

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 15 September 2016

Time: 10.00am to 11.35am

Place: The Kreis Viersen Room, Shire Hall, Cambridge

Present: Cambridgeshire County Council (CCC)

Councillors P Clapp, D Jenkins, T Orgee (Chairman), P Topping and J Whitehead

Dr Liz Robin, Director of Public Health (PH)

Claire Bruin, Service Director, Adult Social Care (substituting for Adrian Loades, Executive Director for Children, Families and Adults)

City and District Councils

Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and S Ellington (South Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Tracy Dowling (Vice-Chairwoman), Dr Sripat Pai

Healthwatch

Val Moore

NHS Providers

Cara Charles-Barks (Hinchingsbrooke Health Care NHS Trust (substituting for Lance McCarthy), Aidan Thomas (Cambridgeshire and Peterborough NHS Foundation Trust)

Voluntary and Community Sector (co-opted)

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

Apologies: Dr Catherine Bennett (CCG), Kate Lancaster (Cambridge University Hospitals NHS Foundation Trust), Adrian Loades (Executive Director, Children, Families and Adults, CCC) Chis Malyon (Section 151 Officer, CCC), Mandy Renton (substitute for Matthew Winn, Cambridgeshire Community Services NHS Trust), Cllr John Palmer (Huntingdonshire District Council), Vivienne Stimpson (NHS England) and Matthew Winn (Cambridgeshire Community Services NHS Trust)

231. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as shown above. Declarations of interest were made by Cllr Ellington as a Trustee of Care Network Cambridgeshire and Val Moore as a Non-Executive Director of East and North Hertfordshire NHS Trust.

232. MINUTES OF THE MEETING ON 7 JULY 2016

The minutes of the meeting on 7 July 2016 were agreed as an accurate record and signed by the Chairman.

233. ACTION LOG SEPTEMBER 2016

Minute 181: Older People's and Adult Community Services (OPACS) Contract: The Vice Chairwoman offered to take this item forward.

(Action: Tracy Dowling)

It was resolved to review the Action Log outside of the meeting and circulate an updated version.

(Action: Liz Robin/ Richenda Greenhill)

234. A PERSON'S STORY

The Service Director for Adult Social Care described a case in which collaborative working across agencies had been used to support a man who had been identified by adult social care workers in a Multi-Agency Support Hub (MASH) as potentially vulnerable to exploitation. Information was gathered from various professionals within the hub which established that the person was having his home used by drug dealers against his wishes, that these individuals were taking money from him which had caused him to fall into arrears with his rent and that the situation was causing him significant distress. Professionals worked discreetly with the person concerned in order to protect his safety and established that his preference was to move to a new location. Police, social care and housing officers worked together to identify suitable new accommodation and to move him there safely. Police officers have maintained a relationship with him to support and reassure him in his new home.

235. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-16

The Service Director for Adult Social Care introduced the Safeguarding Adults Board (SAB) Annual report for 2015-16. Two changes had been made by the SAB to the draft which had been circulated to members. These were the inclusion of a reference to the Probation Service on the membership list on page 5 and an expansion of information on the Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) on page 38.

Priorities in this period had included developing both standard and bespoke training across social care and health organisations and into provider organisations to raise the profile of safeguarding. This had included courses for GP's which Dr Pai reported had been very well received. Work was in hand to deliver the more person-centred approach to safeguarding set out in the Care Act 2014 though clear conversations with the person experiencing difficulties about the outcomes they wanted to achieve. Further work was also planned with the University of Cambridge to establish a more person-centred way of working with residential homes and care settings, and of engaging with providers and staff. The response to cases of self-neglect had been considered and, whilst the decision about which cases were investigated remained a matter of professional judgement, the complexity of these cases and the need for a joined-up approach to providing support was clearly recognised. There was a strengthened adult safeguarding presence in community hubs and positive results were being seen from the collaborative approach being developed in multi-agency support hubs, as illustrated by the Person's Story at paragraph 234 above. The SAB was also working closely with the Local Safeguarding Children Board (LSCB), especially in relation to the transition of young people from children's to adults safeguarding services.

