

HEALTH COMMITTEE WORKING GROUP Q2 UPDATE

To: **HEALTH COMMITTEE**

Meeting Date: **11 JULY 2019**

From **Head of Public Health Business Programmes**

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 update.**

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

- 1) Note the content of the quarterly liaison groups and consider recommendations that may need to be included on the forward agenda plan.**
- 2) Note the discussions from the Working group on Public Health reserves**

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1.0 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 17TH January 2019
- 1.2 This report updates the Committee on the liaison meetings with health commissioners and providers. The report covers Quarter 4 (2018-19) liaison meetings with:
- Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) & Cambridgeshire & Peterborough Healthwatch
 - Cambridgeshire & Peterborough Foundation Trust (CPFT)
 - Cambridgeshire University Hospital Foundation Trust (CUH)
 - North West Anglia Foundation Trust (NWAFT) – Hinchingsbrooke Hospital
- 1.3 Liaison group meetings are precursors to formal scrutiny and/ or 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 its 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.
- 1.4 This report will also provide an update on the Health Committee working group tasked with reviewing the Public Health reserves.

2. MAIN ISSUES

2.1 Liaison Meeting with HealthWatch Cambridgeshire & Peterborough and the Clinical Commissioning Group (CCG)

A meeting was held on 6th March with Jessica Bawden (Director of Corporate Affairs, CCG), Jan Thomas (Accountable Officer CCG) Sandie Smith (CEO) and Healthwatch Cambridgeshire & Peterborough.

The liaison group members in attendance were Councillors Connor, Harford, Hudson, Jones and ven de Ven.

2.1.1 The group discussed the following items with the CCG

- Workforce recruitment and retention drives
- Brexit contingency plans for health commissioning
- Primary Care Network developments
- CCG's Financial update (18/19 position)

2.1.2 An update from Healthwatch was received on the following areas.

- Update on dental services – specific reference to the increase in childhood extractions.
- Healthwatch engagement survey on the NHS Long Term plan

2.1.3 Further meetings have been held with the liaison group members and the CCG on the 9th May to discuss the CCGs financial position for 19/20. Members were also advised of the podiatry estates relocation plans. Councillors in attendance at this meeting wanted to escalate the issues identified with the CCGs financial position with the wider Health Committee members. Due to the CCG adhering to purdah restrictions in place for the local elections and the Peterborough by election. A closed meeting was held on 5th June for all Health Committee members who were provided with a further brief on the CCGs financial plans for 19/20. It was agreed that the CCG would attend the Health Committee meeting on 11th July 2019.

The next liaison meetings for 2019/20 are currently being scheduled.

2.2 **Liaison meeting with Cambridgeshire & Peterborough Foundation Trust (CPFT)**

The scheduled liaison meeting with CPFT was cancelled due to a clash with the Trusts CQC inspection visit. The next meeting will involve a meeting to the Phoenix Unit (eating disorders unit for children & young people)

2.3 **Liaison meeting with Cambridgeshire University Hospital Foundation Trust (CUH)**

A meeting was held on 8th March 2019 with Ian Walker (Director of Corporate Affairs – CUH) The liaison group members in attendance were Councillors Harford, Hudson, Jones, van de Ven. Apologies were received from Roland Sinker (CEO-CUH)

2.3.1 The following topics were discussed at this meeting:

- Delayed Transfers of Care
- CQC Inspection feedback
- Royal Papworth Hospital joining the biomedical campus and joint working with CUH
- Regional Children's Hospital – Management structure
- Transport & Access issues to the biomedical campus
- Brexit Planning

2.3.2 It was agreed to receive a formal report from CUH on progress made since the CQC inspection. This report will be received by the Health Committee on the 11th July meeting.

2.3.3 The next meeting is currently being scheduled.

2.4 **Liaison Meeting with North West Anglia Foundation Trust (NWAFT)**

The quarter four liaison meeting was held on the 5th March with Caroline Walker (CEO –NWAFT) and Angus Maitland (Strategy Team). The liaison group members in attendance were Councillors Connor and Harford. Apologies were received from Cllr Hudson and Taylor

2.4.1 The following topics were discussed at this meeting:

- Doddington Hospital provision of outpatient services by NWAFT
- Public Consultation policy for NWAFT
- Brexit contingency plans
- Hinchingsbrooke Hospital site redevelopment
- Green Travel Plans
- NHS Long term plan
- North Alliance

2.4.2 A further meeting for Quarter 1 (2019-20) was held on the 6th June with Dr. Kanchan Rege (Medical Director) and Angus Maitland (Strategy Team). The liaison group members in attendance were Councillors Sanderson and district councillor Tavener. Apologies were received from Cllr Hudson, Harford and Caroline Walker (CE)

2.4.3 The following topics were discussed at this meeting:

- Hinchingsbrooke Site – redevelopment plans
- Green Travel Plans - Travel survey & hospital parking
- CQC Improvement plan
- Organisational development “Good to Outstanding” programme
- Holly Ward (transfer from CCS to NWAFT)
- Information technology and IT system upgrade across NWAFT

2.4.4 The next meeting of the quarterly liaison group is scheduled for 3rd September.

2.5 **Public Health Ear Marked Reserves – Working Group update**

A meeting of the working group to discuss the Public Health reserves was held on 31st May. The working group members in attendance were Councillors Boden, Jones and van de Ven. Cllr Harford sent apologies. A further meeting was held on 26th June with attendance from all members of the working group.

2.5.1 Public Health officers had presented a paper around potential proposals to the business planning group. Recommendations from this meeting were then presented to this working group and discussed further. It was agreed to work

up business cases alongside the proposals and review these at a further meeting in June.

2.5.2 The working group was set up to review how the public health reserve could best be used productively to improve public health outcomes, but also recognised that maintaining a reasonable level of general ring-fenced public reserve would be prudent. This consensus among the working group was that a minimum of £500k would be appropriate. Proposals reviewed by the working group included:

- Development of the falls prevention programme over a 3 year period. The total cost is estimated as over £1M and will be placed on the forward agenda of the September Health Committee as a key decisions.
- In addition the working group discussed consultancy to support the Best Start in Life (BSiL) strategy implementation, for which £45k was allocated from reserves by the Director of Public Health as an officer decision (within delegated limits), and this was supported by the working group.

2.5.3 Key areas of discussion around other proposals focused on:

- Health and Wellbeing strategy engagement and consultation which requires more work with partners to ensure the process complements other engagement work being undertaken by the CCG and STP.
- Public Health integration was discussed in the context of developing a key focus on “Health in all polices” approach. Further work was required as to precise costings but working group members agreed that there should be access to additional funds as the work develops particularly around the implementation phase.

Further proposals put forward by the working group members are being investigated and discussed at the next working group meeting.

3.0 SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

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

3.2 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 29th May 2014

3.3 Equality and Diversity Implications

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

3.4 Engagement and Consultation Implications

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

3.5 Localism and Local Member Involvement

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

3.6 Public Health Implications

Working groups will report back on any public health implications identified.

Source Documents	Location
None	