

**HEALTH COMMITTEE: MINUTES**

**Date:** Thursday 10 November 2016

**Time:** 2.00pm to 4.20pm

**Present:** County Councillors P Clapp, L Dupre, L Harford, P Hudson, D Jenkins (Chairman), G Kenney, Z Moghadas, T Orgee (Vice-Chairman), M Smith, and S van de Ven.

District Councillors A Dickinson (Huntingdonshire) and S Ellington (South Cambridgeshire).

**Apologies:** County Councillors M Loynes, P Sales and P Topping.

**265. APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were noted as recorded above. There were no declarations of interest.

**266. MINUTES OF THE MEETING ON 6 OCTOBER 2016 AND ACTION LOG**

The minutes of the meeting held on 6 October 2016 were agreed as a correct record and signed by the Chairman.

The following updates to the published Action Log were reported:

- Minute 259: Work on re-drafting paragraph 4.7 to make it more accessible was in hand. The revised version would be included in the Business Planning report submitted to the Committee in December 2016;
- Minute 260: Officers would look to include case studies in future reports where appropriate;
- Minute 261: To be followed up with the Immunisation Task and Finish Group;
- Minute 262: A letter setting out the findings of the CCG Urgent and Emergency Care Review Task Force had been signed by the Chairman and sent to the CCG.

**267. PETITIONS**

There were no petitions.

**KEY DECISIONS**

**268. PROPOSAL FOR A LOCALITY DELIVERY MODEL TO INCREASE PHYSICAL ACTIVITY LEVELS ACROSS CAMBRIDGESHIRE (KD 2016/058)**

The Committee received a report by Val Thomas, Consultant in Public Health, seeking approval to fund a collaborative county-wide physical activity programme for an initial two year period with a view to identifying on-going funding streams after this period if identified positive outcomes were achieved.

The Consultant in Public Health highlighted that the status of this proposal as a Key Decision recognised the importance of increasing physical activity not only for the health benefits that this would deliver but the wider impact these could have, for

example on social care costs and avoidable unemployment. It was a collaborative project involving all of Cambridgeshire's districts, but with county-wide support and evaluation. Interventions would be monitored and outcomes evaluated in relation to both individuals and communities through the use of key performance indicators (KPIs). Initial examination of the potential return on investment was encouraging, although it was noted that economic modelling in relation to increased physical activity was not yet as robust or well-developed as with more established initiatives such as smoking cessation.

The following points were raised in discussion:

- District councillors welcomed the involvement of the districts in the project;
- Members questioned whether funding this project from the Public Health reserve would leave sufficient funds to meet the pressures created by population growth. The Director of Public Health said that some Public Health reserves were held in earmarked reserves, one of which was specifically designed to be spent strategically working with the wider public sector. This proposal was very much in keeping with that objective;
- The Chairman emphasised the need to identify future funding streams in good time before the end of the initial two year period if it proved successful in delivering the required outcomes;
- Members highlighted the importance of ensuring a joined-up approach with other local physical activity initiatives and welcomed the role which district co-ordinators would play in identifying and supporting schemes generated by local communities;
- The cost of employing the district co-ordinators for the two years of the initial programme were included in the total project costs;
- The importance of changing attitudes to support sustained behavioural change was acknowledged as a key issue across the public health sector;
- The Vice-Chairman noted the difficulties in providing robust projections for financial outcomes due to the lack of established financial modelling tools at this time, but said that it was important to find some way to demonstrate the benefits in financial terms for public information and reassurance.

The Chairman thanked the Consultant in Public for her report and response to questions. He suggested that it would be useful to establish a small working group to work with officers on taking the project forward and asked that the Committee be provided with a follow-up report in six months' time.

**(Action: The Consultant in Public Health).**

It was resolved to:

- i. Approve and support the implementation of the collaborative countywide physical activity programme 'Cambridgeshire Let's Get Moving';
- ii. Approve use of Public Health reserves to fund the programme at a total cost of £513,000 for an initial two years, with a view to identifying on-going sources of funding after the initial two years, if positive evaluation outcomes were achieved;
- iii. Establish a working group consisting of Councillors Lorna Dupre, Peter Hudson, Zoe Moghadas and Tony Orgee to work with officers and help steer implementation.

