Agenda Item: 3a)

MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 3rd April 2014

Time: 2.00.-5.10 p.m.

Place: Council Chamber, the Grange, Ely

Present: Councillor M Cornwell, Dr Modha, Councillor S Ellington (Vice-Chairman), K Ellis, A Loades, C Malyon, Councillor L Nethsingha*, Councillor T Orgee (Chairman), Dr D Roberts, Dr L Robin, R Rogers, Councillor S Rylance, Councillor J Whitehead, Councillor F Yeulett and Councillor R West.

*part of meeting only

Also Present: Councillor J Schumann

Present by Invitation: Mike Hill District Council officer advisor, Matthew Smith and Simon Willson for Item 3 Minute 39, 'Better Care Fund Second Cut Submission to Government' Wendy Quarry for Item 6a) 'Joint Strategic Needs Assessments Update' Dr Erlend Aasheim, and Dr Kirsteen Watson for Item 6b) Minute 40, 'Update on the Pharmaceutical Needs Assessment For Cambridgeshire' Kate Parker for item 7 Minute 41 'Report on Health and Wellbeing Strategy Action Plan Progress' and Rob Sanderson (Democratic Services) Minute taker

Apologies: M Berry OBE and Councillor S Brown.

36. DECLARATIONS OF INTEREST

Councillor Sue Ellington declared a personal interest as a Trustee of Care Network.

Doctor Liz Robin declared a personal interest as she had an honorary role as Director of Outcomes for the Clinical Commissioning Group, in addition to her role for the County Council.

Ruth Rogers declared a personal interest in Item 3 as the Chief Executive of the local organisation 'Red to Green' as the organisation had, as part of a partnership bid, prepared a proposal to the Better Care Fund.

37. MINUTES OF THE MEETING HELD ON 23RD JANUARY 2014

The minutes were agreed as a correct record and signed by the Chairman subject to deleting the word "secondary" and replacing it with the word "community" on the fifth line of the first bullet point on page 11 so that the line and the next line now reads:

"…money was used for local community care services and not just taken out of the system.

38. MINUTES OF THE SPECIAL MEETING HELD ON 13TH FEBRUARY

The minutes were agreed as a correct record and signed by the Chairman.

39. UPDATE RESPONSES FROM AGREED ACTIONS

This document, providing details of responses for all the actions arising from the January and February Board meetings as set out in the minutes, was noted.

Board Member comments included:

- Action A) Minute 16, Item 3) Council Wide Safer Homes Initiative Action (Handy Man Scheme) – One District Council Member in noting that the County Council was leading on the procurement exercise (with the proposals being considered by the County Council's Cabinet on 15th April) questioned what role the district councils would have in relation to the procurement exercise and the development of the Business Case and the Service Specification. She also queried whether there was a need for a report back to the Board suggesting it was not very democratic only going to the County Council's Cabinet. It was explained in response that the Board had already agreed the way forward and that there was not a need to come back to the Board, as each district council had been delegated authority to agree the Business Case within their own committee processes. It was highlighted that East Cambridgeshire District Council had already received and agreed a report on the issue.

- Action 'B -Safeguarding Adults Board Annual Report 2012/13' there was a request for even greater clarification of what the 3% (70 people) trained figure represented in terms of the numbers trained from the total Addenbrooke's Hospital workforce, which was shown as being 1340.

- Action 'D) Minute 20 - NHS Five Year Strategic Planning 2014-2019' – in relation to the action of writing to local Members of Parliament to seek their support in lobbying Government ministers to address the serious underfunding issue in Cambridgeshire and to obtain money based on population, one Member requested that going forward, the thrust of the argument should concentrate on the massive population growth being experienced in Cambridgeshire / Peterborough as a result of the 'Growth Agenda'. The Member further highlighted highlighted that this was seen as being more unique to the local area and was projected to continue, going forward. It was agreed that this would be a more persuasive case, providing a distinct negotiating position and should be separated from the issue of a growing aged population, which was a national phenomenon, and could be argued by all areas in the Country. In relation to the letter already sent (which was included as an appendix to the report) the Chairman was able to provide an oral update that he had so far received one response from the right honourable James Paice, the Member of Parliament for South East Cambridgeshire, who had agreed to take up the case with Ministers.

40. BETTER CARE FUND – 'SECOND CUT' SUBMISSION TO GOVERNMENT

The Board received a presentation (attached as Appendix 1 to these minutes) and a tabled version of the Better Care Fund Planning Template (attached as Appendix 2 to these minutes) to support the report already included on the agenda as item 3 in order to help in the request for Board approval to the 'Second Cut of Cambridgeshire's Better Care Fund (BCF) Plan. The document once agreed, required to be submitted to Government by 4th April 2014.

To assist the Board's discussion of the Plan, the report highlighted the work that had been undertaken. It was reported that the 'first cut' of the BCF had been successfully submitted to Government on 14th February. Since then notification had been received that the BCF funding for Cambridgeshire had been set at £37,668,000, slightly less than the initial figure of £38m.

