CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 10th July 2014

Time: 10.00am – 1.10pm

Place: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillors A Bailey, L Nethsingha and T Orgee (Chairman)
Dr Liz Robin, Director of Public Health (PH)
Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)

District Councils
Councillors S Ellington (South Cambridgeshire), P Roberts (Cambridge), J Schumann (East Cambridgeshire) and R West (Huntingdonshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr John Jones, Dr David Roberts (substituting for Dr Modha)

Healthwatch
Ruth Rogers

NHS Commissioning Board
Margaret Berry OBE

Present by invitation:
Rebecca Hudson (CFAS) and Nigel Spencer (CCG) [item 4, minute 63]
Claire Bruin (CFAS) [item 5, minute 64]
Dr Kirsteen Watson (PH) [items 6 & 8, minutes 65 & 67]
Helen Brown (Carers' Trust), Juliet Snell (Centre 33) and Sarah Ferguson (CFAS) [item 7, minute 66]
Kelvin Rowland-Jones (NHS England) [item 8, minute 67]
Dr Fiona Head and Jessica Bawden (CCG) [item 10, minute 69]
Iain Green [District Council officer adviser]

Apologies: Councillors M Cornwell, S Rylance and J Whitehead; Dr N Modha.

60. DECLARATIONS OF INTEREST

Dr Jones and Dr Roberts declared an interest in the Pharmaceutical Needs Assessment (agenda item 8, minute 67) as dispensing doctors.

61. MINUTES – 11th June 2014

The minutes were agreed as a correct record and were signed by the Chairman.

62. MINUTES ACTION LOG UPDATE

The log of responses to actions arising from the Board's April meeting was noted. In relation to outstanding actions the Board

- agreed that the letter to NHS England about provision of primary care services (minute 54) would be circulated immediately it had been finalised
- noted that PWC's input to the Five-Year Strategic Plan (minute 54) had been incorporated in the most recent version of the Plan on the internet
- noted that the Road Safety Partnership report on Reducing Road Traffic Accidents (minute 55) would be brought to the Board once completed.

63. BETTER CARE FUND UPDATE

The Board received a report updating it on preparations for the Better Care Fund (BCF), seeking its agreement for proposed governance arrangements, and updating it on discussions relating to the use of Section 256 funding for 2014/15. Members were advised that the communication to all organisations that submitted proposals to the BCF (referred to in the report) had now been sent; the communication had expressed concern about how the BCF was being taken forward at national level.

The Board was reminded that, at its recent Development Day, members had expressed concern at the possible destabilisation of the health and social care sector arising from the shifting of funds from health to social care; it had been hoped that guidance would provide more details of how changes would be delivered, preferably over a longer timescale, but no guidance had yet been received. Initially it had appeared that there would be no withholding of funding for failure to perform, but a very recent announcement by the Department of Health (DH) had indicated that tighter performance requirements would be applied to the scheme. The collective approach proposed locally was to look, over the medium term, at how to balance new investment in community care services with dis-investment in acute hospital services.

Members were advised that of the total national BCF funding of £3.8bn, £400m would only be paid if attendance at hospital Accident and Emergency (A&E) departments was reduced, and £600m was being ring-fenced to investment in community services. The cumulative effect of these changes was significantly to reduce the money available for new working.

Discussing the BCF developments, Board members

- asked whether any arrangements were being made to hear the voice of service users. Officers advised that the intention was to talk to them, especially about what they needed as community support, as part of ongoing work about to start
- enquired how the BCF fitted in with the Transforming Lives programme, and with the CCG's consultation on older people's healthcare and adult community services, and reported that concern had been expressed at the Adults Committee about the BCF and the CCG consultation. Members were advised that the CCG consultation was about a longer-term transformational programme, with aims which overlapped with those of BCF. Potential providers would want to talk to County and District Councils about how services could be reshaped; it was necessary to be clear about outcomes
- expressed concern about various aspects of the proposed officer executive group, the Cambridgeshire Executive Partnership Board (CEPB)
    - commented that the size of the CEPB (over 30 members) would make it difficult for it to come to conclusions, and some of the members were of such seniority that they could find it difficult to commit the necessary time

- asked what the relationship was between the CEPB and the CCG's Older People's Programme Board, and how their work on the five-year plan would be co-ordinated
- queried the rationale for rotating the chairmanship between CCC and CCG.

The Executive Director explained that the size of the membership was a result of the wish to be inclusive. CCC membership would include one director of social services and four other senior staff members. There would be some duplication with the Older People's Programme Board, to ensure that each was aware of the other's work. The rotating chairmanship had not been previously raised as an issue; it would be possible to extend the rotation beyond just CCC and CCG. The initial meeting of the CEPB had had to be postponed to allow time to arrive at an understanding of the changes to the BCF announced very recently by the DH

- stressed the importance of the various agencies talking to each other, and welcomed the inclusion of providers on the CEPB as contributing a voice to the discussion which was missing from the Health and Wellbeing Board membership
- noted that, as an officer body, the CEPB would not be meeting in public.

