HEALTH POLICY AND SERVICE COMMITTEE - ANNUAL REPORT 2015/16

To: Council

10th May 2016

From: Director of Public Health

Purpose: To consider the Annual Report 2015/16 for the Health

Policy and Service Committee

Recommendation: Council is recommended to note the Health Policy and

Service Committee Annual Report 2015/16.

	Officer contact:		Member contact		
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			Committee		
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1. BACKGROUND

- 1.1 The Health Policy and Service Committee was established following the May 2014 annual meeting when the Council resolved to convert from a Leader Cabinet form of governance to a Committee System.
- 1.2 The committee comprises the following Members:

P Clapp, A Dent, L Harford, P Hudson, D Jenkins, M Loynes, M Leeke, Z Moghadas, T Orgee, P Sales, M Smith, P Topping, S Van de Ven. There are also five co-opted District/City Council members.

The Chairman is Councillor David Jenkins, the Vice-Chairman is Councillor Tony Orgee and the Spokesmen/women are Councillors Tony Orgee, Susan Van de Ven, Paul Clapp, Paul Sales and John Hipkin

1.3 Over the last twelve months the committee has met eight times. Section 2 of the report highlights significant issues considered by the committee during this period.

2. HEALTH POLICY AND SERVICE COMMITTEE WORKLOAD

2.1 The Health Policy and Service Committee has two distinct areas of work – firstly oversight of the public health functions of the Council and secondly scrutiny of local NHS services.

Public health functions

- 2.2 Public health functions and services are investments in the future carrying out preventive work to reduce illness and disability and therefore reduce future demands on health and care services.
- 2.3 In 2015/16 the Committee continued implementation of the three priorities agreed in 2014/15:
 - Mental health: Approval of a Public Mental Health Strategy and Action Plan
 - Health inequalities: Procurement of voluntary sector partners to deliver the 'Healthy Fenland' fund and programme.
 - Transport and Health: Scrutiny of the NHS Cambridgeshire and Peterborough non-emergency patient transport procurement and its links with County Council transport planning.
- 2.4 The Committee oversaw the novation of contracts for Health Visiting and Family Nurse Partnership from NHS England to the County Council.
- 2.5 The Committee agreed to task a multi-agency Public Health Reference Group which reports to the Health and Wellbeing Board, with leading the integration of public health outcomes across local organisations, focussing initially on the multi-agency priorities of obesity prevention and community engagement.
- 2.6 Delivered non-recurrent savings of £1.6M required due to an in-year reduction in the national public health grant to local authorities, and oversaw preparation of a business plan to deliver £2.7M recurrent public health grant savings in 2016/17, again due to reductions in national allocations.

- 2.7 Agreed a motion to full Council calling for the Government to rethink its approach to funding Public Health and to increase funding for public health interventions.
- 2.8 In addition, over the course of the year, the Committee reviewed delivery and progress on immunisation and screening uptake, sexual health services, smoking cessation services, falls prevention, health protection, healthcare public health advice services and the Health System prevention strategy.

Scrutiny of the NHS

- 2.9 2015/16 was a challenging year for the NHS in Cambridgeshire, starting with the withdrawal of Circle from its franchise arrangement with Hinchingbrooke Hospital NHS Trust; followed by the Care Quality Commission (CQC) rating of Cambridge University Hospitals Foundation Trust as 'inadequate'; and culminating in the early termination of the Older People's and Community Services contract between the CCG and UnitingCare Partnership.
- 2.10 The Health Committee scrutinised all the above issues and their potential impact on local patients by inviting chief executives and/or senior staff from the organisations involved to present their perspective and then respond to detailed questions at public meetings of the Committee. Recognising the level of challenges within the Health System and the need to build relationships with NHS organisations to understand key upcoming issues, the Committee has also put in place quarterly liaison meetings with the chief executives of local NHS organisations, held on-site at the hospital or Trust headquarters, to which all Health Committee members who wish to attend are invited.
- 2.11 In addition the Health Committee has scrutinised the ongoing procurements for NHS non-emergency patient transport services, and of NHS 111/Out of hours services, pressures on both adult and child/adolescent mental health services; work to address low uptake of cancer screening programmes and the CQC report on Cambridgeshire and Peterborough Foundation Trust, which received a 'good' rating.

Training

- 2.12 During 2015/16 Health Committee members have received training through workshops or seminars on
 - The Health System Transformation Programme led by Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG).
 - The health economics of public health services, as part of a wider workshop on 2016/17 business planning.
 - Primary care and NHS funding and commissioning responsibilities
 - Progress with Addenbrooke's e-hospital implementation
 - Smaller groups of Committee members have attended external training on:
 - Health scrutiny skills in the context of health inequalities and transformation
 - Health scrutiny across political boundaries.

Source Documents	Location
Agenda and Minutes of the Health Policy and Service Committee	http://www2.cambridgeshire.gov.uk/Com mitteeMinutes/Committees/Committee.as px?committeeID=76