CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 19 January 2017

Time: 10.05 – 13.05

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillors T Orgee (Chairman), P Clapp, D Jenkins, P Topping and J Whitehead
Dr Liz Robin, Director of Public Health (PH)
Charlotte Black, Service Director – Older People's Services and Mental Health (substituting for Wendi Ogle-Welbourn)

City and District Councils
Councillors M Abbott (Cambridge City), M Cornwell (Fenland), John Palmer (Huntingdonshire) and J Schuman (East Cambridgeshire).

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Tracy Dowling, Chief Officer (Vice-Chairwoman) and Dr Sripat Pai.

Healthwatch
Val Moore, Chair

NHS Providers
Phil Walmsley, Hinchingbrooke Health Care NHS Trust (HHCT) (substituting for Lance McCarthy); Stephen Posey, Papworth Hospital NHS Foundation Trust; Mandy Renton, Cambridgeshire Community Services NHS Trust (CCS) (substituting for Matthew Winn); Aidan Thomas, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Voluntary and Community Sector (co-opted)
Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

District Council non-voting officer advisor
Mike Hill

Also in attendance:
Jessica Bawden, Director of Corporate Affairs, CCG
Kate Parker, Head of Public Health Programmes, CCC
Lucy Dennis, Head of Cambridgeshire and Peterborough Workforce Partnership (Health Education England) (for items 4 & 12, minutes 249 & 258)
Ruth Kent, NHS England (NHSE) (for item 8, minute 254)

Apologies: Dr Cathy Bennett (CCG), Cllr S Ellington (South Cambridgeshire District Council), Kate Lancaster (Cambridge University Hospitals NHS Foundation Trust, CUHFT), Lance McCarthy (HHCT), Chis Malyon (Section 151 Officer, CCC), Wendi Ogle-Welbourn (Interim Executive Director, Children, Families and Adult [CFA] Services, CCC), Vivienne Stimpson (NHS England), Claire Tripp (Papworth Hospital NHS Foundation Trust) and Matthew Winn (CCS)

247. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. The Chairman welcomed Stephen Posey and Councillor John Palmer to their first meeting. There were no declarations of interest.

With the consent of the meeting, the Chairman changed the agenda running order to take item 3 (A Person's Story) immediately before item 6 (Priority 1 Report from Children's Trust Executive Partnership [CTEP]) because the story was relevant to the work of CTEP.

248. MINUTES OF THE MEETING ON 17 NOVEMBER 2017 AND ACTION LOG

The minutes of the meeting on 15 September 2016 were agreed as an accurate record and signed by the Chairman.

The Board received the Action Log. The Director of Public Health provided the following oral updates:

- Minute 214, Quality Premium indicators – on the agenda (item 13, minute 259); action complete
- Minute 226, Long-Term Conditions JSNA – A Mavrodaris has confirmed that the issues have been resolved through the Sustainability and Transformation Programme (STP) processes; action complete
- Minute 238, Community Resilience Strategy – a workshop took place earlier in January, led by the Interim Executive Director, CFA]Services; action complete
- Minute 244, Health and Care System STP Memorandum of Understanding – on the agenda (item 9, minute 256); action complete
- Minute 245, Forward Agenda Plan – plans for development sessions had been discussed at the officer support group. Because there were often changes in the membership of the Board in May, the question arose of whether it would be better to postpone further sessions until after the local government elections.

249 OUTCOMES FROM 17 NOVEMBER DEVELOPMENT SESSION

The Board received a report setting out the outcomes from a development session held for Board members on 17 November 2016. The session had covered both the local devolution plans for Cambridgeshire and the topic identified as a priority at the development session on 14 June 2016, 'Developing and retaining the future health and care workforce'. The Board considered both the report and its appendix, the draft 'Cambridgeshire and Peterborough Integrated Workforce Strategy'.

Members noted that the draft strategy's vision for the workforce was expressed in five ambitions: improving supply; improving retention; new role development; scaling up new ways of working and up-skilling; and leadership development. The question now was how to take these aspirational ambitions and move to projects aligned round the Sustainability and Transformation Programme.

