Agenda Item No: 2

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 1 February 2018

Time: 10.05am – 12.10pm

Venue: Committee Rooms 1 & 2, The Guildhall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor P Topping (Chairman)
Councillor C Richards
Councillor S van de Ven
Kate Parker (substituting for Dr L Robin, Director of Public Health)

City and District Councils
Councillors M Abbott (Cambridge City), A Dickinson (Huntingdonshire) and S Ellington (South Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
J Bawden and Dr Sripat Pai

Healthwatch
V Moore, Chair

NHS Providers
Matthew Winn – Cambridgeshire Community Services NHS Trust (CCS)
Ian Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)
Keith Reynolds – North West Anglia Foundation Trust (NWAFT) (substituting for Stephen Graves)

Apologies:
S Bremner – Cambridgeshire and Peterborough Clinical Commissioning Group
Councillor M Cornwell – Fenland District Council
S Graves – North West Anglia Foundation Trust (substituted by K Reynolds)
C Malyon – Chief Finance Officer, Cambridgeshire County Council (substituted by T Kelly)
W Ogle-Welbourn – Executive Director, People and Communities, Cambridgeshire County Council
Councillor S Hoy – Cambridgeshire County Council

44. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. Val Moore, Chair of Healthwatch, declared an interest in agenda item 8 (minute 51) as a member of the Board of Living Sports.

On behalf of the Board, the Chairman thanked the City Council for hosting the meeting.

45. MINUTES OF THE MEETING ON 23 NOVEMBER 2017

The minutes of the meeting on 23 November 2017 were agreed as an accurate record and signed by the Chairman.

46. ACTION LOG

The Action Log was included in the meeting papers for noting.

47. A PERSON'S STORY

The Chairman welcomed Dr Katharine Hartley, Consultant in Public Health, who recounted the story of one of the users of The Sanctuary. The user had had a history of self harm, but had found a warm welcome and support at the Sanctuary, at first using it on an almost daily basis to cope with frequent crises, then attending much less frequently. In the last six months, the user had been attending the Recovery College and was now on the point of graduating to become a Peer Support Worker, an outcome which would have seemed impossible a year before.

Points noted in the course of discussing the person's story included

- some people attended the Sanctuary initially almost on a daily basis. Staff would work with them on the question of why they were going into crisis so frequently

- the Sanctuary had a limited capacity and closed at 1am each day. Dr Hartley undertook to find out how many people the Sanctuary could host at any one time (**Action:** Consultant in Public Health)

- Sanctuaries had been established in Cambridge, Huntingdon, Fenland and Peterborough

- the first response service was available to all people in Cambridgeshire and Peterborough regardless of where they lived, 24 hours a day and seven days a week. A trained responder could be sent to wherever the caller was, and if necessary, could facilitate the caller getting to a Sanctuary. However, it could sometimes take a few hours for a responder to arrive in person because of professional criteria. It was hoped to obtain a vehicle which could be used as a mobile sanctuary.

The Chairman thanked Dr Hartley for sharing the person's story. The Board noted the story as context for the remainder of the meeting.

48. PUBLIC QUESTION

The Chairman proposed, and the Board agreed, to take the single public question rather earlier in the meeting than the update on the Sustainability and Transformation Plan (STP) to which it related, so that the questioner would not have to wait a long time before she could speak.

Ms Jane Howell spoke to express concerns relating to two documents supplied as report appendices for agenda item 9 (minute 52 refers), the Memorandum of Understanding (MOU) and the STP Governance Framework. She pointed out that this was the first time that the public had seen the MOU, commenting that it seemed to relate more to money than to patients and staff.

Ms Howell asked whether, with hindsight, it was acceptable to exclude the public from decision-making and subsequent work on the STP. In relation to the Nolan principles, the STP Board appeared to be almost committed to openness and transparency, in

that members of the public were welcome to attend and observe meetings, but there was no opportunity for them to raise questions and seek answers there.

Ms Howell also said that the NHS was in a worse state than it had been when the decision was taken to proceed with the STP, and asked whether it was appropriate to proceed to the next stage, that of accountable care organisation.

The Chairman acknowledged Ms Howell's concerns about the STP and accountable care, and undertook to supply a formal response in writing within ten working days. He also invited the three STP Board members present to comment on her question.

