

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

**Date:** 21 September 2017

**Time:** 10.00am – 12.25pm

**Venue:** The Civic Suite, Pathfinder House, Huntingdon

**Present:** Cambridgeshire County Council (CCC)

Councillors P Topping (Chairman), C Richards and S van de Ven

Dr L Robin, Director of Public Health

C Black, Service Director; Adults and Safeguarding (substituting for W Ogle-Welbourn) (from 10.25-11.40am)

City and District Councils

Councillors M Abbott (Cambridge City), M Cornwell (Fenland District Council) and A Dickinson (Huntingdonshire District Council)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

J Dunk and Dr S Pai

Healthwatch

V Moore, Chair

NHS Providers

K Reynolds (substituting for S Graves) (North West Anglia Foundation Trust),

Voluntary and Community Sector (co-opted)

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

Also in attendance:

Dr R Wate, Independent Chair, Cambridgeshire Local Safeguarding Children Board

G Hinkins, Transformation Manager, CCC

G McGeachie, Sustainability and Transformation Plan Delivery Unit

A Fallon, Sustainability and Transformation Plan Delivery Unit

K Goose, Cambridgeshire and Peterborough Clinical Commissioning Group

K Parker, Public Health Business Programmes, CCC

R Greenhill, Democratic Services Officer, CCC

Apologies:

J Bawden, Cambridgeshire and Peterborough Clinical Commissioning Group

T Dowling, Cambridgeshire and Peterborough Foundation Trust

Councillor S Ellington, South Cambridgeshire District Council

J Farrow, Hunts Forum

S Graves (substituted by K Reynolds), North West Anglia Foundation Trust

Councillor S Hoy, Cambridgeshire County Council

C Malyon, Cambridgeshire County Council

W Ogle-Welbourn, Cambridgeshire County Council

Dr S Pai, Clinical Commissioning Group

S Posey, Papworth Hospital Foundation Trust)

V Stimpson, NHS England

M Winn, Cambridgeshire Community Services NHS Trust

## **20. ELECTION OF VICE CHAIRMAN/ VICE CHAIRWOMAN**

The appointment of the Vice Chairman or Vice Chairwoman was postponed until the following meeting pending the appointment of the new Chief Officer of the Cambridgeshire and Peterborough Clinical Commissioning Group.

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

Apologies for absence were noted as recorded above. The Chairman drew attention to the number of apologies which had been received and stated that membership might be reviewed at some point.

There were no declarations of interest.

## **22. MINUTES OF THE MEETING ON 6 JULY 2017**

The minutes of the meeting on 6 July 2017 were confirmed by those present as an accurate record and signed by the Chairman.

## **23. PERSON'S STORY**

The Chairman welcomed Dr Russell Wate QPM, the Independent Chair of the Cambridgeshire Local Safeguarding Children Board, to the meeting. He welcomed the increasingly close working relationships of the Local Safeguarding Children Boards and Safeguarding Adult Boards across Cambridgeshire and Peterborough and noted that members would be considering proposals later in the meeting for a joint development session with the Peterborough Health and Wellbeing Board.

Dr Wate presented a composite story drawn from the experiences of three children and young women living in Cambridgeshire to illustrate their experiences whilst preserving the anonymity of all concerned. He described a young woman currently being supported by transition services who came from a family with a long history of involvement with health and social care services and the police. She had witnessed domestic violence and experienced child sexual abuse and neglect at an early age. Her parents separated and her primary parental carer struggled to contain incidents of violence and substance misuse within the family home. She frequently went missing from home, became pregnant in her mid-teens and had a termination. She was involved in what appeared to be a controlling and abusive relationship with an older man and appeared to be in poor emotional health and lacking in confidence. A range of support and interventions had been provided since her childhood by a range of partner organisations including a Child Protection Plan, sexual health advice and counselling, a safety plan and, with her consent, provision of a trackable mobile phone. She was currently engaging with services and working to improve her emotional health.

The Chairman stated that the role of the Person's Story was to remind the Board at the start of each meeting that its business had a real impact on peoples' lives. He thanked Dr Wate for sharing such a powerful and moving story and welcomed his confirmation that the priorities contained within the Board's current Health and Wellbeing Strategy were addressing these issues in Cambridgeshire.

