MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD AT 10AM, ON 31 MAY 2018 COUNCIL CHAMBER, CAMBRIDGESHIRE COUNTY COUNCIL

Committee Members Present: Councillor Holdich, Leader and Deputy Mayor Cambridgeshire and Peterborough Combined Authority (Chairman)
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Joanne Proctor, Head of Service, Adult and Children's Safeguarding Boards
Claire Higgins, Chief Executive, Cross Keys Homes
Catherine Mitchell, Director of Community Services and Integration

Officers Present: Daniel Kalley, Senior Democratic Services Officer
Paulina Ford, Senior Democratic Services Officer

Also Present: Charlotte Black, Service Director Adults and Safeguarding, Peterborough and Cambridgeshire Councils

[Note: this meeting of the Peterborough Health and Wellbeing Board (HWB) was held at the same time and in the same place as a meeting of the Cambridgeshire HWB. Separate minutes were taken of the Cambridgeshire meeting, for publication on the Cambridgeshire County Council website. The two HWBs were following a common agenda, available on both authorities' websites.

Councillor Holdich was in the chair for exclusively Peterborough items of business, and Councillor Topping, Chairman of Cambridgeshire HWB, chaired the exclusively Cambridgeshire items of business not recorded in these minutes. For the five shared items, recorded in minutes below, Councillor Topping was in the chair for items 7, 9 and 11 ; Councillor Holdich chaired for items 8 and 10 . Minutes do not distinguish between contributions from members of the different Boards.]

1. NOTIFICATION OF THE CHAIRMAN OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board noted that on 21 May 2018, the City Council had appointed Councillor John Holdich OBE as Chairman of the Peterborough Health and Wellbeing Board (HWB) for the municipal year 2018/19.

2. CHANGES IN MEMBERSHIP TO THE PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board was advised that there had been no changes to the HWB membership.

3. ELECTION OF THE VICE-CHAIRMAN/ VICE CHAIRWOMAN OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

Members noted that the Board's Standing Orders required that the Vice-Chairman/ woman be one of the Clinical Commissioning Group representatives on the Board.

It was resolved unanimously:

To elect Dr Gary Howsam as Vice-Chairman of the Peterborough Health and Wellbeing Board.

4. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

Apologies for absence were received from Russell Wate, Simon Evans-Evans, Hilary Daniels, Gordon Smith and Adrian Chapman, Joanne Proctor was in attendance as substitute for Russell Wate.

5. DECLARATIONS OF INTEREST BY MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

There were no declarations of interest.

6. MINUTES OF THE MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD ON 19 MARCH 2018

The minutes of the meeting on 19 March 2018 were agreed as an accurate record and signed by the Chairman save for Item 4 Healthwatch – Priorities ways of working across Cambridgeshire and Peterborough which has been altered from paragraph four below:

The Board were informed of a number of experiences people in the local community had of the services. Most concerns focused on the waiting times people experienced in accessing health services, the quality of care and communication from and between services. The Healthwatch Executive project based on concerns around AIS, recent projects had been on the AIS and on mental health.

The Chair of Healthwatch Cambridgeshire and Peterborough commented that there were a number of priorities and ways of working which were a key focus, including scrutinising the quality of patient and public engagement by the providers and promoting the value of the lived experience.

Members were also directed to six key priorities that Healthwatch would focus on over the coming years, which were aligned with the STP.

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

- *Members of the public struggled to grasp what the STP did or understood their role. People were starting to understand that the role of their GP was changing and how they worked with other organisations. The STP were working towards improving the perception of the work they carried out.*
- *Delayed transfer was under a lot of scrutiny. There was from data sets and challenging targets of which there was a lot of awareness of from officers and members of the public. There was a lot of work to carry out over the reluctance of some families staying in hospitals more than was necessary as this was not goof for people.*
- *Public now understood the pressures on the current system. One of the key issues was the lived experience and the issues of transferring from one service to another.*

The input from Healthwatch was having a reassuring role to the public, as well as pointing out areas of concern.

