HEALTH COMMITTEE: MINUTES

Date: Thursday, 23 January 2020

Time: 1.30p.m. – 2.56p.m.

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

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

Apologies: None received.

284. DECLARATIONS OF INTEREST

None.

285. MINUTES – 5TH DECEMBER 2019

The minutes of the meeting held on 5th December 2019 were agreed as a correct record and signed by the Chairman.

286. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted including the following update:

Minute 256 – Data requested by Members is contained at Appendix A to these minutes.

287. PETITIONS

There were no petitions.

288. CO-OPTION OF DISTRICT MEMBER

It was resolved to co-opt Councillor Sam Clark to the Committee on behalf of Fenland District Council

289. FINANCE MONITORING REPORT – NOVEMBER 2019

Members were presented the November 2019 iteration of the Finance Monitoring report for the Public Health Directorate. The presenting officer informed the Committee that the overall financial position remained stable and reported a marginal increase in the forecast underspend of £10k.

Members noted the correction to an error within the report. The overall total of core council funding contained at the end of Appendix 1 was -£172k and not -£86k as stated.

During discussion:

- A Member expressed concern regarding the use of the term 'worsened' when referring to a reduced forecast underspend and commented that an underspend does not necessarily mean that it was welcome. Officers undertook, while maintaining standard accounting practices, to review the appropriateness of language within the report.

- Greater clarity was sought by a Member regarding larger variances within the report, specifically regarding STI Testing and Treatment – Prescribed and Smoking Cessation GP and Pharmacy, and questioned whether the directorate was in a position where forecast had been underestimated for the new financial year. Officers explained that the budget setting process involved analysis of activity and commented that it was important that trend analysis be considered over a longer period so as not to be affected by anomalies.

- Members noted that several organisations had not yet supplied an invoice for services provided which was reflected in certain lines of the report for example, Adult Menial Health.

- Requested that a small commentary be included to explain variances within the report. **ACTION**

It was resolved to:

Note and comment on the report.

290. PUBLIC HEALTH RISK REGISTER

The Committee was presented the Public Health Risk Register. Members were informed that the report provided a strategic overview of the risks and a full risk register was maintained by the directorate.

There were no red risks contained on the register that would require reporting to the Council's General Purposes Committee. There were several risks that had a residual risk level score of 12, the mitigating actions for which were contained on the full risk register.

During the course of discussion Members:

- Requested a narrative be included in future reports that explained the difference between likelihood, consequence and the scoring of risk. **ACTION**

- Noted that each risk was reviewed individually. The risks were then presented to an officer board at which mitigations and actions were developed.

- Questioned whether there was a plan of action regarding the serious risks including a timetable. Officers explained that when a risk was identified a raw risk level was assessed and mitigations developed. An acceptable risk level was also developed as part of the process.

- Commented that it was difficult to obtain a strategic overview as it was unclear from the report how risk was measured. It would also be helpful for the risks that were outside of the control the Council to be separated. Officers undertook to review the presentation of the report for future meetings including a dashboard that allowed the movement in risk scores to be tracked and, for the risks with higher scores, information regarding mitigations in place to be included in the covering paper. **ACTION**

- Drew attention to the Council's future move of its headquarters to Alconbury Weald and the potential risk posed regarding recruitment and retention of staff. Officers informed the Committee that a risk relating to the move had been placed on the register. The Public Health directorate structure was a dispersed model with officers traveling around the county presently. Therefore, it was not assessed to be a substantial risk but would remain under review.

- Welcomed the heat map contained within the report and emphasised the importance of monitoring risks that scored a residual risk level of 10 such as Childhood Immunisations. Officers informed the Committee that the childhood immunisation figures for the county had been on an improving trend since the Committee last looked at this in detail, although there had been some decrease in the most recent year.

- Commented that certain risks such as Childhood Immunisation would likely always be rated as amber as the consequences were so severe. Only the likelihood could possibly be reduced through mitigations.

- Clarified that risk 19 Drug and Alcohol Services, related to the financial pressure of increased drug costs.

It was resolved to:

Review and comment on the report

291. SUSTAINABLE TRANSFORMATION PARTNERSHIP (STP) DIGITAL PLANS

The Chairman invited Catherine Pollard, Director of Digital and Innovation for the STP to address the Committee.

In presenting the report, the Director of Digital Innovation informed the Committee that since the STP last presented a report regarding its Digital Strategy, a number of significant policy changes and developments had taken place such as the Long Term Plan. The digital strategy had therefore been reflected upon to ensure that the ambitions set out in the Long Term Plan were contained in the plan and were summarised within the report.

The STP was engaged in implementing solutions and enablers together with a strong emphasis on data security. Work was being undertaken to assess how bots could automate certain administrative tasks. Language was also being considered as part of the digital plans and how people where English was not their first language could be supported more effectively.

Members noted that no assumptions were being made regarding the technical literacy of the public or their varying levels of enthusiasm for technology.