It was reported that assurance of the Plan had been obtained through peer review by regional colleagues from both Health and Adult Social Care. It was highlighted that overall the feedback had been positive, particularly concerning the areas of engagement and involvement and the development of the 'Shared Vision'. More detail would be required around the national conditions, in terms of how the Plan would protect social care and mental health services; and also to show the impact of the Plan on the acute sector and other major providers. This had been confirmed from further guidance received from the Government, with an expectation that the requirements of the Care Bill should be met through the BCF.

It was highlighted that the work on developing the plan had focused on the following three areas:

- Specifying the work we plan to undertake to meet the national conditions
- Specifying the work we plan to undertake to meet the requirements of the Care Bill; and
- Developing our 'areas for change' namely: support for people at home; support for people in need of help; support for people to leave hospital; and investment in infrastructure to support integrating.

To facilitate this work, officers had also mapped out what current projects existed that supported BCF related work and how these were governed. Whilst aiming to produce a plan that met the Government's requirements, there remained a desire not to produce a plan that was solely focused on meeting the Government's National Conditions and the demands of the Care Bill. The intention would be to link the development of the 129 proposals to the Clinical Commissioning Group (CCG's) Older People Programme, the final development of the CCG's 5 year plan and to the transformative element of the Plan.

The report and presentation set out the details of the engagement undertaken with strategic and service providers. Feedback confirmed that commitment and

enthusiasm for the BCF remained high and that post 4th April, partners would remain critical to developing the more transformative elements of the Plan.

Also tabled at the meeting was a proposed governance structure chart (attached as appendix 3 to the Minutes) which proposed that under the Health and Wellbeing Board there should be a 'Cambridgeshire Executive Partnership Board made up of representatives from the County Council, the Clinical Commissioning Group, NHS England, District Councils, Acute providers, Older People & Adult Community Services (OPAC) Provider, Cambridgeshire and Peterborough Foundation Trust, Voluntary organisations and Health Watch.

Questions raised by Board Members included:

- the Chairman requesting that the slides should be made available to Members following the meeting.

- There was discussion on the consultation going forward in relation to the timetable shown to complete in June the final BCF and consult on changes. It was confirmed that there was no statutory requirement to define how the further consultation was undertaken. **Members of the Board, mindful of the fact that the next Board meeting was 10th July and the need to see the final document as far in advance as possible, requested that the cut off for the consultation should be no later than the middle of June.**

- One Member suggested it would be useful as the BCF was not new money, to have details via a map of where the money would be top sliced from on a district basis, in order to see the impact on current acute sector service provision and where there would be reductions. There was a request that **the next report must provide more detail on where the monies would come from to pay for BCF and details of the savings from current acute services and the effect of the reduction in resourcing on them.** It was highlighted that a fuller understanding of where funding would come from would not be possible until the completion of the CCG procurement exercise, as this was seen as critical to developing a fully costed plan. Reassurance was provided that the next report would provide a more detailed version of the Plan. It was explained that every penny of the Fund was currently committed to existing services and looking ahead, to help fund innovative pilots, in line with shared principles.

- Concern was raised by some Members on the tabled structure chart in terms of the Cambridgeshire Executive Partnership Board (CEPB) being just made up of officers. In response it was clarified that there was no intention to supersede the Health and Wellbeing Board's governance role or individual partners' sovereignty / decision making arrangements. The intention of setting up an officer CEPB was to improve officer co-ordination on health and social care outputs of the projects as listed in the diagram and to help cut down on duplication and waste. The CEPB would look at operational, as opposed to strategic issues. This reflected the statutory duty to promote integrated joint commissioning. It was explained that the details of the final membership were still to be discussed, but that there was a

need to ensure the membership was not just duplicating the current HWB Board Membership.

- There was discussion of what resources would be available to the CEPB. It was noted that in due course there were likely to be more resources than just from the BCF allocation as it was a fund, but this would not necessarily be via a pooled budget arrangement. It was highlighted that a lot of work had been undertaken on Carers Services as part of a multi-agency approach. It was discussed that the Health and Wellbeing Board should be involved in the use of resources and the strategic direction going forward in relation to carers support.

- One Member reflecting on the fact that the Board had been operating for a year, suggested that there a was a need to revisit / review the existing Health and Wellbeing Strategy to see if it was still fit for purpose, especially in the light of new responsibilities such as BCF. It was suggested that this could be looked at as an item at a forthcoming Development Day.

- The need to ensure appropriate monitoring of new and existing projects.

- Clarification was requested on the wording on page 26 in terms of the emergency admissions paragraph to make clearer that the 14 hours assessment referred to was not the time target for having to wait for an initial assessment, but was the target for referral to a senior clinician.

- In terms of GPs moving to 7 day working, it was highlighted that this was a big challenge for trusts as there was no additional money available. It was explained in reply to an issue raised, that it was not as easy as for local authorities changing their own service outlets opening times, as making such changes in the NHS, was governed by national negotiations.

It was resolved:

a) To approve The 'Second Cut' of Cambridgeshire's BCF for submission to Government.

b) To formally thank once again all partners for their work over the past few weeks.

c) To agree that in order for the Board to be able to sign off a revised BCF document at the July Board meeting, officers should ensure the final document was available to the Board as far in advance of the Board meeting as possible.

