CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 26th May 2016

Time: 10.05 to 12.55

Place: Council Chamber, South Cambridgeshire Hall, Cambourne

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, D Jenkins (substituting for Cllr Nethsingha), and T Orgee (Chairman)
Dr Liz Robin, Director of Public Health (PH)

District Councils
Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire) and J Schumann (East Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr Mark Brookes (substituting for Dr Sripat Pai)
Matthew Smith (substituting for Jessica Bawden)

Healthwatch
Val Moore, Chair

NHS Providers
Kate Lancaster, Director of Corporate Affairs, Cambridge University Hospitals NHS Foundation Trust (CUHFT)
Aidan Thomas, Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Voluntary and Community Sector (co-opted)
Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

Apologies: Councillors L Nethsingha, J Whitehead (CCC); Adrian Loades, Executive Director: Children, Families and Adults Services (CCC); Councillors D Brown (Huntingdonshire) and R Johnson (Cambridge City); Dr S Pai (CCG); S Knight (NHS England); C Malyon (Section 151 Officer, CCC); Matthew Winn, Cambridgeshire Community Services NHS Trust (CCS)

204. APOLOGIES AND DECLARATIONS OF INTEREST

The Chairman welcomed the first two provider representatives, Kate Lancaster and Aidan Thomas, as well as Councillor Jenkins to their first meeting of the Health and Wellbeing Board (HWB). Apologies were noted as listed above, plus apologies from Dr Brookes for an anticipated late arrival.

There were no declarations of interest.

205. ELECTION OF VICE-CHAIRMAN/WOMAN

As none of the substantive representatives of the Clinical Commissioning Group was able to be present due to a clash with their Annual Approval of Accounts in public, it was agreed to defer the election of Vice-Chairman/woman to the Board's next meeting.

206. MINUTES – 17th MARCH AND 21st APRIL 2016

The minutes of the meetings held on 17th March and 21st April 2016 were signed as a correct record, subject to recording Councillor Whitehead as having given apologies rather than being present on 21st April.

207. MINUTES ACTION LOG UPDATE

The Board received the Action Log. The Director of Public Health reported that, arising from the action for minute 192, the figure for the percentage of residents of new communities who had seen or spoken to a GP in the past six months had now been checked with the analyst concerned, and had been confirmed as correct. Although 69% sounded high, it was not enormously higher than that for the local population as a whole.

The Director of Public Health and the Democratic Services Officer undertook to provide a clear update to the Board's next meeting on progress with the earlier outstanding actions. **Action required**

In relation to the action for minute 181 on Doddington Court, reassurances were sought about the future of services at Doddington Hospital, particularly x-ray services. The Chief Executive of CPFT said that CPFT, the current provider of x-ray services at Doddington, had given notice to the CCG that the CCG needed to find another provider, as CPFT was not in a position to continue to fund or supervise these services. The services would not close, but did require a more expert provider.

It was pointed out that there was a danger of Health and Wellbeing Board and Health Committee covering the same topics at their meetings. Part of the Committee's role was overview and scrutiny of the NHS, while the Board's function was more strategic, and included responsibility for the implementation of the Health and Wellbeing Strategy. It was agreed to consider this question further at the forthcoming Board development day.

208. TERMS OF REFERENCE AND STANDING ORDERS

The Board received a report setting out its revised terms of reference and standing orders. Members' attention was drawn to the addition to the Board's membership of five representatives of NHS providers and a third CCG representative, and it was noted that the question of the status of the voluntary and community sector (VCS) had not been addressed as part of the work to revise the terms of reference.

The Board noted its revised terms of reference and standing orders, as incorporated in the County Council's Constitution with effect from 10th May 2016.

209. A PERSON'S STORY

The Board received a presentation from Melanie Murdoch of Age UK Cambridgeshire and Peterborough, and a report from Liz Knox, Environmental Services Manager, East Cambridgeshire District Council. The presentation (attached as minutes Appendix A) described the experiences of a single man and of a couple when they had received help from the Cambridgeshire Handyperson Service to carry out minor works to their home. The Board noted that 100 checks had been carried out and 17 discharges from hospital had been facilitated by the service since its start on 1st April 2016. The service did not require any payment until work had been carried out, and was willing to negotiate instalments or seek funding aid with large costs. Small jobs and grab rail installation were not chargeable.

