

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

**Date:** 17th September 2015

**Time:** 10.00 to 13.30

**Place:** Meeting Room 5, Bargroves Centre, Cromwell Road, St Neots

**Present:** Cambridgeshire County Council (CCC)  
Councillors P Clapp, L Nethsingha, T Orgee (Chairman) and J Whitehead  
Dr Liz Robin, Director of Public Health (PH)  
Adrian Loades, Executive Director: Children, Families and Adults  
Services (CFAS)

District Councils

S Ellington (South Cambridgeshire) and R Johnson (Cambridge City)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr John Jones

Dr Sripat Pai (substituting for Dr Neil Modha)

Healthwatch

Val Moore

**Apologies:** Councillors M Cornwell (Fenland), R Mathews (Huntingdonshire); C Malyon (Section 151 Officer), N Modha (CCG), M Berry (NHS Commissioning Board) and J Farrow (co-opted representative of Voluntary and Community Sector)

### **145. ELECTION OF VICE-CHAIRMAN/WOMAN**

Councillor Ellington was elected Vice-Chairwoman for the municipal year 2015-16.

The Chairman welcomed Val Moore, Chair of Healthwatch Cambridgeshire, to her first meeting of the Board, and welcomed Dorothy Gregson, Chief Executive to the Police and Crime Commissioner, as the Board's honoured guest, representing the Commissioner, Sir Graham Bright, who apologised that he was unable to attend.

### **146. DECLARATIONS OF INTEREST**

None

### **147. MINUTES AND ACTION LOG UPDATE**

The minutes of the meeting of 2nd July 2015 were signed as a correct record, and the Action Log update was noted.

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

The Board received a report and was read an account of the experiences of a person who had suffered several episodes of depression and made several suicide attempts. After several years of regular visits to the GP and intermittent involvement of crisis teams and hospital-based psychiatrists, the person had received 12 weeks of

cognitive behavioural therapy (CBT) and been placed on a clinical trial, and was currently free of depression. The person had nothing but praise for the emergency teams, but not for other professionals, and had been kept going through the years of depression by the help and support of a friend and the friend's partner.

Points raised and noted in the course of discussing the person's story included

- it would have been helpful to have a member of the Mental Health team present to respond
- the CCG had mental health as a priority, with resources being put into it, because of stories such as this
- the author had told the story to the Mental Health Crisis Care Concordat group, which included the leader of the crisis team and other senior staff, where a useful discussion of the experiences outlined had taken place
- GPs were of critical importance in mental health treatment; it was important that they be well trained
- 75% of those dying from suicide had not seen a psychiatrist in the year before their death
- other factors affecting the person's wellbeing had included housing, welfare benefits, employment and loneliness – it was important to look at mental health issues within the wider context
- poor communication was a feature in this story as in other patient stories
- the author's friend had been an important positive factor – to help the system be joined up to meet the needs of those who had no such friend, part of the Board's role was to ensure that services joined up round a person, including referral to voluntary agencies
- vulnerable patients needed to know what sources of help were available and how to access them
- the aim of telling the story to the Board had been to raise the level of attention mental health and the Crisis Care Concordat received at senior level.

The Chairman expressed the Board's gratitude to the person who had been brave enough to provide the story, which gave food for thought, particularly about communication, about whether people felt that they were being listened to, and how they were treated.

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

**149. PROGRESS REPORT ON HEALTH & WELL-BEING STRATEGY PRIORITY 4:  
CREATE A SAFE ENVIRONMENT AND HELP TO BUILD STRONG  
COMMUNITIES, WELLBEING AND MENTAL HEALTH**

Received a report updating members on progress with the Health and Wellbeing Strategy Priority 4: 'Create a safe environment and help to build strong communities, wellbeing and mental health'. Members noted that themes from the person's story just heard could be found in each stream of work described in the report.

In the course of discussion, members

- enquired whether the work of the various agencies described in the report was

changing the system response – for example, were GPs aware of the changes. It was important that individual service users could see that co-ordination between agencies was happening