41. NHS 5 YEAR STRATEGIC PLANNING 2014-2019

A power-point presentation was undertaken by Doctor Modha and is attached as appendix 4 to these minutes. This along with the report included on the agenda sought to help highlight the main issues, including: governance; engagement / consultation arrangements; and the details of the four phases of the programme of strategic service re-design to help achieve sustainability.

The Plan drawn up would reflect the Clinical Commissioning Group's (CCG) vision and values and the vision and principles of the Cambridgeshire and Peterborough Health and Social Care System as set out in section 3 of the published agenda report.

It was highlighted that the Cambridgeshire and Peterborough System had been identified by NHS England, Monitor and NHS Trust Development Authority (the national partners) as one of 11 challenged health economies. As a result, additional support from an external advisor team was to be provided to the system from April to June 2014 with the objectives as set out under section 4 of the report. The CCG and provider organisations within the system remained responsible for producing robust and aligned strategic plans. The external support team was be appointed by the end of March and would begin a programme of work of around 10 weeks across the following four workstreams:

- A diagnosis of supply and demand
- Solutions development and options analysis
- Plan development
- Critical friend input/ facilitation of implementation plan development

It was reported that a first draft of the 5 Year Strategic Plan had been submitted to the NHS England East Anglia Area Team on 14th February 2014. The next draft was to be submitted on 4th April 2014 and would be provided to the Board as soon as available. The final version of the 5 Year Strategic Plan was due to be submitted by 20th June 2014 and would require approval earlier in June.

The intention was to strengthen the draft for the 4th April deadline to include a clear clinical and public engagement plan for phase 1 and beyond. The final plan would also ensure clear linkage to the Health & Wellbeing Board Strategy and strengthened engagement of key stakeholders. It would also include reference to primary care and set out the financial and clinical case for change. The 4th April draft would be used as the baseline for the external support team to work from.

It was noted that the themes covered in the 5 Year Plan included:

- Financial sustainability and stability
- Improving quality of services
- Improving health outcomes
- Ensuring capacity meets demand

In terms of Governance, the Chief Executive's Group for the Cambridgeshire and Peterborough Health Economy was overseeing the production of each organisation's strategic plans and met on a monthly basis. A system-wide operational group had also been established to enable planning across the system to take place in a coordinated way.

Comments / issues raised by Board Members included:

- Concerns expressed that currently from a local health partnership point of view there was not the appropriate level of connectivity between the CCG and district councils, with the example provided being in relation to £100k of funding having been withdrawn by developers at Northstowe, as there was no plan in place on how to spend the money. As a response, while it was highlighted the CCG was not a commissioner of primary care, there was a recognition of the need for closer working with health partnerships and there was a request that if dates were provided, Dr Modha and his colleagues would ensure there was attendance to ensure appropriate consultation.

- In reply to a request for an update on who had been appointed as the support organisation, it was indicated that PWC had been appointed and would be reporting to the three health organisation regulators: NHS England, Monitor and the NHS Trust Development Authority.

- There was a request for more details on who had been invited to contribute as part of the consultation engagement exercise. In reply it was indicated that the consultation would be based on the scope of change that was intended to be made and who was affected. If this involved patients, there would be a full consultation. It was highlighted that it was only Phase1 where consultation was limited, which was as a result of the very tight timescales imposed by Government.

- One Board member highlighted the need to keep an eye on acute services / mental health services which were under intense pressure during this period of change / transformation to ensure services to patients were not suffering.

- Noting that sign off was required in early June as the submission date for the agreed Plan was 20th June and that this was too late for the next scheduled July Board meeting. In further discussion it was agreed that the next proposed Development Day in June needed to be an all-day event as there would be a requirement for a short Board meeting in the afternoon to agree sign off of the Plan.

It was resolved:

a) To note the update on the development of the 5 Year Strategic Plan.

b) To hold an additional Health and Wellbeing Board on the same day in June as the Development Day in order to sign off the Phase 1 Plan.

42. NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG - CHOICE OF LOCAL QUALITY PREMIUM INDICATORS FOR 2014/15

In compliance with national planning guidance, NHS Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) was required to identify in its plans for the financial year 2014/15 locally chosen NHS Quality Premium indicators.

The report to the Board set out the background, identified several local choice of indicators and requested the Board's agreement to them.

It was explained that the NHS Quality Premium was an incentive scheme payable to CCGs designed to reward CCGs for improvements in the services that they commissioned and for improvements in health outcomes and in reducing health inequalities. The value of the Quality Premium depended on the achievement of several indicator targets and was only paid when certain pre-qualification criteria were met, the most important being financial balance. The reward was potentially £4.5 Million in 2014/15 but only the full amount would be paid if all pre-qualification criteria were met.

The Guidance for 2014 /2015 required the CCG to agree with its Health and Wellbeing Boards and NHS England Area Team the achievement of the following Indicators:

- The reduction in the potential years of life lost from causes considered to be amenable to healthcare in adults, children and young people
- One of the patient improvement indicators set out in the CCG Outcomes Indicator Set
- A specified increased level of reporting of medication errors from specified local providers for the period between Quarter 4 2013/14 and Quarter 4 2014/15
- A further local measure that reflected priorities of the Joint Health and Wellbeing strategies.

