

**HEALTH COMMITTEE WORKPLAN AND PRIORITIES**

*To:* **Health Committee**

*Meeting Date:* **15<sup>th</sup> January 2015**

*From* **Dr Liz Robin, Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**

*Purpose:* **To inform the Committee of progress made against the agreed work plan and priorities for the Health Committee**

*Recommendation:* **The Health Committee is asked to:**

- 1) Note and endorse the progress made on the work plan.**
- 2) Agree proposed changes to the work plan including the combined governance arrangements for items g) and i) and removal of completed actions from the plan.**

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## **1. BACKGROUND**

- 1.1 The Health Committee were provided with an updated Workplan and priorities document at the Health Committee meeting held on 20<sup>th</sup> November 2014.
- 1.2 The purpose of this report is to inform the committee on the progress of identified Health Committee priorities, the agreed approaches for each area and to confirm governance arrangements. The current Workplan is attached as Appendix A.

## **2. MAIN ISSUES**

- 2.1 It is proposed that completed priorities and actions are removed from the workplan and archived in a document that will record achievements and activities of the Health Committee.
- 2.2 It is proposed that due to the similarities actions g) and i) are reworded and combined to read:

To review implications of the NHS 5 year Forward View with regard to  
(i) a “radical upgrade in prevention and public health” and the role of the local authority in system transformation.  
(ii) identifying how the Cambridgeshire NHS and healthcare providers are aligning service plans in response to recommendations in the NHS 5 Year Forward view.

The proposed action to be taken is;-

Cambridgeshire & Peterborough Clinical Commissioning (CCG) are providing a report updating the committee on the System Transformation programme on 15/01/15.

Following consideration of the report, Health Committee members to identify any further information that could be obtained from the System Transformation Group, which includes the Chief Executives of Cambridgeshire NHS providers, that would assist overview and scrutiny of this work.

## **3. SIGNIFICANT IMPLICATIONS**

### **3.1 Resource Implications**

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

### **3.2 Statutory, Risk and Legal Implications**

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29<sup>th</sup> May 2014

### **3.3 Equality and Diversity Implications**

There are likely to be equality and diversity issues to be considered within the remit of the working groups. .

### **3.4 Engagement and Consultation Implications**

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

### **3.5 Localism and Local Member Involvement**

There may be relevant issues arising from the activities of the working groups.

### **3.6 Public Health Implications**

The outcomes from the activities of the working groups are likely to impact on public health

<b>Source Documents</b>	<b>Location</b>
None	