Discussing the report and presentation, members

- welcomed the development of the service and the fact that lessons had been learnt in from the commissioning process

- commented that it would be interesting to know where in the county the home checks had taken place, and how much more could be done with more resources; huge savings could be made in terms of, for example, preventing trips and falls and resulting hospital admissions

- enquired how accessible the service was to providers, reporting that CPFT often experienced difficulties arranging a discharge when something in the home prevented a patient from returning there. Age UK could share details for the Handyperson scheme with CPFT community nursing teams **Action required**

- noted that the Handyperson Service would be willing to accept referrals from community services, and to discuss with CPFT (who were providers, not commissioners) how to fund this if by so doing a hospital admission could be avoided or a discharge facilitated

- sought further information on capacity and funding to carry out grab rail installation, and were advised that the service had included funding in its budget for these based on experience prior to April 2016. The Fire Service would also install grab rails if it identified a need in the course of its work to prevent fire risk, but if it identified other needs, the Handyperson Service would take a referral from Fire

- noted that feedback was being sought from users of the service; the first batch of satisfaction surveys would be published after the second quarter of operation

- suggested that the scheme could benefit from more publicity, for example through parish council websites and magazines. Members noted that
    - many people were aware of the service because AgeUK had offered a similar service prior to the launch of the Handyperson Service
    - work was being done to reach out to partners so that they could raise awareness too; a formal launch was planned for later in the year
    - improvements were being made to the Cambridgeshire website, now combined with Peterborough
    - AgeUK linked with voluntary organisations locally, and the Handyperson Service was included in VCS bulletins to parish councils.

The Chief Executive of CPFT and Councillor Clapp offered to assist with distribution of publicity leaflets.

- commented that GPs could perhaps get involved by working with the service on how to provide an annual holistic check as part of their prevention work.

The Board noted the personal story as context for the remainder of the meeting.

210. APPROACH TO REFRESHING THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012-17 AND REVIEW OF THEMED MEETINGS

The Board received a report presenting options for refreshing the Cambridgeshire Health and Wellbeing Strategy 2012-17 and areas of focus. The report also invited members to review the approach during 2015-16 of theming a section of each Health and Wellbeing Board meeting to one of the six priorities of the Cambridgeshire Health and Wellbeing Strategy. Copies of the summary of the current strategy were circulated (attached as Appendix B).

Invited to comment on the approach to refreshing the strategy, members

- welcomed the Peterborough approach, which took needs identified in the Joint Strategic Needs Assessment (JSNA) as its starting point, and then involved a wide range of Council, CCG and Public Health officers in drafting the sections which reflected their areas of responsibility, on the grounds that it encouraged greater focus on the activities in which the HWB was involved

- suggested that there was nothing inherently wrong with the current format of the strategy; the difficulty rather was that not all public services were feeding into the process adequately, so there should be widespread consultation in the process of refreshing the strategy

- pointed out that Peterborough had not included the voluntary and community sector in refreshing their strategy, although the VCS was heavily involved in delivering JSNAs; all partners needed to be involved in drawing up the strategy

- suggested taking the Sustainability and Transformation Programme (STP), the Better Care Fund (BCF), and the JSNA data intelligence as a starting point

- stressed the importance of all parties working together, given the current collective lack of resources and capacity, and suggested that the STP and the Health and Wellbeing Strategy should be joined up into one whole

- suggested that it would be helpful to have information available on how individual partners were achieving against the priorities, to aid assessment and benchmarking. The Director of Public Health offered to provide some basic key benchmarking against statistical neighbours, broken down to district level where possible **Action required**

- praised the standard of existing JSNAs, and suggested that one focussing on pressures in the health and care system would be useful, as linking in to the STP

- stressed the importance of implementing the actions identified in JSNAs, and monitoring JSNA delivery

- pointed out that Local Health Partnerships (LHPs) had an important role to play in delivering JSNAs. The Director of Public Health said that she would welcome requests from members for presentations to LHPs.

