CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: **17th March 2016**

Time: **10.10 to 13.00**

Place: **Council Chamber, East Cambridgeshire District Council, Ely**

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, L Nethsingha, T Orgee (Chairman) and J Whitehead
Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)
Chris Malyon, Section 151 Officer
Dr Liz Robin, Director of Public Health (PH)

District Councils
Councillors M Cornwell (Fenland) and R Johnson (Cambridge City),

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr Sripat Pai

Healthwatch
Val Moore

Voluntary and Community Sector (co-opted)
Julie Farrow

Apologies: Councillors D Brown (Huntingdonshire), S Ellington (South Cambridgeshire) and J Schumann (East Cambridgeshire); Dr J Jones (CCG)

186. INTRODUCTION AND DECLARATIONS OF INTEREST

The Chairman welcomed all present. There were no declarations of interest.

187. MINUTES – 14th JANUARY 2016

The minutes of the meeting of 14th January 2016 were signed as a correct record.

188. MINUTES ACTION LOG UPDATE

The Board received and noted the Action Log.

189. UPDATE ON CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST – STRATEGIC IMPACT AND DIRECTION

The Board received a report outlining the Cambridge University Hospitals NHS Foundation Trust (the Trust, CUHFT) Improvement Plan for quality improvement. This had been drawn up in response to the Care Quality Commission's (CQC's) inspection report following an inspection in April and May 2015, which had led to CUHFT being placed in special measures. Members noted the structure of the plan, the supporting governance arrangements, and that the financial impact of the actions required under

each element of the plan had been taken into account. The Trust was confident that significant progress had already been made, and was awaiting the imminent publication of the report following CQC's mini-inspection in February 2016.

Discussing the report, Board members

- reported that Healthwatch Cambridgeshire had been able to support CUHFT in the post-inspection period, for example by Healthwatch volunteers helping in the gathering of feedback from a set of clinic patients; Healthwatch would be happy to continue to provide assistance

- welcomed the assurance that the Trust had confidence in the measures in place, and welcomed the improvements to date

- in response to a question about how the plan was dealing with the need to recruit sufficient nursing staff, were advised that
    - there was a welcome pause at national level in implementing a change in visa requirements for overseas nurses
    - the Trust would maintain larger banks of nurses, and rely less on agency staff, aiming to have the right nurse in the right place at the right time
    - there was a quality network through which all the local directors of nursing met regularly

- asked about progress with e-Hospital, and were advised that considerable improvements had been made; the Trust was monitoring to ensure that there were no issues obviously affecting patient safety, and was aware of a need to improve the quality of letters sent out to GPs

- reported that the CCC Health Committee had undertaken scrutiny of the quality of the Trust's services

- noted that, rather than each local NHS organisation putting its own plan to its own regulator, under the System Transformation Programme [see also agenda item 12, minute 197] all the providers would be submitting a joint plan, having agreed how to manage the financial resources as one system; it was expected that the system five-year plan would be put in to Monitor and NHS England (NHSE) by the end of June 2016

- noted that the Urgent and Emergency Care Vanguard would support CUHFT to build the necessary resilience in A&E services, though recruitment of A&E consultants was challenging locally

- requested an update on the availability of home births, following anecdotal reports that the shortage of midwives had made it difficult to accommodate requests for home births; the Deputy Director of Quality undertook to provide this

Action required

- sought reassurance that lessons had been learned from events at Addenbrooke's. Members were advised that plans were in place to address issues of finance, quality of care and leadership, and that Monitor was examining the Trust's finances daily; however, no certain assurance could be given that a similar situation would never happen again.

The Chairman reminded Board members that the Health Committee, in its Scrutiny function, was keeping events at CUHFT under review. A liaison group had been set up with Addenbrooke's and would be reporting back to the Health Committee.

The Board agreed unanimously to note the Trust's Improvement Plan for quality improvement, its progress to date, and continued commitment to addressing the issues raised by the CQC.

