

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 30th April 2015

Time: 10.00 – 12.50

Place: KV Room, Shire Hall, Cambridge

Present: Cambridgeshire County Council (CCC)

Councillors, A Bailey, P Clapp, L Nethsingha, T Orgee (Chairman), and J Whitehead

Dr Liz Robin, Director of Public Health (PH)

Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)

District Councils

M Cornwell (Fenland), S Ellington (South Cambridgeshire), T Moore (substitute for P Roberts) (Cambridge City) and J Schumann (East Cambridgeshire) and

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr John Jones

Healthwatch

Ruth Rogers

NHS Commissioning Board

M Berry

Co-opted Member representing Voluntary and Community Sector

Julie Farrow (See Minute 114)

Apologies: Councillor R West (Huntingdonshire) and Dr N Modha.

112. DECLARATIONS OF INTEREST

Councillor Sue Ellington declared an interest as a trustee of the Care Network.

Ruth Rogers declared an interest as Chief Executive of Red2Green.

113. MINUTES AND ACTION LOG UPDATE

The minutes of the meeting of 15th January 2015 was signed as a correct record.

The Action Log update which had been circulated electronically and hard copies made available for the Board and public at the meeting was noted.

Actions from Minute 99 and 101 were still ongoing.

114. CO-OPTION OF VOLUNTARY AND COMMUNITY (VCS) SECTOR MEMBER

Further to the request at the January meeting to include a representative from Cambridgeshire's voluntary and community sector, this report provided the outcome of the consultation carried out with Cambridgeshire's Councils for Voluntary Services. As a result the nomination brought forward was Julie Farrow, Chief Executive of Hunts Forum of Voluntary Organisations for the short to medium term with a view to

reviewing the appointment at a later date. Julie was well known to members and officers as already being a member of the officer led Health and Wellbeing Support Group and also having been involved in a number of the Board's stakeholder events and developments days.

It was resolved:

To approve the appointment of Julie Farrow as the VCS non-voting co-opted representative to the Health and Wellbeing Board.

Julie Farrow joined the meeting at this point.

115. CAMBRIDGESHIRE TRANSPORT AND HEALTH JOINT STRATEGIC NEEDS ASSESSMENT

A report was received by the Board introducing the Cambridgeshire Joint Strategic Needs Assessment (JSNA) for Transport and Health. As agreed at the October 2014 Health and Wellbeing Board the JSNA had focussed on three priority areas where transport impacted on health namely: air pollution, active transport and transport and social/geographical isolation with a focus on access to health services. The JSNA highlighted the opportunities for future focus in the areas of air pollution, active transport and access to transport as listed in paragraph 5.2 of the cover report.

Members in discussion of the report provided comments including:

- Highlighting the timeliness, as air pollution had been a national issue in the news during the week.
- Discussing the need for the JSNA to be able to feed into both district and County Council policies. It was considered that it would be a very useful addition to the data evidence base as part of the planning process for new developments when assessing their viability and their impacts.
- One Member felt that annex 4 (access to transport) did not provide good information in relation to transporting residents to health and support services, which was particularly important in rural areas. In reply to this point the Chairwoman of the Council's Children and Young People's Committee indicated that a brief had been established through that Committee to map all relevant transport information for use by local residents. In addition, an officer indicated that ward level data on the number of people going to hospital was available on the website, but the area where there was no data related to General Practitioner (GP) access information.
- Querying why, with reference to page 24 in relation to Air Pollution statistics, Impington was shown as being so much higher than other areas of the city. It was clarified in response that this resulted from a pollution sensor being in a field next to the A14, and did not necessarily indicate that Impington suffered from such a high reading.
- One Member highlighting that the JNC did not refer to the issue of car parking in Cambridge, which was a constant area of conflict between residents and commuters in areas where there were no residents parking schemes. The Member suggested in Cambridge areas of free parking dissuaded some people from using

the park and ride sites, which in turn contributed to air pollution in the city. Officers recognised the concerns raised, while pointing out that the JSNA concentrated on countywide issues, with an aim to support local approaches to finding transport solutions. This involved encouraging greater use of walking and cycling and the adoption of low emission passenger fleet vehicles to reduce air pollution.

