HEALTH COMMITTEE

Cambridgeshire County Council

Thursday, 23 January 2020

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

13:00

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for Absence**	
2	**Declarations of Interest**	
	Guidance for Councillors on declaring interests is available at:	
	http://tinyurl.com/ccc-conduct-code	
3	**Minutes - 5th December 2019 & Action Log**	**5 - 12**
4	**Petitions and Public Questions**	
5	**Co-option of District Member**	

DECISIONS

6	**Finance Monitoring Report - November 2019**	**13 - 22**
7	**Public Health Risk Register - January 2020**	**23 - 28**
	SCRUTINY	
8	**Sustainable Transformation Partnership (STP) Digital Plans**	**29 - 36**
	OTHER DECISIONS	
9	**Health Committee Training Programme**	**37 - 38**
10	**Health Committee Forward Agenda Plan**	**39 - 42**

Development Session

Following the conclusion of the Committee a development session will be held regarding the Best Start in Life Strategy.

The Health Committee comprises the following members:

Councillor Peter Hudson (Chairman) Councillor Chris Boden (Vice-Chairman)

Councillor David Connor Councillor Lorna Dupre Councillor Lynda Harford Councillor Linda Jones Councillor Kevin Reynolds Councillor Tom Sanderson Councillor Mandy Smith and Councillor Susan van de Ven

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

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https://tinyurl.com/CommitteeProcedure

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HEALTH COMMITTEE: MINUTES

Date: Thursday, 6 December 2019

Time: 1.30p.m. – 14.50p.m.

Present: Councillors C Boden (Vice-Chairman), D Connor, L Dupre, P Hudson (Chairman), J Gowing, L Jones, K Reynolds, T Sanderson and S van de Ven

District Councillors D Ambrose-Smith, G Harvey and J Taverner

Apologies: County Councillor L Harford (Councillor J Gowing substituting)

District Councillors A Bristow, D Ambrose Smith and N Massey

274. DECLARATIONS OF INTEREST

None.

275. MINUTES – 14TH NOVEMBER 2019

The minutes of the meeting held on 14th November 2019 were agreed as a correct record and signed by the Chairman.

276. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted including the following update:

Minute 185 – The Ambulance Trust was working towards a data sharing agreement and the action was now complete.

277. PETITIONS

There were no petitions.

278. HEALTH COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2020-21 TO 2024-25

The Committee received the draft Revenue Business Planning Proposals for the Public Health directorate.

In presenting the report the Director of Public Health, advised Members that there had not yet been announcement made by the Government regarding the level of increase to the ring-fenced Public Health Grant. It had therefore been assumed within the Business Plan that the increase would be 2%. Providing that the increase was delivered as anticipated it was proposed that the £191k currently provided to the Public Health budget as recurrent funding from core Cambridgeshire County Council funds would cease. Officers acknowledged the comments of Members regarding the

importance of ambition and strategic vision for Public Health spending raised when the Business Plan was presented at the October meeting of the Committee. However, no proposals were currently forthcoming due to the level of increase being unknown and also whether there would be additional burdens attached to the increased funding.

The Committee was provided an update regarding staffing levels within the directorate, in particular the Public Health Consultant posts that were being recruited to and the changes to the overall structure.

During discussion Members:

- Drew attention to the presentation of information relating to the business case for the Joint Re-procurement of Sexual Health Services which could be viewed as contradictory. Members sought assurance that moving to a digital delivery would not affect patients' right to be seen in person at a clinic. Officers informed Members that the service understood there was a high level of patient satisfaction with digital services since it was introduced and demand for the services had increased. The digital services were provided with a caveat that if patients had any issues or concerns then they should attend a clinic in person. Officers undertook to review the wording in the business case in order to ensure that it was clear patients could still be seen face to face. **ACTION**

- Sought greater clarity regarding the assumptions made with regard to the increase to the ring-fenced Public Health Grant, highlighting the different approach taken at Northamptonshire County Council. Officers explained that making such assumptions was challenging and Members noted that local authorities had generally assumed an increase of between 1-3%. Members were informed that slightly under 1% had been committed to cover funding received corporately and also assumed new burdens as part of the funding increase.

- Sought clarity regarding fees and charges found at section 3, table 1 of the report. Officers explained that there were various re-charges made to organisations such as Peterborough City Council where posts were either shared or funding provided. An example was provided of the Drug and Alcohol service that received contributions from the NHS and the Police and Crime Commissioner.

- Noted that regarding assumptions made within the business plan relating to accounting for salaries where staff shortages could be expected; 2019/20 had been a particularly challenging year with many vacancies, only some of which had been filled by interim staff. It was anticipated that most positions would be filled by April and be close to full complement by May.

- Commented on the loss of staff to Public Health England and questioned whether there were any particular reasons that were unique to Cambridgeshire as to why staff were leaving and whether there was an ongoing risk. The Director of Public Health commented that Cambridgeshire attracted good quality candidates and there was a pattern of working for a few years and then move to Public Health England which was based locally. Members noted that Public Health England offered more competitive terms and conditions and a clear career pathway. The Council had therefore adapted the Public Health structures and embedded more competitive terms and conditions. It was accepted that the people would move on. However, the changes made had resulted in a high standard of applications being received.

It was resolved to:

a) The Committee note the overview and context provided for the 2020/21 to 2024/25 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October; and

b) Comment on the draft budget and savings proposals that are within the remit of the Health Committee for 2020/21 to 2024/25, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan

279. FINANCE MONITORING REPORT – OCTOBER 2019

Members were presented the October 2019 iteration of the Finance Monitoring report for the Public Health Directorate. In presenting the report attention was drawn to the forecast underspend which had increased by £86k predominantly due to lower than expected expenditure on staffing.

In response to a Member question, the presenting officer explained that staffing budgets were complicated by staff being shared across organisations that result in various re-charges. If material variances occurred then they would be drawn to Members attention.

It was resolved to:

Review and comment on the report.

280. PERFORMANCE REPORT – QUARTER 2 2019/20

The Committee received the quarterly performance report.

During discussion of the report Members:

- Questioned whether the RAGB targets were more stringent for over-performance than under-performance. Officers explained that ambitious targets were set that contained inherent risk that that they would not be achieved. It was less likely that targets would be over-achieved by over 5%.