190. A PERSON'S STORY

The Board received a presentation from Dr Cornelia Guell of the Centre of Excellence for Diet and Activity Research (CEDAR). Dr Guell described the situations of three people: a child going alone to play in a park very close to home; a parent cycling as her regular means of transport round Cambridge; and a widow in her 70s who had recently lost her dog, but continued to keep active by walking round town. The stories aimed to show how people were using the environment for health and emotional wellbeing, and the problems that they encountered.

The Board noted the personal stories as context for the remainder of the meeting.

191. PROGRESS REPORT ON HEALTH AND WELLBEING STRATEGY PRIORITY 5

The Board received a report updating members on progress with the Health and Wellbeing Strategy Priority 5 – Create a sustainable environment in which communities can flourish. Members noted the progress that was being made with implementing the Transport and Health Joint Strategic Needs Assessment (JSNA) 2015, and with developing the New Housing Developments and the Built Environment JSNA 2016.

In the course of discussion, Board members

- reported that the Transport and Health JSNA was proving very useful, for example in successfully arguing the case to the Economy and Environment Committee for trial of a bus linking Barnwell to Addenbrooke's; the JSNA had shown that Barnwell was a very deprived area, where access to health was difficult for residents

- commented – in relation to the report and to the preceding Person's Story – that it was often external compulsion (such as the need to take the dog for a walk, or the cost of parking near the workplace) that spurred people into activity, and suggested that a question for the Board might be whether, as health advocates, members would be prepared to advocate unpopular policies as a way of encouraging healthy lifestyles and behaviours

- cited the example of children cycling daily to school in Cambridge because the alternative was spending time in traffic jams

- drew attention to the issue of safety in public spaces, with for example the reduction in the number of play rangers meant that there was less supervision of play areas, and asked how parents could be supported to feel more confident about letting their children play outside unsupervised

- speaking as a GP, commented on the importance of picking the time and motivation that was right for a patient who needed to be told, and act on, unwelcome information

- noted that work in Huntingdonshire to encourage more active lifestyles was being started; it would be necessary to work with CEDAR to map at ward level which the areas were that would require extra intervention. It was suggested that these findings should be supplied to the local weight management organisation as background information for when a resident sought its help

- reported that efforts were being made in Fenland to develop a Health and Wellbeing Strategy that would affect every officer of the council, encouraging them always to consider the wider wellbeing aspects of any subject. Every unit in the authority had been required to write a section of the strategy setting out how they would work to improve residents' health and wellbeing, an approach which was still at an early stage, but starting to be incorporated into officers' routine

- pointed out that adverse weather conditions and the condition of the roads, such as the prevalence of potholes, could act as disincentives to cycling

- drew attention to the need to change people's mindset and behaviour as well as the built infrastructure.

The Board noted the update.

192. CAMBRIDGESHIRE NEW HOUSING DEVELOPMENTS AND THE BUILT ENVIRONMENT JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Board received a report introducing, and seeking approval for, the New Housing Developments and the Built Environment JSNA for Cambridgeshire. Members noted that the JSNA focused on four aspects of new communities: the built environment, social cohesion and community development, assets and services, and NHS commissioning. The JSNA also looked at questions of current and future demography and the health needs of residents of new housing developments.

Discussing the draft JSNA, Board members

- welcomed the draft, describing it as an excellent JSNA and interesting to read

- commented on the frustration arising from the situation at several development sites where Section 106 monies had been allocated to primary healthcare but nothing had yet been spent

- noted that conditions for Community Infrastructure Levy and S106 funding were very strict, and that it could be difficult to bring all parties together to spend it; for example, it was up to a GP practice to decide whether it wished to expand

- suggested that it would be useful to have parts of the JSNA adopted as supplementary planning guidance to help local authorities in their negotiations with developers on the use of CIL and S106 funding

- pointed out that, as well as community centres, it was important that communities have spaces where people can come together, such a shops and open spaces

- noted that a county-wide health group had been established, originally for Northstowe but now extended to cover Cambridgeshire and Peterborough, and including membership drawn from CCC, CCG, NHSE, NHS estates, and developers; it would be very helpful if this group could work towards the development of links between the NHS and S106 funding