## 24. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-17

Dr Russell Wate QPM, Independent Chair of the Local Safeguarding Children Board (LSCB), introduced the LSCB's annual report for 2016-17. He had shared the same report with the County Council's Children and Young People Committee on 12 September 2017. Dr Wate highlighted a number of key points including a new domestic abuse strategy, a new child sexual exploitation protocol and challenging practices such as children being held in police cells. The LSCB combined both statutory members and representatives of partner organisations within the county and included two lay members. There had been a big increase in workload in the period covered relating to increased numbers so of Looked After children and those subject to a Child Protection Plan. A conference was held in February to consider the issues of self-harm and child sexual exploitation and this had highlighted the significance of parental mental health issues in cases of this kind. GP attendance levels at initial case conferences was quite low nationally, but the introduction of a template to capture their input was improving the local situation.

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

- An elected member noted County Councillors' key responsibility as corporate parents and sought more information on the observation on page 45 of the annual report that 'The outcomes for Looked After Children (LAC) remain unsatisfactory'. Dr Wate stated that LAC had been a key area of focus since he took over chairmanship of the LSCB, and in particular the use of out of area placements. He recognised that this issue had also been highlighted by the County Council and stated that he saw no sign, even in the context of current financial constraints, that either the local authority or local health service providers were stepping away from LAC being a priority;
- A member asked whether there was any intelligence on gaps in support to particular groups of children or young people or their access to health services. Dr Wate stated that geographical access to services was an issue in Fenland with some residents choosing to use services provided outside of the county borders. The LSCB was considering examining ways to ensure complimentary cross border work which avoided duplication of effort as part of a Task and Finish Group. The Director of Public Health stated that this was a recognised issue within partner organisations and that there was on-going dialogue to ensure a clear understanding of the division of responsibility;
- The GP representative from the Clinical Commissioning Group said that he would be interested to know more about the template being provided to GP's to capture their input for initial case conferences where they were unable to attend in person;  
(**Action:** Local Safeguarding Children Board)
- A member noted the high levels of self-harm reported on page 17 in comparison to national figures and sought more information. Dr Wate stated that it was felt that this was in part due to greater awareness of the issue amongst young people which had led to increased numbers seeking medical support. However, a review conducted by Cambridgeshire and Peterborough Foundation Trust had not identified clear reasons behind this figure;

The Chairman thanked Dr Wate for providing a clear and accessible report and offered the Board's support for the work which the LSCB was doing.

It was resolved to:

- a) acknowledge receipt of the Local Safeguarding Children Board report for 2016-17.

## **25. LOCAL TRANSFORMATION PLAN REFRESH FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING 2017-18**

The Project Manager stated that this would be the third refresh of the Local Transformation Plan. Consultation with stakeholders was on-going to ensure that the Plan was fit for purpose and would meet the needs of the local population. However, this meant that a final version was not yet available for the Board's consideration. The final draft should be available during the week commencing 16 October and this would be circulated to all members seeking final comments. As in the two previous years, guidance had been issued quite close to the deadline for submitting the final Plan. On both of these occasions the Board had delegated authority to the Director of Public Health in consultation with the Chairman to sign off the Plan. The same authority was sought this year to meet the submission deadline of 31 October 2017. This was required in order to draw down funding from central government.

- Members emphasised that they would wish to have as much time as possible to consider the draft proposals in order to offer considered comment;
- The District Support Officer asked whether there were any significant changes to the previous Plans. The Project Manager stated that there was a particular focus on Looked After Children, workforce and achieving the access target for those needing emotional mental health support.

The Chairman stated that it was not ideal that the Board was unable to review and approve the final draft collectively. He noted that the same issue had occurred in respect of the two previous Plans and also in relation to the late issuing of guidance on the Better Care Fund, about which he had already written to the Secretary of State for Health. It was hoped that guidance would be issued earlier in future years to allow sufficient time for the Board to consider the final proposals. However, if this was not the case officers were asked to ensure that their report highlighted the changes proposed from the previous year's Plan and any changes in focus.