- Expressed concern that approximately 50% of targets were not being met and highlighted that targets were being met and missed in different areas. It appeared that staffing was a particular issue and had been concerning the Committee for some time as it was inhibiting the Council's ability to deliver. Attention was drawn to the number of performance indicators relating to Health Visitors and the impact of difficulties in recruiting to positions in Cambridge City and South Cambridgeshire. Officers commented that the Performance Indicators set were challenging. Staffing issues within the Health Visiting service had taken a year to rectify through developing new staff internally which had been successful. There was now work to be undertaken to ensure the sustainability in order for a continuing stream of staff to be brought through.

- Emphasised the importance of the accompanying text to each performance measure graph as they provided both context and detail.

- Drew attention to the percentage of infants being breast fed at 26 weeks indicator that although showed an increased performance. However, the indicator was below target and the commentary was concerning as it illustrated the difference in performance across the county, in particular the disparity between Fenland, Cambridge City and South Cambridgeshire. Members welcomed the breakdown of the data by district as it provided areas where additional focus was required. Members requested a report be presented to a future meeting of the Committee that addressed the concerns raised by Members and what was being done to tackle the issue. **ACTION**

- Questioned why Health Visitors were not being utilised to encourage and help new mothers with breast feeding in the Fenland area. Officers explained that Midwives had most significant impact at birth in achieving successful breast feeding. Attention was drawn to a programme underway in Peterborough that set up a successful breast feeding café. Work was currently underway to explore how the programme could reach out to the Fenland area.

- Commented that it was not clear whether the issue was specific to Cambridgeshire or was a wider, national issue and requested such data be included in the proposed report.

- Highlighted and expressed concern regarding the loss of Children's Centres and the work they undertook with regard to breast feeding, commenting further that although the data for South Cambridgeshire appeared to be good it was likely that there were pockets in the area that were not.

- Confirmed that performance data relating to weight loss continued to be collected as part of the contract monitoring process.

It was resolved to:

> Note and comment on the performance information and take remedial action as necessary.

281. PUBLIC HEALTH PERFORMANCE INDICATORS

The Committee were presented a report that proposed the final set of performance indicators for monitoring by the Health Committee, following a Member Workshop on the topic delivered in September.

During the course of discussion Members:

- Expressed concern regarding the Breast Feeding indicator that required 95% coverage to be achieved to pass validation. Officers explained the level of coverage was a Public Health England requirement and the data the Council collected was sufficiently robust in order to accurately track performance in that area.

- Requested that the wording be amended regarding Health Trainers / Falls Prevention for a measurable improvement in static balance. **ACTION**

- Commented that the indicators would need to be reviewed and amended over time in order to reflect changing priorities. However, it was important that they were not changed in haste.

It was resolved to:

Discuss and approve the proposed performance indicators outlined in the report

282. HEALTH COMMITTEE TRAINING PLAN

The Committee received its Training Plan.

It was resolved to note the training plan.

283. HEALTH COMMITTEE AGENDA PLAN,

The Committee examined its agenda plan and noted the additional paper regarding Breast Feeding would be added to an appropriate date.

It was resolved to review the agenda plan

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **5th December 2019** and updates Members on progress in delivering the necessary actions.

Minute No.	Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
Meeting of 17 October 2019 & 14 November					
256.	**Service Committee Review of Draft Revenue Business Planning Proposals for 2020-21 to 2024-25**	**Val Thomas**	Members requested information and data regarding the accessing of sexual health services	Officers have collated data and will be issued shortly.	**Ongoing**
259.	**Health Committee Working Group Q1 Update**	**Kate Parker**	Members requested that a liaison meeting be established with the new Papworth Hospital	Work has begun to establish a liaison group with Papworth Hospital	**Ongoing**
Meeting of 5th December 2019					
278.	**Health Committee Review of Draft Revenue Business**	**Val Thomas**	Officers to review wording in the business case relating to sexual health services to	Wording has been amended.	**Complete**

	Planning Proposals for 2020-21 to 2024-25		ensure that it was clear that patients could be seen face-to-face.		
279.	**Performance Report Quarter 2 2019/20**	**Dem Services**	Members requested a report regarding breast feeding figures.	Scheduled for May 2020	**Complete**
281.	**Public Health Performance Indicators**	**Liz Robin / Val Thomas**	Members requested wording be amended regarding Health Trainers / Falls Prevention for a measurable improvement in static balance.	Wording has been amended for inclusion in the next Performance Report.	**Complete**

Agenda Item No: 6

FINANCE MONITORING REPORT – NOVEMBER 2019

To:	**Health Committee**
Meeting Date:	**23 January 2020**
From:	**Chief Finance Officer** **Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the November 2019 Finance Monitoring Report for Public Health.** **The report is presented to provide the Committee with the opportunity to comment on the financial position as at the end of November 2019.**
Recommendation:	**The Committee is asked to review and comment on the report.**

	Officer contact:
Name:	Stephen Howarth
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KEY INDICATORS

Previous Status	Category	Target	Current Status	Section Ref.
Green	Revenue position by Directorate	Balanced year end position	**Green**	1.2

CONTENTS

1. Revenue Executive Summary

1.1 Overall Position

Public Health is forecasting an underspend of £-182k at the end of November.

1.2 Summary of Revenue

Forecast Outturn Variance (Oct) £000	Service	Budget for 2019/20 £000	Actual to end of Nov. 19 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	8,799	5,241	0	0.0%
0	Drugs & Alcohol	5,463	1,192	0	0.0%
-66	Sexual Health & Contraception	5,097	2,829	-28	-1.3%
-20	Behaviour Change / Preventing Long Term Conditions	3,720	1,629	-68	-1.8%
0	Falls Prevention	190	108	-0	0.0%
-6	General Prevention Activities	13	-1	-6	-45.8%
0	Adult Mental Health & Community Safety	256	64	0	0.0%
-80	Public Health Directorate	1,744	1,192	-80	0.0%
-172	Total Expenditure	**25,283**	**12,255**	**-182**	
0	Public Health Grant	-24,726	-18,760	0	0.0%
0	Other funding sources	-167	0	0	0.0%
-172	Net Total	**390**	**-6,505**	**-182**	

The service level budgetary control report for 2019/20 can be found in appendix 1. Further analysis of any significant variances can be found in appendix 2.

