

**HEALTH COMMITTEE WORKING GROUP UPDATE**

*To:* **Health Committee**

*Meeting Date:* **7th September 2017**

*From* **Director of Public Health**

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

*Forward Plan ref:* **n/a** *Key Decision:* **No**

*Purpose:* **To inform the Committee of the activities and progress of the Committee's working groups since the last update.**

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

- a) Note and endorse the progress made on health scrutiny through the liaison groups.**
- b) Note the forthcoming schedule of quarterly liaison meetings (Appendix 1).**
- c) Consider any items from the quarterly liaison meetings that may need be included on the forward agenda plan.**

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## **1.0 BACKGROUND**

- 1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 16<sup>th</sup> March 2017.
- 1.2 This report updates the committee on the joint liaison meeting with Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) and Cambridgeshire Healthwatch, Cambridgeshire & Peterborough Foundation Trust (CPFT), and Cambridge University Hospitals NHS Foundation Trust (CUHFT) and North West Anglia NHS Foundation Trust (NWA)
- 1.3 Liaison group meetings are precursors to formal scrutiny and/ or working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under their scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.

## **2. MAIN ISSUES**

### **2.1 Liaison meeting with Cambridgeshire and Peterborough Foundation Trust**

The liaison group members in attendance were Councillors: Harford and district Councillor Abbott. A meeting was held on 24<sup>th</sup> March 2017 with Aidan Thomas (CEO). Apologies were noted from Deborah Cohen (Director of Service Integration) and Councillors Hudson, Joseph and van de Ven.

#### **2.1.1 The following topics were discussed at this meeting:**

- CEO Retirement and Management changes
- Learning Disability Service – update on service consultation
- Eating Disorder Service
- National Requirements for Mental Health providers
- Investments in CPFT from STP
  - Expansion of Joint Emergency Team
  - Long Term Conditions
  - Case Management
  - Discharge to Asses

#### **2.1.2 Future potential items for the Health Committee's forward agenda plan were noted.**

- Expansion of PRISM service
- Consultations on service changes e.g. Learning Disability
- Development of First Response Service

The next liaison meeting date with CPFT is scheduled for 9<sup>th</sup> November 2017.

## 2.2 Liaison Meeting with HealthWatch Cambridgeshire and the Clinical Commissioning Group

The liaison group members in attendance were Councillors Harford, Jones, van de Ven and District Councillor Ellington. Apologies were received from Councillors Hudson and Connor. A meeting was held on 20<sup>th</sup> July with Sandie Smith (CEO) of Healthwatch, Val Moore (Chair) Healthwatch and Jessica Bawden (Director of Corporate Affairs, CCG)

2.2.1 An update from the CCG was received on the following areas.

- Minor Injury Units (requested by Cllr Connor)
- Update on Chief Officer's Replacement
- Capped Expenditure Process
- Future consultations to be considered by the Health Committee
  - Fertility Services consultation extended to close on 31<sup>st</sup> July
  - Provision of Hearing Aids – consultation deferred

2.2.2 Val Moore provided members with an overview of Healthwatch as well as an update of the merger between Healthwatch Cambridgeshire and Peterborough which took place on 1<sup>st</sup> April 2017. Members were also informed of key issues that the public were raising with Healthwatch. Sandie Smith shared the Annual Report for Healthwatch with members.

2.2.3 Actions from this meeting:

- Minor Injury Unit Briefing to be circulated to all Health Committee Members.

The next liaison meeting date is 19<sup>th</sup> October 2017.

## 2.3 Liaison Meeting with Cambridge University Hospitals NHS Foundation Trust (CUHFT)

The Liaison group members in attendance were Councillors Harford, Hudson and van de Ven. A meeting was held on 28th June March 2017 with Roland Sinker (CEO) and Ian Walker (Director of Corporate Affairs). Apologies were received for Councillor Jones and District Councillor Ellington

2.3.1 The following topics were discussed at the meeting:

- Content for the Health Committee Item 20<sup>th</sup> July
  - CQC Inspection Update
  - E-Hospital update
    - Liver Metastasis Service (progress on first year of service relocation for the region)
- Relocation of Out of Hours Service to Addenbrookes site (requested by Cllr Jones)
- Access to the Hospital site (requested by Cllr van de Ven)
- A & E Triage System (requested by Cllr van de Ven)
- Delayed Transfers of Care (DTOCs)
  - Hospice (requested by Cllr Ellington)

- Papworth relocation & the Forum Development

#### 2.3.2 Actions from the meeting:

- Cllr van de Ven to send email regarding concerns for A&E to Mr. Sinker
- Mr Sinker to share CUH Transport Access Plan.
- Kate Parker to send Ian Walker Cllr Ellington's email

The next liaison meeting date is 29<sup>th</sup> September 2017.

### 3.0 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

Working groups will report back on any public health implications identified.

Source Documents	Location
<a href="http://www.healthwatchcambridgeshire.co.uk/">http://www.healthwatchcambridgeshire.co.uk/</a>	