

**Joint Cambridgeshire and Peterborough
Health and Wellbeing Board / Integrated Care Partnership**

Date: Friday 19th January 2024

Time: 10.30 hrs – 12.30 hrs

Venue: Red Kite Room, New Shire Hall, Alconbury Weald, Huntingdon PE28 4YE

Agenda

Open to the Public & Press

1.	Welcome & Apologies ▪ Declarations of interest: Guidance on declaring interests is available at: Declaration of Interest	Chair	10:30
2.	Minutes of the Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership 20 th October 2023	Chair	
3.	HWB ICS Strategy Priority 1 – Childrens Update ▪ For update	Raj Lakshman	10:35
4.	Pharmaceutical Needs Assessment - Supplementary Statement ▪ For decision	Iain Green	11:25
5.	Update on Community Pharmacies ▪ For update	Sati Ubhi	11:40
6.	Better Care Fund Q2 Reports ▪ For update & approval	Caroline Townsend Leesa Murray Sandra Pedley	12:00
7.	Corporate Update ▪ Strategic/Update	Martin Whelan	12:25
8.	▪ For information only		

For more information about this meeting, including access arrangements please contact.

Name/Post: Martin Whelan, Head of Governance and Data Protection Officer Email:

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Joint Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership

Date: Friday 20 October 2023
Time: 1:00 pm
Venue: Red Kite Room, New Shire Hall, Alconbury Weald, Huntingdon PE28 4YE

MINUTES

Present:

Members:

John O'Brien	ICB Chair (Chair)
CLlr Jackie Allen	Cabinet Member for Children's Services and Education, Peterborough City Council
Jyoti Atri	Director of Public Health, Cambridgeshire County Council and Peterborough City Council
Kit Connick	ICB Chief Officer Strategy and Partnerships
Julie Farrow	Voluntary and Community Sector Representative
Stewart Francis	Cambridgeshire and Peterborough Healthwatch Chair
Debbie Glover	Representative of Executive Director for Adults, Health and Commissioning, Cambridgeshire County Council
CLlr Richard Howitt	Chair of Adults and Health Committee - Cambridgeshire County Council
CLlr Ishfaq Hussain	Cabinet Member for Adults and Public Health, Peterborough City Council
Dr Nik Johnson	Mayor of Cambridgeshire and Peterborough
Dr James Morrow	Primary Care Representative (South)
Jan Thomas	ICB Chief Executive
CLlr Susan van de Ven	Vice-Chair of Adults and Health Committee (lead member for HWB) – Cambridgeshire County Council

Present (Virtually):

Mary Elford	Chair of Cambridgeshire Community Services NHS Trust (CCS)
Vicki Evans	Cambridgeshire Constabulary
Paul Medd	Chief Executive of Fenland District Council and District Council representative (North)

Liz Watts Chief Executive of South Cambridgeshire District Council and District Council representative (South)

Officers and others present:

Richenda Greenhill	Democratic Services Officers, Cambridgeshire County Council
Chris Hill	Senior System Workforce Programme Lead, ICB
Dan Horn	Head of Housing & Community Support, Fenland District Council
Julia Nix	Job Centre Plus, Service Leader
Kate Parker	Head of Public Health Business Programmes, Peterborough City Council and Cambridgeshire County Council
Vicki Peacey	Public Health Consultant - Population Health Intelligence, Peterborough City Council and Cambridgeshire County Council
Michelle Rowe	Democratic Services Manager, Cambridgeshire County Council
Naomi Siakpere	Corporate Governance Administrator, ICB
Dr Emily Smith	Public Health Consultant - Older People, Adult Social Care and NIHR Research Links, Peterborough City Council and Cambridgeshire County Council
Val Thomas	Deputy Director of Public Health Cambridgeshire: Public Health Commissioning, Health Improvement, Prevention and Communities, Peterborough City Council and Cambridgeshire County Council
Emmeline Watkins	Deputy Director of Public Health Peterborough: Health Protection, Health in all Policies, Public Health Intelligence, Peterborough City Council and Cambridgeshire County Council
Martin Whelan	Head of Governance and Data Protection Officer, ICB
Michael Wood	NHS Confederation

1 Apologies for Absence and Declarations of Interest

Apologies for absence were received from Ged Curran (ICB), Louis Kamfer (ICB), Rob Bridge (Cambridgeshire and Peterborough Combined Authority), Patrick Warren-Higgs (CCC), Prof Steve Barnett (NWAFT). Dr Mike More (CUH), Eileen Milner (CPFT), John Wallwork (RPH), Pier Ricketts (EAHSN) and Daryl Preston (Police and Crime Commissioner).

