

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (CUSTOMERS AND PARTNERSHIPS) held in the Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Thursday, 5th March 2020

PRESENT: Councillor Mrs A Dickinson – Chairman.

Councillors T D Alban, B S Banks, S Bywater, J W Davies, Ms A Diaz, D A Giles, Mrs S Smith, Mrs J Tavener and Mrs S R Wilson.

APOLOGY: An apology for absence from the meeting were submitted on behalf of Councillors S J Criswell.

IN ATTENDANCE: Councillors K P Gulson, Mrs P A Jordan, J M Palmer, K I Prentice and R J West.

58 MINUTES

The Minutes of the meeting held on 6th February 2020 was approved as a correct record and signed by the Chairman.

59 MEMBERS' INTERESTS

Councillor T D Alban declared a non-statutory disclosable interest in relation to Minute Number 61 as his employers engage in business with the NHS.

Councillor S Bywater declared a non-statutory disclosable interest in relation to Minute Number 61 as a Member of Cambridgeshire County Council, a public body which oversee the Public Health function.

Councillor D A Giles declared a non-statutory disclosable interest in relation to Minute Number 61 as a Member of Cambridgeshire County Council, a public body which oversee the Public Health function.

Councillor S R Wilson declared a non-statutory disclosable interest in relation to Minute Number 61 as she is employed by the Cambridgeshire Community Service Immunisation Team.

60 NOTICE OF KEY EXECUTIVE DECISIONS

The Panel received and noted the current Notice of Key Executive Decisions (a copy of which has been appended in the Minute Book) which has been prepared by the Executive Leader for the period 1st March 2020 to 30th June 2020.

61 HEALTH AND WELL-BEING STRATEGY CONSULTATION

The Executive Councillor for Leisure and Health introduced the Cambridgeshire and Peterborough Director for Public Health, Dr Liz Robin and thanked her for

bringing the consultation draft of the Joint Health and Wellbeing strategy for Cambridgeshire and Peterborough to the meeting.

The Executive Councillor added that there is a shared aspiration across Cambridgeshire and Peterborough to provide the best health outcomes for the community and people. He reminded all present that the District Council has a significant role to play in improving health and preventing ill health through the services its provide, such as: housing and homelessness prevention; welfare, benefit provision and income maximisation directly and through funding of voluntary sector agencies; community development and safety; leisure provision; economic development and prosperity and the running of direct employment support services; licensing; parks and open spaces and planning policy and development.

Members were informed that the Council fully embraces the 'Think Communities' approach and that a Huntingdonshire place-based board is about to be launched. The purpose of the board is to collaborate with all public bodies as well as the voluntary sector and encourage a different conversation with the community that will reflect their own and unique needs. In addition, the Executive Councillor stated that the Council clearly understands that the residents are not users of a single service and to draw lines at organisational boundaries is to fundamentally misunderstand how lives are lived.

If a consistent and easily understandable set of messages across all agencies is not provided, then solutions will be delivered that fail to achieve their full potential. It is for these reasons that increasingly the Council is using its customer front doors to remove organisational barriers, rather than to hand off.

Dr Robin explained to the Panel that the Health and Wellbeing Board is responsible for managing the consultation, however sub-committees have been established which will oversee the day to day running of the consultation. Dr Robin then outlined the structure and content of the draft Health and Wellbeing Strategy and explained that the Strategy was about all partners taking action to achieve the objectives.

Councillor Alban asked whether there is a consideration on how Cambridgeshire and Peterborough interacts with neighbouring Health and Wellbeing Services, as residents tend to gravitate towards the nearest services, even if they are over the border. In response the Panel was informed that it is recognised that residents will approach their nearest services even if the service is located in a different authority to where they live, e.g. residents in Wisbech, Cambridgeshire tend to use services at Queen Elizabeth Hospital in King's Lynn, Norfolk. However, work is ongoing and the Clinical Commissioning Group (CCG) does interact with neighbouring CCG's on this matter.

A comment was made, by Councillor Alban, that the is a focus on homelessness is solely in Cambridge and Peterborough and not in the rural areas. He commented that Stilton are contributing towards the Peterborough Light Project and asked if the Strategy could recognise the vital contribution rural areas can make in helping to reduce homelessness. In response Dr Robin stated that tackling homelessness would benefit the whole of the County. Also, those that are homeless generally tend to originate from rural communities and then gravitate towards the cities.

In comparing the Strategy to South Tyneside's Strategy, Councillor Bywater commented that South Tyneside's Strategy has more detail in terms of the diagrams. The example was made that it is difficult to understand what diagram on page five of the Strategy means and how it relates to the text.

Whilst discussing new transport infrastructure and access to public transport services for both existing and new communities, Councillor Bywater raised the concern that there are settlements that maybe missed and will therefore not be considered when developing new transport infrastructure, particularly as the map on page four does not show all of them.

The Strategy also mentions school readiness, however Councillor Bywater asked who is going to be responsible for getting children school ready, will it be the parents, schools or County Council. Dr Robin stated that there is a focus on parents in order to prevent long term health issues developing in children and this is a statutory document which focuses from pre-birth to 5 years.

Councillor Bywater was asked if the Strategy was the best that can be produced and whether a Strategy could be produced which the average person could read without the need for clarification. Dr Robin stated that it is difficult to get the balance between detail and accessibility but assured the Panel that the aim is to produce a Strategy that people will want to read.

Councillor Giles suggested it would be useful if the Strategy gave examples of proposed actions and the impact of those actions. In addition, there should also be a commitment for regular reports of the actions. In response, the Members were informed that the challenges to adding examples of actions is that more detail would be required therefore making it less likely that the Strategy will be picked up and read. Dr Robin added that it is hoped the Strategy would not lead to duplication of work, rather it would lead to partners working together to tackle health issues, with the Health and Wellbeing Board helping to unlock the issues.

