

## **A MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 30<sup>th</sup> May 2019

**Time:** 10.00am-12:00pm

**Venue:** The Kreis Viersen Room, Shire Hall, Castle Street, Cambridge, CB3 0AP

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

Councillor Roger Hickford (Chairman)

Councillor Mark Howell

Councillor Linda Jones

Councillor Susan van de Ven

Dr Liz Robin - Director of Public Health

Wendi Ogle-Welbourn - Executive Director: People and Communities

Daniel Snowdon – Democratic Services Officer

James Veitch - Democratic Services Officer Trainee

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Jan Thomas - CCG, Accountable Officer (Vice-Chair)

City and District Councils

Councillor Geoff Harvey – South Cambridgeshire District Council

Councillor Jill Watkin-Tavener- Huntingdonshire District Council

NHS Providers

Keith Reynolds - North West Anglian Foundation Trust (NWAFT) (Substituting for Caroline Walker)

Matthew Winn - Cambridgeshire Community Services NHS Trust (CCS)

Tracy Dowling – Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Healthwatch

Val Moore - Healthwatch

Apologies:

Caroline Walker – North West Anglia Foundation Trust (NWAFT)

Chris Malyon – Section 151 Officer, Cambridgeshire County Council

Stephen Posey – Papworth Hospital NHS Foundation Trust

Councillor Joshua Schumann – East Cambridgeshire District Council

Vivienne Stimpson - NHS England Midlands and East Director of Nursing

Councillor Samantha Hoy- Cambridgeshire County Council

Jessica Bawden - CCG, Director of Corporate Affairs

Julie Farrow - Chief Executive of the Hunts Forum of Voluntary Organisations

### **143. NOTIFICATION OF CHAIRMAN/CHAIRWOMEN**

The Board noted that on the 14<sup>th</sup> May 2019, the County Council appointed Councillor Roger Hickford as Chairman of the Cambridgeshire Health and Wellbeing Board (HWB) for the municipal year 2019/20.

#### **144. ELECTION OF VICECHAIRMAN/CHAIRWOMEN**

Members noted that the Board's Standing Orders required that a Vice-Chairman/woman be elected from one of three representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

It was resolved unanimously:

To elect Jan Thomas as Vice-Chairwoman of the Cambridgeshire Health and Wellbeing Board.

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

Apologies for absence were noted as recorded above.

The representative from Healthwatch stated that she was now the chair of the Integrated Commissioning Board since April 2019, for the remainder of the 2019/20 municipal year.

#### **146. MINUTES - 28<sup>TH</sup> MARCH 2019**

The minutes of the meeting on 28<sup>th</sup> March 2019 were agreed as an accurate record and signed by the Chairman.

#### **147. MINUTES – ACTION LOG**

The Action Log was reviewed and the following update was noted:

Minute 136: Clinical Commissioning Group (CCG) Planning for 2019/20 and the NHS 10 Year Plan - The representative from Healthwatch stated that the meeting between Jessica Bawden, Jan Thomas and Julie Farrow had been positive, however the voluntary sector was still unclear on how the commissioning process was going to be finalised. A follow up meeting had been arranged.

#### **148. SCHEME OF AUTHORISATIONS FOR PHARMACY CONSOLIDATION**

The Board received a report requesting that they delegate responsibility to the Director of Public Health, in consultation with the Chair and Vice-Chair, for responding to notifications of pharmacy consolidations on behalf of the Health and Wellbeing Board, in order for the Board to fulfil its statutory duties. The Senior Public Health Manager stated that the HWB had a statutory duty to respond to applications for consolidations within 45 days of notification. The Board however was not always scheduled to meet within the 45-day time-period and therefore delegated authority to respond was being requested.

Arising from the discussion:

- The Chairman sought clarification as to whether other HWBs had this problem and if so, had they delegated responsibility for the response. The Senior Public Health Manager stated that he had not checked other Boards' procedures, but suggested that other HWBs would have the same problem.
- An Elected Member sought clarity regarding the definition of a 'gap in provision'. The Senior Public Health Manager stated that a 'gap in provision'

accounted for a range of different factors such as; the number of pharmacies per population, distance between pharmacies, access, type of services they provided and opening hours. If the merging of two pharmacies had any negative implications for any of these factors, it could be considered a gap. The Chairman suggested with agreement from the Member that in future, the draft response should reiterate the criteria. The Director of Public Health stated that in the event of an application being received she would circulate the draft response to the Board and invite comments. **(Action required, Director of Public Health)**

- An Elected Member noted the governance changes proposed for the HWB and how this could lead to the 45-day consultation period no longer being an issue for the Cambridgeshire HWB. The Chairman stated that the remit of the 'Core' and 'Whole System' Joint Sub-Committee would not cover this issue. The Director of Public Health confirmed that the Pharmaceutical Needs Assessment (PNA) was a statutory duty for both Cambridgeshire and Peterborough's HWBs and would be outside the remit of the Joint Sub-Committees.
- An Elected Member commented that the Local Member should also be consulted when the response was being drafted.
- An Elected Member queried why Pharmacy Consolidation Applications happened so rarely. The Senior Public Health Manager advised that it had been influenced by the new pharmacy contract; Cambridgeshire had not received an application under the current PNA. He commented further that such applications although rare did attract public concern.