The Chair welcomed the new Peterborough City Council Co-Chair Cllr Ishfaq Hussain.

No declarations of interest were received.

1.1 HWB/ICP Terms of Reference

The meeting received the draft updated term of reference.

There was agreement that the way in which Primary Care representatives were presented on the membership list should be reviewed.

It was agreed subject to resolution of the Primary Care issue, to recommend approval to the terms of reference to the Full Councils of Cambridgeshire County Council and Peterborough City Council.

1. Minutes of the Cambridgeshire and Peterborough Joint Health and Wellbeing Board and Integrated Care Partnership 21 July 2023

The minutes of the meeting on 21 July 2023 were agreed as an accurate record.

Business Delivery

2 HWB ICS Strategy Priority 3

The Joint Health and Wellbeing Board/ Integrated Care Partnership received several update presentations on priority 3.

The Chair welcomed the presentations and invited comments from attendees. The following points were raised.

- It was recognised that employment had potential positive mental health benefits.
- In relation to housing, the possibility of increasing the utilisation of communication networks to promote the positive benefit of improving housing was suggested.
- Comments were invited on the approach to international recruitment. The meeting noted that whilst there was capacity to accommodate on a short term basis single occupancy, that there was a significant challenge in ensuring the availability of suitable, safe and affordable longer term accommodation.
- Affordability of suitable housing stock for the broader health and care sector was also highlighted, particularly as pay levels were generally lower in the care sector. The importance of also aligning workstreams together and avoiding a 'silo' based was agreed to be important.
- The Cambridge 2040 announcement made by the Secretary of State, which proposed a significant level of growth for the area was referenced. Clarification was requested as to what extent, were the approaches outlined intended to address the potential challenges this development may generate. In response it was indicated that at this stage the 2040 proposals were not defined, therefore the approaches outlined in the presentation were designed to address the short- and medium-term challenges. Assurance was provided that the ICB would be fully engaging in discussions as the proposals develop.
- In relation to employment and housing the meeting acknowledged the amount and scale of work in this area, however the importance of ensuring that new initiatives were genuinely new rather than rebadging existing work was emphasised. Examples of new work such as the development of the damp wall checklist were highlighted.
- Clarification was requested on the extent to which DWP could vary the nature and approach to service provision in Cambridgeshire and Peterborough, in comparison to neighbouring areas. The meeting noted that a certain degree of flexibility existed to vary approaches to service provision between areas.
- Reference was made to the significant development of hybrid working as a result of the pandemic, and it was questioned whether this could support additional individuals back into the workplace. Confirmation as provided that the flexibilities were being used in a positive way to encourage people into employment.
- There was agreement that the promotion of volunteering should be a key element of the employment theme.
- The Co-Chair highlighted the ongoing four day working week trial at South Cambridgeshire District Council and the positive benefits observed to date.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted the progress update in relation to priority 3.

3 Overarching JSNA for Cambridgeshire and Peterborough

The Joint Health & Wellbeing Board and Integrated Care Partnership received a report on the Overarching JSNA for Cambridgeshire and Peterborough.

The meeting noted that the intention was to move from a static to interactive format. The meeting noted that two revisions to report.

- Updating the reference to Cambridgeshire Insight to read Cambridgeshire and Peterborough Insight.
- Reducing the number of key facts from five to four.

The following points were raised in discussion.

- Members welcomed the development session held earlier in the day. The possibility of future iterations clearly highlighting changes was suggested.
- Clarification was provided that the timing of the Supplementary Statement – Pharmaceutical Needs Assessment was to be confirmed, and that it was noted that whilst closely aligned was separate to the JSNA.
- Reference was made to the discussions in the development session. The meeting acknowledged that there was no immediate capacity for developing new work streams in relation to the JSNA, but assurance was provided that points raised which related to the existing work programme would be incorporated into the ongoing development of the JSNA.

The Joint Health & Wellbeing Board and Integrated Care Partnership agreed to;

- a) To approve the development of a dynamic overarching JSNA for 2023 in accordance with the Health and Wellbeing Boards statutory responsibilities.
- b) To approve the 2024 Cambridgeshire and Peterborough JSNA workplan.

4 Learning Disability Needs Assessment

The meeting received a report regarding the Learning Disability Needs Assessment.

