Health Committee: Minutes

Date: 3rd December 2020

Time: 1.30 p.m. – 3.45 p.m.

Present: Councillors: L Dupré, L Harford, A Hay (Vice-Chairman), P Hudson (Chairman), L Jones, L Nethsingha K Reynolds, M Smith and S van de Ven

District Councillors, D Ambrose-Smith, S Clark, Geoff Harvey N Massey and S Wilson (substituting for Councillor Tavener)

356. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Tavener (substitute Councillor Sarah Wilson).

Declarations of Non-statutory disclosable Interests were received from:

Councillor Susan van de Ven as being Member of Rail Future (declared during discussion on agenda Item 5)
Councillor Nickey Massey as a governor at Addenbrooke's Hospital;
Councillor Sarah Wilson as an employee of Cambridgeshire Community Services employed by the Schools Immunisation and Covid Working Teams.

357. Minutes – November 2020

The minutes of the meeting held on November 2020 were agreed as a correct record.

358. Health Committee Action Log

The Minutes Action Log was noted.

359. Petitions and Public Questions

There were no public questions or petitions by the Council Constitution deadlines.

Scrutiny

360. Addenbrooke's 3 Update Report

The Chairman welcomed Roland Sinker the Chief Executive, Hugo Ford Oncologist and Divisional Director, Claire Stoneham Director of Strategy and Major Projects and Sarah Vincent Head of External Affairs Cambridge University Hospital CUH to the meeting.

In the introduction there was a brief summary of the current status of Cambridge University Hospitals, Addenbrooke's and the Rosie. This included updates in three areas: caring for patients, keeping staff safe and an update on the building for the future plans.

In terms of caring for Covid-19 patients it was highlighted that CUH currently had around 30 or so patients of which a small number were in a critical condition. With the numbers at the time of the meeting remaining relatively flat. The numbers referenced were relatively small when compared with other areas of the Country where other NHS Trusts such as Manchester and Birmingham had around 400 -500 patients. Addenbrooke's Hospital was currently progressing well in re-starting up its pre-Covid, specialist and planned care services with up to 93% operating capacity, as well as other areas such as diagnostics. There were current challenges around long emergency department compounded by the loss of 10% of the hospital beds base, through reconfiguration around social distancing as well as keeping covid and non covid patients safe. They were working very hard with staff regarding the flow of patients and their discharge.

The second priority of keeping staff safe was through measures such as providing support for mental health and psychological well-being and ensuring there was sufficient space to allow staff to be socially distanced . There had been a huge drive on staff flu vaccinations and a large scale asymptomatic testing programme was in operation with 4700 of the 11,000 staff tested the previous week. They were now planning [for the rollout of the Covid-19 vaccine.

On Building for the Future, CUH had been engaging with partners and the community to ensure improved partnership working with general practitioners, community care and other health professionals, voluntary organisations and the third sector through work on the Sustainable Transformation Plan (STP) and liaison work on the future proposed hospital builds. Regarding the Addenbrooke's 3 programme the aim was to ensure a coherent strategic direction and clear set of proposals on the prioritisation for construction on the site and to be able to clearly show the benefits when seeking additional Government and partner funding.

Phase 1 of the Addenbrooke's modernisation programme was dealing with current operational challenges to ensure: there were enough beds to deal with Covid patients, Ensuring that the emergency department was fit for purpose, and to reduce long waits for elective treatment. As part of the Regional Surge Centre, building was being undertaken on site, to be able to accommodate more patients. There were 60 temporary beds going onto site, with 60 more permanent beds, to ensure sufficient capacity for all patients should there be a further surge. The next stage would be to strengthen the emergency department and ensure sufficient capacity for those requiring emergency care.

The second phase was the proposed cancer and children's hospitals which were moving forward at a great pace in order to achieve the aim of integrated clinical and research facilities. The Cancer Hospital was very much about research facilities combined with improved NHS patients treatment spaces, with the Children's Hospital aiming to look at the whole child without differentiating between physical and psychological needs. Both when opened would help the plans to make changes in the main hospital.