During discussion of the report and in response to questions from Board members the following points were noted:

- The Care Act placed a duty on local authorities to provide advocacy services for individuals with safeguarding needs who did not have family or others to offer them this support. Advocacy services in Cambridgeshire had previously been delivered by eight separate organisations, but when the contract came up for renewal it was decided to join with Peterborough City Council to jointly review the provision of advocacy services for both children and adults. The contract had been re-tendered against a revised specification which reflected the requirements of the most recent Care Act and Mental Health Act and officers had worked with existing commissioners to ensure that their requirements were reflected fully. It was anticipated that a number of existing staff would move across to the new provider so some consistency would be maintained. Officers confirmed that the primary focus of the revised specification had been on meeting statutory requirements and some members expressed concern about the possible impact on the provision of wider community advocacy and practical support which had been offered previously. It was agreed that it would be helpful for officers to circulate a note in six months' time providing an update on the how the new advocacy service was progressing, including any impact on voluntary groups;
(Action: The Service Director for Adult Social Care)
- The identification of 'other vulnerable adults' as the most likely perpetrators of abuse against vulnerable adults (see page 17 of the report) related primarily to incidents between residents in care homes that catered for people with a range of learning difficulties and mental health needs;
- Protocols had been established across Cambridgeshire and Peterborough by the Fire Authority in relation to incidents of hoarding;
- Members noted that Healthwatch had offered to work with officers on measuring service user experience and that Professor Tony Holland's work on engaging with people with learning difficulties was integral to the work being taken forward on this. Members suggested that the SAB might also usefully draw on the experience of the NHS in measuring the way people with learning difficulties rated services;
- Members noted the increase in reported cases of abuse and/ or neglect in care homes in comparison to the previous year. These cases were being reviewed to see whether there were repeat occurrences in specific homes, and it was agreed that any recommendations arising from this work would be shared with the Board when available.
(Action: The Service Director for Adult Social Care)

It was resolved to:

1. Comment on the content of the covering report and the Cambridgeshire Safeguarding Adults Board Annual Report 2015-16 as recorded above;
2. Ask officers to present the next annual report (for 2016-17) at a Health and Wellbeing Board meeting in 2017.

236. CAMBRIDGESHIRE LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16

The Cambridgeshire Local Safeguarding Children Board (LSCB) Business Manager presented the annual report for 2015-16. The report had been published on the LSCB

website and concluded that Cambridgeshire had a functioning and effective arrangement in place for safeguarding children. The number of children within the child protection system was rising and feedback from Children's Social Care indicated that this represented an increase in demand on the system rather than a change in organisational thresholds. This increase was reflected both regionally and nationally. Work was in hand to manage the resultant pressures on the system including improving the effectiveness of early help and working more efficiently and effectively during a time of reducing resources. The priorities for the LSCB for 2016-18 were:

- ensuring effective safeguarding of children against neglect;
- child sexual exploitation and missing children;
- the voice of the child;
- enhancement of LSCB effectiveness in discharging its responsibilities;
- developing and supporting an effective workforce.

During discussion of the report the following points were raised:

- Concern was expressed that representatives from NHS England and the Probation Service did not appear to be regularly attending meetings with the LSCB. The Vice Chairwoman undertook to raise the matter with colleagues in the NHS local office.
(Action: Vice-Chairwoman)
It was further agreed that the Chairman would write to NHS England seeking an assurance that an adequate mechanism was in place to ensure that they were able to discharge their statutory duties if they were not able to attend meetings.
(Action: The (LSCB) Business Manager to draft a letter for the Chairman's signature)
- Members voiced concern about the difficulty of safeguarding children who were not known to services, for example those cared for under private fostering arrangements or who were home educated. The Children and Young People Service Committee had raised this matter previously as an area of concern, but without result;
- The LSCB was aware of and involved in wider work within the Council looking at creating a greater focus on early help.

It was resolved to:

1. Acknowledge receipt of the LSCB Annual Report 2015-16;
2. Approve the proposal that the chairs of the key partnership arrangements in Cambridgeshire responsible for the safeguarding, safety and wellbeing of the community meet to:
 - confirm their priorities for the coming year;
 - identify areas of shared interest and responsibility;
 - ensure that top level plans are aligned;
 - improve communication to enhance the impact of activity.

