

## **CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 24 April 2018

**Time:** 10.00am – 11.55am

**Venue:** Kreis Viersen Room, Shire Hall, Cambridge

**Present:** Cambridgeshire County Council (CCC)  
Councillor P Topping (Chairman) [from agenda item 5, minute 63]  
Councillor S Hoy  
Councillor S van de Ven  
C Black, Service Director: Adults & Safeguarding (substituting for W Ogle-Welbourn)  
T Kelly (substituting for C Malyon)  
Dr L Robin, Director of Public Health

City and District Councils

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

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

J Bawden [in the Chair for agenda items 1 to 4, 6 and 7]

C Mitchell (substituting for S Pai)

Healthwatch

J Wells (substituting for V Moore)

NHS Providers

K Reynolds – North West Anglia Foundation Trust (NWAFT)

Voluntary and Community Sector (co-opted)

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

**Apologies:** Councillor C Richards – CCC  
Councillor D Wells – CCC  
C Malyon – Chief Finance Officer, Cambridgeshire County Council (substituted by T Kelly)  
W Ogle-Welbourn – Executive Director, People and Communities, CCC (substituted by C Black)  
Councillor A Dickinson – Huntingdonshire District Council  
Councillor J Schumann – East Cambridgeshire District Council  
S Bremner – CCG  
Dr S Pai – CCG (substituted by C Mitchell)  
V Moore – Chair, Healthwatch (substituted by J Wells)  
V Stimpson – NHS England  
S Posey – Papworth Hospital NHS Foundation Trust (PHFT)  
I Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)  
M Winn – Cambridgeshire Community Services NHS Trust (CCS)

## **56. ELECTION OF CHAIRMAN/WOMAN FOR THE START OF THE MEETING**

In the absence of both the Chairman, who had sent apologies that he could not be present for the start of the meeting, and of the Vice-Chairwoman, who had sent apologies for absence, the Board members present were required to choose a person to preside for the start of the meeting. The Director of Public Health nominated Jessica Bawden, seconded by Councillor Ellington.

Jessica Bawden was elected unanimously; she chaired the meeting until handing over to Councillor Topping from agenda item 5 (minute 63). With the consent of the Board, the order in which items were considered was varied to allow Councillor Topping to be present for item 5, taking items 6 and 7 (minutes 61 and 62) before he arrived.

## **57. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

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

## **58. MINUTES OF THE MEETING ON 1 FEBRUARY 2018**

Subject to the inclusion of apologies from Charlotte Black and Julie Farrow, the minutes of the meeting on 1 February 2018 were agreed as an accurate record and signed by the Chairwoman,

## **59. ACTION LOG**

The Board reviewed the Action Log. In relation to individual entries, members noted:

- Minute 12 – the Director of Public Health was pursuing the development of a dedicated web page for the Health and Wellbeing Board (HWB) with the County Council's Director of Corporate and Customer Services
- Minute 48 – the STP (Sustainability and Transformation Plan) Board would be meeting in public from July or September onwards, and its minutes would also be published. It was not yet known whether there would be provision for the public to ask questions at STP Board meetings
- Minute 49 – the executive summary of the Draft Suicide Prevention Strategy was now available and would be circulated to Board members **Action required**

## **60. A PERSON'S STORY**

The Chairman welcomed Louise Tranham, Neighbourhood Cares Manager, who recounted the story of a mother who had received a terminal diagnosis and her daughter who was supporting her as she continued to live independently. Both mother and daughter had been receiving support from the Neighbourhood Cares worker, separately and together; the worker had been a great help in liaising with the GP. The mother had taken part in a Tea and Tablets group to help her learn to use a tablet for games, email and photography, and attended various Neighbourhood Cares community groups. The daughter valued the help Neighbourhood Cares was able to give her in caring for her mother as her mother's health declined.

In response to the story, Board members welcomed the account, and the community participation which Neighbourhood Cares enabled. They noted that

- the support from Neighbourhood Cares was available to anybody who would benefit from it, and was not dependent on a particular medical diagnosis
- Neighbourhood Cares was a pilot scheme, based on the Buurtzorg community care programme in the Netherlands. The pilot was due to finish in March 2019, and would then be evaluated externally. The scheme offered a very different model of Adult Social Care (ASC), and if adopted more widely, would need a large number of small teams to be established, with appropriate links with health and voluntary sector partners
- Neighbourhood Cares workers did in principle work with such organisations as the Carers' Trust, but it was up to the individual whether they wanted to be told about an organisation by the worker, or to be referred to it.

