CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 23 November 2017

Time: 10.00am – 12.10pm

Venue: The Swansley Room, South Cambridgeshire District Council, Cambourne

Present:

Cambridgeshire County Council (CCC)
Councillor P Topping (Chairman),
Councillor S Hoy
Councillor S van de Ven
Councillor D Wells
Councillor J Whitehead (substituting for Councillor C Richards) (until midday)
C Mitchell, Director of Community Services and Integration (substituting for W Ogle-Welbourn, Executive Director, People and Communities) (from 10.20am)
Dr L Robin, Director of Public Health

City and District Councils
Councillors M Abbott (Cambridge City), M Cornwell (Fenland), A Dickinson (Huntingdonshire) and S Ellington (South Cambridgeshire District Council)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
S Bremner and Dr Sripat Pai

Healthwatch
V Moore, Chair

NHS Providers
J Pigg, North West Anglia Foundation Trust (substituting for S Graves)

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

Apologies:

J Bawden – Cambridgeshire and Peterborough Clinical Commissioning Group
T Dowling – Cambridgeshire and Peterborough Foundation Trust
S Graves – North West Anglia Foundation Trust (substituted by J Pigg)
C Malyon – Chief Finance Officer, Cambridgeshire County Council
W Ogle-Welbourn – Executive Director, People and Communities, Cambridgeshire County Council (substituted by C Mitchell)
S Posey – Papworth Hospital NHS Foundation Trust
Councillor C Richards – Cambridgeshire County Council 0substituted by Councillor J Whitehead)
V Stimpson – NHS England
I Walker – Cambridge University Hospitals NHS Foundation Trust

33. MEMBERSHIP

The Chairman welcomed Sheila Bremner, Acting Chief Officer at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), who was joining the Board as one of the CCG's three representatives.

34. ELECTION OF VICE CHAIRMAN/ VICE CHAIRWOMAN

Sheila Bremner was elected as Vice Chair of the Cambridgeshire Health and Wellbeing Board for the remainder of the 2017/18 municipal year.

35. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. There were no declarations of interest.

36. MINUTES OF THE MEETING ON 21 SEPTEMBER 2017

The minutes of the meeting on 21 September 2017 were agreed as an accurate record and signed by the Chairman.

37. ACTION LOG

The Action Log was included in the meeting papers for noting.

38. A PERSON'S STORY

The Chairman welcomed Julie Potter, a senior project worker at Wintercomfort, to the meeting.

Ms Potter explained that two of her colleagues had hoped to attend to share in person their experiences of homelessness in Cambridge, but that due to unforeseen circumstances this had not proved possible. They were though willing for details of their stories to be shared with the Board. Wintercomfort provided a day centre in the middle of Cambridge for the homeless and vulnerably housed. They worked closely with other charities and organisations in the City, sign-posting clients to the support available elsewhere as well as providing direct support. Welfare services focused on enabling people to feel safe and settled through providing access to showers, hot meals, a laundry service and social interaction. This enabled service users to be able to engage with the learning and development opportunities available. However, grant funding tended to focus mainly on the outcomes of the learning and development aspect of their work which meant that other funding streams were needed to support their welfare work. Wintercomfort ran two social enterprises in the catering and cleaning industries which provided service users with a supported transition back to employment.

Ms Potter shared the story of one of her colleagues who had first become involved with Wintercomfort as a service user. He had grown up in a blended family where he had experienced domestic violence. He obtained eight 'O' levels and studied hospitality management at college before leaving to work in various bars and restaurants. In 2011 he suffered a racially motivated attack which led to him losing his job and accommodation and separating from his partner. He 'sofa-surfed', staying for short periods with friends, and slept rough. During this period he experienced both physical and mental health difficulties. He got involved in volunteering and at the end of 2013 he got a home of his own. In 2015 he joined Wintercomfort as an apprentice and when a permanent post became available he was successful in obtaining the

post. His story illustrated how anyone could find themselves experiencing homelessness, but also how they could turn their lives around.

The following points arose in discussion of the person's story:

- A member asked about links between Wintercomfort and health services. Ms Potter stated that the charity had close links with the Cambridge Access Surgery and that they would liaise with service users' GPs where this was appropriate. The dual diagnosis team were also now involved;

- 40% of the staff at Wintercomfort were former service users;

- On average around 80-90 people per day visited Wintercomfort;

- The welfare needs of service users were increasing which was squeezing the time and capacity available to address learning and development needs.