The Board

- noted the update on preparations for the Better Care Fund
- agreed the formation of the Cambridgeshire Executive Partnership Board and the Integration Forum.

64. SAFEGUARDING ADULTS ANNUAL REPORT 2013/14

The Board received the Safeguarding Adults Board Annual Report for 2013/14. Members' attention was drawn to matters such as whether non-compliance against contract standards amounted to abuse, and issues surrounding incidents where a service user, living in a residential/nursing home or specialist accommodation, was the alleged perpetrator of abuse. Members noted that the Care Act 2014 placed new statutory duties on local authorities for helping and protecting vulnerable adults experiencing or at risk of abuse or neglect.

In the course of considering how to ensure that the general public was made aware of adult safeguarding, and how to support the roll out of adult safeguarding training for GPs, members

- welcomed the protection for adults that the Care Act provided, and expressed appreciation for the work already being done to safeguard adults in the county
- recalled that a DVD had been made by Age UK some year ago which had proved quite effective in reaching various audiences
- commented on the difficult balance to be found when dealing with alleged perpetrators who were incapable of understanding what they were doing; while it was probably necessary to deal with it through safeguarding procedures, so that incidents were logged, but as a sub-pathway
- said that awareness of safeguarding issues, and of how to identify vulnerable older people at risk, should be raised not only amongst GPs, but amongst agency carers and other health workers such as chiropodists. Members noted that home care agencies were required to have a programme of staff training, and Cambridgeshire Community Services NHS Trust (CCS) trained its staff, e.g. occupational therapists

- suggested that, because much of the content was common to children's and adults' work, it could be an efficient use of people's time to provide safeguarding training across both age groups; members noted that some training had already taken place jointly with the Safeguarding Children Board
- commented that younger family members were often unaware of how vulnerable their older relative was
- drew attention to concerns, referred to in the report and highlighted in the media, about abuse occurring in private residential and nursing homes, and asked what was being done to address this.

  Members were advised that information on possible abuse was gathered not only through Care Quality Commission (CQC) inspections, but also through the regular routine visits of health workers (e.g. district nurses) and GPs, who already took part in information-sharing meetings with social care staff; Healthwatch also now participated in these meetings.

  CCC staff were encouraged to log any safeguarding concerns they had and speak to the manager of the home. If a large number of concerns were to be raised about the same home, this would act as a trigger for further enquiries. Members urged that District Council staff be included in training and information-sharing, as they also went into homes for various reasons; it was noted that there was already District representation on the Safeguarding Adults Board.

The Executive Director undertook to ensure that 'soft' concerns were included in the incident reporting database, and that staff could see and contribute to the database on a multi-agency basis. **Action: A Loades**

The Board noted the Cambridgeshire Safeguarding Adults Board Annual Report.

65. UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) PROGRAMME

The Board received three Joint Strategic Needs Assessment (JSNA) reports produced during 2013/14 together with the JSNA Summary Report. The Director of Public Health expressed her thanks to Wendy Quarry, who had co-ordinated the JSNA Steering Group, and to Dr Emily Steggall, who had put great energy and effort into the Carer's JSNA work, but was prevented by ill-health from attending the present meeting. Members welcomed the JSNAs as important and useful documents. [The presentation introducing each report is attached to these minutes as Appendix A.]

a) Carers' JSNA

Discussing the Carers' JSNA, members

- raised the question of the lack of research evidence on what were effective interventions and asked whether any work was being done locally to gather evidence. The Director of Public Health said that the available research studies were often small and not robust; this did not mean that interventions were ineffective, but that there was a lack of good research evidence for efficacy.

  There were opportunities to link with universities on the work being done in Cambridgeshire, and to co-operate with other Health and Wellbeing Boards, who also needed robust evidence. The Carers' Trust representative added that, while there was not a huge weight of large-scale evidence, there were smaller studies showing the effectiveness of supporting carers

- commented that it was possible to move in and out of being a carer, and noted that there was no national definition of a carer; the definition used by the Carers' Trust was that used by e.g. GPs
- noted that the Care Act placed a new statutory duty on local authorities to conduct needs assessments for carers.

b) Older People – primary prevention of Ill Health JSNA

Introducing the Primary Prevention of Ill Health in Older People JSNA, the Consultant in Public Health Medicine thanked the attendees at the stakeholders' event for their contribution to the work. Discussing the JSNA, members