- *The STP were moving to a more locality focus with primary care on board, which would be beneficial to the local community and a step in the right direction.*

7. MODELS OF HEALTH SOCIAL CARE (GOVERNANCE) AND STP (FIT FOR THE FUTURE) PUBLIC ENGAGEMENT UPDATE

Jane Howell, a member of the public, had submitted a question on this item. It asked that the term 'public engagement' be dropped, as it usually meant that no notice was taken of what the public had said; that STP (Sustainability and Transformation Partnership) Board minutes be published in full; and that time be taken to evaluate the effectiveness of the STP before undertaking another reorganisation [question text attached as Appendix A to these minutes]. The Chairman invited Ms Howell to put her question, to which the Chief Officer of the CCG and Catherine Pollard, STP Executive Programme Director, responded, saying that

- one of the important things about the STP (Sustainability and Transformation Partnership) was that it included the word partnership; it was not about structures, but about providers and commissioners working together for better value and better outcomes for patients and the NHS

- thought would be given to the use of language in consultations, and to the appropriateness of the term 'patient engagement'

- if the STP Board seemed not to have been transparent in the past, they apologised, and would ensure that the minutes were published on the website. The Memorandum of Understanding (MOU) had been on the website since 2016, and there was a commitment to working out how to give opportunities for the public to ask questions at STP Board meetings

- the local system was committed to ensuring that care was as local as possible and delivered by integrated teams working together; it made no sense to duplicate.

The Boards received an update report, introduced by the STP Executive Programme Director, on proposed governance arrangements for the Fit for the Future Programme (the five-year plan for sustainability and transformation) and proposed public engagement.

The Programme Director emphasized that the STP was a non-statutory partnership, concerned with how organisations could work together differently to meet people's needs more holistically, and at home wherever possible. Work in recent months had included planning for 2018-19 and updating the governance arrangements, though it was important to ensure that planning did not distract from delivery. There was an ongoing commitment to increase engagement with the public, going out to listen and get feedback on how to work better with the public to co-produce better outcomes.

Discussing the report, members of the Boards

- in relation to the planned place-based listening events, commented that people disliked feeling that their comments had been ignored on previous occasions, and enquired what had been learnt from past engagement events. The Programme Director agreed that it was important to give feedback and maintain dialogue with the public. As well as STP events, the CCG and Healthwatch had been involved in communicating with the public; the place-based engagement planned would look at what the STP had been told by residents of a particular area such as Wisbech

- pointed out that the voluntary sector was a partner in the STP, and asked how the question of involving it in Board meetings would be addressed. Board members were advised that the STP would be considering widening its membership at a meeting to be held later on 31 May, and would be considering how to increase the involvement of the voluntary sector on the ground.

Mike More, Chair of CUHFT, and currently Interim Chair of the STP, acknowledged the critical importance of the points made about public engagement, and the vital role of the voluntary sector in delivering the STP. He said that the STP was committed to being more open than it had been, not only at board meetings but also more widely. Recently, the STP Board had been extended to include representation from local councils in order to strengthen the dialogue with local government; involvement of primary care in the STP was also important

- noted that there was still one Sustainability and Transformation Partnership, even though the STP was moving towards more place-based arrangements around the referral patterns for the two main hospitals

- enquired when the three-year road map would be available, and how it was proposed to capture the views of people who preferred to use social media as their means of engagement. Board members were advised that work on the road map was continuing over the summer, before bringing it to the HWB in autumn as part of the quest for public sign-off of the road map.

