transforming how communities related to the health service which entailed a large communications requirement. Members were informed that national communications products did not appear to be working effectively and there was a need to find a new way to approach the issue.
- Drew attention to and welcomed the template contained on page 17 of the presentation as it was clearly presented.
- Emphasised the importance of investing in hospital and community services. Officers acknowledged the pressures and risk associated with funding. Attention was drawn to the STP investment fund and an initiative regarding suicide prevention and the level of funding provided being significantly more than had been requested due to the potential benefits of the initiatives. Each initiative had a clear set of objectives and deliverables that were reviewed continuously and if an initiative was not working then it would be closed.
- Noted that the political risks associated to the STP which recognised that without the support of Councillors then it was likely that the partnership would fail.
- Expressed concern with the level of engagement from primary care providers. Officers confirmed that great efforts were being made to engage with providers including GPs. Communication was highlighted as an issue where there were 30 different mechanisms for contacting GPs but no single way of contacting all 800 in one go.
- Noted the issues faced by the STP regarding engagement with the political process. Service Directors lacked the mandate through which some decisions could be taken and therefore was a risk that the progress was slow as a result.
- Requested that direction of travel indicators be plotted against each risk in order that the trend could be monitored.

It was resolved to note the oral update provided in terms of the Sustainability Transformation Partnership (STP) and to request a series of "deep dives" for the Committee to scrutinise areas of activity of the STP.

39. AIR QUALITY IN CAMBRIDGESHIRE UPDATE

The Committee received an update regarding the measures to address current concerns regarding air quality in Cambridgeshire following the Health Committee recommendations agreed at the 16th March 2017 meeting. Officers introduced Stuart Keeble, Public Health Consultant who was newly appointed at Peterborough City Council who would be working across Cambridgeshire and Peterborough as part of the joint Public Health team.

Members noted that only 2 annual reports from Cambridge City Council and South Cambridgeshire District Council had been received and officers requested that Members influence their respective District Councils to ensure that the reports were sent as soon as possible.

In discussion, issues raised included:

- Expressed disappointment with the level of progress made and requested that other organisations and local authorities attributed the issue a higher priority.
- Expressed that the significant implications paragraphs of the officer report suggested there were no implications when in fact there were and requested that greater encouragement be given to partner organisations and District Councils regarding air quality.
- Noted that Public Health retained the responsibility for air quality but no authority through which to address it.
- Noted the work of officers that had offered to provide air quality training to officers who worked in transport.
- Drew attention to the complexities of air quality where it was not absolutely clear whether nitrogen dioxide or particulate emissions were the issue and that by tackling one problem can often lead to another as was seen when the Government encouraged people to switch to diesel cars from petrol.
- Noted that the primary source of air pollution in Cambridgeshire was from traffic.
- Requested that a further report be presented in 2 months that provided an outline air quality partnership strategy and included an analysis of the responsibilities regarding air quality and which organisations were responsible.

It was resolved to note and comment on progress since the meeting on 16th March.

40. PUBLIC HEALTH RISK REGISTER UPDATE

Members were presented the Public Health Risk Register and were informed that since its last presentation to the Committee there had been no new risks added though some residual risk had changed.

It was resolved to:

- a) Note the position in respect of Public Health Directorate Risk
- b) Comment on the Public Health Risk Register and endorse the amendments since the previous update.

41. EMERGING ISSUES IN THE NHS

This item was removed from the agenda following its publication.

42. HEALTH COMMITTEE WORKING GROUPS UPDATE

An update was provided to Members on the various Working Groups of the Health Committee. Officers would confirm whether a further meeting of Healthwatch had been scheduled.

43. HEALTH COMMITTEE TRAINING PLAN

Members noted that the training scheduled to take place in November be retained in order that a session for Business Planning be provided. The Sustainability Transformation Partnership (STP) would also provide a development session regarding workforce recruitment and retention to be scheduled.

44. HEALTH COMMITTEE AGENDA PLAN

It was resolved to note the agenda plan and addition of the following items:

Delayed Transfers of Care from Hospital - November

Integrated Commissioning of Children's Health and Wellbeing Services'. - November

Air Quality in Cambridgeshire – November

Chairman

