

<b>Health Committee Decision Statement</b>
<b>Meeting: 16 March 2017</b>
<b>Published: 20 March 2017</b>
<b>Decision review deadline: 23 March 2017</b>
<b>Implementation of Decisions not subject to review: 24 March 2017</b>

Each decision set out below will come into force, and may then be implemented at 9.30am on the fourth full working day after the publication date, unless it is subject of a decision review. [see note on decision review below].

Item	Topic	Decision
	<b><u>CONSTITUTIONAL MATTERS</u></b>	
1.	<b>Apologies for absence and declarations of interests</b>	Apologies received from County Councillor P Clapp (Cllr R Mandley substituting), and from District Councillor M Cornwell.  There were no declarations of interest.
2.	<b>Minutes – 12 January 2017 and Action Log</b>	It was resolved:  a) To approve the minutes as a correct record;  b) To note the Action Log including oral updates at the meeting.
3.	<b>Petitions</b>	The only petition received was covered under the relevant agenda item.
	<b><u>OTHER DECISION</u></b>	
4.	<b>Finance and Performance Report – January 2017</b>	It was resolved:  to review and comment on the report.
	<b><u>KEY DECISION</u></b>	

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5.	<b>Proposal to transfer the in house Stop Smoking Services to an external provider</b>	<p>It was resolved to approve the following key elements found in the proposal</p> <ul style="list-style-type: none"> <li>a) To contract with an external provider the in house core Stop Smoking Service that is currently part of the Public Health Directorate</li> <li>b) To integrate the Stop Smoking Service into lifestyle services.</li> <li>c) To support the procurement approach of transferring the Stop Smoking Service to Everyone Health, the Integrated Lifestyle Service provider currently commissioned by Cambridgeshire County Council.</li> <li>d) That the Health Committee delegate authority to the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to award the contract to Everyone Health, the Integrated Lifestyle Service provider, subject to a successful outcome of the Voluntary Transparency Notice.</li> </ul>
	<b><u>SCRUTINY ITEM</u></b>	
6.	<b>Report on the consultation on a future model for an Integrated Out of Hours base at Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)</b>	<p>The Committee agreed in response to the consultation that</p> <ul style="list-style-type: none"> <li>a) <b>It accepted that it was best to locate the Out of Hours base alongside A&amp;E at Addenbrooke's;</b></li> <li>b) <b>It noted that this would to some extent disadvantage some current users of the facility; and</b></li> <li>c) <b>It believed that the advantages of moving the service to Addenbrooke's outweighed these disadvantages; but</b></li> <li>d) <b>It was concerned that there was not a sufficient mitigation plan to address these disadvantages; and therefore</b></li> <li>e) <b>It called on the Clinical Commissioning Group to do more work to minimise the impact of the move on those current users who might be disadvantaged by it; and</b></li> </ul>

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		<p>f) It asked that the CCG develop a more comprehensive view of the impact of the proposed changes and review this and its proposed mitigation measures with the Health Committee at its June 2017 meeting</p> <p>g) Furthermore the Committee, whilst noting that the CCG could have been clearer in the way that it explained the justification for the proposed change and its associated consequences, recognised the extent of the recent consultation.</p>
	<b><u>OTHER DECISIONS</u></b>	
7.	Air Quality in Cambridgeshire – implications for population health	<p>It was resolved to:</p> <p>a) note and comment on the current air quality issues in Cambridgeshire, local opportunities/initiatives to improve air quality, and the NICE Draft National guidance;</p> <p>b) request that Director of Public Health:</p> <ul style="list-style-type: none"> <li>i) <b>draw this report to the attention of the Leader and Chief Executive of the Council and to the Chairmen/women of and Spokes for its Policy and Service Committees with a recommendation that the committees consider the potential impact on air quality as part of their decision-making process;</b></li> <li>ii) <b>draw this report to the attention of the Chairmen/women and Chief Executives of the Greater Cambridge City Deal, the Cambridgeshire &amp; Peterborough Combined Authority, Cambridgeshire's district councils and Cambridge City Council with a recommendation that they consider the potential impact on air quality as part of their decision-making process;</b></li> <li>iii) <b>encourage the committees and bodies named in (i) and (ii) above to actively bring forward projects which will improve air quality; and</b></li> </ul> <p>c) ask that the Director of Public Health report back to the Health Committee regarding the above within six months.</p>
	<b><u>SCRUTINY ITEMS</u></b>	