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

## **61. PROPOSAL TO ESTABLISH JOINT WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS**

The Board received a report outline proposals for the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWBs) to consider in regards to working together. Members noted that the proposed approach was to establish a joint sub-committee of the Cambridgeshire and the Peterborough HWBs, keeping the parent boards as separate entities which would continue to meet separately, but less frequently than at present.

For Cambridgeshire, any proposal to change the Constitution would have to be considered first by the Constitution and Ethics Committee on 28 June, then by full Council on 17 July 2018. Officers advised that a final decision on how to proceed with joint working did not have to be made at the present meeting, as there would be time to prepare a report to Constitution and Ethics Committee after the Board's meeting on 31 May. As a step on the way to more formalised joint working, the two HWBs would both be holding their next meeting at the same time and in the same room on 31 May.

Discussing the proposals, Board members expressed a number of concerns:

- there was a risk of ending up with a larger number of meetings overall. Members were advised that the parent boards would meet once or twice a year, when they would consider issues specific to their areas; items which currently went to the two HWBs separately would go to the sub-committee, as they were relevant to both Cambridgeshire and Peterborough
- any member of the Board who was not on the sub-committee could find it difficult to make a meaningful contribution to Board meetings if these were only being held once or twice a year. It was suggested that simultaneous meetings could be held regularly, not just on 31 May, but it was pointed out that such a meeting was likely to be very cumbersome, as each Board had to make its own separate decision on each matter before it
- it could be difficult to align Board membership across Cambridgeshire and Peterborough; the Peterborough board had neither voluntary sector nor provider

members, but did include the Chairs of the Safeguarding Board and of the Community Partnership. It was acknowledged that more work remained to be done on the composition of the sub-committee

- it was important to maintain the district council participation which was a feature of the Cambridgeshire board in its present form; as Peterborough was a unitary authority, the question of involving district councillors did not arise there.

Members recalled the enthusiasm for joint working which had been evident at the joint development session in January 2018. At this session, there had been a strong feeling that it was important to the whole health system that the Boards work together, because other organisations covered the combined area, and separate Health and Wellbeing Boards were in a weaker position to have influence on these partner organisations at a time when the system was experiencing significant challenges. Members noted that the CCG's financial plan currently went to four separate HWBs.

In the light of the above concerns and the need for more information on membership and structures, Councillor Ellington suggested that a decision on making a formal request to the Constitution and Ethics Committee to consider changes to the Board's terms of reference. This proposal met with general agreement.

It was resolved:

- a) to agree in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint subcommittee of the Cambridgeshire and Peterborough Health and Wellbeing Boards, subject to further detail on membership being presented to and approved by the Cambridgeshire board at its meeting in May.

## **62. CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

The Board received a report proposing three new options for taking forward the joint Health and Wellbeing Strategy for Cambridgeshire, and asking the Board to choose which one it preferred. It also sought confirmation of the strategic priorities selected by the Health and Wellbeing Board at its meeting in November 2017, and proposed an approach to action planning against these priorities.

Members noted that Option A, preparing a new Strategy for Cambridgeshire, would require the Strategy to cover all the needs identified by the Joint Strategic Needs Assessment (JSNA). Option C, extending the Cambridgeshire Strategy to 2019 and then perhaps preparing a joint one with Peterborough for 2019 onwards, could give an opportunity to develop a focussed action plan to address the three priorities identified by the Cambridgeshire Board, working with Peterborough where priorities coincided.

Discussing the three options for renewing the Joint Strategy, Board members

- suggested that Option B, extending the current strategy for up to three years, would give more time to develop a joint strategy with Peterborough; it was noted that Option C did not commit the Board to preparing a joint strategy in 2019, as it would be possible to extend or refresh the existing strategy beyond then
- acknowledged the existence of a tension between the need to fulfil a statutory duty and the need to make real and effective progress in implementing priorities

- suggested that Option C, with a caveat to allow later review of the Cambridgeshire Strategy's expiry date, would be preferable, because Peterborough and Fenland shared a number of issues in relation to health inequalities, and it would be better to have a joint approach to them, as the communities affected straddled the boundary between local authorities
- drew attention to the importance of the place-based model of care, and the risk of this model focussing on care rather than outcomes. It was necessary to make sure that there was strong district council and voluntary sector engagement in place-based care; the Board would be well placed to focus on this. It was pointed out that place-based volunteering already existed; it would be better to use the expression 'place-based community resilience' rather than 'place-based care'.