- One member highlighted that the JSNA and the subsequent debate showed that countywide there was not a 'one size fits all solution' to transport, as what was appropriate in a city, might not be in rural areas such as in Fenland.
- The need to adopt an open access approach to help identify preventative measures to reduce the number of trip hazards involving disabled and sight impaired people. Reference was made to issues at Addenbrooke's Hospital and the need for more focussed work with patients. It was clarified by another member that the document was not designed to deal with specific issues, but was a means of stimulating further discussion and help inform policy going forward.
- There was widespread support for the proposal that officers should investigate and identify those areas of partnership strategic work / delivery strategies / work streams that the JSNA could help influence. These could include planning, transport strategies, City Deal etc. **Action Liz Robin/Angelique Mavrodaris/Iain Green to lead further investigative work and come back with a report to the Board**
- There was also a request to look at the County Council report template to look at incorporating JSNA advice into the Council implications paragraphs to encourage JSNA findings to be picked up across the Council. **Action: Liz Robin / Rob Sanderson.**

The officers were thanked for an excellent report.

It was resolved unanimously to:

Approve the JSNA and to note the findings and areas which were being highlighted for further work.

116. VULNERABLE CHILDREN AND FAMILIES JOINT STRATEGIC NEEDS ASSESSMENT

The Board received a report summarising the findings of the Vulnerable Children and Families Joint Strategic Needs Assessment and seeking its approval to it.

As described in the 'Vulnerable Children and Families JSNA Update' paper to the January Board meeting, it was highlighted that it had not been possible to carry out the JSNA as planned, due to challenges in sharing data between organisations with it not being possible to include the wider health outcomes in the analysis. The end result had been to limit the JSNA analysis to the use of County Council data and data which was publically available at small area level. This included information on limitations on educational attainment at age 5-15, a significant issue in Cambridgeshire, as the gap in educational attainment for children receiving free school meals was known to be worse than the national average.

The key findings were set out as being:

- Poor attainment is more concentrated in the most deprived parts of the County. However, focusing efforts on those with poor attainment at Early Years Foundation Stage (EYFS), Key Stage 2 (KS2) and KS3/4, living in the most deprived parts of the county would only address 29% of poor attainment.
- A large proportion of children with poor levels of attainment accessing free school meals were in touch with council services, particularly at KS2.
- Children with special educational needs account for a large proportion of children with poor attainment who access free school meals (FSM). This is particularly the case at KS2 when the Council is also in contact with a high percentage of these children.
- The ethnic profile of children with poor attainment and accessing FSM in 2012/13 was different at KS3/4 compared to the other stages.
- There were parts of the County where there were lower levels of good attainment, and these are not necessarily in the most deprived parts of the county.
- It was difficult to draw conclusions about detailed local geographical patterns from the data available on domestic violence, drug and alcohol treatment, smoking at time of delivery and parental mental health.
- Geographical patterns, which reflect research findings on family vulnerability factors, identified in data on female qualifications and births under the age of 22 should be considered for focusing prevention work, particularly as this data is available from the census by small geographical areas (Lower super output area).
- Fenland remained the district area with the highest concentration of risk factors.
- Consideration should be given to seeking consent to share information for strategic planning purposes where the output is anonymised, when an individual accesses services.
- Recording of the characteristics of those children and families which the County Council and other services were working with should be reviewed so that key vulnerability factors the research suggested influence childhood development were recorded, such as the learning environment at home and mothers' qualifications.

The JSNA confirmed many of the patterns reflected in the Accelerating Achievement Strategy, and provided additional analysis which linked poor attainment to County Council service provision, and identified wider determinants, which could further inform the implementation of that Strategy. The recommendations included within it also potentially had implications for the commissioning of health visiting and other early intervention services across health and social care.

Following the introduction from officers, Board Members:

- Questioned whether there was a holistic approach to educational attainment. In response it was indicated that the health issues highlighted would be analysed as part of the Accelerated Achievement Strategy looking at vulnerable groups, while

highlighting that health visitors worked alongside schools, education officers and children's centres. The point was made that since April, there was a requirement to produce a plan with all required elements for all children with Special Educational Needs and in future the benefits of an integrated plan would be seen. The aim was to integrate Health and Education assessment for vulnerable 2 year olds is progressing.