The following points were raised in the discussed.

- Clarification was requested on the reference to respiratory conditions and associated increased mortality. The meeting was advised that these conditions were a leading cause of mortality and addressing the inequalities of service provision was actively being considered.
- Members commented on the different diagnostic pathways across the system and requested further information on the reasons for the differential approach. It was noted that the pathways had developed organically overtime and to date no clear reason for the differential approach had been identified, however assurance was provided that the pathways were actively being reviewed.
- The absence of explicit reference to transitional issues from children to adult services was questioned. In response it was noted that the approach to date had been aligning the needs assessment to the existing structures, therefore a degree of compartmentalisation of the issues had been required.
- With reference to GP Annual Health Checks, the importance of ensuring that the quality of the process was also focussed on alongside the actual completion rate was agreed.

- The work to date was welcomed, however it was agreed that it was important that the needs assessment fully reflected the range of services available including those provided by charities and the third sector.
- The significant progress made in recent decades, with improving the experience for individuals with learning disability was welcomed. It was acknowledged that historically these individual potentially had a poor experience of the health system, and whilst improvements had been made there was still significant scope for progress.
- Clarification was requested on the proposed timeline for the development of the needs assessment. Attendees noted that the intention was to report back in around 12 months, however it was agreed that an action plan would be presented in the interim with the timing of that update to be agreed.

During the discussion Dr Nik Johnson declare an interest as a patron of Eddie's.

The Joint Health & Wellbeing Board and Integrated Care Partnership agreed to;

- a) Endorse the recommendation within the health needs assessment.
- b) To agree that the full recommendations would be presented in 12 months, with an interim update to be scheduled.

5. Council for Voluntary Service (CVS) and Voluntary Community Social Enterprise (VCSE) Health Alliance: One Year On

The Chief Executive Cambridgeshire CVS and the Health Alliance Programme Director introduced the report.

The meeting received a presentation on the work of alliance to date and the following points were made.

- The CVS was responsible for facilitating and supporting the sector, with a particular emphasis on addressing health inequalities in deprived communities.
- Funding has been provided to deliver innovative projects. The intention was to replicate where practical successful projects across the system.
- Funding has also been used to enhance data collection within the sector.
- Two volunteer portals one for Cambridgeshire and one for Peterborough were in process of being soft-launched, with a full launch planned for January 2024.

The following points were raised in the discussion.

- Clarification was request on the launch of the volunteer portal and whether it would offer a single front door for potential volunteers and organisations seeking volunteers. The meeting noted that two separate portals were in the process of being soft-launched, with a full launch planned for January 2024.
- £2m has been invested into the Healthy Futures Fund. It was highlighted that over 50 bids had been received and these were currently being evaluated.
- Attendees recognised the importance of providing consistency to the sector, and where possible moving away from the approach of successive short-term pilots rather than funding for established successful projects. It was also acknowledged that engagement with the sector should be early enough in the development of projects and programmes to be meaningful.
- The District Council representatives were invited to comment on the engagement of the sector. In response, the positive engagement developed during the initial phases of the

pandemic was welcomed however it was acknowledged that the capacity to maintain this had, on occasions, been a challenge. There was also agreement that it would be beneficial to have a greater alignment between the 'asks' and 'offers'.

It was agreed to note the progress described in the report and presentation.

6. HWB ICP Forward Agenda Plan

The Joint Health & Wellbeing Board and Integrated Care Partnership received and noted the forward agenda plan.

7. AOB

The Director of Public Health highlighted the current ongoing consultation regarding smoking. The meeting noted that the consultation was scheduled to close on 6 December 2023.

The key theme was to encourage a smoke free generation, this makes it illegal for anyone who is 14 years to purchase a cigarette, as well as tackling vaping,

It was agreed that as the deadline was ahead of the next meeting, that the consultation response would be approved by the Co-Chairs following consultation with the members.

8. Date of the next meeting

The date of the next meeting was confirmed as Friday 19 January 2024 at 10:30 am.

Author: Martin Whelan, Head of Governance and Data Protection Officer
1 November 2023

Email: cpicb.icsgovernanceteam@nhs.net

Meeting Closed: 15:30

Report title: Progress Report Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives

To: Cambridgeshire and Peterborough Joint Health & Wellbeing Board / Integrated Care Partnership

Meeting Date: 19th January 2024

From: Matthew Winn (Chief Executive – Cambridgeshire Community Services NHS Trust),
Jonathan Lewis (Director of Education – Cambridgeshire County Council)

Outcome: This paper is to provide the Joint Health and Wellbeing/Integrated Care Partnership (HWB/ICP) Board with a progress update on the action plans for delivering the ambitions for Priority1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives. It will provide assurance that progress is being made against the objectives set for 2023/24.