The Board concluded that its preferred option was Option C, with some rewording to reflect the comments made above.

It was resolved to:

- a) confirm Option C as the preferred option for taking forward the Cambridge Health and Wellbeing Strategy as outlined in paragraph 3.2 of the report before the Board
- b) confirm the three priorities agreed at the Health and Wellbeing Board on 23 November 2017, subject to rewording of priority three to take account of comments at the meeting
- c) endorse the proposed approach to action planning for the three Health and Wellbeing Board priorities.

Councillor Topping arrived during the above discussion, and took over the chair for the remainder of the meeting at the start of the following item.

### **63. DELAYED TRANSFERS OF CARE, BETTER CARE FUND AND CARE QUALITY COMMISSION REVIEW**

The Board received a report providing an update on issues relating to delayed discharges from hospital and on the likelihood of a system-wide review by the Care Quality Commission (CQC). Since publication of the agenda, an updated appendix to the report had been placed on the Council's website and circulated to members; it reflected the publication of the latest (February 2018) national delayed transfer of care (DTOC) numbers. These demonstrated that the Council's performance now compared favourably to that of other comparable local authorities.

The Chairman explained that this item was on the agenda because the Health and Wellbeing Board had duties and responsibilities which meant that it should be aware of, and offer a view on, the issues involved. Members noted that the CQC was undertaking targeted reviews in local authority areas, looking specifically at how people moved between health and social care, including DTOCs. Poor performance in such reviews would be highlighted, and findings published and reported to the Health and Wellbeing Board. Despite recent improvements in performance, it remained likely that Cambridgeshire would be the subject of such a review.

Members noted that delayed discharge was a symptom of a system under pressure; as the graphs demonstrated, performance varied from month to month. Many factors

affected performance, including provision of home care, which was the biggest challenge for Cambridgeshire; the report described the co-ordinated approach to support home care development and the measures in place.

Examining the report and appendix, Board members

- noted that figures varied from month to month, and a relatively small number of individuals with very complex needs could account for a large number of bed days lost; there were usually a few cases where there was no obvious place for a person to go, and the questions then were where they should go, and who should fund that placement
- drew attention to the ongoing importance of workforce issues, and asked whether the CQC inspections allowed for reflection on such matters, which were outside the health and social care system's control. Officers advised that other authorities had reported being asked for their system-wide workforce plan to address the issue; Cambridgeshire's Sustainability and Transformation Plan (STP) did include a workforce strand. In Cambridgeshire, the cost of accommodation was a major issue for all key workers; the review would want to see a golden thread running between policies, and communication between authorities, for example between district councils and the County Council on accommodation and how that linked with the NHS. The review would not be seeking perfection, but a recognition of the issues involved
- commented that there was always a balance to be struck between spending time preparing for a review and time actually doing the job being reviewed, and asked whether there would be financial consequences arising from a review. Officers said that it was hoped that the work to prepare for a review would help in tackling the problems, and that it would be possible to demonstrate the efforts being made, the impact of those efforts, and plans for future action. At worst, there could be a financial penalty on the Better Care Fund (BCF), though BCF funding was being used for priorities which the Government had identified
- suggested that, to prepare Board members for possible questions about the shared 'system' vision across health and social care, it would be helpful if a brief briefing note could be prepared setting out the threads which linked the various parts of the system
- drew attention to the adverse impact on patients of staying in hospital longer than clinically necessary, and the importance of making the right decisions about their care on discharge; the CQC would be reviewing the whole patient journey
- noted that a plan for how to proceed with DTOC was being developed on an ongoing basis by the Chief Executives of NHS and local government organisations and the CCG; a strategic lead had been appointed to develop the plan, known as Plan B, which all organisations would be signing up to. The Service Director: Adults & Safeguarding undertook to circulate this to Board members after the meeting **Action required**
- pointed out that there was a risk of concentrating on hospital discharges at the expense of making efforts to reduce admissions to hospital, noting that this was an element in overall BCF planning, and that a number of STP projects were focussed on avoiding admission

- commented that sometimes people wanted to be admitted to hospital because they felt that it was the only safe place for them to be.

