

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

**Date:** 30<sup>th</sup> January 2020

**Time:** 10:05 a.m. – 10:50 a.m.

**Venue:** Civic Suite Room 1a, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN.

**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  
James Veitch - Democratic Services Officer Trainee

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)  
Jessica Bawden - Director of External Affairs & Policy

### City and District Councils

Councillor Geoff Harvey - South Cambridgeshire District Council  
Councillor Julia Huffer – East Cambridgeshire District Council (From 10:42am)  
Councillor John Palmer - Huntingdonshire District Council (From 10:43am)

### Healthwatch

Jonathan Wells – Director (Substituting for Val Moore)

### Hunts Forum

Julie Farrow – Chief Executive Officer

### NHS Providers

Keith Reynolds - North West Anglian Foundation Trust (NWAFT) (Substituting for Caroline Walker)  
Ian Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)

### Apologies:

Charlotte Black – Service Director, Adults and Safeguarding  
Tracy Dowling – Cambridgeshire and Peterborough NHS Foundation Trust  
Councillor Samantha Hoy – Cambridgeshire County Council  
Councillor Nicky Massey – Cambridge City Council  
Val Moore – Chair, Healthwatch  
Wendi Ogle-Welbourn - Executive Director: People and Communities  
Stephen Posey – Royal Papworth Hospital NHS Foundation Trust  
Jan Thomas – CCG - Accountable Officer (Vice-Chair)  
Caroline Walker – North West Anglia NHS Foundation Trust  
Councillor Susan Wallwork – Fenland District Council

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

Apologies for absence were noted as recorded above.

No declarations of interest were made.

## **156. CHANGES IN MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD**

The Chairman made the following announcements,

- Councillor John Palmer had succeeded Councillor Jill Tavener as the representative for Huntingdonshire District Council.
- At a meeting of its Full Council on 19<sup>th</sup> December 2019, Cambridgeshire County Council had appointed Charlotte Black, Service Director, Adults and Safeguarding as a member of the Board.

## **157. MINUTES – 30<sup>TH</sup> MAY 2019**

The minutes of the meeting held on the 30<sup>th</sup> May 2019 were agreed as a correct record and signed by the Chairman.

## **158. MINUTES – ACTION LOG**

The Action Log was reviewed and the following updates were noted:

- Minute 125: Health and Wellbeing Strategy – Renewing the Health and Wellbeing Strategy – An Elected Member queried why this action was still outstanding after nearly a year. The Director of Public Health suggested that the Executive Director, People and Communities was taking active steps to address it. The representative from Hunts Forum explained that a voluntary sector representative had never been a member of Peterborough City Council's (PCC) Health and Wellbeing Board (HWB) only the officer group. She suggested that this needed to change to enable the voluntary sector to be represented across both Cambridgeshire and Peterborough. The Chairman confirmed that a response would be provided at the next meeting.
- Minute 148: Scheme of Authorisations for Pharmacy Consolidation - The Director of Public Health informed the Board that the Senior Public Health Manager had received a Consolidated Application and that the draft response would be circulated to the Board for comment. She added that this action would be ongoing to reflect every time officers received a Consolidation Application.
- Minute 150: Proposal to Update the Terms of Reference for the Cambridgeshire Health and Wellbeing Board and to Create Further Joint Sub-Committee with Peterborough's Board - The Director of Public Health suggested that the two Health and Wellbeing Parent Boards would want to undertake a review of the functioning and effectiveness of the Joint Sub-Committees separately. She stated that she would take this away to discuss with the Chairs of both Boards, a response would be provided at the next meeting.

## 159. CAMBRIDGESHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2020: CONSULTATION REQUIREMENTS

The Board considered a report requesting delegated authority to the Director of Public Health in consultation with the Chair and Vice-Chair to approve the consultation draft of the Cambridgeshire Pharmaceutical Needs Assessment (PNA) for public consultation. The Senior Public Health Manager drew the Board's attention to the information contained within the report explaining the impact of the restricted time available on the Board's consideration of the consultation document.

In discussion:

- the Chairman requested more information regarding the deadline for the publication of the new PNA. The Senior Public Health Manager explained that the legal deadline was the 6th July 2020 as the previous PNA had been published on the 6<sup>th</sup> July 2017. Unfortunately, this timeframe would not provide an opportunity for the consultation version of the PNA to be considered by the Board. Instead, the Board would be asked to approve the final version at its meeting on the 2nd July 2020. He commented that this timeframe included a statutory 60-day public consultation period.
- the Chairman queried whether this process could have been started earlier. The Senior Public Health Manager acknowledged this point but commented that staff changes had delayed the process. The Director of Public Health explained that the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 had not provided a clear deadline for the publication of the new PNA. She added that the National Health Service (NHS) had then produced further guidance on this legislation, which had confirmed that HWBs should publish a statement of their revised assessments within 3 years of its previous publication. It was important to note that the Cambridgeshire HWB had been one of the first to adopt a PNA. An elected representative expressed concern regarding the Board's ability to exercise its statutory responsibility to publish and keep up to date a PNA for Cambridgeshire. The Chairman asked whether the draft version of the PNA could be circulated to the Board for comment after the public consultation process had been completed but before it was published as part of the agenda for the July meeting. The Senior Public Health Manager confirmed that this could happen. Members also asked if they could comment on the consultation draft. The Director of Public Health confirmed that the consultation draft would be circulated to the Board before the consultation. **(Action Required)**
- the representative from Healthwatch suggested that Healthwatch was keen to encourage the public to fully utilise the services provided by pharmacists as this would help alleviate some of the pressure on GPs, he asked whether this would be included in the PNA. The Senior Public Health Manager explained PNA was a needs assessment, which provided a snapshot of pharmacy provision across Cambridgeshire and identified any gaps in provision at that moment in time. It was prepared against a legal content framework for PNAs. Unfortunately, it was not possible to include this specific request.
- an elected representative sought more information regarding what happened after the PNA was published and how the Council would address any gaps in provision that were identified. The Senior Public Health Manager stated that it