In the course of discussion, Board members

- pointed out the need to ensure that the link with the devolution agenda was maintained; both the CCG and CPFT were encouraging the use of the apprenticeship levy

- urged that measures be taken to address working conditions at the lower end of the workforce; many care workers were paid the minimum wage on contracts that did not guarantee employment. Much of their time working was unpaid, which made jobs unattractive, and while it was not possible to change national conditions, something should be done by employers and commissioners locally to ensure that Cambridgeshire and Peterborough provided better than average conditions. The Head of Cambridge and Peterborough Workforce Partnership said that growing one's own staff, using the levy as a catalyst, was one mechanism for improvement; she agreed with the suggestion that this should be set out explicitly within the strategy

- enquired whether anybody was able to clarify practical mechanisms by which to take forward the development session work on district council input to the workforce strategy discussion

- reported that East Cambridgeshire District Council was developing a supplementary planning document on the Community Infrastructure Levy (CIL), which included provision of housing for people who worked in education; it would be possible to include health workers in the housing allocation policy

- commented that district councils were not in a position to solve the shortage of affordable housing at present

- noted that the devolution deal had included the allocation of £70m over five years for council housing in Cambridge City, and of £100m for housing across Cambridgeshire and in Peterborough, including affordable housing

- commented that, while there were long-term plans, there was also a range of short-term problems, not helped by, for example, the government decision to cut grants for nursing training; there were no obvious short-term solutions

- stated that there was a large NHS-owned building standing idle in Churchill Road, Wisbech, and suggested that this could be used to house nurses in affordable flats

- reported that CPFT was exploring what could be done about housing for staff, and noted that the STP housing workstream was looking at the NHS estate, including for example Hinchingbrooke

- noted that there was a severe lack of affordable housing in the north of the county and rental costs were increasing disproportionately there too, causing a real problem throughout the area

- drew attention to the discrepancy between pay rates offered to unqualified carers by NHS employers and the lower rates offered by private sector employers, which might be the result of the funding received; the recruitment of unqualified carers in the private sector was an even more pressing problem than that of recruiting them to work in the NHS

- commented that the workforce development strategy was a good, iterative document that would change as the STP changed.

It was resolved unanimously to consider the Cambridge & Peterborough Workforce Strategy and how the Board could further support the development of a whole system strategy across Health and social care.

250. CAMBRIDGESHIRE BETTER CARE FUND PLANNING 2017-19

The Board received an overview of progress in the delivery of the Cambridgeshire Better Care Fund (BCF) Plan in the current year, and seeking guidance on the future approach to the BCF, including further joint work with Peterborough City Council, to inform future development of the plan. Members noted that performance on non-elective admissions and delayed transfers of care (DTOCs) continued to worsen, and that the national planning guidance for 2017/18 and beyond had still not been published. It was intended to bring the draft BCF Plan to the Board in March, but this might not be possible if the guidance had still not been received.

Board members commented on the proposals set out in report paragraph 4.2, for
- Greater alignment of BCF activity with the Sustainability and Transformation Programme (STP) and local authority transformation plans
- Greater alignment of Cambridgeshire and Peterborough BCF Plans
- A single commissioning Board for Cambridgeshire and Peterborough.

Points raised included

- the three proposals seemed eminently sensible and obvious

- good progress was being made on non-elective admissions in Peterborough and Huntingdon, helped by both the Mental Health Vanguard and the development of a good model of ambulatory care; this should be put in place at Addenbrooke's too

- as part of the STP, a local investment fund was being created, to be used to reduce non-elective admissions and DTOCs

- the NHS locally had already finished it planning for the coming year, as contracts had had to be agreed by the end of December and plans submitted to NHSE. It was therefore not helpful that the timing of the issue of BCF guidance did not synchronise with NHS planning; it was difficult to see how it would be possible to provide additional NHS funding for the BCF next year