The Chairman said that Board members wished to see Plan B, and to consider it at the next meeting; their advice would be that it should go beyond fire-fighting and look at avoiding admissions too. On behalf of the Board, he acknowledged the hard work being done across all the organisations involved to address DTOC, and how stressful a delay in discharge could be for patients and their families.

It was resolved to:

- a) Note and comment on the report and appendices
- b) Comment on the most effective way to keep the Board informed and enable the Board to prepare for a possible Care Quality Commission review

#### **64. A WHOLE SYSTEM PARTNERSHIP APPROACH TO HEALTH AND LIVING WELL ACROSS CAMBRIDGESHIRE AND PETERBOROUGH**

The Board received a report seeking the Board's agreement to the 'Living Well Concordat' to support a whole system approach to health and wellbeing across Cambridgeshire and Peterborough. Members noted that the wording had been revised to eliminate jargon, as requested at the last meeting, and that the concordat would also be presented to the Peterborough HWB.

Councillor Ellington reported that she had taken the concordat to the South Cambridgeshire Cabinet, who had requested a change to the wording of the third of the Partnership Principles & Behaviours on the grounds that 'we will share and join-up our resources' was rather too open-ended for a district council, which had no statutory responsibility for the provision of health and social care, though everything a district did had a key role in residents' wellbeing. She circulated the following amended text (additions underlined, thus):

3. We will continue to meet our own statutory obligations. However, in doing so we will seek to share and join-up our resources for the benefit of local residents to prevent ill health rather than deal with crisis, just as those residents expect us to.

In discussion, further amendments were suggested and accepted  
 delete 'statutory' (because some signatories did not have statutory obligations)  
 replace 'rather than' with 'and'  
 replace 'prevent ill health' with 'promote health and wellbeing' (in order to encourage wellbeing).

This resulted in the following amended text being adopted:

3. We will continue to meet our own obligations. However, in doing so we will seek to share and join-up our resources for the benefit of local residents to promote health and wellbeing and deal with crisis, just as those residents expect us to.

It was resolved to

- a) Agree the draft Living Well Concordat (Appendix 1 of the report before the Board) as amended
- b) Seek formal agreement from Board members' respective Partners to signing up to this Living Well Concordat.

The Chairman thanked the South Cambridgeshire Director, Health and Environmental Services for his hard work. The Director explained that the timetable for signing up to the Concordat would be dictated by individual organisations' decision-making process.

## **65. HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION**

The Board received a report on the Development Session due to be held later on 24 April, at which HWB members would gain a better understanding of the CCG's financial position and draft plans to address it. The report also invited the Board to delegate the Head of Public Health Business Programmes to collate members' comments on the CCG's plans, and return these to the CCG and NHS England.

Members noted that the Board had a statutory duty to comment on the CCG's draft financial plans and their alignment with the Joint Health and Wellbeing Strategy, and the deadline for comments was before the date of the Board's next meeting. The recommendation was to make the delegation to the Head of Public Health Business Programmes, as the Director of Public Health was herself a co-opted member of the CCG governing body.

It was resolved unanimously to

- a) Note the delivery of a development session to build the Board's understanding of the Clinical Commissioning Group (CCG) financial position and draft financial plans for 2018/19
- b) Delegate to the Head of Public Health Business Programmes the collation of comments from the Health and Wellbeing Board (HWB) on the alignment of CCG draft financial plans with the HWB Strategy, and the return of these comments to the CCG and NHS England.

## **66. FORWARD AGENDA PLAN**

The Board considered its agenda plan. It was suggested that it might be appropriate to ask a representative of a voluntary sector organisation to present a story about a person with dementia at the next meeting, as several organisations worked across Cambridgeshire and Peterborough, so the account would be relevant to both Boards.

## **67. DATE OF NEXT MEETING**

The Board noted that its next meeting would be at 10.00am on Thursday 31 May 2018 in the Council Chamber at Shire Hall, Cambridge, and would be held in conjunction with a meeting of the Peterborough Health and Wellbeing Board.

Chairman