SHADOW HEALTH AND WELLBEING BOARD: MINUTES

Date: 16th January 2013

Time: 1400hrs – 1535hrs

Place: Kreis Viersen Room, Shire Hall, Cambridge

Present: J Bawden (substituting for S Bremner), C Bruin (substituting for A Loades), Councillor M Curtis (from item 72), Councillor S Ellington (Vice-Chairman), M Hewins, Dr N Modha, Dr D Roberts, Dr L Robin, M L Rowe, I Smith substituting for M Bowmer) and Councillor S Tierney

Also Present: M Hill (District Officer Support), A Mays (item 72) and Councillor A G Orgee (item 72)

Apologies: M Bowmer, Councillor N Clarke, A Loades and S Bremner

68. MINUTES & AGREED ACTIONS – 11TH OCTOBER 2012

a) Minutes

The minutes of the meeting held on 11th October 2012 were approved as a correct record and signed by the Chairman subject to the Senior Democratic Services Officer amending, in consultation with the representative from Cambridgeshire LINk, the first bullet of the recommendation in Minute 62. In relation to this recommendation, the Cambridgeshire LINk representative explained that Healthwatch England would establish a national database but it would not be accessible to all parties; local authorities would not be classified as an authorised body for access purposes.

The Vice-Chairman raised concerns regarding a recent Local Government Chronicle article, which appeared to indicate that the Government would restrict local Healthwatch groups from campaigning. The Cambridgeshire LINk representative reported that there had been some concern that this would prevent local Healthwatch groups from campaigning for better local service provision. However, he had recently met with Civil Servants who had confirmed that it was not the intention of the regulation to the Health Act to prevent local Healthwatch groups from campaigning on local changes but they would not be able to campaign politically. The Government would therefore be producing guidance notes to accompany the regulation.

b) Update on Agreed Actions

In considering the list of agreed actions following the last meeting (attached as Appendix 1 to the minutes), the Shadow Board noted that:

- a letter would be sent to the Department of Health (DoH) week beginning 21st January 2013 highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process. The Shadow Board was informed that there had been a delay in identifying the best person to write to the DoH.

- actions relating to the Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) would be covered by Agenda Item Number 6.

- Councillor Ellington had agreed to investigate further the funding issues from the District authorities towards core funding of the Cambridgeshire Domestic Abuse and Sexual Violence Partnership Action Plan. Councillor Ellington reported that South Cambridgeshire District Council had supported funding for the Independent Domestic Violence Adviser post but the County Council had secured other funding. The County Council had subsequently asked for the funding to be available for pooled funding to promote activities but it did not have a costed plan. As a result some funding had been used locally for victim support of domestic abuse and agreement had been reached that further funding might be available for specific projects. She also reported that Huntingdonshire District Council had reported that it had never had an ongoing Domestic Violence budget and that funding had been made available on a one-off basis for one year. Huntingdonshire Community Safety Partnership was unlikely to be able to contribute to a pooled promotional fund in future as funding was likely to be cut by at least 50% in 2012/13. She added that Fenland District Council had committed to check what funding had been provided and future availability.

- the Domestic Abuse Partnership Manager had not yet attended the Clinical Commissioning Group's (CCG) Governing Body to gain their financial support. However, the CCG had received data evidence in November regarding the pool, and the Manager was on the CCG agenda to attend a future meeting.

- the partnership business case i.e. evidence that reducing domestic abuse reduced costs for partners, was being prepared. Discussions would take place with partners once preparation work had been completed. The Shadow Board was informed that the Domestic Abuse Partnership Manager had received, as part of the process, responses from the District Forum and other partners.

- the Director of Public Health had discussed further wider communications issues with the communications team. She reported that communication support had been factored into the Business Plan process for 2013/14. The Shadow Board was informed that it would involve engaging some specific input from the County Council's Communications Team solely for the Health and Wellbeing Board; the proposal also included some specific officer support time.

69. REVIEW OF THE YEAR

The Shadow Board received a report detailing a review of its first year. Attention was drawn to the lessons learned, prior to the Board becoming statutory on 1st April 2013. The main focus of the report was on the work of the Shadow Board and its relationship with the Network. It was noted that significant partnership work to address local health and wellbeing needs had also been carried out within district based Local Health Partnerships (LHPs).

The Cabinet Member for Health and Wellbeing reported that before the establishment of the Shadow Board, there had been a complicated road map of organisations working together or in silos. The Shadow Board had tried to join up these organisations, which had taken some time, and there was still some work to do. He

congratulated all those involved on a successful year, which had built a solid foundation for going forward. The District Council representative highlighted the positive links with partners. The CCG representatives reported that they had welcomed the opportunity to work closely with the Shadow Board whilst the CCG had also been in shadow form. Unlike other colleagues in the country, they had been fortunate to have had such a developed Board.