In relation to the last bullet it was highlighted that the 2014/15 Quality Premium Guidance required the local measure indicator to:

- Reflect local priorities identified in the Health and Wellbeing strategies.
- Be based on an indicator from the CCG Outcome Indicator set unless the Health and Wellbeing Board and NHS England Area Team mutually agreed that no indicators on the list are appropriate for measuring improvement in the identified local priority.
- Should not duplicate measures in other areas of the quality premium.
- Set out the level of agreement required to trigger the reward.

The CCG has considered how improvement in the outcomes in the CCG Outcome Indicator Set would impact on the four Health and Wellbeing Strategies covering covered the population of NHS Cambridgeshire and Peterborough CCG. Of the top eight indicators considered to have greatest impact on the Health and Wellbeing strategy, indicators 2, 3 and 5 related to Mental Health. The CCG had also considered the balance of indicators that had been prioritised in the previous year and the progress made against them. It was highlighted that for 2013/14 the local indicators were chosen in the areas of emergency admissions, maternal smoking and coronary heart disease. (In discussion later in the meeting, Dr David Roberts volunteered to provide a short feedback report at the next practicable meeting in relation to the outcomes from the current year's (2013/14) quality indicators referred to above, to show the improvements achieved in public health).

As a result of the above analysis, the CCG considered that the best local measure for 2014/15 was "the number of physical health checks in people with severe mental illness". The indicator was still in development and no data was expected in 2014/15.

However, some relevant data was available from providers and the indicator locally could be defined as:

- **Numerator:** The number of people with severe mental illness under the care of specialist mental health services who have received one or more of a range of health checks or identified interventions intended to improve their physical health.

- **Denominator:** The number of people with severe mental illness under the care of specialist mental health services.

Comments / issue raised by Board Members included:

- There was discussion of the need in agreeing the above local indicator that this should be on the basis that there were positive outcomes resulting from the proposed health checks that were measurable. It was important that it did not just become a tick box exercise. In response, it was indicated that this was implicit in the indicator, as the health checks or identified interventions were intended to improve the physical health following the check, as a lot of people with mental health problems also often had a range of physical health issues. The checks would result in signposting them to other services able to help e.g. weight reduction, smoking cessation, alcohol help programmes.

- An officer advisor made the point that Cambridgeshire appeared to have worse mortality figures than was the national average for those with severe mental health problems aged under 75 and more data was needed in this area.

- In terms of the proposal for a 'target of a 3.2% reduction in the potential years of life lost from causes amenable to health care', there was a request for a definition of "amenable to health care" as it appeared to be very vague. As it was long and complicated, Dr Liz Robin agreed to provide the full detail on the definition of the indicator target outside of the meeting.

- One Member suggested for the local measure this should be linked to the transformation agenda such as 7 day working. It was indicated that 7 day working would be key as part of the Five Year Strategic Plan.

- Asking what the £4.5 million reward monies, if achieved, would be used for. In response it was indicated that the money would be used to transform services to secure improvements in both primary care and community care services.

It was resolved:

a) to agree the following as the locally chosen NHS Quality Premium indicators for 2014/15 for the NHS Cambridgeshire and Peterborough CCG with the detail as set out in the report:

   1) A 3.2% reduction in the potential years of life lost from causes amenable to health care and that Dr Liz Robin should provide outside of the meeting detail on the definition,

2) On the patient improvement indicators set out in the CCG Outcomes Indicator Set a target to show an improvement in the overall survey score of the Accident and Emergency service.

3) The local measure for a specified increased level of reporting of medication errors from specified local providers for the period between quarter 4 2013/14 and quarter 4 2014/15 being:

- All secondary care trusts should have a quarterly review of medication incidents within the Trust
- The review should be attended by the Chief Pharmacist, Medical Director, Director of Nursing and the Risk Manager with other staff members as required
- The report from the medication review meeting and action log should be sent to the CCG Medicines Management Team who will review and escalate if required.

The target being a downward trend in the number of incidents reported and an upward trajectory in proportion of satisfactorily completed action plans.

4) The local 2014/15 target to reflect Joint Health and Wellbeing Strategies priorities for NHS Cambridgeshire and Peterborough CCG for the number of physical health checks in people with severe mental illness to be 50%, an absolute increase of 25%.

b) To receive a short feedback report at the next practicable meeting in relation to the outcomes from the current year's (2013/14) quality indicators.

COMFORT BREAK

At 3.55 p.m. the Chairman agreed to the Board having a short comfort break

43. OLDER PEOPLE PROGRAMME UPDATE AND PUBLIC CONSULTATION ON PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES

As they were included on the agenda, the power-point slides were taken as read and a presentation was not undertaken with items 5b) Older People Programme Update and 5c) 'Public Consultation on proposals to improve Older People's Healthcare and Adult Community Services' taken together.

The purpose of the report was to update members on progress with the Older People Programme. Further information on the development of the 'Mark 2' Outcomes Framework was attached as Appendix A to item 5b).

It was highlighted that of the five bidders who had submitted outline solutions in January 2014 the following four were shortlisted:

- Accord Health (Interserve with Provide, formerly Central Essex Community Services, and North Essex Partnership Foundation Trust as Mental Health Lead).
- Care for Life (Care UK with Lincolnshire Community Health Services NHS Trust, and Norfolk Community Health & Care NHS Trust)
- Uniting Care Partnership (Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust)
- Virgin Care Ltd.

