CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 2nd October 2014

Time: 10.00am – 1.15pm

Place: Civic Suite, Pathfinder House, Huntingdon

Present: Cambridgeshire County Council (CCC)
Councillors A Bailey, P Clapp, T Orgee (Chairman) and J Whitehead
Dr Liz Robin, Director of Public Health (PH)
Claire Bruin (substituting for Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS))
Chris Malyon, Section 151 officer

District Councils
Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire), P Roberts (Cambridge), J Schumann (East Cambridgeshire) and R West (Huntingdonshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr John Jones and Dr Geraldine Linehan (substituting for Dr N Modha)

Healthwatch
Ruth Rogers

NHS Commissioning Board
Katie Norton (substituting for Margaret Berry OBE)

Present by invitation: Geoff Hinkins (CFAS) [item 4, minute 79]
Emma de Zoete (PH) [item 5a, minute 80]
Lee McManus (CFAS) and Mark Hall (Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) [item 6, minute 81]
Sarah Ferguson (CFAS) [item 7, minute 82]
Dr Fiona Head (CCG) [item 9, minute 84]
Jessica Bawden (CCG) [item 10, minute 85]
Felicity Schofield (Local Safeguarding Children Board (LSCB)) [item 12, minute 87]
Jas Lally [District Council officer adviser]
Ruth Yule (CCC) [Democratic Services Officer}

Apologies: Councillor L Nethsingha; Iain Green [District Council officer adviser], Dr N Modha

76. DECLARATIONS OF INTEREST

Councillor Sue Ellington declared an interest as a trustee of the Care Network. Ruth Rogers declared an interest in agenda items 5a and 6 (minutes 80 and 81) as Chief Executive of Red2Green and as a member of the multi-agency autism consortium, and an interest in agenda item 5b as Chair of Ely Soham Dial-a-Ride. Claire Bruin declared an interest in agenda item 12 (minute 87) as a member of the Local Safeguarding Children Board.

77. MINUTES – 10th July and 11th September 2014

The minutes of the last two meetings were agreed as a correct record and signed by the Chairman.

78. MINUTES ACTION LOG UPDATE

The log of responses to actions arising from the Board's April meeting was noted. In relation to outstanding actions the Board

- asked that NHS England's reply to the letter on withheld reward funding be circulated (minute 53)
- noted that System Transformation Board would be looking at Acute Providers' plans; the Health Committee could also choose to call in the plans and scrutinise them separately in its scrutiny committee role (minute 54d)
- noted that the university work on dementia modelling was ongoing and not yet ready to be brought to the Board (minute 65c)
- noted that all the points raised on young carers would be discussed by S Ferguson and S Nix at their meeting in early October (minute 66).

The Chairman welcomed Councillor Paul Clapp to his first meeting; he had replaced Councillor Sandra Rylance as one of the County Council members of the Board.

79. BETTER CARE FUND UPDATE

The Board received a report updating it on the Better Care Fund (BCF) submission to Government made on 19th September and outlining the next steps for transformation across the system, including arrangements for the sustainability funding transfer under Section 256 of the National Health Service Act 2006.

In relation to the BCF submission, members noted that the telephone conference with the assessors, KPMG, had taken place on 30th September. KPMG had asked questions and appeared to be satisfied with the rationale for Cambridgeshire's target of 1% reduction in total emergency admissions, but had raised about 30 points of detail to which a response had been expected within 24 hours. A slightly longer reply timescale had been agreed because of the need to consult partners; many of the queries had stemmed from the inability to give detail without knowing which organisation would be the CCG's preferred bidder.

The Chairman thanked all those involved in both submission and teleconference for their hard work.

Turning to the Section 256 agreement, members noted that the agreement related to 2014 -15, not 2015-16 as stated in report paragraphs 4.5 and 4.6. The detailed areas of activity covered were listed in Schedule 2 of the Memorandum of Agreement. Final sign-off of the agreement was the responsibility of the County Council's Section 151 Officer and NHS England; the Health and Wellbeing Board's role was to confirm that consultation had occurred.

The Board resolved unanimously

i. to note the written and verbal updates on the BCF submission

ii. to delegate authority for completion and submission of the Section 256 Agreement to the Director of Public Health in association with the Chair and Vice-Chair of the Health and Wellbeing Board.

80. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REPORTS

a) Revised JSNA: Autism, Personality Disorders and Dual Diagnosis

The Board received a report explaining the changes made to the JSNA on Autism, Personality Disorders and Dual Diagnosis, and responding to related questions raised, following the Board's meeting in June 2014.

