CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: **14th January 2016**

Time: **10.05 to 13.05**

Place: **Council Chamber, South Cambridgeshire Hall, Cambourne, Cambridge**

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, M Loynes, T Orgee (Chairman) and J Whitehead
Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)
Dr Liz Robin, Director of Public Health (PH)

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

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr Kathy Bennett (substituting for Dr Neil Modha)
Dr John Jones

Healthwatch
Val Moore

Also present: Jessica Bawden (Director of Corporate Affairs, CCG) and Andy Vowles (Chief Strategy Officer, CCG)

Apologies: Councillors R Johnson (Cambridge City) and L Nethsingha (CCC); M Berry (NHS Commissioning Board), J Farrow (Voluntary and Community Sector), C Malyon (Section 151 Officer) and N Modha (CCG)

173. INTRODUCTION AND DECLARATIONS OF INTEREST

Councillor Daryl Brown declared an interest in agenda item 9 (minute 181) as Lead Governor of Cambridge University Hospitals NHS Foundation Trust (CUHFT).

174. MINUTES – 19th NOVEMBER 2015

The minutes of the meeting of 19th November 2015 were signed as a correct record.

175. MINUTES ACTION LOG UPDATE

The Board received and noted the Action Log,

176. A PERSON'S STORY

The Board was read three stories of successful weight loss, told in their own words by two men and a woman who had been referred to Everyone Health's ChangePoint service by their GPs when they had sought help with weight loss, in two cases after a history of other unsuccessful attempts to lose weight. All three had been helped by the service's weight management groups, and by support and encouragement to improve fitness and increase their activity levels.

Discussing these stories, Board members

- commented on the difficulty of maintaining motivation once participation in a programme had come to an end

- noted that Everyone Health was expanding its work; it now had health coaches in the community and was able to support people for an additional year

- from a GP perspective, reported that the service had been beneficial to patients, and commented on the benefits to mental health of establishing a good relationship with food and getting back to taking exercise.

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

177. HEALTH AND WELLBEING STRATEGY – PRIORITY 3 UPDATE

The Board received a report updating members on progress with the Health and Wellbeing Strategy Priority 3: 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'. The presenter thanked her fourteen fellow contributors to the report, commenting that this list illustrated the need for a partnership approach. Priority 3 ran across the lifecourse, and linked into the Board's other priorities; a concerted approach was needed to elicit lifestyle changes.

In the course of discussion, Board members

- sought information on the effectiveness of the programmes described. Officers advised that an evaluation framework was being put in place for the Children and Young People (CYP) work; comprehensive performance data was available for the main programmes, enabling evaluation, and the information in Appendix B could be expanded for future updates to the Board

- commented on the importance of all the different partners being committed and working together in local health partnerships; there was no simple answer to encouraging healthy lifestyles and behaviours without the involvement of a wide range of people, organisations, businesses, GPs and other health professionals

- suggested it might be helpful to contact local boxing clubs to establish exercise sessions for young people; even those with disabilities or not steady on their feet could for example hit a punchbag, with benefit to both physical and mental health. Members noted that Everyone Health was already holding discussions about a pilot for teenagers with a local gym which had a box fit room and spin room

- drew attention to the difficulty, for GPs and members of the public, of knowing what was available, and knowing what the quality was of the different people and organisations offering services

- noted that there were various accreditation schemes, including a register of exercise professionals [www.exerciseregister.org] which provided a system of regulation for instructors and trainers, but there was no legal requirement for practitioners to be qualified or accredited as a condition of offering their services

- commented that information needed to be presented in an easily accessible form, and that it would be helpful to have some form of evaluation of different services on offer – was one slimming group more effective than another, for example

- noted that Fenland had recently produced a directory of services which, while not perfect, gave information on accessing at least some of the services available; other districts might wish to produce something similar

- reported that a recent Cambridge initiative to put funding into attracting girls into sport had been criticised, though there was a gender issue of thinking about a wider range of sports, given that there was already considerable support given to such traditionally boys' sports as football and boxing

- drew attention to the role of public libraries as a source of information, and the desirability of building links between the library service and the health service

- reported that new software was being installed in GP surgeries which would bring up guidance; it would be helpful to ensure that local organisations were included in that system, in particular Everyone Health **Action required**

- noted that Everyone Health had a single telephone number as its point of access, which was answered by staff who were trained to triage and guide callers to the correct service; this number had been sent to all GPs

- stressed the importance of recognising the enormous contribution made by volunteers to supporting healthy lifestyle activities, in some cases over many years

- drew attention to massive variations in lifestyle and health behaviours across the county, which should be taken into account in deciding where to direct resources

The Board noted the update.