It was resolved unanimously to:

- a) Note the statutory duty of the Health and Wellbeing Board to respond to "Excepted Applications" termed a "Consolidated Application", and
- b) Delegate authority to the Director of Public Health in consultation with the Chair, Vice-Chair and Local Members to respond to notifications from NHS England of "Excepted Applications" termed a "Consolidated Application" on behalf of the Board.

#### **149. FEEDBACK FROM THE JOINT DEVELOPMENT SESSION WITH CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS**

The Board received a report providing an update from the joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards, held on the 28<sup>th</sup> March 2019, which the Local Government Association had facilitated. The session had discussed the creation of a new system vision that could help negate some of the challenges facing in the current local system. Board members were informed that progress had been achieved regarding agreeing the local priorities, which would assist in formulating the Health and Wellbeing Board Strategy (HWBS). The session had also discussed the joint working arrangements between Cambridgeshire and Peterborough through the creation of Joint-Sub-committees.

Arising from the discussion:

- The representative from Healthwatch informed the Board that they had organised a working group that would validate the results from the independent consultation on the NHS Long Term Plan. Board members noted that they had a strong data set based on 750 completed surveys, 43 people attending the focus groups and over 1000 pieces of feedback, which could be drawn upon for future research. The Chairman noted the positive nature of the research and asked who had completed the surveys. The representative from Healthwatch confirmed that with advice from the CCG and the Sustainability Transformation Partnership (STP) they had received feedback from: children and young people, refugees, asylum seekers, new settled migrants and older people. The Head of Public Health Business Programmes commented that she would be attending this group and the research would feed into the HWBs.

It was resolved to:

Note and comment on the content of the HWB Joint Development Session update report.

**150. UPDATE ON TERMS OF REFERENCE FOR THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AND CREATE A FURTHER JOINT SUB-COMMITTEE WITH PETERBOROUGH'S BOARD**

The Board received a report that sought to update the terms of reference of the Cambridge Health and Wellbeing Board by aligning them with those of the Peterborough Health and Wellbeing Board. The report also sought to amend the terms of reference for the Joint Cambridge and Peterborough Health and Wellbeing Board and create further joint sub-committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.

The Director of Public Health thanked the Democratic Services team who had provided advice and guidance during the drafting of the report and confirmed that the proposal had been discussed with partners across the system. Following discussions with the Monitoring Officer, it had been decided to revise the terms of reference (TORs) for both the Cambridgeshire and Peterborough HWBs to ensure that the functions of the HWBs used the same wording, which would enable clear delegation to the joint sub-committees. The only other change in the Cambridgeshire HWB TORs was the removal of the Chief Finance Officer (Section 151) from the membership list. The Board noted the comments of the Director of Public Health regarding an amendment to the TORs relating to the chairmanship of the Joint Sub-Committees. The Chairs would alternate annually, but to ensure stability the first year would extend to the end of the 2020/21 municipal year. The Board noted that the report and TORs would require the approval of the Constitution and Ethics Committee and Full Council.

In discussion:

- An elected Member raised concerns regarding the membership of the 'Whole System' and 'Core' Joint Sub-Committee and how it could create looser working arrangements between Committees. The Director of Public Health commented that it was challenging to balance the membership of the Sub-Committees, but stated that she believed there were clear routes for the views and decisions of the Health Committee, with its responsibilities for public health in Cambridgeshire, to be taken into both Sub-Committees. The Chairman commented that the new

proposals would provide greater opportunity for connectivity and discussion between Committees.