Phase three involved further developments, such as an acute hospital, with the main aging estate being in increasingly poor condition, even with ongoing maintenance repairs. Any new developments would seek to be fully integrated with both community services and primary care. A map of the site, showing the main locations, was set out in a presentation slide included as an appendix to these minutes.

Hugo Ford introduced the details of the proposed new cancer hospital which aimed for both cutting edge clinical excellence at CUH and world leading Cambridge Research and Industry with a target date of opening in 2025-26.

Key issues that needed to be addressed included that the existing cancer wards were in the oldest part of the hospital and were not fit for purpose. Speaking on cancer outcomes while they were relatively good in Cambridgeshire, nationally cancer outcomes were poor compared to other European countries and other international comparators. One way to address this was through early diagnosis of cancer and the Hospital have one of biggest groupings of research scientists in the country who specialise in the early detection of cancer. In addition to the primary objective of improving outcomes for patients, improved early detection would also help reduce costs, as late diagnosis treatments were very expensive, especially as cancer treatment costs were rising at a far greater rate than inflation and needed to be at affordable levels.

It was explained that Cambridge University, a partner in the new Cancer Hospital project, was planning to create two new research institutes within the new hospital as described in more detail in the relevant slide. The National Institute for the Early Detection of Cancer was one of only two or three early detection centres in the world. The second, the Institute for Integrated Cancer Medicine would concentrate on finding the most accurate and appropriate treatments. To bring them together should ensure research outputs were quick, safe and could be widely disseminated. This would help provide much better care for patients while the research would benefit the whole country and the wider global community. There would be real focus on patients that were well and bringing together mental and psychological help which had not been possible before.

Issues raised included;

- Asking whether CUH had input into the discussion and consultation on the potential location of the Cambridge South Station. It was confirmed CUH had contributed, with the response having been led by Astra Zeneca on behalf of all the partners on the biomedical campus. There had been three options discussed and the option chosen was that nearest to the Guided Bus bridge.

- Asking what were considered the main reasons for the Country falling behind others in cancer diagnosis and successful treatment. In reply while no one could say the exact reason, factors included:
    - The culture of people in this country who were less likely to seek early diagnosis from doctors which could be linked to a lack of awareness and education on the symptoms of cancer
    - Fewer scanners per capita than most other developed countries
    - Delays in treatment and fewer treatments available for advanced cancer.

  Early diagnosis was however still the most important factor in the successful treatment of patients. The Member who had asked the question suggested the gateway into services was also still an important issue.

- Following on from the above, asking what the County Council and the Health Committee could do to help assist in ensuring people sought early diagnosis. With the help of the local authority, more education was required in schools on recognising the symptoms and seeking an early diagnosis. There also needed to be more outreach work from the Hospital to the community, plus increased screening programmes and greater linking up between the Local authority and Public Health England.

- The pandemic had resulted in a much greater use of virtual consultations at primary care and some at secondary level, which had suited some, but not all people. In that the intention going forward was to make greater use of virtual media to reduce the number of face to face consultations, how would this be taken forward to ensure some people were not further disadvantaged? The Member who raised it was particularly thinking of many elderly people who did not have access to IT equipment. In respect of the risk of digital discrimination, it was explained that 35% of consultations were currently being undertaken virtually through either video or telephone calls but it was highlighted that all patients were given the choice of consultation method, which included face to face meetings. The Government target was currently 25%. The officer's view was that many of the follow up consultations could be undertaken virtually, while recognising that it had to be what the individual person wanted. Feedback on its increased use has been very good on balance. The intention was however not go back to pre-covid levels of face to face consultations.

- With regard to the decarbonisation agenda, while CUH were already using the Clean Air Hospital Framework, asking whether was a Clean Air Plan for sustainability. This was confirmed and included, waste, energy use, and how people accessed the site as well as the construction materials to be used in the new buildings. They were seeking to meet the national directive to be zero carbon enabled in due course. The big issue going forward was the integration measures required to keep people well and avoid them having to visit hospital and GP surgeries which was all linked to the prevention agenda a key vision of the STP.