178. PREVENTION STRATEGY FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

The Board received the final draft of the Cambridgeshire and Peterborough health system prevention strategy, which had been revised partly in the light of the Board's comments in November. The strategy focussed on initiatives to generate savings for the NHS, and attempted to estimate the likely financial savings which would result.

In the course of discussing the strategy, Board members

- suggested that it would be helpful to make it clear at the beginning of the document that all savings quoted were net savings, i.e. the saving to be made in addition to recouping the initial investment, and to say whether it would be a loss or gain to the whole system and to the individual organisation

- suggested that it might be possible to undertake a broader piece of work in the context of reviewing the Health and Wellbeing Strategy, and look from a public health perspective at for example the scope for making savings to the cost of social care from stroke prevention

- observed that it was necessary to take a balanced approach to issues, for example to remember that however beneficial breast-feeding might be, not all mothers were able to breast-feed and should not be made to feel failures as a result

- pointed out that the costs of illness or injury were not all quantifiable, and suggested that it was important not to be too heavily focussed on the financial return from prevention work

- commented that district councils had opportunities to assist, for example through falls prevention work by housing adaptations; they would be able to do more if there was more evidence that their efforts were helping prevention, which would enable an increase in the amount of public health funding to support district work further. Districts had people available with the skills to undertake prevention work, but were unable to pay them under the present system of distributing finance

- suggested that there was a role for the Board in encouraging join-up of services; there was earmarked one-off public health funding for falls prevention work, but it was proving difficult to identify effective ways of spending it without clarity on the wider falls preventions strategy across health and care organisations

- commented that the Better Care Fund could provide funding for falls prevention and for keeping people in their own homes; falls prevention benefitted the Council as well as the NHS

- expressed surprise at how small some of the savings identified in the strategy were, but noted that there were limitations to the modelling imposed by the extend of economic modelling information available.

It was resolved unanimously to endorse the Cambridgeshire and Peterborough health system prevention strategy attached at Annex A of the report before the Board.

179. PUBLIC HEALTH REFERENCE GROUP UPDATE

The Board received a report updating it on the work of the Public Health Reference Group (PHRG) and its relationship to the Health System Transformation Prevention workstream. Members noted that the PHRG, which was co-chaired by the Director of Public Health and the Chief Executive of Fenland District Council, had adopted two priorities in the current year, obesity prevention and community engagement.

Commenting on the report, a Board member expressed concern that the PHRG appeared to lack accountability in that it was developing its own strategies and

policies without taking them through any public bodies. The Director of Public Health replied that a report on the work of the PHRG would be taken to the Health Committee, because the Group was spending delegated funding from the public health budget, but oversight of the PHRG as a partnership group lay with the Health and Wellbeing Board.

It was resolved unanimously to:

- Note progress with the PHRG short term actions to address obesity/diet/physical activity, and to support implementation of key actions within their organisations.

- Endorse the Public Health Reference Group playing an active role in the partnership aspects of the Health System Transformation Prevention workstream, reporting to the Health and Wellbeing Boards and Cambridgeshire Public Service Board. .

180. COMMUNITY RESILIENCE STRATEGY

The Board received a report presenting Cambridgeshire County Council's Community Resilience Strategy and inviting it to consider whether there were principles to explore in developing a joint approach to building resilient communities; and where there might be opportunities to develop joint activity. Members noted that community resilience formed part of a demand management strategy, addressing the question of what needed to be in place to minimise the impact of withdrawing services.

In the course of discussion, Board members

- recalled earlier discussion (minute 177) about the importance of having trustworthy, readily accessible information for people about facilities and services

- suggested that, if a seminar on community resilience and joint working were held for County Members, District Councillors should be invited too

- stressed the importance of communication, pointing out that a wide range of languages were spoken in some parts of the county

- drew attention to the importance of making money go further, as was happening in the community transport work, where there was evidence of a return to CCC

- commented that the role of County Councillors as community navigators was relevant to this strategy, and noted that work was being done on developing the business case for timebanking

- suggested that it might be helpful to highlight delivery mechanisms within the strategy

- noted that the CCG was continuing to build neighbourhood teams, which could provide a structure to help implement some of the strategy's ideas

- drew attention to the importance of providing support for carers, and noted that the Adults Committee and the Children and Young People Committee were about to consider a Carers' Strategy; there was good evidence that if carers of people with dementia got together to form a support group, the point at which they could no longer provide care would be delayed.

