CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: **19th November 2015**

Time: **10.00 to 13.20**

Place: **Kreis Viersen Room 5, Shire Hall, Cambridge**

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, L Nethsingha, T Orgee (Chairman) and J Whitehead
Dr Liz Robin, Director of Public Health (PH)

District Councils
D Brown (Huntingdonshire), S Ellington (South Cambridgeshire) and T Moore (Cambridge City, substituting for Cllr Johnson)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr John Jones
Dr Sripat Pai (substituting for Dr Neil Modha)

Healthwatch
Val Moore

Voluntary and Community Sector (co-opted)
Julie Farrow

Also present: Dr Cathy Bennett (Chair of CATCH Local Commissioning Group and GP Vice Chair to the CCG Governing Body) and Jessica Bawden (Director of Corporate Affairs, CCG)

Apologies: Councillors M Cornwell (Fenland), R Johnson (Cambridge City), M Loynes (CCC) and J Schumann (East Cambridgeshire); M Berry (NHS Commissioning Board), A Loades (Executive Director: Children, Families and Adults Services (CFAS)), C Malyon (Section 151 Officer) and N Modha (CCG)

160. INTRODUCTION AND DECLARATIONS OF INTEREST

The Chairman welcomed Councillor Daryl Brown to his first meeting of the Board, and welcomed Dr Cathy Bennett. He also welcomed the Police and Crime Commissioner (PCC), Sir Graham Bright, and Dorothy Gregson, Chief Executive to the PCC, attending for agenda item 6 (minute 165). The Chairman invited Sir Graham to the table as the Board's honoured guest,

Councillor Brown declared interests as Lead Governor of Cambridge University Hospitals NHS Foundation Trust (CUHFT) and Chief Executive Officer of MAGPAS.
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161. MINUTES – 17th SEPTEMBER 2015

The minutes of the meeting of 17th September 2015 were signed as a correct record.

162. MINUTES ACTION LOG UPDATE

The Board received a tabled Action Log, noting that recent IT problems had made it difficult to bring this up-to-date. The Democratic Services Officer undertook to supply an updated Log following the meeting. **Action: R Yule**

163. A PERSON'S STORY

The mother of two older teenagers with severe learning difficulties described her experience of local health services. Both children functioned well below their chronological age and also had difficulties with speech and communication. Neither had complex or critical health needs, but the impact of their conditions on their health meant that they accessed health services more than most families. In general her experiences so far had been positive, but she worried about whether the system would support her children when they become adults.

Examples of particularly helpful interventions and services included

- the school nurse arranging a meeting with paediatrician, occupational therapist (OT) and class teacher to look at difficulties which had arisen last year. The paediatrician had explained the reasons for the child's problems, and all involved could discuss specific strategies and implement a behaviour management programme. This multi-disciplinary meeting had been crucial for the speaker, because it had enabled her to gain understanding of her child's situation
- provision of a play service crèche at Addenbrooke's Hospital when the children were young had meant their mother could leave one or both children there while attending appointments; it had now been closed as part of cost-cutting measures
- the social worker last year arranging regular overnight respite care away from home for both children one night a week; this had provided a rest from the exhausting and time-consuming evening routine and made a huge difference to the parents' physical and mental health
- the recent change in arrangements for provision of incontinence supplies – these were now available through school nurses, and so much simpler to obtain than under the previous system of going through the GP.

Some recent changes had been unhelpful:

- replacement orthotic equipment, including referral to an orthotics clinic if needed, used to be arranged by a community physiotherapist based at the local school, but now only pupils who had regular physiotherapy at school could use the school-based physiotherapist; as her children did not receive regular physiotherapy, the speaker had to arrange for replacement of orthotics through her GP instead
- the school nursing service had been reorganised; instead of a specific nurse being based in school three days a week, school nurses were now office-based and covered several schools. The first approach to a school nurse now had to be via a stranger at the generic service, rather than direct to a known person; this would have made last year's problem far harder to admit to and address
- out-sourcing of wheelchair services had led to difficulties such as a wheelchair being delivered to home rather than school, so it could not be fitted to the child.

The speaker pointed out that small things could make a huge difference, and changes to one service could have unintended consequences for another service. She urged that changes, including outsourcing to private providers, be assessed in the wider context, and the consequences be considered for both the patient and other services.