In considering the report, the Board discussed the need to:

- improve communication in order to make it more robust. The Shadow Board acknowledged that communication was critical to prevent good work passing by unnoticed.

- engage key partners and stakeholders.

- provide improved and clear routes for local groups to access and influence the Health and Wellbeing Board. The District Council representative suggested that this could be achieved by allowing non-voting representation from each LHP. These representatives would then be able to present the health needs of each District and highlight the work of each LHP. The CCG representative reported that some of the Districts were already represented by members of the Board. He explained that as a member of the Huntingdonshire LHP, he was already representing Huntingdonshire. He suggested the need to identify those Districts, which did not currently have representation on the Board. The Cabinet Member for Health and Wellbeing reminded the Shadow Board of the need to prevent the membership from becoming unwieldy. It was therefore important to consider all options such as a member of the Board attending each LHP, holding a specific Board meeting with LHP representatives or using co-optees.

It was agreed to:

- note the progress made in developing the Health and Wellbeing Board and Network and delivering key aspects of its workplan.

- consider the key issues raised during learning and development events during the past year and actions being taken to address them.

- ask the Health and Wellbeing Support Group to consider the options for managing the links between the LHPs and the Board.

70. REVIEW OF TERMS OF REFERENCE

The Board considered a report reviewing the Terms of Reference of the Shadow Health and Wellbeing Board and Network before the Board achieved statutory status on 1 April 2013. The Terms of Reference had been amended, in consultation with the County Council's Legal Team, to reflect learning over the last year, the fact that the Board would be a committee of the County Council, and the Government's proposed regulations, which provided that any enactment relating to a committee appointed under section 102 of the 1972 Act did not apply in relation to a Health and Wellbeing Board. As the Board would be a committee of the County Council, the Terms of Reference would need to be considered by the Council's Constitution and Ethics

Committee on 8 March and then Full Council for approval on 26 March to enable them to be included in the Council's Constitution.

In considering the report, the Board discussed the need to:

- amend the membership of the Board to allow for the appointment of two Cabinet Members as opposed to naming specific portfolios.

- review Section 2 on Co-optees. The Shadow Board acknowledged that it might need to co-opt an active member of a political party to a meeting such as the Police and Crime Commissioner. It was suggested that the current wording was therefore counter productive particularly as these members were non voting members. The Senior Democratic Services Officer reported that she would work with the County Council's Monitoring Officer to amend this wording.

- clarify the implications of the Health and Wellbeing Board being a committee of the County Council formed under Section 102 of the Local Government Act. There was concern that the Board's status as a committee of the County Council clashed with point 14.3 on page 5 stating that decisions did not require ratification by Member organisations. The Director of Public Health reminded the Shadow Board that it had always been the Government's explicit policy intention that Health and Wellbeing Boards would, as a forum for collaborative local leadership, be very different to a normal local authority committee appointed under Section 102. Regulations to be laid in January would therefore remove some requirements for Health and Wellbeing Boards appointed under Section 102.

- provide an opportunity for the District Forum and the Officer Group to comment on any proposed amendments. It was noted that the Terms of Reference would need to be approved by Full Council in March before the Board achieved statutory status in April. Any further changes to the Terms of Reference would need to be approved by Full Council at a later meeting.

It was agreed to:

- recommend to the County Council's Constitution and Ethics Committee and Full Council the revised Terms of Reference for the Health and Wellbeing Board subject to the amendments to Section 1 on Membership and Section 2 on Co-optees.

- delegate approval to the Chairman and Director of Public Health to make any further recommendations, for example those arising from changes to Government regulations.

71. APPOINTMENT OF CHAIRMAN

The Board confirmed the appointment of Councillor S Tierney as Chairman of the Shadow Health and Wellbeing Board. Members were reminded that the appointment of the Chairman of the Board, from April 2013, would be determined by full Council.

72. CAMBRIDGESHIRE AND PETERBOROUGH ROAD SAFETY PARTNERSHIP (CPRSP)

The Board welcomed Councillor Tony Orgee, Cabinet Member for Community Infrastructure, to introduce an update on activities for casualty reduction. The report also included the Cambridgeshire and Peterborough Road Safety Partnership's (CPRSP) investigation of new opportunities for data sharing and targeted casualty reduction interventions that where ever possible made a positive contribution to increasing activity and long term health.

