

HEALTH COMMITTEE: MINUTES

Date: Thursday, 23 May 2019

Time: 1.35p.m. – 4.07p.m.

Present: Councillors D Connor, L Dupre, J Gowing (substituting for Councillor Boden), L Harford, P Hudson (Chairman), L Jones, T Sanderson, and S van de Ven
District Councillor G Harvey.

Apologies: Councillors C Boden, P Topping and J Tavener

208. NOTIFICATION OF THE APPOINTMENT OF THE CHAIRMAN/WOMAN

The Committee noted the appointment of Councillor Hudson as Chairman of the Health Committee for the municipal year 2019/20.

209. NOTIFICATION OF THE APPOINTMENT OF VICE CHAIRMAN/WOMAN

The Committee noted the appointment of Councillor Boden as Vice-Chairman of the Health Committee for the municipal year 2019/20.

210. DECLARATIONS OF INTEREST

There were no declarations of interest.

211. MINUTES - 14TH MARCH 2019

The minutes of the meeting held on 14th March 2019 were agreed as a correct record and signed by the Chairman.

212. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted.

213. CO-OPTION OF DISTRICT MEMBERS

It was resolved to co-opt, Councillor Geoff Harvey (South Cambridgeshire District Council), Councillor Nicky Massey (Cambridge City Council) and Jill Tavener (Huntingdonshire District Council) to the Committee.

214. PETITIONS

There were no petitions.

215. FINANCE AND PERFORMANCE REPORT – OUTTURN 2018/19

The Committee considered the 2018/19 Finance and Performance Outturn report. In presenting the report officers highlighted uncertainty regarding forecasts due to the implementation of ERP Gold, the Council's new enterprise resource system.

The financial year ended with a final outturn of £600k underspend which was an increase of £130k since the previous forecast underspend. The main areas of underspend were the Public Health Directorate staffing budget where vacancies due to be deleted as a saving in 2019/20 were not filled, and the Sexual Health and Contraception area.

Officers noted the disappointment of the Committee in relation to underspends however, drew attention to the further reduction in the Public Health Grant in 2019/20 and that the directorate as a result was in a good position for 2019/20 to meet those challenges.

During discussion Members:

- Noted the rationalisations that had taken place however, expressed disappointment that the directorate had recorded such a large underspend when the work of Public Health was so vital.
- Emphasised the need for a strong and determined Public Health directorate that had greater influence over the Local Authority.
- Noted the funding streams for Public Health and the implications of the reduction of £700k in the ring-fenced grant of which £500k had been implemented.
- Expressed concern regarding performance data and what was actually measured in the Key Performance Indicators (KPIs) with specific reference to childhood obesity measures. Officers explained that the KPI measured the national childhood measurement programme delivery and it provided valuable information in contract management. Annual obesity rates were provided annually which were broken down by school, however they were not included in the monthly performance monitoring report.
- With regard to the School Nursing service Members noted the information regarding the numbers accessing services and the sort of support they were receiving however, it did not answer all the questions. Officers explained that it had been identified as a key action to develop the data gathered in order for a greater understanding of where impact areas were to be achieved.
- Drew attention to staffing issues related to Health Visiting Mandated Checks that did not appear to have changed. Officers commented that staffing was a significant issue in the south of the county and was taking time to address. It was anticipated that the position would begin to improve in quarter 2.
- Queried the Health Visiting Mandated Checks and the number of reviews that were not wanted or not required. Officers explained that some reviews that were not attended could have been not offered due to capacity. Work was being undertaken to understand whether there was a difference with parents who have more than one child as they were potentially more likely to not take up the offer of a visit.

It was resolved unanimously to:

Review and comment on the report and to note the finance and performance position as at the year end.

216. RECOMMISSIONING SEXUAL HEALTH SERVICES

Members considered a report that sought the support of the Health Committee for undertaking a competitive tender for Integrated Sexual Health Services across Cambridgeshire and Peterborough.

Members were informed that the recommissioning of the services across the two local authorities provided opportunities for synergies and ensuring that pathways were more effective and efficient across services.

