

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 30 March 2017

Time: 9.15am-11.20am

Venue: The Swansley Room, South Cambridgeshire Hall, Cambourne CB23 6EA

Present: Cambridgeshire County Council (CCC)
Councillors T Orgee (Chairman), D Jenkins and P Topping
Dr L Robin, Director of Public Health (PH)
C Black, Service Director for Older People and Mental Health (substituting for W Ogle-Welbourn)

City and District Councils

Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire) and J Palmer (Huntingdonshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

T Dowling, Chief Officer (Vice-Chairwoman)

Healthwatch

J Wells (substituting for Val Moore)

NHS Providers

D Cohen, Cambridgeshire and Peterborough NHS Foundation Trust, (substituting for A Thomas) and M Winn, Cambridgeshire Community Services NHS Trust

District Council officer advisor (non-voting)

M Hill

Also in attendance:

V Thomas, Consultant in Public Health, CCC

G Hinkins, Transformation Manager, CCC

G Kelly, Interim Head of Communities & Integration, CCG

S Haldane, Executive Programme Director, Sustainability and Transformation Programme (STP)

A Fallon, Senior Communications and Engagement Manager, Sustainability and Transformation Programme System Delivery Unit

J Bawden, Director of Corporate Affairs, CCG

K Parker, Head of Public Health Programmes, CCC

R Greenhill, Democratic Services Officer, CCC

Apologies:

Cllr M Cornwell, Fenland District Council

Cllr J Schumann, East Cambridgeshire District Council

C Malyon, Chief Finance Officer and Deputy Chief Executive, CCC

L McCarthy, Hinchingsbrooke Healthcare NHS Trust

W Ogle-Welbourn, Interim Executive Director for Children Families and Adults, CCC (substituted by C Black)

A Thomas, Cambridgeshire and Peterborough NHS Foundation Trust (substituted by D Cohen)

V Moore, Healthwatch (substituted by J Wells)

Dr S Pai, CCG
V Stimpson, NHS Commissioning Board
S Posey, Papworth Hospital NHS Foundation Trust
J Farrow, Hunts Forum

263. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

The Board noted apologies for absence as recorded above. Cllr Ellington declared a non-statutory interest in Item 6 - Review of the Better Care Fund as a Trustee of the Care Network.

264. MINUTES OF THE MEETING ON 19 JANUARY 2017

The minutes of the meeting on 19 January 2017 were agreed as an accurate record, subject to the correction of Minute 256, paragraph 6 to read 'the HWB did not have a specific responsibility for the STP, but did have a duty to promote the integration of healthcare and ~~healthcare~~ *social care* commissioning...'. The Chairman signed the corrected minutes.

265. ACTION LOG

The Board reviewed and noted the Action Log.

266. A PERSON'S STORY

The Consultant in Public Health shared two stories as context to the following item on the dual diagnosis of mental health and substance misuse issues.

'Sarah's story' was provided by the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Sarah had first self-medicated at the age of three and was diagnosed with hyperactivity at around the same age. She became interested in street drugs as a teenager and cannabis was used widely within her social circle. Within months of using cannabis she moved on to using increasingly harmful drugs. By the time she went to university she was experiencing significant mood swings, but she did not recognise this as an issue at the time. She gave up university after a year as her life became more focused on drug use and this brought her into contact with criminal elements. She experienced her first psychosis at the age of 25 and was diagnosed as bi-polar five years later. Sarah questioned whether she would have experienced mental health issues if she had not taken street drugs.

Person A's story was provided by Inclusion, the organisation contracted to provide drug and alcohol treatment services across Cambridgeshire. Person A had been engaging with Inclusion since December 2015. He was a crack and cocaine user and demonstrated impulsive behaviour and difficulties with anger management. At the request of Inclusion his GP had requested a mental health assessment. This was carried out by CPFT and Person A was referred to the Psychological Wellbeing Service. However, he was not offered further support by that service because he was already accessing support from Inclusion.

The Board noted the personal stories as context to the next item on the agenda.

267. DUAL DIAGNOSIS OF MENTAL HEALTH AND SUBSTANCE MISUSE ISSUES

The Board received a report by the Consultant in Public Health setting out current issues and concerns relating to the dual diagnosis of substance misuse (which for the purpose of this report was taken to refer to drugs and alcohol) and mental health conditions. A similar report and recommendations had been submitted to the Peterborough Health and Wellbeing Board.

A range of work and initiatives had been undertaken on dual diagnosis strategy and protocols, but there was concern that the needs of certain clients and patients were still not being met. There was strong evidence of better outcomes when drugs and alcohol issues were treated concurrently, but there remained a dissonance between pathways and their accessibility to patients. The differing needs and experiences of individual clients made it difficult to identify an optimum service delivery model, but it should be possible to align care pathways more effectively through strategic joint commissioning approaches and improved data sharing.