In response to the report, members

- asked what would happen as a result of the cross-agency work to deliver a local mental health crisis declaration for Cambridgeshire and Peterborough, and how to ensure that it was signed at a high level; the question of what difference it would make for people with these mental health conditions could be applied to the whole JSNA. Members noted that the joint health and wellbeing strategy later in the meeting touched on this. A JSNA was a means to an end, and it was necessary to ensure that JSNAs were feeding in to action plans
- noted that the Director of Public Health had taken a report to the CCG the previous day on the subject of how to make JSNAs work; the CCG's commissioning cycle always started with a needs assessment
- raised the question of how to get people to take note of JSNAs, perhaps making use of the Transformation Board
- welcomed the revised JSNA as a great improvement on the previous document
- commented on the difficulty of deciding where to offer treatment on the continuum of 'normal' to mentally ill; statistical deviance, social norms, personal distress and how far the condition interfered with everyday life were all possible criteria. Not treating might cause a condition to become worse, but treating unnecessarily could be a waste of resources, because conditions could resolve spontaneously. Every case was different, so there could be no one firm answer
- drew attention to the high prevalence of common mental disorders, and noted that of those with a moderate or mild condition, not many made use of mental health services. Much lower-level illness was handled by primary care and with the help of the voluntary sector
- stressed the importance of acknowledging the role and contribution of carers
- sought clarification of Appendix 2: Search strategies. Members were advised that the search strategies had been included for transparency about what had been changed from the previous version, to make it possible for somebody else to reconstruct the search results
- requested more information about what how the various figures and tables had been arrived at. The Director of Public Health undertook to circulate this.

Action required

The Board resolved unanimously

i. to approve the revised Joint Strategic Needs Assessment: Autism, Personality Disorders and Dual Diagnosis
ii. to note the change to the supplementary report on the Mental Health National Minimum dataset.

b) Scoping Update on the Transport and Health JSNA

The Board received a report updating it on the progress of the Transport and Health Joint Strategic Needs Assessment (JSNA) and seeking its agreement to the proposed scope of the JSNA. Members noted that the three priority areas proposed for inclusion in the scope of the JSNA had not been identified when work on the JSNA had first started, and that the reference to paragraph 3.1 in the recommendation to the Board should in fact be to paragraph 5.1..

Discussing the scope of the JSNA, members

- pointed out that there were problems associated with access to specialised services as well as everyday health services, and asked that health be subdivided into everyday and specialised services
- suggested that other forms of publicly provided transport should be included in priority area 2; for example, school transport and vehicles taking people to day centres were only used for part of the day
- suggested that all forms of transport should be mapped across isolated areas, including voluntary schemes, some of which were very local
- urged realism about what community car schemes were able to provide in a climate of reduced grants and subsidies
- observed that social and geographical isolation was not resolved by access to health services, but by access to community facilities and being a connected individual; it would be desirable for priority area 2 to include a focus on social and geographical isolation in general and its impact on health
- reported that many people in the north of Cambridge did not drive to Addenbrooke's Hospital because of congestion and parking; a subsidised bus to the hospital was being run for a trial period
- urged that district council planning departments be included as stakeholders, and commented that in general, a great deal of information was held by the districts
- recognised that there would be limits on the level of detail which could be provided in the JSNA, but that District Councils might already hold considerable amounts of useful information.

The Board resolved unanimously to agree the scope of the Transport and Health JSNA as outlined in paragraph 5.1 of the report before the Board, subject to the incorporation of the points made in discussion.

81. PROGRESS OF THE WORK REFLECTING THE AUTISM STANDARDS AND AUTISM STRATEGY

The Board received a report summarising the progress made on meeting the Autism Standards and the Autism Strategy.

Responding to the report, members commented that

- while much good work was being done, an element of realism was needed; for example, the Jobs Fair had failed to attract many employers
- when a person with autism did obtain employment, both they and their employer often needed ongoing support
- young adults with autism need to learn life skills before being ready to go into employment
- where a person on the autistic spectrum had an area in which they excelled, it was desirable to match their job to that area of excellence
- from a GP perspective, there was a risk of diagnosis-creep, by which more and more people were classified as being on the autistic spectrum; it was necessary to ensure that the people most severely affected were being looked after
- the question of where on the spectrum intervention was necessary needed to be considered
- a great deal of activity was recorded in the report, but it would be helpful also to have information on outcomes and spend.

Responding to the points made, officers acknowledged that it was difficult to get employers to commit to employing people on the spectrum. The Council had services in place to support those newly-diagnosed, but there had been no additional government funding awarded to implement the autism strategy, so the work had to be done within existing resources.

Much good work was being done in Cambridgeshire; Professor Simon Baron-Cohen was Director of the Autism Research Centre (ARC) in Cambridge, and every time he appeared on television, there was an increase in local referrals for autistic spectrum diagnosis. Some of the psychiatrists who worked in CLASS (Cambridge Lifespan Asperger Syndrome Service) also worked in the Learning Disability Partnership (LDP). Autism could be associated with other mental health conditions such as depression, resources should be increased and links maintained with secondary mental health services. It was necessary to learn from people with autism what services they needed to support them to lead their lives as productively as possible.