- One Member highlighting the frustrating issue around not being able to access health data due to data sharing restrictions suggested the wording on page 7 reading "consideration should be given to seeking consent to share information for strategic planning purposes" was not strong enough. In further debate officers explained that the current national guidance on data protection did not differentiate between individual records requiring individual consent and using the data anonymously for strategic use. There was an agreed need for the national guidance to be made clearer. In further discussion **it was unanimously agreed as an action that the Chairman would write on behalf of the Board to the Department of Health highlighting the frustrations imposed by the current data protection limitations on information sharing and asking for the legislation / guidance to be reviewed. Action: Emma de Zoete to draft letter for Cllr Orgee to sign.**
- Discussed the poor levels of achievement at Early Years Foundation Stage as highlighted on page 26 and how prepared children were for school. This was seen as a big issue and reinforced the important roles of attending pre-school and also parents' support / attitude to education, in making a difference at this early stage of a child's educational development. It was suggested that as there was only so much that could be gleaned from high level data a useful project - perhaps as a PHD research project at one of the universities – would be to analyse attainment levels achieved for those pupils eligible to free school meals / the pupil premium to look for contributing factors.
- Where attainment levels were shown to be improving, it was suggested that they should be shown in terms of the trend over a number of years, as taken in isolation over just two years could be more related to the ability of a particular year group.
- The point was highlighted that Cambridgeshire had a significantly worse attainment level record for vulnerable children than other comparable areas and it was the case that where improvements were made, they were still behind other areas as they had improved further. The reasons why this was the case was the subject of further analysis.
- One Member suggested the aforementioned Strategy should also seek to establish why factors affected boys more than girls.
- One Member asked whether Cambridgeshire's low education settlement funding base was a factor, the response was that there was no detailed statistical evidence in this particular area, with the correlation being weak.
- One Member asked that as the report clearly showed that Fenland had the highest risk factors, more resources should be allocated to it. In response it was explained that the JSNA did not look at the apportionment of resources as that was a strategy decision to be taken elsewhere.
- Liz Robin highlighted that the Health Committee was already looking at the problem

area in relation to pre-school readiness identified as being below the national average for children who were eligible for free school meals.

- **The need to correct a minor error on page 11 of the JSNA in the footnotes referring to ‘John’ Whitehead rather than the correct designation “Joan”.
Action: Emma de Zoete**

In summing up, the Executive Director indicated that regular update reports on the Accelerating Achievement Strategy would be brought back to the Health and Wellbeing Board **Action: Ruth Yule / Adrian Lyne to build into HWB’s forward agenda plan.**

It was also agreed that officers should investigate and identify those areas of partnership strategic work / delivery strategies / work streams that the JSNA could help influence. **Action: Rebecca Hudson to lead further investigative work and provide a further report to the Board.**

It was resolved unanimously:

to approve the JSNA on Vulnerable Children and Families.

117. JOINT HEALTH AND WELLBEING STRATEGY (JHWS)

The Board received a report with an updated Cambridgeshire Health and Wellbeing Strategy 2012-17 included as appendix A for approval. It was explained that the main changes had been to include revisions to data and statistics, make minor corrections and to outline, as agreed at the January meeting, the new approach of adopting key partnership strategies as annexes. It also included information from some of the JSNAs completed since the JHWS was published in 2012. The JHWS six priorities and areas of main focus remained unchanged.

The report was discussed by Members and among the comments it was requested that on page 16 with reference to the Carers JSNA that revised wording should be used to replace the current words in the third paragraph of the second column reading “...385 young people aged 0 to 24 provided 50 or more hours” as no carers were aged 0 or in their very early years and revising it along the lines of “under 25” would be more appropriate. **Action: Adrian Lyne**

It was resolved unanimously:

To approve the updated Cambridgeshire Health and Wellbeing Strategy 2012-17 as amended.

118. YOUNG CARERS

A report was presented to the Board updating it on the details of re-commissioning of support services for young people in the context of changing national legislation. The intention was for this to take place in 2015 with the need for a new, expanded delivery system with the report providing details of the new time line.

It was highlighted that Section 96 of the Children and Families Act 2014 introduced new rights for young carers to improve how young carers and their families were identified and supported. From April 2015 all young carers would be entitled to an

assessment of their needs by the Local Authority separate from the needs of the person they were caring for with the full details as set out in the report. For adult social care the Care and Support (Assessment) Regulations 2014 require that the Local Authority assessing an individual with care needs must “consider the impact of the individual’s needs on the well-being, welfare, education and development of any child involved in providing care and identify whether any of the tasks which the child is performing for the individual are inappropriate for the child to perform having regard to all the circumstances” (Regulation 4(3)).

