

HEALTH & WELLBEING BOARD MINUTES ACTION LOG UPDATE FROM 3RD APRIL MEETING 2014

ACTION REQUIRED	UPDATE	STATUS
<p>Minute 39. Update responses from agreed actions</p> <p>Bullet 2 - Safeguarding Adults Board Annual Report - request for even greater clarification of what the trained figure represented in terms of the numbers trained from the total Addenbrooke's Hospital workforce, which was shown as being 1340.</p>	<p>The previous report to the April meeting had provided information that 70 delegates attended bespoke training sessions arranged and delivered by the County Council for 3 hospitals: Addenbrookes had 2 sessions in June 2012 attended by 21 staff in total and Papworth Hospital and Kneedsworth Hospital had bespoke training for the remaining 49 staff.</p> <p>It was however also indicated that the acute hospitals also ran their own Safeguarding of Vulnerable Adults training and the detail on this provides a more complete picture. In 2012/13 training was undertaken by the numbers of staff set out below:</p> <p>Addenbrooke's Direct Delivery 1340 Hinchingsbrooke Direct Delivery 385</p> <p>An update on the figures is included below which now also includes a separate additional figure for training provided by e-learning for inductees at Addenbrooke's hospital providing a more accurate figure on the training undertaken. The figures indicate the number of staff who received training in 2012/13 which equates to 49% for Addenbrooke's Hospital. This was before the Hospital appointed a dedicated safeguarding lead post who is now also providing additional training. It also needs highlighting that staff who have been trained receive update training after 3 years.</p> <p>Addenbrooke's Direct Delivery 1340 Total number of staff (headcount) 7500 Percentage trained 18%</p> <p>Addenbrooke's E-Learning 2344 Total number of staff (headcount) 7500 Percentage trained 31%</p>	<p>Completed</p>

	<p>For Hinchingsbrooke Hospital</p> <p>Hinchingsbrooke Direct Delivery 385 Total number of staff (headcount) 1700 Percentage trained. 23%</p> <p>The approximate numbers of staff employed in 2012-2013 was 1700, however the number of staff trained during that year as set out above does not represent the overall number of staff who have had safeguarding training within the organisation. Therefore the figure of 385 is the total number of people the safeguarding lead trained face to face during that period 12/13, the number of people trained within the organisation since the safeguarding lead started on the 01.04.10 – 31.03.13 = 1594. All trust staff receive training at induction and after 3 years they have to attend mandatory updates.</p>	
<p>Minute 39 Bullet 3 - NHS Five Year Strategic Planning 2014-2019' Action -One Member made the point that in on-going lobbying of Government ministers to seek to address the serious underfunding issue in Cambridgeshire, the thrust of the arguments should concentrate on the massive population growth being experienced in Cambridgeshire / Peterborough as a result of the Growth Agenda as this was more unique to the local area and was therefore a more persuasive case etc.</p>	<p>Dr Liz Robin confirmed that this would be reflected in future letters or statements on the local NHS funding position.</p>	<p>Completed</p>

