

## **HEALTH COMMITTEE: MINUTES**

**Date:** Thursday, 6 December 2019

**Time:** 1.30p.m. – 14.50p.m.

**Present:** Councillors C Boden (Vice-Chairman), D Connor, L Dupre, P Hudson (Chairman), J Gowing, L Jones, K Reynolds, T Sanderson and S van de Ven

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

**Apologies:** County Councillor L Harford (Councillor J Gowing substituting)

District Councillors A Bristow, D Ambrose Smith and N Massey

### **274. DECLARATIONS OF INTEREST**

None.

### **275. MINUTES – 14<sup>TH</sup> NOVEMBER 2019**

The minutes of the meeting held on 14<sup>th</sup> November 2019 were agreed as a correct record and signed by the Chairman.

### **276. HEALTH COMMITTEE – ACTION LOG**

The Action Log was noted including the following update:

Minute 185 – The Ambulance Trust was working towards a data sharing agreement and the action was now complete.

### **277. PETITIONS**

There were no petitions.

### **278. HEALTH COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2020-21 TO 2024-25**

The Committee received the draft Revenue Business Planning Proposals for the Public Health directorate.

In presenting the report the Director of Public Health, advised Members that there had not yet been announcement made by the Government regarding the level of increase to the ring-fenced Public Health Grant. It had therefore been assumed within the Business Plan that the increase would be 2%. Providing that the increase was delivered as anticipated it was proposed that the £191k currently provided to the Public Health budget as recurrent funding from core Cambridgeshire County Council funds would cease. Officers acknowledged the comments of Members regarding the importance of ambition and strategic vision for Public Health spending raised when the

Business Plan was presented at the October meeting of the Committee. However, no proposals were currently forthcoming due to the level of increase being unknown and also whether there would be additional burdens attached to the increased funding.

The Committee was provided an update regarding staffing levels within the directorate, in particular the Public Health Consultant posts that were being recruited to and the changes to the overall structure.

During discussion Members:

- Drew attention to the presentation of information relating to the business case for the Joint Re-procurement of Sexual Health Services which could be viewed as contradictory. Members sought assurance that moving to a digital delivery would not affect patients' right to be seen in person at a clinic. Officers informed Members that the service understood there was a high level of patient satisfaction with digital services since it was introduced and demand for the services had increased. The digital services were provided with a caveat that if patients had any issues or concerns then they should attend a clinic in person. Officers undertook to review the wording in the business case in order to ensure that it was clear patients could still be seen face to face. **ACTION**
- Sought greater clarity regarding the assumptions made with regard to the increase to the ring-fenced Public Health Grant, highlighting the different approach taken at Northamptonshire County Council. Officers explained that making such assumptions was challenging and Members noted that local authorities had generally assumed an increase of between 1-3%. Members were informed that slightly under 1% had been committed to cover funding received corporately and also assumed new burdens as part of the funding increase.
- Sought clarity regarding fees and charges found at section 3, table 1 of the report. Officers explained that there were various re-charges made to organisations such as Peterborough City Council where posts were either shared or funding provided. An example was provided of the Drug and Alcohol service that received contributions from the NHS and the Police and Crime Commissioner.
- Noted that regarding assumptions made within the business plan relating to accounting for salaries where staff shortages could be expected; 2019/20 had been a particularly challenging year with many vacancies being filled by interim staff. It was anticipated that most positions would be filled by April and be close to full complement by May.
- Commented on the loss of staff to Public Health England and questioned whether there were any particular reasons that were unique to Cambridgeshire as to why staff were leaving and whether there was an ongoing risk. The Director of Public Health commented that Cambridgeshire attracted good quality candidates and there was a pattern of working for a few years and then move to Public Health England which was based locally. Members noted that Public Health England offered more competitive terms and conditions and a clear career pathway. The Council had therefore adapted the Public Health structures and embedded more competitive terms and conditions. It was accepted that the people would move on. However, the changes made had resulted in a high standard of applications being received.

