Agenda Item: 3)

HEALTH & WELLBEING BOARD MINUTES ACTION LOG UPDATE FROM 11th JUNE MEETING 2014

MINUTE NUMBER TITLE OF MINUTE AND ACTION REQUIRED	UPDATE	STATUS OF ACTION
45. UPDATE ON PHARMACEUTICAL NEEDS ASSESSMENT (PNA) FOR CAMBRIDGESHIRE Request that as the pharmacy service were commissioned by NHS England it was appropriate to pass the comments made at the meeting to the NHS Board Representative in order for her to be able to review and answer the wider questions raised, especially in relation to opening hours.	E-mail with response sent to Health and Wellbeing Board Members on 27th June reading: *NHS England East Anglia Area Team would like to express its thanks to the Cambridgeshire Health and Wellbeing board for the work that has been undertaken in producing the draft PNA. It is also grateful for the opportunity to respond to the comments made by the board members. The Area Team would like to make the following points:* • *Whilst it is true that the NHS England manages the contracts for the community pharmacies in England and commissions the NHS Pharmaceutical Services available from such pharmacies, it should be noted that other NHS bodies are able to commission local services directly from these pharmacies in addition to those commissioned by NHS England, as can Local Authorities.* • *The Clinical Commissioning Group (CCG), as the lead commissioner for urgent care and primary care Out of Hours provision, is able to commission services from community pharmacies that would enable community pharmacies to be the first point of contact for advice on ailments to better meet patient need and reduce the burden on GP's and Accident and Emergency Centres.* • *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires NHS England to review pharmacy applications to ensure that there is adequate choice of*	**COMPLETED**

	pharmaceutical providers in the Health and Wellbeing area. While recognising the potential for increased competition to drive quality and efficiency, it should also be noted that every additional pharmacy is estimated to cost the local health economy an extra £40k per annum in pharmacy payments; this is NHS funding that needs to then be diverted from other areas of expenditure. • *The Area Team would support the need for pharmacies to be partners / stakeholders in supporting the transformation of local primary care services. The Area Team with the Local Professional Network and CCG colleagues will continue to support this.* • *In response to the comments about pharmacy opening hours needing to meet the needs of their patients, the Area Team would point out that patients/ the public do not register with the pharmacy of their choice and can access their pharmacy of choice. In this respect the pharmacies act like other retailers and are very sensitive to the needs of their patients. They are also commercial organisations and will open only when the need justifies them to do so. The vast majority of pharmacies have 40 hour contracts (they are generally 40 or 100 hour contracts) and most of these voluntarily open for longer hours than their required 40 hour minimum; usually to match the opening hours of the nearby GP surgeries.* Jacky Dixon Chartered FCIPD Business Manager and Excellent Organisation Champion East Anglia Area Team NHS England CPC1 | Capital Park | Fulbourn | Cambridge | CB21 5XE 0113 825 4940 07909097807 Jacky.dixon@nhs.netwww.england.nhs.uk	

53. NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG - UPDATE ON LOCAL QUALITY PREMIUM INDICATORS That the Board through the Chairman should write to NHS Englandto 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. **Action: Liz Robin in consultation with Chairman**	This letter is in process of being finalised and will be circulated with the July HWB Board minutes once finalised.	

54. LOCAL HEALTH ECONOMY FIVE YEAR STRATEGIC PLAN		
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. **Action: Liz Robin**	This letter is in process of being finalised and will be circulated with the July HWB Board minutes once finalised.	**ACTION ONGOING**

b) Requesting more detail on how the Acute Trusts were planning future service provision in the light of the identified staff reductions. **Action: Andy Vowles.**	In the short term, all trusts are publishing their staffing rotas, which help the CCG (and others) to ensure quality is not being compromised	**ACTION ONGOING**
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. **Action : Liz Robin**	This matter is being raised by individual Board members. Feedback will be provided at the October HWB Board.	**ACTION ONGOING**
d) A request that Acute Providers should submit their Plans for scrutiny to a future Health Committee **Action: Liz Robin** to discuss with Health Committee.	The Health Committee will be receiving a paper on the Health System Strategic Five Year Plan at their next meeting on July 10th. This request will be raised in the context of that discussion.	**ACTION ONGOING**
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	This matter is being raised by individual Board members. Feedback will be provided at the October meeting of the HWB Board	**ACTION ONGOING**

hospitals received payments for all people attending hospitals, even when their treatment would have been more appropriately dealt with at GP level etc. **Liz Robin to provide an update comment**		
f) Page 87 Appendix 4 'Assumption underlying the PwC financial Projections' required to be populated with numbers, as population increases expressed as a percentage did not provide adequate explanation without information on the original and increased population expressed in numerical terms. **Action: Andy Vowles / Dr Modha**	This has been addressed in the most recent draft, which is available on the CCG web-site	**ACTION COMPLETED**
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		**ACTION ONGOING**

dates, agreeing final changes by e-mail correspondence and calling additional, special meetings. It was agreed these would be looked at in more detail and proposals brought back to the next meeting. **Action: Liz Robin to co-ordinate the preparation of a short report for the July meeting on options.**	The report back with options had been drafted but required more consultation, including legal clarification on options that had been suggested. It was proposed that initially there would be a discussion item at the next Development Day agenda which would help clarify the final contents of the report. As a result the formal report back had now been re-scheduled to the October Board meeting. **Action:Adrian Lyne / Liz Robin**	
h) There was a request for regular report updates on the Plan to each Board meeting. **Action: Andy Vowles / Dr Modha**	There is a report included as item 10 on the second dispatch agenda for this meeting. Regular updates have been added to the future work programme.	**ACTION COMPLETED**
55. ANNUAL PUBLIC HEALTH REPORT		
a) The Board agreed there was a need to encourage a more pro-active approach in improving the uptake of screening. In terms of mobile sites, to plan to identify alternative sites in to deal with any short term site access issues so that this problem did not occur in the future. **Action Liz Robin to bring to attention of NHS England and request a report back on what action**	This has been covered in the Annual Health Protection Report section on screening, which was contributed to by NHS England staff.	**ACTION COMPLETED**