- from a District Council perspective, reported that, as part of Local Health Partnership work, it had become apparent that a lot of council staff (in for example housing and social care) were quite frightened of any mention of mental health, thinking that it was something for specialists, so would not touch it. A Leaders' Seminar was being arranged about this problem, and workshops set up for staff to help them feel more comfortable when approaching people with mental health issues; the hope was that confidence amongst grass roots staff would grow
- noted that monthly meetings were held between partner organisations (including CCG, Cambridgeshire and Peterborough NHS Foundation Trust [CPFT] and MIND) in order to align approaches, while recognising that each organisation had its own performance indicators and priorities; care should be taken to avoid setting up duplicate or overlapping forums in addition to the existing ones
- drawing attention to the importance of suicide prevention work, expressed concern at whether this had sufficient priority in GP training, and at the level of support that GPs received. Members were advised that GPs were much engaged in the work that was going on; there were limits on GP numbers and on capacity and space in primary care to do more. Work was being undertaken with the voluntary sector and recovery coaches to ensure that nobody was discharged from hospital without access to sources of help
- enquired about work being done on the possible effects of the introduction of universal credit, which meant that people would receive their money monthly in arrears. Those with mental health problems would perhaps be less able than others to deal with these changes.

The Executive Director CFAS undertook to circulate a briefing to HWB members, before the Board's next meeting, on the work being done on universal credit and provision of support in benefits sanction cases in Children, Families and Adults Services and in the District Councils .

**Action required**

The Board noted the update.

## **150. REPORT FROM THE POLICE AND CRIME COMMISSIONER**

Received a report which introduced the Police and Crime Commissioner's strategic vision to reduce demand on public sector services through an effective prevention agenda and set out how this vision could support the work of the Health and Wellbeing Board. Dorothy Gregson, Chief Executive, Cambridgeshire Office of the Police and Crime Commissioner (PCC) presented the report.

Arising from the report, members

- asked what assistance was given to people with mental health issues who were victims of crime, and what training in this was available to frontline police. The Chief Executive advised that a victims' hub had been established, through which a victim could have access to community psychiatric nurses (CPNs) and through which police officers could also obtain support
- noted that the Crisis Care Concordat group was undertaking an analysis of police training; it was necessary to be mindful of support for police officers, a significant proportion of whose calls were mental health related, which could have an impact

on their own mental health. It was also important that police officers were in a position to refer people to sources of support – the handback into the community was very important, as evidenced in the person’s story already heard

- noted that the Police and Crime Commissioner’s office monitored police sickness absences and were very aware of the stresses on police staff; cuts were making their jobs very different from a few years ago, and it was important to ensure that staff were flourishing
- enquired whether GPs were involved in low-level diversion of alcohol. The Chief Executive undertook to feed this point back to the office; the attitude to diversion was to use it to help people change their behaviour.

The Board noted the role of the Police and Crime Commissioner as a key stakeholder within the mental health agenda specifically through his focus on prevention.

#### **151. CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION BID**

As an urgent item of business, with the Chairman’s and the Board’s agreement, the Director of Public Health explained that numerous requests were being received to approve bids for central government funding, most recently the Child and Adolescent Mental Health Transformation bid. The Chairman added that this bid had to be approved by mid-October. Members noted that the funding would support work already being undertaken.

It was resolved unanimously to delegate to the Director of Public Health, in consultation with the Chairman of the Health and Wellbeing Board, authority to sign off the bid for Child and Adolescent Mental Health Transformation funding on behalf of the Health and Wellbeing Board.

#### **152. NEW COMMUNITIES: NEW HOUSING DEVELOPMENTS AND MIGRANT POPULATIONS JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2015**

Received a report presenting the proposed scope of the New Communities: New Housing Developments and Migrant Populations JSNA. The Board noted that, while the impact of the Syrian refugee crisis on Cambridgeshire was not yet clear, it was likely that there would be a high proportion of people with mental health needs, and a high proportion of children. The Board’s advice was being sought on whether the JSNA should include an annex on refugees.

Members drew attention to the report considered by the Council’s General Purposes Committee on 15th September on the CCC Strategy for Supporting New Communities. It was also pointed out that the Local Plans for Cambridge City and for South Cambridgeshire were still being considered by the Planning Inspector; the question was asked how far the JSNA work on new communities could be slotted into the emerging local plan work, given that the Councils had proposed that the inspectors’ examination of the local plans be suspended until February 2016, and it was intended to complete the JSNA by March 2016.

The point was made that a JSNA covering both new communities and migrant populations would be extremely large, particularly given the number and extent of housing developments in the county and the need to consider their effect on the pre-existing communities. Officers advised that two working groups were covering different aspects of the report, and when it had first been decided to develop this JSNA, it had been recognised that it would equate to about three smaller JSNAs.

The Chairman pointed out that the issue of migrant populations did not overlap completely with new communities work, and rather than having refugees as an annex, there should be two separate documents.

The Board supported the proposed scope of the New Communities: New Housing Developments and Migrant Populations JSNA as outlined in the report, but as two separate JSNAs, one on New Communities and New Housing, the other on Migrants and Refugees.