What had helped the speaker was:
- staff having some awareness of learning disability and a flexible attitude
- contact with a health professional who had understanding
- easy access to health systems
- health and social care working together.

In the course of discussing what they had heard, Board members

- noted that the speaker had not herself been asked for feedback on changes in services, but had contributed to consultation on review of respite services. She had responded that, rather than direct payments, the only respite that really helped her family was to have the children cared for overnight away from home in a place they could trust

- learned that the change in provision of continence services had come about as a direct result of parents speaking up

- heard that the speaker's GP was very supportive, but when parents were at their most vulnerable, they also needed to have a health worker who knew the family's situation, such as the school nurse under previous arrangements

- reported that work had been done at NICE (the National Institute for Health and Care Excellence) on guidance for healthcare professionals on working with children with learning disability and asked what the plan was for moving towards the gold standard, given that healthcare professionals were required to know and observe NICE guidelines

- enquired whether people from different organisations and services met to talk about new evidence

- stressed the importance of ensuring that parents were aware of what assistance they could and could not claim, such as that available for eligible families from the Family Fund.

The Chairman thanked the speaker for sharing her story, which had been very helpful to the Board. The Board noted the story as context for the remainder of the meeting.

164. HEALTH AND WELLBEING STRATEGY – PRIORITY 1 – ENSURE A POSITIVE START TO LIFE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

The Board received a report updating members on progress with the Health and Wellbeing Strategy Priority 1: 'Ensure a positive start to life for children, young people and their families'. Members noted that the Health and Wellbeing Board (HWB) had last year agreed delegation of Priority 1 to the Children's Trust Board. The Trust had changed its structure recently, and was now headed by the Children's Trust Executive Partnership (CTEP) which included the Chairs of the Area Partnerships. Joint commissioning arrangements had been established with Cambridgeshire and

Peterborough under the oversight of the Children's Health Joint Commissioning Board (CHJCB).

In relation to the four points the previous speaker had identified as helpful

- clear competencies round staff working with children with Special Educational Needs and Disability (SEND) had been set; the Service Director Strategy & Commissioning CFAS would convey to the CHJCB the point about the need to reflect on practice **Action: M Teasdale**
- ways of ensuring that parents had a single person as their point of contact for multiple services were being explored
- arrangements for the school nursing service were being examined
- Education, Health and Care Plans (ECHPs) were working well for parents who had them; how to learn from cases that went less well was being explored
- EHCPs were being reviewed with the involvement of pinpoint.

Discussing the report, Board members

- commented that issues with waiting lists for Child and Adolescent Mental Health (CAMH) services were widespread and had been recognised locally and nationally with an injection of funding

- reported that the closure of CAMH waiting lists for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder) ASD had been raised with the Children and Young People Committee as a matter of urgency

- reported that locally, Public Health had put training in place for school nurses to enable them to support pupils with mental health issues; anecdotally, school nurses were encountering many such cases, and were supporting them beyond their role in school term time, but could not continue this through the school holidays. The amount of mental health work school nurses were doing was preventing them from carrying out their public health work.

  The Service Director said that the Mental Health Transformation Plan was looking at ways of working within and between services, though she could not guarantee that that level of support would not be needed for those with emotional and behavioural difficulties. The intention was that people should be able to undertake their full roles rather than feeling they must concentrate on mental health aspects of their work

- noted that the national Healthy School Programme no longer existed, but healthy school work was being undertaken and funded locally

- enquired about sources of benefits advice. It was explained that benefits advice was a complex area and not necessarily covered by locality teams. Such advice was provided by the voluntary sector in some parts of the county, though e.g. Fenland was not covered by funding agreements that enabled advice provision

- in relation to the multi-agency framework for information on SEND, noted that pinpoint invited parents of those with SEND to be part of their network, and schools were asked to signpost parents to pinpoint; this enabled the local authority to channel communication through one organisation

- commented that children received less help and fewer resources once they reached the age of 16, and stressed the need to address the problems of transition between children's and adults' services; some pupils could fail to make the move into adult services, and those attending private schools were not necessarily known to the system

- noted that there were transition services in place, and that further education colleges were undertaking work to ensure that pupils remained in appropriate provision within the county