Shortlisted bidders had been invited to submit their full solutions by 28th July, allowing bidders to take account of the responses received from the public consultation exercise. The preferred bidder appointment was now scheduled for September 2014 with contract commencement in January 2015. In terms of the public consultation process, this was to run for 13 weeks from 17th March with over 17 public meetings taking place and with a 100 user groups already approached regarding receiving the presentations. Officers indicated that they were happy to make further presentations to any user groups if approached. The consultation also included a wide range of other communication approaches as detailed in the report and in the presentation slides.

It was highlighted that the Older People Programme Board had discussed the principle of developing a joint CCG and Local Authority strategy for older people's services, recognising the strong alignment across local agencies in terms of aims and a common set of challenges. Subject to Governing Body agreement, it was proposed that this would be worked up in more detail by the Programme Board, working with a range of stakeholders. There would be a strong link between this work and the Better Care Fund.

Comments from Board Members included:

- Recognising that the CCG had been listening to feedback, with one Member praising officers for the fact that the consultation had been undertaken in a way that helped people understand the concepts and that actions had been changed to take into account views received, which was to be commended. This was echoed by other members present.

- In response to information provided indicating that while not every household had received a leaflet, 50,000 had been printed. **There was a request for more detail on the methodology which had been used to decide the households that received a copy of the leaflet.**

It was resolved:

To note the updates provided.

44. JOINT STRATEGIC NEEDS ASSESSMENTS (JSNA) UPDATE

The Board received a report providing a general update on the JSNA programme of

work and seeking approval to the forward plan for JSNA 2014/15.

The Board was asked to review the JSNA Forward work plan for 2013-2015, as attached at Appendix B to the report, recognising current constraints on capacity to deliver, with the proposal that three topics should be covered in 2014/15, with three other proposed topics held back/reviewed for potential delivery in 2015/16.

It was highlighted that although the initial aim had been to deliver the reports by April 2014, and although good progress had been made, other service pressures / capacity constraints and the requirement for sufficient stakeholder consultation, had led to some delay. Final versions of some of these were now proposed to be submitted to the Health and Wellbeing Board (HWB) in July.

It was explained that the reports prioritised by the HWB in 2013 were:

- Pharmaceutical Needs Assessment JSNA
- Carers JSNA
- Adult Mental Health JSNA -
- Older People's Mental Health JSNA
- Older People – Primary prevention JSNA
- Long term conditions JSNA

For each of the above there was a brief update which are summarised below, with progress on the Pharmaceutical Needs Assessment (PNA) consultation being also the subject of a separate report as the next item on the agenda.

Carer's JSNA

The main question for the Carer's JSNA was 'What can we do to support carers to stay healthy and well?' In addition, to support work around the Better Care Fund, the JSNA had looked at the evidence for whether supporting carers reduced health and social care service use. The full report would be available for the July Board, with the work almost completed and would feed in to the County Council led Carers' Review Project.

Older People's Mental Health and Adult Mental Health JSNAs

Two mental health related JSNAs had been externally commissioned from the organisation 'Solutions for Public Health' and the update provided details of the scope of the JSNAs. The aim of the JSNAs was to identify and summarise key issues to support commissioning and planning priorities for identified areas within older people's and adult mental health with the report setting out the five objectives which applied to both JSNA's. The final version of the Adult Mental Health and Older People's Mental Health JSNA's was scheduled for completion in mid-April.

. **Older People – Primary prevention JSNA**

The Older People – Primary Prevention JSNA was directly linked to priority two of the Cambridgeshire Health and Wellbeing Strategy, 'to support older people to be independent safe and well'. Work had progressed on aspects of the JSNA – including

the evidence base for healthy nutrition for older people, and for physical activity promotion and interventions. The aim was to complete this JSNA by July.

Long Term Conditions (through the life course) JSNA

No capacity could be identified to complete the Long Term conditions JSNA during 2013/14, and it was proposed that it was taken forward as part of the 2014/15 JSNA programme.

Other updates provided were in relation to the following:

Vulnerable Children and Families:

Work on the vulnerable children and families JSNA had started in February 2014, as previously agreed by the HWB Board. The main purpose of the JSNA would be to support the first focus area of Priority 1 of the HWB Strategy 'Ensure a positive start to life for children, young people, and their families: Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems'.

Long Term conditions across the life course

Work on this JSNA was originally scheduled to be carried out in 2013/14, but was delayed due to capacity limitations. The main focus was on Priority 2, focus area 1 of the HWB Strategy 'Support older people to be independent, safe and well: Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes, e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary agencies and informal carers'.

Transport and Health

The purpose of this JSNA was to support Priority 5, focus areas 1 and 3 'Create a sustainable environment in which communities can flourish: Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents; Encourage the use of green open spaces including public rights of way, and activities such as walking and cycling'. The JSNA would review the evidence on social isolation in relation to access to transport, and gather further information on the issue of transport to specialist hospital services, which had been raised at the HWB in January 2014. It would also assess evidence for the impact of transport strategies and initiatives on promoting or discouraging physical activity, which had a significant health impact.