1.3 Significant Issues

At the end of November 2019, the overall Public Health forecast position is an underspend of £-182k, which is a marginal change of £10k from October.

A balanced budget has been set for the financial year 2019/20. Savings totalling £949k have been budgeted for and the achievement of savings is monitored through the savings tracker process, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance Monitoring Report.

A number of small expected underspends have previously been identified following a review of activity in the first part of the year, along with a review of staffing spend over that period. In November, the expected outturn of sexual health & contraception budgets worsened slightly due to a rise in activity (this level of activity is still expected to be within budget in 2020/21), offset by an increasing underspend projection in behaviour change budgets.

2. Savings Tracker Summary

The savings tracker is produced quarterly, and the savings tracker to the end of quarter 2 was included in the September FMR and showed all PH savings as on track to deliver in full.

3. Technical note

A technical financial appendix is included as appendix 3. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of Public Health from other services (but not within the service), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.
- At regular intervals, information on spend outside of the Public Health Directorate under Memorandums of Understanding,

APPENDIX 1 – Public Health Service Level Financial Information

Forecast Outturn Variance (Oct) £000's	Service	Budget 2019/20 £000's	Actual November 2019 £000's	Forecast Outturn Variance £000's	%
	Children Health				
0	Children 0-5 PH Programme	6,907	4,164	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,622	797	0	0%
0	Children Mental Health	271	280	0	0%
0	**Children Health Total**	**8,799**	**5,241**	**0**	**0%**
	Drugs & Alcohol				
0	Drug & Alcohol Misuse	5,463	1,192	0	0%
0	**Drugs & Alcohol Total**	**5,463**	**1,192**	**0**	**0%**
	Sexual Health & Contraception				
-24	SH STI testing & treatment - Prescribed	3,829	2,433	17	0%
-20	SH Contraception - Prescribed	1,116	296	-20	-2%
-22	SH Services Advice Prevention/Promotion - Non-Prescribed	152	100	-26	-17%
-66	**Sexual Health & Contraception Total**	**5,097**	**2,829**	**-28**	**-1%**
	Behaviour Change / Preventing Long Term Conditions				
0	Integrated Lifestyle Services	1,984	1,106	0	0%
0	Other Health Improvement	408	263	-13	-3%
-20	Smoking Cessation GP & Pharmacy	703	3	-55	-8%
0	NHS Health Checks Programme - Prescribed	625	258	0	0%
-20	**Behaviour Change / Preventing Long Term Conditions Total**	**3,720**	**1,629**	**-68**	**-2%**
	Falls Prevention				
0	Falls Prevention	190	108	-0	0%
0	**Falls Prevention Total**	**190**	**108**	**-0**	**0%**
	General Prevention Activities				
-6	General Prevention, Traveller Health	13	-1	-6	-46%
-6	**General Prevention Activities Total**	**13**	**-1**	**-6**	**-46%**
	Adult Mental Health & Community Safety				
0	Adult Mental Health & Community Safety	256	64	0	0%
0	**Adult Mental Health & Community Safety Total**	**256**	**64**	**0**	**0%**
	Public Health Directorate				
-10	Children's Health	262	174	-10	-4%
-9	Drugs & Alcohol	199	164	-9	-5%
-6	Sexual Health & Contraception	143	90	-6	-4%
-23	Prevention Long Term Conditions (Behaviour Change)	515	325	-23	-4%
-13	General Prevention (Travellers)	189	151	-13	-7%
-1	Adult Mental Health	19	17	-1	-5%
-6	Health Protection	124	101	-6	-5%
-12	Analysts	293	170	-12	-4%
-80	**Public Health Directorate Total**	**1,744**	**1,192**	**-80**	**-5%**
-172	**Total Expenditure before Carry-forward**	**25,284**	**12,255**	**-182**	**-1%**
0	**Anticipated Carry-forward of Public Health Grant**	**0**	**0**	**0**	**0**

Forecast Outturn Variance (Oct)	Service	Budget 2019/20	Actual November 2019	Forecast Outturn Variance	
£000's		£000's	£000's	£000's	%
	Funded By				
	Public Health Grant	-24,726	-18,760	0	0%
	Drawdown From Reserves	-167	0	0	0%
0	**Grant Funding Total**	**-24,893**	**-18,760**	**0**	**0%**
-86	**Overall Total - Core Council Funding**	**390**	**-6,505**	**-182**	

APPENDIX 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where a service area has a material variance, typically defined as being over £100k.

In November, no budgets measured at service level require additional commentary.

APPENDIX 3 – Technical Appendix

5.1 Public Health Grant

Grant	Originally Expected £000	Currently Expected £000
Public Health Grant as per Business Plan	**25,560**	**25,560**
Grant allocated as follows:		
Public Health Directorate	24,726	24,726
People & Communities Directorate	293	283
Place & Economy Directorate	120	130
Corporate and Customer Services Directorate	201	201
LGSS Cambridge Office	220	220
Total	**25,560**	**25,560**

5.2 Virements and Budget Reconciliation

(Virements between Public Health and other service blocks)

No such virements have been performed in-year.

5.3 Reserve Schedule

Fund Description		Balance at 1 April 2019	Balance at end Nov 2019	Forecast Closing Balance	Notes
		£'000	£'000	£'000	
General Reserve					
	Public Health carry-forward	**1,683**	**879**	**879**	
	subtotal	**1,683**	**879**	**879**	
Other Earmarked Funds					
	Healthy Fenland Fund	199	199	99	Anticipated spend £100k per year over 5 years.
	Falls Prevention Fund	271	271	164	Joint project with the NHS
	NHS Healthchecks programme	270	270	270	Usage to be considered by Member working group
	Implementation of Cambridgeshire Public Health Integration Strategy	463	463	213	'Let's Get Moving' physical activity programme has been extended.
	Enhanced Falls Prevention Pilot	0	804	633	Anticipated spend over three years, including evaluation
	subtotal	**1,203**	**2,007**	**1,379**	
TOTAL		**2,886**	**2,886**	**2,258**	

ALIGNMENT WITH CORPORATE PRIORITIES

Developing the local economy for the benefit of all

There are no significant implications for this priority.