- a fourth point could usefully be added about achieving more aligned working with the County Council and district councils, because of the need to join up funding for non-elective admissions. Officers advised that this was already covered within the first bullet point; there was a very different culture and knowledge between NHS and local authority delivery officers, and the proposed approach of establishing a single BCF commissioning board for Cambridgeshire and Peterborough should mitigate some of the effects of silo working

- the source of funding, and the uncertainties for next year, should be set out in the table of BCF spending categories at Appendix A, along with the performance metrics mentioned in the report. The Transformation Manager undertook to address these points in his next report to the HWB in March, reminding members

that the funding in question was not new money, but a reorganisation of existing funding, a point which he was urged to stress. **Action: G Hinkins**

It was resolved unanimously to

1. agree the proposals set out at paragraph 4.2 of the report before the Board to inform the development of the Better Care Fund Plan for 2017-19; and

2. agree to receive a more detailed performance update alongside a draft Better Care Fund plan at the Board meeting in March 2017.

251. A PERSON'S STORY

The Service Director, Strategy and Commissioning recounted a young person's story of their experience when suffering depression; only after starting to self-harm and talk of suicide did they feel taken seriously. After a long wait for an appointment, support from the Child and Adolescent Mental Health (CAMH) service had initially been good, but later appointments were during school hours, which meant that the absence had to be explained to teachers. Points made summing up the experience included

- the stigma associated with taking anti-depressants
- the wish that somebody had explained that the mental health problems being experienced were not the young person's fault
- the unwelcome requirement to keep retelling the case history in hospital
- young people knew they had to self-harm or attempt suicide to get help.

The Service Director reported that Children's Trust Area Partnerships were carrying out work around emotional health and wellbeing, and young people's mental health. These were key areas of Area Partnership activity, and were reflected constantly in information from schools and GPs. There was a stigma around mental health, and people had difficulty in understanding how to address that across the system in a way that accepted the maturity of the young people experiencing problems.

In discussion, Board members

- expressed concern at the repeated use of the term 'patronising' describing the attitude of professionals encountered

- stressed the importance of GP practices providing a private area so that people were not expected to air problems in an open reception area

- said that it was difficult to assess accounts of what happened between GP and patient, that there had been issues round access to CAMH services, and that it was difficult to manage risk associated with CAMH within primary care

- commented that the whole story was a condemnation of the whole system; there was a great deal of work to be done to improve matters.

The Chief Executive of CPFT said that there had been investment by both the CCG and the County Council in CAMH services, following a 20% rise in referrals over a two-year period. Changes in society and changes in service provision at a lower level had probably contributed to this rise; the resulting CAMH waiting list had now been cleared. While greater investment in secondary care CAMH services was desirable, this would not necessarily provide the solution to the problems described in the young

person's story. As both commissioners and providers understood, greater collective involvement was needed, with schools, parents, and young people themselves. The statistic sometimes quoted, that one in five teenage girls self-harmed, represented a problem which was beyond the powers of formal children's services to solve alone.

The Board noted the personal story as context for the remainder of the meeting.

It was resolved unanimously to ask the Service Director, Strategy and Commissioning to convey the Board's thanks to the young person for sharing the story.

252. PRIORITY 1 REPORT FROM THE CHILDREN'S TRUST EXECUTIVE PARTNERSHIP

The Board received a report on progress made by the Children's Trust Executive Partnership (CTEP) against the Health and Wellbeing Plan Priority 1 - 'to ensure a positive start to life for children, young people and their families'.

In the course of discussion, Board members

- commented that the term 'emotional health', as used in the Prime Minister's recent speech on mental health, seemed to have a resonance among young people generally, and could helpfully be more widely used

- welcomed the work described in the report, but urged that regard be had to the national evidence on what interventions worked, what they cost, and how their outcomes could be measured; this information could aid the delivery of better care and ongoing support

- reported that, in addition to the work described in the report, Area Partnerships had worked with schools, setting up opportunities for pupils to talk to an adult informally in the playground

- pointed out that Area Partnerships operated on very little funding, with some administrative assistance from the County Council. They did not have the resources to undertake the detailed analysis of interventions suggested; the Area Partnerships did a tremendous job for very little input, and their schemes became self-sustaining

- noted that some very successful work to support children's mental health and emotional wellbeing had been undertaken in primary schools in north Cambridge, demonstrating that much could be done on little money.