The following points arose in discussion of the report and in response to members' questions:

- There was already a lot of good work happening in relation to clients with low levels of substance misuse and high levels of mental health needs, including the alignment of commissioning. However, it appeared that the targets and standards included in the Improving Access to Psychological Therapies (IAPT) programme could lead to some clients with low levels of mental health need and high levels of substance misuse being excluded from treatment. The experience of Person A (minute 266 refers) was noted in this context. It would be helpful to look at this further with a view to raising the issue with NHS England if appropriate;
(Action: Consultant in Public Health)
- An officer group had been looking at current practice relating to dual diagnosis and it was at their request that the issue had been elevated to both the Cambridgeshire and Peterborough Health and Wellbeing Boards for consideration;
- The Service Director for Older People and Mental Health stated that a lot of work on data sharing had been done in conjunction with the Clinical Commissioning Group (CCG) in the context of the Better Care Fund (BCF), within the constraints of the Data Protection Act and Caldicott guidance. She would discuss this further with colleagues in the Public Health team outside of the meeting and submit a report to a future meeting of the Board;
(Action: Service Director for Older People and Mental Health)
- Paragraph 3.6: A member commented that, if it was accepted that the threshold for accessing services was currently set too high, it was reasonable to assume that lowering the threshold would increase the number of people accessing services. This did not mean that it should not be done, but it was important that the resource implications were recognised. The Consultant in Public Health stated that modifying the service access thresholds would require a better understanding of the prevalence of conditions and it had not yet been possible to obtain all of the necessary information due to data sharing issues. However, addressing

needs more efficiently should mean better outcomes for clients and a reduction in their need for on-going support which would lessen the demand on resources over time.

Summing up, the Chairman said that the issue of data sharing between service providers had been an area of concern for some time. It was imperative that full and accurate information was shared within the recognised statutory constraints to enable both need and provision to be considered holistically. This would ensure the most efficient and effective delivery of services and the best possible outcomes for individual service users.

It was resolved to:

- a) Comment on the issues raised in the report;
- b) Endorse the recommendations for taking forward the alignment of commissioning strategies to strengthen and develop services for those with mental health and substance misuse problems.

268. REVIEW OF THE BETTER CARE FUND

The Board received a report from the Transformation Manager inviting comments on a draft report on progress in the delivery of the Better Care Fund (BCF) during its first two years of operation. The report had been submitted late because the performance data was incomplete at the time the meeting documents were published, but had been accepted by the Chairman on the grounds of urgency to allow members' comments to inform planning for the BCF for 2017-19. The guidance and policy framework for the BCF for the period April 2017 to March 2019 had not yet been issued and an extraordinary meeting of the Board had been called for Thursday 27 April to review and approve the Plan.

The Interim Head of Communities & Integration (CCG) apologised for the delay in providing health data for inclusion in the draft report and provided a verbal update. Key points included:

- An encouraging decline in emergency department attendance between October 2016 and February 2017. Whilst it was too early to infer that this would be a sustained trend it reflected the positive impact of recent initiatives such as the new Joint Emergency Teams (JET teams), Neighbourhood Teams and work with local care home providers in reducing emergency department attendance;
- An increase in the number of non-elective admissions since April 2015. A number of BCF investments had targeted this area and a challenging target set to cut the number of avoidable admissions, but it was noted that many of these admissions were appropriate and unavoidable;
- Delayed transfers of care (where a patient was medically fit for discharge, but their discharge was delayed because the required health or social care support systems were not in place) remained an area of challenge. A positive decline in numbers since December 2016 was noted.

The following points arose in discussion of the report and in response to members' questions:

- The majority of BCF investments in Cambridgeshire to date related to core social care and community health services;
- The National Audit Office (NAO) had published a summary of progress in health and social care integration in February 2017 which indicated that the challenges being experienced in Cambridgeshire were in line with those being reported nationally. The report acknowledged the positive work which the BCF had achieved, but was critical of the bureaucracy associated with it;
- The first meeting of the single commissioning board for Cambridgeshire and Peterborough had taken place the previous week and had been positive. The Service Director for Older People and Mental Health stated that the commissioning board was keen to ensure that it got district council representation right and that she was happy to discuss this further with district council representatives outside of the meeting;
- The representative of Healthwatch urged caution in assuming that a reduction in the number of people accessing social care necessarily reflected a reduction in need. Healthwatch continued to hear from people receiving less social care support than they felt they needed;
- The Service Director for Older People and Mental Health reported that the Adult Early Help Team was succeeding in meeting short term need more effectively, but its impact in the longer term was not yet known;
- It was understood that local authorities would in future be able to apply to 'graduate' from the BCF, whereby the requirement to submit a BCF plan would be removed. Officers would offer further advice on this when more was known;
- The CCG Finance Committee had discussed the possibility of joint work on the BCF being reflected in the Sustainability and Transformation process;
- The Vice Chairwoman highlighted delayed transfers of care as a key issue with around 10% of the county's transfers being delayed compared to a national rate of 3.1%, although this figure was reducing with a notable improvement had been seen recently at Hinchingsbrooke Hospital. The CCG was jointly funding a piece of work to look in detail at this issue and how it should be addressed going forward. This would look across the whole system and not focus solely on acute care;
- Non-elective admissions at Hinchingsbrooke Hospital showed an overall reduction year on year which was felt to be due in large part to the assessment and admissions process in place. This trend was less evident at Addenbrooke's Hospital, but good joint work was now taking place. A member noted a lack of consistency and variability in practice between providers and highlighted the need to work out why learning was not always being shared;

