

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 7th July 2016

Time: 10.05 to 12.50

Place: Council Chamber, Fenland Hall, County Road, March PE15 8NQ

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, D Jenkins (substituting for Cllr Nethsingha), and T Orgee (Chairman)
Dr Liz Robin, Director of Public Health (PH)

District Councils

Councillors M Cornwell (Fenland) and S Ellington (South Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Jessica Bawden (substituting for Dr Sripat Pai) and Cathy Bennett

Healthwatch

Val Moore, Chair

NHS Providers

Deborah Cohen, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) (substituting for A Thomas)

Matthew Winn, Cambridgeshire Community Services NHS Trust (CCS)

Voluntary and Community Sector (co-opted)

Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

Apologies: Councillors Lucy Nethsingha, Joan Whitehead and Peter Topping, (CCC); Adrian Loades, Executive Director: Children, Families and Adults Services (CCC); Councillors Margery Abbott (Cambridge City), David Brown (Huntingdonshire) and Joshua Schumann (East Cambridgeshire); Tracy Dowling (CCG) Dr Sri Pai (CCG); Sylvia Knight (NHS England); Kate Lancaster, Director of Corporate Affairs, Cambridge University Hospitals NHS Foundation Trust (CUHFT) Chis Malyon (Section 151 Officer, CCC) Lance McCarthy (HHCT), and Aidan Thomas (CPFT)

219. APOLOGIES AND DECLARATIONS OF INTEREST

The Chairman welcomed Deborah Cohen and Matthew Winn to their first meeting of the Health and Wellbeing Board (HWB). Apologies were noted as listed above.

There were no declarations of interest.

220. ELECTION OF VICE-CHAIRMAN/WOMAN

As an oral update it was confirmed that the Clinical Commissioning Group (CCG) at their meeting the previous day had appointed Dr Cathy Bennett and Tracy Dowling to the two vacancies and reappointed Dr S Pai as the CCG representatives on the Board with Jess Bawden as a substitute. The CCG representatives present put forward Tracy Dowling to be the Vice Chairwoman.

It was resolved unanimously:

To appoint Tracy Dowling as the Vice Chairwoman of the Health and Wellbeing Board.

221. MINUTES – 26th MAY 2016

The minutes of the meetings held on 26th May 2016 were signed as a correct record,

222. MINUTES ACTION LOG UPDATE

The Board received the Action Log.

The Director of Public Health provided the following oral updates:

Minute 149 - Progress and HWB Priority 4 – The action to circulate a briefing to HWB members on the work being undertaken on Universal Credit and provision of support in benefits sanctions cases in Children, Families and Adult Services and in the District Councils still required to go back to District Council leads.

Minute 181 - Older People's and Adult Community Services (OPACS) – Action of the CCG Chief Strategy Officer and the Executive Director CFAS to examine various issues, including Doddington Court, and share the response with both Executive Director and Councillor Cornwell had been delayed as the CCG Chief Strategy Officer had left. Further liaison would therefore need to take place with the CCG in order to provide the necessary response. **Action: Jess Bawden**

Minute 209 – A Person's Story - AGE UK had been tasked with sharing details for the Handyperson scheme with CPFT community nursing teams. **Action: Deborah Cohen undertook to check progress**

Minute 213 - Annual Public Health Report – Building up local infrastructure - This action was to be discussed between the lead officers following the current Board meeting.

Minute 214 - Quality Premium 2016-17 - CCG choice of local indicators - The action to supply a list of factors on which the quality premium would be awarded and to supply an implementation plan was now expected to be actioned in late July.

Minute 216 Better Care Fund (BCF) 2016-17 – the outcome of the BCF submission was still awaited.

Minute 217 – Possible Forward Plan Agenda Item for September - Devolution and possible actions in relation to health and social care – It was not clear at the current time whether this should be a formal item on the Board agenda or whether it was better to be considered as a 'Development Day' topic.

223. A PERSON'S STORY

This item had been withdrawn but the aim would be to try to circulate something to the Board following the meeting. **Action: L Robin / A Lyne**

224. CAMBRIDGESHIRE SUMMARY JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2016

This report provided a brief overview and update on JSNA work to date in Cambridgeshire, seeking approval and giving consideration on how it could be promoted within the organisations making up the Board and also seeking comments on the potential value of a 'System Pressures JSNA'.