was being taken to improve breast screening coverage.		
b) 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. **Action: Iain Green**	The Board has been asked to note that work was progressing at a county Road Safety Partnership level and that it is too early to give any more information at present, except to say that following the workshop held in May a small subgroup had been set up to take the findings of the workshop forward. Officers were not currently able to confirm when a report would come back to the Board. Further background information on the workshop has been provided by Iain Green as follows: • It was organised on behalf of the Cambridgeshire and Peterborough Road Safety Partnership (C&PRSP) (chaired by Cllr McGuire) • Attendance was from various public and voluntary sector organisations with the mains ones including Police, Fire, Ambulance, County Council, Addenbrooke's major trauma centre. • Request for a formal report needs to be as a formal request to the Road Safety Partnership.	**ACTION ONGOING**
56. SUMMARY REPORT ON THE FINDINGS OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ON AUTISM, PERSONALITY DISORDERS AND DUAL DIAGNOSIS a) In relation to queries on some of the statistical information	Full e-mail reply provided to the Board on 27th June from Dr Liz Robin reading:	**ACTION**

provided and the variances on the forward projections between different areas of the County **Liz Robin agreed to take away and circulate an explanation by e-mail for the source used for the figures.**	At the June Health and Wellbeing Board meeting I agreed to follow up on your queries about the tables of forecast increases (by district) in the numbers of people with autism, personality disorder and other mental health diagnoses, which were included in the externally commissioned Adult Mental Health JSNA. The prevalence tables in the Adult Mental Health JSNA queried by HWB Board members have been checked by our in-house public health analysts and are basically accurate (given the assumptions made) although the age range for the tables is 20-64 years rather than the 18-64 years stated in the titles. It's important to note that the forecast increases in the tables are from a base of 2012 and are not year on year changes, which may have caused confusion. They reflect the Cambridgeshire County Council Research Group population forecasts for increases in the adult population in this age group. The prevalence estimates used are all from the Psychiatric Morbidity Survey undertaken in 2007 (published in 2009), on which further detail is given below. This national survey is due to be run again this year, but results will not be available for some time. **Psychiatric Morbidity Survey** The Psychiatric Morbidity Survey undertaken in 2007 was the third survey of psychiatric morbidity among adults living in private households. A fourth survey is about to be undertaken. The survey uses a two phase approach. The first phase interviews included a structured assessments serving diagnostic criteria and screening instruments for a range of mental disorders, as well as questions on topics such as general health , service use, risk factors and demographics. The second phase of interviews were carried out by clinically trained research interviewers. A subsample of phase one respondents were invited to take part in a second phase interview. The assessment of conditions such as psychosis and personality disorder	**COMPLETED ON 56a)**

required a more flexible interview than was possible in the first phase, and the use of clinical judgement in ascertaining a diagnosis.

PANSI

The Projecting Adult Needs and Service Information System (PANSI) was used to generate the estimates of the number of people with each disorder. This information system uses the National Psychiatric Morbidity survey estimates. Details of the prevalence estimates used are provided (in the following table which goes over into the next page).

Mental Health Disorders (PANSI)

	% males	**% females**
Common mental disorder	12.5	19.7
Borderline personality disorder	0.3	0.6
Antisocial personality disorder	0.6	0.1
Psychotic disorder	0.3	0.5
Two or more psychiatric disorders	6.9	7.5

Drug and Alcohol (PANSI)

	% males	**% females**

	<table><tr><td>Dependent on alcohol</td><td>8.7</td><td>3.3</td></tr><tr><td>Dependent on illicit drugs</td><td>4.5</td><td>2.3</td></tr></table> Autism (PANSI) <table><tr><td></td><td>% Males</td><td>% Females</td></tr><tr><td>Autism</td><td>1.8</td><td>0.2</td></tr></table> When the Adult Mental Health JSNA is brought back to the HWB Board in October we will make sure that the tables are better explained in the accompanying text, and that there is a very clear explanation of the limitations of the information available: – it is based on national prevalence estimates, which do not distinguish between different levels of severity of the conditions listed – The prevalence estimates do not take into account different levels of deprivation in different geographical areas, because at present there is insufficient information to do this effectively – Population forecasts of the working age population are subject to change over time. In spite of these limitations, it is helpful to have these estimates of expected prevalence and trends, against which service activity data from CPFT (the mental health trust) can be tested when it becomes available.	
b) Concern was expressed by one Member of how the focus of this particular JSNA had been agreed without further	The JSNA Summary Update Report is included as item 6d) on the current agenda (first dispatch). This includes updates on the Children and Young People's JSNA, and the broad areas planned for coverage in the Transport JSNA. A more detailed scope for the Transport JSNA will be presented in	**ACTION ONGOING**

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. **Action: Liz Robin to co-ordinate.**	October.	
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.**	This is being followed up and further information will be circulated to the Board shortly.	**ACTION ONGOING**
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. **Action Emma De Zoete**	This needs to be added to the October Board Meeting Forward Plan	**ACTION ONGOING**

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: **Action Claire Bruin / Tracy Gurney & Lee McManus.**	This needs to be added to the October Board Meeting Forward Plan	**ACTION ONGOING**