On the question of themed meetings, it was remarked that having a real case study was helpful in setting the scene for the meeting.

The Chairman suggested that any member unable to attend the development day could convey their views in writing, or send a representative to present their views.

The Board resolved to:

a) consider approaches to refreshing the Cambridgeshire Health and Wellbeing Strategy, at the development day in June and report back to the next public meeting of the HWB in July.

b) agree that the approach taken during 2015-16 of aligning a section of each meeting's agenda to one of the priorities of the Cambridgeshire Health and Wellbeing Strategy should be continued for 2016-17.

c) explore the emerging questions outlined in section 4 of the report, and other related issues, at the HWB's development day on 14 June.

211. SUSTAINABILITY AND TRANSFORMATION PROGRAMME UPDATE

The Board received a report updating it on the progress of the *Fit for the Future*, Sustainability and Transformation programme for the Cambridgeshire and Peterborough area, since the last report on 17 March 2016. The report was presented by Catherine Pollard, Programme Director, NHS Improvement (NHSI) and Matthew Smith, CCG Assistant Director, Improving Outcomes. It was explained that the Programme Director was attending to mark the importance NHSI and NHS England (NHSE) attached to supporting the work being done in partnership with local colleagues to establish a long-term plan to bring the health economy back to financial balance, and more importantly, to address and deliver improvements in healthcare.

Introducing discussion of the report, the Chairman drew attention to its statements that a further update would be provided at the Board development day, and that early engagement with the public was planned from July 2016.

Points made in the course of discussion included

- one of the themes of the Sustainability and Transformation Plan spoke of the importance of avoiding the need for acute care, yet under the Action Log item earlier in the meeting, the question of withdrawal and closure of services from communities had been raised; such actions (or rumoured actions) ran counter to the direction of travel, which was to extend services rather than withdraw them

- the Plan was about making resources work best for patients; it was necessary for the CCG and partner providers to take a broad and objective look at what patients wanted and needed, and avoid piecemeal discussion about closure in isolation from the Plan, particularly if older people were to get the services they needed within their communities

- as part of efforts to make the Sustainability and Transformation work more publicly useful, and to support more positive wider public engagement, Healthwatch had been working with the CCG on the question of patient and public involvement within each organisation

- the ability to share data between different healthcare organisation was essential, so that patients could tell their story only once, and providers could see all the information they needed straight away; this would avoid the need to ask the same patients the same questions repeatedly, and avoid putting providers in the position of treating patients on the basis of incomplete data

- it was not entirely clear where leadership of the system resided

- the financial situation of the NHS and last year's significant overspend had created anxiety which was raising questions about future structures

- working together in the course of developing the Older People and Adult Community Services contract with UnitingCare had brought local health partners closer together

- the regulatory structure was not supportive of collaborative working; the chief executive of a foundation trust was personally responsible to Parliament for the performance of his/her trust, not for the performance of the system as a whole

- senior LA officers in Cambridgeshire and Peterborough had been looking at the role of Health and Care Executives in relation to the LA system; the advice received from LA lawyers and monitoring officers was that a local authority could only delegate to its own committees, not to outside organisations; local councillor members of the HWB and NHS members needed to work together to improve the way the NHS functioned locally.

The Board noted the progress made to date by the *Fit for the Future* programme.

212. OLDER PEOPLE AND ADULT COMMUNITY SERVICES (OPACS) CONTRACT UPDATE

The Board received a report updating it both on the work to review the Older People and Adult Community Services (OPACS) model and work-streams, and on the Healthwatch learning event, held on 11 May 2016. Introducing the report, Matthew Smith of the CCG said that the question now was how best to move forward following the collapse of the contract with UnitingCare.

Speaking as Chairman of the Health Committee, Councillor Jenkins summarised its scrutiny of the contract collapse. Four sessions had been held, one immediately after termination of the contract in order to review arrangements for ongoing patient care, and three on the causes of the failure of the contract. The Committee had identified six well-publicised major contributory factors in the collapse, five of which had concerned shortcomings in named institutions. The fact that the contract had commenced despite there being so many unanswered questions outstanding was in some ways a criticism of the local health system. However, there had been much innovative collaborative thinking in developing the contract, and even closer working together in its aftermath. Events had also highlighted the need to have additional funding available in advance when engineering major change; it was necessary to have a mechanism for borrowing to spend for future savings.