In discussing the outcomes listed within the Strategy, Councillor Wilson commented whether the number of outcomes were realistic and whether it would be better to focus on a few good projects and strive to resolve them as it was recognised that things take time to change. In response, Dr Robin recognised it was an ambitious Strategy and accepted that it does take a while to see change but it does happen as seen with teenage pregnancy rates and smoking rates.

Whilst discussing housing, Councillor Wilson queried what could realistically be done as the Council are tied by national planning policy. Dr Robin informed the Panel that the objectives listed in the Strategy are drawn from practice and that the Strategy has been to the Planning Policy Forum where it was confirmed it complied with planning policy.

Councillor Gulson suggested the Strategy should have a targeted approach whereby it would state what Key Performance Indicators (KPI) will be achieved in year one, year two, year three, etc, and these KPIs would go down to district level. Councillor Gulson believes that this would have the effect of prioritising the initiatives. Responding to the suggestion, Dr Robin stated that the Health and Wellbeing Board reviewed a lot of data to identify the priorities and that the prioritisation that is being suggested would come later via an Action Plan.

Councillor Tavener commented that the Strategy should look to build upon the work already done, particularly by the Districts, and that an Action Plan should be produced to accompany the Strategy. Dr Robin responded by recognising the good work done by various organisations, including District Councils, and that people need to learn from it.

Following a query regarding patient participation groups, it was confirmed that the Health and Wellbeing Board are working with them and that the patient participation groups usually link up via the CCG.

The Executive Councillor commented that the Strategy needs to have clear aims and objectives and explain the role of the District Council in fulfilling those aims and objectives particularly around the prevention agenda and the contribution of the Council services around the wider determinants of health. In addition, the Executive Councillor commented that getting residents to staying healthy throughout life was an important objective, however the Strategy does not make a corresponding correlation with the root causes of unhealthy living, which again proves the need for a prevention agenda to be at the heart of the recommendations. Dr Robin stated that others have also given similar feedback.

Councillor Morris agreed with the Executive Councillor but asked whether there needed to be a stronger focus on encouraging physical activity. In addition, Councillor Banks added that general eating habits are key in helping people maintain their health and wellbeing. Councillor Jordan stated that she agreed with the point that there should be clear aims and objectives and that it should be explained what the District Council can do to achieve these.

Councillor West expressed concern as to whether the Strategy places enough value on the health and wellbeing benefits of physical activity and particularly those produced by community groups such as walking groups, cycling groups and friendship groups. In response, it was stated that the importance of organisations is recognised but that the partnership landscape needs simplifying for the residents.

The Executive Councillor also commented that the Strategy lacks a vision statement and it is unclear whether the vision is to improve people's health outcomes, prevent ill health, stop the worse health conditions getting worse or another objective. Dr Robin confirmed the vision is to improve health outcomes and reduce health inequalities.

When asked about how cooperation works in cases such as a pandemic flu crisis, Dr Robin stated that there are a range of strategies to deal with such events. Locally a range of organisations come together to coordinate a response, in the case of a national event the national body coordinates a response with actions communicated between the layers.

The Panel recognised that the Think Communities element is important as it will see services tailored for the benefit of the community. Also working collaboratively is important but Members added that it was also important to have priorities, which was recognised to be missing from the Strategy.

RESOLVED

It was agreed that the comments from the meeting will be pulled together and presented as part of the District Council's consultation response.

(At 7.05pm, during the consideration of this item, Councillor J P Morris entered the meeting.)

(At 8.19pm, during the consideration of this item, Councillors K P Gulson, Mrs P A Jordan and R J West left the meeting and did not return.)

(At 8.20pm, during the consideration of this item, Councillor J M Palmer left the meeting and did not return.)

(At 8.27pm, on the conclusion of this item, Councillor Mrs J Tavener left the meeting.)

62 EXCLUSION OF PRESS AND PUBLIC

RESOLVED

That the press and public be excluded from the meeting because the business to be transacted contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

(At 8.28pm, during the consideration of this item, Councillor J P Morris left the meeting and did not return.)

63 AWARDING OF CONTRACTS FOR PUBLIC ADVICE AND VOLUNTARY SECTOR SUPPORT

With the aid of a report by the Operational Manager (People) (a copy of which has been appended in the Minute Book) the awarding of contracts for public advice and voluntary sector support was presented to the Panel.

Members commented on several aspects of the submitted bids and noted that the sums bid were the same for the bidders in both contracts, however they were assured that although bidders were notified of a notional budget sum, they had the opportunity to submit different sums but had elected not to do so.

The Panel also noted that the current provider recently had funding withdrawn by another Council and asked about the impact of this on the local contract. Officers assured the Panel that the tender process provided explicit links between funding for and delivery under the Huntingdonshire contract.

RESOLVED

The Panel agreed that the Cabinet should endorse the recommendations contained within the report.

(At 8.30pm, during the consideration of this item, Councillor J Tavener entered the meeting.)

64 RE-ADMITTANCE OF PRESS AND PUBLIC

RESOLVED

That the press and public be re-admitted to the meeting.

65 OVERVIEW AND SCRUTINY WORK PROGRAMME

With the aid of a report by the Democratic Services Officer (Scrutiny) (a copy of which is appended in the Minute Book) the Overview and Scrutiny Work Programme was presented to the Panel.

In explaining why the Environmental Enforcement Task and Finish Group has not yet met, it was explained that there is currently an Environmental Enforcement Audit ongoing and once that has been concluded then the work of the Task and Finish Group will begin.

Chairman