The Chairman thanked Ms Potter for sharing such a powerful story which highlighted how quickly a person's life chances could change. The story also highlighted the links between physical and mental health needs. The Board noted the personal story as context for the remainder of the meeting.

39. HEALTH AND WELLBEING STRATEGY – STAKEHOLDER EVENT

The Board received a report on the event held on 21 September 2017 which had been arranged as part of the Board's work on refreshing its current Health and Wellbeing Strategy. A wide range of stakeholders had been invited to share their views on potential priorities for the Board going forward and the role which it would play. This would be to either:

- **Focus**: the Board initiates and drives new action which is unlikely to be initiated or co-ordinated elsewhere;
- **Watch**: the Board actively monitors that appropriate action is taking place, for example to deliver national priorities or approved local plans;
- **Encourage*:*** the Board encourages other boards or organisations to deliver health and wellbeing outcomes without directly initiating or monitoring the associated actions.

The proposed priority areas for the Board to either 'watch' or 'focus' were:

- Better Care Fund Implementation including demand management, delayed transfers of care and health and social care integration;
- Mental Health;
- Prevention and behaviour change;
- Healthy new housing developments and population growth;
- Addressing health inequalities identified in the Joint Strategic Needs Assessment;
- Working better together and promoting integration.

The Chairman invited feedback from the Board on these proposals to allow officers to work up final recommendations. Specifically, he asked that members focus on those areas which were not already being actively addressed by other organisations or services.

The following points arose in discussion of the report and in response to questions from the Board:

- Members re-stated the importance which they attached to the Board's role in relation to the Better Care Fund and confirmed that this should remain a high priority 'Watch' area;

- Members acknowledged that mental health was a real focus in Cambridgeshire and that a lot of good work was already being done on this by partner organisations and through the Sustainability and Transformation Plan (STP). On this basis it was proposed this should be a 'Watch' area;

- An elected member commented that health inequalities affected the whole of Cambridgeshire in different ways. They could see no evidence that health inequalities were being reduced, especially in the north of the county, and they felt that the Board should concentrate on getting people working together to reduce overall inequality;

- An elected member noted that there had been some initial work on children's and social services for the new community at Northstowe, but that this had fallen into abeyance. They questioned whether the negotiations between developers and the county council in relation to Section 106 money and educational provision could be expanded to include a wider negotiation which included health provision;

- A member commented that they felt that there was a clearer recognition of the need for health and community services in relation to completely new developments than where a new development was attached to an existing village or town. The member felt that a sub-committee or working group looking at inequality in new communities or growing communities might be useful;

- Members noted that planning applications for small housing developments were considered on an individual basis, but that the cumulative effect of these small developments on local health, education and social care services could be significant;

- An elected member commented that homelessness led to poor outcomes and felt that there could be a lack of co-ordination of efforts across districts and the county. They highlighted the frequent co-existence of substance or alcohol addiction and mental health issues and questioned what should be tackled first to improve outcomes. The member felt that there was a need to be more bold in tackling these issues;

- A member commented that health inequalities might be targeted geographically or in response to the needs of particular sections of the population. They felt there was an opportunity to mitigate against inequalities in new communities through infrastructure;

- A member stated that they felt it was important to integrate health and social care provision into new and expanding communities and that this needed to be addressed from the planning stage onward to ensure residents had the services they needed;

- Members noted that the Cambridgeshire and Peterborough Combined Authority was looking at economic inequality in the region and highlighted the significance of the devolution deal going forward;

- The Healthwatch representative stated that patient experience often highlighted frustration with communication regarding their care and emphasised the importance of integration across all of the topics being considered. Patients experienced disruption when integration was poor and information about patient experience could feed into the work being done to address cracks between services;

- A member questioned the proposed use of the term 'encourage' as one of the roles which the Board could play as they felt the work which the Board did needed to have real impact;

- The GP representative stated that GP practices in areas with new developments did not necessarily have the premises or staffing levels needed to accommodate the increased numbers of patients. There were difficulties recruiting staff to fill existing vacancies in some areas, let alone taking on additional staff to meet increased demand. However, there were some innovative solutions emerging including some practices looking to operate a federation model;

- A health service member commented that integration was only helpful if it delivered a specific benefit and suggested that a short mapping exercise might be useful before the Board's next meeting in February to identify where work was already happening or was planned to help identify one or two areas on which to focus;

- A member commented that the new Area Executive Partnerships might provide a new vehicle to pick work up locally and provide feedback to the Board and to the STP.