Comments / issues raised by Board Members included:

- With reference to the Social Care Bill going through Parliament, asking whether this would impact on JSNA's coming forward. In reply it was indicated that JSNAs looked at need and in relation to Carers, the proposed JSNA would help with general policy and proposals included in the Bill.

- Another member raised the issue of support for young carers, which was a particular issue in her division. It was confirmed that the Carers JSNA had an element looking at this.

- There was concern from one member that the proposals envisaged that at least three JSNAs should come forward to the July meeting and suggested the Board might wish to set up three groups to look at them in more detail. This was not supported. The Chairman did however stress the importance of Members having as early sight of the finalised report as possible and requested that they should be circulated electronically as soon as they were finalised and should not await for the formal agenda dispatch. Dr Robin undertook to action this request.

It was resolved:

a) To approve the Forward Programme in 2014/15 of JSNA topics as follows:

First phase:

1) Long Term Conditions Across the life Course
2) Vulnerable Children and Families
3) Transport Networks and Health

The second phase to be considered again by the HWB Board against other priorities at the end of 2014/15 as follows:

4) Health and Wellbeing in the workplace
5) Migrant workers / Community cohesion
6) Sensory impairment

b) That the final drafts of the following JSNAs for the Board meeting in July should be circulated as soon as possible to Board Members in advance of the formal agenda dispatch.

i) Carers JSNA
ii) Older People's Mental Health and Adult Mental Health JSNAs
iii) Pharmaceutical Needs Assessment JSNA

45. UPDATE ON THE PHARMACEUTICAL NEEDS ASSESSMENT FOR CAMBRIDGESHIRE

This report updated the Health and Wellbeing Board (HWB) on the development of the Pharmaceutical Needs Assessment (PNA) for Cambridgeshire.

It was highlighted that All HWBs had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The PNA also helped in the commissioning of pharmaceutical services in the context of local priorities, and would be used by NHS England when making decisions on applications to open new pharmacies.

A PNA had been undertaken for Cambridgeshire during June-December 2013 with the details of the range of stakeholder views as set out in the report. The PNA was led by a multi-agency steering group as detailed in the report with a questionnaire distributed to all pharmacy providers in Cambridgeshire, including community pharmacies and dispensing surgeries. A public consultation on the draft PNA document was undertaken from 16 December 2013 to 21 February 2014. During the consultation a total of 227 responses were received from across the County. These would be used to review and revise the draft PNA with the final PNA to be published by July 2014.

The key findings were as follows:

<u>Provision of local pharmaceutical services</u>

- Cambridgeshire was well provided for by pharmaceutical service providers.
- The PNA did not identify a current need for any new NHS pharmaceutical service providers in Cambridgeshire.
- No responder considered provision to be 'poor'.
- Review of the locations, opening hours and access for people with disabilities suggested that there was adequate access to NHS Pharmaceutical Services in Cambridgeshire.
- There appeared to be good coverage in terms of opening hours across the county. The extended opening hours of some community pharmacies was valued and those extended hours should be maintained.

<u>The role of pharmacy in improving the health and wellbeing of the local population</u>

- Providers of pharmaceutical services had an important role to play in improving the health of local people. They were easily accessible and are often the first point of contact, including for those who might otherwise not access health services.
- Community pharmacies could contribute to the health and wellbeing of the local population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.
- Community pharmacies were a key public health resource offering potential opportunities to commission health improvement initiatives by working closely with partners to promote health and wellbeing.
- The assessment had identified that there was an opportunity for them to undertake an early diagnosis role as well as enhancing their public education role to encompass public health campaigns and ensure closer working between pharmacies and GP's. This was being driven at a National Policy level with suggestions that they could become involved in medical reviews such as diabetes

and blood pressure checks, in addition to those other areas highlighted in the report.

- The Royal Pharmaceutical Society (RPS) had recommended that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients had consistent access to support with medicines use as they move between care settings.

Comments from the Board included:

- Supporting the expansion of services provided by pharmacies. One Member highlighted his belief that they should be the first point of contact for advice on ailments and could thereby reduce the burden on GP's and Accident and Emergency Centres.

- A suggestion that there should be more competition between chains of pharmacies to help promote more choice and encourage them to work harder to provide better and cheaper services.

- Raising the question of how pharmacies could become involved in the transformation agenda and also in providing expanded opening hour, including 7 day opening. This linked to the need for pharmacies to be partners / stakeholders in transformation and not just providers.

- There was also discussion on the need to consider different opening hours to take account of local needs. The point was made that those people not enjoying pharmacies with expanded hours would not be aware of the benefits that they could bring. One Member suggested that this did not necessarily mean that they should open longer each day, but that they should open at times convenient to local needs. This might involve closing in the afternoons and opening again in the evenings, so that they could be accessed by people who worked during the daytime.

It was indicated that pharmacy services were commissioned by NHS England and therefore it was appropriate for the comments provided, to be passed to the NHS England Board representative in order to be able to review and answer the wider questions raised, especially in relation to opening hours.

It was resolved to note that:

a) A draft PNA document had been produced in close consultation with key stakeholders and partners;

b) A public consultation on the draft PNA had been completed; and

c) The finding of the consultation and a full revised PNA Report was due to submitted to the Health and Wellbeing Board in July.