### **153. ACCELERATING ACHIEVEMENT – PROGRESS UPDATE**

Received a report updating the Board on the delivery of the Accelerating Achievement Strategy 2014-16 and inviting it to consider activities across the Health and Wellbeing Partnership that supported this work. Members noted the achievement gap in Cambridgeshire between vulnerable groups of pupils and other pupils, with those children who were entitled to free school meals and also had a special educational needs or disabilities achieving least well. The strategy aimed to reduce the gap by three percentage points by 2016.

In response to their questions and comments, members noted that

- considerable work on Looked After Children (LAC) had been undertaken as part of the action plan. There was a legal requirement to produce a personal education plan every six months for LAC, but Cambridgeshire produced one each term, looking at how the additional funding could best be used for the child
- the School Improvement Service had regular Keeping in Touch visits with headteachers and chairs of governors, which now included questions about how the pupil premium was making a difference to pupils' achievement. Pupil premium Plus for LAC was funded and monitored by the Head of Virtual School
- of groups not listed in the report, including children with mental health issues and LGBT children, work with children who had English as an additional language (EAL) was focussing on Eastern European and asylum seekers. The role of the Cambridgeshire Race, Equality and Diversity Service (CREDS) included supporting the cultural identities of children who were the only ones in a community with that identity; Stonewall provided support to transgender children; and work was being done with Child and Adolescent Mental Health Services
- there were gypsy/traveller children in 46% of the county's primary schools. The CREDS team had been trying to bring some of the adults in these communities into engagement with primary schools, and the Head of Virtual School was happy to visit sites to help spread the message about what was available.

Members thanked the Head of Virtual School for a useful report and welcomed the emphasis on progression as well as on absolute levels of attainment.

The Board noted the report.

### **154. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2014/15**

Received a report presenting the 2014/15 Safeguarding Adults Board Annual Report. Members noted that the report had been supplied in draft because it had not yet been presented to the SAB for final approval. The report included key work being undertaken with partner organisations, which included Healthwatch Cambridgeshire.

Examining the report, members

- commented on the relatively poor take-up of adult safeguarding training opportunities in contrast to well-attended children's safeguarding course. It was pointed out that the statutory safeguarding children framework had a much longer history than the adult framework. Members noted that changing training to support the Making Safeguarding Personal approach (rather than process-led) had led to better take up; the hoarding course had filled on the first day it was advertised
- noted that, as a consequence of the Supreme Court judgement in relation to Deprivation of Liberty Safeguards (DoLS), Cambridgeshire, like other local authorities, was now operating with a significant DoLS waiting list and was trying to gather suitably qualified staff to tackle this
- asked what the network of engagement was with care homes. Members were advised that there were regular provider forums, well-attended, at which the safeguarding message was communicated and providers had the opportunity to ask questions. However, the forums did not cover providers with whom the local authority did not place people, and there was a question of how best to engage them in a proactive preventative relationship. Members noted that Helathwatch Cambridgeshire was in discussion with care homes
- in relation to pressures on care homes, including the forthcoming national living wage, noted that the Care Quality Commission would expect care homes to continue to maintain sufficient staff; local authorities and providers had already started to raise the issue with the comprehensive spending review
- offered congratulations on many aspects of the report, in particular the nomination for one of the National Learning Disability and Autism Awards.

Drawing attention to the Safeguarding Adults Board work with Cambridge University colleagues, the Chairman suggested that there was more that the HWB could do to inform its own practice. The Service Director: Adult Social Care offered to provide a report on work in relation to safeguarding being undertaken with the universities.

The Board noted the Cambridgeshire Safeguarding Adults Board 2014-15 Annual Report and resolved unanimously to receive an update report later in the financial year on work in relation to safeguarding being undertaken with the universities.

#### **155. CAMBRIDGESHIRE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2014-15**

Received a report presenting the Local Safeguarding Children Board Annual Report for 2014-15. Members noted that the report had been supplied in draft because it was still to be presented to the LSCB on 22nd September 2015. Andy Jarvis, Business Manager for LSCB, attended to represent the LSCB Chair, Felicity Schofield, who sent her apologies.

Members noted that there was a statutory duty on the LSCB to present its annual report to the HWB. The main events of 2014-15 had been the Ofsted inspection and three serious case reviews. The LSCB's main priorities had been domestic abuse, child sexual exploitation, and safeguarding disabled children.