The summary document identified and flagged up key pieces of information about the health and wellbeing needs of people who lived in Cambridgeshire as well as local inequalities in health for specific population groups. It provided access to an overview summary of what were complex, individual documents.

It was highlighted that the reductions in the local authority public health grant for 2016/17 had resulted in a reduction of the staff capacity available for producing JSNAs going forward. However significant work activity had already been undertaken, and as a result, in addition to the reports included on the current agenda, a JSNA on Drug and Alcohol Misuse was to be presented to the September HWB Board. Reference was also made to the requirement to produce an updated Pharmaceutical Needs Assessment (PNA) for spring 2017.

It was highlighted that officers had been discussing the concept of a 'system pressures' JSNA – taking a 'population' perspective on the demand pressures on health and local authority services. The aim would be to bring together data sources on the different population groups in Cambridgeshire and Peterborough and triangulate this with data on activity in health and care services, to provide a population overview of factors likely to be influencing demand at a local level.

Members discussed the report and provided comments including:

- that the tremendous amount of data gathered in the JSNAs was still not being sufficiently accessed by partner organisations and a Member questioned how it could be communicated better to a wider audience. Cambridge Television was cited as a medium that should be considered for future publicity drives.
- The need to consider producing publicity information that could be sent out to schools and GP surgeries, taking into account the needs of people with low reading and writing levels.
- Val Moore questioned the accessibility of 'Cambridgeshire Insight' for schools and community groups who should be encouraged to undertake their own activity, including being given access to patient's stories. Both Val Moore and Julie Farrow requested more details regarding Cambridgeshire Insight. **Action Liz Robin to arrange a meeting.** *Note: Later in the meeting attention was drawn to the explanation provided on page 28 of the agenda.*
- The idea of having a repository of patient's stories which could be shared was raised, was supported.

- The need for a JSNA on workforce issues was raised, as this was a concern for all partners around the table. In discussion it was suggested there was a need to consider further where this work stream should be included as well as the implications from the recent devolution agreement. Reference was also made to the new skills training opportunities funding being rolled out by the Government and the need for partners to tap into work already being undertaken in this area. There was a need to work closely with local colleges around encouraging young people to train for social care employment. A discussion was also required of where people were going to be in the future and how they would be supported. It was agreed that the best way forward to discuss this further was through a development day session on workforce issues. **Action: Development Day session on workforce issues to be set up to include input from officers leading on workforce for the Sustainable Transformation Plan.**
- In respect of the lack of reference to the particular issues prevalent to Fenland, the Director of Public Health highlighted information she had provided to the Chief Executive of Fenland District Council regarding improved statistics from preventative work undertaken to help reduce the number of teenage pregnancies and help prevent heart disease.
- One Member raised the need for local health partners to increase the level of support provided to 'local health partnerships'. In response, details were provided of the work currently being undertaken.
- The Pharmaceutical Needs Assessment should include GP data and illustrative maps.
- Issues around freehold properties estate management issues / key worker housing would be the subject of further discussions between the District Support Officer Iain Green (who was substituting for Mike Hill at the meeting) and Matthew Winn. **Action: Iain Green**
- Capacity issues in Hospital and GP surgeries – One Member made the point that although there were two wards empty in Wisbech Hospital, patients were still being sent to Kings Lynn Hospital for some services and also highlighted that some doctors surgeries were so full they were not taking new patients.
- The need to clarify the role of Patient Forums.

From the discussion the proposal for a 'Systems Pressure JSNA' was supported by the Board.

It was resolved:

- a) Approve the Cambridgeshire Summary Joint Strategic Needs Assessment (2016)

- b) That partners consider how the use of the JSNA could be promoted within their own organisation
- c) support the proposal for a 'System Pressures JSNA' as outlined in para 4.2.
- d) agree to a Development session on Workforce issues.

225. CAMBRIDGESHIRE MIGRANT AND REFUGEE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

This report provided details of the Cambridgeshire JSNA on Migrants and Refugees which was split into sections relating to the determinants that had an impact on the health and wellbeing of migrants namely; education, housing, employment, health, crime and community cohesion. The document was important to help local authorities and health services understand the health needs and pressures of the whole community when planning and delivering their services. The report sought the Board's approval to the recommendations set out on pages 125-127 of the agenda (71-73 of the original officers' report based on the following three themes:

Theme 1 - public health Support and advice – including factors influencing the wider determinants of health

Theme 2 - Primary Care

Theme 3 - Cohesion and Building Community Resilience.

