

**HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME**

*To:* Health Committee

*Meeting Date:* 29<sup>TH</sup> May 2014

*From:* Director of Public Health

*Electoral division(s):* All

*Forward Plan ref:* **Key decision:** No

*Purpose:* To consider priorities and options for the Health Committee forward work programme

*Recommendation:* The Committee is asked to:

- a) prioritise the Health Committee forward work plan, considering options outlined in this paper sections 2.2 and 2.3
- b) consider a request from the Audit and Accounts Committee

The Audit and Accounts Committee at its meeting on 28<sup>th</sup> January 2014 recommended that each new service committee should consider whether they would wish to undertake a review of two previously completed projects within their terms of reference remit, to confirm that they were satisfied that value for money had been achieved.

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
Name:	Liz Robin	Name:	Councillor Kilian Bourke
Post:	Director of Public Health	Chairman:	Health Committee
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Kilian.bourke@cambridgeshire.gov.uk
Tel:	01223 703259	Tel:	01223 699171

## **1. BACKGROUND**

- 1.1 Looking forward, the Health Committee may wish to identify priorities and options for the Committee's forward work programme for 2014/15, including strategic work to feed into the 2015/16 business planning processes.
- 1.2 There are already some relevant commitments for the public health directorate during 2014/15. For example the Joint Strategic Needs Assessment (JSNA) programme for this year agreed by the Health and Wellbeing Board, includes a JSNA for vulnerable children, JSNA for Transport and Health and a JSNA for people with long term conditions. The business plan for 2014/15 has been agreed by full Council and includes public health procurements and projects. Most local public health strategies will need renewing and revising to reflect the move of public health into the Council – and some completely new strategies may be appropriate. The Committee's views on priorities for this work are sought.
- 1.2 There are a number of health scrutiny issues which have been identified for the future by the Adults, Wellbeing and Health Overview and Scrutiny Committee (AWHOSC), and the Health Committee may wish to prioritise these and determine which issues would benefit from proactive involvement by the Committee, and which may be more reactive.

## **2. MAIN ISSUES**

- 2.1 Existing work programmes in public health for which the Committee may wish to see progress reports going forward include:
- Implementation of a county-wide community sexual health service, following the procurement process carried out during 2013/14 and early 2014/15. The new service specification will increase accessibility and equity of provision of sexual health and contraception services, within available resources.
  - Commissioning of childhood vision screening services (previously commissioned by the CCG, but now a duty of the County Council).
  - County-wide procurement of health trainer and weight management services. This procurement process will be carried out during 2014/15.
  - Delivery of mental health and suicide prevention training to front line staff who are not mental health professionals, to be developed during 2014/15.
  - Delivery of workplace health programmes within the Council, including a physical activity pilot in Scott House, Huntingdon; and support for implementation of the smoke free environment policy, working closely with the Corporate Directorate and Local Government Shared Services (LGSS)
- 2.2 Potential priorities for new strategic and planning work:

### **Shared issues:**

- Development of shared public health priority outcomes for 2015/16 business planning, working across Council directorates.
- Preparing for the transfer of the Healthy Child Programme (0-5 years) from NHS England to the Council in October 2015: This includes transfer of responsibility and budgets for health visiting services and is also likely to be of interest to the Children and Young People's Committee.

**Themes highlighted through the Public Health Outcomes Framework,** Issues where Cambridgeshire or parts of Cambridgeshire do worse than the national average for public health outcome indicators are described in more detail in the Annual Public Health Report and potential strategic priorities include:

- **Health inequalities:** There are a number of geographical health inequalities in Cambridgeshire, including higher rates of smoking, obesity and diabetes in Fenland as well as lower life expectancy than other parts of the county, and higher rates of fuel poverty and falls amongst older people in Cambridge. There are also inequalities between population groups – for example children receiving free school meals have a lower level of development at reception than children nationally. A multi-agency health inequalities strategy for Cambridgeshire was agreed some years ago, but is now very out of date.
- **Smoking and tobacco:** Smoking remains the most important avoidable cause of premature death in the UK. Rates of smoking in Fenland are now amongst the highest nationally, and rates amongst manual workers across the county are above average. There is potential to renew local strategies for smoking and tobacco, learning from initiatives in other areas of England which have been successful at reducing smoking rates.
- **Immunisations and screening:** There are a number of programmes for which uptake in Cambridgeshire appears worse than the national average. Because immunisation and screening programmes are commissioned by NHS England, not the Council, this would be partly an NHS scrutiny issue, and partly an issue for which the County Council could directly support outcomes.