Helping people live healthy and independent lives

There are no significant implications for this priority

Supporting and protecting vulnerable people

There are no significant implications for this priority

SIGNIFICANT IMPLICATIONS

Resource Implications

This report sets out details of the overall financial position of the Public Health Service.

Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for this priority

Statutory, Legal and Risk Implications

There are no significant implications within this category.

Equality and Diversity Implications

There are no significant implications within this category.

Engagement and Communications Implications

There are no significant implications within this category.

Localism and Local Member Involvement

There are no significant implications within this category.

Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health?	N/A

Source Documents	Location
As well as presentation of the FMR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

Agenda Item No: 7

PUBLIC HEALTH RISK REGISTER – JANUARY 2020

To:	**Health Committee**
Meeting Date:	**14 November 2019**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Key decision:	**No**
Purpose:	**To provide the Committee with a summary of the Public Health Risk Register** **The report is presented to provide the Committee with the opportunity to comment on the public health risk register at the end of quarter 2.**
Recommendation:	**The Committee is asked to review and comment on the report.**

Officer contact:	
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1.0 BACKGROUND

1.1 In accordance with best practice, the Council operates a risk management approach at corporate and service levels across the Council, seeking to identify key risks which might prevent the Council's priorities, as stated in the Business Plan, from being successfully achieved.

1.2 The Risk Management Policy sets out the Council's Policy on the management of risk, including the Council's approach to the level of risk it is prepared to countenance as expressed as a maximum risk appetite. The Risk Management Policy is owned by the General Purposes Committee.

1.3 Service Directors undertake a full review of risk registers on a quarterly basis ensuring that risk is given due consideration in all management processes. Risks identified within the service area are managed at an appropriate level with an assigned risk owner.

1.4 Risks within directorate risk registers may need to be escalated for inclusion into the corporate risk register. A risk may need to be escalated if:

- The risk remains red after all available mitigations have been implemented, and:
- The risk is deemed to be a significant risk to the organisation as a whole.

1.5 This report is presented to provide the Committee with the opportunity to comment on the public health risk register for services for which the Committee has responsibility.

2.0 MAIN ISSUES IN THE PUBLIC HEALTH RISK REGISTER QUARTER 2 REPORT

2.1 The Public Health Directorate risk register is attached at Appendix A.

2.2 The Public Health Quality Safety & Risk Group meet on a quarterly basis to look at the risk registers for public health in Cambridgeshire and Peterborough. The last meeting was held on 14 October 2019.

2.3 The October meeting saw an addition to the current Cambridgeshire risk register, which is number 21. Performance targets as set out in the 2019/20 business plan not met, relates mainly to the Drug and Alcohol treatment services. This is being monitored closely. Currently there is little movement on the risks from previous meetings.

2.4 The following table shows the directorate risk position from 14 October 2019.

Directorate	Green	Amber	Red	Total
Public Health	2	15	0	17

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 This report sets out details of the overall financial position of the Public Health Service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications for this priority

4.3 Statutory, Legal and Risk Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Communications Implications

4.5.1 There are no significant implications within this category.

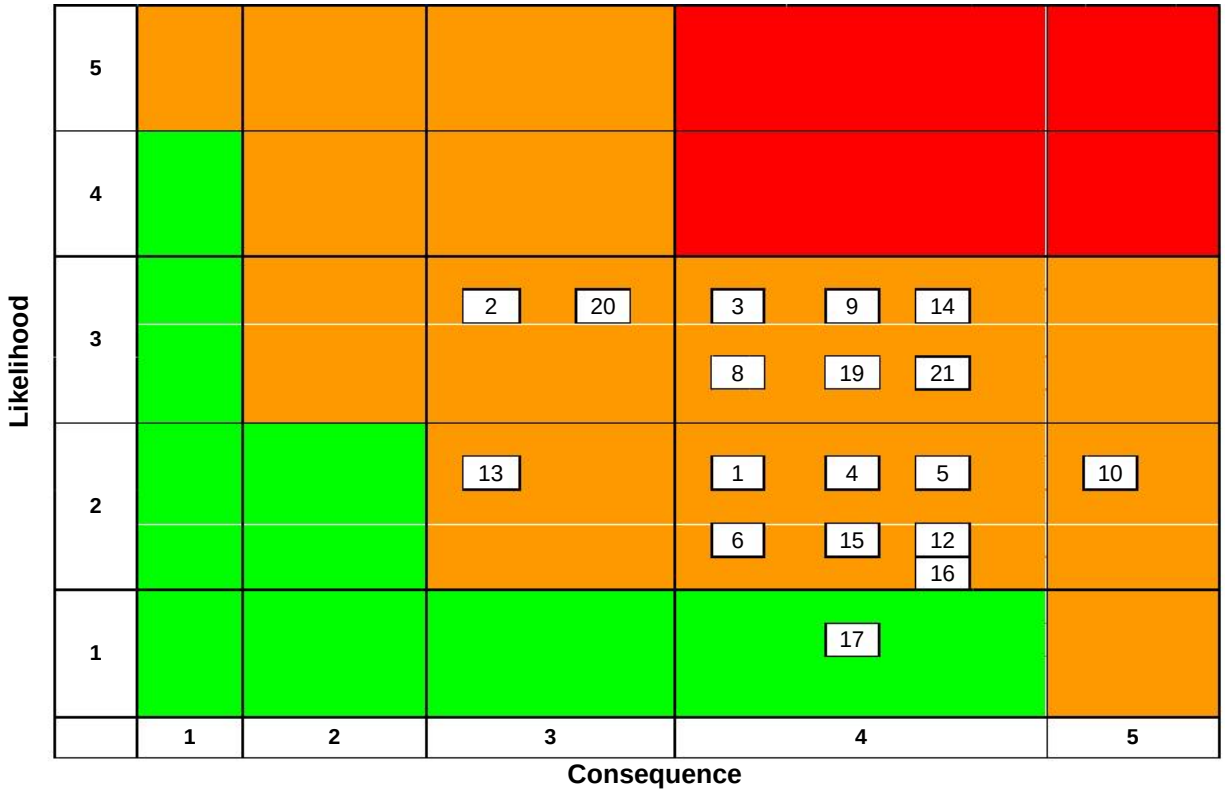
4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

