

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 22 November 2018

Time: 10.00-12.35pm

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present: Cambridgeshire County Council (CCC)

Councillor Linda Jones

Councillor Susan van de Ven (from 10.25am)

Councillor Mark Howell (substituting for Councillor Samantha Hoy)

Dr Liz Robin - Director of Public Health

Charlotte Black – Service Director: Older People’s Services and Mental Health (to 10.45am)

Kerry Newson - Senior Finance Business Partner (substituting for Chris Malyon)

City and District Councils

Councillor Geoff Harvey – South Cambridgeshire District Council

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Jessica Bawden

Healthwatch

Val Moore, Chairwomen

NHS Providers

Ian Walker - Cambridge University Hospitals NHS Foundation Trust

Keith Reynolds – North West Anglia Foundation Trust (substituting for Caroline Walker)

Scott Haldane - Cambridgeshire and Peterborough NHS Foundation Trust (substituting for Tracy Dowling) (to 12.00pm)

Voluntary Sector Co-opted Member

Julie Farrow – Hunts Forum

Also present:

Councillor Lynda Harford

Councillor Peter Hudson

Apologies

Councillor Mike Cornwell - Fenland District Council

Tracy Dowling - Cambridgeshire and Peterborough NHS Foundation Trust

Councillor Samantha Hoy - Cambridgeshire County Council

Chris Malyon - Section 151 Officer, Cambridgeshire County Council

Councillor Nicky Massey - Cambridge City Council

Councillor Jill Tavener- Huntingdonshire District Council

Jan Thomas - Cambridgeshire and Peterborough Clinical Commissioning Group

Councillor Peter Topping - Cambridgeshire County Council

Caroline Walker - North West Anglia Foundation

Wendi Ogle-Welbourn – Executive Director: People and Communities,

Matthew Winn - Chief Executive at Cambridgeshire Community Services NHS Trust

98. ELECTION OF CHAIRMAN/ CHAIRWOMAN FOR THE DURATION OF THE MEETING

The Clerk stated that apologies for absence had been received from the Chairman of the Board Councillor Peter Topping and the Vice Chairwomen Jan Thomas. In accordance with the Board's standing orders, members of the Board were invited to elect one of their number to take the Chair for the duration of the meeting.

The Director of Public Health, seconded by Jessica Bawden, proposed: that Val Moore be elected Chairwomen for the duration of the meeting.

On being put to the vote, the proposal was carried unanimously.

99. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above. There were no declarations of interest at this point, but the Chairwomen declared an interest later in the meeting in Item 11: Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18 as a member of the Safeguarding Board.

100. MINUTES OF THE MEETING ON 20TH SEPT 2018

The minutes of the meeting on 20th September 2018 were agreed as an accurate record and signed by the Chairwomen .

101. MINUTES - ACTION LOG UPDATE

The Clerk apologised that an incorrect version of the Action Log had been included in the published papers. The correct version had been circulated to the Board in advance of the meeting and published on the Council's website. The following verbal update was noted;

- i. Minute 12: To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset Completed

102. PERSON'S STORY

Amy Wallhead and Christine Shaw from the Cambridge Action Alliance introduced themselves and conducted a brief exercise to enable members of the Board to get a sense of the task processing difficulties experienced by those living with dementia and the impact this had on all aspects of their lives. They described dementia as one of the greatest challenges individuals could face in society and commented that little action had taken place to deal with the issue. Ms Shaw described how her employer, John Lewis, had invited specialists to come in to assess how dementia friendly the store was. The speakers commented that individuals living with dementia had a right to be recognised and a right to choose how they contributed to and interacted with society. Just because an individual had been diagnosed with dementia did not mean that they could not continue a normal day-to-day life. They did not need to live in isolation.

The Dementia Action Alliance had undergone a process of being re-branded as part of Dementia Friendly Communities. This was a process where an individual living with dementia could be supported and understood in their own community. London had

pledged to be a dementia friendly city by 2022 and they urged that Cambridge should do the same. Ms Wallhead and Ms Shaw called on Board members to offer their support, not only for people with dementia but also those with conditions like autism. The aim of the campaign was to make individuals and organisations more aware of how best to support members of the community with conditions of this type and to make Cambridge a dementia friendly city.

During discussion of the Person's Story, Board members:

- Asked whether any of changes had been made in the John Lewis store due to the work they had been undertaking. They were advised that John Lewis staff had been taught how to resolve an issue with a missing vulnerable adult in the store;
- Asked what the organisation planned to do next given society's ageing demographic. Ms Wallhead and Ms Shaw advised that the Cambridge Dementia Action Alliance held events for business to raise awareness of the issue and to encourage them to have a percentage of their staff trained as 'Dementia Friends'.