- commented that it was interesting to see the differences between groups of older people; there was a challenge in reaching those younger older people who were not identifying with groups or participating in older peoples' activities
- noted that work with younger older people linked with work on prevention of ill-health in adults of working age
- drew attention to the need to equip homecare workers to identify malnutrition; there was evidence that increasing older people's intake of Vitamin D could reduce the incidence of fractures – and the subsequent need for social care
- drew attention to the importance of reducing social isolation and noted that both this JSNA and the Older People's Mental Health JSNA raised the issue
- commended the fact that this JSNA was feeding in to the CCG's Older People's Services bid as an excellent example of making use of a JSNA.

c) Older People's Mental Health JSNA

Discussing the Older People's Mental Health JSNA, members made and noted various points in relation to the diagnosis and treatment of dementia and depression, including

- there were measures available to alleviate physical causes of dementia and depression, for example, there was evidence of exercise as a preventative measure
- chemical changes occurred in the brain of a person with depression, but it was unclear whether these changes resulted from or were caused by the depression; changing the balance of chemicals through medication could help alleviate the condition
- it was possible to over-medicate for depression; alternative approaches included the use of Cognitive Behavioural Therapy (CBT)
- some dementias, e.g. vascular dementia, responded well to preventative measures
- it was not surprising that dementia diagnosis rates were low, because patients and their families were reluctant to find out that they faced a long-term and potentially difficult prospect
- while supporting people with dementia at home was a laudable objective in theory, in practice supporting a person with severe dementia was a demanding and difficult task; transferring to residential care could be a positive and helpful move.

In answer to a question about how much evidence there was of the impact of delaying dementia, and whether the dementia developed more slowly once it could no longer be delayed, the Director of Public Health said that there was university work being done on dementia modelling. She offered to forward information on this work to the questioner and other members. **Action: L Robin**

d) JSNA Summary Report 2013/14

The Board received the Summary Report for 2013/14. Members noted a typographical error on page 4: 'The population of Cambridgeshire is forecast to grow by 22.6% between 2012 and 2013' should read 'between 2012 and 2031'.

The Board was reminded that it had not approved the Adult Mental Health JSNA at its last meeting. The Summary Report included summarised findings from this JSNA, excluding those aspects of the JSNA which the Board had identified as requiring further work, in order that officers could take forward the previous meeting's decision 'to agree not to delay any work that had been identified as requiring to be started'.

Decision

The Health and Wellbeing Board

1. resolved to approve the following JSNA documents:
    - Carers' JSNA
    - Older People – primary prevention of ill health JSNA
    - Older People's Mental Health JSNA
    - JSNA Summary Report , including the summarised Adult Mental Health JSNA
2. noted the implications of the needs identified in these JSNAs for strategy development and the potential for joint commissioning through Section 75 or other forms of integrated working
3. agreed the proposal to conduct a review of the extent to which the current Joint Health and Wellbeing Strategies (which had been developed during 2012 prior to the implementation of the Health and Social Care Act) met the needs outlined in the summary JSNA
4. noted the scope and progress of the Children and Young People's JSNA and the Transport JSNA.

66. YOUNG CARERS

The Board received a report on young carers in Cambridgeshire, and the provisions of two new laws as they related to young carers, the Children and Families Act 2014 and the Care Act 2014. Members noted that the duties of these two acts lay with the local authority, rather than the Health and Wellbeing Board, which did not have a specific role in current legislation, although further legislation was awaited. .

In the course of discussing the report, members

- asked what role schools could play in making young carers aware of the help available to them. The Director of Centre 33 said that their awareness-raising film 'The Message' had been used as part of a training programme which had trained 400 school staff since 2009. Academies were under no requirement to provide such training and practice varied between schools; some work on young carers was being done through the school improvement team

- suggested that young carers should be tracked through school in a similar way to that used for Looked After Children; it was proposed and agreed that the Board write to national bodies to say that young carers should be formally identified and tracked as a group **Action: S Ferguson**
- pointed out that each school still received an annual 'keeping in touch' visit; a question about young carers would be asked on every such visit. The Executive Director said that work could be done locally to track young carers **Action: S Ferguson**
- commented that there was work to be done to increase GPs' awareness of young carers
- enquired about the availability of resources to support the work to be done with young carers. Members were advised that there was some funding. Assessments should not be conducted without also providing support once needs had been identified; this support would come from a range of specialist and other services
- pointed out that schools needed to know who their young carers were and should then offer them support through pastoral care teams; resources needed to be provided where the young carers were.

  The Director of Centre 33 said that there was currently a three-year pilot on young carer support. Some schools were very proactive, but others tended to identify young carers as a problem pupil rather than as a carer. 'The Message' training programme included information on how to identify carers, including such signs as lateness and tiredness.