- One Member highlighted that one of the problems with Public Health having moved out of the NHS was that it tended to be forgotten and one of few benefits of Covid was realising how important it was having health in all policies and through preventative measures and education avoiding people having to go to hospital.

- It was highlighted that at Rail Future meetings one of issues that a Member had picked up on had been capacity issue around the proposed Cambridge South Station. The Department of Transport were estimating 1.8m potential passengers with the bio-medical campus's own estimate being nearer 4-5m and some were putting the figure as high as between 7-8m. Her concern was that Network Rail might not be future proofing the plans for the station. It was important to take into account staff movements, not just estimated patient numbers and asked that that Biomedical campus should reassess the estimates to consider staff not just patients, as staff could with this transport facility could travel in from a lot further from the south of the County. Roland Sinker undertook to go back to the Biomedical Campus Team to look at what their estimates were. He highlighted that other benefits from Covid apart from virtual consultations had been staff being able to work remotely from other locations and therefore not everyone having to come to the Campus. Another big question would be to consider where would be living and working in the future and this could involve looking at links with East West Rail linking to Oxford Milton Keynes. Also the hospital was expanding the apprenticeships programme and these could be offered more across the Eastern Region.

- Asking about the progress and challenges regarding raising funding, due to the reliance on match funding to finance the projects? For the cancer hospital

Government funding of £150m was being requested alongside a broader funding package from partners including the University of Cambridge and they were also looking at bringing in other partners. For the Children's Hospital £100m Government funding had been received and the plan was to raise a further £100m through the University and other partners. There was still the need to be clearer about the level of funding that would be required and being able to show the benefits to potential funders. This would include discussions with regional and national NHS, while recognising that the capital funding environment for the NHS was currently very tight.

- One Member expressed concern regarding being able to recruit the appropriately qualified staff especially following Brexit and concerns she had heard from the BMA regarding staff recruitment and asked how confident were they of being able to staff the proposals. She highlighted that the Nightingale hospitals had not been as successful as hoped, as a result of a shortage of qualified staff especially as it took 4-5 years to train specialist doctors and nurses. Hugo Ford replied that with regard to the Cancer hospital, there was a good Workforce Plan and for most staff requirements, these would not be much greater than the current staffing levels. The general point about staffing was however, well made. It was highlighted that the Hospital was lucky to be able to attract good quality staff and had worked very hard to achieve this, while acknowledging that scaling up to 120 beds would be a challenge. He also acknowledged that as they recruited internationally, Brexit could be an issue. Claire Stoneham further explained that as a Trust there had been a focus on recruitment and vacancy rates and the Hospital had been very successful as a result. They were also doing well with apprenticeships and providing their own staff with development opportunities and would be seeking to do more in the area through local recruitment

- In reply the Member while pleased to hear about the good progress being made but as they were more long term in nature, still believed that there could still be serious short term staffing problem

Roland Sinker concluded the presentation by stating that they would all be concerned about the new developments if it was not also the intention to undertake radical measures along with partners with to aim of keeping people well and working with Public Health to help keep people out of care hospitals through the prevention programmes. On recruitment the aim would be to make the jobs attractive, as while they involved a great deal of work, the professionals involved would find them very rewarding in what would be a cutting edge, innovative, working environment.

The Chairman thanked the presenters and also on behalf of the Committee, wished to convey to all their staff at the hospital their sincere thanks for the fantastic work they were doing under extremely challenging conditions.

It was resolved unanimously to:

Note the Strategy of Cambridge University Hospitals to make the case for investment in the redevelopment of their aging estate to enable them to provide facilities that are fit for modern health care delivery, and for the Committee to work with them to ensure they engage with the public in the development of their plans.

361. Re-commissioning Integrated Sexual and Reproductive Health Services

The Health Committee had previously approved the commissioning of integrated Sexual and Reproductive Health (SRH) Services by Cambridgeshire County Council (CCC) as a collaborative arrangement with Peterborough City Council (PCC), Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS England (NHSE).