## **269. RE-COMMISSIONING COUNSELLING CONTRACTS FOR CHILDREN AND YOUNG PEOPLE (KD 2016/063)**

The Committee received a report by Emma de Zoete, Consultant in Public Health, on the planned re-commissioning of children's counselling services for Cambridgeshire. The total cost to Cambridgeshire County Council of the contract would be over £500k making it a Key Decision. It was proposed to tender jointly with Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group through the Joint Commissioning Unit.

The Consultant in Public Health said that the proposal established one service model across Cambridgeshire and Peterborough, providing both economies of scale and addressing some gaps in provision. It was possible that services could be delivered by a single service provider, but it was more likely to be a consortium arrangement. Current providers were all aware of the proposals.

The following points were raised in discussion:

- Around 25% of children and young people with a diagnosable mental health condition in Cambridgeshire were currently accessing mental health provision. This was in line with national figures;
- Officers had focused both on a re-design of the services offered to better meet the needs of children and young people with mental health issues as well as scaling up the support available;
- A member said that they would like to see more targeted mental health support for younger children and welcomed confirmation that officers were looking at some possible support for children of primary school age;
- The importance of a whole-school approach to supporting children and young people with mental health needs was noted;
- Members agreed that it would be useful to have a training session looking at the age spectrum of children and young people with mental health needs to ensure that support was targeted as efficiently and effectively as possible;  
**(Action: Head of Public Health Business Programmes)**
- The Consultant in Public Health confirmed that officers were looking at identified need in different parts of the county and that provision would explicitly be linked to these needs.

Following discussion of the report it was resolved to:

- i. Agree to the tender of counselling services jointly with Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) through the Joint Commissioning Unit;
- ii. Agree to delegating authority to the Director of Public Health, in consultation with the Chairman and Vice-Chairman of the Health Committee, to commit funding at the time of the award of the contract.

## **DECISIONS**

## **270. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM SUSTAINABILITY AND TRANSFORMATION PROGRAMME MEMORANDUM OF UNDERSTANDING**

The Committee received a report from the Director of Public Health presenting the Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme (STP) Memorandum of Understanding (MOU) and seeking approval of Appendix A: Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan.

The Director of Public Health said that in view of the significance of the STP the Monitoring Officer had advised that the Local Authority Appendix should be considered by both the Adults Committee and the Health Committee before being passed to the Health and Wellbeing Board and the Chief Executive for final sign-off. With the agreement of the Chairman a revised version of Appendix A was tabled at the meeting showing amendments requested by the Adults Committee on 3 November 2016 (copy attached at Appendix A).

The Director of Public Health said that as part of a national initiative NHS organisations across Cambridgeshire and Peterborough had been working together under the leadership of the Health and Care Executive to draw up a five year strategic plan. As part of this work, local NHS organisations were being asked to sign up to an MOU setting out significant changes to working practices across the NHS including looking to NHS Chief Executives to function as a single leadership team, enhanced collaborative working arrangements and system controls and the sharing of financial risk. Whilst it was not deemed appropriate for local authority organisations to sign up to the full MOU it had been agreed to add an additional local authority appendix to the MOU setting out the relationship between local authorities and NHS organisations and the behaviours and principals on which this relationship was based.

The following points were raised in discussion:

- Members were content to accept the additions to the Appendix requested by the Adults Committee;
- Members emphasised the importance of enshrining in the document councillors' unique role and responsibility with regard to advocacy for their constituents.

In light of the discussion it was resolved to:

- i. Note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough;
- ii. To approve Appendix A: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan', subject to the inclusion of the amendments made by the Adults Committee on 3 November 2016 and the addition of the following words to the final bullet point on page 3 of the amended text: 'Councillors have a unique responsibility of advocacy with respect to their constituents. Nothing in this memorandum should undermine that' prior to submission to the Health and Wellbeing Board.

## **271. PUBLIC HEALTH FINANCE AND PERFORMANCE REPORT**

The Committee considered a report by the Director of Public Health and the Chief Finance Officer which provided an update on the financial and performance position for Public Health as of the end of September 2016.

The Group Accountant reported that there had been no change to the forecast outturn position. Further work was in hand on the Reserves position and the outcome of this would be reported at the Committee's next meeting in December 2016.

The following points were made in discussion:

- One Member found the mixture of whole numbers and percentages in Appendix 6 unhelpful and noted that some other local authorities included arrows showing the desired direction of travel as well as the actual direction of travel as a clear indicator of performance against target;
- Members questioned whether the financial savings relating to smoking cessation could be built into future reports. The Director for Public Health felt that it might be difficult to generate this information on a monthly basis, but undertook to consider whether its inclusion might be trialled in the End of Year Performance Report;

**(Action: Director of Public Health)**

- The Chairman said that it would be useful for officers to give some thought to indicators which would provide quick feedback on the impact of measures taken;
- It was noted that a mechanism would need to be established before May 2017 to re-consider the Committee's current three priorities, including a possible workshop or training session.