- An elected Member also raised her concerns regarding the loosening of the relationship between the HWB and Health Committee. She commented that the responsibilities and expertise of the Health Committee needed to connect with the HWB.
- The Executive Director, People and Communities stated that across the system they had attempted to create a more local, placed based delivery system. She was confident that work at a local level would be undertaken to ensure that the priorities of the HWBs were being implemented.
- An Elected Member commented that there was not sufficient time at the development session on 28<sup>th</sup> March to discuss the matter fully.
- An Elected Member sought clarification regarding the additions to the delegated authority of the Cambridgeshire HWB. The Director of Public Health confirmed that this had occurred due to the consolidation of both Cambridgeshire and Peterborough's HWB TORs and the need to have the same wording regarding functions of the HWB Boards.
- An Elected Member expressed her concerns regarding the delegated authority of the 'Core' Joint Sub-Committee. She commented that the Sub-Committee had limited democratic representation, but seemed to be making significant decisions regarding joint commissioning across health and social care, without any reference to other CCC Committees or the HWB. The Director Public Health stated that authority would be delegated when the issue involved both Cambridgeshire and Peterborough.
- An Elected Member reiterated their concerns regarding a democratic deficit being established. The Director of Public Health stated that they did not want the 'Core' Joint Sub-Committee to stop communicating with other Committees or to meet in private. She suggested they could circulate the papers for the Core Joint Sub-Committee to HWB Board Members for review. **(Action Required - Director of Public Health)**The Chairman agreed and stated it was an oscillating landscape but agreed that they should be as transparent as possible.
- An Elected Member expressed concerns regarding the quantity and clarity of the text found in the report. She commented that she believed that in the report reference should be made to the 'Core' Joint Sub-Committee 'picking up' the delegated functions of the 'Whole System' Joint Sub-Committee. The Director of Public Health stated the report was structured this way because of the legal guidance they had received.
- The Board's CCS representative commented that discussions should not be duplicated at different meetings across the system and encouraged the Board to move forward with the proposals and begin to plan the future agenda.
- The Chairman commented that he supported the proposals largely based on their proposed efficiency; he noted that the review would allow them to change the dynamics of the Joint Sub-Committees if required.

- The Vice-Chairwoman drew attention to the membership of other HWBs and queried why the Cambridgeshire HWB did not contain representation from the Police, Fire and other public services. The Director of Public Health agreed to take forward reviewing the membership of the Board.

An Elected Member suggested that it was not appropriate for a review to be undertaken in 2021, and proposed that it should be reviewed next year. In light of the discussion, the Chairman agreed that the review would be undertaken in 2020.

- The representative from CCS suggested thorough consideration was required regarding the membership of the new Joint Sub-Committees.
- The representative from NWAFT stated that he was supportive of the process presented in the report
- It was proposed by the representative from Healthwatch with the unanimous agreement of the Board that delegated authority of the Cambridgeshire HWB should keep under consideration the financial and organisational implications of joint and integrated working across health and social care be amended to include the impact on people's experience. The Director of Public Health informed the Board that the amendment would also have to be agreed by Peterborough's HWB.
- An Elected Member queried when the 'Whole System' Joint Sub-Committee would be reviewed and asked would the review include its effectiveness. The Director of Public Health stated that they could review it in 2020 after a year, and confirmed that the review would analyse the effectiveness of the Sub-Committee.
- The Executive Director, People and Communities stated that the authority already had joint working arrangements such as her role and the Director of Public Health. This had highlighted the benefits and effectiveness of joint working arrangements.
- The Vice Chair suggested that work needed to be undertaken to facilitate more integrated working arrangements.
- The Chairman thanked all officers involved in the production of the report. He requested that a review of the functioning and effectiveness of the Joint Sub-Committee be undertaken within one year. **(Action Required, Director of Public Health)**

It was resolved to:

- a) Endorse the updated terms of reference of the Cambridgeshire Health and Wellbeing Board and the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both Boards) and refer these to the Constitution and Ethics Committee for recommendation to Full Council
- b) Endorse the proposed terms of reference for the new sub-committee of the Health and Wellbeing Boards, and refer this to the Constitution and Ethics Committee for recommendation to Full Council.
- c) Review the function and effectiveness of the Joint Sub-Committees after one year

## 151. EAST CAMBRIDGESHIRE & FENLAND LIVING WELL PARTNERSHIP UPDATE

The Board received a report providing an update on the East Cambridgeshire & Fenland Living Well Partnership (LWP). The Environmental Manager at East Cambridgeshire District Council drew the Boards attention to the Background and Main Issues section of the report. The Head of Public Health Business Programmes drew the Boards attention to the Summary and Next Step section of the report.

In discussion:

- An Elected Member questioned whether the Board had an agreed approach for the further development of LWPs.
- An Elected Member commented that the Board needed more information to comment upon LWPs being used as a district based partnership. The Head of Public Health Business Programmes reiterated the fact that the landscape was changing. Until it was known what the Primary Care Networks, (PCNs) were going to look like, they could not predict the position they would be in to input into the LWPs. Officers commented further that there was value in working at a local district level but were unsure how it would operate with new LWPs engagement.
- The Vice-Chair stated that a contractual change was being undertaken by Primary Care to create Primary Care Networks (PCN). This was a change that required new infrastructure and to initiate a movement to promote a new way of working. She raised her concerns at the quantity of work given to these new PCNs. She stated that the PCNs were very important in the long term, however they were newly formed structures and therefore the Board should reflect on the fact that different PCNs would develop at different rates. She suggested presenting a report to the Board in eight months' time.
- The Executive Director: People and Communities stated that work was being undertaken in Cambridgeshire through the Communities & Partnership Committee regarding the infrastructure required to deliver a more placed based approach, in particular focusing on the 'Think Communities' initiative. She commented further that all partners in the systems agreed that a more placed based approach was required and drew attention to the role of the Board in taking the approach forward.
- The representative from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) suggested that the Board should review which structures were most effective to deliver care to specific communities. She noted that this could happen over the next year as the PCNs developed and 'Think Communities' established itself.
- The Chairman with agreement of the Board requested a report be brought back to the Board in the new year. (**Action Required, Democratic Services Officer Trainee**). The Director of Public Health commented that although it would be beneficial to bring the report back in the new year, if there were further developments within the LWPs then officers should have the endorsement to act so as not to hold back progress, and brief the Board as appropriate.
- The representative from the CCS commented that the Board should be supporting and empowering the LWPs to deliver on its six priorities and be less concerned

regarding the lack of representation from the PCNs on the LWP or the changing landscape of the system. The Environmental Manager suggested that they would have to review the Terms of Reference (TOR) of the LWP to make sure they are appropriate while moving forward.

It was resolved to:

Consider and comment on the content of the report

## 152. CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES PROGRESS REPORT

The Board received a report providing an update on the progress against its three agreed priorities for 2018/19. The Director of Public Health stated that the report collated the feedback from a number of different groups who were leading on different aspects of the priorities. Attention was drawn to the key issues relating to the three key priorities and the three appendices found within the report.

In discussion:

- The Chairman asked whether the Board could receive calendar invitations to future STP meetings. **(Action Required- Democratic Services Officer Trainee)**
- The Vice-Chair informed the Board that the all STP meetings were now held in public, the last meeting was very well attended but the venues had not yet been confirmed. .
- An Elected Member welcomed the paper. She commented that it would be interesting to see how the work on Fast Food Policy developed, and noted that this linked with the increase of litter and overall environmental health. She commented that it was positive to see 'active travel' being discussed.
- An Elected Member queried the changes made to the staffing structure by the Change, Grow, Live (CGL) service. The Director of Public Health commented that this had been a significant programme overseen by the Health Committee to recommission drug and alcohol services in order amalgamate the two services. The service provider had been changed to CGL, whose operating model had focused more on peer support for ex-users and recovery.
- An Elected Member asked how long it would take the changes made in response to Delayed Transfers of Care (DTC) issues to become embedded in the normal culture of the system. The representative from the CPFT commented that a culture around the constant attention and review of DTC was now embedded. She emphasised that strong leadership and joint working across system partners was needed. She informed the Board that the system is continuing to review the DTC data and that the current processes being used were the most effective for current demand. She advised that DTC would require constant attention.
- The Vice-Chair commented that the system needed to begin to change public expectations regarding hospital being the most appropriate place to receive



care. She suggested that funding for DTOC could be more effectively spent on expectation management.

- The Executive Director, People and Communities stated that she believed that the HWB was set up to help challenge the concept of health and social care integration. She commented that although DTOC posed a challenge to the system discussions should now move away from DTOC and focus much more on how communities could help system users.
- The representative from Healthwatch commented that the results from the work on the NHS Long Term Plan had showed a willingness from communities to have conversations with officers earlier.
- The representative from CPFT suggested that placed based work should be performed to try and prevent people from being admitted to hospital, this work could be taken forward through the Integrated Communities that were placed around the PCNs. She believed that older people in communities would rather stay out of hospital. DTOCs could be avoided if hospital admissions were prevented.
- The representative from the NWAFT commented that further integration between primary and secondary care was required in order to tackle DTOCs. Further dialogue with the public was required also in order to manage expectations and better inform the public of the role of hospitals, patients and carers.
- The Vice-Chair informed the Board that there had been improvements in DTOC performance at both Cambridge University Hospital (CUH) and Peterborough City Hospital however, there remained issues at Hinchingsbrooke Hospital.

It was resolved to:

Note and comment on the progress against the Cambridgeshire HWB priorities since the performance update provided in January 2019

### **153. CAMBRIDGESHIRE HEALTH AND WELLBENG BOARD FORWARD AGENDA PLAN**

Members noted the revised Agenda Plan tabled at the meeting that included the new 'Core' and 'Whole System' Joint Sub-Committees following the Board's endorsement of the changes to the Board's Terms of Reference

### **154. DATE OF NEXT MEETING**

10:00am, Thursday 28<sup>th</sup> November 2019, Kreis Viersen, Shire Hall, Cambridge

Chairman