Source Documents	Location
None	

CCC DASHBOARD SUMMARY : PUBLIC HEALTH RISK REGISTER



Risk #	Risk	Triggers	Risk Owner	Residual Risk Level	Review Date
1	1. Budget significantly over/under spent	Impact of Public Health grant reduction. Failure to effectively implement 19-20 savings plan for Public Health Directorate. Delivery of Public Health MOU aspects of savings	Liz Robin	8	14/01/2020
2	2. Disruption to business of Public Health Directorate	Loss of staff. Loss of premises. Loss of IT, data or equipment	Kate Parker	9	14/01/2020
3	3. Excess pressure on staff due to mismatch of workload and capacity	Failure to recruit to vacant posts in a timely manner. Excessive workloads for some staff related to work for Peterborough and CCG as well as CCC. Failure to identify interim support cover	Liz Robin	12	14/01/2020
4	4. The Council has assurance that Health Protection Systems to control communicable diseases and environmental hazards, function effectively across all responsible organisations	Responsibility for health protection is spread across a number of organisations. Capacity issues for TB services - increase in number and complexity of TB cases, placing great demand on TB services. Implementation of National TB strategy. Challenges associated with managing outbreaks of influenza like illness in care homes.		8	14/01/2020
5	5. A lack of Compliance and appropriate data protection and information governance legislation and good practice	Breach or lack of compliance and appropriate IG controls	Liz Robin	8	14/01/2020
6	6. Public Health Services will not meet quality safety and risk standards	Lack of appropriate quality, safety and risk management process in place for all Public Health functions within CCC	Liz Robin	8	14/01/2020

8	8. Health inequalities that can be addressed by the Health & Wellbeing Board and Public Health services do not reduce	Impact of wider determinants of Health. Failure to target/promote services to disadvantaged or vulnerable population.	Liz Robin	12	14/01/2020
9	9. Healthy Child Programme – performance targets as set out in the business plan are not achieved	Performance targets as set out in the business plan are not met. End of year targets not achieved	Raj Lakshman	12	14/01/2020
10	10. Childhood Immunisation Targets – if these are not achieved, potential risk to public health of children	Issues of accuracy of immunisations data due to data entry and recording issues. Access issues including waiting lists and supervisions lists. Parental health beliefs including complacency regarding diseases, misunderstanding of effectiveness and concerns about safety.	Laurence Gibson	10	14/01/2020
12	12. Awareness of legislation, training and legal requirements	Lack of understanding by Public Health/other CCC staff of new Health and Social Care legislation. Lack of understanding by Public Health staff of indemnity arrangements in Local Authority. Risk to contracts due to capacity issues within the legal team	Liz Robin	8	14/01/2020
13	13. Multi Agency Emergency plans require updating - plans for emergencies need to take account of ongoing organisational changes in the health sector	Ongoing cycle of review and refresh of key health emergency plans required to ensure they remain fit for purpose with changing national and local system. Risks posed by serious emerging infections in other parts of the world.	Laurence Gibson	6	14/01/2020
14	14. Cancer Screening – decline in uptake of cervical screening	Declining rates of uptake in cervical screening across Cambridgeshire. Failure to achieve the desired level of uptake for bowel cancer screening programme	Laurence Gibson	12	14/01/2020
15	15. Partner organisations do not work together effectively to deliver health outcomes	Failure to progress partnership agreements in a timely manner. Breakdown of current partnership arrangements. Unpredicted cost shifting between partner organisations	Liz Robin	8	14/01/2020
16	16. Transformation not delivered/or key aspects of the business not maintained	Failure to progress transformation plan. Impact of wider corporate transformation plan affects public health delivery. Implementation of public health transformation plan results in adverse results. Failure to address Peer Review	Liz Robin	8	14/01/2020
17	17. Legal or public challenge to Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA) findings	Use of PNA in NHS England decision making for new pharmacy applications or potential mergers/closures	Liz Robin	4	14/01/2020
19	19. Drug & Alcohol Services : Managing budget pressures created by increases in Buprenorphine costs	The service is new and as yet does not fully understand the impact in Cambridgeshire of the increase in Bupronorphine costs, but is being monitored closely as savings have also been made against the value of this contract.	Val Thomas	12	14/01/2020
20	20.Impact of a no-deal EU Exit on public health commissioned services, the broader health system and subsequently on the health of the Cambridgeshire & Peterborough population	A no-deal EU Exit may have a number of impacts on the local system and health of the population. These include those in the short term, such as disruption to the supply of medicines and medical equipment, and medium/longer term including to the health and social care work force and the financial environment.	Liz Robin	9	14/01/2020
21	21.Performance Targets for commissioned public health services as set out in the 2019/20 Business Plan not met	Poor performance in Drug and Alcohol service in relation to service targets. Funding pressures within iCASH services	Val Thomas	12	14/01/2020

Agenda Item No: 8

SUSTAINABLE TRANSFORMATION PARTNERSHIP (STP) DIGITAL PLANS

To:	**Health Committee**
Meeting Date:	**23 January 2020**
From:	**Cambridgeshire & Peterborough STP**
Purpose:	**This report provides an update to the Health Committee on the Cambridgeshire and Peterborough STP digital and innovation enabling work. It sets out the progress being made and direction of travel over the next 5 years.**
Recommendation:	**The Committee is asked to note this report, which updates the Committee on:** • **the main components of the STP's digital plans for the next five years;** • **our approach to implementing an integrated health and (social) care record; and** • **the main risks to delivery.**

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1. BACKGROUND

1.1 The Implementation Framework for the NHS Long Term Plan builds on the Secretary of State's Tech Vision and the Long Term Plan, setting out a number of wide-ranging requirements for digital and innovation, which we must respond to. These requirements relate to the following themes:

- Creating a Longitudinal Health and Care Record (LHCR); this means bringing about digital connectivity across NHS (and local authority) Systems and personal health records for patients and service users;
- Supporting the development of a digital first model of Primary Care, including making available video and telephone consultations; online booking of appointments, repeat prescriptions and access to results; and an evidence-based symptom checker;
- Supporting the 30% reduction in face to face outpatients, through shifting some appointments onto video-based and/or telephone platforms, and making results available to patients online;
- Enabling Integrated Care System's to have Population Health Management capability;
- Enabling NHS providers to be more digitally mature, which in our system will require addressing the historic disparity in digital investment across our providers; and
- Creating an environment that fosters the adoption and spread of innovative tools by patients, staff and carers to enable integrated care, and greater participation in research.