<p>Minute 42. NHS Cambridgeshire and Peterborough CCG – Choice of local quality premium indicators for 2014/15</p> <p>During consideration of the report there was discussion in relation to the proposal for a ‘target of a 3.2% reduction in the potential years of life lost from causes amenable to health care’. Resulting from this there was a request for a definition of “amenable to health care”. As the definition was complicated, Dr Robin undertook to provide the full detail of the definition outside of the meeting.</p>	<p>Rob Sanderson provided the information on behalf of Liz Robin in an e-mail dated 16th April which set out the following details on the definition and also included a separate Excel spreadsheet providing details of causes of death considered to be avoidable:</p> <p><u>CCG OUTCOME INDICATOR SET</u></p> <table border="0"> <tr> <td data-bbox="725 453 994 624"> <p>Domain One: Preventing people from dying prematurely C1.1 Title</p> </td> <td data-bbox="1093 453 1834 517"> <p>Reduction in potential years of life lost (PYLL) from causes amenable to health care</p> </td> </tr> <tr> <td data-bbox="725 703 965 799"> <p>Assurance level Status Definition</p> </td> <td data-bbox="1093 596 1834 908"> <p>Combined indicator on potential years of life lost (PYLL) from causes considered amenable to healthcare adults children and young people Assured Live Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population</p> </td> </tr> <tr> <td data-bbox="725 916 976 943"> <p>Clinical rationale</p> </td> <td data-bbox="1093 916 1834 1361"> <p>Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of ‘amenable’ mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities. The Office for National Statistics (ONS) produces mortality data by cause, which excludes deaths under 28 days (for which cause of death is not classified by ICD-10 codes). These indicators therefore relate to deaths between 28 days and 74 years of age inclusive. ONS consulted on a proposed list of causes</p> </td> </tr> </table>	<p>Domain One: Preventing people from dying prematurely C1.1 Title</p>	<p>Reduction in potential years of life lost (PYLL) from causes amenable to health care</p>	<p>Assurance level Status Definition</p>	<p>Combined indicator on potential years of life lost (PYLL) from causes considered amenable to healthcare adults children and young people Assured Live Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population</p>	<p>Clinical rationale</p>	<p>Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of ‘amenable’ mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities. The Office for National Statistics (ONS) produces mortality data by cause, which excludes deaths under 28 days (for which cause of death is not classified by ICD-10 codes). These indicators therefore relate to deaths between 28 days and 74 years of age inclusive. ONS consulted on a proposed list of causes</p>	
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	<p>considered amenable to healthcare in February 2011 and updated the list in April 2012. ONS's definition and related data for 2010 for England and Wales can be found at: http://www.ons.gov.uk/ons/rel/subnational-health4/avoidable-mortality-in-england-and-wales/2010/stb-avoidable-mortality.html</p> <p>Data source Primary Care Mortality Database (PCMD), provided by ONS. ONS population estimates: http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html GP registered population, National Health Application Infrastructure Services (NHAIS) ('Exeter') System</p> <p>Numerator Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)</p> <p>Denominator Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 January for the forthcoming calendar year</p> <p>NHS OF indicator(s) 1ai and ii</p> <p>Dates when in-year data will be available June 2015</p>	
<p>Resolution b) Of Minute 42 above–Request for a short Feedback Report at the next practicable meeting in relation to outcomes from the current year (2013/14) quality Indicators.</p>	<p>The requested report is included on the current 11th June agenda as item 4.</p>	<p>Completed.</p>

<p>Minute 43. “Older People Programme Update and Public Consultation on Proposals to Improve Older People’s Healthcare And Adult Community Services</p> <p>In response to information provided indicating that while not every household had received a leaflet, 50,000 had been printed, there was a request for more detail regarding the methodology used to decide the households that received a copy of the consultation leaflet.</p>	<p>A response was provided in an email dated 12th May from Jessica Bawden attaching a copy of the distribution list and the process plan for the consultation which explained that:</p> <p>“The methodology was based on our stakeholder mapping tool that was part of the Communications and Engagement Strategy, agreed with the Scrutiny working group and in discussion with Healthwatch. Leaflets distribution was only one method that we have used to disseminate the information. The leaflets have been distributed as indicated on the attached list. We also have sent electronic versions to a large number of organisations to disseminate, and have placed articles in local papers along with consultation dates. We have currently distributed 44,000 consultation documents (<i>Note 50,000 were printed</i>) with the last batches going out to organisations who have requested them and those who have requested extra copies.</p>	<p>Completed.</p>
<p>Minute 45. – Update On Pharmaceutical Needs Assessment For Cambridgeshire</p> <p>Request that as the pharmacy service were commissioned by NHS England it was appropriate to pass the comments made at the meeting to the NHS Board Representative in order for her to be able to review and answer the wider questions raised, especially in relation to opening hours.</p>	<p>E-mail sent to Margaret Berry from Democratic Services on 25th April with follow up on 30th May.</p>	