**(Action: Director of Public Health/ Head of Public Health Business Programmes)**

It was resolved to:

- i. Review and comment on the report.

The Committee adjourned at 3.10pm for a 10 minute break prior to considering the scrutiny items.

## **SCRUTINY ITEMS**

### **272. OLDER PEOPLE AND ADULT COMMUNITY SERVICES (OPACS) SIX MONTH UPDATE**

The Chairman welcomed Aidan Thomas, the Chief Executive Officer of Cambridgeshire and Peterborough NHS Foundation Trust, to the meeting and invited him to provide an update on Older People and Adult Community Services (OPACS) and the implementation of the UnitingCare model. He also invited Matthew Smith, the Clinical Commissioning Group's Local Chief Officer for the Isle of Ely and Wisbech, to address the Committee.

Mr Thomas said that both commissioners and providers remained committed implementing the UnitingCare model and he emphasised that no individual patient's care had been affected by the closure of UnitingCare. However, funding difficulties had led to slower and reduced implementation which had impacted in the short term on Accident and Emergency and community services. In describing progress to date he said that new integrated neighbourhood teams had been established and four of the sixteen teams were in new co-located team bases. Information technology was now working well following some initial difficulties and in the longer term it was envisaged that more work would be devolved to the neighbourhood teams, such as counselling services and long term conditions. Mr Thomas acknowledged that some elements of

the UnitingCare model had not yet been delivered. These included social care support to the Joint Emergency Team (JET), the provision of a mobile information viewer for front-line staff, voluntary sector integrated support in neighbourhoods, new long term condition and end of life care pathways and an integrated information analysis system. Looking forward, Mr Thomas reported that the Sustainability and Transformation Programme (STP) included a £40m investment in community and primary care over the next five years, pilot projects to support closer links between neighbourhoods, general practices and federations and between the JET, the ambulance service and Accident and Emergency departments. A review of intermediate care (community beds and hospital at home) was also planned.

The following points were raised in discussion:

- The Vice Chairman highlighted the importance of creating the right structures, such as the new integrated neighbourhood teams and the JET, and providing these with appropriate support through information analysis and data sharing systems. Mr Thomas reported that a potential supplier for information and data sharing was currently being considered. Work on data sharing across the health and social care sectors was also being progressed at officer level under the leadership of Cambridgeshire County Council's Service Director for Older People's Services and Mental Health, in the context of both local and national data protection and data sharing requirements;
  - Mr Thomas and Mr Smith confirmed that nothing planned under the UnitingCare model had been forgotten;
  - The difficulty in balancing the competing demands on limited resources required to meet existing health demands whilst seeking to invest in longer term preventative strategies;
  - The NHS was facing its toughest financial targets yet in the coming year with growth of around 0.1% anticipated assuming all cost improvement targets were met;
  - Mr Thomas acknowledged the difficulties which existed within the NHS and the frustrations which these caused, but emphasised that the NHS remained one of the most effective healthcare systems in the western world;
  - Mr Thomas reported that staff turnover across the Cambridgeshire and Peterborough NHS Foundation Trust was around 8-9% per annum which was slightly less than the national average for the NHS and that sickness levels were also lower than the NHS average. He undertook to provide figures for staff turnover in neighbourhood teams and the JET;
- (Action: Aidan Thomas)**

The Chairman thanked Mr Thomas for his presentation and for answering the Committee's questions. He noted that some of these issues would be considered again in the New Year in the context of the STP.

It was resolved to:

- i. Note a presentation and response to questions by Aidan Thomas, Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust.

## **273. EMERGING ISSUES IN THE NHS**

The Chairman invited Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group, to brief the Committee on emerging

issues including the current status of the Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP) and the timing of its publication.

### Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP)

Ms Bawden said that the draft STP had been submitted to NHS England in late October, but no formal response had yet been received. She noted that some areas had already published their STPs and said that it was hoped that the Cambridgeshire and Peterborough Programme would be published within the next two weeks. Ms Bawden confirmed that the published document would be made as user-friendly as possible and said that consideration was being given to the possible production of an easy-read version. A Member commented that the inclusion of correct medical terminology in relation to specific conditions could be helpful, but it was the inclusion of jargon and acronyms which made reports more difficult for a wider audience to understand.