Summing up, the Chairman stated that the Board had given officers a clear steer that its priorities were health inequalities, including the impact of drug and alcohol misuse on life chances; new and growing communities and housing; and integration. He would work with the Vice Chair and Director of Public Health to work up initial proposals to share with members before decisions were made when the Board met next in February 2018. This work would consider the problems caused by addiction as this fed into so many health issues. The Board had also made clear its wish to identify and focus on areas where it could have a real impact and not duplicate work already being done or planned elsewhere.

It was resolved to:

a) note the feedback from the Health and Wellbeing Stakeholder Event on 21 September 2017;

b) discuss and approve the proposed priorities for a renewed Health and Wellbeing Strategy (2018-21) as outlined in section 4 of the report.

40. SUSTAINABILITY AND TRANSFORMATION PROGRAMME (STP) UPDATE

The Chairman advised the Board that he was revising the order of business to take the Sustainability and Transformation Programme (STP) Update as the next item to accommodate officer commitments elsewhere. He advised members that the report had been received after the statutory deadline for publication and that it had been accepted on the following grounds:

- Reason for lateness: Staffing changes in the Digital Delivery Workstream meant that there was currently no lead officer and this had caused a delay in pulling together the information needed for the report;
- Reason for urgency: The Board had requested that the STP Update report in November should include further information on data sharing and the role that the STP Digital Delivery Group might play in taking forward work on data sharing issues. This was a priority issue for the Board.

The Executive Programme Director for the Fit for the Future programme introduced the report which focused on current thinking and progress on the Accountable Care System (ACS) and the Digital Delivery Group's work on data sharing. The ACS approach was designed to break down organisational boundaries for the benefit of residents. It comprised clinically-led tactical improvements for improving patient care in the short-term with a longer-term system strategy. Significant progress had already been made, including the merger of the Peterborough and Stamford NHS Foundation Trust with the Hinchingbrooke Health Care NHS Trust to form the new North West Anglia Foundation Trust (NWAFT) and the progress made towards relocating Papworth Hospital onto the Cambridge Biomedical Campus.

The Head of Analytics and Evaluation for the Fit for the Future programme provided an update on the Digital Delivery Group (DDG) and data sharing. The leadership and membership of the DDG had recently been reviewed and core pieces of work had been scoped including data sharing and information governance. The benefits of data sharing were widely recognised, but the challenge would be to achieve this in a safe and secure way which complied with statutory requirements. The primary focus of improved data sharing was patient care with a secondary focus on its use for planning purposes. Practical issues to be addressed included the different IT systems used by partner organisations and services.

The following comments were offered in discussion of the report and in response to questions from the Board:

- The NWAFT representative noted the need for all organisations to have a data protection officer (DPO) and asked whether this could be a single data protection officer across all of the organisations covered by the STP. The Head of Analytics and Evaluation stated that this was the ideal time to look at the DPO role and have that discussion and noted that the NWAFT would support this option;
- A member questioned the reference to possible future uses of the Cloud in this context and questioned who would monitor or have access to information and data stored in this way and the potential security issues. The Head of Analytics and Evaluation stated NHS regulations would be adhered to and that only the use of certain Clouds was permitted. There would be dual layer encryption and the access of NHS users would be role-based, tailoring the level of detail which could be seen according to the role of the user;

- Members noted the need to ensure compliance with the General Data Protection Regulation when this came into effect on 25 May 2018;
- A member commented that it would be useful to go back to delivery groups and look at projects which had been delayed to see what the DDG could do to unblock delays and speed up implementation in support of clinical aims;
- The Chairman expressed some surprise that a year into the STP process this work still appeared to be at quite a basic level and asked how the Board could help move things along;
- A member emphasised the importance of patient confidence to their willingness for their data to be stored and shared within the system. The Executive Programme Director stated that there was a need to earn patient trust through consultation and engagement. The General Data Protection Regulation being introduced in May 2018 would move to a specific patient consent model and there was a clear recognition of the need to inform patients and learn lessons from other areas;
- The Healthwatch representative emphasised the importance of promoting a positive message about how data sharing could improve patient care and to encourage a conversation about this. Transparency would be key;
- The Executive Programme Director confirmed that she would be happy to attend the Board's next meeting on 1 February 2018 to provide a further update report. (**Action**: Executive Programme Director)

It was resolved to:

a) note and comment on the report.