The Cabinet Member for Community Infrastructure drew attention to the generally positive situation regarding casualty reduction over the last 20 years. He highlighted the East of England Casualty Trends detailed in Appendix A, which demonstrated a downward trend over a 17 year period. However, he acknowledged the importance of not being complacent and continuing to work to reduce the figures even further. He suggested that the Shadow Board might wish to focus on road casualties on rural roads, which were worse than the national average.

The Safety Manager drew attention to the response detailed in the report to the Board's question regarding holding meetings in public. The Cabinet Member for Community Infrastructure stressed that the current arrangement would be kept under review. The Chairman queried whether at least one meeting could be held in public. The Cabinet Member agreed to take this request back to the CPSRP. In conclusion, the Safety Manager highlighted the next steps for the Partnership.

In considering the report, the Board discussed the need to:

- review why casualty figures for men aged over 65 years had increased by 17%. The Safety Manager reported that there was a certain amount of random variation in the figures but acknowledged the need for continued monitoring. The Cabinet Member for Community Infrastructure suggested that there was a need to provide a breakdown of the age range over 65 years. The CCG representative highlighted the need to identify whether the increase was health related e.g. memories failing etc.

- integrate the planned review of the CRSRP planned for April with the work to develop Action Plans for the Health and Wellbeing Strategy.

- review what speed reduction measures had worked in relation to reducing casualties. The Cabinet Member for Community Infrastructure reported that data was available before and after the introduction of highway schemes. One representative highlighted the impact of 30mph countdown signs and suggested the need to place them further back to prevent the need for braking. The Safety Manager added that the Joint Casualty Data Report would include more information about the impact of these signs. One Member commented that there had been a lot debate about reducing vehicle speeds in urban areas. However, the majority of major casualties occurred on rural roads with a national speed limit. Casualty rates were higher in urban areas but the severity of casualties in rural areas was much higher.

- consider the unforeseen consequences of speed reduction measures such as introducing speed humps. The Chairman highlighted the importance of building a broad evidence base.

- receive a map of the County detailing accident 'hot spots'.

- encourage Public Health to continue to work together with the County Council's Road Safety Team. The Director of Public Health reported that the Public Health data base was used by the Road Safety Team.

73. THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY ACTION PLAN

The Board considered an update on progress with the Action Plan for the Cambridgeshire Health and Wellbeing Strategy. Members were reminded of the six priorities contained in the Strategy. Five workstreams had been set up to produce partnership action plans for the first five priorities. All workstreams would incorporate Priority 6 – work together effectively. Each workstream included multi-agency representation led by a senior officer.

Initially each workstream had identified strategies and action plans already in place to see whether they could add value. It was expected that this process would lead to efficiencies and better outcomes. They had also identified a small number of new short to medium term actions, which reflected the key focus areas of Priority 6. Attention was drawn to further work needed to develop the Action Plan. It was noted that this work should be achievable within available resources. A long term strategy would be presented to the Board at its April meeting.

Representatives on the Board commended the Director of Public Health and all those involved in the action planning for this work. The Chairman commented that Health and Wellbeing was an enormous subject. The Board had tried to avoid making impossible promises instead it had been quietly aspirational. He welcomed the good start which had been made to achieve strategy objectives.

During discussion, the Board identified the need to:

- plan beyond one year. The CCG representative reported that he would take the report back to the CCG Governing Body for discussion.

- bear in mind the scale of the work involved. The District Council representative suggested that the Action Plan was too big to monitor and review at one meeting. She therefore proposed that a 'theme' be taken to each meeting to give the Board space and time to focus in more detail and depth on just one or two priorities. There was also a need for a co-ordinator post to support the delivery of the action plan. The Director of Public Health reminded the Board that officer time had been identified in the business planning process to support this process.

- learn and take on board the views of local communities. The Cambridgeshire LINk representative queried whether some thought had been given to this in relation to the first two priorities. He suggested the development of a metrics to enable the Board to move forward positively with communities.

- demonstrate progress over time intervals by translating the high level plan into meaningful action. The Service Director: Adult Social Care suggested that any metrics should fit with each local environment as the vehicle to achieve results could be different. She also queried where the LHP would be involved.

It was agreed to:

- note the progress being made in action planning for the Cambridgeshire Health and Wellbeing Strategy, and acknowledge the work and leadership contributed by a range of partner agencies.

- approve the initial Health and Wellbeing Action Plan attached at Appendix A as moving in the right direction, recognising that further work needed to be done as outlined in paragraph 3.3 of the report.