It was resolved to:

- a) note the planned refresh of the Local Transformation Plan;
- b) provide delegated authority to the Director of Public Health in consultation with the Chairman of the Board to sign off for the plan prior to the publication deadline 31 October 2017.  
(**Action:** Director of Public Health)

## **26. CAMBRIDGESHIRE ANNUAL PUBLIC HEALTH REPORT 2017**

The Director of Public Health stated that the Health and Social Care Act (2012) included a requirement for Directors of Public Health to prepare an independent

Annual Public Health Report (APHR) on the health of local people. Her 2016 report had focused at a very local level. The 2017 had a wider focus including the impact of environmental factors, employment, income and educational attainment on health outcomes and was designed to be read in conjunction with the previous report. Key issues included variations in experience at district level, the disparity of experience between children in receipt of free school meals and those who were not and work to address mental health issues in children and young people. The impact of lifestyle issues on health was also highlighted and this was particularly striking in Fenland. A copy of the final printed version of the report would be sent to all members of the Board.

**(Action:** Director of Public Health)

The following comments arose in discussion of the report:

- A member requested further information on the data relating to educational attainment and those taking free school meals in Cambridge City;  
**(Action:** Director of Public Health)
- The Healthwatch representative commended the report as well-written, useful and accessible;

A member stated that the APHR was a well presented and accessible source of important data and asked the extent to which it was made available and accessed by those delivering services. The Director of Public Health confirmed that it was shared widely with partners and local stakeholder groups. A Member suggested that it might also usefully be shared with GPs via the NHS Gateway.  
**(Action:** Director of Public Health)

- A Clinical Commissioning Group (CCG) representative stated that one of the CCG's key aims was reducing health inequalities and that the APHR was an important document in this context;
- A member highlighted the significance of coding issues (ensuring consistency in the coding of cases reported to health service partners to allow accurate comparison of data and the identification of patterns and trends in reporting). The Director of Health stated that the Public Health England website flagged that improved coding could lead to an apparent rise in numbers of cases of self-harm. This was currently being explored in relation to the high numbers of self-harm reported in Cambridgeshire in comparison to national figures;
- A member suggested drawing the report to the attention of the Local Enterprise Partnership as it was relevant to the local business community;  
**(Action:** Director of Public Health)
- A health provider representative stated that hospitals used the data contained in the report in formulating their annual plans and five year strategy;
- A member sought more information about any analysis of links between deprivation and cross-border use of health services in the north of the county. The Director of Public Health stated that there was a recognised flow of residents between Wisbech and Kings Lynn, and also between March and Peterborough, so there was a risk that the population with the poorest health outcomes in the county might be accessing services outside local hospital

trusts or, in the case of Wisbech, the reach of the local Sustainability and Transformation Plan (STP);

- A member questioned where solutions to the issues identified in the report would be addressed and how the data could be used to predict future trends in need at both district and county level. The Director of Public Health stated that the Joint Strategic Needs Assessment (JSNA) Core Dataset which was being considered separately on the agenda looked in detail at population growth and change whilst the STP was analysing the health service programmes. Thematic JSNA's were conducted to focus on specific themes, but the Public Health team had quite limited capacity to deliver these detailed pieces of work and was reliant on partners at the Health and Wellbeing Board identifying key priorities for further work from the options identified.

It was resolved to:

- a) discuss and comment on the information outlined in the Annual Public Health Report;
- b) consider any recommendations the Health and Wellbeing Board might want to make, to address issues outlined in the Report.

## **27. JOINT HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION PROPOSAL**

The Board considered a report by the Head of Public Health Business Programmes that proposed a joint development session with the Peterborough Health and Wellbeing Board in January 2018. The session would be facilitated by the Local Government Association (LGA) and would build on the work done at the Board's previous development session on 8 September 2017 and the stakeholder event being held later that day. The Peterborough Health and Wellbeing Board had already agreed to proceed, subject to consultation with the Cambridgeshire Board.

Members offered the following comments on the proposal:

- The Healthwatch representative welcomed the proposal and the willingness of the Peterborough Health and Wellbeing Board to engage in this way;
- A district council representative welcomed the proposal, noting that Fenland District Council already worked closely with Peterborough City Council;
- A Clinical Commissioning Group representative expressed strong support for the proposal.

It was resolved to:

- a) approve a joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards to be held in January 2018.

## **28. DATA SHARING**

The Board received a report providing an overview of data sharing issues and seeking members' comments on future approaches to data sharing. This was in response to a

request by the Board for more information on this subject at its meeting in March 2017.