  The Chief Executive of the Carers Trust added that not all young carers wished to be identified as such, because caring was often associated with experiencing bullying. The report had been brought to the Board because the approach of the legislation was to look at whole families.

In relation to the way forward, the Service Director: Enhanced and Preventative Services undertook to look further at how to establish improved pathways between the Drug and Alcohol Action Team (DAAT) and Children's Services. **Action: S Ferguson**

The Executive Director undertook to arrange an event (day or half-day) under the auspices of the Board, funded by CFAS, to bring agencies together to look at issues and move to action planning. This could include input from schools. **Action: A Loades**

The Board noted the report and asked to receive a further report in six months' time.

67. PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a report summarising the findings of the updated Cambridgeshire Pharmaceutical Needs Assessment (PNA) 2014 from the Public Health Consultant leading the work. The Contract Manager - Primary Care (NHS England - East Anglia Area Team) thanked the stakeholder group for its considerable engagement, and public health specialist registrar Dr Erlend Aasheim for his substantial contribution to the work. He also said that NHS England appreciated the fact that Cambridgeshire, unlike some authorities, had already completed its PNA.

In the course of discussion, members

- commented that vulnerable and hard to reach groups needed to have access to pharmaceutical services wherever they lived
- noted that, although the regulations had been set by the DH meant that the prescriber prescribed and the dispenser dispensed, dispensing doctors did continue to exist. Applying the findings of the PNA when challenging applications for a new pharmacy would help to protect current dispensing doctors
- commented that some risks in the system had not been mentioned in the report, such as the situation of a pharmacist retiring and being unable to hand on his business; the effect of changes to the Primary Care Trust formulary and then the CCG formulary had been to cause a substantial reduction in in dispensary income. Members were advised that the Board would need to decide if a new PNA was needed; the six-monthly reviews carried out by the PNA Steering Group would reveal the closure or merging of a dispensing practice.

The Board resolved

a) to approve the final Pharmaceutical Needs Assessment submitted by the multi-agency PNA Steering Group.

b) to note that commissioners were asked to note the findings and the areas which were highlighted for further engagement and collaboration with pharmaceutical providers to improve the health and wellbeing of local residents.

68. HEALTH PROTECTION ANNUAL REPORT

The Board received its first annual update on health protection in Cambridgeshire, including a summary of health protection activity and multi-agency plans, and setting out the relationship of health protection responsibilities to the JSNA and the Health and Wellbeing Strategy priorities. Introducing the report, the Director of Public Health thanked the report's author, Dr Linda Sheridan, who was unable to be present.

Members noted that much health protection work took place at a low level, and often fast and effective co-operation between different bodies was needed on occasions when an incident arose. The Chairman expressed his appreciation for the way in which a recent local outbreak of TB had been dealt with by Public Health organisations.

The Board resolved

a) to receive the Cambridgeshire Health Protection Annual Report

b) to note its content and its relevance to the wider Health and Wellbeing Strategy.

69. CCG 5 YEAR STRATEGY UPDATE

The Board received a report updating it on the ongoing development of the Local Health Economy 5 Year Strategic Plan/ System Blueprint. Members noted that PwC had modelled the financial position and identified that there would be a substantial funding gap if no action were to be taken to develop sustainable models of care.

Discussing the report, members

- commented that the savings required were so substantial as to be extremely difficult to achieve, or even unrealistic
- noted that a funding gap of £100m had been predicted some years ago but had not come to pass, which gave grounds for hope about the proposed approach
- stressed the importance of engaging local people in taking responsibility for their own health, using the example of obesity
- commented on the stark differences in year to year outturn figures, and noted that financial assumptions became less and less precise for future years
- noted that factors accounting for the £300m financial gap across the health system that would occur by 2018/19 if no provider savings were to be achieved included changes in demography, trends in hospital use, and inflation in the costs of drugs and techniques, rather than a drop in local health funding; some of the report concerned how to address assumptions in modelling
- suggested that pressure needed to be put on central government to pay greater attention to the question of how to encourage the acute sector to be more community-based.

The Board noted the report.

70. CURRENT AND FORWARD AGENDA PLAN

The forward agenda plan was noted, with the addition of the Adult Mental Health JSNA and the Review of the Joint Health and Wellbeing Strategy to the agenda for 2nd October 2014, and a further report on young carers to the agenda for 15th January 2015.

71. DATE OF NEXT MEETING

Members noted that the Board's next ordinary meeting would be at 10am on Thursday 2nd October 2014, venue to be confirmed.

72. AGREED DATES BEYOND OCTOBER

Members noted that subsequent meetings would be held at 10am on Thursdays 15th January 2015 and 30th April 2015, venues to be confirmed.

Chairman