The Service Director: Enhanced and Preventative Services offered to return to the Board in six months' time with a report setting out in greater detail the work being undertaken under the strategy. The Board's District Council support officer undertook to liaise with the Service Director on local planning in South Cambridgeshire, with the aim of avoiding duplication and identifying gaps in what was in place. **Action required**

The Board noted the Community Resilience Strategy and its implications for its work and the delivery of the Health and Wellbeing Strategy.

181. OLDER PEOPLE'S AND ADULT COMMUNITY SERVICES CONTRACT

The Board received a report updating it on the end of the contractual arrangement for Older People's and Adult Community Services in Cambridgeshire and Peterborough. The report set out actions taken to reassure patients and staff and ensure continuity of patient care.

The Board was advised that the CCG's Governing Body had recently reaffirmed its commitment to the outcomes-based approach model. The service model that UnitingCare had been rolling out in partnership with organisations was broadly the model that the CCG would wish to commission, though it was necessary to ensure that the new arrangements would be affordable. The CCG had no intention of returning to previous ways of delivering care.

The CCG's internal auditors were conducting an independent review of the termination of the contract, and would report their findings at the end of January 2016. NHS England was conducting an external review. Its timeline was unknown, but likely to be fairly rapid because other areas in the country were working towards similar arrangements for the provision of community care services.

In the course of discussion, Board members

- noted that the Health Committee was responsible for scrutiny of the NHS, and had examined arrangements for the continuation of patient care at its meeting in December, and would be looking at the termination of the contract at its meeting on 21st January, with a wide range of senior stakeholders attending

- reported, as a governor of Cambridge University Hospitals NHS Foundation Trust (CUHFT), that stakeholder assurance meetings had been held with Monitor in November 2015 and that results from the new model of care were starting to be seen, but the prospect of a deficit of around £8m to £10m in the first year was reason to terminate the contract; it could be worth social care funding that deficit to see what the result might be.

  CCG officers said that the contract had been terminated very reluctantly, because the effort put in to developing the model of care had started to show very promising results, and the model still made sense in terms of reducing emergency admissions and achieving better outcomes for patients and the health system; it was necessary to find a way of financing the model in future

- said that reports were emerging of for example non-use of intermediate care beds at Doddington Court because of such factors as changes in staff, which was annoying to local people because the beds had been provided at considerable cost by a number of partners, and asked what was being done to remedy such gaps.

The CCG Chief Strategy Officer replied that he and the Executive Director: CFAS were examining various issues including Doddington Court; he offered to share his response to the Executive Director with Councillor Cornwell **Action required**

- enquired what steps were being taken to deal with the significant deficit that UnitingCare had accumulated, and whether many staff were being made redundant as a result.

  The Board was advised that it was for the two trusts (CPFT and CUHFT) and the CCG to agree how to deal with it. The CCG and CPFT had both made great efforts to make it clear to staff that what was changing was a contractual change, not a change in services. It was important not to waste what had been developed over the past two years; the boundaries of the OPACS contract had now been removed, opening up the possibilities for conversations about new arrangements, for example without limitation to older people.

The Chairman encouraged those present to attend the next Health Committee, and requested an update on the OPACS contract at the Board's next meeting.

The Board noted the report.

182. PLANNING FOR THE BETTER CARE FUND 2016-17

The Board received a report updating it on the Better Care Fund (BCF) planning process for 2016/17, and seeking a steer on priorities and approach. Members were advised that the framework document had been received, but the full guidance, due to be released by the end of December 2015, had still not appeared. The submission deadline for the first draft of BCF plans for 2016/17 remained 8th February 2016.

The Board noted that there was a lack of certainty around various aspects, including personal budgets, whether non-elective admissions would continue to be measured through the BCF, and whether the disabled facilities grant would remain in the BCF. The termination of the Older People's and Adult Community Services contract with UnitingCare, and the new Vanguard programme, made it necessary to revisit BCF goals and ensure that funding and activity remained relevant. Cambridgeshire Executive Partnership Board would see an early draft plan on 25th January, but the first submission date preceded the Board's next meeting on 17th March, and final submission was due in April.