During discussion Members:

- Questioned the use of the word efficiency during the officer's presentation and sought evidence that jointly commissioned contracts were more efficient. Officers explained that the jointly commissioned contract provided an opportunity to reduce the level of duplication across both local authorities and also an opportunity to review senior management structures.
- Drew attention to the differences between Peterborough City Council and Cambridgeshire County Council in terms of needs and patient profiles contained within the report and questioned whether there was a risk that quality would be sacrificed. Officers provided assurance to the Committee that teams were assessing where money was spent and where it could be spent on patient care rather than the system. Members noted that compliance with NICE guidance and targets would have to be met.
- Sought assurance that the savings would be appropriate and would not undermine the overall efficiency of the service. Officers explained that the service comprised of relatively senior staff that would not expect close supervision. There were also innovations regarding digital platforms that would improve access and work was being undertaken to ensure people were not excluded as a result.
- Expressed concern regarding the increased digitalisation of the service and questioned what work had been undertaken to assess the benefits before further digitalisation was undertaken. Members noted that increase online screening had increased take-up of services and allowed a more sensitive approach tailored to meet needs. Attention was drawn to work in Fenland where it had been found that social media was a far more effective tool for communication than traditional print media.
- Noted the break clauses within the contract in years 3 and 4.

It was resolved to support and approve:

- a) The undertaking of a competitive tender for Integrated Contraception and Sexual Health Services as a shared service contracted to work across Cambridgeshire County Council and Peterborough City areas
- b) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner

- c) Delegate and sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.

217. INTERIM CONTRACT FOR THE PREVENTION OF SEXUAL ILL HEALTH SERVICES

The Committee received a report that sought the support and approval of the Health Committee to award an interim contract for the delivery of the prevention of sexual ill health services to the current provider, DHIVERSE for a period of six months commencing 1 October 2019 and would terminate 31 March 2020. The report also sought approval to commission the prevention of sexual ill health service as a shared service across Cambridgeshire County Council and Peterborough City Council.

Officers explained that the services were provided by a number of smaller of voluntary sector organisations and the model would allow a collaborative bid to be placed. Efficiencies could also arise from a reduction in the duplication of work and would align the contract with the wider procurement of iCASH services.

During discussion, Members:

- Noted that DHIVERSE provided part of the services to Peterborough City Council and was first formed in the 1980's during the HIV crisis.
- Noted that following the approval of the contract set out in the report a contract would be brought forward that required voluntary organisations to collaborate with one another more effectively through a lead provider model. Recent collaboration had worked well in Peterborough.
- Drew attention to the number of late HIV diagnoses in the Cambridgeshire area and the underpinning reasons for health problems.
- Drew attention to the seeming unwillingness for employers in Fenland to encourage good practice of going to doctors for regular check-ups. The NHS would therefore have an extremely long period of looking after people because issues were not dealt with early enough. Officers explained that part of the work organisations undertook focussed on prevention which they were effective at.

It was resolved to:

- a) Review the rationale for the request to award an interim contract
- b) Support the interim contract being awarded to DHIVERSE for the delivery of the Prevention of Sexual Health Ill Services in Cambridgeshire

The award of an interim contract for the Prevention of Sexual Ill Health Service

- a) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the interim contract subject to compliance with all required legal processes.
- b) Authorise the Consultant in Public Health, Health Improvement, in consultation with the Executive Director of LGSS Law to approve and complete the necessary contract documentation

Recommissioning The Prevention of Sexual Ill Health Services

- a) Support a competitive procurement for the re-commission of the Prevention of Sexual Ill Health Service as a shared service contracted to work across the Cambridgeshire County Council and Peterborough City Council areas
- b) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner
- c) Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee
- d) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the new shared contract effective from April 2020, subject to compliance with all the required legal processes.
- e) Authorise the Consultant in Public Health, Health Improvement in consultation with the Executive Director LGSS Law to approve and complete the necessary contract documentation.

218. COMMISSIONING INTEGRATED LIFESTYLES SERVICES

A report was presented that sought to secure the support of the Health Committee for undertaking a competitive tender for Integrated Lifestyle Services across Cambridgeshire County Council and Peterborough City Council as a shared services established through one contract.

Commenting on the report Members:

- Sought greater clarity regarding how a joint commissioning process would deliver greater efficiency when the needs of Cambridgeshire and Peterborough were very different. Officers explained that in terms of behavioural change the intervention methods were broadly the same. There was a standard skill set and training for staff and with regard to behavioural change staff should be able to apply skills to different populations
- Noted that in Peterborough due to the population there was a diverse workforce that could meet the needs of some of the Fenland population where the same diversity of workforce was not available in Cambridgeshire and vice versa.
- Noted that due to the small size of the service the proposal would provide greater resilience and assist in the management of sickness and annual leave.
- Sought clarity regarding funding received from the Clinical Commissioning Group (CCG) contained at paragraph 2.7 of the officer report and queried whether funding was in place for 2019/20 and as it appeared that Peterborough did not, Cambridgeshire may be disadvantaged if funding was rationalised. Officers explained that funding for Cambridgeshire was open ended and funding for Peterborough was more proscribed however, it was currently under discussion with the CCG.

