

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 15th January 2015

Time: 10.00 – 13.30

Place: KV Room, Shire Hall, Cambridge

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

District Councils

M Cornwell (Fenland), S Ellington (South Cambridgeshire), P Roberts (Cambridge City) and R West (Huntingdonshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr John Jones

Healthwatch

Ruth Rogers

Apologies: Councillors P Clapp and J Schumann, M Berry, A Loades and Dr N Modha.

96. 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.

97. MINUTES AND ACTION LOG UPDATE

The minutes of the meetings of 2nd October and 10th December were signed as a correct record.

An update was provided regarding action point 82. Work was ongoing regarding refuges and a report was due to be presented to the March meeting of the Adults Committee. With regard to a register of abusers it was noted that “Claire’s Law” delivers this, however there would have been difficulties in setting up a Local Authority register as there were human rights legislation considerations to be taken. It was agreed that a full update would be circulated with the minutes. **ACTION**

98. MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

A report was presented to the Board that provided an update on discussions to consider expanding the membership of the Board to include representatives of the voluntary sector, criminal justice system and providers.

Members discussed the report and commented that:

- A representative from the voluntary sector was vitally important. The importance of the voluntary sector in people's well being could not be underestimated
- The picture was incredibly complicated and questioned whether it was possible to receive minutes from other organisations in order to understand what they were working on.
- It would be beneficial for a review to take place that covered the roles that all organisations played as there appeared to be duplication between the Health Committee and the Health and Wellbeing Board.
- An engagement event would be a good way to involve providers in a practical way.
- Providers should inform the Board on what involvement they wished to have on the Board.
- The Cambridgeshire Council for Voluntary Service (CCVS) has been a powerful voice within Adult Social Care and they should be approached to suggest a potential board member.
- The Board should send a representative to a provider group meeting (system transformation board).

It was proposed by Councillor Nethsingha, with the agreement of the board for a recommendation to be added; proposing a member from the voluntary sector be sought to join the Health and Well Being Board to be nominated by the CCVS. On being put to the vote, the proposal was carried unanimously.

It was resolved unanimously to:

- a) Note and comment on the update report
- b) Endorse a process of further engagement with the Cambridgeshire and Peterborough Transformation Group, Cambridgeshire Public Service Board, Police Commissioners Office and the voluntary sector to:
 - i) Develop proposals on how best to develop communication and integrated working with the HWB Board
 - ii) Seek views on whether changed to the HWB Board membership should form part of these proposals.
- c) Request a further report to the HWB Board in April 2015, to provide feedback on the engagement process and propose next steps.
- d) Request a member of the HWB Board be sought from the voluntary sector to be nominated by the CCVS.

99. REVIEW OF THE JOINT HEALTH AND WELLBEING STRATEGY

A report was received by the Board that proposed a number of existing strategies that could be adopted by the HWB Board as annexes to the Joint Health and Wellbeing

Strategy (JHWS). The report also updated the HWB Board on progress with updating the demographics and other section of the text in the JHWS, and to request for the final version of the JHWS to be taken to the next HWB meeting on 30 April 2015.

Following discussion of the report Members:

- Questioned the purpose of annexing the strategies to meet the needs outlined in the Joint Strategic Needs Assessments (JSNA) and commented that the theme of the report was partnership working but it wasn't mentioned specifically. It was explained that the purpose of joint strategies was to simplify things for people and that by annexing the joint strategies to meet the needs identified in the JSNA it provided an additional statutory remit.
- Commented that there appeared to be no overall strategy for Mental Health and questioned how the different strategies were being brought together. **ACTION.**
- Commented that a review would ideally take place prior to the Local Elections in 2017; the planning for which would begin in the second half of 2016. This would therefore ensure that there would be no change in membership of the Board prior to the review.
- Emphasised the need to challenge partners and for partners to challenge the Board.

It was proposed by Councillor Whitehead and seconded by the Chairman that decision 5.3 was reworded in more positive language so that it read "The Health and Wellbeing Board has a role in promoting further development of joint strategies".

It was resolved unanimously to:

- Approve the recommendation to adopt the following existing joint delivery strategies outlined in section 3.3 as annexes to the Joint Health and Wellbeing Strategy.
 - a) The Learning Disability Partnership Commissioning Strategy 2013-16.
 - b) The Children and Young People's Emotional Wellbeing and Mental Health Strategy.
 - c) The Older People's Strategy (which had previously been presented to the Health and Wellbeing Board).
 - d) The Joint Adult Carers Interim Strategy.
 - e) The Crisis Concordat Declaration.
- Approve the recommendation to bring a final version of the updated Health and Wellbeing Strategy to the meeting on 30th April 2015.
- Agree the Health and Wellbeing Board has a role in promoting further development of joint strategies – particularly where JSNA findings are being addressed by individual organisational strategies, but these are not currently integrated or jointly signed off.