was not the Council's role to address gaps in provision. He explained that the PNA was a technical document used by National Health Service England (NHSE) for commissioning purposes. If companies such as Boots or Lloyds wanted to open a new pharmacy, then they would have to submit an application to NHSE to be included on the pharmaceutical list. He commented that the findings of the PNA would be used to help decide whether a company's application should be approved.

- the Chairman queried how pharmacies would be aware that there was a gap in provision in a specific geographical area. The Senior Public Health Manager stated that they would read the PNA. He explained that companies such as Boots and Lloyds would have a comprehensive understanding of the PNA and would apply for a new pharmacy based on the information found within it. He commented that companies would use the PNA to justify their application to the Pharmaceutical List, but would also challenge the PNA if they believed there was a gap in provision that had not been addressed.
- an elected Member suggested that Public Health had a responsibility to think strategically about pharmacy provision and queried whether aspects of the PNA could be included within the Health and Wellbeing Board Strategy (HWBS). The Director of Public Health suggested that the HWBS could consider the strategic use of pharmacies in relation to how they could affect wider health outcomes. She explained that the PNA was a statutory document, which was used in discussions between the NHS and Pharmacies, and was therefore not closely linked to the HWBS. However, there was a need to consider how the wider strategy could contribute to health outcomes. It was therefore important to work with NHS England to ensure the right strategic messages were in place.
- the Chairman requested a report after the PNA had been published detailing how the PNA findings could be implemented. **(Action Required)**

It was resolved unanimously to:

- Delegate authority to the Director of Public Health in consultation with the Chair and Vice-Chair to approve the consultation draft of the Cambridgeshire Pharmaceutical Needs Assessment for public consultation.

## 160. ANNUAL PUBLIC HEALTH REPORT 2019

The Board considered a report presenting the Annual Public Health Report for Cambridgeshire 2019. The Director of Public Health drew attention to the contents of the covering report and the Annual Public Health Report 2019.

In discussion:

- an elected Member suggested that it would be beneficial if the report provided the Board with a greater understanding of the inequalities found in smaller communities within Districts. The Director of Public Health stated that this information was already available online. She highlighted the fact that the Index of Deprivation DNA charts in the report gave an impression of the inequalities found within Cambridge City and Districts. She agreed to circulate the online computer program that created a map of a specific District with colour coded Lower Super Output Areas (LSOAs) to show which deprivation decile they were located in for each aspect of deprivation. The Chairman requested that the links to this data be circulated to Board Members. **(Action Required)**
- an Elected Member commented that it was important for Councillors to understand the needs of the communities within their Division. She also suggested that it was important for the health and social care providers to understand the LSOA data to identify the needs of the communities they worked in so that the necessary resources could be allocated to it.
- an Elected Member, in welcoming the report, highlighted the importance of understanding the complete picture. She explained Think Communities would not single handily solve the health and social care issues found within communities. She commented that there were a set of strategic issues, which sat above the Think Communities that needed addressing.
- an Elected Member suggested that it was difficult to make an objective assessment regarding the quality of the outdoor local environment. She commented that the seven domains of deprivation, which combined to create the index of Multiple Deprivation (IMD) were a useful resource but queried how they were measured and their ability to provide an entirely objective data set.
- the representative from the CCG stated that GPs were already well aware of local needs. The CCG was currently looking at the idea of allocating additional funding where there was local evidence in order to enhance services.
- the Chairman welcomed the document as it provided evidence to help the Council reduce the levels of deprivation.
- the representative from NWAFT supported the idea of using the data found within the report on a local level. He informed the Board that the North Alliance was working with Primary Care Networks (PCNs) and Integrated Neighbourhoods to address levels of deprivation. He commented that the PCN Directors were using the information provided by Public Health to prioritise their work with the Health, Care, Voluntary and Charitable sectors within neighbourhoods. He stated that this approach was in its early stages but was

effective as they were using this data and talking to communities, which enabled PCNs to target their resources more effectively.

- the Chairman queried how the additional benefits of having this data would be measured. The representative from NWAFT informed the Board that the Trust had challenged the Integrated Neighbourhoods to ensure that they were setting priorities and measuring outcomes.
- the representative from Hunts Forum welcomed the document, which would be used by the voluntary sector when applying for grant funding .
- an elected Member proposed that the wording on page 33 of the report be amended. The Director of Public Health stated that she would discuss this further outside of the meeting as there could be legal issues involved. **Action Required.**

It was resolved unanimously to:

Discuss and comment on the findings of the Cambridgeshire Annual Public Health Report 2019.

#### **161. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AGENDA PLAN**

The Agenda Plan was noted.

#### **162. DATE OF NEXT MEETING**

The Board would meet next on the 2<sup>nd</sup> July 2020 in the Council Chamber, Shire Hall, Cambridge.

Chairman