The Head of Mental Health at Cambridgeshire County Council stated that she was already engaged in work with the Alzheimer's Society and that she would be very happy to link up with the Cambridge Dementia Action Alliance outside of the meeting for further discussions.

The Chairwomen thanked the representatives of the Cambridge Dementia Action Alliance for giving the Board a good outline of the issues and had describing their plans on how to take the organisation forward. If they would like to submit any further information on their work to the Board outside of the meeting officers would ensure that this was passed on.

103. CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND SOCIAL CARE (HSC) SYSTEM PEER REVIEW FEEDBACK.

The Board considered a report providing feedback following the Local Government Association (LGA) Cambridgeshire & Peterborough Health & Social Care (HSC) System Peer Review held between the 24th and 27th of September 2018. The Service Director: Older People's Services and Mental Health noted that the system was being prepared for a possible Care Quality Commission (CQC) local system areas review. There had been few surprises in the findings and many actions were already being picked up via the STP Board. One issue which was less clear was workforce, and the Health and Care Executive and STP Board had been asked to consider this. It was important to be clear that this was not a review of Social Care, but of the health and social care system.

In discussion:

- The Clinical Commissioning Group (CCG) representative commended the review as a useful piece of work which had engaged with staff across the system;
- An elected Member commented that there seemed to be a lack of consistency regarding pick up of delayed transfers of care (DTOCs). A lot of time was spent looking at Home First, but less at looking at preventative measures to avoid the need to admit to hospital in the first place. Officers stated that there was an

equally strong focus on both sides of the equation. Conversations were also taking place around the role of primary health care providers;

- The Voluntary Sector representative stated that the voluntary sector had been heavily involved in the peer review and welcomed it as a great piece of work. The voluntary sector had a real role to play, especially in the area of preventative work, and they were glad to see this articulated in the report;
- The Director of Public Health noted the role of the Health and Wellbeing Board and the need for a strong Joint Strategic Needs Assessment. The action plan was looking for the Board to take ownership of the work and a workshop would be arranged for both the Cambridgeshire and Peterborough Health and wellbeing Boards to look at system leadership and governance structures;
- The Chairwomen questioned whether there was a clear vision going forward. An NHS Provider representative commented that the Sustainability and Transformation Programme (STP) set out exactly what was planned. This included working on keeping people out of hospitals through investment in early intervention, such as the Joint Emergency Team (JET) ;
- An NHS Provider noted that the CCG was funded on the basis of Office of National Statistics whereas the JSNA was more localised. There remained a significant and problematic divergence between ONS and JSNA projections;
- An NHS Provider commented that they supported the proposed oversight and monitoring role for the Board on this very difficult issue and emphasised the importance of senior representatives from the health and social care sectors, Public Health and the voluntary sector coming together to tackle local issues. They highlighted in particular the great value which the voluntary sector could bring to such discussions through its members' local knowledge;
- An NHS provider commented on the need to be very clear about the relationship between the Health and Wellbeing Board and the STP Board;
- An elected Member commented that they would welcome more information outside of the meeting on what was happening within the South Alliance area.
(Action)

Summing up, the Chairwomen stated that it was important for all parties to recognise the strength and value of the voluntary sector and the rich data available. There must be a strong focus on preventative measures as well as the transition out of hospital and back into the community and the vision needed to be translated into something transparent and accessible.

It was resolved to:

- a) consider the content of the report and raise any questions.

104. BETTER CARE FUND UPDATE (BCF) - OUT OF COUNTY HOUSING INVESTMENT

The Board considered an update report on the progress of the Improved Better Care Fund (iBCF) funded out of housing project. The Service Director: Commissioning stated that the iBCF supported the provision of suitable long-term care and support, including housing for adults with learning disabilities who had very complex needs and

required specific accommodation. A complete list of people who had been placed with providers outside of Cambridgeshire had been collated by the Learning Disability Partnerships locality team. From a total 121 cases 112 had been allocated to care managers for a review of their care packages so far. Officers ensured that the individual's best interests and personal needs were taken into account while deciding the right care package for them. In some cases they were now well settled within a community outside of the county, but where it was judged that there was a benefit to the individual to bring them back to Cambridgeshire this would be actively pursued. The BCF had been really helpful in delivering this. In the past some local services had been unable to support those people with the most complex needs, but it was now possible to invest in this.