74. CAMBRIDGESHIRE COMMISSIONING GROUP (CCG) AND COMMISSIONING INTENTIONS

a) CCGs Commissioning Intentions

The Board received a presentation (**Appendix 2**) on Cambridgeshire and Peterborough Clinical Commissioning Group's plans from Dr Neil Modha and Dr David Roberts. Members were informed that the CCG would be informing providers of the need to live within our means, and the challenge to providers would be to stop wasting money.

During discussion, the Board identified the need to:

- bear in mind that the CCG covered both Cambridgeshire and Peterborough.

- support Proposed Indicator One – The reduction of the inappropriate use of in emergency bed days by the over 65s. The Service Director: Adult Social Care highlighted the importance of understanding the interaction between this indicator and the indicator relating to Emergency readmissions following 30 days of discharge. It was important to investigate why older people were going back to hospital. Dr Modha reported that the 30 day readmission was in the standard contract and was already an area of focus. Dr Roberts added that there was a lower tariff for readmissions, which would be even lower next year. The next CCG Board would be considering what to spend its money on so there was therefore an incentive to get this area right.

- understand in relation to Proposed Indicator One the different performance of each geographical area.

- understand whether patients were being damaged by the need to meet targets. Members noted that the targets in relation to Proposed Indictor One reflected the number of days patients spent on a ward. There was concern that releasing patients too early could result in their early readmission at a later stage. Dr Roberts reported that there tended to be a generational view that when people were ill they needed to be hospital, which sometimes resulted in them staying longer than was actually good for them. He explained that it was not good in relation to core outcomes for some patients to be immobile in

hospital waiting for days for something to happen. It was therefore important for hospitals to make things happen quicker, which might result in the shortening of emergency bed days.

- consider ways to stop older people going into hospital. It was noted that Mid Bedfordshire GPs by visiting residential homes had reduced admissions by 80%. It was important therefore to take an holistic view of health.

- consider whether identifying three priorities, which related solely to one cohort was the best way forward - for example it might be appropriate to have priorities which focus on different age groups.

- tackle the need to explain the priority on emergency bed days in a way the public would understand.

The CCG representatives reported that they would take away the Board's comments. Discussions on the three local outcomes would be taking place with the National Commissioning Board Local Team on 25 January 2013. It was noted that the CCG would need to consider how it planned to communicate its launch from shadow to statutory status. It would also need to consider how it could launch its priorities in a way the public could understand.

b) <u>NHS Commissioning Board Update</u>

The Shadow Board was informed that the National Commissioning Board Area Team was almost complete. It was noted that recruitment would end in February. The NHS Commissioning Board representative reminded the Shadow Board that emergency planning was one of the NHSCB priorities. She reported that a Director of the NHSCB Area Team would be co-chair of the Local Health Resilience Partnership for Cambridgeshire and Peterborough, together with a local Director of Public Health. It was noted that there would be a substantive Health and Wellbeing Board member from the NHSCB area team operational for April.

75. FORWARD AGENDA PLAN

The Board agreed its current forward agenda plan subject to the following amendment:

- the addition of an agenda item to ask the LHPs to provide the Board with update reports on their activities.

76. DATE OF NEXT MEETING

The Board noted that the next meeting would take place on Tuesday, 16th April 2013, 1400hrs – 1600hrs in the Kreis Viersen Room, Shire Hall, Cambridge.

Chairman

Appendix 1

AGREED ACTIONS

Minute 68 (a)

- **Senior Democratic Services Officer** to liaise with the Cambridgeshire LINk representative to amend the first bullet of the recommendation in Minute 62 to ensure it accurately reflected the current situation.

Minute 68 (b)

- **Service Director: Adult Social Care** to ensure that the Department of Health received a letter highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process.

- **Domestic Abuse Partnership Manager** to attend the Clinical Commissioning Group's (CCG) Governing Body to gain its financial support for the pooled budget to fund actions identified in the Domestic Abuse and Sexual Violence Partnership Action Plan.

- **Service Director: Adult Social Care** to ensure that discussions take place with partners once preparation of the partnership business case for reducing domestic abuse had been completed.

Minute 69

- **Director of Public Health** to ask the Health and Wellbeing Support Group to consider the options for managing the links between the Local Health Partnerships and the Board.

Minute 70

- **Senior Democratic Services Officer** to amend the Terms of Reference for consideration by the Council's Constitution and Ethics Committee and approval by Full Council. The Chairman and Director of Public Health to make further recommendations arising from changes to Government regulations.

Minute 72

- **Cabinet Member for Community Infrastructure** to ask the CPSRP whether at least one meeting could be held in public.
- **Road Safety Manager** to provide Board members with a map of the County detailing the accident 'hot spots'.

Minute 75

- **Director of Public Health** to ask the LHPs to provide the Board with update reports on their activities.