The Board noted the report.

253. UPDATE REPORT - NEW HOUSING DEVELOPMENTS AND THE BUILT ENVIRONMENT JOINT STRATEGIC NEEDS ASSESSMENT

The Board received a report updating it on the progress on actions arising from the New Communities and the Built Environment Joint Strategic Needs Assessment (JSNA), which had been agreed by the Board in March 2015. The JSNA was concerned with how people's health could be supported in the new housing developments in the county, and the links between the NHS and planning authorities.

In discussion, Board members

- on the question of NHS involvement in the commissioning of primary care services, reported that the CCG was due to hold discussions with NHSE later that day about the CCG taking on delegated responsibility for primary care commissioning. The CCG was likely to do this provided it did not worsen its budget position; there was no apparent funding stream, and it seemed that the NHSE forward plan did not allow for the level of population growth due to be seen in Cambridgeshire. Because the funding was likely to come in only once the people had arrived, there was a risk of a significant lag between the population growing and the provision of primary healthcare

- said that members of district planning committees would welcome any feedback from the NHS on what planners could do to help; in East Cambridgeshire, for example, the NHS had not been involved in discussions on how to spend the CIL

- reported that the Fenland Local Plan had preceded the JSNA, but was broadly in compliance with it

- noted that development sites were not being included in NHSE forecasts where they had not been formally agreed in the local plan, and that the increasing pace of development posed a problem in the context of the STP

- pointed out that different growth projections were being used in different contexts; the Cambridgeshire Heads group for example was forecasting a far higher growth rate in the local economy than the 0.9% which it was understood NHSE was using

- noted that the CCG wanted to discuss with NHSE what the funding plans were, and how far it was recognised that the potential gap in funding for growth needed to be addressed, as there could be a three-year gap between the population growth and the growth in funding.

Summing up, the Chairman said that it was easier to plan for development in new towns than for expansion of existing settlements. As a Board, the HWB would wish to encourage greater involvement by the NHS in the planning process with regard to health services. The CCG Chief Officer confirmed that this would happen.

It was resolved unanimously to note the update report and suggest further opportunities to share and embed the JSNA, and to suggest ways to capture how the JSNA had made a difference.

254. UPDATE ON THE PHARMACEUTICAL NEEDS ASSESSMENT FOR CAMBRIDGESHIRE (2017) & PUBLIC CONSULTATION JAN-MAR 2017

The Board received a report updating it on the development and key findings of the Pharmaceutical Needs Assessment (PNA) 2017 for Cambridgeshire, and providing a briefing on the local impact of the new national pharmacy contract (2016). Members noted that many agencies had had input into the PNA, which represented a statement of needs for the area. The PNA had found no significant need for additional pharmacies; the Local Pharmaceutical Committee would continue support for pharmacies in deprived areas. The planned consultation period of nine weeks could be expanded to three months if the Board so wished.

In the course of discussion, members

- noted that the next PNA was due in three years' time. There was a requirement to produce a statement of fact in between PNAs, but there was no legislation on when this should be done; efforts were being made to identify triggers for the statement of fact

- expressed concern at the number and spacing of pharmacies, and the difficulties of accessing pharmacies for people living in rural areas. Members noted that the main PNA, unlike the summary attached to the report, was a 120-page document

- suggested that the consultation should include a specific question asking people about their experience of getting to pharmacies, particularly given the lack of public transport in some parts of Cambridgeshire.