In discussion:

- An elected Member asked what had happened to the nine people located out of county who had not yet been allocated a care manager. Officers stated that they were working intensively with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and social workers to complete all allocations;
- Officers stated that they were working with housing associations and developers in order to get the specific housing service users required. They had identified a piece of land already owned by Cambridgeshire County Council and were looking to develop on this site;
- The Service Director: Commissioning stated that the Board had previously expressed concern that some iBCF monies had been redirected away from housing provision to offset pressures elsewhere within the system. He re-stated that Cambridgeshire County Council was completely committed to this work continuing and offered a reassurance to the Board that the work was continuing. An elected Member commented that would like greater clarity around this assurance in future reports.

It was resolved to:

- b) note and comment on the report and appendices

105. IMPROVED BETTER CARE FUND UPDATE (IBCF) - EVALUATION

The Board considered a report summarising the Cambridgeshire Improved Better Care Fund (iBCF) evaluation findings and recommendations for the final two quarters of 2018/2019. The Service Director: Commissioning Officers stated that following the last Health and Wellbeing Board there had been a process of evaluating investment to reduce Delayed Transfers of Care (DTC) using iBCF money. A number of workshops had been held around evidencing the impact the investment had on DTCs and the challenges surrounding the issue. Where there had been investment in flow, prevention and early intervention they had seen a clear positive impact on both patient and on DTC performance. However, investment made in residential services had seen less of a positive impact. The £517,000k allocated to the housing plan was needed to support the on-going DTC plan so officers were looking to Cambridgeshire County Council (CCC) to back fill this money to carry on the housing programme. It was important to recognise too that many other organisations were investing heavily to address DTCs.

The Service Director: Commissioning stated that the recommendations contained in the report were still a work in progress so officers were withdrawing the recommendation that the Board approve the report recommendations at this stage. Instead, a further report would be brought back to the Board's next meeting in January 2019.

In discussion:

- An elected Member asked whether there was agreement on the proposed use of the £517k. Officers stated that the proposals were at a draft stage only would be brought back to the next Board meeting for decision. The current proposal – which might change – was that the £517k be used to support work on DTOCs;
- An elected Member asked about the decommissioning of the Eden Place housing site, commenting that they understood that the Ditchburn site was at 100% capacity. Officers stated that evaluation indicated that residential-based solutions had less impact than community-based services. The current recommendation was to continue use of Ditchburn. However, Eden Place was not operating at capacity and might be recommended for decommissioning;
- The Chairwomen asked whether officers were learning from the experiences of other areas. Officers stated that there had been extensive recruitment of social workers and also reablement workers. There had been dialogue with other local authorities about the role of Trusted Assessors, but success with this seemed patchy;
- An elected Member asked how well Cambridgeshire County Council was doing with DTOCs performance in comparison to health providers as they understood that some people believed the Council's performance on this was worse than health providers, when in fact it was the other way around. Officers stated that they were taking an holistic approach in partnership with health providers and that there were joint performance targets;
- An elected Member asked whether there might be scope within the 'Tell Me Once' initiative for bereaved families to signpost how to return medical equipment.
(Action)

It was resolved to:

- a) note and comment on the report.

106. PUBLIC SERVICE REFORM HEALTH & SOCIAL CARE PROPOSAL

The Director of Strategy and Planning at the Cambridgeshire and Peterborough Combined Authority thanked the Board for inviting him to present a report and emphasised the importance of a system-wide approach to delivering health and social care. The Combined Authority Devolution Deal had included a commitment to working on health and social care integration and this would form another aspect of the partnership working. The Combined Authority had engaged external consultants to examine this area in detail and their work was overseen by a Project Board consisting of many of the organisations also represented on the Health and Wellbeing Board. There was a recognition of the need for on-going conversations with partners on what could be done to speed up health and social care integration and he invited the Board to give a steer on its response to the work being done and how the Board would like to be engaged in taking this forward.

The Chairwomen thanked the Director of Strategy and Planning for his helpful overview. However, she questioned whether this further review of health and social care integration did not create an additional level of complexity given the work already underway by the Health and Wellbeing Board and the STP. She further questioned what added benefit the external consultants' work was expected to deliver. The Director of Strategy and Planning stated that the Combined Authority recognised the valuable work already taking place amongst partner organisations and would be building on that.

Arising from discussion of the report:

- ✓ The CCG representative stated that the work being done by the Combined Authority was not a duplication of work being done elsewhere, but was part of an evolutionary process. The focus now would be on how best to use the Combined Authority and its powers to best effect in support of the health and care system;
- ✓ The Voluntary Sector representative asked what engagement had taken place with the voluntary sector. An NHS Provider commented that they had highlighted the need to involve the voluntary sector in this process as part of their response to the external consultants. The Director of Strategy and Planning stated that the intention had always been to involve the voluntary sector in the middle section of the process once the consultants' report had been received and confirmed that this would take place.