On public engagement, the Programme Director said that the next STP meeting would receive a report on how all the engagement strategies were to be linked across the different partners, including the use to be made of social media

- pointed out that the majority of the population knew very little about the STP; it was necessary to set out the basic facts of why it existed and what its aims and objectives were. The Programme Director said she would feed this point back to others working on engagement

- noted that work was continuing to redesign other services such as mental health at system level

- asked what the linkage was between the STP and the Better Care Fund (BCF), given that both were trying to keep people out of hospital, and the BCF had significant funding available for this purpose; there could be a risk of two silos not working together. The Programme Director said that the BCF was funding a number of STP projects, and care was being taken that there should be no duplication of effort. In relation to governance, the BCF and the STP, within their statutory responsibilities, were going to make efforts to see how they could join up, as well as how to work more closely with their South Lincolnshire neighbours.

The Chief Officer of the CCG said that the STP was moving into the delivery phase, and was working out what services were appropriate and then how to fund them, and how to provide value for money regardless of the source of the money.

- commented that a lot of attention had been paid to the anatomy of the system, and everything had to be in place, but what was important was the physiology, how the system all worked and what the outcomes were for patients. It was necessary to think carefully about the language used and to focus on what the STP was doing. The system also crucially required nutrition; it required finance. The Programme Director

agreed that it was important to change the language used, and to present stories around the purpose of transformation

- recalled that there had been four points previously identified where improvement had been needed (the transparency of the STP Board, its meetings and its documents, and patient representation on delivery groups) and suggested that a forum, such as a demographically-representative panel, was needed to explore public values and issues round the healthcare system and have input into the STP. The Programme Director undertook to pursue the four points, including the engagement strategy

- commented that public engagement could give rise to huge expectations, and that success in the partnership depended on housing and transport, and on the fabric of the community if people were to be looked after in their own homes; it was necessary therefore to involve all tiers of local government in the STP. The Programme Director said that it was important to think about how to engage, on a smaller scale than the north-south footprints or the district council areas. She acknowledged the importance of transport, particularly for frail people, and reminded members of the recent establishment of the Living Well Partnerships.

The Chairman requested that detailed information about public engagement be brought to the next meeting of the Cambridgeshire HWB.

The Peterborough Health and Wellbeing Board resolved unanimously to:

a) Note the changes in Governance proposed for the Cambridgeshire and Peterborough STP

b) Note the proposed public engagement for the Cambridgeshire and Peterborough STP.

8. UPDATE ON THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE AND LOCAL AREA CARE QUALITY COMMISSION INSPECTION

The Boards received a report from the Councils' Service Director Adults and Safeguarding giving an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) and the Better Care Fund (BCF) across Peterborough and Cambridgeshire. The report appendix, from the CCG's Discharge Transformation Director, provided an update on the Discharge Transformation Programme and proposals to develop formalised programme governance structures.

Members noted that DTOCs performance had recently improved considerably and was getting much closer to the target level, using a combination of the BCF and the improved BCF, as well as working to prevent the need to go into hospital in the first place. The CCG and its partners had developed an integrated discharge function. Work was being done with hospitals to tighten up discharge procedures, with CPFT to improve support at home, and with care homes to reduce hospital admissions from the homes, and efforts were being made to increase homecare capacity; the organisations were all working as one team to reduce DTOCs.

Turning to the second recommendation in the report, Board members were advised that it now seemed likely that the Care Quality Commission (CQC) would conduct a local system area review in the autumn, later than had initially been anticipated. In preparation for that review, it was proposed that the Local Government Association (LGA) be invited to conduct a time-limited peer review on how the local system performed against specific Key Lines of Enquiry (KLOEs).