- commented on the apparently high figure (69% in Cambridgeshire and Peterborough) for the percentage of residents of new communities who had seen or spoken to a GP in the past six months; the Senior Health Improvement Specialist undertook to check this figure **Action required**

- drew attention to the influence of house design on family life, and the need to convey to developers that open plan accommodation was not always helpful, for example when children needed a quiet space for homework; space for a dining table was also important for families

- commented on the apparent beneficial effect on the longevity of people over the age of 75 of having walkable green spaces near their homes, pointing out that there was a correlation between poverty, deprivation, and ill-health, and suggesting that the beneficial effect of green spaces could be due at least in part to the greater disposable income of those who could afford to live near them. Officers advised that the statement in the JSNA was based on an American study

- reported that it appeared possible from recent announcements that proposals for a garden town development in Wisbech might be realised, and asked that they be taken into account when looking ahead

- drew attention to the lower levels of demand on children's services and of home ownership at Orchard Park than in other new settlements, and enquired whether this meant that there were fewer young families there than elsewhere

- suggested that it would be helpful if references to mental health could be brought together into a single section of the JSNA rather being scattered throughout it, and commented that social care services could be acting as a catch-net in new communities in the absence of other facilities.

- stressed the need to create a practical action plan, and to translate the JSNA into the Health and Wellbeing Strategy.

It was resolved unanimously to approve the JSNA, taking into account the comments made, and to note the findings and the areas which were highlighted for further work.

193. UPDATE ON TERMINATION OF OLDER PEOPLE AND ADULT COMMUNITY SERVICES CONTRACT

The Board received a report updating it on the independent internal investigation on the termination of the Older People's and Adult Community Services (OPACS) contract held between the CCG and UnitingCare LLP, which had been published on 10 March. Publication of the NHS England review was expected shortly, and the CCG was working with Healthwatch on a shared learning event to be held on 11 May 2016. The Chairman reported that the Health Committee, in its scrutiny function, had already considered the collapse of the contract on three occasions.

Members noted that the CCG review had highlighted a number of areas of difficulty. These included a fundamental mismatch between expectations of contract value and future funding; the number of questions of clarification outstanding at the point of signature; and a failure to identify the significance of the change of structure of UnitingCare from a consortium to a Limited Liability Partnership (LLP), or to obtain Parent Company Guarantees from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and CUHFT prior to the signing of the contract. The Health Committee had learned on 10 March that Monitor would have liked more time in which to review the business case before the contract started, but there had been local anxiety to have certainty for staff as to what their employment arrangements would be.

Discussing the report and review, one Board member said that, as an observer at the Health Committee, she had been struck by the fact of the 34 unresolved issues. Another member asked whether they had now been resolved. The Board was advised that the issues related to matters of concern to UnitingCare, and had been superseded by the ending of the contract. The learning point for the CCG was not so much the number of issues as the key nature of some of them. The CCG's Director of Corporate Affairs offered to circulate the list of 34 issues to Board members; these were not in the public domain, but had already been supplied to members of the Health Committee. **Action required**

Members noted that there would be a review of the various reports once they had all been published.

The Chair of Healthwatch said that she was impressed and encouraged by the way in which all parties were dealing with the consequences of the contract collapse. She confirmed that the CCG had acted promptly to reassure patients in that first week after the contract terminated, and to review workstreams. A well-attended meeting examining workstreams had been held three weeks previously: Healthwatch was keen to host the forthcoming learning event on 11 May.

The Board noted the report.

194. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD DEVELOPMENT DAY – FEEDBACK FROM WORKING GROUP'S DISCUSSIONS

The Board received a report and presentation setting out initial proposals on changes to the Health and Wellbeing Board (HWB) membership. These had been developed by the working group established at the HWB meeting in November.

Speaking as Chair of the working group, Councillor Nethsingha said that there had been a remarkable degree of consensus in the group on both the problems and the potential solutions. The Board was seen as rather dominated by local government representatives and ways of conducting business, and would benefit from more NHS engagement. While the five District Councillors made a valuable contribution to the Board, because there was only one CCG for the whole county, there were fewer NHS representatives than was usual elsewhere. The working group's key proposal was therefore to reduce the number of elected Councillors on the HWB, and to allow representatives of NHS providers to become Board members.