In response to the report, members

- congratulated the Business Manager on the report, which was much pithier and

more accessible than its predecessors

- drew attention to the importance of children's mental health, particularly in relation to self-harm and suicide
- enquired whether every member of staff working with children was currently aware of child protection policies. Members were advised that the LSCB had gone out to every agency to ask that very question, and was seeking replies from those that had not yet responded
- commented that considerable work on child sexual exploitation was being carried out in Wisbech, but not reflected in the report; every member of staff was being encouraged to report suspicions of child sexual abuse
- encouraged work to improve the transition between children's and adult services. The Executive Director CFAS said that it would be possible to have initial discussions between the Safeguarding Adults Board and the LSCB and bring a report to the HWB. One of the serious case reviews had included a hiatus in transition, with the young person almost having to re-register for the adult version of the service they had received as a child. **Action required**

The Health and Wellbeing Board resolved unanimously to confirm that, including the Safeguarding Adults Board, all three statutory partnerships shared the Health and Wellbeing Board Strategic priority to:

“Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.”

#### **156. BETTER CARE FUND UPDATE**

Received a report presenting a copy of the Quarterly Report on the Better Care Fund (BCF) in the first quarter of 2015/16, submitted on 28 August. Members noted that the target of a reduction of 1% in non-elective admissions had not quite been achieved. This was believed largely to be due to the period of setting up and mobilisation that had followed the start of the UnitingCare contract on 1st April; it would take time for UnitingCare's initiatives to take effect.

The Board noted that the CCG had started discussions with UnitingCare on metrics for the user experience, and Healthwatch had also started work with UnitingCare. Healthwatch and CCG agreed to share their work with each other.

Members commented that the report had not been easy to understand, and sought assurance that progress was being made in the right direction, remarking that only the CCG and UnitingCare could make the figures move. The Chairman thanked officers for their report; the Board would await the next report with interest.

The Board noted the Better Care Fund Quarterly Report.

#### **157. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME**

Received a report updating the Board on the Health and Care System Transformation Programme; the CCG was leading a process to plan changes to the health system to improve outcomes for people and enable financial sustainability. Members noted the

early engagement work and analytical work being undertaken. The CCG's application for 'Urgent and Emergency Care' Vanguard had been successful, bringing with it funding and support for work on the management of emergency and urgent care.

Discussing the report, members of the Board

- expressed concern at the lack of progress since the report to the Board at its July meeting. The present report set out a clear description of the challenge, but no indication of how to solve it; events had been overtaking progress. The CCG Director of Corporate Affairs, attending the meeting on behalf of the Programme Director System Transformation Programme, acknowledged that developments such as the Vanguard bid and recent pressures at Addenbrooke's Hospital were making it necessary to adapt the transformation programme to events
- noted that the CCG Board had looked at the increasing budget pressures at its meeting on 15th September; money was forcing conversations between organisations, as no single organisation could solve the financial challenge alone
- observed that there were signs of change, such as some GP practices federating or joining into super practices
- commented that there was a lack of urgency in the report; it had been known for the last 18 months that there would be a shortfall in funding in 2019. The Board noted that more detailed conversations were taking place than were reported in the present public paper.

The Director of Public Health reported that she had been asked to lead on the development of a Prevention Scoping Strategy for the Cambridgeshire and Peterborough workstream tripartite group, working with the Executive Director CFAS. The strategy arising from this scoping work would be brought to meetings of both the Cambridgeshire and the Peterborough HWB.

The Board noted the report.

## **158. FORWARD AGENDA PLAN**

Considered the HWB agenda plan, noting that a Board development day was planned for the morning of 29th October.

As well as adding the Prevention Scoping Strategy (minute 156 refers) to the agenda plan for 19th November 2015, it was suggested that, in view of the forthcoming publication of the Care Quality Commission (CQC) report on Cambridge University Hospitals NHS Foundation Trust (CUHFT), an update on developments at CUHFT be added to the November agenda. The Board was advised that both CUHFT and CQC had been invited to attend a meeting of the Health Committee on 5th November.

**Action required**

The Director of Public Health (DPH) advised that a bid by Cambridgeshire and Peterborough for participation in the first wave of the NHS Diabetes Prevention Programme was being submitted; the submission deadline was 18th September, and the needed to be approved by the DPH and the Chair of the HWB. She offered to circulate the bid form to Board members.

**Action required**

## **159. DATES OF NEXT MEETING**

Noted dates of the Board's forthcoming meetings (all at 10am on Thursdays):



- 19th November, Shire Hall, Cambridge CB3 0AP
- 14th January 2016, South Cambridgeshire Hall, Cambourne CB23 6EA
- 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

Chairman