Commenting on the report and verbal update, Board members

- suggested that the Board should protest at the timetable for submission, which – given the delay in publishing the guidance – did not allow sufficient time for proper discussion to arrive at a considered plan **Action required**

- noted that it was compulsory to complete the plan

- suggested that it would be helpful to see the outcomes from expenditure to date

- welcomed the focus on delayed transfers of care, and suggested that, to address the difficulty of transferring out-of-county patients from Addenbrooke's, the possibility of developing mutually assured assessments of other authorities' patients should be explored

- noted that NICE had recently issued guidance on transition between inpatient hospital settings and community or care home settings

- queried how the timetable for BCF submission would fit with the examination of the OPACS contract, given that the contract was integral to BCF work. Members noted that efforts were being made to identify areas of spending common to the Local Authority and the NHS and make use of the BCF mechanism to move work forward, including work with the voluntary sector and neighbourhood teams

- objected to the habit of referring to BCF funding as 'not new money', because the BCF was about new ways of providing health and social care, and noted that this usage was a hangover from the initial announcement of the BCF as new money when it was money that had been previously committed. It was necessary to move existing budgets and systems into new ways of working

- noted that the largest block of BCF funding came from the CCG's allocation, and the vast majority of that was committed in service contracts with for example Cambridgeshire and Peterborough NHS Foundation Trust; it would only be possible to free up money by reducing the committed spend.

Based on the report and the verbal update provided, and having commented on the suggested principles for Better Care Fund planning in 2016/17, the Board resolved unanimously:

- that the Chairman would write to the appropriate person or department to protest that it was inappropriate and unacceptable to expect Health and Wellbeing Boards to work to the timeframe laid down for submission

- to recommend that other organisations, in considering their priorities for the BCF in 2016/17, bear in mind that the BCF should be regarded not as a means of maintaining the status quo but as a means of transformation.

183. PUBLIC HEALTH BUSINESS PLANNING 2016-17

The Board received a report updating it on Cambridgeshire County Council public health business planning for 2016/17; business planning was due to be discussed at Health Committee on 21st January. The report invited the Board to comment on the public health savings being proposed to meet the savings requirement of £2.7m for 2016-17, and consider how the changed approach to Joint Strategic Need Assessment (JSNA) could be approached most constructively.

Board members noted that about 85% of the public health budget was committed to external contracts. A value-for-money approach was being taken to services and efficiencies, asking questions about how services were being commissioned and what the impact of proposed savings might be on the vulnerable. However, both Healthy Fenland and Falls Prevention had earmarked non-recurrent funding.

Members further noted that substantial savings were proposed for minor projects and the staffing of the Public Health directorate, with a cut of about 23% to staff costs. As a result, It would no longer be possible to maintain the current standard of JSNAs, with their high level of complexity, detail and number of stakeholders. Instead, the proposal was to reduce delivery of JSNAs to a standard closer to the statutory minimum, which would require less input from analysts and from support staff.

In the course of discussion, Board members

- protested at the sudden change in savings requirement imposed by central government at short notice through the Autumn Statement, and the consequent need to identify efficiencies rapidly, resulting in the reduction of services to people who needed them

- suggested that identifying high-quality, easily-accessible data information sources could help to mitigate the effects of reducing JSNA work, perhaps eventually leading to the development of a dashboard of understanding of need

- expressed support for JSNAs being more tightly targeted; one of the most effective JSNAs had been that on Transport and Health, particularly on the issue of air quality

- commented that, while JSNA documentation had been superb, implementation had tended to be slow; if the scope of JSNA work was being reduced, it was important that the findings be translated promptly into service delivery by all the agencies involved

- expressed concern at the reduction in expenditure on health visiting and family nurse partnership. Members noted that the saving proposed was in percentage terms relatively small, and the possibility was being explored of achieving a better-value contract for delivery of these services

- noted that, associated with the reduction in JSNA work, it was proposed to explore the establishment of a joint intelligence unit with the CCG, building on joint work already done by the public health intelligence services in Cambridgeshire and Peterborough, and aiming to ensure widespread access to the unit's findings.

Having commented on the public health savings proposals, including the changed approach to JSNA, the Board resolved

to note the partnership workstreams through which public health business planning was progressing for 2016/17 and 2017/18, which were reported to the Health and Wellbeing Board at themed meetings.

184. FORWARD AGENDA PLAN

The Board noted the forward agenda plan, with the addition of

- a further update on the termination of the Older People's and Adult Community Services contract on either 17th March or 26th May, depending on how quickly further information emerged

- an update on implementation of the Community Resilience Strategy in July 2016.

Action required

185. DATE OF NEXT MEETING

The question of the timing of meetings in the next municipal year was raised, because Thursday morning meetings had proved difficult for some CCG representatives, but moving to other times or days would cause difficulties for other Board members. CCG officers reported that representatives had now been identified who could attend on a Thursday morning, so it was decided to continue the pattern of Thursday morning meetings for the time being. Members were asked to send any further views on meeting dates to the Democratic Services Officer.

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

- 10am on Thursday 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

Chairman

Post-meeting note:
Further meetings of the Board are planned for 10am on Thursdays

- 7th July 2016
- 15th September 2016
- 17th November 2016
- 19th January 2017
- 30th March 2017
- 1st June 2017