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8.	PRISM (new primary care service for mental health) First Response Service (MH crisis support service)	It was resolved:  to note the report.
9.	Cambridgeshire and Peterborough Sustainability and Transformation Plan – Workforce overview	It was resolved:  to note the report.
10.	Consultation on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commissioning Group area	The Committee agreed in response to the consultation that  <b>a) It recognised that this was an extremely difficult decision</b>  <b>b) It noted that specialist fertility treatment would be one of the first treatments to be restored once the CCG's financial position permitted</b>  <b>c) It was not in a position to make any recommendation for or against the proposed changes.</b>
11.	Proposed Consultation on a future model for the referral and provision of NHS hearing aids for adults with mild hearing loss	It was resolved:  to approve the process for public consultation on a future model for the referral and provision of NHS hearing aids for adults.
12.	Health Committee working group update	It was resolved:  1) Note and endorse the progress made on health scrutiny through the liaison groups and the schedule of liaison meetings  2) Note the update from the Joint Health Scrutiny Committee – Collaboration of Hinchingsbrooke Hospital with Peterborough & Stamford Hospital.  <b>3) To agree to develop a programme of scrutiny of the Sustainable Transformation Programme after the local government elections in May 2017.</b>
13.	NHS Quality Accounts – establishing a process for responding to 2016-17	It was resolved:

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	requests	<p>a) to delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting in consultation with, and in accordance with the views of, members of the Committee (where a response was required before 4th May) or (for later response deadlines) such members of the present Committee as were still elected members of Council following the elections on 4th May.</p> <p>b) <b>to give priority to responding to Quality Accounts from Cambridge University Hospitals NHS Trust, Cambridgeshire and Peterborough NHS Foundation Trust, and Cambridgeshire Community Services NHS Trust</b></p> <p>c) <b>to request the Head of Public Health Programmes to consult the Chairman of the Peterborough City Council Health Scrutiny Committee about that Committee's plans for responding to any Quality Account from the new Northwest Anglia NHS Foundation Trust, given that Hinchingsbrooke Health Care NHS Trust would cease to exist as a separate NHS Trust at the end of March 2017.</b></p>
<b><u>OTHER DECISIONS</u></b>		
14.	<b>Health Committee training plan</b>	It was resolved to note the training plan.
15.	<b>Appointments to internal Advisory Groups and panels, and Partnership Liaison and Advisory Groups</b>	<p><b>It was resolved</b></p> <p>a) <b>to delegate, on a permanent basis between meetings, the appointment of representatives to any outstanding outside bodies, groups, panels and partnership liaison and advisory groups, within the remit of the Health Committee, to the Director of Public Health in consultation with Health Spokes.</b></p> <p>b) to note that no appointments were currently required.</p>
16.	<b>Health Committee Agenda Plan</b>	<p>It was resolved</p> <p>a) to note the revised agenda plan presented at the meeting</p> <p>b) to authorise the Head of Public Health Programmes, in consultation with the</p>

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		Chairman and Vice-Chairman, <b>to make such further revisions to the agenda plan as necessary to manage the workload for the incoming committee.</b>

**Notes:**

- (a) Statements in bold type indicate additional resolutions made at the meeting.
- (b) Requests for review of a decision can be made as indicated below:-
  - a. At least 8 elected members of the Council may submit a request for a review of a decision by the General Purposes Committee;
  - b. At least 24 elected members of the Council may submit a request for a review of a decision by the Full Council;
  - c. The request must be submitted in writing to the Monitoring Officer or Chief Executive before the expiry of 3 full working days after the decision has been published and shall specify the reason(s) why the decision should be reviewed.
- (c) Full details of the decision review process, including those decisions which may not be subject to review, are set out in the Decision Review Procedure Rules at Part 4.5 of the Constitution.

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