The Board noted the progress made in meeting the Autism Standards and Autism Strategy.

82. CAMBRIDGESHIRE DOMESTIC ABUSE STRATEGY

The Board received a report presenting the draft Domestic Abuse Strategy 2014-2018. Members noted that the fourth objective of the strategy, recovery, had been inadvertently omitted from the covering report. The strategy had been developed through extensive collaboration with partners and in the light of an audit of needs; performance indicators had still to be developed, as it was difficult to find the right ones to measure the impact of the strategy.

Members welcomed the draft strategy but raised various questions, including

- what the funding implications would be for partner agencies once the strategy had been finalised
- whether the County had recently cut funding for relocation services for people suffering from domestic abuse
- whether there was a register of domestic abuse offenders, similar to that of sex offenders
- how to tackle the issue of telling people that it was possible for them to leave an abusive relationship and be supported, not forgetting that some victims were male rather than female.

In response, the Service Director: Enhanced and Preventative Services

- said that there were resource implications, including for front-line partners such as GPs and housing departments; the question would be whether current resources were being directed in the best way
- undertook to look into the question of funding for relocation services and circulate her reply to members and the Health and Wellbeing Board **Action required**
- undertook to report to the Adults Committee and to the multi-agency working group the result of the further work on targets and indicators, and to give consideration to the question of a domestic abuse offender register **Action required**
- reported that considerable awareness-raising work had been undertaken in the past ten years, including preventative work in schools, to raise awareness of what did and what did not constitute abusive behaviour.

The Board welcomed the draft Domestic Abuse Strategy, and noted the direction of travel it set for the Cambridgeshire Domestic Abuse and Sexual Violence Partnership.

83. NHS ENGLAND BUSINESS PLAN FOR 2014/15 TO 2016/17

The Board received a report presenting the NHS England (NHSE) business plan for the next three years. Members noted that the East Anglia Area Team was one of 27 local teams, which had a wide range of responsibilities, including primary care commissioning and the commissioning of highly specialised services.

In the course of discussion, members

- queried how feasible it was to deliver 4,200 health visitors nationally by April 2015, given that it was not easy to recruit and train people who were capable of working both as a good nurse and a good social worker. Members were advised that there had been significant investment in health visitor training, and NHSE was on course, both locally and nationally, to deliver the increase in health visitor numbers
- commented that it would be helpful to see the business plan's figures and aspirations translated into the Cambridgeshire context
- expressed concern at the lack of budget detail in the business plan; for example, there appeared to be no budget for Specialised Services concentrated in Centres of Excellence, and only £4.9m had been allocated nationally for patient safety

- noted that CCG and NHSE worked well together, but NHSE was undergoing a period of reorganisation, including the merging of teams and a reduction in staff numbers
- welcomed the business plan; it was aspirational, but aspirations were necessary to encourage forward development.

The NHSE Director of Commissioning undertook to report back members' concerns about financial alignment, and concurred with CCG colleagues that CCG and NHSE were part of a single journey. **Action required**

The Board noted the NHSE business plan.

84. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

The Board received a report updating it on the ongoing development of the Cambridgeshire and Peterborough Health and Care System Transformation Programme.

Commenting on the report, members

- welcomed the programme as a means of making the best use of limited financial resources by taking a mutually-agreed set of priorities and making finance serve those priorities
- suggested that it might be helpful to have a political presence (with observer status only) on the Programme Board, to increase elected members' awareness of the Board's work. The Director of the Transformation Programme, Dr Fiona Head, said that the question of having a political observer could be discussed at the Programme Board's next meeting on 30 October 2014. **Action required**

The Board noted the report.

85. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS FOR 2015/16

The Board received a report informing it about the 'Commissioning Intentions' process currently underway at the CCG. Members noted that mental health funding would be a matter for negotiation between providers and CCG; in the current year, the CPFT had not been subject to the same efficiency savings as other providers, and it was likely that CPFT would continue to be treated differently in 2014-15.