  Members noted that dispensing GPs needed a degree of rurality; if there was a pharmacy within 2.5km of a dispensing practice, that practice could lose its licence to dispense, which could adversely affect the viability of the practice

- accepted that there was no threat to close pharmacies, but suggested that there was a reluctance to accept volunteers to open new pharmacies; the rule about a dispensing practice losing its licence if a pharmacy opened nearby was an internal NHS rule, which could be changed. It was however pointed out that setting up a new pharmacy required NHS funding, so was a cost to the local health system, and the conditions for dispensing practices were subject to legislation and beyond the scope of the local health system to change

- enquired how the PNA fitted with the STP, pointing out that it saved money if people could go to a pharmacist rather than a doctor for health advice

- noted that the PNA included information on the proportion of the population within 20 minutes' drive of a pharmacy or dispensing practice but it had not proved practicable to map access by public transport. This exercise had shown that only a relatively small number of people lived beyond the 20-minute drive time; information on home delivery services had also been included in the PNA.

  The Chair of the Cambridgeshire PNA Steering Group agreed to add a question to the consultation questionnaire asking the public whether they had any difficulties accessing pharmacies

- expressed concern that the consultation was trying to achieve two different aims, that of satisfying the statutory requirement to consult on the PNA, and of seeking information about people's experience of local pharmacies. It was suggested that two separate documents were needed to meet the two separate aims

- suggested that Healthwatch colleagues and consultation groups might be well placed to undertake work with stakeholder groups and feed back on people's experience with pharmaceutical services

- noted that the PNA was a statutory document that was used routinely by NHSE when making representations to pharmaceutical companies, and that there was a statutory requirement to consult on every three-year report, asking the public and stakeholders whether they agreed with the report's findings

Summing up, the Chairman said that, while members accepted that there was a statutory duty to consult, and a need to do so in a way that would not be open to challenge, the Board thought it important to obtain information on the usability and accessibility of pharmacies, done carefully, avoiding raising expectations of change.

The Chairman invited the Board to consider the length of time that the consultation should last, saying that it was important that as many people and organisations as possible responded. He proposed, and the Board agreed, that the consultation should commence on 30 January 2017 (the date suggested orally by the Chair of the PNA Steering Group) and an additional resolution be added to the recommendation, requiring that the consultation be of three months' duration.

It was resolved unanimously to

1) note that a draft PNA document had been produced by the PNA Steering Group in close consultation with key stakeholders and partners;
2) endorse the proposal that a public consultation on the draft PNA commence on 30 January 2017;
3) require that the consultation run for a period of three months;
4) note that the findings of the consultation and a full revised PNA report were due to be submitted to the HWB in June 2017;
5) note that the HWB had new additional statutory responsibilities under the *National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations* 2016 to produce a supplementary statement should any pharmacies propose a consolidation of two or more pharmacies onto one site

With the consent of the meeting, the Chairman decided to take agenda item 11 next, immediately after item 8, as the presenting officer had to leave for another engagement shortly.

255. MENTAL HEALTH STRATEGY FRAMEWORK

The Board received a report introducing the STP Mental Health Strategy Document 'Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years. Members noted that

- the draft strategy drew together much previous work and previous different strategies from various NHS and local authority organisations
- the public health and social care agendas had been embedded firmly within the strategy
- the document set out a strategic approach under three headings, prevention, community-based care and specialist, secondary care where it was needed 2021;
- Cambridgeshire was receiving £12.8m of the £1bn investment for mental health being made available between the present and 2020
- it would be necessary to align this additional money with social care and other funds; the strategy would provide a framework for making any bids for funding.

Discussing the report and draft strategy document, Board members

- welcomed the bringing together of the many various strategies; concern had previously been expressed to the Director of Public Health about having seven different mental health strategies

- noted that this strategy did not refer to dementia; it was included in the primary care strategy of the STP because only 20% of people with dementia did not have another condition alongside dementia

- welcomed the document, describing it as very good and clear; people often did not understand what mental health was unless they had personal or family experience of mental health problems

- noted that the document had been drawn up with input from service users and organisations through the engagement processes undertaken when the strategies that informed the framework document had been formulated

- expressed concern that the document was a vision of how to deliver mental health support, without describing how outcomes would be achieved

- stressed the importance of having people with mental health knowledge within schools.

