

## **CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 20<sup>th</sup> September 2018

**Time:** 10.00 -11:50

**Venue:** Council Chamber, Peterborough City Council, Peterborough

**Present:** Cambridgeshire County Council (CCC)  
Councillor Topping (Chairman)  
Councillor Jones  
Councillor Susan Van de Ven  
Dr Liz Robin, Director of Public Health  
Wendi Ogle-Welbourn, Executive Director People and Communities

City and District Councils:

Councillor Harvey  
Councillor Massey  
Councillor Tavener  
Julie Farrow  
Stephen Graves

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)  
Jan Thomas

Healthwatch

Val Moore, Chair Cambridgeshire and Peterborough Healthwatch

Officers

Caroline Townsend, Lead  
Kate Parker  
Daniel Kelley, Senior Democratic Services Officer

**91. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE  
CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD**

Apologies for absence were received from: Jessica Bawden, Cllr Mike Cornwell, Tracy Dowling, Cllr Hoy, Dr. Sripat Pai, Cllr Joshua Schumann, Vivienne Stimpson, Ian Walker and Matthew Winn.

**92. DECLARATIONS OF INTEREST BY MEMBERS OF THE  
CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD**

There were none.

### **93. DELAYED TRANSFERS OF CARE (DTC) UPDATE**

The Health and Wellbeing Board received a report in relation to the Delayed Transfers of Care (DTC) Update.

The purpose of the report was to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTC) across Peterborough and Cambridgeshire. The Service Director Commissioning informed Members that both Cambridgeshire and Peterborough were performing under target. Members were informed that there had been significant investment from the improved better care fund (iBCF) to support initiatives in improving DTC performance. These largely revolved around increasing capacity.

In terms of reaching the target a tight deadline of the end of October/early November had been set. The biggest issue preventing the target being reached was around the lack of market capacity. It was essential to build capacity in community capacity, recruitment of staff had proved challenging and there was little prospect of increasing this through recruitment from EU states.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- It was agreed that the target was aspirational, however this was a national target. Partners were working towards trying to prevent people from going into hospital, instead getting support from the local sources in their homes and communities. There was a domiciliary care capacity issue, however different ways of supporting people was being looked into; e.g use of Reablement. It was about working together to ensure that steps were in place to reach the target. It was important to take into account the financial pressures the NHS and both local authorities faced.
- There were a number of patients sitting in the wrong environment. It was difficult for patients who were in hospitals or nursing homes if it was the wrong place for them to be. It would be disappointing if the health and social care system moved away from making sure people were in the right environment. There was a need to look at other local authorities to see how they were able to achieve better results than Peterborough and Cambridgeshire. It was important to know what each organisation was there to do, the CCG were going through a process of how they commissioned all their services and ensuring they were appropriate for the needs of the patient.
- The report was quite diagnostic in its approach, however it was essential to bear in mind that the targets and DTC's were targeting vulnerable members of society. The ambition should be to strive to achieve the targets being set, however this should not compromise the care given to patients.

- Work with all care providers had been taken place, this included some care providers working more collaboratively to ensure patient rounds were efficient as possible. Capacity had been increased within the reablement service. Work was now being reviewed to see if it was possible to reduce reliance on domiciliary care, in recognition of the workforce challenges in this area... A raft of actions was being taken to address nursing home care capacity.
- It was important to recognise that this was not about numbers, but about the people going through the system.
- The Living Well Partnerships were working to try and join up services around the adult health services along with Primary Care and Neighbourhood teams. However it was important to acknowledge the role of the voluntary sector. Recent case studies had shown that the voluntary sector had been involved in a number of projects and pathways.
- The readmission rate had increased over the past year, however recent figures showed that this had decreased. A new KPI was in place to monitor the readmission rates for the over 65's. Instead of being winter ready local authorities were looking at being ever-ready, noting the hot summer that had recently passed and impacted adversely on the health of older people. Contingencies were being put in place across a number of services to cover any issues that might arise.
- It was hoped that more funding would be available following the autumn budget statement. There was not enough funding currently to be able to achieve the targets set.
- Families and carers played a big role in the care of patients, there may be information in the public domain that they would find useful and to ascertain what barriers they face.

It was resolved to:

- a) The Cambridgeshire Health and Wellbeing Board are asked to note and comment on the report and appendices.

#### **94. BETTER CARE FUND – INTRODUCTION OF NEW GUIDANCE**

The Health and Wellbeing Board received a report in relation to the Better Care Fund and new guidance.