It was explained that the legislation would create new challenges for staff in Children, Families and Adults (CFA) and other partners such as CPFT and required a different way of working and collaboration as detailed in the report, with a balance to be struck between the allocation of budget to the commissioned support provision and the staffing capacity required for assessment. Details were provided of interim measures being put in place to help with resourcing. It was highlighted that as more young carers were likely to be identified, it was seen as inevitable that demand would increase and the pressure would need to be met.

Details were provided of proposals to split the services by age, possibly from 8-14 or 15 and another group from 14 or 15 upwards with the aim of developing a rolling modular programme that provided a group experience to young carers in which they could develop a peer group. It was noted that the current services were good at developing participative work with young carers and in working with schools in particular, with issues such as school understanding, school attendance, careers advice and bullying are high on young carers’ agendas. As there were some very good school based services, further development of them was seen as key to developing the new model.

Members discussed the report and commented / sought clarification / received replies to questions including:

- highlighting that the loss of a contract for a voluntary organisation often resulted in them not having the funds to continue and consideration needed to be given to the full range of services they provided which filled in gaps not covered by statutory agencies.
- In relation to the question of what support was provided to young carers still in education the services sought to work with carers to establish their aspirations and when they were aiming to relinquish their carer responsibilities.
- The proposal to split the services by age was supported but there was a need to look at the second age group covering carers up to their early twenties.
- In response to a question it was indicated that the full figure of many young carers there were in the County was not known as it was only those that contacted the local authority to receive help / services that could be identified.
- On a question of what financial support was offered to young carers it was explained that funds were raised by contracted providers to help with holidays / respite care.

It was resolved:

- a) to note the new burdens for the assessment of young carers being placed upon the County Council, NHS and partners and the plans in place to meet these.
- b) to note the strategic and cultural challenges that would need to be overcome in order to facilitate effective cross agency working in order to enable young carers to be identified by partners and the pathways opened to meet their needs.

119. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

The Board received a report updating it on the ongoing development of the Five Year Programme and included sections on:

- Strategic aims and values of the programme
- Programme structure
- Analytical work
- Outcome of the Vanguard application to the New Models of Care Programme
- Next steps

At the meeting an oral update indicated that the timetable set out in the report had now changed and that engagement was to take place in July as opposed to May.

Issues raised in discussion included:

- In respect of the statement in the report that demographic change predicting that the system would need an extra 160 non-elective beds by 2018/19 and UnitingCare predicting the exact same number reduction in the demand a question was raised on what the fall back position would be. The presenting officer indicated that the reduction figures were based on the intention to undertake more preventative work and to be smarter around pathways to reduce inefficiencies to achieve the balance required. This was an area where UnitingCare would help facilitate closer partner working on co-ordinating health and social care needs, including housing providers.
- It was suggested another area UnitingCare should look at was providing alternative best care provision to treat elderly people who had suffered falls, other than at Hospital accident and emergency departments or in a person's home, as currently this was the only option for ambulances who had been called to treat such accidents.

It was resolved unanimously to:

note the details of the Five Year Planning process.

120. BETTER CARE FUND UPDATE

This report provided an update on the approval of Cambridgeshire's Better Care Fund (BCF) plan, the formal partnership and monitoring arrangements for the BCF as set out in an agreed Section 75 Agreement and an update on the Cambridgeshire Executive Partnership Board (CEPB) projects. It also sought discussion on the creation of the 'Ideas Bank' for pilot proposals that would have an impact on the BCF outcomes.

It was highlighted that Cambridgeshire's Better Care Fund plan, submitted to Government on 9 January, had been approved with notification received in February. Approval of the Plan by Government followed intensive work by colleagues from across a range of organisations in the local health and wellbeing system. The letter from Government was very positive and accepted that the targets proposed were realistic and had not been challenged with an extract highlighted, reading "it is clear that your team and partners have worked very hard over the last few months, making valuable changes to your plan in order to improve people's care... your plan is strong and robust and we have every confidence that you will be able to deliver against it."