In the course of discussion, members

- welcomed the fact that provider organisations had already signed up to a concordat designed to promote system working and putting service users' needs before those of individual organisations
- noted that the commissioning intentions dealt with contract negotiations rather than with the setting of minimum standards; targets were set nationally, and the Commissioning for Quality and Innovation (CQUINs) payments framework provided an opportunity to set local targets
- stressed the importance of all services across the CCG's area being delivered to the same standards, giving an equality of quality of service, and noted that the CCG was committed to this

- noted that there was a programme board looking at contracts to ensure that the CCG obtained best value at all times
- asked how the CCG was preparing to meet the challenges posed by new housing developments such as Northstowe and the North Ely Development, and square the circle of financial pressures and additional people moving in to the area. Members noted that GP services were commissioned by NHS England, and that the CCG, NHSE and local authorities were all working together. Local GP practices were very aware of the challenges and trying to facilitate discussion about what would be required, for example for children's services
- pointed out that bricks-and-mortar infrastructure was a minor issue in relation to the delivery of services to new communities, that it was important to ensure that Section 106 agreements and the Community Infrastructure Levy (CIL) were deployed to best effect, and that developers wished to know that all parties were aware of the uses to which a CIL was being put
- commented that growth was not fully funded; the message was not being received nationally that growth had a cost
- suggested ways of facilitating a joined-up approach to provision for new developments, for example by making greater use of Local Health Partnership (LHP) groups and by involving Local Commissioning Groups (LCGs) in the planning process through LHPs
- pointed out that the Local Plan was key to ensuring an integrated approach to planning services for new developments.

The Board noted the report.

86. PROPOSALS FOR UPDATING THE JOINT HEALTH AND WELLBEING STRATEGY

The Board received a report setting out a suggested approach to ensuring that the Health and Wellbeing Board (HWB) was meeting its statutory duty to prepare a joint health and wellbeing strategy (JHWS) which met the needs identified by the Joint Strategic Needs Assessments (JSNAs). Members noted that it was proposed to carry out a review of existing strategies across the health system in Cambridgeshire; relevant strategies identified could then be brought to the Board for adoption as annexes to the JHWS.

Members welcomed the proposed approach, commenting that it was important to ensure that the findings of the JSNAs were incorporated into other organisations' work in a structured way as soon as possible. It was suggested that it was important to address issues of growth and revenue funding as part of Priority 6 of the JHWS, 'work together effectively'.

The Board resolved to approve the proposed approach to updating the Joint Health and Wellbeing Strategy.

87. CAMBRIDGESHIRE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2013-14

The Board received the LSCB's draft annual report for April 2013 to March 2014. Members noted that

- when the LSCB had been reviewed in June 2014 as part of OFSTED's inspection of the Council's safeguarding and services for Looked After Children, the LSCB had been judged to be 'good'
- the LSCB had agreed its annual report in principle; grammatical and typographical errors in the draft report would be corrected and the presentation of some of the graphs would be changed
- much of the report reflected the requirements of statutory guidance that various matters be included.

Examining the report, members commented on the rise in activity and expressed concern that this could increase the risk to those at serious risk of harm, and that increased media reporting of abuse could cause difficulties for the Police. Members noted that the Police had advised that they had reprioritised resources to meet these demands. The threshold for intervention had not changed, but all agencies were experiencing an increase in referrals as high-profile cases encouraged the reporting of other cases.

The LSCB Chair advised that the LSCB had been developing a draft protocol for working with the Health and Wellbeing Board; its signing should be placed on the agenda of a future Board meeting. **Action required**

The Board noted the report.

88. DRAFT COUNTYWIDE OLDER PEOPLE STRATEGY

The Board received a report presenting a draft Countywide Older People Strategy. Members noted that the strategy had been developed collaboratively by officers from the County Council, District Councils and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), and that the strategy aimed to develop a countywide approach to supporting older people to be independent, safe and well.

Discussing the draft strategy, members

- commented that the UnitingCare Partnership would be very interested in the strategy, as the CCG's Preferred Bidder to improve older people's healthcare and adult community services, and noted that officers had already recognised the need to include UnitingCare in discussions on the strategy
- suggested that more information from Joint Strategic Needs Assessments could usefully be incorporated into the strategy.

The Board noted the report.

89. FEEDBACK FROM 17 JULY 2014 STAKEHOLDER EVENT

The Board received a report setting out key themes and attendee feedback from the stakeholder event hosted by the Health and Wellbeing Board in July, and presenting the action plan resulting from the event. It was reported that a number of voluntary sector colleagues had felt that the day had been a very valuable use of time.

The Board noted the report.

90. PROTOCOL FOR TAKING URGENT DECISIONS AND ADDING LATE ITEMS TO THE AGENDA

Because several board members had already left, and because of the duration of the meeting so far, it was decided to defer this item to the Board's next meeting.

In order to avoid lengthy agendas in future, a member suggested that the Board should consider meeting six times a year rather than four. The Chairman agreed that this should be discussed at the Board's next meeting.

91. FORWARD AGENDA PLAN

The Board noted its forward agenda plan.

92. DATE OF NEXT MEETINGS

Members noted that the Board's next ordinary meetings, all at 10am on Thursdays, would be held on

- 15th January 2015 at Shire Hall, Cambridge
- 30th April 2015, venue to be confirmed.

Chairman