- Questioned whether joint commissioning as the default position for the Council when commissioning services. Officers explained that within the Public Health directorate there were many strategic partnerships that work across Cambridgeshire and Peterborough such as criminal justice. There was a strategic direction to avoid duplication of tasks. The joint commission approach also improved pathways across agencies. It was however vital that local needs were not lost.
- Questioned whether there was an overall direction of travel for digital platforms to carry out health checks. Officers confirmed that there was an intention to provide direction to information held online and for facility to carry out a mini health check however, it would not replace the physical health check.

Councillor Connor left the meeting at 2:16

It was resolved to support and approve:

- a) The undertaking of a competitive tender for Integrated Lifestyle Services as a shared service contracted to work across Cambridgeshire County Council and Peterborough City Council areas
- b) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner
- c) The Delegation to sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee.

219. LETS GET MOVING PHYSICAL ACTIVITY PROGRAMME UPDATE

Members considered a report that provided further information regarding the Let's Get Moving physical activity programme funded by the Health Committee from Public Health reserves.

Members were informed that at the core of the project was a theme of sustainability and how the various groups could be taken forward and owned by communities.

The Chairman welcomed representatives of Living Sport who were available to answer Member questions.

During the course of discussion:

- Expressed disappointment with the response from Huntingdonshire District Council (HDC). Councillor Sanderson as a HDC Member undertook to take the matter up with the Council.
- Sought clarity regarding the activity levels recorded and queried that based on the statistics contained within the report 49% of participants did not increase their activity levels. It was explained that activity levels were measured in categories and

although a person's activity may have increased it may not have increased enough in order to move to the next category.

- Questioned whether there was a fixed minimum number of people required in order to establish a group as sheltered housing schemes had smaller numbers which could grow but would take longer to become self-sustaining. Members were informed that there was no minimum membership requirement for a group to be set up.
- Noted that 45% of the groups established have become self-sustaining and that the programme had provided the opportunity for innovation and risk taking. Officers drew attention to the success of recreational running from which the learning was being implemented into other programmes.
- Commented on nudge theory of behavior change and its potential benefit to other Committees.
- Noted the work that had been undertaken regarding the evaluation of the programmes and the changes that had been made in recognition that the people delivering the groups were not necessarily the best people to evaluate its success.
- Drew attention to the feedback questionnaire contained at Appendix C of the report which was quite complex and queried the numbers of completed questionnaires received. Members were informed that the process did appear to be intensive however, the form had been recently re-designed and the first quarter response rate was nearly 100%. A more digital first approach was being undertaken and though a local customer engagement company a more automated form would be issued.
- Highlighted the importance of longitudinal evidence and questioned whether there was a method through which longer term data could be collated as there was a risk that when groups became self-sustaining the data would be lost at the most significant point in public health terms. Officers commented that an exit strategy would be developed to capture that information.

It was resolved to:

- a) Acknowledge the ongoing development and positive progress achieved by Let's Get Moving
- b) Acknowledge that Let's Get Moving is contributing to the establishment of sustainable physical activity programmes in Cambridgeshire Communities.

220. ANNUAL HEALTH PROTECTION REPORT 2018

Members received the Cambridgeshire and Peterborough Annual Health Protection Report 2018 which provided information on and assurance of the local delivery of health protection functions. The 2018 report represented the first year of a joint report across Cambridgeshire and Peterborough however, where possible the data had been broken down between the two local authorities. Attention was drawn to the childhood vaccination rates which had remained stable or were increasing which was encouraging. There was focus on pre-school vaccinations which were the lowest take-up rates.

During discussion Members:

- Drew attention to paragraph 3.2 of the report that contained data related to outbreaks in residential settings and commented that it would be beneficial for trend data to be presented in the next iteration of the report
- Welcomed the section of the report related to air quality and suggested that it would be beneficial to have it statistically based. It was noted that a lot of data was averaged out across the year and this meant that areas that were hotspots at certain points of the year could be lost.
- Confirmed that with regard to screening that eligible people were proactively contacted and invited to appointments.
- Confirmed that officers were not aware of any screening programmes having ceased due to funding constraints.