Discussing the report and appendix, members of the Boards

- welcomed the current improvement in DTOCs figures, and the proposal for the LGA peer review

- enquired how the Integrated Commissioning Board would fit into the proposed governance structure for the Discharge Transformation Programme. The CCG Chief Officer said that this was an example of an area where there were multiple layers of governance, and their interrelationship was still to be resolved. DTOCs was such an important issue that all the Chief Executives were acting together; it was important to focus on the outcome of the programme as well as its structure

- were advised by the Councils' Executive Director, People and Communities that dealing with DTOCs had been a challenge; every organisation involved was facing unprecedented financial difficulties, but they had improved how they worked together with the shared aim of achieving the best possible results

- commented that, to make the position clearer for the public, the report should have set out the major challenges being faced by the health and care system much more prominently, and in very clear language, rather than merely mentioning them in passing (at paragraph 2.6)

- while welcoming the peer review, pointed out that the KLOEs as currently listed included a large number of closed questions. In the present challenging and difficult journey of transformation, yes/no answers were unlikely to be readily obtainable or very useful; instead, it would be better to remove the closed questions and ask what progress was being made and how far it had got

- sought further information on Cambridgeshire's two pilot Neighbourhood Care Teams. The Service Director reported that the pilots were going well, and were moving to evaluation. Evaluation would look at the costs and benefits of the pilots, which aimed to reduce the cost of care by promoting care in the local community. Social care staff were linked in to the teams in a variety of ways, but the place-based approach was being taken very seriously. CPFT, the CCG, and local authorities were all being involved in this approach, as was, in Peterborough, the Greater Peterborough Network [of GPs and GP surgeries].

The Peterborough Health and Wellbeing Board resolved unanimously to:

a) Note and comment on the report and appendices

b) Give formal agreement to proceed with a Peer Review.

9. DEMENTIA STRATEGIC PLAN

The Boards received a report presenting the joint All Age Dementia Strategic Plan 2018 – 23 for endorsement. Members noted that the aim of the plan, drawn up by the Head of Mental Health (Commissioning) was to improve outcomes, experience and the cost-effectiveness of services for people living with dementia and their carers, and to identify strengths, weaknesses, and opportunities for redesign of support services, basing spending on evidence. There were differences in the dementia services available in Cambridgeshire and in Peterborough.

In the course of discussion, Board members

- pointed out that, while people with dementia might be coping at home, problems increased when in a strange environment such as hospital; the plan omitted any mention of support for people in hospital with dementia. The Head of Mental Health acknowledged the omission; she had had neither time nor the necessary links with healthcare to address the topic. Work was now being undertaken on support for people in hospital with dementia; Addenbrookes for example had a dementia champion for each ward

- welcomed the positive statements about the standards that were expected, but said that it would have been helpful to include commitments to act in the action plan, such as, on diagnosing well, a commitment from the primary care sector to take steps to diagnose, and to work with for example Neighbourhood Cares partners. It was pointed out however that the strategic plan was not an independent entity but was made up of component parts; primary care was embedded in the diagnosis of dementia, and if the action plan were to include what every component part was to do, it would become excessively long

- commented that Peterborough had probably been one of the first areas in the region to open a dementia resource centre, concerned with early diagnosis and treatment. This had been a City Council initiative with input from the Alzheimer's Society

- said that it was important to push for change, in that dementia was not currently being regarded as a medical condition in terms of funding and treatment. As the population aged, the incidence of dementia would increase, and no progress would be made while it was treated as a feature of old age rather than as a serious medical condition

- reported that Ely had recently decided, with the Dementia Alliance, to become a dementia friendly city; it was important to make fundamental changes to the system, and not merely to increase funding, and to record and share information about what was being done

- expressed disappointment at the lack of information in the strategy on the prevention of dementia, although it was mentioned in the Well Pathway for Dementia, and said that Public Health, despite its limited resources, should be doing a lot of preventative work

- pointed out the omission of hearing loss as an increasingly-recognised risk factor for dementia; hearing loss was known to be linked to social isolation, inactivity and obesity, all of which could contribute to the development of dementia

- stressed the great importance of social connectivity in preventing dementia, along with the importance of other factors, such as good housing and a dementia-friendly community, which might have good pavements and a friendly atmosphere. The Head of Mental Health said that the action plan set out key health actions; it would be possible to widen it to cover more, for example greater detail on the breadth of Public Health activity, and to include hearing loss as a risk factor. The Director of Public Health added that the dementia strategic plan was linked closely into the core public health programme, including healthy living, and the prevention of cardio-vascular disease.