It was resolved to:

- a) The Committee note the overview and context provided for the 2020/21 to 2024/25 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October; and
- b) Comment on the draft budget and savings proposals that are within the remit of the Health Committee for 2020/21 to 2024/25, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan

## **279. FINANCE MONITORING REPORT – OCTOBER 2019**

Members were presented the October 2019 iteration of the Finance Monitoring report for the Public Health Directorate. In presenting the report attention was drawn to the forecast underspend which had increased by £86k predominantly due to lower than expected expenditure on staffing.

In response to a Member question, the presenting officer explained that staffing budgets were complicated by staff being shared across organisations that result in various re-charges. If material variances occurred then they would be drawn to Members attention.

It was resolved to:

Review and comment on the report.

## **280. PERFORMANCE REPORT – QUARTER 2 2019/20**

The Committee received the quarterly performance report.

During discussion of the report Members:

- Questioned whether the RAGB targets were more stringent for over-performance than under-performance. Officers explained that ambitious targets were set that contained inherent risk that they would not be achieved. It was less likely that targets would be over-achieved by over 5%.
- Expressed concern that approximately 50% of targets were not being met and highlighted that targets were being met and missed in different areas. It appeared that staffing was a particular issue and had been concerning the Committee for some time as it was inhibiting the Council's ability to deliver. Attention was drawn to the number of performance indicators relating to Health Visitors and the impact of difficulties in recruiting to positions in Cambridge City and South Cambridgeshire. Officers commented that the Performance Indicators set were challenging. Staffing issues within the Health Visiting service had taken a year to rectify through developing new staff internally which had been successful. There was now work to be undertaken to ensure the sustainability in order for a continuing stream of staff to be brought through.

- Emphasised the importance of the accompanying text to each performance measure graph as they provided both context and detail.
- Drew attention to the percentage of infants being breast fed at 26 weeks indicator that although showed an increased performance. However, the indicator was below target and the commentary was concerning as it illustrated the difference in performance across the county, in particular the disparity between Fenland, Cambridge City and South Cambridgeshire. Members welcomed the breakdown of the data by district as it provided areas where additional focus was required. Members requested a report be presented to a future meeting of the Committee that addressed the concerns raised by Members and what was being done to tackle the issue. **ACTION**
- Questioned why Health Visitors were not being utilised to encourage and help new mothers with breast feeding in the Fenland area. Officers explained that Midwives had most significant impact at birth in achieving successful breast feeding. Attention was drawn to a programme underway in Peterborough that set up a successful breast feeding café. Work was currently underway to explore how the programme could reach out to the Fenland area.
- Commented that it was not clear whether the issue was specific to Cambridgeshire or was a wider, national issue and requested such data be included in the proposed report.
- Highlighted and expressed concern regarding the loss of Children's Centres and the work they undertook with regard to breast feeding, commenting further that although the data for South Cambridgeshire appeared to be good it was likely that there were pockets in the area that were not.
- Confirmed that performance data relating to weight loss continued to be collected as part of the contract monitoring process.

It was resolved to:

Note and comment on the performance information and take remedial action as necessary.

## **281. PUBLIC HEALTH PERFORMANCE INDICATORS**

The Committee were presented a report that proposed the final set of performance indicators for monitoring by the Health Committee, following a Member Workshop on the topic delivered in September.

During the course of discussion Members:

- Expressed concern regarding the Breast Feeding indicator that required 95% coverage to be achieved to pass validation. Officers explained the level of coverage was a Public Health England requirement and the data the Council collected was sufficiently robust in order to accurately track performance in that area.
- Requested that the wording be amended regarding Health Trainers / Falls Prevention for a measurable improvement in static balance. **ACTION**

- Commented that the indicators would need to be reviewed and amended over time in order to reflect changing priorities. However, it was important that they were not changed in haste.

It was resolved to:

Discuss and approve the proposed performance indicators outlined in the report

## **282. HEALTH COMMITTEE TRAINING PLAN**

The Committee received its Training Plan.

It was resolved to note the training plan.

## **283. HEALTH COMMITTEE AGENDA PLAN,**

The Committee examined its agenda plan and noted the additional paper regarding Breast Feeding would be added to an appropriate date.

It was resolved to review the agenda plan