Issues identified included:

- that some migrants were not registering with GP's, as a result of information not being sufficiently or appropriately signposted or sometimes this involved problems of understanding systems which were different from those which they were familiar with.
- The need for better information on nationality, as the 2011 census data was now out of date.

Comments from Board Members included;

- Officers were congratulated on the JSNA's contents and the very helpful data included and its importance to partners when shaping future services and identifying the resources that would be required.
- The need to recognise that not understanding the way the health and care system works due to information signposting not always being readily accessible / understood, was a wider issue than just for migrants with language difficulties and included both local people who had literacy difficulties and also private language school students. There was the need when looking to improve information signposting to utilise social media to help engage with young people. The overriding need was for signposting to be provided in the appropriate format for the target audience and drawn up in very simple, non-ambiguous language, including information included on websites.
- It was suggested that if there was an information pack designed for use by

businesses employing migrant workers, it would be appropriate to seek their contributions towards the production costs.

- Currently there appeared to be no reference to early year support for the 0-5 age group and the links between childhood development and education.
- The document did not adequately recognise increased dentistry pressures.
- In respect of sexual health, the document focussed on HIV and one Member suggested the text should be broadened to include more detail on other infections, including those more commonly associated with young people.
- The need to identify community connectors such as: churches, local community centres and local community leaders as a vital resource for distributing information within a particular community.
- The need to analyse and identify what has contributed to good outcomes in order to share the knowledge wider and add to the overall knowledge base.
- To recognise the link between safety and good health, linked to measures to counter the exploitation of migrant workers. Dr Liz Robin suggested that this might include wider information distribution on workers employment rights. In response to the general discussion on this area, while recognising exploitation as an important issue, it was explained that it was hard to obtain reliable statistics in this area to be able to include it in the document.
- One Member asked whether as there was a large amount of information on Peterborough migrants, whether their Board had considered the report. In response it was indicated that a similar report had been to a stakeholder meeting and was likely to go to the full Board in September.

The Board unanimously resolved to:

- a) Approve the Migrant Workers and Refugees JSNA and the recommendations included within it on pages 71 -73 (125- 127 of the agenda pack).
- b) To agree to set up an officer group to take forward the recommendations
- c) That an update report be received in nine months' time.

226. LONG TERM CONDITIONS JSNA – UPDATE REPORT

The Board received an update report from Dr Angelique Mavrodaris, Consultant in Public Health Medicine on the dissemination, utilisation and application of the Cambridgeshire Joint Strategic Needs Assessment (JSNA) on Long Term Conditions (LTCs) across the Lifecourse.

It was emphasised that while effective dissemination and communication of the work had been undertaken as detailed in the report, there were currently health programmes and developments across the health and care system that had not

implemented and built on the work produced in the JSNA. This was highlighted as a waste of resources and could lead to unnecessary duplication of work. The Health and Wellbeing Board was considered the appropriate vehicle to highlight the areas of concern.

Issues raised in discussion included:

- One member highlighted the long delays in the pain relief clinic at Addenbrooke's Hospital and suggested that there was not sufficient momentum in some areas to improve the service. In response, it was indicated it was being reviewed, including whether all GP referrals were appropriate.
- Several Members of the Board asked for details of the specific work areas which were not implementing the JSNA findings so that they could help unblock them. Others comments suggested that in some cases the findings were being implemented, but that they had not been feedback, or in other areas had not yet found their way down to the operational level. The lead officer did not consider it was appropriate to provide such detail in a public forum. Dr Liz Robin suggested that the details should be provided outside of the meeting, with the aim of undertaking a follow up meeting. The Chairman additionally highlighted the need to circulate the detail to all Board members, as some providers were absent from the current meeting. **Action Liz Robin / Dr Angelique Mavrodaris**
- Concern was raised by one member as a general point, that it appeared that the biggest issue was that agreements made at the Board were not being embedded.
- The need to be clear on the priorities in the JSNA Action Plan and the current progress against them which should be updated and circulated as part of any further discussions. The Chairman made the point that the production of JSNAs should not be seen as the end in itself, and that there was a need to see evidence based results of action undertaken.
- The need for a more strategic multi-partner approach to self-management.

It was resolved:

To note the update provided.