Due to the impact of COVID-19, the re-commissioning of integrated Sexual & Reproductive Health Service (SRH) across Cambridgeshire and Peterborough was paused between March and October 2020. The process had recommenced in order to meet the requirement of a new contract from the 1st April 2021 and had included an assessment of the procurement and contractual options for commissioning the service undertaken by consultants using criteria to help eliminate any inherent bias. As SRH services were clinical providers were usually NHS organisations and due to the current Covid-19 crisis with NHS services being extremely stretched, it was considered unlikely that the current provider CCS and other NHS organisations would have the capacity and focus to participate in a full a competitive tender exercise, which would result in less competition.

Additionally, it had been planned to secure savings from the re-commissioning of the SRH Treatment Services Contract to help contribute to the funding of the separate, Prevention of Sexual Ill Health contract which had commenced in September. Those savings would be critical from April to help fund and continue to deliver the contract's agreed level of services. Another important factor that was looked into was that it was not considered appropriate to just extend the current contract for further longer period without the opportunity of having the flexibility to undertake the procurement exercise and test the competitive when conditions became more favourable.

Six options for re-commissioning integrated SRH services were considered as follows:

1. Continuing the current contract.
2. Negotiating a section 75 with the current provider CCS for 7 years as planned in the original procurement exercise.
3. Negotiate a section 75 with the current provider, CCS, for a limited period (to be agreed with commissioning partners). This would cover the period until COVID 19 demands had decreased and ensure providers had the capacity to tender for the contract.
4. Soft Market Test to determine approach.
5. Formal procurement for a 2 years plus 1 contract.
6. Formal procurement for a 7-year contract.

The options were then assessed and scored against a set of risks and benefits criteria set out in paragraphs 2.6 and 2.7 of the report. Appendix 1 provided the detail of this assessment. The only options that had received a positive score in the rankings (where the positive benefits outweighed the current risks) was for the implementation of a shorter Section 75 agreement with CCS, the current NHS provider of the services. (Options 2 and 3). The option of securing a Section 75 for the shorter period then proceeding to a competitive procurement had the following key advantages:

- It would ensure that a new Service was established within 2021/22 timeline that reflected the vision for an integrated SRH service and new delivery model.
- Create certainty for service users and staff within a difficult environment.
- Ensure that the two local authorities were able to achieve the financial savings that had been allocated to the prevention service.

- Allow the potential bidders within the wider market place an opportunity to develop bids that offered innovative service models when the COVID pressures become less acute.

In discussion the following issues were raised:

- Querying the difference between the benefit scores given for options 2 and 3 in terms of what the 1 plus 5 referred to for option 2 and for option 3 which was showing 1 plus 4. In reply this was explained as being for stability and the absolute assurance that a service would be in place by April 2021. The worst case would not to have a service in place at April 2021.
- It was suggested that showing the scores in the appendix would have been helpful for absolute clarity.
- Querying the recommendation to negotiate a section 75 with the current provider, CCS, for a limited period (to be agreed with commissioning partners) but not providing any detail on what a limited period constituted. In reply it was indicated that this could be between 12 months to three years.
- In reply to the answer provided above, the Member who had raised the question expressed surprise that it could be as long as three years, as this maximum potential length gave it the same time span as the worst scoring option. In reply this was to potentially take into account the period when community organisations who could be potential bidders where likely to be assisting with the vaccination programme and therefore would not able to bid for some time. It was explained it was not just for one service, the new contract was being designed for but would be seeking to combine three to four services currently commissioned by different organisations. It was e very complicated and officers were seeking the benefits of a current joint commissioned service for a short period of time, which would also help with staff certainty until a procurement exercise could be undertaken at a time when more potential bidders would be able to take part.
- The Chairman's opinion was that the period was more likely to be in the region of 12-18 months rather than 3 years until the Covid crisis had abated. Officers indicated that the initial risk assessment had been estimated on three years, but a shorter timescale should be feasible. At the current time it was not possible to predict what would happen in 12 months' time.