- The Vice Chairwoman reported a significant improvement in Accident and Emergency Department performance during the previous three weeks and noted that Addenbrooke's Hospital had been the best performing hospital in the country the previous week. This reflected the practical benefits to patients of good processes which were implemented rigorously.

Summing up, the Chairman highlighted the importance of digging into the headline figures to identify variations in performance and the reasons behind these. It would be useful to review these figures in six months' time to assess the evolving picture.

(Action: Transformation Manager/ Interim Head of Communities & Integration (CCG))

The Chairman noted the Board's significant concern at the delay in issuing guidance for the BCF for 2017-19 and questioned how the Board could be expected to plan properly without this guidance or notification of the sums involved. Members had also expressed concern that the timing of the BCF cycle did not correspond with the NHS financial planning round which ended in December. This did not represent the coherent and joined up approach to public sector working which the public should expect.

It was resolved:

- a) To comment on the review of the Better Care Fund (BCF) contained in the appendix to the report and to make recommendations to inform future planning;
- b) That the Chairman should write to the Department for Communities and Local Government on behalf of the Board to set out members' concerns about the delay in issuing guidance on the 2017-19 BCF and the importance of aligning the BCF timeframe with other relevant financial planning considerations.
(Action: Transformation Manager)

269. REPORT FROM THE PUBLIC HEALTH REFERENCE GROUP

The Board received a report from the Director of Public Health which set out the work and outcomes achieved by the Cambridgeshire Public Health Reference Group during 2016/17. The Group met quarterly and provided whole system leadership and multi-agency co-ordination for public health initiatives in Cambridgeshire, with a focus on improving outcomes for residents and reducing health inequalities. The Group was co-chaired by the Director of Public Health and the Chief Executive of Fenland District Council.

The Group's work had focused on the Cambridgeshire Healthy Weight Strategy and community engagement and had encompassed both short-term initiatives designed to achieve 'quick wins' together with longer term, more strategic planning. The valuable input received from District and City Councils and Val Thomas, Consultant in Public Health was noted.

The following points arose in discussion of the report and in response to members' questions:

- Paragraph 3.1 - Implementation and Evaluation of Diet and Physical Activity Pilots.

- i. Evidence suggested both that nurseries and early years groups were more receptive to engaging with these initiatives than schools and that the benefits were greater;
 - ii. The Group would in future review those initiatives which it was hoped would become self-sustaining to see whether they were still in operation.
- Paragraph 3.2 – Cambridgeshire Healthy Weight Strategy. Achieving a healthy weight for the population of Cambridgeshire remained a major public health challenge. Public consultation on the draft strategy had lasted from August to November 2016 and a final draft strategy and action plan would be submitted to the County Council Health Committee;
- Paragraph 3.3 – Developing a Locality Delivery Model to Increase Physical Activity Levels Across Cambridgeshire. The County Council Health Committee had approved expenditure of £513k over two years to support the development of a collaborative district-based physical activity programme;
- Paragraph 3.4 – Joint Working between District Councils and Public Health. This area was one of the County Council's transformation priorities;
- Paragraph 3.5 – Promoting Academic Links. A bid to the Wellcome Trust to create a Translational Centre for Global Ageing had reached the short-list stage and, although unsuccessful, officers had been encouraged to submit a revised bid;
- Paragraph 3.6 – Other issues. Development of a joint 'Be Well in Cambridgeshire' communications strategy, phone app and webpage in collaboration with District and City Councils. Members noted that public health differed from other aspects of Council business in its focus on changing behaviour rather than delivering a service. 'The 'Be Well in Cambridgeshire' strategy had been designed as a stand-alone initiative to provide local residents with a trusted source for health information. Work had focused initially on the development of a mobile phone app as 60% of users accessing the County Council's online information services currently did so by phone. It was agreed that it would be useful to include a link to the new 'My Health' app which had been launched recently by the CCG which would provide information on local health services in a number of languages.
(**Action:** Director of Public Health/ Director of Corporate Affairs (CCG) to progress)

It was resolved to:

- a) Note and comment on the Public Health Reference Group report of activity in 2017/17.

270. SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received a report by the Executive Programme Director for the Sustainability and Transformation Plan (STP) which provided an update on the Cambridgeshire and Peterborough STP.

The reference to developing the beneficial behaviours of an Accountable Care Organisation (ACO) in paragraph 2.3 was clarified to make clear that a decision on whether to commit to becoming an ACO had not yet been taken. Further consideration of the implications of this for system-wide accountability and individual sovereignty would take place before a formal decision was taken in April 2017.

The STP was designed to facilitate a joined-up whole system approach to health, working in co-operation with other public sector services and organisations, and to address the significant financial challenges being faced. This would include looking at new health initiatives and delivery models and considering these against clear published criteria. A number of significant investments had already been made including the decision to extend the Joint Emergency Team (JET) programme. Workforce issues were recognised as the greatest area of challenge as the success of the Plan was dependent on having the right people in place to deliver the services required. This was a national issue and it was imperative to make working in the health sector in Cambridgeshire as attractive as possible to attract and retain the calibre of professionals required to make the transformation a success.

A positive meeting had taken place the previous day between services and providers to discuss digital delivery. The need to make a step change in the use of digital technology to enable individuals to access the information they needed to enable them to look after their health was recognised and a number of promising initiatives had been identified.

The STP System Delivery Unit was leading on communication and engagement on the STP. Officers were working proactively with local people and service users to ensure their involvement in service design at all stages and reacting to the intense interest in the STP, including by regularly attending meetings of the County Council Health Committee and the Health and Wellbeing Board. Officers within the Unit had a clear understanding of their statutory responsibilities and best practice in relation to public engagement and were committed to meeting these. An important part of this process was establishing a productive two-way dialogue with service users and the local community at the outset of the process and to look at the implications of proposals in real terms. Part of this would look at how to make the best use of social media to engage. There was a clear understanding that change was more likely to happen in a positive way when public engagement and consultation formed an integral part of the process from the outset. In Cambridgeshire it was proposed to customise engagement on each element of the STP rather than considering it in its entirety.

The following points arose in discussion of the report and in response to members' questions:

- The Healthwatch representative welcomed the commitment to ensuring public involvement from the outset of the process. He highlighted the key role played by carers in complementing the health and social care services provided by statutory organisations and their wish to see this role recognised;
- A member questioned the omission from the STP of reference to the role of GP's. The Executive Programme Director for the STP stated that this reflected a move away from talking about the role of GPs in isolation from a wider discussion about primary care. This did not mean that questions about GPs' role and capacity would not be addressed and there was already significant

engagement with GP practices and confederations about their evolving role in healthcare delivery;

- A member noted that some areas had chosen to consult with the public on their STPs as a whole in order to consider the proposals holistically, but that this did not seem to be proposed in Cambridgeshire. Representatives of the CCG acknowledged that consulting on the STP as a whole would raise awareness of the full range of issues involved, but as a high level document its focus was on the what and why of what it was hoped to achieve. Although not ruling out the possibility of consultation on the whole document it was felt at present that public input would be most valuable when work started on looking at how individual areas of delivery should be addressed;
- A member emphasised the importance of making the public aware now of the need to save £504m over the next four years so that the conversation could begin about how this challenge would be met. This would provide context for the decisions to be made and attempt to avoid the polarised opinions which could form when individual proposals were considered on a piecemeal basis rather than in the context of the wider financial picture;
- A member stated that buildings seemed to be a fundamental issue and that some smaller GP surgeries would not have the scope to provide a wider range of services due to lack of space. The Executive Programme Director for the STP stated that there was a workstream which was looking at the NHS estate within the community and more widely at the public sector estate to look for opportunities to co-locate services. The example of the co-location of a Neighbourhood Team at Histon Police Station demonstrated how this model supported greater partnership working between the organisations concerned as well as delivering financial savings.

It was resolved to:

- a) Note and comment on the report.

271. FORWARD AGENDA PLAN

It was resolved to note the Forward Agenda Plan, subject to the following amendments:

- i. To move consideration of the Safeguarding Adults Board Annual Report for 2016/17 forward from the September 2017 meeting to the July 2017 meeting;
- ii. To add a report on Data Sharing by the Service Director for Older People and Mental Health;
- iii. To add an update on the Better Care Fund Health Data in six months' time.

(Action: Democratic Services Officer)

272. DATE OF NEXT MEETING

An extraordinary meeting of the Board had been called for Thursday 27 April 2017 at 11.30am in the Kreis Viersen Room, Shire Hall, Cambridge CB3 0AP to consider the Better Care Fund Plan for 2017-19.

Chairman