The Chairman thanked Ms Bawden for her update. He welcomed the collaborative approach which had been taken in producing the STP, but emphasised the importance of ensuring that it was published as soon as possible. There was considerable concern and uncertainty about the possibility of the STP including the reduction or withdrawal of local services. The Committee would be very disappointed if it should not prove possible to publish the STP before the end of November and he asked that Ms Bawden should ensure that this view was fed back in the clearest terms.

### Other Issues

Ms Bawden said that work on Community Hubs was continuing in relation to community services and GPs. The review of the Minor Injuries Unit (MIU) had taken longer than planned, but it was hoped that a clearer picture would have emerged by January 2017. Following collaborative work with social care an announcement was also expected shortly on the use of Doddington Court to provide nine new intermediate care beds accommodated within separate flats.

It was resolved to:

- i. Note updates from the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the Cambridgeshire and Peterborough Sustainability and Transformation Programme, the review of the Minor Injuries Unit (MIU) and the use of Doddington Court;
- ii. Write to the CCG in the strongest terms if the Cambridgeshire and Peterborough Sustainability and Transformation Programme was not published by the end of November 2016.

## **DECISIONS**

### **274. AGENDA PLAN AND APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS AND PARTNERSHIP LIAISON AND ADVISORY GROUPS**

The Committee noted that the timing of scrutiny of the Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP) might be revised subject to the publication date. This would be considered by Spokes and the Agenda Plan revised as necessary.

**(Action: The Director of Public Health/ Democratic Services Officer)**

It was resolved to:

- i. Note the Health Committee Agenda Plan, subject to the addition of the following item in June 2017: A progress report on the implementation of the collaborative countywide physical activity programme 'Cambridgeshire Let's Get Moving;
- ii. Note that no appointments were currently required to Internal Advisory Groups and Panels or to Partnership Liaison and Advisory Groups.

## **275. HEALTH COMMITTEE TRAINING PLAN**

The Chairman noted that a public question had been received on the Health Committee Training Plan from Ms Jean Simpson, a resident of Cambridge (copy attached at Appendix B).

Ms Simpson said that the Health Committee Training Plan contained an item titled 'Health Scrutiny Skills Part 1'. This was described as focusing on understanding the roles and responsibilities of Members conducting health scrutiny and providing them with the necessary scrutiny skills. This training was shown as priority three and had been on the training plan for over a year. In view of the significant issues to be scrutinised by the Health Committee in the near future including the Cambridgeshire and Peterborough Sustainability and Transformation Programme Ms Simpson asked that this training should be given a higher priority and carried out as soon as possible. She emphasised the importance of Committee's role in scrutinising and providing input into the NHS on behalf of the public given that she felt the direction of travel was sometimes decided in advance of wider public consultation.

The Director of Public Health said that a written response would be sent to Ms Simpson on the points she had raised. However, she emphasised that scrutiny skills training formed a key element of the Health Committee Training Plan. Scrutiny Skills Training Parts 2 and 3 had been delivered in early 2016, but details of completed training were no longer routinely included on the published plan. An induction pack was also sent out to all new members of the Committee at the time of their appointment which contained further information.

The Chairman thanked Ms Simpson for her question and said that given that there had been a number of new appointments to the Committee in recent months it would be timely to look again at the delivery of scrutiny skills training.

**(Action: Head of Public Health Business Programmes)**

It was resolved to:

- i. Continue to deliver the training required to enable the Health Committee to discharge its statutory scrutiny function, including any training necessary for the scrutiny of the Cambridgeshire and Peterborough Sustainability and Transformation Programme;
- ii. Send a written response to Ms Jean Simpson's question about Health Committee scrutiny training.

**(Action: Democratic Services Officer)**



**276. DATE OF NEXT MEETING**

The Committee noted that there had been a change to the planned meeting date in December. The Committee would now meet next on Thursday 15 December at 2.00pm in the Kreis Viersen Room, Shire Hall, Cambridge.