46. REPORT ON HEALTH AND WELLBEING STRATEGY ACTION PLAN PROGRESS (INCLUDING EXPLICIT PRIORITY 6 FOCUS)

In introducing the report the presenting officer thanked all the Priority Leads for their hard work and the achievements made so far. The report provided an update on the progress made against the Action Plan developed for the Cambridgeshire Health and Wellbeing Strategy 2012-2017 against the following six agreed health and wellbeing priorities:

Priority 1 Ensure a positive start to life for children and young people
Priority 2 Support older people to be independent, safe and well
Priority 3 Encourage healthy lifestyles and behaviours in all actions and activities, while respecting people's personal choices
Priority 4 Create a safe environment and help to build strong communities, wellbeing and mental health
Priority 5 Create a sustainable environment in which communities can flourish
Priority 6 Work together effectively.

The detailed updates were provided in Appendix 1 of the report. As there was no overall lead organisation for Priority 6, each priority lead officer had been asked to highlight specific actions that had contributed to the achievement of the Priority as detailed in section 3.2 of the report.

Highlighted under sub paragraph 6.5 titled 'Recognise the importance of the Voluntary and Community Sector and their valuable contribution to implementing the Strategy' attention was drawn to the fact currently engagement with the sector had been limited and there was a need to do better, moving forward. It was suggested that communications and improving engagement and creating wider networks with the Voluntary Sector should be a topic for the forthcoming HWB Stakeholder Day scheduled for 17th July. One Board member suggested officers should consider working closer with four of the main County organisations providing services to the Clinical Commissioning Group (CCG) namely: Age UK, The Alzheimer's Society, the Carers Trust and the Care Network.

Comments from Board Members included:

- With reference to Page 5 sub paragraph 1.1 on the Update on Priority 1 in Appendix A titled Early Support Programme questioning if the 'Service user (parent) satisfaction questionnaire response rate of only 10% was correct. In response it was suggested that this looked to be the case, hence the plan to increase this in the future. The officer undertook to check the position with the officer leads, including how it was planned to increase the response rate.

- With reference to page 6 '16-18 Apprenticeship Scheme' in relation to the text reading that there had been a 5% increase in take up on the previous year, it was suggested it would be useful to know what the actual figures were.

- Priority 3 Update paragraph (para) 3.1 page 11 with reference to the second bullet reading 'Further develop the role of libraries for health information dissemination….' One Board member questioned how this would work and on being informed that this was already taking place at Hinchingbrooke, requested more details to be provided as an update.

- Page 11 Para 3.2 'Increase in participation in sport and physical activity and encourage a healthy diet …..' One Member asked how schools were encouraging children to undertake more physical exercise to help combat the "obesity epidemic". In reply it was explained that part of the current primary and secondary schools curriculum was to promote the Olympic legacy. It was suggested that it would have been useful to have included reference to this in the current report. Another Member suggested that this could be a useful update report for a forthcoming Development Day.

- Making reference to Page 16 'Cambridgeshire Offender Strategy', there was a request from one member for more information of the effect of recent legislative changes on the running of the Probation Service and the impact on offenders. She particularly highlighted her concerns with changes being made to the recall arrangements for offenders out of prison on licence, which she suggested meant that they could be called in at any time. Her concerns were that the current legal changes would have huge implications for the Criminal Justice System and could result in greater re-offending.

- Page 17 paragraph 4.2 tilted 'Work with partners to prevent domestic violence …' with reference to recent adverse publicity involving the Police, and noting there was an action to refresh the Domestic Abuse Strategy with partners to improve its effectiveness, the Executive Director: Children, Adults and Families undertook to bring back the Strategy to a future meeting on this Board.

It was resolved:

a) To note the progress made against the delivery of the Action Plan.

b) To support the on-going delivery of the actions identified in the Plan.

c) To agree to address the recognised need to enhance the engagement with the Voluntary Sector by supporting the wider involvement of the Voluntary and Community Sector (VCS) in both planning, delivery and attendance at the HWB Network Stakeholder Event on 17th July.

47. DATE OF NEXT ORDINARY MEETING 2.00 P.M. THURSDAY 10th JULY 2014

In discussion and referring to the earlier report on the NHS 5 Year Strategic Plan and the need to sign off the first phase before the submission deadline of 20th June, it was agreed that there should be an additional Board meeting before the scheduled 10th July Board meeting. In discussion on potential dates being considered for a future Development Day of 9th or the 11th June, the Board agreed that as part of the Development Day there should an afternoon slot for a Board meeting. It was suggested that the opportunity should also be taken to move any reports from July to the June meeting which could include some of the Joint Strategic Needs Assessment Reports and also possibly an analysis of the success outcomes of the Quality Premium Indicators set in the previous year referred to under Minute 42.

It was resolved:

a) to hold a Development Day/ afternoon Health and Wellbeing Board meeting on 11th June.

b) To ask officers to establish if other reports could also go to this earlier, June Board meeting to help reduce the size of the July Board agenda.