Recommendation: The HWB/ICP is asked to

- a) Agree the targets and consider the progress described in the report.
- b) Identify how the Joint HWB/ICP Board and wider system can provide support to some of the challenges and next steps described in the report.

Officer contact:

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Member contacts:

Names: John O'Brien (ICP), Councillors Ishfaq Hussain (PCC) & Susan van de Ven (CCC)

Post: Lead Members for Health and Wellbeing

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Susan.vandeven@cambridgeshire.gov.uk

Tel: 07592 594776 and 01223 706398 (office)

1. Background

- 1.1 The Joint HWB/ICP Board has requested that each of the priority areas provide an update on progress against the delivery of their action plans.
- 1.2 This report describes the progress that has been made against the 2023/24 deliverables and actions plans for the delivery of Priority 1: 'Ensure our children are ready to enter education and exit, prepared for the next phase of their lives'. Presentations will made to the board and circulated beforehand.

2. Main Issues

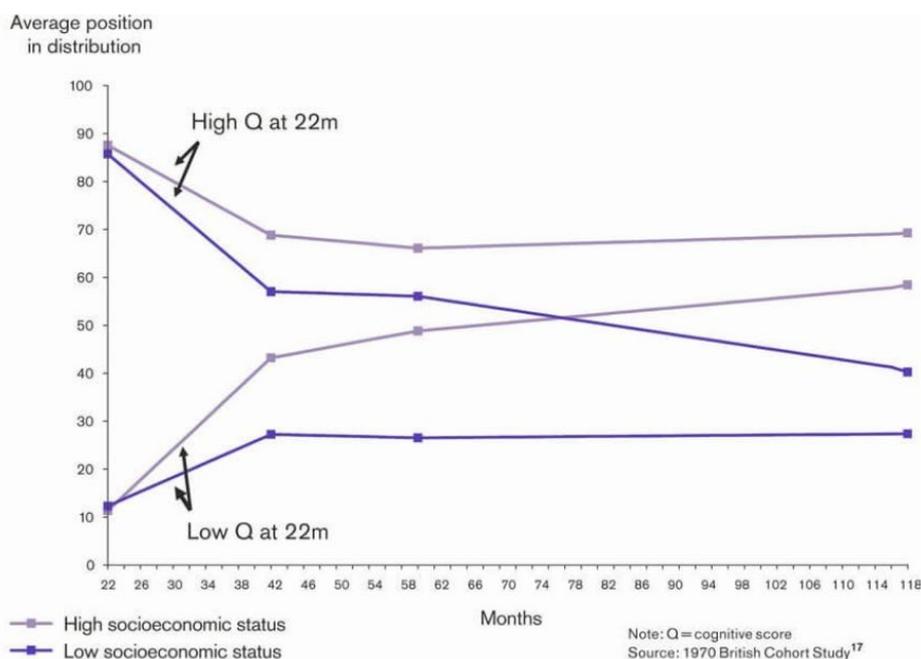
- 2.1 The long-term ambitions for Priority 1: 'Ensure our children are ready to enter education and exit, prepared for the next phase of their lives' have been defined and the following outcomes identified.
 - 1. Increasing the percentage of children achieving a good level of development at the end of Reception (GLD/School Readiness). Suggested targets: Cambridgeshire to reach 70.8% (from 65.8%) by 2029/30; Peterborough to reach 70% (from 60.7%) by 2029/30.
 - 2. Reducing the proportion of 16- and 17-year-olds who are Not in Employment Education or Training (NEET). Suggested targets: Cambridgeshire to reach 2.0% (from 2.9%) by 2029/30; Peterborough to reach 3.0% (from 5%) by 2029/30.
 - 3. Reduce inequalities in both these outcomes.

Entering Education: Improving GLD/School Readiness

- 2.2 The actions relating to this priority are co-ordinated through the Family Hubs Board which had already been established and has been strengthened as a result of ~£3 million National funding in Peterborough. A conference was held on 10th January 2024 which was attended by 180 delegates from across the partnership.
- 2.3 'School readiness' is the preparedness of children to enter the formal education system at 4-5 years old. Influences on school readiness start before birth, with the socio-economic circumstances, mental and physical health of mothers affecting the outcomes of their children. Offspring of mothers with mental ill-health are five times more likely to develop mental illnesses themselves and adverse perinatal mental health experiences have greater impact than adverse experiences in other periods.