The Peterborough Health and Wellbeing Board resolved unanimously to:

a) endorse the Dementia Strategic Plan.

10. LIVING WELL PARTNERSHIPS UPDATE

The Boards received a report updating them on the development of the Living Well Partnerships (LWPs) and the future alignment with the Community Safety Partnerships (Cambridgeshire) and the Safer Peterborough Partnership (Peterborough).

Members noted that in Cambridgeshire, the LWPs had replaced both the Area Health Executive Partnerships, which had been established as part of the STP process, and the Local Health Partnerships. These two sets of partnerships had not covered the same geographical areas, and their membership and topics covered had overlapped, leading to duplication of effort. Instead, three Living Well Partnerships had now been established, for Cambridge City and South Cambridgeshire, for Huntingdonshire, and for East Cambridgeshire and Fenland; the new groups had already met twice. The possibility of working more closely with the Community Safety Partnerships was being explored, including the alignment of meeting dates and agenda items for discussion.

Discussing the report, members of the Boards

- congratulated and thanked Cathy Mitchell, CCG Director of Community Services and Integration, and Mike Hill, South Cambridgeshire Director of Health and Environmental Services, for their hard work to bring the LWPs together

- enquired how the LWP areas aligned with the STP's north-south geography based on hospital footprints [minute 75 above refers]. Members were advised that this difficulty had already become apparent; it was necessary to look carefully at how the footprints of LWPs and of Community Safety Partnerships related to each other and the STP areas, to avoid creating problems for all the partners involved in them. The STP's north-south related to aligning services and patient flows into acute hospitals, but there were key areas where providers needed to work together round local communities, using all available resources and partners

- commented on the integral importance of community safety, and drew attention to the almost complete lack of community policing in the rural villages of South Cambridgeshire, where some residents, including older men, were saying that they did not feel safe to go out of their houses, in view of the levels of crime and the apparent lack of police response, and asked how this could be factored in to Living Well deliberations.

It was suggested that the question would need to be asked of the South Cambridgeshire representative on the Community Safety Partnership. The Executive Director, People and Communities, undertook to ask the Service Director: Community and Safety to follow this up with colleagues in the district and report back to the member who had raised the point.

Action required

Another member commented that feeling safe formed an important element of the Joint Strategic Needs Assessment (JSNA), so the point about policing was relevant to the JSNA

- expressed the voluntary sector's thanks to officers and welcomed the inclusion of the sector in the LWPs. Contrary to fears that it could have been lost in the new structure, the voluntary sector had got a role and a vital part to play in the LWPs

- queried the logic behind putting East Cambridgeshire and Fenland together in one LWP, apart from their being left over from the other two partnerships. The Director of Community Services and Integration said that the district councils had decided to have a combined meeting because the core of the agenda was common to both areas, and they would allow space on the agenda for more local items. There had only been one such meeting so far, but she undertook to feed the comment back.

Action required

The Peterborough Health and Wellbeing Board resolved unanimously

a) To note that the previous Area Executive Partnership Board has been renamed as the Living Well Partnership and adopted the Terms of Reference.

b) To note that the Safer Peterborough Partnership (Strategic Group) will meet with the Peterborough LWP on a quarterly cycle from July 2018.

11. JOINT WORKING BETWEEN CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

The Director of Public Health introduced a report summarising progress to date in developing joint working across the two HWBs, identifying issues which needed further exploration, and clarifying options for a joint sub-committee of the two Boards.

Members noted the recommendation to approve the joint JSNA core dataset; it would be more convenient for CCG and STP partners if they had only one assessment to look at for Cambridgeshire and Peterborough. On joint working, the proposal was to hold a further development event for members of both Boards. Approval was also being sought for officers to work towards a joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough; the Cambridgeshire strategy had been extended to align with the end date for the Peterborough strategy.