As the report made reference to the Section 75 agreement for the Board's information which had been agreed and signed by representatives of both the County Council and Clinical Commissioning Group and as this had not been appended to the report, it was agreed it would be circulated following the meeting: **Action: Geoff Hinkins / Rob Sanderson to arrange.**

A table detailing how the BCF budget would be used in Cambridgeshire was set out on page 21 of the report. The funding for projects was limited, but the intention was that the initiatives already underway would support a shift in resource from intensive, long-term or emergency support towards more preventative approaches and release resource to increase the speed of transformation in the medium term. However, it was noted that this shift would be exceptionally challenging to achieve.

The Board was reminded that at its meeting in January, the Health and Wellbeing Board agreed that the CEPB should serve as a forum for monitoring the use of the Better Care Fund and reporting to the Board regularly on progress, as well as escalating any concerns. The Board's representation was drawn from organisations across the local health and wellbeing system as detailed in the report. It was explained that CEPB had served as the primary partnership board for officer discussions on the Better Care Fund. Alongside this additional role for the CEPB, discussions were ongoing between partners across the system about governance arrangements and partnership boards across both Cambridgeshire and Peterborough. This followed agreement at the Health and Wellbeing Board in December to align work programmes between Cambridgeshire and Peterborough where possible. It was highlighted that an updated Terms of Reference document for CEPB would be

brought to a future Health and Wellbeing Board meeting. **Action: Geoff Hinkins / Ruth Yule to programme on forward plan.**

The Board was reminded that as part of the BCF Planning Process, a set of five projects areas aligned between Cambridgeshire and Peterborough had been developed, to be taken forward as part of the work funded by the BCF. These were: Project 1 Data Sharing; Project 2 Seven Day Working; Project 3 Person Centred System; Project 4 Information and Communication and Project 5 Ageing Healthily and Prevention with the details of what they involved set out in section 3 of the report.

Issues raised included:

- One Member indicated that he was pleased to hear that the Disabled Facilities Grant (DFG) funding had been transferred to districts, and that it had been secured for the first year. He talked about the importance of the DFG and how it helped to meet many of the aims of the CEPB projects – being particularly important for the Ageing Healthily and Prevention strand. Officers in response to a request, confirmed that the funding was ring-fenced and had been passed on in full. *(Note: Whilst there is no clarity about DFG for future years it was expected that the funding would continue to remain ring-fenced and to be passed on in full – if anything were to change, this would be discussed with districts and with the Health and Wellbeing Board before any further decisions were made).*
- A request was made to ensure that in relation to reviewing / realigning any applications for funding, these should be consulted on as soon as possible.
- One Member highlighted that the progress on the projects included in the report was more a description and provided no information on what was likely to happen. It was agreed that the paper on the projects going to the CEPB should be circulated to the Board following the meeting and that they should be asked if they had any issues. **Action: Geoff Hinkins.**
- With reference to Project 4 Information and Communication, there was a request to ensure this did not involve duplicating work already being carried out by organisations such as the Citizens Advice Bureau and also by Community Navigators.
- With reference to the Ideas Bank, a request was made to communicate the process and feedback to the voluntary and community sector in a clear and timely manner.

It was highlighted that since the report had been written, notification had been received that the submission of the first financial returns to Government was required to be made by 29th May, but as yet, officers had not received the templates required to be completed. In discussion, it was agreed that as there was not a Health and Wellbeing Board before this date, the sign off of the papers should be delegated to the CEPB with the proposed draft also circulated to Board members in advance, so they could submit comments to be fed into the CEPB meeting for their consideration.

It was resolved to:

- a) Note the Better Care Fund Approval.

- b) Delegate to the CEPB the sign off of the financial statements required to be with Government by 29th May and that the drafts to go to their meeting should also be circulated to the Board for any comments.

121. HANDYPERSON SCHEME LEARNING REPORT

In April 2013 the Board had asked a Task and Finish Group to explore future funding and procurement options and delivery models to enable this highly successful service to continue and to also become a countywide scheme. The purpose of this report was to feedback to the Board the learning from the Handyman Task & Finish Group.

It was highlighted that the Group had quickly identified that the biggest challenge to the progress of the work was the identification of funding for the service, as detailed in the report. The report set out a list of the learning points with the key one being that partner organisations financial cycles defined the funding timetable, if funding had to be agreed as part of their budget process.