The Chief Executive of Cambridgeshire Community Services NHS Trust replied that the questioner's comment about visibility was justified, and undertook to take back to the Board the challenge of why the public could not ask questions at its meetings. He explained that the STP was a partnership, a coalition working together without statutory responsibilities, rather than a legal entity; the process of developing a document setting out how the members of the partnership would work together had taken some time. He assured Ms Howell that the Board had nothing to hide; it was trying to improve care for the residents of Cambridgeshire and Peterborough, particularly for older residents, and to do so at a lower cost, because the local health system's expenditure currently exceeded its income. He said that it would be possible to resolve the issues of accountability, visibility, and attendance at Board meetings, and apologised that the process had been so frustrating.
(Action: Chief Executive, CCS)

Ms Howell thanked the Chief Executive for his response, commenting that they both had the same interests at heart.

Further responses to Ms Howell's questions included that accountable arrangements was a term sometimes used for how the different health trusts were improving matters; whatever the terminology, the fragmentation that had happened in the past could not continue, as it was neither affordable nor a good experience for patients.

The Chairman thanked the CCS Chief Executive for his offer to take the questioner's concerns back to the STP Board, and assured the questioner that she would also receive a written response.
(**Action:** Chairman and Democratic Services Officer)

49. DRAFT SUICIDE PREVENTION STRATEGY 2017-20

The Board received the draft Suicide Prevention Strategy for approval. Members noted that the document was the second, refreshed, version of the strategy and action plan. They were reminded that suicide was a major public health issue, and it was important to develop a pathway of care across all the sectors involved, public, private and voluntary, without which people would be failed. There were six priority areas in the strategy, which had an ambition of Zero suicide; the Joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group had developed a Suicide Prevention Action Plan aimed at achieving this ambition. Actions included providing support to families within two days of a suicide, developing Keep Your Head (a mental health website for Children and Young People), and introducing GP suicide prevention training to improve the interaction between patients and GPs. A 20-minute online learning module had also been introduced, which all concerned with suicide prevention were being encouraged to complete.

Commenting on the report and draft strategy, Board members

- expressed a concern that the prominence of the zero suicide ambition might lead to a risk of a sense of failure if a suicide did occur, and that 'zero suicide' could be equated with 'zero tolerance'. The report author replied that people and organisations should not be made to feel under pressure and failing when suicides did occur; it was important to encourage a culture of learning, not of blame

- noted that the 'Stop Suicide' campaign was already well-established and well-known locally; it would continue to be a major vehicle for suicide prevention work

- drew attention to the higher risk of mental health alienation in new communities, pointing out that 'healthy new housing developments and population growth' had been identified as one of the Board's proposed 'watch' or 'focus' priority areas at its stakeholder event in September 2017. The report author said that this was work to be done through the Stop Suicide campaign; she could bring it to the attention of the relevant person. Members were also advised that a Healthy New Towns initiative had been established focussing on Northstowe, with the aim of learning lessons from the experience of Cambourne, and ensuring that community facilities would be in place from an early stage at Northstowe, ready to provide opportunities for people moving into the new town to meet each other

- asked that a two- to three-page summary document be developed covering the main points in the strategy, and suggested that it be tailored to each organisation to include what was of specific relevance to that organisation

- commented that the action plan referred only to the commissioning organisations and the mental health trust, and pointed out that staff of other organisations also came into contact with those at risk of suicide, for example school nurses, who were employed by CCS, and district council housing officers

- suggested that all public sector organisations should be involved in implementing the strategy and asked what they were doing to meet the six priorities in so far as they were relevant to their areas of work; it should also be of importance to the Health and Wellbeing Board. The Board was advised that all organisations were to be asked to sign up to the action plan, and to say what they could do

- pointed out that there was a prescribed and growing process in NHS trusts around learning from deaths, and said it was important that organisations linked their learning and drew on wider organisational learning, enhancing the learning and making it more transparent, rather than each organisation conducting its own learning process in private and in isolation

- noted that the County Council had contributed around £27,700 for suicide prevention work (hosted by MIND) and £15,000 for bereavement support and GP training in suicide prevention in 2017/18 and discussed future funding. The Head of Finance was asked to look into this.
  (**Action:** Head of Finance, CCC)

Dr Sripat Pai, a GP member of the CCG Governing Body, offered to put Public Health officers in touch with GPs who were not permanently attached to a GP practice, such as those working as locums.