Points made in the course of discussing the proposals included

- acknowledgement of the importance of improving the mix between Councillor and NHS representatives, and a welcome for the proposal that the Vice-Chair be a CCG representative

- while it was necessary to reduce the overall number of Councillor members, it would be difficult to achieve the right balance given the diverse nature of the various areas of the county; if the voice from the district authorities became inadequate, for example by reducing their representatives to one, then there was a risk that their voice in the district public health agenda would be undermined

- the links between Local Health Partnerships (LHPs) and the HWB were inadequate, and District members of the Board did not necessarily attend meetings of their LHP; it was necessary to clarify how LHPs should feed into the HWB

- given the developing importance of LHPs and that they were district-based and often chaired by District Councillors, consideration should be given to appointing the Chairs of the five LHPs to the Board. This would automatically ensure that each district of the county was represented

- another route for involving LHPs might be to encourage them to work together with the integrated care boards (which had been set up by UnitingCare)

- the report had not set out a clear rationale for why reorganising the Board would make it work better, or why the number of elected Councillors should be halved; a smaller reduction in their number should be considered

- for CCG officers, attending HWB meetings could feel like attending a scrutiny committee. Meetings had the potential to be a good forum for difficult and wide-ranging conversations; the main providers should be welcomed as HWB members

- the terms of reference for the HWB and for the Health Committee in its scrutiny function were very different; scrutiny had deliberately not been included in the functions of HWBs laid down by legislation

- attendance of NHS representatives at Board meetings under current arrangements had not always been good; changing HWB composition would not necessarily be sufficient on its own to increase Health participation in its meetings. It was noted however that NHS England was under considerable pressure nationally, and had stated that it would only attend meetings of Health and Wellbeing Boards for specific business that affected NHSE

- comments by Councillors on the working of the HWB had in the past included that the discussions had covered interesting and useful topics, but could feel completely irrelevant to current problems

- it had proved impossible to convene a meeting of the District Council Member Forum. The Senior Health Improvement Specialist undertook to send the presentation of the working group's recommendations to Forum members and seek their views. **Action required**

The Director of Public Health explained that the intention was to develop the working group proposals further, taking account of comments at the present meeting. It was

important both to consider potential changes thoroughly and to implement changes at the start of the municipal year, in May. The Constitution and Ethics Committee would be invited to consider suggested changes to the CCC Constitution at its next meeting on 5 April*, and the Public Service Board would consider them on 13 April. At its special meeting on 21 April, the HWB would then consider and approve the proposal to be submitted to CCC's Annual Council on 10 May 2016.

It was resolved

1) to endorse four of the five working group's recommendations for potential changes to the Cambridgeshire Health and Wellbeing Board set out in the appendix of the report before the Board, namely
    b) Invite 5 representatives for providers (mix of influential non-executive directors and executives)
    c) Co-chair or vice-chair arrangements with CCG
    d) Board-to-board meetings with Peterborough, explore joint programmes of work
    e) Strengthen links with Local Health Partnerships – Integrated Care Boards?

2) to mandate the working group to carry out further consultation and continue work on its recommendations, paying particular attention to the concerns expressed about recommendation a), Reduce from 5 County Councillors and 5 District Councillors to 5 elected Councillors (County and District) in total

3) to mandate the working group to develop one or more sets of proposals for the Board to consider at its meeting on 21 April.

The Chairman thanked the working group for its continuing efforts.

195. PLANNING FOR THE BETTER CARE FUND 2016-17

The Board received a report updating it on the Better Care Fund (BCF) planning process for the coming year. Officers apologised for the late circulation of the report and draft BCF Plan for 2016/17, and invited members to comment on the draft after the meeting. The draft plan was being submitted on 21 March, and would be subject to feedback from NHS regional organisations. This draft of the plan would then be circulated to members for comment, and the final draft of the BCF Plan would be discussed at a special meeting of the Board on 21 April 2016. **Action required**

The CCG's Integration Lead said that the CCG was keen to proceed with the delivery of the BCF Plan. She would be working with Local Authority colleagues in both Cambridgeshire and Peterborough; non-elective hospital admissions were continuing to increase, and it was essential that all parties work together in an integrated way, as would be set out in the Sustainability and Transformation Plan [minute 197 refers].