The Chairwomen welcomed this assurance, but commented that she saw the decision not to involve the voluntary sector at an earlier stage in the process as a missed opportunity. She asked that this message should be taken back to the Combined Authority.

- ✓ The Director of Public Health stated that the Combined Authority's powers would have a significant impact on public health, for example through the Local Transport Plan. This needed to be recognised in the context of joint work and consultation;
- ✓ An elected Member expressed the view that the Combined Authority had taken on too many projects and that these were not necessarily the correct ones in terms of the delivery of a comprehensive health and social care system. They commented that the Combined Authority needed to have a full understanding of the research around integrated health and social care before moving forward;
- ✓ The Chairwomen asked about the timeline for delivery of the external consultants' report and the generation of proposals. The Director of Strategy and Planning stated that it was hoped to develop collectively agreed proposals in the first half of 2019 with a view to submitting a plan to Government in time for this to be taken into account in the autumn Budget. The Public Health team was already involved in some aspects of the Combined Authority's work, but the importance which the Board attached to this would be taken into account going forward. The Chairwomen stated that the meetings held in conjunction with the Peterborough Health and Wellbeing Board would be the natural place for further discussion to take place.

It was resolved to:

- a) note the reasoning behind and remit for the work led by the Combined Authority;

- b) note the progress made to date by the partners working together on a draft proposition;
- c) comment on future involvement with the project.

107. GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE REPORT

The report author was unable to attend so with the consent of the Board the Chairwomen deferred the report to the next meeting on the 31 January 2019.

108. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 AND LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18

The Chairwomen declared an interest in this item as a member of the Safeguarding Adults and Children Board.

The Chairwomen welcomed Dr Russell Wate QPM, Chair of the Cambridgeshire and Peterborough Safeguarding Adults and Children Board to the meeting and invited him to introduce the reports. Dr Wate stated that in the period covered by the reports there had been a strong focus on child sexual exploitation (CSE) and neglect. This had included carrying out joint targeted area inspection with the police force and social care organisation in order to help tackle child neglect. Making safeguarding personal was key to all of the Board's work and in relation to adults there had been a focus on suicide prevention.

In discussion:

- An elected Member asked whether the Safeguarding Board had any views on the reasons behind the increasing number of children being taken into care in recent years. Dr Wate stated that in recent years the awareness and preparedness to talk about child sexual abuse had risen, therefore more cases had been reported. However, this did not necessarily mean that there had been an increase in the number of offences of this type being committed; rather, there was a greater awareness of the issue and willingness to identify it amongst professionals. The Voluntary Sector representative commented that society as a whole was far more alert to this issue and that there extensive training on CSE was undertaken within voluntary sector organisations;
- The Chairwomen welcomed the clarity of the report and the useful glossary of terms;
- An elected Member commented that it would have been helpful if the information covered in Dr Wate's presentation had been included in the covering report;
- Dr Wate commented that although the report was published the Board received very little feedback from the public. He undertook to invite the Voluntary Sector representative to the next meeting of the Executive Board.

It was resolved to:

- a) receive and note the content of the annual reports.

109. PROPOSAL TO ESTABLISH JOINT WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

The Board considered a report setting out options for formalising joint working arrangements between the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board. The Head of the Public Health Business Programme stated that the two Boards had now met concurrently on two occasions with a shared agenda. In April 2018 the Board had considered a report setting out the constitutional and legal aspects of more formal joint working arrangements. The Board was now being asked to decide its preferred option for future working. Should the Board wish to create a joint sub-committee this would require a change to its terms of reference and so would need to be approved by Cambridgeshire County Council's Constitution and Ethics Committee and also by full Council. The report also invited the Board to confirm its wish that the Voluntary Sector representative on the Board should receive voting member status. At present the Voluntary Sector representative was a non-voting co-opted member.

The Chairwomen invited all Board members to share their experience of the working arrangements to date and their preferred model for future working. The majority of Board members agreed that Option 1: Parent Board with Joint Sub-Committee comprising the full membership of both Boards was their preferred option. Reasons for this included:

- Allowing the Parent Board to have much more of a local focus and create a sense of solidarity between the Boards;
- Hearing the views of the widest range of partners across the two geographical areas;
- The Joint Sub-Committee having the same geographical footprint as the Cambridgeshire and Peterborough Combined Authority and the Clinical Commissioning Group;
- The Director of Public Health noted the feedback from the Health and Social Care Peer Review that the Health and Wellbeing Board needed to be a system leader. This would be made easier if, on strategic issues spanning the whole of Cambridgeshire and Peterborough the two Health and Wellbeing Boards were speaking with one voice;
- Officers confirmed that both the Chairwomen of the Board Councillor Topping and the Vice Chairwomen Jan Thomas were in support of the proposal.