The Chairman thanked the report author and asked her to draw up an executive summary of the strategy. He urged her to seek to involve as wide a range of organisations as possible, particularly those that engaged with young people, and offered the Board's assistance in this. He suggested that as well as the Board endorsing the strategy, a mechanism should be developed for finding out what organisations were prepared to do in support of the strategy. It was agreed that the Board would review the strategy summary and actions in four months' time. (**Action:** / Consultant in Public Health/ Democratic Services Officer)

It was resolved to

a) approve the Draft Suicide Prevention Strategy 2017 - 2020 attached as Appendix 1 of the report before the Board.

50. FEEDBACK ON JOINT DEVELOPMENT SESSION WITH PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board received a report on the joint development session that the two Health and Wellbeing Boards, Cambridgeshire and Peterborough, held on 23 January 2018. Members noted that key areas of commonality had been highlighted, and those present had looked at how the two boards could strengthen themselves and work together on shared priorities.

Discussing the report, and reflecting on the development session, Board members

- pointed out that there were areas where Cambridgeshire and Peterborough had different interests and focusses, but there was considerable commonality, with the suicide prevention strategy as an example of this

- pointed out that Cambridgeshire, unlike Peterborough, had a large rural population and difficulties with transport and access, and that workforce and recruitment issues were different in the two areas

- drew attention to the large number of officers who held a joint post with the two local authorities, or a post with the CCG, which covered the whole combined area, as did Healthwatch

- observed that the Health and Wellbeing Strategies of the two boards differed, in that the Peterborough one took almost a performance management approach, while the Cambridgeshire one presented a set of themes and how to approach them, and suggested that it might be possible to develop a strategy incorporating both elements

- suggested that it was important to be clear what working together was expected to achieve, and how far it would involve systems rather than people

- urged that any meetings with Peterborough be held instead of, rather than in addition to, individual Board meetings that were already planned.

The Chairman commented that Health and Wellbeing Boards did not have great statutory powers, but provided a valuable forum for bringing senior people together who could identify areas that required attention and deploy staff accordingly. A joint

meeting could make a useful contribution to this, though it would be necessary to define the aims of such a meeting more closely. The Democratic Services Officer was asked to arrange a meeting with Peterborough colleagues instead of, rather than in addition to, the meeting planned for 31 May 2018.
(**Action:** Democratic Services Officer)

It was resolved to

a) note the content of the update report

b) agree to holding a joint meeting with Peterborough Health and Wellbeing Board to further develop the priority areas identified in the development session.

With the agreement of the Board, the Chairman postponed the next agenda item, the Better Care Fund Update, to the end of the meeting in order to accommodate officers' other commitments.

51. A WHOLE SYSTEM APPROACH TO LIVING WELL ACROSS CAMBRIDGESHIRE AND PETERBOROUGH

The Board received a report inviting its members to seek the agreement of the organisations they represented to sign up to a concordat, presented in draft as the Cambridgeshire and Peterborough "Living Well" Partnership Charter. This would commit the organisations to working together on a whole system approach, something which had not to date been set out formally in writing.

The report also sought members' comments on the replacement of the current Local Health Partnerships and CCG Area Executive Partnerships with four Living Well Area Partnerships, as set out in the draft Living Well Partnership Terms of Reference. Members noted that the establishment of the Area Partnerships did not require the Board's formal consent, and was already being put into practice. The change would reduce the number of meetings from 60 to 26.

Discussing the report, Board members

- welcomed the new partnerships, saying that it was important to have opportunities together to receive feedback from, and communicate with, local communities; the Living Well partnerships would provide such opportunities, and enable the Board to have an overview of what was happening in local areas

- commented that the present Local Health Partnerships brought a wide range of people together, but had been criticised as giving people information without providing any action plan. The new arrangements would include officers to ensure that proposed actions were carried out

- noted the importance of ensuring that the partnerships fed back to the Health and Wellbeing Board, setting out key issues rather than re-running the meetings

- commented that the language of the concordat tended to employ jargon; for example, if place-based meant four areas of the county, it should say that

- supported the principle of the concordat, which had been developed following an HWB development session in March 2017, but acknowledged that its wording still required some work

- commented that the concordat was asking organisations to do things that were currently not contractually required, and which the organisations were not performance managed to deliver

- suggested that the concordat should be binding on the signatory organisations, and hold them to account to ensure that its commitments were realised in practice.

The Chairman stressed the importance of making progress with the proposed concordat, and asked for a further report at the Board's meeting in May.

It was resolved to

a. Comment on the draft Living Well Concordat and Living Well Area Partnership Terms of Reference

b. Seek formal agreement from Board members' respective Councils and organisations to signing up to the "Living Well Concordat".

52. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Board received a report updating it on progress made in the first year of the Sustainability and Transformation Plan (STP); appended to the report were the STP Memorandum of Understanding, and the draft Governance Framework, both dated November 2017. Members noted that the STP was a partnership of the NHS and social care in Cambridgeshire and Peterborough which was developing different ways of working to deliver improved health and services for residents. Attention was drawn to the work planned for 2018 and the emerging areas of focus. The local health system was spending more than its income from national funding, as demand was outstripping what the system could provide.

Discussing the report, Board members

- reported that Healthwatch was involved in the STP, with a brief to ensure wider public engagement; it was however proving difficult to get patients involved in the delivery groups, and difficult to obtain media coverage for the STP, unless some crisis occurred; Healthwatch was working with the STP's Head of Communications and Engagement to strengthen the public interface

- observed that it was necessary to develop feedback loops and indicators to test whether people were satisfied that services were being delivered better and the patient pathway was becoming smoother

- pointed out that many organisations already undertook a considerable amount of engagement work in their communities, and suggested that the Board's next STP update might usefully report on how the STP was becoming more visible and accountable to residents, and show where the STP was making a difference

- expressed surprise at the inclusion of ‘workforce’ as a quick win in the list of areas of focus, and commented that although offering new posts and apprenticeships was mentioned, there was no explanation of how these positions would be filled.

  The CCS Chief Executive acknowledged the point, and expanded on the report by explaining that it would be quicker for hospitals to develop the shared bank arrangements referred to than to recruit completely new members of staff. International recruitment was continuing but led at national level, and numbers of medical school and GP training places were being increased. There was also new financial investment in Carer at Home services, with 150 additional posts, most of which were being filled by staff working for Cambridgeshire and Peterborough Foundation Trust (CPFT)

- reported that CUHFT was working with Anglia Ruskin University on nurse recruitment programmes

- considered identifying a theme for the Board’s next STP update to focus on, and identified engagement, in the light of criticism that the Board was not sufficiently visible or open, or engaged with the public

- expressed concern that the STP’s aims were almost impossibly wide-reaching.

It was resolved to note the update report.

53. BETTER CARE FUND UPDATE

The Board received a report updating it on Cambridgeshire and Peterborough’s joint BCF and approval status, and on progress in delivering the BCP Plan for 2017-19. Members noted that the BCF Plan had now received formal approval from NHS England, and the Section 75 partnership agreement was being developed, but not yet in place. The target for reducing Delayed Transfers of Care (DTOCs) was proving challenging, but the new contract for domiciliary care had increased the number of providers, and made it possible to bring carers in promptly.

Board members raised or noted various points in the course of discussion, including:

- a significant proportion of the current year’s additional BCF funding had been put into reablement

- the DTOC rate at Addenbrooke's was currently running at around 10%, with between 100 and 120 cases on some days, the equivalent of three wards of patients; numbers had been going down in the autumn, but risen over Christmas and the new year period

- considerable pressure was being exerted nationally on local authorities and the health system to come together and reduce DTOCs; locally, it was receiving attention at chief executive level, as it remained a large and serious problem

- neighbourhood teams, multi-disciplinary teams of CPFT and CCC staff, were being used in parts of Cambridgeshire to increase support to avoid hospital admissions

- the Discharge to Assess Pathway was a means by which, rather than waiting to discharge a patient until all the details of funding and their long-term care needs

had been resolved, the patient would be discharged home with such care as was immediately required in the short term. Their longer-term care needs would then be assessed in the home setting, and funding arrangements established.

The Chairman thanked the Head of Finance for presenting the report, and asked him to feed back to the report author that there seemed to be rather few figures in a report that was about money.
(**Action:** Head of Finance, CCC)

It was resolved to

a) note and comment on the report and appendices

54. FORWARD AGENDA PLAN

The Board considered its forward agenda plan, and agreed, in the light of earlier discussions, to remove the Sustainability and Transformation Plan update from the agenda for 22 March and to transfer the Draft Health and Wellbeing Strategy to the agenda for May, when it could include feedback from Living Well.

55. DATE OF NEXT MEETING

It was agreed to cancel the meeting planned for 22 March, as there was no business requiring the Board's attention on that date.

It was also agreed that the meeting planned for 31 May should be replaced by a meeting held in conjunction with the Peterborough Health and Wellbeing Board. A date and venue for this would be identified in consultation with Peterborough.
(**Action:** Democratic Services Officer)

Chairman
(date)