During discussion of the report Members:

- Drew attention to the track record of the NHS in implementing large-scale technology that had not always been successful and commented that although it was a welcome direction, concern remained regarding the NHS's ability to deliver such ambitious IT projects. The Director of Digital and Innovation explained that the Long Term Plan contained over 120 requirements regarding IT that had been reviewed by the STP and reduced considerably. There had been a number of significant failures in national programmes that were well publicised. However, the priorities had been developed locally and current work involved prioritisation and embedding within existing programmes. The Director assured Members that the STP regularly reviewed and challenged itself as to whether their plans were too ambitious.

- Emphasised the importance of data security, especially as the eventual likely outcome of technological development would be for massively expanded access to patient data and records. Attention was drawn to the national Police computer database that experienced abuses with staff inappropriately accessing records and questioned whether the NHS was prepared for such occurrences and how the NHS was preparing for a failure of the system. The Director of Digital and Innovation provided assurance to the Committee regarding data security and explained that risk management would be undertaken by the governance boards of the organisations that were data controllers. Only suppliers that met strict data security standards would be approved. Cyber awareness training was also being provided to the governance boards of organisations. The STP had also learned from the experiences of other industries and sectors. The Director of Digital and Innovation commented that reservations regarding data security should not prevent doing what was best for patients and staff. However, it was essential that the organisations remained mindful of the risks and managed them effectively. It was also essential to develop a clear communications strategy that was honest and open with the public regarding the risks.

- Drew attention to the NHS smart phone application and the DoctorLink application and commented that they were not particularly helpful with little information on key public health risks such as smoking and weight. Smart phones were expensive and as a result there was a risk that sections of the population could be left behind by the development of technology. In response the Director of Digital and Innovation explained the NHS application was a national platform and would feedback the comments of Members. The DoctorLink application had been commissioned by the CCG and would allow appointments to be booked online and for video consultations to take place. The application had been rolled out slowly and there was a target for 75% of GP practice patients to have consultations available online by the end of March 2020.

- Commented that there were increasing numbers of tasks being shifted to GPs for which there were insufficient funding for and insufficient numbers of GPs to carry out the work. Areas such as Fenland with high levels of deprivation would be disproportionately affected and a digital divide would be created. Doubts were also expressed that the commitments set out in Appendix one of the report would be achieved by target dates. The Director of Digital and Innovation informed the Committee that many of the commitments were on track to meet their specified

deadlines and explained that many of the commitments were to enable patients to access services and not necessarily taking them up.

- Drew attention to the role of the Government regarding data security and the access afforded to companies that were not based in the United Kingdom. There were significant issues regarding public trust in the Government regarding data security that needed to be overcome.

It was resolved to note the report

292. HEALTH COMMITTEE TRAINING PLAN

The Committee received its Training Plan. A Member highlighted the new GP contract and suggested it as a topic for a development session or be placed on the forward agenda plan. The matter would be discussed at the next quarterly liaison meeting with the Clinical Commissioning Group and then the Chair, Vice-Chair and Lead Members meeting.

It was resolved to note the training plan.

293. HEALTH COMMITTEE AGENDA PLAN,

It was resolved to review the agenda plan

Appendix A

Cambridgeshire Integrated Sexual and Reproductive Health Service

Provided by Cambridgeshire Community Service NHS Trust

Age Profile of clinic patients December 2017 to November 2019

	2017	2018												2019											Grand Total
Age band	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
1. Children 17 and under	86	107	94	94	109	110	86	83	87	101	131	86	89	111	89	78	90	99	123	108	76	94	112	86	2329
2. Adults 18-24 years	806	1088	853	911	852	869	764	773	771	702	1022	881	737	876	773	754	733	761	773	760	686	680	835	736	19396
3. Adults 25-34 years	826	1038	838	822	792	846	725	767	788	636	928	822	729	892	797	761	702	808	741	878	720	805	862	800	19323
4. Adults 35-44 years	321	380	372	331	325	362	308	275	343	318	432	382	298	413	324	388	358	384	317	400	362	346	412	375	8526
5. Adults 45-54 years	193	194	182	216	192	199	219	153	167	161	198	178	155	183	155	189	167	233	178	184	178	157	210	197	4438
6. Adults 55-64 years	51	63	59	61	54	76	63	61	85	56	71	67	53	62	66	67	69	85	52	66	50	52	68	67	1524
7. Older Person aged 65+ years	30	32	45	27	30	26	15	20	23	26	34	31	26	39	26	29	31	42	40	43	19	34	34	38	740
Grand Total	**2313**	**2902**	**2443**	**2462**	**2354**	**2488**	**2180**	**2132**	**2264**	**2000**	**2816**	**2447**	**2087**	**2576**	**2230**	**2266**	**2150**	**2412**	**2224**	**2439**	**2091**	**2168**	**2533**	**2299**	**56276**