

**HEALTH COMMITTEE WORKING GROUP UPDATE AND MEMBERSHIP**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **10<sup>th</sup> March 2016**

*From* **Director of Public Health**

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

*Forward Plan ref:* **Not applicable**

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

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

- 1) Note and endorse the progress made on health scrutiny through the liaison groups and the schedule of liaison meetings (Appendix A)**
- 2) Appoint core members to the Hinchingsbrooke Liaison meetings.**

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## **1. BACKGROUND**

- 1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 5<sup>th</sup> November 2015.
- 1.2 This report updates the committee on the joint liaison meeting with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire Healthwatch. Further liaison meetings and working groups scheduled are detailed in Appendix A.

## **2. MAIN ISSUES**

### Liaison Meeting with Cambridgeshire & Peterborough Clinical Commissioning Group & Healthwatch

- 2.1 The liaison group members in attendance were County Councillors Ashcroft, Clapp, Jenkins and Sales, and District Councillor Ellington. Apologies were received from Councillor Orgee. A meeting was held on 8<sup>th</sup> November 2016 with representatives from the CCG and Healthwatch.
- 2.2 Liaison group meetings are precursors to formal scrutiny working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under their scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.
- 2.3 The Health Committee members raised the following areas for discussion with representatives from CCG and Healthwatch:
  - Older People and Adult Community Services contract (OPACS)
  - Sustainability & Transformation Plan (previously known as System Transformation Programme)
  - NHS England engagement in responding to district plans.
  - Approach to CCG consultations (Non-Emergency Patient Transport Services and 111/Out of Hours service are currently at procurement) and Self-Care Policy.
- 2.3.1 In regards to the termination of the OPACS contract the CCG updated members on the current timescales in relation to the internal reviews and NHS England review which has a deadline of the 12<sup>th</sup> February 2017. It was agreed that a shared timetable of activities or key dates around OPACS review, stakeholder events and scrutiny meetings from all key organisations should be drawn up.
- 2.3.2 Healthwatch Peterborough and Healthwatch Cambridgeshire, with the CCG and Cambridge County Council and Peterborough City Council have agreed to setting up a "Learning Community Event" in May 2016 once the outcome of

the internal and external reviews are known. This event will involve local stakeholders, including patients who have experienced the services in the contract.

- 2.3.3 Sustainability and Transformation plans were discussed and CCG noted that the submission date for the plans was 29<sup>th</sup> June 2016. It was agreed that the CCG would provide further briefing at the Health Committee Development session scheduled for 3<sup>rd</sup> March 2016.
- 2.3.4 Cllr Ellington raised concern over NHS England lack of engagement when asked to respond to developers around Section 106 funding. To be raised at the Health Committee meeting on 10<sup>th</sup> March 2016.

### **3 LIAISON AND WORKING GROUP MEMBERSHIP ARRANGEMENTS**

#### **3.1 Health Committee Membership Changes – May 2015**

Following the Health Committee meeting on 17<sup>th</sup> December it was agreed to hold quarterly meetings with CUHFT, CPFT and Hinchingbrooke Healthcare NHS Trust at the offices of the relevant NHS organisation and require the Chief Executive of the organisation to attend.

A schedule of meetings for 2016/17 has been set up and details are available in Appendix A.

It was also agreed that the Chairman/woman and Vice-Chairman/woman serve on all three liaison group, and all Members of the Committee be invited to attend liaison meetings. Core membership of the liaison meetings has been established for CCG, CPFT and CUHFT.

#### Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) & Healthwatch Liaison group

Current core membership County Councillors: Orgee, Jenkins and Sales with district council representation from Councillor Ellington

#### Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) Liaison Group

Current core membership Councillors: Brown, Orgee, Jenkins, Sales, Scutt and van De Ven

#### Cambridge University Hospital Foundation Trust (CUHFT)

Current Core membership Councillors: Clapp, Ellington, Hudson, Jenkins, Orgee and Topping.

#### Hinchingbrooke Healthcare NHS Trust Liaison Group

Core membership still needs to be established for this liaison group

#### **4. SIGNIFICANT IMPLICATIONS**

##### **4.1 Resource Implications**

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

##### **4.2 Statutory, Risk and Legal Implications**

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29<sup>th</sup> May 2014

##### **4.3 Equality and Diversity Implications**

There are likely to be equality and diversity issues to be considered within the remit of the working groups.

##### **4.4 Engagement and Consultation Implications**

There are likely to be engagement and consultation issues to be considered within the remit of the working groups.

##### **4.5 Localism and Local Member Involvement**

There may be relevant issues arising from the activities of the working groups.

##### **4.6 Public Health Implications**

The outcomes from the activities of the working groups are likely to impact on public health

<b>Source Documents</b>	<b>Location</b>
None	