1.2 In addition, there are a number of specific requirements that relate to making available digital tools for specific cohorts of patients including within the following pathways: learning disabilities, maternity, diabetes, cancer and community-based urgent care.

1.3 These themes were generally well reflected in the System's digital strategy (considered by the Health Committee in December 2018), however, to meet the requirements of the Long Term Plan, we have added a foundational theme covering provider digitisation (including digital outpatients and care home digitisation) and strengthened the narrative around digital innovation. With the support of the STP Board, the Digital Enabling Group (DEG) is now proceeding to plan implementation, concentrating, in particular, on a local health and (social) care record as our number one priority.

1.4 This report updates the Committee on the main components of our digital plans for the next five years, with more detail on our approach to implementing an integrated health and (social) care record, while also highlighting the main risks to delivery.

2. MAIN ISSUES

2.1 The STP response to the Long Term plan sets out an aspiration to "*foster person-centred health and well-being by accelerating the adoption of digital health".* This will make the most of our proximity to internationally recognised technology and biomedical research sectors, enabling us to make a gear shift in transformation to support our return to financial sustainability while improving patient outcomes and addressing significant health inequalities.

2.2 Developed with systemwide partner contributions and learning from the Cambridge University Hospital's eHospital roll out and relocation of Royal Papworth, our digital

priorities for the next five years have been designed to overcome key barriers:

- Culture & skills: our staff and patients must go hand-in-hand on this journey with us – merely making technology available is not sufficient for successful adoption and spread. We must be mindful of the need to be digitally inclusive, addressing basic issues around access to digital tools and language barriers for our patients, as well as potential skills gaps and capacity (time) deficits for our staff. The way to mitigate this will be to co-create solutions with staff and patients, starting with their articulation of the problems they face and how they see digital as overcoming these (or not).
- Finances: we are one of the most financially challenged System in the country and have been reliant on national funding for cash to invest in necessary technologies. Looking ahead to the next five years, our financial challenges are even greater, with no spare cash to invest of our own, due to the need to reduce our deficit. In light of this, we do not have the luxury to experiment with what might work and require high levels of proof of cash releasing benefits, which may not always be available. The only way we can address this will be to secure alternative funding sources, including from industry, as well as all available public funds (NHS and other) and develop an approach to rapidly and iteratively, through filtering and testing digital solutions see what works.
- Capacity: our digital teams, our suppliers, and our staff are all dealing with competing priorities. We must, therefore, prioritise our local efforts and join up our asks of external suppliers, to maximise the chances of delivery on time and to budget.
- Risk appetite: the NHS is traditionally risk averse, often with good reason. However, to incorporate digital and innovation more readily, we will have to take a more nuanced approach to how we balance risk of failure with our need to transform.

2.3 Over the next five years, we have identified six solutions and two enablers which we will work together as a System to implement:

- Provider digitisation: ensuring all of our providers (including care homes) are fully digitised, with automated non-clinical support services freeing up staff time;
- Creating an integrated care record to flow communications between staff and patients;
- Supporting the transformation of outpatient pathways across primary and secondary care using digital platforms;
- Supporting the development of integrated neighbourhoods, starting with digital first primary care and then through giving patients with long-term conditions or mental health needs access to digital tools that promote their independence and well-being;
- Creating a virtual centre of excellence for population health management to drive actionable insight and enable research; and
- Creating an eco-system of entrepreneurs who promote the sustainable adoption and spread of a world-leading catalogue of innovation for the benefit of local people.

This would be enabled by a strong emphasis on data security and inclusive, systemwide digital leadership. To make our ambitions concrete, we have developed 11 commitments (see appendix 1).

By 21 March 2024, the majority of patients with long term health conditions, including cancer, mental health or care needs will have access to digital tools in their homes and / or in their hands. For patients and their families this should enable them to feel they have access to information and support, tailored to their condition and home context, with vital sign and mobility information being monitored remotely (should they choose) to generate

early alerts to carers and/or healthcare professionals (as per agreed protocols), the ability to contact their care team online, by text or by phone (and vice versa), and creatively designed information / apps that provides education, motivational support and reminders for their health and care.

Our first long-term condition pathway to be redesigned will be for patients with type 2 diabetes, those who are overweight and/or have high blood pressure. This year long transformation will involve working with at least 5 integrated neighbourhoods, including their staff and patients, to build a digital first pathway for diabetes, using the best of what's already available, securing new solutions where they are not and integrating this into existing workflows and ways of using technology in daily lives. This links closely with the Councils' recommissioning of Lifestyles services and the digital offer that will encompass.

2.4 Digital is only useful to the extent it makes our staff or patients' lives easier. We want technology to be a tool and not a frustration for them, as is still too often the case. We anticipate that the digital priorities set out above will benefit:

- Staff, primarily by: increasing patient-facing time, reducing workload and stress, enabling more informed decisions, reducing unnecessary prescribing, making communication easier, giving confidence in managing risk, providing more flexible working patterns, enabling them to work to the best of their competencies, feel more confident in using data and enabling proactive intervention.
- Patients, primarily by: reducing travel to clinics and hospitals, not having to tell their story over and over again, being managed at home with remote monitoring, experiencing fewer medication / allergy / coordination errors, enabling speedier access to clinical opinions and diagnoses, and being proactively supported with risk factors.
- Citizens, primarily by: accessing information and tools to make healthy choices and maintain health behaviours with peer support, experience personalised treatments and targeted interventions that address health inequalities.

2.5 The System faces significant financial challenges, and our digital programme supports our Integrated Care System (ICS) financial plan through reducing wasted time, communication gaps, giving tools for managing risk thereby, we expect to see additional reductions in unplanned care, as well as increased staff productivity and retention. The main potential for short-term savings is associated with enabling sizeable reductions in outpatients – although this depends on more than digital solutions. Remaining solutions will be critical to maintain urgent care flow, implementing integrated neighbourhoods, radically redesigning cardiovascular, diabetes and respiratory pathways, bringing forward cancer diagnoses, giving children and young people the best start in life and improving outcomes for people with mental health issues.