- reported that FACET (Fenland Area Community Enterprise Trust) no longer provided courses for people with autism. The Service Director undertook to find out more about this for the Member **Action: M Teasdale**

- drew attention to the wider dimension in relation to efforts to build communities and build futures – these were all influenced by the availability of educational and employment opportunities, the plans of district councils, and the wider economic picture nationwide

- noted that there was to be a further report on CAMH to the Children and Young People Committee, that the Local Safeguarding Children Board (LSCB) had received a report from CAMH, and that there was to be a report on mental health waiting lists to the Health Committee in January 2016

- asked whether services had been increased to meet the reported rise in self-harm and noted that additional funding was coming into Cambridgeshire and Peterborough for Emotional and Mental Health Wellbeing (EMHWB).

The Chairman asked that an update report on CAMH service provision be brought to the Board in six months' time. Officers undertook to consider how the Board might best review the matter, bearing in mind the timetable for reports coming to the Health Committee and the Children and Young People Committee. **Action: L Robin**

The Board noted the update.

165. REFLECTIONS ON PRIORITY 4 MEETING FROM THE POLICE AND CRIME COMMISSIONER

The Police and Crime Commissioner, Sir Graham Bright, accompanied by his Chief Executive Dorothy Gregson, addressed the Board with his reflections on the Board's previous meeting, which had focussed on HWB Priority 4 (Create a safe environment and help to build strong communities, wellbeing and mental health). He explained that he was present as Crime Commissioner, not Police Commissioner; the role of Crime Commissioner was concerned with prevention and getting involved to support work in the community. One of the priorities he had given to the Police was supporting victims and the vulnerable.

The Crime Commissioner reported various initiatives, including that

- he had established the first Victims' Hub in the country, which was already being imitated. The Hub, run by his office, provided support to victims, particularly the most vulnerable amongst them. These were often people with mental health difficulties, so three psychiatric nurses had been brought into the Hub so that they could talk to victims and give advice

- efforts to stop people with mental health problems ending up in police cells were on track to succeed; he was trying to dispel the idea that only those with substantial training could help with mental health problems. With some funding support from Fenland and South Cambridgeshire District Councils, he was trying to put community psychiatric nurses (CPNs) into the police call centre (as the only 24-hour service) so that they could help call handlers directly; it was better to have help available directly rather than needing to refer people on
- he had put £1.2m into crime and disorder reduction grants, funding amongst other things spectrometers for Peterborough and Cambridge to give identification of drugs within minutes
- efforts were being made to reach out into the community to reduce domestic violence and its impact on children
- he had established a youth fund, from which organisations working to engage young people in positive activities could claim grants of between £200 and £2,000 for particular projects; he could provide examples of where these initiatives had succeeded in turning people round. He had also established a Volunteer Police Cadets Scheme, the aims of which similarly included diverting young people from a life of crime.

Sir Graham said that the funding was spread thinly but made a considerable difference. The effectiveness of the various initiatives was reviewed annually; the projects were intended to contribute to residents' sense of wellbeing.

In answer to Board members' questions and observations, the Crime Commissioner said that

- the PCC was forbidden to become involved in operational issues, such as numbers of police in any one area; such a question would have to be raised instead with the Chief Constable
- if given details, he would follow up reports of lack of action against gangs
- Community Psychiatric Nurses would be placed in the call centre once the funding had been secured; it was important to have them directly available in the call centre, to avoid having to transfer a police officer or a distressed caller in emergency, and to avoid forcing people to make decisions they were ill-equipped to make. CCG representatives drew attention to work to develop the combined Out of Hours and 111 service; the PCC's Chief Executive undertook to discuss plans with the CCG
- street lighting was a matter for evaluation by local authorities rather than the police; as long as there was lighting in hotspot areas, there was no evidence of reduced lighting leading to increased crime levels.

In discussion, a member drew attention to the situation of drug addicts sleeping rough on the streets. They were already disadvantaged, and when they were disturbed by being moved on by the police, they were often too tired to keep appointments such as benefits meetings, which resulted in withdrawal of benefits as a sanction for missing appointments. The police should not be blamed for their action, as there was little alternative accommodation available for such people, but as with reduced street lighting possibly being associated with an increase in falls, this was another example of measures having consequences that crossed many boundaries.