It was unanimously resolved to agree to support:

a) The Establishment of a section 75 Agreement for Re-commissioning Integrated Sexual and Reproductive Health Services with the current provider Cambridgeshire Community Services.

b) A section 75 Agreement for a short period (to be agreed with commissioning partners) to allow the opportunity for a formal procurement when the Covid-19 challenges are reduced.

362. Public Health Response to Covid-19

Given the rapidly changing situation and the need to provide the Committee and the public with the most up to date information possible, the Chairman accepted this as a late report on the following grounds:

1. Reason for lateness: To allow the report to contain the most up to date information possible.

2. Reason for urgency: To enable the committee to be briefed on the current situation in relation to the Council's response to Covid-19 for those services for which it was responsible.

Key highlights from the report included:

- That in the previous report which had only been two weeks earlier, for the reporting week 4th November to 11th November, the new lab-confirmed Covid-19 cases with addresses in Cambridgeshire had been 908, a rate of 139 cases per 100,000 population. While cautioning that Covid figures could be very volatile and could change very quickly, the latest figures showed a steep decline, with new lab-confirmed Covid-19 cases in Cambridgeshire in the week ending 26th November 2020 showing 397 diagnosed cases a rate 61 cases per 100,000 population. The earlier higher figure related to the activities in the week before the lockdown period characterised by more socialising and highlighted the danger going forward following the relaxation of the lockdown and moving to Tier 2.
- Within Cambridgeshire County, the rates were highest in Fenland at 90 cases per 100,000 population and lowest in South Cambridgeshire at 45 cases per 100,000.
- There had been 436 Covid-19 related deaths in Cambridgeshire in the period from March to 20th November 2020 (registered to 28th November). There were seven Covid-19 related deaths in the week to 20th November, one in Cambridge, one in Fenland, three in Huntingdonshire and two in South Cambridgeshire. All deaths having occurred in hospital.
- The highlight was the new local enhanced contact tracing service which launched in Cambridgeshire on November 19th, building on the success of the service running since August in Peterborough. This service followed up Covid-19 positive cases, who the national Test and Trace Service has not been able to contact in the first 24 hours. (normally about 20% of cases). The service in Peterborough had successfully followed up 85% of all cases referred to them. The person was then interviewed to find out who they have been in close contact with, and those contacts were then referred back to the national Test and Trace system.
- In Cambridgeshire working as a collaborative effort with all five District and City Councils, and Peterborough City Council, the success rate had been good with over 230 cases (83%) successfully followed up. The Director of Public Health placed on record her thanks to all the staff involved in this excellent effort.
- Work has also continued with both universities in Cambridge and Covid-29 case rates among Cambridge University students have fallen significantly and in the most recent reporting week from 23rd-29th November, only six cases were reported. This compared with 234 cases two weeks previously, reported in the week from 9th-15th November.
- Anglia Ruskin University would be using rapid lateral flow tests, as part of a national programme to test university students before they returned home for the Christmas period
- She highlighted the very hard work undertaken by Val Thomas through a Department of Health and Social Care pilot project in helping improve access to Covid-19 testing for some of the most vulnerable residents, including work with homeless hostels, refuges, and drug and alcohol services to supply swabs which could be used immediately with anyone who reported Covid-19 symptoms.
- Work-load had continued to be very high among the various officer cells, as had the amount of communications activity undertaken.

Issues raised in discussion included:

- Councillor Nethsingha placed on record her huge congratulations to all those who had worked so hard to bring the number of cases down and getting the local Tracing Service working so effectively which was echoed by other Members, as well as highlighting having communities behaved well which was helping to stop the spread of the virus. .
- Responding to queries raised regarding the recently announced news of a vaccination programme, it was highlighted that this would be a huge undertaking and would take time to roll out. To clarify, the Vaccination programme would be led by the NHS and not Public Health, but the latter were offering their support. The essential message was that while there was still hope for the spring, it was vital to continue with safety measures such as maintaining social distancing until enough of the population had been vaccinated as the virus would be around for a long time.
- One Member highlighting that there had been a story in the national news regarding care home inspectors not being tested between visits to care homes and whether this had been recognised locally and if so, what measures were being taken. In reply, the Director stated it was recognised that if professional staff visited several homes there was an increased risk. She had not seen the story and would be happy to receive more details but would also find out what local safeguarding measures were being taken. Action Councillor Dupre / Liz Robin
- With the national lockdown coming to an end, asking what could be done to tackle complacency, especially in terms of ensuring targeted messaging to school children and university students. The message from the Council and the Communications team was to emphasis that indoor areas not well ventilated and where it was hard to social distance were the highest risk areas. The family home needed to be viewed as a high risk area and that they should also still avoid mixing indoors in other people's homes, restaurants and pubs. Who was giving the message was important, as they did not always trust authority but also recognising that it was more difficult in multi occupation households and in some employment settings Action: The Director was happy to bring details of the Communications undertaken to the next meeting
- On the above, the point was made that it was not just children the message needed to be directed to, but also parents and the whole population. The Member raising it highlighted that there still seemed to be a widespread belief that families could observe a normal Christmas, or have children from different households mixing indoors and therefore it was important to emphasis that the virus did not differentiate just because it was Christmas. The Director agreed and stated that the safest way of meeting was by virtual family meet ups or meeting outdoors or postponing some celebrations until later into the next year.
- Highlighting that unpaid carers caring for the most vulnerable were not included in the list of the proposed first round of priority vaccinations and asking if the Committee could do anything to lobby Government to highlight this important but often neglected group to seek to add them to the list. The Director was happy to take this suggestion forward through the appropriate local routes who could then escalate the suggestion to national government. She did however highlight that while not taking away the importance of this particular group, who were often undervalued, there was still the case for vaccinating first those whose potential risk was much higher due to them being in contact with more than one person,

such as health workers and care home workers. Action: Liz Robin Director of Public Health.

- With regard to the vaccination programme asking whether Public Health and councils generally through redeploying staff would be asked to participate? While Councils and voluntary organisations were ready to help there was no guidance as yet on how the offer might be taken up. The Director suggested that role could be in terms of providing communications messages but they could also assist with marshals and providing transport.
- There was a request for sharing guidance on what was available on how testing would be undertaken for those visiting relatives in Care Homes. The Director undertook to circulate this to the Committee when it became available Action: Liz Robin
- Asking for clarification on the role of local testing compared to national testing . It was explained that local testing was important, but limited part of the prcess. The National Test and Trace Service provided details of who had tested positive if they could not follow them up in within 24 hours, which was about 20% of the cases. Once passed to the local level, action was taken to contact the person by phone etc and to ask who they had been in contact with. The national IT system was then used to feedback the contact details to the national service who undertook all the work with the contacts.
- On a question of the staff resourcing implications of the local contact service, additional staff had been obtained from redeployed County Council and District Council staff and through additional recruitment measures.
- On University testing asking was it was still continuing and was it contributing to the figures? The Director stated that the local Univeristies had managed their positive cases very well and the number of positive cases had fallen rapidly from 234 cases at the peak to only six in the previous week.

- Referencing the spike in positive cases in Fenland there was a request for more details regarding whether it was a community or a factory spike? The main cases were concentrated in Whittlesey and Wisbech but there was not one specific reason. As while there were a greater number of higher risk workplaces such as factories and refrigerated areas in buildings, there had also been a rise in the number of cases in the older population. The cases were however now coming down. Raj Lakshman was able to confirm that part of the rise was from an outbreak in a Fenland School which accounted for 14 cases. Val Thomas indicated that seven were in workplace settings and they had also contributed in a large part to the total figures.

It was resolved unanimously:

a) to note the progress to date in responding to the impact of the Pandemic and

b) note the public health response.

363. Business Planning proposals for 2021-26 Current position

The Business Planning paper was included in the agenda pack with the appendix circulated to the Committee and published a day later.

The report which was received by all Service Committees asked them to consider:

- the current business planning position and estimates for 2021-2026
- The impact of COVID-19 on the 2021-2022 financial position

- The principal risks, contingencies and implications facing the Committee and the Council's resources
- The process and next steps for the Council in agreeing a business plan and budget for future years.

