

PLANNING FUTURE PRIORITIES FOR HEALTH COMMITTEE

To: **Health Committee**

Meeting Date: **7th September 2017**

From: **Director of Public Health**

Electoral division(s): **All**

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

Purpose: **The Committee is being asked to review and agree its priorities for 2017/18.**

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

a) Discuss the priorities recommended in paragraph 2.3 and 2.4 following a development session for Committee members held in July;

b) Agree Health Committee priorities for 2017/18;

c) Consider what reporting mechanisms the Committee would like to see put in place to monitor progress against identified priorities.

<i>Officer contact:</i>		<i>Member contact:</i>	
Name:	Dr Liz Robin	Name:	Peter Hudson
Post:	Director of Public Health	Post:	Chair
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:		Tel:	01223 706398

1. BACKGROUND

- 1.1 In July 2014 the Health Committee agreed five priorities, to be addressed through both its Executive and Scrutiny roles. The five priorities were:
- Mental Health
 - Health Inequalities
 - Transport and Health
 - Effectiveness of Public Health
 - Public Health Business Planning
- 1.2 In November 2015 an additional section of the regular Finance and Performance Report was added, to report routinely on Health Inequalities and Mental Health performance indicators.
- 1.3 In 2015 the Health Committee also identified some Scrutiny priorities on which regular reporting was requested
- Issues with the EPIC system at Cambridge University Hospitals NHS Foundation Trust
 - Delayed transfers of care across the system.
- 1.4 Progress against these priorities was regularly reviewed at Health Committee through a combination of routine Finance and Performance Reporting, specific papers to Health Committee and the maintenance of a Health Committee action log. In addition a summary paper on progress against the key priorities was discussed at a Health Committee development session on 13 April 2017.

2. MAIN ISSUES

- 2.1 On 14 July, the Health Committee met for a further development session to identify priorities for 2017 and potentially beyond. A presentation given at the development session, providing information to support the discussion is attached at Appendix 1.
- 2.2 Members present at the development session identified the following factors as important criteria when considering priorities:
- Terms of reference of the Health Committee
 - The Council's duties to improve health and reduce health inequalities
 - Fit with the three corporate priorities of the Council
 - Value for money and evidence of effectiveness, including quality adjusted life years (QALYs)
 - Focus on things we can change
 - Split out approaches for Health Scrutiny / Public Health
 - Assessing the following dimensions:
 - Easy –vs- difficult
 - Big –vs- small
 - Pragmatic –vs- dogmatic
 - Local –vs- county wide
 - Ethical issues

- 2.3 The following items were identified as potential priorities for 2017/18. The starred items are those which both discussion groups at the development session identified as priorities:

Public health priorities:

- Behaviour change*
- Mental health for children and young people
- Health inequalities*
- Air pollution
- School readiness*
- Review of effective public health interventions
- Access to services

Scrutiny Priorities:

- Delayed transfers of care
- Sustainable Transformation Plans:
 - Work programme, risk register and project list
 - Workforce issues
 - Communications and engagement
 - Primary care developments

- 2.4 More detailed suggestions were made in relation to health inequalities as a priority – including the potential for joint scrutiny of geographical inequalities in health with Fenland District Council, the importance of school readiness, and the balance between a geographical focus and an approach of proportionate universalism. It was suggested that every Health Committee paper should identify clearly how it will address / impact on Health Inequalities.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Para 2.2. identifies the three corporate priorities of the Council as one of the criteria to be considered when identifying Health Committee priorities.

3.2 Helping people live healthy and independent lives

Para 2.2 identifies the Council's duties to improve health and address health inequalities as one of the criteria to be considered when identifying Health Committee priorities.

3.3 Supporting and protecting vulnerable people

Para 2.2 identifies the three corporate priorities of the Council as one of the criteria to be considered when identifying Health Committee priorities. .

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no immediate implications within this category although the priorities identified by the Health Committee will influence the allocation of public health resources.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3 Statutory, Legal and Risk Implications

The statutory duties of the Council in relation to public health functions are laid out in the Health and Social Care Act (2012) and associated regulations.

4.4 Equality and Diversity Implications

The Health Committee development session output clearly indicates health inequalities as a priority for Committee members.

4.5 Engagement and Communications Implications

There are no immediate implications within this category

4.6 Localism and Local Member Involvement

There are no immediate implications within this category

4.7 Public Health Implications

Public health implications are outlined in the main body of the Report.

Source Documents	Location
'Review of Health Committee Priorities' – summary paper on progress against the Health Committee's pre-existing priorities, taken to HC development session, April 13 th 2017	Public Health Administrative office Room 111 Shire Hall, Cambridge

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