227. GOVERNANCE AND TERMS OF REFERENCE FOR THE HEALTH AND CARE EXECUTIVE

The Board received a report informing the Health and Wellbeing Board of the Terms of Reference and Governance arrangements for the Health and Care Executive to be made up of the partner organisations who were jointly responsible for delivery of the Sustainability and Transformation Programme (STP). There was the expectation that the current consultation round would result in changes to the proposed arrangements which would require a further update report to the next meeting.

The partner organisations would participate in the decision-making processes of the Executive to the extent that they were delegated authority by their respective

organisations. While certain powers would be delegated from the programme's NHS Statutory organisations to the Health and Care Executive and its associated workstreams, it was stressed that decisions would still rest with the CCG and local authorities in respect of those services that they were statutorily required to provide, as these could not be delegated.

The Framework required to be approved /endorsed by the Boards, Governing Bodies and local authority Committees/Cabinets of all partner organisations, and would be reviewed on a regular basis.

Issues raised included:

- Concerns expressed by Councillor Sue Ellington that the references to local authorities / Councils did not include district councils. In response it was indicated that district councils would have representation on some of the working groups. Reference was also made to paragraph 1.3 of the document with the last sentence reading "The role of the City Council and the District Councils exercise a number of relevant housing, planning and other functions which may also align to this programme". As a further response Cllr Ellington indicated she would wish to see the maximum involvement by district councils, commenting that otherwise a whole group of democratically elected people were being excluded.
- Val Moore made the point that much of the document had so far been produced confidentially and that in some areas there would be a benefit to have patient / public involvement so that patient experience could be drawn on when redesigning services. Val indicated that she would be meeting with Jess Bawden the following week to discuss this further.

It was resolved:

To endorse the Governance Framework for the Health and Care Executive.

228. OUTCOMES FROM 14TH JUNE DEVELOPMENT SESSION

The Board received a report presenting the outcomes from the above development session. It was noted that following the discussion, attendees had been asked to prioritise five key actions or priorities that the Cambridgeshire HWB Board should focus in in the next 12 months which were agreed as follows:

- 1) Review how and when the Cambridgeshire HWB meets** - suggested that there should be more development sessions for the HWB and fewer formal board meetings.
- 2) Organise themed development workshops on particular issues, with a focus on problem-solving** - with representatives from wider partners not represented on the HWB and/or internal subject matter experts, could be invited to contribute to these sessions.
- 3) Agree a programme management approach** - To ensure capacity for the Board's recommendations to lead to action.

4) Establish the HWB's relationship with the Sustainability and Transformation Plan (STP)

5) Develop a vision for integrated health and care So the HWB is clear on its aims for the future of health and care integration.

In the course of discussion,

- One Member suggested that number 5 should be 1.
- In terms of the resource implications for the new board referred to in the previous report, whether there could be shared support provided from the Sustainability and Transformation Plan Unit.
- The need for clear linkages to be made with the work of the local health partnerships.

It was resolved:

To endorse the five priorities as outlined above and in paragraph 3.1 of the report.

229. FORWARD AGENDA PLAN

The Board considered its forward agenda plan and noting the number of reports relating to safeguarding on the September Board meeting, suggested and agreed that:

- the four safeguarding reports should be amalgamated into two reports followed by the JSNA Report and that at the close of the meeting a development session on programme management arrangements. **Action: Ruth Yule / Adrian Lyne / Liz Robin**

In discussion and having already earlier discussed using some of the Board meeting days as development days to agree to use the November Board meeting slot as a Development Day, even if there was a need to have a short Board meeting to agree any urgent business. The Development Day to include the following topics:

- Devolution – As there was an expectation that Devolution issues should have been clarified by this date, having an item to discuss identifying what the Government should be asked to fund. **Action: Liz Robin / Adrian Lyne**
- A session on Workforce Development. **Action: Liz Robin / Adrian Lyne**

Other Issues

- STP should be added as a standing item to each meeting. Action: **Ruth Yule**
- Reports on the Better Care Fund should only come forward where the Board was required to make a decision.

The Board noted the forward agenda plan subject to the agreed changes.

**230. DATE OF NEXT MEETING - 15TH SEPTEMBER 2016 AT SHIRE HALL,
CAMBRIDGE**

Board members noted the above date and also those set out on the agenda and agreed that some of these should be utilised as Development days, with more detail on a programme to be provided at the next meeting. **Action Liz Robin / Adrian Lyne**

Chairman