The Chairman asked that the document be amended to include information on outcomes. Members noted that the strategy would eventually go to the CCG Governing Body and to CPFT for approval.

It was resolved unanimously to note and endorse the draft STP Mental Health Strategy.

256. SUSTAINABILITY AND TRANSFORMATION PROGRAMME (STP)

The Board received a report updating it on the latest Sustainability and Transformation Plan (STP), which had been published on 21 November 2016 by the Sustainability and Transformation Team and was an update of the summary first produced in July 2016. The full, more detailed document had been submitted to NHS England.

Members noted that the STP set out a response to a funding gap which could only get worse if nothing were done. The STP identified four main priorities for change:

- At home is best
- Safe and effective hospital care, when needed
- We're only sustainable together
- Supported delivery.

The priorities would be delivered through eight delivery groups, each responsible to a chief executive officer drawn from across the health and social care system. Aims included engendering a culture of learning, meeting the challenge posed by significant levels of retirement in some occupational groups, developing the hospital sites in Ely and North Cambridgeshire, and making greater and better use of technology. Unlike many other STPs, the Cambridgeshire and Peterborough one did not seek to close sites or services, but to get people to use services appropriately, and to develop community-based services and workforce. Because of population growth in the area, the decision had been taken not to reduce hospital beds.

A member asked why the structure of an accountable care organisation (ACO) was not being adopted. The CCG Chief Officer said that the approach that needed to be taken was to function as if within an ACO, but it was not yet clear that accountable care organisations worked well, and it had been thought more important to get the

services established, rather than being distracted by the demands of structural reorganisation. She added that she was personally accountable for the CCG's budget, but not for the whole system – each chief executive faced a tension between their own organisation's needs and those of the system as a whole.

One Provider Chief Executive said that he supported the idea of establishing an accountable care organisation, but the problem was that it would require legislation and would be a distraction. Disadvantages of an ACO included that it would make contracting more difficult. His responsibility was to his Foundation Trust, not to the STP or the health system.

The Chairman asked the Director of Public Health to clarify the difference between the Health and Wellbeing Board's interaction with the Sustainability and Transformation Plan and the Health Committee's interaction with it. She explained that

- the HWB did not have a specific responsibility for the STP, but did have a duty to promote the integration of healthcare and healthcare commissioning. When looking at the STP, the Board had to be mindful of this duty to promote integration

- the Health Committee had a scrutiny function under legislation; its duties included ensuring good consultation on any proposed service changes. An NHS Provider Chief Executive appearing before the Health Committee was in a very different position from an NHS Provider Chief Executive sitting as a member of the Health and Wellbeing Board.

Members raised the lack of funding for the delivery of services, commenting that while people's optimism and determination to provide even better services were admirable, it was impossible to provide services out of nothing. However, opinions varied on how much energy should be put into protest when schemes were being developed for providing services; it was suggested that before complaining, it was necessary to show that the system was undertaking the necessary transformation, but it was also pointed out that it was difficult to achieve transformation while under immense financial pressure. Some of the innovations would temporarily require additional resources to allow double running of the existing system while the new one was being set up; for example, patients would still need to occupy hospital beds while community services were being developed.

The Chief Officer reported that the CCG was in conversation with NHSE about the resources needed to implement the STP; she was urged to use the argument of the economic growth taking place in Cambridgeshire, which was of importance to the Government. The Chairman suggested that she explain the problem more fully at the Board's next meeting.

257. HEALTH AND CARE SYSTEM SUSTAINABILITY AND TRANSFORMATION PROGRAMME MEMORANDUM OF UNDERSTANDING: LOCAL AUTHORITY APPENDIX

The Board received a report updating it on progress with the sign off of the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding (Local Authority Appendix) and proposing a phased approach to sign off. Members noted progress with the actions identified at the Board's November meeting. It had not proved feasible to take the STP MOU LA Appendix through District and City democratic processes in the time available, and

there had been a failure to realise in time that it would have been helpful to include the Board's District Council Observer in the early drafting work. The recommendation before the Board was therefore to agree a two-stage sign-off process.