41. BETTER CARE FUND UPDATE

The Board received a report providing an update on Cambridgeshire and Peterborough's joint Better Care Fund (BCF) submission and approval status; a six month update on health data in response to a request from the Board in March 2017; an update on progress in delivering the BCF Plan for 2017-19; and information about the Care Quality Commission system reviews proposed for 2018.

The 2017-19 BCF Plan was submitted on 11 September 2017 and following the assurance process it was approved with conditions. These conditions related to the potential risks associated with the major reorganisations taking place across the health and care system in Cambridgeshire and Peterborough. Additional information was requested to ensure that every risk in the Plan had mitigating actions attached to it and to explain the amount of funding included in the 'risk share' element of the Plan. This information had been submitted and officers understood informally that these mitigations had been accepted. Once formally agreed the Plan would graduate to 'approved' status. The Section 75 agreement would then be refreshed and submitted to the Integrated Commissioning Board in December 2017.

The six month update on health data contained at Appendix 2 focused on non-elective admissions, emergency department attendance and delayed transfers of care (DTOCs) to reflect the Board's particular interest in in these issues. Emergency department attendance figures had remained fairly flat, although a slight increase was being seen from August 2017. Work was in hand to address this through the work of the Joint Emergency Team (JET). DTOCs remained a priority issue both for health service providers and the Board. There were some encouraging very recent indications that these figures were beginning to level out or reduce in some cases, but the drive for further and sustained improvement remained unchanged. NHS England

had visited two Trusts to discuss issues and develop action plans to reduce DTOC numbers, including support to implement 'discharge to assess' home-based assessment models. A multi-partner Gold Command had been developed to manage the discharge process for patients with complex needs and to address any issues that might delay their discharge. It was anticipated that this would have a significant impact in managing this group of patients and also those who were assessed as Medically Fit and Ready for Discharge.

The Care Quality Commission (CQC) was currently conducting a national programme of reviews across all aspects of the health and care system. The first series of reviews was currently taking place and a second series was expected in early 2018. It was possible that Cambridgeshire might be included in this second series.

The following comments arose in discussion of the report and in response to questions from Board members:

- Members noted the progress updates contained at Appendix 1 to the report. These were tracked on a monthly basis by the Integrated Commissioning Board and included some projects managed via the Sustainability and Transformation Plan (STP), but monitored through the BCF;
- A Member noted the role of the Board in maintaining an active monitoring role in relation to delivery of the BCF and welcomed the detailed reports provided by officers. Given the major structural reorganisations currently taking place across the health and care system in Cambridgeshire and Peterborough they felt it would be timely to provide an updated structure chart setting out the key roles and responsibilities of the various individuals and organisations responsible for oversight and delivery of the BCF;
  (**Action**: Director of Community Services and Integration)
- A Member commented that it would be interesting to know more about the methodology and focus of the CQC inspections conducted to date. Officers stated that this was already being reviewed and that the findings would be shared with the Board;
  (**Action**: Director of Community Services and Integration)
- Should the CQC visit Cambridgeshire, members might wish to have a briefing session on the most up to date data available;
- An elected member commented that as a newly appointed member of the Board and a lay person, they would find it helpful to be given a steer on where to find the most useful background information on the BCF;
  (**Action**: Director of Community Services and Integration)
- The Director of Public Health reported that the increased activity on DTOCs meant that the proportion of funding allocated for social care packages might need to be increased before the Board met next in February 2018. She sought the agreement of the Board to give her delegated authority to approve some change in the allocation of Improved Better Care Funds (iBCF), if this was required in the event of circumstances changing significantly, in consultation with the Chairman and Vice Chair. Should this delegation need to be used the Director of Public Health would circulate details of the proposed changes to members of the Board for comment.
  (**Action**: Director of Public Health)

  Summing up, the Chairman welcomed the early indications of improvements to DTOC figures, but emphasised the need to maintain this momentum and for the

Board to be assured that BCF funding was being used to drive this improvement. This would remain a key 'watch' area for the Board.

It was resolved to:

a) note and comment on the report and appendices;

b) delegate authority to the Director of Public Health, in consultation with the Chairman and Vice Chair, to approve some change in the allocation of Improved Better Care Funds (iBCF) in the context of changing circumstances, if required.

42. AGENDA PLAN

The Agenda Plan would be circulated to Members outside of the meeting for information and comment.
(**Action**: Democratic Services Officer)

43. DATE OF NEXT MEETING

The Board will meet next on Thursday 1 February 2018 in the Council Chamber at Cambridge City Council, Guildhall, Cambridge.

Chairman
(date)