Chairman

**CAMBRIDGESHIRE AND PETERBOROUGH  
SUSTAINABILITY AND TRANSFORMATION PROGRAMME  
MEMORANDUM OF UNDERSTANDING**

Showing tracked change requested by the Adults Committee on 3 November 2016 in red text:

**Appendix 1: Local Authorities and the C&P Sustainability and Transformation Plan**  
**Introduction**

- The local health economy within the Cambridgeshire & Peterborough Clinical Commissioning Group area has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHS England and NHS Improvement.
- All partners share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability, coordinating System improvements for the benefits of local residents and healthcare users by:
  - Supporting local people to take an active and full role in their own health
  - Promoting health, preventing health deterioration and promoting independence
  - Using the best, evidence-based, means to deliver on outcomes that matter
  - Focussing on what adds value (and stopping what doesn't)

Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are key stakeholders in the development and delivery of the STP and will act as partners in the STP by **working together to find solutions to ensure that healthcare, public health and social care services are aligned** ~~aligning their public health and social care services to support its delivery.~~ However the Councils will only be able to **do** this in line with their statutory responsibilities, democratic and constitutional duties in the local authorities' governance arrangements

- The Cambridgeshire District and City Councils, which are members of the Cambridgeshire Health and Wellbeing Board, exercise a number of relevant functions including housing, land use planning, leisure services etc, which may also align to the wider STP Programme, and which are subject to their own democratic and constitutional arrangements.
- All partners across local authorities and the NHS are expected to support local Health and Wellbeing Strategies and Better Care Fund Plans. NHS partners will ensure that STP delivery is aligned with these wider partnership strategies and plans.
- An agreed set of behaviours and principles has been developed in order for CCC, PCC and the wider local authority membership of the HWB Board to support (and be supported) in the contribution to and delivery of the STP.
- These behaviours and principles outline how CCC, PCC and the wider local authority HWB Board membership will work together with the Health system, whilst adhering to their statutory duties and democratic and constitutional duties in the local authorities' governance arrangements

## Key Behaviours:

CCC, PCC and the wider local authority Health and Wellbeing Board membership recognise the scale of change required to deliver the STP and that cultural change applies from leadership level to front line staff.

CCC, PCC and the wider local authority Health and Wellbeing Board membership will continue to build and promote trusting relationships, mutual understanding and where feasible take decisions together with the health system.

CCC and PCC representatives on the Health and Care Executive (HCE) will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials. The HCE will ensure that relevant system messages and materials are shared with the wider HWB Board membership.

All members of the Health Care Executive and the Health and Wellbeing Boards will support and promote system behaviours for the benefit of local residents and healthcare users including:

- Working together and not undermining each other
- Behaving well, especially when things go wrong
- Engaging in honest and open discussion
- Keeping our promises – small and large
- Seeing success as collective
- **Carrying through ~~Sticking to~~ decisions once made**

## Key Principles:

The key principles of local authorities working with partners to deliver the STP plan are:

- Commitment to implementation at pace
- Use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings
- Where appropriate, HCE representatives and other senior local authority officers to act as if part of a single executive leadership team, to coordinate system improvements for the benefits of local residents in line with the STP.
- Influence the view of regulators and external assurance bodies regarding the primacy of System sustainability enshrined in the STP and the joint commitment to it.
- Highlight and work to prevent cost shunting to other partners, **subject to statutory requirements on both partners.**
- Adopt an invest to save approach
- Share information on new major service developments, savings, closures or relocations, and more generally share information in a timely manner when needed to support development of partnership business cases and savings plans. This should comply with existing information sharing agreements and protocols.
- Align human, financial, estate and digital resources to deliver these changes where this adds value, delivers people-centred outcomes and saves money.

## **Democratic requirements and local authority governance**

- CCC and PCC will participate in the Health and Care Executive (HCE) arrangements through their senior officer representatives acting as non-voting members of the HCE. This arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.
- CCC, PCC and Cambridgeshire District and City Councils will also participate in and support the STP through their local Health and Wellbeing Boards and shared programme management arrangements. Again, this arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.
- Local authorities support the commitment to longer-term planning, but the Partners recognise that local authorities are subject to democratic governance. Therefore the LAs must reserve the right to change their priorities in accordance with the priorities of their elected Councils
- CCC, PCC and wider local authority HWB Board membership cannot commit to sharing the opening financial risk in the STP, given that local authorities have a statutory requirement to balance their budgets and cannot operate at a deficit. Likewise, NHS partners are not expected to commit to meeting the financial risk of meeting statutory social care requirements.
- CCC and PCC **also** have a particular statutory requirement to scrutinise proposals for NHS service changes as elected representatives of their communities, and must ensure the independence and integrity of those arrangements.
- **The role of all Councillors to represent the views of their local constituents and speak up on their behalf is recognised.**