Reporting on the Learning Event, the Chair of Healthwatch said that this had been timed to tie in with the various reviews being conducted. The event had been attended by about 40 people, and a survey from people unable to attend had also contributed. A report of the event and ongoing work was on the Healthwatch website [see http://www.healthwatchcambridgeshire.co.uk/news/local-healthwatch-find-cautious-optimism-future-adults-and-older-people%E2%80%99s-care]. There was now less funding to invest in the framework than there had been, but people were keen to get assets and capital for joint working and the broad range of the voluntary and community sector should not be forgotten. The system was rising to the challenge, though IT infrastructure remained a concern. As a public repository, Healthwatch had published on its website a timeline with all the reports and events connected with the contract.

In the course of discussion, members remarked on the absence of any mention of CUHFT in the report, and the Trust's silence in discussion of events. It was pointed out, though, that CUHFT – a partner in UnitingCare with CPFT – was working closely with the CCG and the other acute trusts on the Sustainability and Transformation Programme, and on the Urgent and Emergency Care Vanguard. The Director of Corporate Affairs said that it was in CUHFT's interest for the models of care and good work of UnitingCare to continue; the beneficial effect of this approach had begun to be felt in admission avoidance; the Trust was committed to the Sustainability and Transformation Programme, and keen to work with local health partners.

Attention was also drawn to the importance of admission avoidance. It was crucial to get case managers and the Joint Emergency Team (JET) established and working. The health system lacked the necessary resources to effect change, so a question for health leaders was how to obtain these resources.

The Board noted the updates on the work to review the OPACS model and workstreams, and on the Healthwatch Learning Event.

213. ANNUAL PUBLIC HEALTH REPORT (2015-16)

The Board received a report presenting the Annual Public Health Report (APHR) for 2015-16. Members noted that the report aligned with much of the preceding discussion on the Sustainability and Transformation Programme, and that the focus in the 2015-16 APHR was on the factors which affected people's health at a very local level, based on the opportunities and lifestyles available to people where they lived. Efforts were needed to put the infrastructure in place to support this community-level work; the report aimed to encourage local conversations, and encourage partnership working across all tiers of local government and the voluntary and community sector.

In the course of discussion, members

- welcomed the APHR, describing it as an extremely good document which provided an excellent snapshot of public health in Cambridgeshire, and was a credit to the Director of Public Health and her team

- Cautioned that it was necessary to be aware, when reading the APHR, that some of the information was in percentages and some in absolute numbers, and that some wards had a far higher population than others

- drew attention to the wealth of information in the health atlas on the Cambridgeshire Insight website [www.cambridgeshireinsight.org.uk/health]

- stressed the importance of having conversations with local organisations and the voluntary and community sector about how to improve health locally

- reported that one local health partnership (LHP) had invited a member of the Insight team to a discussion of how to share and extend and use the data; other LHPs might wish to do something similar

- drew attention to the examples in the APHR of work at parish council level, and commented that one contribution that parish councils could make was to install outdoor adult exercise equipment

- reported on attending two parish councils that were considering putting up outside exercise equipment; in neither case were they talking about it in terms of an initiative to improve public health

- suggested drawing different sections of the information to the attention of broader groups at intervals through the year, perhaps in the digital version

- expressed particular appreciation for the 'what can you and your community do' approach, commented that links were needed to how to get help and support, and offered VCS assistance in developing the work over the next year.

The Director of Public Health undertook to work with Julie Farrow of Hunts Forum and Val Moore of Healthwatch to see what they could do together to build up local infrastructure. **Action required**

It was resolved to:

- note the information outlined in the Annual Public Health Report
- endorse the approach recommended in the Report of engaging with the three tiers of local government and the voluntary/community sector, to understand how we can best work with local communities to improve health, building on activities and assets which already exist at local level.
- consider how NHS commissioner and provider colleagues might want to support and/or engage with the recommendations of the Report.