Despite the challenge of securing the funding, the Task and Finish Group agreed that work should continue on the assumption that all of the local authorities would identify funding and that the provider of OPACS (UnitingCare) would agree to contribute once they had an understanding of their commitments and the value of the handyman service. To date a contribution from the latter had not yet been secured. It was explained that the Group was now working to secure the Handyman Service from October/November 2015, with the report highlighting the collaborative approach used to develop the service specification and the method statements to be used in the tendering exercise.

Issues raised / additional details provided in response to questions included:

- Indicating that the likely budget estimate was in the region of £250k, if all partners were involved.
- Receiving confirmation that the original handyman scheme was still operating, with the current contract due to end at the end of November.
- There was concern by some Members at the length of time it had taken, with one Member highlighting that East Cambridgeshire District Council had given their support 12 months ago. In response it was indicated that the timeframes and processes required to confirm financial resources for the scheme were not the same in different authorities.
- Another Member highlighted that Cambridge City Council had started their own Handyman Service and asked about the level of service proposed for the Countywide Service. In response it was indicated that this included providing a safe homes assessment service, undertaking small repairs (e.g. changing light bulbs / fitting rails etc) for which the target group would incur a small charge. It was clarified that Cambridge City had been very supportive of the proposals and had committed money to the scheme. It was clarified that the City Council Scheme was for tenants of the City Council only, whereas the current scheme and the future countywide scheme was focussed on people who did not live in Social Housing.

- It was suggested that once set up, consideration should be given to extending it to other people who needed and could not find tradesmen prepared to undertake small jobs.

It was resolved:

That having commented on the report, to note the learning highlighted from the work on the handyman service.

122. CLINICAL COMMISSIONING GROUP OPERATIONAL PLAN

The purpose of this report was to provide an update to the Board on finalising the CCG Operational Plan for the financial year 2015/16, with details provided of the overarching principles underpinning operational planning for 2015/16 and amendments made as a result of feedback received.

It was highlighted that seven clinical transformation programmes had been planned for implementation in the current year as follows:

- Non Elective Care and Urgent Care <65 years
- Planned Care and Long Term Conditions
- Primary care
- Prescribing
- Children's Services
- Mental Health
- Continuing Health Care (adults)

An overview of the aims of each programme was provided in Appendix 1 to the report. In addition to the clinical transformation programmes, the draft operational plan covered a range of other topics as set out in the table under paragraph 3.5 of the report. Details were provided of the joint partnership work being undertaken with a key aim to prevent the risk of the workstreams operating in silos.

It was resolved;

to note the contents of the report.

123. FORWARD AGENDA PLAN PROPOSAL FOR THEMED MEETINGS

The Health and Wellbeing Board (HWB) had recently had a number of discussions including at a recent development day about how to ensure the HWB was communicating and engaging with the various boards and groups with a health and wellbeing remit in Cambridgeshire and Peterborough.

The report proposed that each of the Board's six meetings should be themed so that the majority of the agenda was in alignment with one of the six priorities of the current Cambridgeshire Health and Wellbeing Strategy 2012-17, while still having the necessary items to discharge the Board's statutory duties. Also proposed for further

discussion was including patient stories/feedback from user groups, to bring the HWB's work to life, linked to the meeting's theme, as well as inviting appropriate guest speakers. It was also the intention to receive regular updates from the various boards working to join up health and social care.

In discussion the following points were made / issues raised:

- Several members expressed concerns at the potential length of the meetings and the need for the agenda to be carefully structured to ensure the business could be accommodated in the necessary timeframe, especially if updates were being received from other boards on a regular basis. The aim should be for very short reports limited to say two sides.
- Where patients' stories were used, if there was an intention to have them present, it was important to manage their expectations to avoid disappointment on potential outcomes. In further discussion it was suggested that they should be used cautiously for illustrative purposes only, and if anonymised and not presented by the patient, this would allay the concerns highlighted as being one of the potential risks. There was also the need to ensure they did not duplicate other work already undertaken by the Board.
- The theme for Priority 1 (Ensure a positive start for children, young people and their families) should be the subject of discussion with the Children's Trust as they were responsible for its implementation.
- The need to ensure that themed meetings still had proposed actions for consideration and agreement to avoid them becoming additional, development meetings as opposed to decision making meetings.