Some reservations were also expressed, including:

- An elected Member commented that they had found the concurrent meeting which they had attended to be unwieldy with only a small number of those present joining the discussion.
- The logistics of holding such large Joint Sub-Committee meetings and the potential travel implications;
- The need for a careful balance between meetings of the Parent Board and the Joint Sub-Committee to ensure that the Board's focus on local issues was not lost;
- Establishing clear arrangements for chairmanship.

It was resolved to:

- a) agree the preferred model from options presented, for establishing a formal joint working relationship between the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWB);
- b) agree, if required, any changes to the membership of a joint sub-committee if it differs from the membership outlined in section 4.4 i.e. full membership of both HWBs; and
- c) ask the Constitution and Ethics Committee to consider the required changes to the terms of reference of the Cambridgeshire Health and Wellbeing Board (HWB) and to recommend these changes to Council for approval.

110. ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health drew attention to a number of key findings in the report. In relation to Fenland these included an improvement in smoking cessation, although rates of smoking during pregnancy remained relatively high. The Global Burden of Disease study made comparisons across countries and was being used by the Department of Health in relation to Ely. This year Public Health England had broken the findings down to Upper Tier Authority level. Attention was also drawn to the impact on quality of life of chronic conditions such as back and neck pain rather than focusing solely on mortality rates.

In discussion:

- A Member asked why smoking rates had decreased in Fenland. The Director of Public Health stated that under the guidance of the Health Committee the Public Health Directorate had focused much of its efforts on Fenland so it was a viable hypothesis that this was a factor. Whilst the survey was a sample only and so must be treated with the usual caution it did show a statistically significant change over time;
- An elected Member hat they found the report very interesting; however, the statistics were only snapshots and there was a lack of trend data. They suggested to the Director of Public Health that they should have focused on areas with a good research base such as the age of retirement and individuals living with chronic conditions.

The Chairwomen thanked the Director of Health for her report and encouraged members of the Board to promote it within their respective organisations.

It was resolved to:

- a) note and comment on the information outlined in the Annual Public Health Report.

111. PERFORMANCE REPORT ON PROGRESS WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARDS THREE PRIORITIES FOR 2018/19

The Director of Public Health stated that the report provided an update on progress against the Board's three agreed priorities for 2018/19. In April 2018 the Board tasked the multi-agency Public Health Reference Group (PHRG), working closely with the

place based Living Well Partnerships, to develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. A framework had been developed to begin addressing these which focused on civic interventions including health policy, community based interventions and service based interventions. Of these, policy interventions were currently considered to be the weakest element so it was proposed to provide greater focus on this area. The report also contained an update on the Sustainable Transformation Partnership (STP) Estates Strategy and the proposed workshops with health partners to promote a greater level of integration.

In discussion:

- An elected Member commented that there was a wealth of profound local knowledge available and that it would be good to reflect this. The Director of Public Health undertook to that message back to the PHRG;
- An NHS Provider representative commended the report, noting in particular the policy dimension which it had highlighted. The organisations represented by members of the Board were large employers so measures such as targeting recruitment initiatives to areas with high unemployment would have benefits both to the health of that population and to the employing organisation;
- An elected Member asked the extent to which the Health and Wellbeing Board saw itself as having an advocacy role to Government.

It was resolved to:

- a) note progress against the HWB Board priorities for 2018/19

112. AGENDA PLAN

The Board reviewed the Forward Agenda Plan and noted that the Greater Cambridge Living Well Area Partnership Update Report would be added to the Agenda Plan for the meeting on the 31 January 2019. Reports to that meeting would also be invited from the Fenland and East Cambridgeshire Living Well Partnerships.

(Action: Democratic Services Officer)

The Clerk stated that it was hoped that the meeting on the 28 March 2019 could be rescheduled to 21 March 2019 to align with the STP Board meeting on that date. An email would be sent to Board members to follow this up.

(Action: Democratic Service Officer)

It was resolved to:

- a) note the Forward Agenda Plan

113. Date of Next meeting

The Board will meet next on Thursday 31 January 2019 at 10.00am in the Kreis Viersen Room, Shire Hall, Cambridge.

Chairman