The Service Director for Adults and Safeguarding stated that the significance of the issue of data sharing was recognised nationally and was fundamental to delivering services in an efficient and joined up way. Increased co-ordination of health and social care services was seen at all levels amongst service providers. However, despite a wide consensus about the importance of data sharing, there was less practical progress being made in its implementation than many would wish. This was due primarily to concerns about information governance, acceptable levels of risk within systems and technical issues. However, the inability of professionals to access relevant information had real-life consequences for service users. This could be through the frustration or distress caused by having to repeatedly provide the same information to a variety of professionals, or when decisions were being made without all of the relevant information being available. A workshop had been held to explore the issues across organisations and data sharing was also being discussed in the context of the Sustainability and Transformation Plan (STP) Delivery Group. The views of the Board were now also being sought on ways to move the issue forward.

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

- Public attitudes varied significantly between those who refused consent to any collection or sharing of data by services to those who were surprised and frustrated that professionals did not already have immediate access to all relevant information about them;
- The difficulty in speaking with one voice across multiple public sector organisations;
- Public confidence in public sector systems had been shaken by the recent ransomware attacks on NHS organisations. It would be important to be able to offer assurances that appropriate safeguards were in place;
- A lack of organisational commitment to address the problem. Professionals delivering frontline services were having to work around the problems caused by incomplete access to relevant information which was leading to duplication of effort or even contradictory practice. This might be tackled by looking at data sharing within the context of the STP as a systemic issue which must be resolved;
- Several members suggested that the STP Digital Delivery Group would be the best forum in which to progress this issue and to consider both the governance and technical issues raised. A lot of information about data sharing was already available within partner organisations which could be made available;
- The Director of Public Health emphasised the importance of the role of information governance officers in individual organisations in supporting this work. Members of the Board could assist by encouraging their own organisation's information governance officers to engage fully with this work;
- The Chairman thanked officers for a clear report. Whilst it was not the role of the Health and Wellbeing Board to direct organisations on how to discharge

their responsibilities it did have a clear role in ensuring that issues affecting the health and wellbeing of local residents were being addressed. He noted that the Health and Care Executive would be meeting next in October and asked that the Board's discussion of data sharing should be fed back to them in the context of discussion about the STP. This should emphasise the considerations around information governance and systems and the role which the STP Digital Delivery Group might play in taking the work forward.

**(Action:** Acting Chief Officer, CCG and Head of Communication and Engagement (STP)

It was resolved to:

- a) note the report and comment on future approaches to data sharing.

## **29. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE REPORT**

The Head of Communications and Engagement (Sustainability and Transformation Plan (STP)) stated that previous reports had provided a general update on the STP. However, at its last meeting the Health and Wellbeing Board had highlighted workforce issues, STP leadership and proposed changes to governance arrangements and communication and stakeholder engagement as areas of particular interest and this report focused on those issues. The Board had also expressed interest in the role of care workers and the voluntary sector. This information was not yet available, but would be included in a future update. In addition to written reports the STP Delivery Team offered to ask colleagues with expertise in any other areas of particular interest to the Board to attend a future meeting or development session to brief members on specific issues.

The current STP communication and engagement plan had been developed in December 2016 and it was recognised that this element now required refreshing to reflect the transition from the planning to delivery phase of the programme. The STP Governance Board had met the previous week and discussed the proposed Stakeholder Group. There was concern that this would replicate the governance arrangements and engagement groups already in place so it had been agreed to put this proposal into abeyance. Instead, the Board made a commitment to holding more frequent public meetings and events and to publish an update one year into the STP process to report on what had happened so far and what would be next. The STP Governance Board was committed to maintaining the momentum of the STP and planned to meet again the following month to continue its work.

Turning to workforce issues, the Director for System Strategy, Planning and Development stated that 47 job offers had been made so far to the Joint Emergency Team (JET Team) and 16 members of staff were in post and undergoing training. Around half of the 35.4 posts for the Stroke Early Supportive Discharge team had been advertised to date and 90 applications received, with 6 job offers made so far. Between 10-14 of the posts would be filled through rotation and job match to speed up the process. Adverts for the 155 Discharge to Assess posts would be placed shortly and officers were working with the County Council on this given the close job match to ensure that this was done in a complementary way. Two consultant posts would be offered across all project areas which represented quite a cultural shift.