It was resolved:

to approve the proposal for themed meetings according to the priorities of the Cambridgeshire Health and Wellbeing Strategy on the basis of

a) A report coming back to the next meeting on the detail of how the meetings would be structured to ensure they were not too long and were action focused

Action: Adrian Lyne / Liz Robin.

b) to include patient stories but to be cautious in relation to their contents and how they would be presented in order to address the concerns expressed by the Board.

c) To review after the first round of meetings to assess if they were working as envisaged and provided added value.

124. MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

At the meeting of the Health and Wellbeing Board on 15 January 2015, the Board

endorsed a process of further engagement with the Cambridgeshire & Peterborough System Transformation Group, Cambridgeshire Public Service Board and Police Commissioner's Office to:

- i) Develop proposals on how best to develop communication and integrated working with the HWB Board
- ii) Seek views on whether changes to HWB Board membership should form part of these proposals.

Further to the above, the Director of Public Health presented a paper to the Cambridgeshire Public Service Board (CPSB), met with the Chief Strategy Officer of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to discuss communication with the C&P System Transformation Group, and had also met with the Chief Executive of the Office of the Police and Crime Commissioner.

The report provided feedback from the consultation undertaken. As a result it was resolved to:

- a) Note the feedback from engagement with the Cambridgeshire & Peterborough System Transformation Group, Cambridgeshire Public Service Board and Police Commissioners Office.
- b) Endorse the provision of regular update reports on the work of Cambridgeshire Health and Wellbeing Board to the Cambridgeshire Public Service Board. **Action: Adrian Lyne**
- c) Endorse the current engagement with the Cambridgeshire and Peterborough System Transformation Group through a standing item on the HWB Board agenda for discussion and feedback. **Action: Jess Bawden / Fiona Head**
- d) To agree to approve themed meetings of the Health and Wellbeing Board for a period of time and to endorse invitation of the Police and Crime Commissioner to a themed meeting of the HWB Board focussing on Priority 4 of the Health and Wellbeing Strategy. **Action: Liz Robin / Adrian Lyne**
- e) Request the Director of Public Health to explore the potential for a 'whole system' event, to further build relationships between HWB Board members and other key groups in the health and care system. **Action: Adrian Lyne / Liz Robin / Alex Parr**

125. PUBLIC HEALTH REFERENCE GROUP – UPDATE

At the January meeting the Board had approved the creation of a multi-agency Public Health Reference Group (PHRG) for a trial period of one year. The Board had also proposed that rather than an annual report from the PHRG, it would be preferable to receive shorter and more frequent reports. The first meeting of the PHRG took place on 1st April and this report provided the first brief update.

It was highlighted that:

- Paul Medd, Chief Executive of Fenland District Council, had agreed to Co-

Chair the PHRG.

- The PHRG had discussed priorities and potential contributions across the member organisations involved with strong mutual interest in the following areas of work:
 - Actions to promote physical activity and healthy diet at a population level – which will help to reduce the health burden of obesity, amongst other benefits.
 - Community Engagement on health issues, using an asset based approach
- A task group had been established to:
 - Further review the public health evidence base on the two identified priorities.
 - Propose a small number of key actions to be taken by our organisations to improve public health outcomes, considering both impact and cost effectiveness.
 - Identify research/evaluation resources.
 - Circulate proposals to PHRG members for comment before the next meeting on 9th July 2015.
 - Present proposals for decision at the PHRG meeting on 9th July 2015

It was resolved:

to note and endorse the work of the Public Health Reference Group to take forward Priorities 3 and 5 of the Health and Wellbeing Strategy.

126. DATE OF NEXT MEETING

It was resolved to note the date of the next meeting would take place on Thursday 2nd July 2015 at 10.00am at Fenland Hall, County Road, March PE15 8NQ.

Dates of following meetings (all at 10am on Thursdays):

- 17th September, Bargroves Centre, St Neots PE19 2EY
- 19th November, Shire Hall, Cambridge CB3 0AP
- 14th January 2016, South Cambridgeshire Hall, Cambourne CB23 6EA
- 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

There was a request to ensure sufficient parking provision had been secured for the Board members for the meetings listed not being held in Shire Hall. **Action: Ruth Yule to check and confirm**

Chairman
2nd July 2015