The purpose of the report was to provide an overview of any key changes for 2018-19. The publication of the refreshed Integration and Better Care Fund (BCF) Operating Guidance 2017-19 had limited impact on current BCF 2017-19 plans and did not require any formal action by the Health and Wellbeing Boards' members. Members were informed that this was not new guidance,

rather it had been refreshed from the previous year's guidance to clarify some areas. Guidance had not made significant changes to the plan that was currently in place, it had however made clarified how the funding should be used...

In terms of changes locally, members were informed this involved Delayed Transfers of Care metrics. As a result of this DTOC metrics would change for the year 2018-19. Locally the DTOC target was set at 3.5%.

The Health and Wellbeing Board debated the report and in summary. Key points raised and responses to questions included:

- In terms of being open and transparent there had been some challenges between the NHS and Local Authorities on what the funding should be spent on. The way the money was to be spent would be developed between NHS colleagues and the local authorities. It was likely that different views would continue to be put forward, however it was hoped that a common agreement could be reached. One of the biggest challenges around the BCF was protecting social care.
- So far NHS colleagues and local authorities had managed to come to satisfactory agreements on the BCF funding. It would be beneficial to see the methodology improve going forward to cut out potential conflicts. One of the issues was who held the budget and it hadn't been made clear who this was. It may be easier to have a third party holding the funds, therefore everyone would know where the budget was kept.
- There was an s.75 agreement, allowing to bring together social care funding that was aligned to the BCF. Additional money was then flowing through the BCF and comes through the Department of Communities and Local Government, this then flowed directly into the Council and from there into the pooled budget. The conditions set around the IBCF had to be applied to the pooled budget.
- It was agreed that greater transparency could add value and ensure that services commissioned represented the best value for money. This was about consulting and getting freedoms around what the money could be spent on, especially around prioritising where the money went.
- It was important to hang onto the initiatives that had already been put in place using the BCF funding.
- It was noted that quarterly returns are provided to the integrated commissioning board and it was agreed this detail should be brought to future HWB Board meetings.
- Future BCF reports could have greater clarity over where the BCF money had been spent and identify opportunities for future funding.

- The ICB had done evaluation work which was going back to the Cambridgeshire Health and Wellbeing Board in November and the Peterborough Board in December. Recommendations were to be brought forward on areas that could be reinvested into as part of the evaluation
- Summing up, the chairs of the two boards directed that in future, officers must consult beforehand with the HWB and secure agreement on the allocation and use of resources from the BCF to ensure alignment with the priorities of the Health and Wellbeing Strategy and JSNA's. The report was noted.

It was resolved to:

- a) The Cambridgeshire Health and Wellbeing Board is asked to note and comment on the report and appendices.

**95. IMPACT OF THE EARLY YEARS SOCIAL MOBILITY PEER REVIEW ON THE WORK OF SERVICES COMMISSIONED BY THE CAMBRIDGESHIRE AND PETERBOROUGH JOINT CHILD HEALTH COMMISSIONING UNIT**

The Health and Wellbeing Board received a report in relation to the impact of Early Years Social Mobility Peer Review on the work of the services commissioned by the Cambridgeshire and Peterborough joint child health commissioning unit.

The purpose of the report was to provide Peterborough and Cambridgeshire Health and Wellbeing Boards with information on and opportunity to comment on The Early Years Social Mobility Peer Review and consequent Joint Child Health Commissioning Units plans to review the delivery of Health Visiting and School Nursing, Children's Centres, Early Years Education and Early Help Services across Cambridgeshire and Peterborough.

The Joint Child Health Commissioning Unit had been working with the providers of health visiting, school nursing services and children's centres, to review the delivery of the Healthy Child programme; the purpose being to consider a more integrated approach to delivery and achieve the savings required in response to reductions in the public health grant and the ongoing local authority's financial challenges.

The Local Government Association had been looking to develop an early years sector led improvement offer and Cambridgeshire and Peterborough were one of only two areas selected to pilot an Early Years Social Mobility Peer Review.

Following the peer review the Joint Child Health Commissioning Unit had reviewed its approach to the delivery of a more integrated Early Years Programme, to take into account recommendations from the review.

Cambridgeshire and Peterborough had an interest in the study due to the local data held by both and the concerns that both authorities had. In Peterborough the concerns were around school readiness measures, a high proportion of children (in the 30%'s) were not ready for school when assessed in Reception. In Cambridgeshire the issue was one around inequalities, those eligible for free school meals was worse than the average for the same age group.

The peer review was led by a strong and experienced team, however it should be noted that this was a short review and not a full inspection. One of the issues for Cambridgeshire that was reported back incorrectly was lack of political oversight for children's health. However it was known that the Health Committee in Cambridgeshire had done a lot of work around this. The peer review team had presented a number of observations and suggestions that the authorities were able to go away and consider.