The Director of Public Health and the Chairman thanked the Police and Crime Commissioner for his reflections, which demonstrated that he was engaged in a considerable amount of work that was highly relevant to the aims of the Health and Wellbeing Board.

166. PREVENTION WORK FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

The Board received a report introducing the first draft of a health system prevention strategy for Cambridgeshire and Peterborough. Members noted that this was a strategy focussed on NHS system transformation and looking at what would save money for the local NHS over the next five to ten years. It represented one strand of wider health, wellbeing and prevention work, and because it had initially been written in an NHS context was perhaps written in language less suitable for a wider audience. It was noted that report paragraph 2.2 was incomplete and should read [additional text underlined] 'Prevention, at all levels has been recognised at critical to building a sustainable health system, through reducing <u>current and future demand</u>'.

Discussing the report and draft strategy, Board members

- commended the considerable amount of work that had gone into developing the draft strategy

- pointed out that much of the activity identified was already being done or could be done by the District Councils through their environmental services and expressed concern at the apparent lack of district involvement in developing the strategy. Members noted that the strategy had initially been developed in consultation with the Public Health Reference Group (PHRG), which included district officers, and that the PHRG would receive a final version of the strategy before it was submitted for approval to the Cambridgeshire and the Peterborough HWBs in January 2016

- noted that following feedback from the Health Committee, funding would be reinstated for long acting reversible contraceptives (LARCs) in 2016/17, and smoking cessation work would be subject to a smaller saving than originally proposed

- asked whether there would be saving to the NHS from a reduction in sugar in foods; if manufacturers were to implement this, as had been done with salt levels in manufactured food, consumers could benefit without having to change their habits. Members noted that Public Health England was investigating the possible benefits of reducing sugar levels; the strategy focussed more on changes that could be made at local level

- noted that there was insufficient evidence of savings arising directly to the NHS in the short term (five to ten years) from promoting physical activity for it to be included in the strategy, but physical activity did already feature for those with health conditions

- commented that there was a considerable benefit to e.g. attending sitting exercise classes, as reducing social isolation and loneliness in the elderly, which were themselves damaging to health; it was noted that there had not been sufficient evidence of financial gain to the NHS for it to be included in the strategy

- pointed out that Peterborough was not the only area to suffer deprivation; levels of deprivation were also high in e.g. Wisbech. Officers advised that the next edition of the strategy would look more closely at other parts of the county; Peterborough had been intended as an example

- noted that work on clinical pathways and how to translate policies into clinical practice was being undertaken by the CCG

- stressed the importance of making it clear at the start of the strategy that it was not the only piece of work being done

- suggested that, rather than changing the language of the document, the executive summary should be accompanied by a glossary of terms.

The Board noted the first draft of the health system prevention plan.

167. PLANNING INTENTIONS FOR CAMBRIDGESHIRE AND PETERBOROUGH 2016/17

The Board received a report on the planning intentions and process for the Cambridgeshire and Peterborough health system in 2016/17. Board members largely welcomed the report and in response

- commented that there had been reports of research indicating that there was little demand for routine GP appointments at weekends and asked whether it might be worth investigating provision of emergency rather than routine GP work. Members noted that work was being done with Borderline Local Commissioning Group (LCG) using the Prime Minister's Challenge Fund to examine out of hours provision further

- in relation to aligning voluntary and community sector (VCS) services to support patients on discharge from hospital, pointed out that it was difficult for the sector to respond quickly to changing plans, and noted that there was work being done with the Care Network to explore the obstacles to discharge

- suggested that the introduction into GP surgeries of decision management software which included the VCS should help improved co-ordination

- recalled that the question of what should be the first point of contact had emerged in discussion with the Crime Commissioner and commented that it should be seen not as CCG-centred but as CCG and stakeholders working together

- noted that the 111 service had been transferred to a new provider on 1st October 2015; any difficulties with the service since that date should be reported to the CCG's Director of Corporate Affairs

- noted that cases of tuberculosis had been diagnosed in Peterborough, Cambridge and Chatteris

- suggested that aiming for 'an operating model for the health and social care system that helps people to help themselves, where the majority of people's needs are met appropriately through family and community support' was perhaps unrealistic and – given fears around cuts to social care services – might be seen

by some as rather worrying. The CCG's Head of Operational Planning acknowledged the point, saying that the aim had been written for the previous year's BCF, and undertook to revisit this wording.