100. LONG TERM CONDITIONS ACROSS THE LIFECOURSE – SCOPING A JOINT STRATEGIC NEEDS ASSESSMENT FOR CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board received a report on that made a proposal for the scope of the Joint Strategic Needs Assessment (JSNA) on the needs of adults with long term conditions living in Cambridgeshire that focussed on a cohort of people living in the community, whose needs were such that they were vulnerable to needing additional support from health or social care.

Following discussion of the report Members:

- Questioned whether the report covered people who had a learning disability as they can suffer with long term conditions such as diabetes, but were not necessarily effectively managing the condition.
- Agreed with the proposed scope of the report set on page 4 as it focussed attention on how care was managed for high risk individuals.
- Welcomed the report as it supported the transformational work that was being undertaken within the Adult Social Care system

It was resolved unanimously to approve the proposed scope of the Long Term Conditions JSNA as outlined in section 4.

101. PRIORITIES FOR THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2015-17

The Board received a report that provided a brief update on the JSNA programme of work and requested that the Board agree the priorities for the JSNA for 2015-17.

It was noted that information on previous JSNA's was available on the JSNA section of Cambridgeshire Insight. It included key demographic data that was updated regularly as information became available. An interactive JSNA Health Atlas for Cambridgeshire had been added to the website, <http://atlas.cambridgeshire.gov.uk/Health/atlas.html>

The report was discussed by Members and among the comments:

- It was questioned why there had been an upsurge in alcohol misuse by women and what research had been conducted. It was explained that a local event would have been held and information gathered from other organisations. Officers added that people with alcohol issues could be included in the process but it would be checked thoroughly with regard to ethics before going ahead.
- A case study of a new community was requested to look at what was agreed to be provided and whether residents feel it has been implemented in order to inform future developments. Officers explained that new communities were being built against a backdrop of severe public spending constraints and that a JSNA for new communities had to be practical and make recommendations that were realistic and deliverable. **ACTION**

- Work was requested to take place regarding hospital admissions and how they could be prevented. **ACTION**
- Support was given to the drugs and alcohol JSNA following the surge in use of legal highs, prescription medication and the increasing strength of drugs.
- The importance of the Maternity Service JSNA was highlighted as migration was putting additional strain on maternity services.

It was resolved unanimously to discuss and agree two or three topics (depending on overall scope for the next round of JSNA 2015 – 16). The two topics agreed by the Board were New Communities and Drugs and Alcohol.

102. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG) OPERATIONAL PLANNING FOR 2015/16.

A report was presented to the Board that provided for discussion an overview of the operational planning for the financial year 2015/16 which was currently underway within NHS Cambridgeshire and Peterborough CCG. Officers informed Members that a new Chief Operating Officer had been appointed.

Members discussed the report and commented on :

- The issues that were surrounding Hinchingsbrooke hospital. It was noted that discussions were taking place but it was emphasised that the services commissioned from Hinchingsbrooke for the coming year were the same and that the hospital was open for business.
- Commented that it was essential G.Ps were engaged.
- It was not clear how patient views were being taken into account and questioned how they were. Officers explained that there was no proposed consultation on the plan because of the tight timescales involved, however patient views were taken on board through patient groups.
- They were disappointed that pharmacists were not involved. It was explained that pharmacists were not commissioned by the CCG and therefore were not included.

At the discretion of the Chairman and with the agreement of the Board it was agreed to amend the recommendation to read “to delegate authority for commenting on the draft CCG Operational Plan to the Director of Public Health in association with the Chair and Vice-Chair of the Health and Wellbeing Board.

It was resolved to agree the revised recommendation unanimously.

103. PROPOSAL TO ESTABLISH A MULTI-AGENCY PUBLIC HEALTH REFERENCE GROUP.

The Board received a report regarding the establishment of a multi-agency public

health reference group, reporting to the Cambridgeshire Health and Wellbeing Board (HWB). Officers explained there were a number of different organisations that covered the Cambridgeshire area with a public health remit or specialist expertise and some were not represented on the HWB Board.

It was noted that informal relationships between these organisations were often good, there was potential for better public health outcomes to be achieved and better use of joint resources by an officer group being formed focussed specifically on key public health priorities for Cambridgeshire. It was also hoped that Peterborough would also take part in the officer group.

Following discussion of the report Members:

- Welcomed the report and highlighted the importance of Peterborough being included in the group.
- Requested that reporting arrangements be examined. It was felt that annual reports were not beneficial as few people read them and that more regular, shorter reports would be more welcome.