The Chairman thanked officers for their report, saying that the Board was well aware of the short timescales imposed by the BCF submission process; the Board had already drawn attention to this, as reported in the previous meeting's Action Log.

The Board noted the Better Care Fund plan and approach for 2016/17.

196. CLINICAL COMMISSIONING GROUP OPERATIONAL PLANNING FOR THE FINANCIAL YEAR 2016-17

The Board received a report briefing it on the changing context for planning, and progress being made with drafting an Operational Plan for 2016/17. Members noted that the CCG had received an increase in resource of 4.7% for the coming year, and had to plan for efficiency savings of 4.5%. The Plan was being developed in the context of transition to multi-year system planning, with the five-year Sustainability and Transformation Plan also under development. The CCG was required to submit the final version of its Operational Plan to NHS England by 11 April 2016.

The Board noted the content of the report.

197. UPDATE ON SYSTEM TRANSFORMATION PROGRAMME AND FIT FOR THE FUTURE, SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received a report updating it on the progress of the System Transformation Programme. Members noted that national shared health and care planning guidance had been issued in December, which the local health system was already working to. This was reflected in the recently-published document *Fit for the Future* introducing the new clinically-led programme of work to transform the health and care system in Cambridgeshire and Peterborough. Attention was drawn to a diagram of the governance structure for Fit for the Future appended to the report, which showed all areas of work being brought together and reporting to the Clinical Advisory Board.

In the course of discussion, Members

- suggested that The Queen Elizabeth Hospital King's Lynn (QEH) might usefully be included in developing the programme because of the importance of QEH for the Wisbech area. CCG officers advised that a memorandum of understanding was being developed between Norfolk CCG and Cambridgeshire and Peterborough CCG, in recognition of the need to work together across county boundaries; Wisbech was acknowledged to be an area of high deprivation, where demand for primary care services had increased greatly

- asked whether it was possible to deliver the standard of health service sought, given the financial constraints under which the system was expected to work. In reply, the old saying 'we're short of nothing that we've got' was quoted, and it was pointed out that the overall health of the population continued to improve; looking at matters the other way round, the question should perhaps be how to get the best health value from the money available. It was necessary to think about how everybody saw their own health, and how they accessed health services

- drew attention to the national planning guidance that working together would bring value, improving both the quality of care and NHS finances; the local system had much to gain from working together to achieve synergy and improve care quality

- noted that local health planners were in conversation with NHS regional planners about anticipated changes in population numbers in Cambridgeshire and about the use of services in new communities.

The Director of Public Health reminded Members that the Health and Wellbeing Board under legislation was an executive partnership board, representing a partnership between the Local Authority (LA) and the NHS. Unlike some other parts of the region, where health system planning areas followed hospital boundaries, the local area coincided with LA boundaries, and so with those of the Cambridgeshire and Peterborough HWBs; this greatly enhanced the boards' opportunities to be involved in health planning.

Board members were reminded that submission of the Sustainability and Transformation Plan formed part of a process to bid for extra funding to further the work of transformation. The Plan would be assessed as a plan and as a demonstration of how the local health system was working; anything Board members could do to encourage good system working would help the bid for funding.

It was resolved unanimously to note the direction of Fit for the Future as well as the CCG's Sustainability and Transformation programme for 2016/17 and beyond.

198. FORWARD AGENDA PLAN

The Board noted the forward agenda plan. Members were invited to send any comments on the plan to the Democratic Services Officer.

199. DATE OF NEXT MEETING

Board members noted the date of the Board's next two meetings:

- 2pm on Thursday 21st April 2016, at Shire Hall, Cambridge CB3 0AP
- 10am on Thursday 26th May 2016, at Bargroves Centre, Cromwell Road St Neots PE19 2EY

Chairman

* Post-meeting note (minute 194): the date of the Constitution and Ethics Committee was subsequently changed from 5 April to 19 April 2016.