It was resolved to note the information in the Annual Health Protection report (2018)

221. PUBLIC HEALTH SYSTEM LGA PEER REVIEW

The Committee considered the findings of the Local Government Association (LGA) peer review of the Cambridgeshire and Peterborough public health system, carried out earlier this year, and to endorse the associated multi-agency action plan, which had been approved by the Cambridgeshire and Peterborough Health and Wellbeing Board.

Officers drew attention to paragraph 2.3 of the report which highlighted the key messages identified by the Peer Reviewers. The Key recommendation of the review contained at section 2.4 of the report which were being monitored by the Cambridgeshire and Peterborough Joint Health and Wellbeing Boards.

Commenting on the report Members:

- Welcomed the overall helpful process however expressed concern that there had been slippage in terms of timescales with regard to the action plan.
- In drawing attention to paragraph 2.3 of the officer report relating to the key messages identified by the Peer reviewers commented that they did not appear in the action plan. The third key message regarding the need for the Public Health team to have a more expansive view of its role raised questions regarding resources and the ability of the Public Health directorate to influence other directorates. Officers explained that the action plan published as an appendix to the officer report was not the most up to date version. There was sufficient capacity within the directorate through which to deliver the action plan and priority had been given to People and Communities, Communities and Safety and Place and Economy directorates. Senior officers within Public Health were joining senior management groups within directorates. Members requested that formal reporting be aligned with the Health and Wellbeing Board. **ACTION**
- Noted and welcomed the work taking place with the People and Communities directorate and requested the work was given a higher profile in future reports.

- Noted the role of the Health and Wellbeing Board in providing a system-wide forum in which to drive forward integration and partnership working.
- Members requested a structure chart in which the links between directorates were visible. **ACTION**

It was resolved to:

- a) Comment on the findings of the Cambridgeshire and Peterborough public health system peer review
- b) Endorse the multi-agency action plan

222. UPDATE AND PROGRESS ON THE DEVELOPMENT OF THE MINOR INJURY UNITS IN EAST CAMBRIDGESHIRE AND FENLAND

The Chairman invited Matthew Smith, Senior Responsible Officer, Urgent and Emergency Care and Jess Bawden, Director of External Affairs and Policy, Clinical Commissioning Group (CCG) to update the Committee regarding Minor Injury Units in Fenland and East Cambridgeshire.

Attention was drawn to the Local Urgent Care Hub (LUCS) model that provided an extended local, more accessible urgent care services for the population of East Cambridgeshire and Fenland.

During discussion Members:

- Sought greater clarity regarding Minor Injury Units (MIUs) expectation to meet national standards and when that would be. Members were informed that there was a national expectation that the plan would be delivered by the end of the year however that position had softened due to the nature of rural areas and a recognition that one size did not fit all. Attention was drawn to the 'roundtable' programme that was developing a solution to meet the needs of Cambridgeshire and Peterborough which looks at a wide range of services not limited to Urgent Treatment Centres.
- Expressed concern that the 'roundtable' programme pilot might result in some options being lost and people therefore may not have access to the full plethora of services. Members noted that engagement had been undertaken with Healthwatch however it was not yet the appropriate time to communicate to wider stakeholders. Further wider engagement would be undertaken over the summer once a preferred model and pilot had been agreed.
- Sought clarity regarding the provision of telemedicine at Doddington Hospital. Members noted that facilities such as Skye or telephone consultations were being offered in order that patients did not need to attend the hospital. While the option was appropriate for some patients it was not suitable for all and would not dispense with the need for physical appointments.

It was resolved to note the contents of the report.

223. HEALTH COMMITTEE AGENDA PLAN, TRAINING PROGRAMME, AND APPOINTMENTS TO OUTSIDE BODIES AND INTERNAL ADVISORY GROUPS

The Committee examined its agenda plan and training programme. It also considered the appointments to Outside Bodies and Internal Advisory Groups. It was noted that Councillor Sanderson would replace Councillor Taylor on the Northwest Anglia Foundation Trust Liaison Group and Councillor Gowing on the Northwest Anglia Foundation Trust Council of Governors.

It was resolved to:

- a) Review the agenda plan
- b) Review the training plan
- c) Agree the appointments to outside bodies
- d) Agree the appointments to internal advisory groups and panels