#### **Public and stakeholder concerns**

- It is clear from the public YouChoose survey carried out in 2013 that mental health is important for local residents, and this was also clear during stakeholder consultation on the Health and Wellbeing Strategy. It would be possible to develop a public mental health strategy for Cambridgeshire to take a preventive approach.
- There may be potential to develop a more strategic approach to community engagement and public health, building on existing County Council and public health programmes and communication channels.

It will not be possible to cover all these areas of strategic and planning work during 2014/15, and it would be helpful to understand the Committee's priorities.

### **2.3 Health Scrutiny issues**

#### **Older Peoples Services**

The CCG is in the process of tendering older peoples health services, including unplanned acute hospital care and mental health services, and some community-based health care services for older people and working age adults. It is using a 'competitive dialogue' process, in which bidders are being asked to put forward proposals for how they will achieve a set of defined outcomes and improve services. It is envisaged that the successful bidder will be the lead provider of the service, co-ordinating and subcontracting with other providers as appropriate.

The CCG is consulting on the initial proposals the bidders have put forward; the outgoing AWHOSC has responded to this. The CCG will feed back the outcome of the consultation to the bidders in order to inform their final proposals. The CCG aims to select a preferred bidder in September 2014, with a view to starting the new service in January 2015

The Committee may wish to scrutinise the outcome of the consultation, the next stages of the tender process, how the new arrangements are implemented, and, at a later date, how well the new arrangements are working.

## **Mental Health**

CPFT is consulting on changes to its services for people with Personality Disorders, which includes the Lifeworks service in Cambridge. This follows representations made by service users and by the outgoing AWHOSC, which, with Healthwatch, has contributed to shaping the consultation process.

The Committee may wish to respond to this and to other forthcoming proposals for changes to mental health services, and scrutinise the arrangements for consultation.

Both the AWHOSC and the Children and Young People OSC identified a need for improvements to mental health services for children and young people, including those in transition from child to adult mental health services.

## **CCG 5-year strategy**

The CCG is developing a five year strategy, which may include proposals for service change that the Committee will wish to scrutinise

## **Other issues**

- Emergency Ambulance Services: The East of England Ambulance Trust has had performance issues over the past few years, including failing to meet its response time targets. It recently appointed a new Chief Executive, and is implementing an improvement plan. The Committee may want to scrutinise its progress at a later date.
- The implications for services of the financial challenges faced by Peterborough and Hinchbrook Hospitals
- Commissioning of specialised services: resolving the tension between centralisation to obtain the best clinical outcome, and travel/accessibility of the service to patients and their family members.

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

Effective public health programmes and health services result in a healthier workforce, with reduced sickness absence/people lost to the workforce and increased productivity.

### **3.2 Helping people live healthy and independent lives**

Effective delivery of Health Committee work programmes will support this priority.

### **3.3 Supporting and protecting vulnerable people**

Effective delivery of Health Committee work programmes will support this priority.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

Decisions on priorities for the Health Committee work programme will impact on use of officer time and on use of resources in 2015/16 business planning. Decisions to scrutinise NHS services will involve staff resources in both the Council and the organisation which is the subject of scrutiny.

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

These are outlined in an earlier paper on the Health Committee's powers and duties.

### **4.3 Equality and Diversity Implications**

. There are likely to be equality and diversity issues considered within the chosen priorities.

### **4.4 Engagement and Consultation Implications**

The NHS Scrutiny function includes considering whether the NHS has consulted appropriately on substantial service variations.

### **4.5 Localism and Local Member Involvement**

There may be relevant issues depending on the priorities chosen by the Committee.

### **4.6 Public Health Implications**

The priorities of the Health Committee will impact directly on public health.

<b>Source Documents</b>	<b>Location</b>
Annual public health report (Cambridgeshire) 2013/14	Public health directorates 3B Castle Court .