The Board noted the report.

168. UPDATE ON HEALTH AND WELLBEING BOARD DEVELOPMENT DAY

The Board received a brief report on the recent HWB Development Day, noting that the session had identified a number of issues relating to working together as a Board, on both practical and more strategic levels. Participants had suggested establishing a working group to explore further the various ideas for working together.

Members were supportive of the proposed working group, saying that it should be of fairly small size, with membership drawn from across the HWB. It was suggested that a representative from one of the providers might be invited to join the group. The question of how to identify this representative was explored briefly. It was pointed out that the membership of the System Transformation Board included providers, who could be asked if they wished to be represented on the working group.

The Health and Wellbeing Board resolved to

- note the report on the development session held on 29 October 2015
- explore and further develop the ideas and suggestions for future ways of working as a health and wellbeing board
- establish a working group tasked with exploring and developing the detail around future ways of working, the members of the group being
    - Jessica Bawden
    - District Councillor Mike Cornwell
    - Julie Farrow
    - Val Moore
    - a County Councillor, either Paul Clapp or Lucy Nethsingha as decided by them
- ask provider members of the System Transformation Board whether they wished to appoint a provider representative to the working group.

Action: A Lyne

169. BETTER CARE FUND – QUARTERLY REPORT AND PLANNING FOR 2016-17

The Board received a report and presentation (attached to these minutes as Appendix A) updating it on the quarterly reporting process and current developments in the Better Care Fund (BCF), and on planning for 2016/17. The draft quarterly return would be circulated to Board members after the meeting for comment.

Members were advised that the BCF would continue for next year, but funding details would not be known until after the November government Spending Review; it was expected that the level of the Fund would remain broadly similar to the current year's BCF. In the course of the presentation, it was noted that

- there had been an increase in non-elective hospital admissions; efforts were being made to ascertain the factors involved
- the BCF plan had not been met since April 2015, and variance from the plan had been increasing
- instead of the BCF plan reduction of 1% in non-elective admissions, both main hospitals, Addenbrooke's (CUHFT) and Hinchingbrooke (Hinchingbrooke Health Care NHS Trust, HHCT) had seen an increase in such admissions
- around half of BCF expenditure was on the Older Peoples and Adults Community Services (OPACS) contract provided by UnitingCare
- supporting carers helped avoid hospital admission of both carer and person cared for; voluntary sector assistance to carers included the Carers' Prescription Service.

In the course of discussion, Board members further noted that

- there were more non-elective admissions from the under-5 and over-65 age groups, but the large majority was of those over the age of 65
- over-65s tended to have longer stays once in hospital
- work was being done to support provision of ambulatory care where appropriate, including the establishment of Joint Emergency Teams (JETs)
- there appeared to be a correlation between increased satisfaction with GP services and reduced
- minor injuries units were used well and effectively when sited close to a hospital, but did not necessarily lead to a reduction in admissions.

Members asked for more detailed information in future reports, including breakdown by age, length of stay, readmission rates, and geographical area.

The Board noted the report and presentation, and the invitation to comment on the Quarterly Report to be circulated in draft following the meeting.

170. FORWARD AGENDA PLAN

The Board noted the forward action plan. Members were invited to direct any queries to the Democratic Services Officer.

171. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

The Board received an update report on the Health and Care System Transformation Programme. Members noted that system transformation was a programme examining what could be changed across the health system in Cambridgeshire in order to improve outcomes for people and enable financial sustainability.

The Board was advised that

- the choice of venue for Public Involvement Assemblies was being reconsidered in the light of very poor attendance at recent sessions in Chatteris and St Neots.

- two major areas of work at national level would affect local work, the delayed development of Vanguard standards and work on maternity services.

In response to member concern at separation between the various workstreams and the apparent lack of significant progress between Board meetings, the Programme Director explained that the programme was rooted in the system as it currently existed and was producing ideas about possible future changes. The workstreams mirrored the pattern of current working, and the System Transformation Board provided a mechanism for joining them up at a higher level.

The Board noted the update.

172. DATES OF NEXT MEETING

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

- 14th January 2016, South Cambridgeshire Hall, Cambourne CB23 6EA
- 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

Chairman