2.6 The phasing of our digital priorities is based on an understanding of the constraints we face – primarily funding, getting the technical basics in place, public trust, workforce skills and digital literacy. This means that we will start with making the most of what's already in place and aim to see the pace of change accelerate as early changes release time and build a wider pool of digitally skilled staff to deliver the changes. Given the variability in local provider digitisation, including across primary care, our priority to date has been getting the basics in place. Building on this, we will focus on completing this work – implementing an integrated care record in particular – and making the most of the capabilities we already have in place, while in parallel, we will increasingly adopt an ambitious transformation

agenda. To be inclusive, leaving no one behind, digital innovation will be co-designed with and around end users, and, while never the only choice available for patients, digital tools will increasingly be preferred and expected.

2.7 We have started to make progress working in partnership across the NHS and local authorities to establish an integrated health and care record within our STP, which can connect to the East Region's Longitudinal Health & Care Record (LHCR), covering 8 million population. When implemented, it will enable frontline staff to have read and write access to a person's complete health and care record (current and historic), available to them in real-time through their organisation's electronic health and care records system. Our local health and care record will also securely flow information between staff and patients and map each patient's journey over time.

2.8 We anticipate that the integrated care record will enable both our staff and patients to take different decisions about their health and care. To understand how this might work in practice, and generate a clearer understanding of the potential benefits, we held a Clinical Design Event on 11 October. The event was well attended (54 members of clinical and operational staff, from all partners, including the councils' public health, digital and social care teams plus Healthwatch) and involved five presentations from other STPs, and generated real enthusiasm. The main deliverables over the next six months include: launching a soft market testing exercise to gather views from industry on options for developing the integrated care record; finalising our technical requirements and developing a business case. The current timeline would see a business case ready for approval in early 2020 and build commencing from late Spring 2020.

3. RISKS

3.1 Given the scale of digital transformation ambition, there are a number of significant risks to delivery: alignment of priorities; capability; funding; transformation resources.

3.2 Alignment: To bring our digital leaders together, we have a Digital Enabling Group (DEG) made up of key representatives of all of our System partners, including a GP clinical lead for Digital and Innovation. To drive progress, there are five subgroups, which create multi-professional teams, including clinical, operational, financial, digital input, together with patients.

3.3 Capability: in support of this ambitious digital programme, we need digitally capable leaders. This will require Board development and ongoing digital leadership at the most senior level. The system's digital agenda will need to be championed by Board-level leaders experienced in digital transformation, which may entail some new and potentially joint appointments. But the digital capability building extends far beyond Boards. We need to support our digital leaders, wider staff and patients, all the time promoting an inclusive approach to technology:

- Digital colleagues will be supported through the national Digital Academy and making available new training that offers recognised qualifications;
- We will attract scarce talented technologists and data scientists by working with industry and academic partners to develop desirable career paths that enable rotation through operational, research and commercial environments;
- We will support all staff and patients to innovate and make the most of technology,

through creating networks of champions, digital-skills building with an appraisal and passporting programme – with particular early support offered to Primary Care Networks;
- We will make the most of the flexibility that digital platforms offer to staff working patterns, new models of integrated neighbourhood based care, and matching staffing demand, by exploring and developing new e-rostering tools that enable this;
- To promote digital inclusion, we will not only co-design new digital tools and platforms with patients around their user needs but encourage wider participation in this co-design process. We will develop a grass roots marketing campaign, enabling them to contribute to a local conversation around digital and innovation, and raise awareness of existing digital tools, including, in particular, the NHS app.

We know there is a breadth of enthusiasm for and comfort with digital tools among both staff and patients, some are digital natives (and know nothing else), whereas others are digitally naïve and/or wary, and others are still assimilating new technology gradually. Our approaches will therefore need to be tailored and focus on making tools useful day to day.

3.4 Funding: to deliver the digital must do's set out in our response to the Long Term Plan requires significant funding, both capital and revenue. This is recognised by NHSX[1], and our regional Digital Director is well briefed on the System's overall financial context and that we will, therefore, be reliant on national (or other external) funding for digital transformation. On this basis, the following principles have been developed for the treatment of digital investments (and savings) with regards to the Medium Term Financial Plan (MTFP):

- External funding sources will be needed for many of these initiatives and first port of call;
- We will be imaginative in how we fund projects – for example, looking to package what we want to do to meet qualifying criteria (e.g., exploring whether our medium-term population health plans be funded using Artificial Intelligence (AI) money);
- We will build on our current projects to ensure we are making best use of our local expertise;
- Where possible match funding will be completed through contributions in kind such as clinical time;
- We will ensure appropriate levels of digital requirements are included in the overheads for transformation bids;
- We will frontload investment into projects that release staff time / enable productivity gains and national must do's (e.g., primary care, outpatients, the integrated care record / LHCR), which may free up resource for future years.

To support the local Integrated Care Record, we have realigned provider digitisation funding for 2020/21 – totally approximately £2.4 million. This is not all the funding required, but is a considerable contribution – potentially representing 50-60% of the anticipated costs.

3.5 Mobile and broadband infrastructure: in order for staff to work remotely and patient held tools to be able to transmit information, there needs to be consistent and comprehensive coverage of 4G and/or broadband. There are some parts of the county, for example

[1] NHSX, established on 1 July 2019, brings teams from the Department of Health and Social Care, NHS England and NHS Improvement together into one unit to drive digital transformation and lead policy, implementation and change.

Gamlingay, where there is insufficient connectivity for staff to work remotely. One mitigation is for general practices to give all community-based staff permission to use practice WiFI, but this is not always in place.

3.6 Resourcing: To implement the System's digital strategy requires dedicated project management, system leadership and financial resources (capital and revenue). Recruitment of project resources, co-funded with the Eastern Academic Health Science Network (EAHSN), and a clinical lead has been successful, and in place from September until 31 March 2020, with provisions being formalised for resourcing through March 2021. An EAHSN funded innovation post is also in the pipeline for appointment. Ongoing programme and project management resources for the medium term is subject to live discussions.

