

HEALTH & WELLBEING BOARD MINUTES ACTION LOG AND UPDATES FROM 10th JULY 2014

MINUTE NUMBER & REPORT TITLE	ACTION REQUIRED / UPDATE	STATUS
53. NHS Cambridgeshire and Peterborough CCG - Update on Local Quality Premium Indicators	<p>That the Board through the Chairman should write to NHS England to express its concerns at the reward funding being fully withheld from the CCG when its overall performance had been good. The response should highlight that of the National Indicators, two had only been missed two by a small margin, and that 100% of the ambitious local targets set had been achieved. As a result the letter should further request that a part payment was made and should also highlight the changes in financial circumstances which had occurred during the year, which represented special circumstances.</p> <p style="text-align: right;">Action: Liz Robin in consultation with Chairman</p> <p>UPDATE: letter circulated</p>	COMPLETED
54. Local Health Economy Five Year Strategic Plan	<p>a) With reference to page 42 and figure 24 'Establishment by profession 2013-2018' due to concerns at the projected reduction of staff shown between the two dates, It was proposed and agreed that NHS England should be written to, asking when the Board would see their Plan in relation to the provision of primary care services and seeking explanation on the staffing figures, and how the reduction in the acute sector would be translated to the required increases in the community sector. This was especially important as it made no sense to take more money out of the overall system in an area with a recognised, challenged health economy.</p> <p style="text-align: right;">Action: Liz Robin</p> <p>UPDATE: covered by letter circulated for Minute 53</p>	COMPLETED
	<p>b) Requesting more detail on how the Acute Trusts were planning future service provision in the light of the identified staff reductions.</p> <p>UPDATE: This will be covered in the regular update to the Board on health system transformation</p>	ONGOING

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	<p>c) There was a need to lobby the view that acute hospitals should receive a fixed amount of money, as the current model of hospitals expanding and taking resources that could be re-directed to community services sector, was not sustainable. The exact action to be taken to be further discussed outside of the meeting.</p> <p style="text-align: right;">Action : Liz Robin</p> <p>UPDATE: This matter is being raised by individual Board members, including at a full Council meeting (see item 54(e))</p>	ONGOING
	<p>d) A request that Acute Providers should submit their Plans for scrutiny to a future Health Committee</p> <p style="text-align: right;">Action: Liz Robin to discuss with Health Committee</p> <p>UPDATE: The Health Committee is currently planning liaison meetings with acute providers at which a range of issues will be discussed.</p>	ONGOING
	<p>e) There was agreement that there was a need for the Board and individual Board members / politicians to seek to influence a change to the current payment by results ethos whereby Foundation trusts / acute hospitals received payments for all people attending hospitals, even when their treatment would have been more appropriately dealt with at GP level etc.</p> <p>UPDATE: Cllr Nethsingha proposed the following motion at Council on 22 July 2014:</p> <p style="padding-left: 40px;">This Council notes the work done by Price Waterhouse Coopers because the Cambridgeshire Health economy has been identified as one of the 11 most financially challenged in the country.</p> <p style="padding-left: 40px;">This Council believes that caring for more people, for longer, in their own homes, and reducing the number and length of stay for unsuitable hospital admissions will be crucial in maintaining and improving the quality of care in the next 5-10 years.</p>	ONGOING

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	<p>This Council also believes it is crucial that when NHS services are under extreme financial pressure mental health and social care services must be maintained, and not asked to make further cuts.</p> <p>This Council requests that the Chief Executive write to NHS England, Monitor and the Trust Development Authority to ask that these organisations ensure the plans of and for hospitals in the Cambridgeshire area recognise this direction of travel when making their own plans for the future.</p> <p>The motion was carried, and the Chief Executive wrote a letter to the Chief Executives of NHS England, Monitor and the NHS Trust Development Authority on 4th September 2014, setting out the Council's concerns above.</p>	
	<p>g) The need for a fast track response mechanism for the Board when responding to consultations outside of the scheduled meetings as it was identified that four meetings a year was proving to be inadequate. This included looking at the potential of teleconferencing, identifying additional reserve dates, using scheduled development day</p> <p>UPDATE: This matter is on the agenda for the October HWB.</p>	COMPLETED
55. Annual Public Health Report	<p>There was a request that the report on Reducing Road Traffic Accidents from the conference / workshop should be more widely circulated to the Board and to County Councillors.</p> <p>UPDATE: Information circulated by Iain Green. The Road Safety Partnership report on Reducing Road Traffic Accidents placed on the agenda plan as to be scheduled</p>	COMPLETED