The Executive Director, People and Communities, gave a presentation [attached to these minutes as Appendix B]. She urged members of both Boards to focus on the benefits of joining together, rather than on the structural problems, and asked all partners in the health and social care system to look at matters from each other's perspective, and to resist the temptation to shunt costs away from their budget and on to that of another organisation.

In discussion, members of the Boards

- urged fellow members to implement the proposals towards joint working, in order to reduce duplication of effort by officers

- sought reassurance that the distinct differences of population and demography between Peterborough and Cambridgeshire would be respected under any joint working arrangements; living in Peterborough was a very different experience from living in Ely. The Executive Director said that the basis for the joint working was place-based care. Needs were very different both between and within districts; the aim was to look at the commonalities and work jointly where it made sense to do so, for example in infrastructure and back office functions

- commented that a particular issue for Cambridgeshire HWB was that it had an unusually high level of participation by the District Councils, with representatives from all five councils on the Board; one concern with adopting a different model would be to ensure that the district input and representation was not lost

- expressed support for the Executive Director's presentation; it was absurd for officers to be going to different places to give the same presentation when it could be presented once under different working arrangements.

The Peterborough Health and Wellbeing Board resolved unanimously to

a) Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset 2018

b) Note progress to date on joint working between the two Health and Wellbeing Boards (HWBs).

c) Endorse a further period of work with HWB Members and stakeholders on the membership and role of a joint Sub-Committee

d) Approve moving forward with scoping work on the feasibility of a Cambridgeshire and Peterborough joint Health and Wellbeing Strategy for delivery in 2019.

12. PETERBOROUGH HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Board noted its forward agenda plan.

Chairman
10am – 12pm

Appendix A

Questions for Cambridgeshire & Peterborough the Health & Wellbeing Boards
Thursday 31st May 2018
Reference Agenda Item 14
Models of Health Social Care (Governance) and STP (Fit for the Future) Public Engagement Update
Submitted by: Jane Howell

Background
For the benefit of Peterborough Board members and others: The meeting in Cambridge in February 2018 seemed to signify a breakthrough in communication with the public. Up until then residents had been kept completely in the dark about the terms of agreement between NHS England and the County Council including in particular the commitment to the STP.
Introduction of two documents, the Memorandum of Understanding and Governance Framework into the public domain was a welcome but belated start. Much had been made of adherence to the Nolan Principles which were quoted in that particular Governance Framework document, which relates to holders of public office being as **open as possible about their decisions and actions,** and that reasons should be given for those decisions. The only interest being protected here by the County Council was that of NHS England not the constituents of Cambridgeshire. I acknowledge that the majority of councillors may not have been happy with this situation, but went along with it.

Hurrah, almost two years on from the start of the STP the decision has been made 'to work towards holding meetings in public'. However no mention has been made yet to allow the public to actually ask questions.

Q.1 Would you please drop the description "public engagement" this generally means in NHS parlance that you talk at us but do not listen or do listen but take no notice. If the STP Board believes in what it's doing, be open and at least share it with the public at large not just a selected group.
The document states; that previous STP Board meeting minutes have been published on the Fit for the Future website: On checking this morning 29th May, the message came up "We're sorry but the page you're looking for may not exist or may have been moved".

Q.2 If STP Board minutes are going to be published. Could you ensure that they are published in full and not edited?

I will re-iterate what I said in February that it has been very sad and worrying watching the decline in the NHS over the last 12 months. The health service was struggling with patient demand prior to the changes brought about by the introduction of the STP. The Health Foundation quotes a 13% increase in senior NHS managers between October 2014 and April 2017 but only 1.1% increase in nurses. Nurses are needed more than managers.

Q.3 Given that the NHS is in a more fragile state than this time last year and patient safety is paramount will the Board consider allowing more time for the NHS in Cambridgeshire and Peterborough to stabilise. The effectiveness of the STP needs to be evaluated before taking the risk of imposing yet another reorganisation?