214. QUALITY PREMIUM 2016-17 – CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP CHOICE OF LOCAL INDICATORS

The Board received a report, presented by Tom Dutton, CCG Head of Operational Planning, setting out for information the local Quality Premium indicators which had been selected by the Clinical Commissioning Group for implementation in 2016/17. The list had been submitted to NHS England on 29th April 2016.

Members noted that, in addition to the four nationally-determined indicators (relating to cancer; GP patient survey; electronic referrals; and improved antibiotic prescribing in primary care), CCGs could select three local indicators (from a list of 80) through which they could drive improvements together with their local partner organisations. The three selected were:

- Mental health admissions to hospital: rate per 100k population
- Mental Health: Improving Access to Psychological Therapy (IAPT) reliable recovery: percentage of people who have completed IAPT treatment who achieved "reliable improvement"
- Cross cutting indicator: Percentage of the eligible population aged 40 – 74 years who have received an NHS Health Check since 1 April 2013.

Discussing the three indicators, Board members queried the process by which the quality premium bonus would be awarded and subsequently distributed. It was explained that the bonus was awarded after a moderation process at the end of the year, and that the Clinical Management Executive Team would discuss how to use it once the sum had been confirmed. On learning that not all of the factors on which the amount awarded was based were included in the indicators, members asked to see a list of the factors, and the implementation plan. **Action required**

Other points raised and noted included that

- the 1% reduction being sought in the rate of mental health admissions to hospital represented a modest rather than a significant change; one consideration in choosing indicators had been that they could be achieved within one year

- while the former Police and Crime Commissioner had had some success in his efforts to reduce the detention in police cells of people with mental health problems, this had had a negligible effect on the demand for mental health and acute hospital beds

- crisis intervention teams were being put into place to help achieve the reduction in mental health admissions

- the four mandated indicators were largely targeted at primary care services, yet the CCG did not commission GPs

- the Local Authority (LA) commissioned the NHS Health Checks, and the best value was obtained from those checks not by inviting people at random in order to achieve the quality premium target, but by identifying the people most at risk. The Director of Public Health asked whether the CCG would be willing to assist in funding the health checks, if it was necessary to spend an amount greater than the LA's budget for health checks in order to achieve the quality premium stretch target.

The Board noted the CCG's selection of local Quality Premium indicators for the financial year 2016/17.

215. ANNUAL HEALTH PROTECTION REPORT (2015)

The Board received a report presenting the Annual Health Protection Report (2015/16). The Director of Public Health described the annual report as an example of working effectively together in such matters as plans for preventing the spread of communicable disease, and public health emergency planning. She recorded her gratitude to Dr Linda Sheridan, Consultant in Public Health, for her work on the report.

The Board noted the information in the Annual Health Protection Report (2015).

216. BETTER CARE FUND PLAN 2016-17

The Board received a report providing it with the final Better Care Fund Plan, which had been submitted to NHS England on 4 May 2016, and outlining the next steps for the Better Care Fund in Cambridgeshire.

Members noted that the target for the reduction of non-elective admissions, which had been discussed at the Board's last meeting, had been set at 6.7%. Feedback from the regional assurance process was due on 27th May; the indications were positive, but in view of the pressures in the local health and care system, any approval was likely to be 'with support'.

The Chairman expressed the Board's thanks for all the work that had gone into preparing the plan for submission. The plan had been very well written, and he hoped to hear positive news from the feedback. He requested that the outcome be circulated to the Board. **Action required**

The Board noted the report and the Better Care Fund Plan.

217. FORWARD AGENDA PLAN

The Board considered its forward agenda plan, and decided

- to stop including the Better Care Fund and the Sustainability and Transformation Programme as standing items at every meeting, and instead receive updates when there was something useful to report
- to add the Health and Care Executive governance document to the agenda for the Board's endorsement and information
- that officers should explore whether it would be useful to have an item, perhaps in September, on devolution and possible actions in relation to health and social care that might arise in consequence. **Action required**

The Board noted the forward agenda plan.

218. DATE OF NEXT MEETING

Board members noted the date of the Board's next meeting:

- 10am on Thursday 7 July at Fenland Hall, March.

Chairman