48. CONFIRMED BOARD DATES BEYOND APRIL 2014

11th June - start time to be confirmed
Thursday 10th July
Thursday 2nd October
Thursday 15th January 2015
Thursday 30h April 2015

Chairman
2014

ACTIONS FROM MINUTES

MINUTE 39 - UPDATE RESPONSES FROM AGREED ACTIONS

Action: Claire Bruin to provide further update in relation to 'B - Safeguarding Adults Board Annual Report 2012/13' to provide greater clarification of what the 3% (70 people) trained figure represented in terms of the numbers trained from the total Addenbrooke's Hospital workforce, which was shown as being 1340.

MINUTE 20 - NHS FIVE YEAR STRATEGIC PLANNING 2014-2019' ACTION 'D)

Action: Chairman / Liz Robin going forward in relation to further action lobbying Government ministers to address the serious underfunding issue in Cambridgeshire seeking funding based on population to concentrate on highlighting the massive population growth being experienced in Cambridgeshire / Peterborough as a result of the 'Growth Agenda'.

MINUTE 40 BETTER CARE FUND – 'SECOND CUT' SUBMISSION TO GOVERNMENT

Action: Rob Sanderson: to provide the slides should be made available to Members following the meeting.

Action: Simon Willson / Mathew Smith

For the report to the July meeting**:**

- That the final document should be provided as far as possible in advance and that the cut off for the consultation should be no later than the middle of June.
- More detail provided on where the monies would come from to pay for BCF and also where savings would be required from current acute services and the effect of these reductions.

MINUTE 41. NHS 5 YEAR STRATEGIC PLANNING 2014-2019

The need to hold an additional Health and Wellbeing Board in June for signing off Phase 1. Note date agreed later in meeting to be held on afternoon of 11th June

MINUTE 42. NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG - CHOICE OF LOCAL QUALITY PREMIUM INDICATORS FOR 2014/15

Action: Dr Liz Robin: To provide the full detail on the definition of "amenable to health care" outside of the meeting in terms of the indicator titled 'target of a 3.2% reduction in the potential years of life lost from causes amenable to health care',

Action: Dr Roberts: To provide a short feedback report at the next practicable meeting in relation to the outcomes from the current year's (2013/14) quality indicators.

MINUTE 43. - OLDER PEOPLE PROGRAMME UPDATE AND PUBLIC CONSULTATION ON PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES

Action: Jessica Bawden / Mathew Smith

In response to information provided indicating that while not every household had received a leaflet, 50,000 had been printed. **There was a request for more detail on the methodology which had been used to decide the households that received a copy of the consultation leaflet.**

MINUTE 44 - JOINT STRATEGIC NEEDS ASSESSMENTS (JSNA) UPDATE AND FURTHER ACTION WHEN DISCUSSING SPECIAL MEETING IN JUNE -

Action: Doctor Robin

To co-ordinate that the final drafts of the following JSNAs for the Board meeting in July should be circulated as soon as possible to Board Members in advance of the formal agenda dispatch and also to establish whether any could be considered at the additional June HWB meeting.

- Carers JSNA
- Older People's Mental Health and Adult Mental Health JSNAs
- Pharmaceutical Needs Assessment JSNA

MINUTE 46 - REPORT ON HEALTH AND WELLBEING STRATEGY ACTION PLAN PROGRESS (INCLUDING EXPLICIT PRIORITY 6 FOCUS)

Action: Kate Parker in consultation with appropriate lead officers:

a) that communications and improving engagement and creating wider networks with the Voluntary Sector should be a topic for the forthcoming HWB Stakeholder Day scheduled for 17th July.

b) To check and confirm whether the 'Service user (parent) satisfaction questionnaire response rate of only 10% was correct . on the Update on Priority 1 in Appendix A titled 'Early Support Programme' and to provide further detail of how it was planned to increase the response rate.

c) page 6 '16-18 Apprenticeship Scheme' in relation to the text reading that there had been a 5% increase in take up on the previous year, to provide details of what the actual figures were.

d) Priority 3 Update paragraph (para) 3.1 page 11 with reference to the second bullet reading 'Further develop the role of libraries for health information dissemination….' More details to be provided on how this was working at Hinchingbrooke

e) Page 11 Para 3.2 'Increase in participation in sport and physical activity and encourage a healthy diet Providing details of how the current primary and secondary schools curriculum was being used to promote the Olympic legacy. as an for a forthcoming Development Day.

Action: Rosalind Lund

f) 'Cambridgeshire Offender Strategy', to provide more information of the effect of recent legislative changes on the running of the Probation Service and the impact on offenders.

Action Executive Director: Children, Adults and Families.

g) Page 17 paragraph 4.2 titled 'Work with partners to prevent domestic violence …' To bring back the updated Domestic Abuse Strategy to a future meeting on this Board.

MINUTE 47. DATE OF NEXT ORDINARY MEETING 2.00 P.M. THURSDAY 10th JULY 2014 AND AGREEING TO HOLD AN ADDITIONAL BOARD MEETING ON 11TH JUNE

Action Alex Parr / Rob Sanderson:

- to organise a Development Day/ afternoon Health and Wellbeing Board meeting on 11th June.

- To establish if other reports could also go to this earlier June Board meeting to help reduce the size of the July Board agenda.