The following points rose in discussion of the report:

- The Director of Public Health noted that the role of the Health and Wellbeing



Board was to bring organisations together to explore how they might work best in partnership for the benefit of all residents. This was a different role to the County Council Health Committee which had a statutory duty to scrutinise local NHS services and hold them to account;

- The Healthwatch representative said that they felt that there was something missing with regard to public engagement and priority setting to provide genuine public insight into the needs and proposals. The Head of Communications and Engagement (STP) stated that this would be fundamental to the STP Governance Board's discussions at its next meeting and that he would discuss this with Healthwatch beforehand;
- A member expressed concern that the stated purpose of the report was to provide an update on communication about the STP, but that the report itself lacked meaning and that the language used was remote and somewhat inaccessible. The Head of Communications and Engagement (STP) stated that the tone and content of all communications were designed to meet the needs of the target audience. The more technical nature of the report to the Board reflected most members' familiarity with the subject matter and their request that it should focus this time a number of specific issues. He offered to send a copy of the STP newsletter to members to illustrate the tone and content of communication with the wider public;  
(**Action:** Head of Communications and Engagement (STP))
- A CCG representative emphasised the need to avoid underestimating the extent of the workforce challenge which the county faced. There was a clear recognition that health and social care services were often targeting the same pool of potential applicants, some of whom would already be employed by partner organisations, and conversations were going on between organisations to promote complementary recruitment practices;
- Members acknowledged the importance of establishing the health and social care sectors as attractive places to work;
- The Healthwatch representative commented that they were pleasantly surprised by the number of applications received to date. They welcomed the recognition of the need for services to work together to make best use of the available workforce and welcomed the conversations that were happening to support this aim;
- A member emphasised the importance of using education to reduce demand on services;
- The GP representative noted that it was no longer as attractive for GP training practices to take on trainee GPs. This meant that many practices were looking again at whether to take on trainee GPs or to offer places to under-graduates.

Summing up, the Chairman said that the Board would reserve judgement on whether to take up the STP Delivery Unit's offer of a further development session or briefing on workforce issues pending discussions at the Stakeholder event taking place that afternoon. Should further sessions be arranged they would be designed to help members gain a greater understanding of the issues involved to inform how their respective organisations might best work together. Given that a number of new

appointments had been made recently to the Board it might also be worth considering a more general briefing session on the STP for newer members of the Board.

**(Action:** Democratic Services/ STP Delivery Unit)

It was resolved to:

- a) note and comment on the report.

### **30. JOINT STRATEGIC NEEDS ASSESSMENT CORE DATASET 2017**

The Director of Public Health stated that the Health and Wellbeing Board had a statutory duty to jointly assess the health and wellbeing needs of the population which it served and to prepare a Joint Strategic Needs Assessment (JSNA) to meet these needs. This year a detailed JSNA Core Dataset had been produced in addition to themed JSNAs to provide detailed data to inform the revision of the Board's Joint Health and Wellbeing Strategy. She noted that the Board was required formally to approve the JSNA.

The following points arose in discussion of the report:

- A member asked whether there was a process to ensure that all of this important and useful information reached those within partner organisations who would benefit seeing it. The Director of Public Health confirmed that there was a clear communication plan and that the information was shared widely;
- A member stated that there were some notable differences between Office of National Statistic (ONS) forecasts and Public Health forecasts. Anything more which could be done to validate the Joint Strategic Needs Assessment findings would be useful as conversations were already taking place on these issues with local MPs. The Chairman asked that officers should reflect on whether the Board's online presence might be enhanced to better disseminate this type of valuable information;  
**(Action:** Director of Public Health)
- Members noted that the next phase of devolution might include discussions around health outcomes and that these would be informed by the data available.

It was resolved to:

- a) discuss and comment on the information outlined in the Joint Strategic Needs Assessment (JSNA) Core Dataset 2017;
- b) note that information on themed Joint Strategic Needs Assessment work in Cambridgeshire could be found in the JSNA Summary of Themed Reports 2017;
- c) consider the key health and wellbeing needs identified in the JSNA information presented, and how these should feed into revising the Joint Health and Wellbeing Strategy;
- d) approve the Joint Strategic Needs Assessment (JSNA) Core Dataset.

**31. AGENDA PLAN**

The agenda plan would be reviewed at the next meeting in the light of discussions about future priorities at the stakeholder event taking place that afternoon.

**32. DATE OF NEXT MEETING**

The Board would meet next at 10.00am on Thursday 23 November 2017, venue to be confirmed.

Chairman