The Executive Director People and Communities and Director of Public Health were working on steps to address the issues raised and work closely together to achieve the recommendations set out. A joint transformation strategy was to be formulated to ensure the recommendations were looked at in detail and ensure outcomes for children in terms of school readiness were improved.

This process was being carried out under the Children's Health Joint Commissioning Unit (JCU), work was being done around the 0-19 service and how this was being delivered and if it could be delivered with savings to cost. A lot of the work had already taken place, most of the new initiatives were building on that work.

The Health and Wellbeing Board debated the report. Key points raised and responses to questions included:

- The report addressed not only health and education now but also for the future. This had been pushed to be included in Devo2 and a bid had been put in for £1.5 million over three years to kick start this work.
- In terms of perinatal mental health it was important to develop services, through local maternity services work stream a bid was put in to be a pilot which was successful, which included funding in this area.
- The review showed the enthusiasm of the voluntary sector and they were keen to be a part of the strategy moving forward. It was important to note that the Voluntary Sector and Private Sector found it difficult to access training due to a lack of capacity to attend.
- There was a concern over the perceived lack of input from the Health Committee into the peer review. The Health Committee had a major remit and did a lot of work on this. Cambridgeshire Health Committee has oversight for the budget involved. This suggested that there might be a lack of coordination between the Health Committee and Children's Committee.

- Bringing in Children's centres was important, looking at what was needed to deliver for health, education and care across services. Was about bringing services together and looking at what outcomes could be delivered. It was hoped that this would deliver better outcomes for families.
- Access to rural areas of these services was an issue and recognition of how resources can be used differently in better ways for families.
- In Cambridge City a number of children's centres had ceased to exist in the same way they did previously and in total there were fewer providers compared to three years ago. Members were assured that a report on this was going to be presented to the Children's Board in Cambridgeshire in October; this would show the development of more outreach work.
- Evaluation was important to see the overall budget and how the money could be spent more effectively, the Health Committee at Cambridgeshire had a vital role to play. Members were informed that the JCU had been working closely with both local authorities and the CCG with evidence of the impact of joint delivery of services. More work needed to be done around early year's transformation and that resources were being put in place to improve outcomes. Regular reports would be going back to the relevant Committee's.
- There were challenges in delivering outcomes, mainly around not enough funding and not enough capacity. Important work to carry out going forward was around equity of access to services. Different skill sets within the workforce were recognised along with a need to understand and educate both the public and professionals of the different providers used.. Members were informed that it was essential that we valued local health visitors, making sure we did as much as possible to retain them.
- It was agreed that a joint letter be written to the Combined Authority to ensure early years work was taken seriously and include in Devo2.

The Director of Public Health informed the Board that there was a Child and Adolescent Mental Health Local Transformation Strategy that the Health and Wellbeing Board was required to give a view on, before it was sent back to NHS England. Unfortunately there was no meeting scheduled before the deadline. It was therefore suggested that members make comments to the Chair or officers directly. This would then enable any feedback to be given when NHS England meets with the Chairman of both Boards in October.

**ACTION:**

An email would be circulated reminding members of the need to feed in any comments to the Child and Adolescent Mental Health Local Transformation Strategy.

It was resolved to:

- a) Note and comment on recommendations from the Early Years Social Mobility Peer Review
- b) Note and comment on plans to develop an Early Years Strategy which will support the wider redesign and integration of relevant children, young people and families services

## **96. HEALTH & SOCIAL CARE SYSTEM PEER REVIEW**

The Health and Wellbeing Board received a report in relation to the Health and Social Care System Peer Review.

The purpose of the report was to update Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board members with progress on preparing for the LGA Health & Social Care System Peer Review.

The process demonstrated senior officers bringing in external critical friends to look critically at work been done and raising any issues. Officers had asked for the review which was to be delivered by the Local Government Association (LGA). It was hoped that by doing the peer review both authorities would be prepared for any possible future CQC inspection. The review would be treated as an inspection, a draft programme would be created and a library of information was to be created so that peers can access information easily. In total the review would last for three days.

The Health and Wellbeing Board debated the report and in summary. Key points raised and responses to questions included:

- The approach looked to be useful and would be of great benefit. It was important that the same omissions were not made in relation to the Health Committee as with the Early Years Social Mobility review.
- A commitment was sought that the Health Committee's role and Scrutiny function was covered in the peer review.
- It was essential that all lines of enquiry were explored. A lot of effort had gone into getting the review right.
- A library of key documents and information was to be collated.

It was resolved to:

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

**97. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN:**

Members were informed that there was a drive to reduce the number of items on the agenda to ensure in depth review.

It was confirmed that the next joint meeting was due to be held in March 2019.

It was resolved to:

- a) agree the Forward Agenda Plan.

Chairman