It was resolved to:

- Approve the creation of a multi-agency Public Health Reference Group (PHRG) for a trial period of one year, following which the effectiveness of the Reference Group will be evaluated.
- Comment on the draft Terms of Reference (TORs) for the PHRG, and approve the TORs subject to any amendments proposed, including the request to examine reporting arrangements.

104. PROTOCOL WITH CAMBRIDGESHIRE SAFEGUARDING BOARDS

The Board received a report that clarified the strategic arrangements between the Cambridgeshire Health and Wellbeing Board (HWB), the Cambridgeshire Local Safeguarding Children Board (LSCB) and the Cambridgeshire Safeguarding Adults Board (SAB).

Following discussion of the report Members:

- Welcomed the report but highlighted that the Adult Safeguarding Board had taken a long time to set up.
- Questioned who would fulfil the scrutiny aspect. Officers explained that the LSCB would be responsible for scrutiny.
- Asked that the protocol be reviewed after a year, and questioned what problem the protocol was designed to fix. Officers advised that the topic would be presented at a development day to inform Members.
- Commented on the level of reporting to be expected and questioned whether shorter more frequent reports would be preferable over annual reports. Officers informed Members that a discussion regarding reporting would take place with

both Boards.

It was resolved unanimously to consider and approve the protocol between the HWB and the two safeguarding boards,

105. FREQUENCY OF HEALTH AND WELLBEING BOARD MEETINGS

A report was presented to the Board asking them to consider whether the current frequency of Health and Wellbeing Board (HWB) meeting was sufficient for the volume of HWB business being presented to the Board. Officers explained that due to tight timescales and decisions being required by the board it has been necessary to arrange additional meetings as matters arose.

During discussion of the report Members agreed that they preferred to adhere to a similar time commitment across the year. However, it was suggested that it would be preferable to have the number of Member Development days reduced by two and for that time to be utilised for meetings.

It was resolved to consider and approve the recommendation to increase the frequency of Health and Wellbeing Board meetings to six planned formal meetings per year.

106. BETTER CARE FUND

The Board received a report regarding the Better Care Fund (BCF). The report had not been previously published and was presented to the Board at the discretion of the Chair and reasons for lateness and urgency given. It was explained that the reason for lateness was due to the submission deadline for the revised version of the Cambridgeshire BCF plan was 9th January 2015, so the report could not be finalised until after that date. Members were informed that the reason for urgency was that the creation of a section 75 agreement needed to be considered before the Health and Wellbeing Board's following meeting on 30th April 2015.

The report updated the Board on arrangements for the BCF in Cambridgeshire following the submission of the next iteration of the BCF plan, and invited comments on the arrangements for the creation of a section 75 agreement for the BCF.

Following discussion of the report Members highlighted the role of the HWB Board in the oversight of the BCF.

It was resolved unanimously:

- To note the report and the BCF submission contained within the appendix
- To comment on the arrangements for creation of a section 75 arrangement between the County Council and the Clinical Commissioning Group.
- Agrees the proposal that changes to BCF governance mechanisms be brought back to the HWB for discussion.

107. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

A report was presented to the Board that provided an update on the transformation programme that included sections on the strategic aims and values of the programme, programme governance, programme structure and analytical work.

Members discussed the report and commented:

- That health systems tended to be considered in “silo’s” and the transformation programme was an attempt to change this.
- That they would like to be kept informed of progress with the transformation programme and requested that future updates be presented to the board. Officers confirmed that updates would be provided.
- That the focus was on the ageing population but highlighted the need to consider the effects of obesity.

It was resolved unanimously to discuss the progress of the programme to date and to make comments.

108. HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

It was resolved to note the forward agenda plan.

ITEMS FOR INFORMATION

109. UPDATE ON OLDER PEOPLE’S HEALTHCARE AND ADULT COMMUNITY SERVICE PROCUREMENT PROGRAMME

The Board resolved to note the report.

110. VULNERABLE CHILDREN AND FAMILIES JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Members questioned the correlation between children who receive free school meals and educational achievement. It was expressed that a JSNA on why there was a difference in those who did and did not achieve at school would be welcomed. It was agreed for further discussion of the topic to take place outside of the meeting.

It was resolved to note the report.

111. MENTAL HEALTH NATIONAL MINIMUM DATASET ANALYSIS: ADDITIONAL INFORMATION FOR THE ADULT AND OLDER PEOPLE’S MENTAL HEALTH JSNA.

The Board resolved to note the report.

112. DATE OF NEXT MEETING

It was resolved to note the date of the next meeting would take place on Thursday 30th April 2015 at 10.00am.

Chairman