However as sections 1-6 of the report detailed the corporate and overall position of the County, what was more relevant to the Health Committee was section 7 providing the overview of Public Health Services' draft Revenue Programme.

It was highlighted that:

- No announcement had been made on any uplift or saving on the 2021/22 Public Health Ring-fenced Grant allocation and therefor it was assumed that the grant would be the same as in 2020/21 i.e. £27.2m an uplift of £1.7m

- The uplift had enabled the County Council core budget previously allocated to support Public Health Directorate programmes, to be replaced with grant funding and was a welcome boost. Of this, a total a total of £568,349 grant funding was required to fund the NHS pay increase over the past three years, for local NHS providers of public health programmes and £47K required for internal inflation pressures, within the Directorate.
- After allowing for the allocation of grant set out above, this left £928,000 of recurrent funding for investment in public health programmes in 2021/22. The proposed investments of the Public Health Grant in 2021/22 was listed as follows:

Investment - description	Investment - amount £k
Child and adolescent mental health counselling this had been approved at the last meeting	70
Healthy weight and obesity programmes - already agreed as the priority area for action	400
Public health staffing – to fund the additional staff that had been required for communications and support work to other directorates taking account of what had been learned from Covid on what was required around the County to provide and sustain services along with District colleagues and which officers would want to continue going forward such as support to the Adults Positive Challenge and Best Start in Life Programmes.	300
Provider sustainability - this was to provide additional financial support which had not been possible in previous years where services had been required to	128

make savings and particularly to help support the Drug and Alcohol Service.	
Healthy Fenland Fund Team - the proposal was to make this a recurrent contribution	30
Total	928

Issues raised in the discussion included:

- One Member expressed her delight at the additional monies that were proposed, including strengthening the Public Health Team, which was recognition of the importance of Public Health across all the Council's activities, and also the increased money monies to help the sustainability for providers
- Corporate section on Benchmarking - One Member commented on the opening wording in paragraph 2.2.2, reading "Whist delivering excellent outcomes for its residents, Cambridgeshire ……" suggesting that the statement did not tally with the table later, in the same paragraph, showing benchmark performance of the County Council compared to other shire counties or its statistical neighbours.
- Querying on the Healthy Weight and Obesity programme and referencing the £80k agreed at the last meeting to undertake the proposed initiative, asking whether the £80k was included in the £400k. In reply, it was explained that the £400k was for a recurrent investment programme. The £80K agreed at the November meeting was separate and was to appoint a senior person who had experience of the systems to look at barriers and enablers to help shape the £400k programme

In moving to the recommendations, the Leader of the Liberal Democrat Group Councillor Nethsingha indicated that her Group would wish to abstain as they would have their own budget proposals. The Chairman understood the position of her Group, but highlighted that the current report was only asking them to endorse the budget proposal of the Health Committee that had been discussed and agreed at earlier meetings rather than being asked to support the whole Council budget and savings proposals of which this Committee had none. He proposed which was seconded by the Vice Chairman that there should be an additional recommendation to read "We endorse the budget of the Health Committee as part of the consideration of the Council's overall business plan" to make clear that the Committee was only endorsing the Health Committee's budget proposals. On this basis,

It was resolved unanimously:

a) Note the progress made to date and next steps required to develop the business plan for 2021-2026

b) Note the impact of COVID-19 on the Council's financial planning

c) Endorse the budget proposals of the Health Committee as part of the consideration of the Council's overall Business Plan.

355. Forward Agenda Plan

It was resolved:

To note the agenda plan and agree that in order to keep the agenda to a manageable size that the following update reports currently listed for inclusion for the February meeting would be emailed to the Committee rather than included on the formal agenda:

- Trend analysis of the impact of the first Covid19 wave on childhood vaccinations

- Further report on the actions being taken to support young people and families during Covid-19

- Finance Monitoring Report

To include as an item on the February formal committee agenda an update on the agreed funded key projects to include details of timescales going forward.

Chairman

February 2021