In discussion, a District member said he expected that the District councils would ask what actions were required from a District perspective; greater clarity on this would be welcome. The Chair commented that the Health and Wellbeing Board had a statutory duty to promote integration, and it would not fit well with this if the Board were to postpone signing the MOU until long after the other signatories.

It was resolved unanimously

- to consider the phased approach to HWB Board sign off of the Sustainablity and Transformation Programme Memorandum of Understanding Local Authority Appendix, as laid out in paragraph 3.4 of the report before the Board

- agree to the Chair signing the STP MOU LA Appendix, to demonstrate the Boards' overall support for the principles of joint working outlined within it. This is subject to a clear note with the Chair's signature, stating that at this point the HWB Board cannot sign on behalf of the District and City Councils, as further work (phase 2) is needed to re-word the MOU to fully clarify the role of District/City Councils in the documentation, and to take it through each Council's democratic processes

258: PRIMARY CARE STRATEGY – FOCUS ON GP RECRUITMENT AND RETENTION IN CAMBRIDGESHIRE

The Board received a report on the General Practice Forward View (GPFV), with a focus on GP recruitment and retention in Cambridgeshire. Members noted the Cambridgeshire situation was similar to that elsewhere in the country; there were issues of both capacity and demand. The paper recognised both the national initiative and local work around recruitment and retention of GPs and of other practice staff, especially of nurses. Attention was drawn to the specific workforce elements of the strategy; the national position on GP supply was challenging, so ways were being sought to support efforts to grow our own staff locally, and to retain Cambridgeshire GPs within the Cambridgeshire system.

In discussion, Board members

- in relation to increased demand, asked what the Board, as a Health and Wellbeing Board, could do to start educating people about not attending emergency departments and GP surgeries for treatment of trivial conditions about which nothing could be done, such as the common cold. In the speaker's experience, older people were more stoical in their attitude to health.

  Comments in response included that there had been research on how to discourage inappropriate attendance, but had not reached any consensus. It was often possible to reach the regular attenders, but not the one-off callers. There was an increase in the number of older people attending with multiple conditions simultaneously. Some people going past the hospital thought would provide a good opportunity to see a doctor quickly, though it was likely that the doctor they saw would have less experience than a fully-qualified GP

- reported that the Health Committee recently had identified failure to influence behaviour change as a risk to be included in the risk register, and had said that people had to take on board the message of the STP; it was a matter of voluntary change, and of people needing to recognise that this was their service

- stressed the importance of educating people in school, and people coming into the county from abroad, not all of whom spoke English fluently

- said that the CCG had developed the GP strategy, but needed to work on delivery plans for it; it could be helpful if the Board were to look at these with Dr Gary Howsam, the GP lead.

The Board noted the report.

259. QUALITY PREMIUM

The Board received a report on the construction of the Quality Premium available to CCGs for the financial years 2017/18 and 2018/19. Members noted that five of the six indicators were now being set nationally, and one by the CCG in conjunction with the NHS Regional Team; the Health and Wellbeing Board no longer had any input into the setting of the Quality Premium.

The Board noted the information about the CCG Quality Premium scheme for 2017/2018 and 2018/2019.

260. FORWARD AGENDA PLAN JANUARY 2017

The Democratic Services Officer was asked to incorporate the items identified in the course of the meeting into the forward agenda plan, including a review of the Better Care Fund plan at the next meeting. **Action: R Yule**

261. APPOINTMENTS TO EXTERNAL BODIES

It was resolved unanimously to appoint Councillor Orgee to represent the Health and Wellbeing Board on the Primary Care Co-Commissioning Joint Committee.

262. DATE OF NEXT MEETING

Members noted the date of the Board's next meeting:

- 10am on Thursday 30th March 2017, in the Council Chamber, South Cambridgeshire Hall, Cambourne, Cambridge CB23 6EA.

Chairman