**Question to the Health Committee 10 November 2016 from Jean Simpson.**

**Health Committee Training Plan**

The Health Committee Training Plan has an item called Health Scrutiny Skills Part 1. The planned outcome measures from this training are

**To understand the roles and responsibilities of members conducting health scrutiny and to provide members with scrutiny skills and techniques.**

This is categorised as priority 3 and has been on the Training Plan schedule for over a year. In November; December 2015 and January; March 2016 it was listed as taking place in April 2016, but this did not happen, and in May; July; September; October and the current November agenda the course is now to be given at to a date “to be advised”.

The Sustainability and Transformation Plan for Cambridgeshire and Peterborough is designed to address the funding shortfall of at least £250 million by 2019. This will mean radical changes to local services and the way they are delivered. In a survey of CCG Chairs and Accountable Officers of England conducted by the Health Services Journal, and cited in the Daily Telegraph on 31 October 2016, the following planned or likely changes are identified.

Closing or downgrading of community hospitals	52%
Overall reduction in hospital beds	46%
Closing of or downgrading full A&E	31%
Losing urgent care centre or similar	30%
Reduction in staff in acute services	23%
One or more hospital to end consultant-led maternity	21%

As one of the 11 most challenged health economies in England, this is the scale of cuts which will be made locally. STPs have been called “high level aspiration” by a local Trust board member, and there are few concrete plans on how the local STP is going to save 5% of its budget. For instance, it is difficult to see how the CCG plans to reduce bed utilisation and provide “Care Closer to Home” when there are still gaps in the OPACS service.

Health scrutiny, “has a legitimate role in **proactively** seeking information about the performance of local health services and institutions; in **challenging** the information provided to it by commissioners and providers of services for the health service (“relevant NHS bodies and relevant health service providers”) and in **testing** this information by drawing on different sources of intelligence” (my emphasis) (DoH June 2014) The Sustainability and Transformation Plan is the most important document the Health Committee has, so far, been asked to scrutinise, and is vital for the future of the local health economy. This committee will find it difficult to fulfil their role without adequate training and support in the **critical** appraisal of the STP.

**I therefore request that the training of the Health Committee in scrutiny skills is given a much higher priority, and that this course takes place as soon as possible. This will support the committee in the effective fulfilment of its statutory obligations, and its obligations to the local community.**

Jean Simpson

### Response to Public Question on the Health Committee Training Plan

Health Committee members have had the option to attend a number of training session on Health Committee Scrutiny skills which were on the training plan as Part 2 & Part 3 for example:

Date	Topic	Purpose
11 <sup>th</sup> Feb 2016	Health Scrutiny Skills (Part 2) Centre for Public Scrutiny	To understand Health Scrutiny in the context of Health Inequalities and the Transformation agenda.
21 <sup>st</sup> March 2016	Health Scrutiny Skills (Part 3) "Scrutiny without Boundaries" workshop East of England Scrutiny Conference	Encouraging communication and joint working between scrutiny at different tiers of government and across political boundaries.  Provide members with a toolkit for Joint scrutiny

Information on past training events was previously made available to the public and health committee members please see the Health Committee council meeting

<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/10/Committee/6/Default.aspx>

However at members request training sessions that had expired were removed from the plan to avoid any confusion. In addition to specific health scrutiny training offered to Health Committee members specific development sessions on relevant scrutiny topics have been delivered throughout the year to complement the generic training on offer. These include:

3 <sup>rd</sup> March 2016	E-Hospital From CUHFT	Update on progress of E-Hospital system introduced by CUHFT
16 <sup>th</sup> June 2016	Sustainability & Transformation Plan (Pre-submission)	To provide health committee members with an overview of the Sustainability and Transformation Plan programme
16 <sup>th</sup> June 2016	Public Health 0-5 Services	To improve understanding of public health 0-5 services (health visiting and family nurse partnership) transferred to CCC in October 2015
13 <sup>th</sup> October 2016	Transport & Health JSNA	To provide an overview of the Transport & Health JSNA in relation to Primary Care Capacity to support the scrutiny session scheduled for December.

New members when joining the committee receive an induction pack on the executive function and scrutiny function of the committee. In the last two months membership of the committee has changed and it was felt that the "Health Scrutiny Skills" Part 1 should be re-visited when the full complement of new committee members had been finalised.