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56. Summary report on the findings of the JSNA on Autism, Personality Disorders and Dual Diagnosis	<p>b) Concern was expressed by one Member of how the focus of this particular JSNA had been agreed without further consultation with the Board. There was a request for an overview report to come back to the next Board meeting on future JSNA's beyond July, including the proposed Transport and Health JSNA to provide details of proposed focus for Board input / comment.</p> <p>UPDATE: JSNA Summary Update Report included on July agenda; a more detailed scope for the Transport JSNA is on the agenda for the October HWB</p>	COMPLETED
	<p>c) Page 49: section 4.2 – 'exclusion criteria on those people with Personality Disorders currently treated within secondary care being excluded from receiving specialist input', there was a request for the Board to receive more detail of the care pathways involved in making such a decision, Action: Liz Robin to provide details for all Board Members.</p> <p>UPDATE: This will be addressed at the October HWB under Agenda Item 5(a) JSNA</p>	ONGOING
	<p>d) To agree to receive an updated JSNA at the October Board to include information that had not been made available from the Mental Health Trust.</p> <p>UPDATE: This matter is on the agenda for the October HWB.</p>	COMPLETED
	<p>e) A short report was requested on the progress of the work reflecting the Autism standards and the Autism Strategy should be presented with the JSNA at the October Board meeting.</p> <p>UPDATE: This matter is on the agenda for the October HWB.</p>	COMPLETED
62. Minutes Action Log Update	<ul style="list-style-type: none"> agreed that the letter to NHS England about provision of primary care services (minute 54) would be circulated immediately it had been finalised 	COMPLETED

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	<ul style="list-style-type: none"> noted that the Road Safety Partnership report on Reducing Road Traffic Accidents (minute 55) would be brought to the Board once completed <p>UPDATE: placed on agenda plan as to be scheduled</p>	ONGOING
64. Safeguarding Adults Annual Report 2013/14	<p>The Executive Director undertook to ensure that 'soft' concerns were included in the incident reporting database, and that staff could see and contribute to the database on a multi-agency basis.</p> <p style="text-align: right;">Action: A Loades</p> <p>UPDATE: The Soft Concerns database will be developed as a part of the move of Adult Safeguarding arrangements into the Multi Agency Safeguarding Hub</p>	ONGOING
65c. Older People's Mental Health JSNA	<p>The Director of Public Health said that there was university work being done on dementia modelling. She offered to forward information on this work to the questioner and other members.</p> <p style="text-align: right;">Action: L Robin</p> <p>UPDATE:</p>	ONGOING
66. Young Carers	<ul style="list-style-type: none"> suggested that young carers should be tracked through school in a similar way to that used for Looked After Children; it was proposed and agreed that the Board write to national bodies to say that young carers should be formally identified and tracked as a group <p style="text-align: right;">Action: S Ferguson</p> <p>UPDATE: S Ferguson and S Nix are meeting to discuss this in early October</p>	ONGOING
	<ul style="list-style-type: none"> pointed out that each school still received an annual 'keeping in touch' visit; a question about young carers would be asked on every such visit. The Executive Director said that work could be done locally to track young carers <p style="text-align: right;">Action: S Ferguson</p> <p>UPDATE:</p>	ONGOING

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	<ul style="list-style-type: none"> the Service Director: Enhanced and Preventative Services undertook to look further at how to establish improved pathways between the Drug and Alcohol Action Team (DAAT) and Children's Services. Action: S Ferguson <p>UPDATE:</p>	ONGOING
	<ul style="list-style-type: none"> The Executive Director undertook to arrange an event (day or half-day) under the auspices of the Board, funded by CFAS, to bring agencies together to look at issues and move to action planning. This could include input from schools. Action: A Loades <p>UPDATE: will be discussed by S Ferguson and S Nix at their October meeting</p>	ONGOING