Appendix one: Proposed Cambridgeshire and Peterborough STP Digital Commitments

i. All NHS providers at HIMSS[2] 5 or equivalent by 31 March 2023.

ii. Compared to now, 10% time given back to impacted staff groups from automating non-clinical support processes by 31 March 2024.

iii. Staff able to read and write, with appropriate permissions, into an interoperable digital health and care record by 31 March 2021 (timing subject to national specifications being finalised, and national funding).

iv. At least 90% patients are able to access their full personal health and care record, with at least 30% of the 12yrs + population registered to use the NHS app by 31 March 2024 (or have declined to use it).

v. At least 30% face to face outpatients redesigned through adopting digital channels by 31 March 2022.

vi. At least 95% eligible population able to access online and telephone primary care consultations by 31 March 2020, guided by an evidence-based symptom checker, and with this platform used as a triage option for all A&E walk-ins and in urgent care centres.

vii. 50% patients with long term health conditions, mental health or care needs with digital tools in their homes and/or in their hands, by 31 March 2024.

viii. Establish a virtual centre of excellence for population health management by 2022, to draw together applied research and operational improvement lenses, enabling the spread of knowledge and expertise;

ix. As an innovation exemplar, we will establish innovation fellowships for home-grown researchers and entrepreneurs, virtual innovation laboratories for the systematic selection, testing and spread of innovations.

x. Citizens and patients will trust us to keep their data secure and share only with their permission, with all System partners attaining Cyber Essentials Plus certification by [2021], through increasingly working together to share best practice;

xi. The STP Board, NHS partner boards and our Health & Well-being Boards will undertake bespoke development to become digitally capable leaders, creating a culture of innovation and continuous learning.

[2] The Healthcare Information and Management Systems Society, who's electronic Medical Record Adoption Model is the most widely used assessment of digital excellence in healthcare internationally. The model goes from Stage 0 to Stage 7 and describes the adoption and use of electronic health records by hospitals. Level 7 includes no use of paper charts and computerized provider order entry and clinical decision support systems are used in over 90% of the hospital. HIMSS Level 7 remains an uncommon achievement.

HEALTH COMMITTEE TRAINING PLAN 2019/20 **Proposals**	Updated Nov 2019	**Agenda Item No: 9**

Ref	Subject	Desired Learning Outcome/Success Measures	Priority	Date	Responsibility	Nature of training	Attendance by:	Cllrs Attending	Percentage of total
	Public Health Performance reporting	To provide committee members with an increased understanding of the key performance indicators used in the F&PR To review current reporting and an opportunity to discuss what information members receive in future Performance reports. Business Planning updates were added to the training session	2	Sept 16th 2019	Public Health	Development session	Health Committee Members	4	40% **Completed**
	Business Planning 2020	To provide a development session on the Public Health Business Planning processes 2020	2	16th September	Public Health	Development Session		4	40% **Completed**
	STP – Long Term Plan Submission	To provide committee members with an overview of the STP's	2	24th October @ 9am	Public Health	Development Session	Health Committee Members (including	5	50% **Completed**

		response to the Long Term Plan					district members)		
	Best Start in Life Programme (BSiL)	To provide committee members with an overview of the BSiL programme	1	23rd January (after Health Committee meeting)	Public Health	Development Session			
	Mental Health Interventions	To provide committee members with an overview of public mental health focusing on local interventions and services.	3	Provisional 19th March (after Health Committee Meeting)	Public Health	Development Session			
	School Nursing Service Overview	To provide a development session that specifically focusing on the provisions within the school nursing service and associated trend data around access. To agree specific objectives for the session and outline to service providers	2	Provisional 6th Feb (using reserve date for Health Committee)	Public Health	Development Session			
	Public Health Evaluation	To discuss the wider learning from the CUSPE Evaluation of the Healthy Fenland Fund.	3	TBC	Public Health	Development Session			

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2nd January 2020

Cambridgeshire County Council

Agenda Item No: 10

Notes

Committee dates shown in bold are confirmed.
Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.
The agenda dispatch date is six clear working days before the meeting

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
23/01/20	Finance Monitoring Report	Steven Howarth	Not applicable	13/01/20	15/01/20
	STP Digital Strategy (Scrutiny Item)	STP	Not applicable		
	Public Health Risk Register	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[06/02/20] Provisional Meeting					
19/03/20	Quarterly Performance Report	Liz Robin	Not applicable	09/03/20	11/03/20
	Joint Health & Wellbeing Strategy Consultation	Liz Robin	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Finance Monitoring Report	Steven Howarth	Not applicable		
	Active Travel	Liz Robin	Not applicable		
	Papworth Hospital (Scrutiny Item)		Not applicable		
	STP Workforce Strategy (Scrutiny Item)	STP	Not applicable.		
	STP GP Strategy (Scrutiny Item)	STP	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
[16/04/20] Provisional Meeting					
28/05/20	Finance Monitoring Report	Stephen Howarth	Not applicable	18/05/20	20/05/20
	Breast Feeding	Liz Robin/Val Thomas	Not applicable		
	Health Committee Training Plan	Daniel Snowdon	Not applicable		
	Agenda Plan and appointments to outside bodies	Daniel Snowdon	Not applicable		
	Co-option of District Members	Daniel Snowdon	Not applicable		
	Notification of Chairman/woman and Vice-Chairman/woman	Daniel Snowdon	Not applicable		
[25/06/20] *Provisional Meeting*					
09/07/20	Finance Monitoring Report	Stephen Howarth	Not applicable	29/06/20	01/07/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Health Committee Risk Register	Liz Robin	Not applicable.		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Performance Report	Liz Robin	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
[06/08/20] *Provisional Meeting*					
17/09/20	Finance Monitoring Report	Stephen Howarth	Not applicable	07/09/20	09/09/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
15/10/20	Finance Monitoring Report	Stephen Howarth	Not applicable	05/10/20	07/10/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
19/11/20	Finance Monitoring Report	Stephen Howarth	Not applicable	09/11/20	11/11/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
03/12/20	Performance Report	Liz Robin	Not applicable	23/11/20	25/11/20
	Health Committee Risk Register	Liz Robin	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
21/01/21	Finance Monitoring Report	Stephen Howarth	Not applicable	11/01/21	13/01/21
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
[11/02/21] *Provisional Meeting*					
11/03/21	Performance Report	Liz Robin	Not applicable	01/03/21	3/03/21
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		
[08/04/21] *Provisional Meeting*					
10/06/21	Notification of Chairman/woman and Notification of Vice-Chairman/woman	Daniel Snowdon	Not applicable	31/05/21	02/06/21
	Co-option of District Members	Daniel Snowdon	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies.	Daniel Snowdon	Not applicable.		