Minute 46: Report On HWB Strategy Action Plan & Progress				
a) That communication & improving engagement & creating wider networks with the voluntary sector should be the topic for the forthcoming HWB Stakeholder Day Scheduled for 17th July.	<p>Initial progress has now been made with planning for the HWB Stakeholder event 17th July. The afternoon event will focus on demonstrating the value of the Voluntary Sector's contribution to the Health & Wellbeing agenda with a specific reference to the integration and transformation of services. Working with the VCS a call for case studies to be presented at the event was sent out in April with a view to select case studies in May.</p>	Completed		
b) To check & confirm whether the "service user (parent) satisfaction questionnaire response rate of 10% was correct on the Priority 1 & to provide further details of how it is planned to increase the response rate.	<p>Feedback from Eva Alexandratou The 10% response rate is correct. Please see details below on plans to increase this figure discussed at the Early Support Operational Group.</p> <p>As a result of actions March Meeting showed: Parental Feedback-Dramatic increase, about 30 parent feedback questionnaires returned this quarter – generally good feedback – to follow up queries. Co-ordinators collecting family's e-mails for future use.</p> <table border="1" data-bbox="712 1007 1778 1361"> <tr> <td data-bbox="712 1007 1778 1078"> How to Increase Parent/Carer Feedback </td> </tr> <tr> <td data-bbox="712 1078 1778 1361"> <ul style="list-style-type: none"> <li data-bbox="779 1078 1756 1286"> <input type="checkbox"/> Review learning from Social care feedback process that has been quite successful, stamped addressed envelopes for parents to return feedback with their signed copy of the CIN plan <input type="checkbox"/> Support for Learning gathers feedback from specialist group attendees, ES feedback could be linked to this. <li data-bbox="779 1318 1680 1361"> <input type="checkbox"/> Feedback can be gained in different ways with a variety of </td> </tr> </table>	How to Increase Parent/Carer Feedback	<ul style="list-style-type: none"> <li data-bbox="779 1078 1756 1286"> <input type="checkbox"/> Review learning from Social care feedback process that has been quite successful, stamped addressed envelopes for parents to return feedback with their signed copy of the CIN plan <input type="checkbox"/> Support for Learning gathers feedback from specialist group attendees, ES feedback could be linked to this. <li data-bbox="779 1318 1680 1361"> <input type="checkbox"/> Feedback can be gained in different ways with a variety of 	Completed
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	<p>success or responses, need to use different methods depending on the audience but ensure not multiple feedback from the same parents e.g. post, email, face to face.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognition that there is a need to be flexible regarding how family's feedback is gained. <input type="checkbox"/> Practitioners perhaps need to assess each meeting to see if appropriate to do feedback with family. 		
<p>c) Page 6 “16-18 Apprenticeship Scheme” in relation to text reading that there had been a 5% increase in take up on the previous year, to provide details of what the actual figures were.</p>	<p>5% was all age increase against a national decline. Our 16-18 has reduced but not as much as the national picture. Total was 4394, which makes our increase year on year around 220. The government has changed its reporting structure around the Local Enterprise Partnerships (LEP) which we don't currently have access to. So difficult to know where we are at present.</p>		<p>Completed</p>
<p>d) Priority 3 Update Paragraph 3.1 pg 11 with reference to the second bullet point reading “Further develop the role of libraries for health information dissemination” More details to be provided on how this was working and work of Hinchingsbrooke Resources Service.</p>	<p>Public Health and the Libraries Service have a history of working together through schemes such as Books on Prescription, prior to Public Health transferring to the Local Authority. Libraries are easily accessible to communities across the whole of Cambridgeshire and therefore are ideally placed to disseminate information especially to the more rural communities. Providing information to individuals and communities on how to improve and maintain their health and which services may be accessed are key public health prevention services.</p> <p>Public Health currently commissions a Health Promotion Resource Library from Hinchingsbrooke Hospital but this is based within the Hospital and primarily serves Huntingdon and some parts of Fenland. In addition there was until six months ago a very limited in house service for the south of County but this was</p>		<p>Completed</p>

	<p>discontinued when the member of staff responsible for the service left her position.</p> <p>Public Health has agreed with Library Services that it will commission it to provide a countywide Health Promotion Resource Library. Consequently Library Services have assumed responsibility for the service in the South of the County and notice has been served on the Hinchingsbrooke Hospital Service. The aim is that the Library Service will be commissioned from August 1 2014 to provide services across the County which will greatly strengthen this public health function.</p>	
<p>e) Page 11 Para 3.2 “Increase in participation in sport and physical activity and encourage a healthy diet”. Provide details of how the current primary and secondary schools curriculum was being used to promote the Olympic Legacy as a forthcoming Development Day</p>	<p>A HWB Board Development Forward plan is being put together. The request to update the board on how the Primary & Secondary School Curriculum was being used to promote the Olympic Legacy will be an item on a forthcoming development day. Likely to be scheduled now for either Sept / December development day.</p>	<p>Completed</p>
<p>f) Page 16 Cambridgeshire Offender Strategy – there was a request from Ruth Rogers for more information of the effect of recent legislative changes on running of the Probation Service and the impact on offenders.</p>	<p>A response was provided directly to Ruth Rogers from Tom Jefford, Head of the County Council Youth Support Services, on 24th April. Any further information clarification updates will be via e-mail correspondence between Ruth and Tom.</p>	<p>Completed</p>