237. DRUGS AND ALCOHOL JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Consultant in Public Health presented a covering paper and executive summary setting out the key findings and recommendations of the Drugs and Alcohol Joint Strategic Needs Assessment (JSNA) summary. She apologised that the full version of the JSNA was not yet available to members as it was undergoing final proof

checking and confirmed that it would be made available as soon as possible.

The scope of the JSNA ranged from prevention through to treatment and on key themes the situation in Cambridgeshire was close to the national average with expected inter-county variations. Against a backdrop of some people starting or continuing to misuse drugs and alcohol some particularly vulnerable groups had been identified. These included children and young people and, in relation to alcohol, older people. Current practice was aimed at achieving six months abstinence for those misusing drugs or alcohol, but the assessment had discovered a more complex picture of clients being involved periodically with a number of services over an extended period of time. The increasing age profile of the population engaging with services also meant an increase in co-existing healthcare needs.

The following points were raised in discussion:

- The Chief Executive for Cambridgeshire and Peterborough NHS Foundation Trust said that, contrary to the statement on page 20 of the Executive Summary, there was currently no waiting list for the Improving Access to Psychology Therapies (IAPT) Service;
- Members emphasised the importance of drawing on proven methodologies for supporting people with long-term conditions;
- The Children and Young People Service Committee was very conscious of the transition between children's and adults' services and the vulnerability of children in care to substance misuse;
- Members welcomed confirmation that there would be further prioritisation of the numerous recommendations contained within the Executive Summary and asked that this should be reflected in the Board's response to the report;
- The inherent difficulty in shifting the balance of funding towards early interventions which could deliver long-term savings whilst maintaining sufficient resources to meet urgent and existing needs.

It was resolved to:

1. Approve the JSNA as a statutory assessment of need, subject to further prioritisation of the recommendations in the light of resource and other constraints identified by partners and commissioning services;
2. Note the findings of the JSNA and the areas which were highlighted for further work, subject to any comments from members once they had received the final version of the report.

(Action: The Public Health Consultant to incorporate any comments received from members on the final version of the report)

238. COMMUNITY RESILIENCE STRATEGY

The Service Director for Enhanced and Preventative Services, Children, Families and Adults Directorate presented a report setting out Cambridgeshire County Council's plans for the delivery of its Community Resilience Strategy. Some early discussions had taken place about the possibility of delivering some activities in communal spaces such as community hubs and there was a focus on delivering clear and consistent messages about how the Council could support community resilience. Although there was no expectation that this was a partnership strategy there did appear to be a

strong resonance with partners. It was noted that work had included representatives of the voluntary sector, although this was not stated in the report.

During discussion the following points were made:

- Members acknowledged the importance of developing community resilience in the face of decreasing resources, but some members felt that there had been a lack of communication on this issue and that this was an example of the County Council working in isolation and not recognising the work on this which was already taking place in regular discussions between district and parish councils and through the development of individual parish plans;
- The voluntary and community sector representative expressed concern that communication about the strategy had been sketchy, that limited information had been provided on various aspects including the strategy launch and the proposed Innovation Fund and that the voluntary sector had not been approached about the proposed tool kits;
- The Healthwatch representative said that Healthwatch and Practice Participation Groups would be happy to work with officers on this;
- It was proposed by Cllr Whitehead, seconded by Cllr Ellington that a workshop be arranged to bring together District and partner representatives and officers to discuss this issue.

(Action: The Service Director for Enhanced and Preventative Services)

The Director of Public Health welcomed the useful feedback from members and reiterated the Council's commitment to engaging as productively as possible with district and city council and voluntary sector partners and with other relevant bodies such as NHS local groups and neighbourhood teams. The Service Director for Enhanced and Preventative Services acknowledged the concerns expressed and undertook to look again at communication and engagement with partner and other relevant organisations to ensure that it was working as well as possible.

It was resolved to consider the implementation of the Community Resilience Strategy including the partnership work being undertaken and the implications for the delivery of the Health and Wellbeing Strategy and to comment as recorded above.

239. FORWARD AGENDA PLAN SEPTEMBER 2016

The Board considered Forward Agenda Plan and noted that it consisted mainly of items for information rather than action. It was agreed that that this should be reviewed.

(Action: Director of Public Health)

240. DATE OF NEXT MEETING

The Board will meet next on Thursday 17 November 2016 at 10.00am in the Civic Suite, Pathfinder House, Huntingdon.

Chairman