High-quality early years education also improves readiness to enter formal education. It is associated with improved cognition, sociability and concentration when starting school, and the investment is recouped by better attainment, future productivity, and employment, (as well as a reduced attainment gap for low-income children). The home-learning environment, including both the built environment and the activities children and their caregivers engage with, also impacts development, with a greater influence on intellectual and social development than either parental income or occupation alone. Good parenting itself has a greater impact on life chances than income, education and socioeconomic class which are all interlinked leading to inequalities becoming entrenched early in life. The figure below shows that by the age of 6 years (74 months), children from higher socio-economic groups, who had been classified as 'less bright' in tests at 22 months, performed better in tests of cognitive ability than children classified as 'bright' at 22 months from lower socio-economic groups. This early disadvantage for children in lower socio-economic groups goes on to predict final educational outcomes.



Exiting Education: Reducing the proportion of young people who are Not in Employment, Education or Training (NEET)

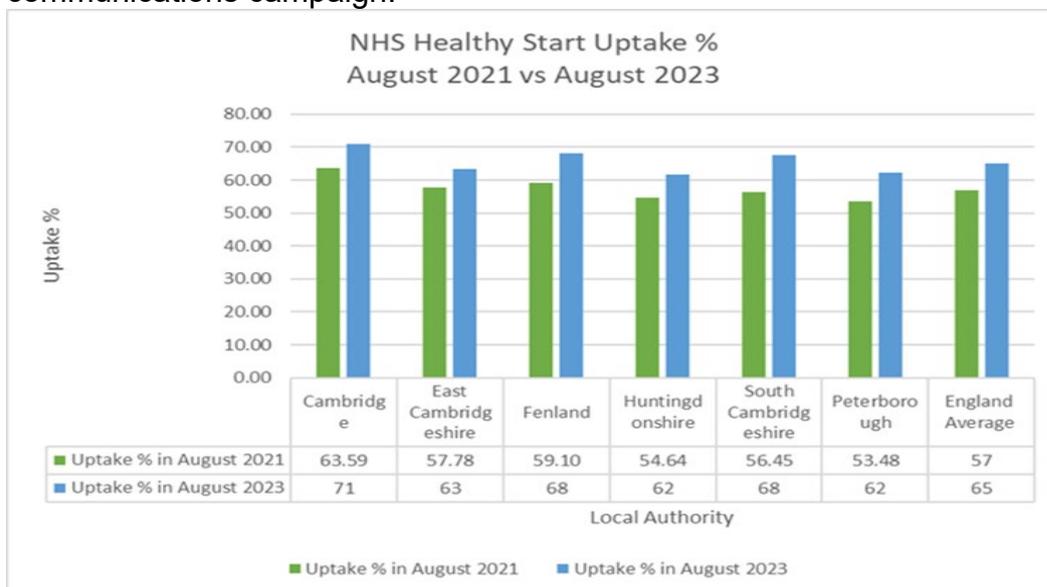
- 2.3 The actions relating to this priority are co-ordinated through the newly formed School-aged Health Improvement Partnership Board (SHIP). The first meeting of this partnership which has representation from across the system and most importantly Headteachers was held on 31st October 2023. It is co-chaired by the Director of Public Health and Directors of Education and co-ordinated by the children's public health team.
- 2.4 Spending time 'not in employment, education or training' has been shown to have a detrimental effect on physical and mental health. The link between time spent NEET and poor health is two-fold: it is partly due to an increased likelihood of unemployment, low wages, or low-quality work later in life, but also, being NEET can increase unhealthy behaviours and involvement in crime. These, and other wider health determinants, are associated with poorer health outcomes.

2.5 Achievements against 23_24 Deliverables and Action Plan

The 10 main deliverables and a summary of achievements for this priority through 23/24 are:

- Increase uptake of the Healthy Start Scheme and Vouchers

Since nutrition in the early years is very important for future health, the National Healthy Start Scheme provides help for eligible pregnant women and children up to the age of 4 years with purchase of healthy foods and milk plus free vitamins [Get help to buy food and milk \(Healthy Start\)](#). We have seen a good increase in take up of the scheme across all Cambridgeshire districts and Peterborough. This has been supported by a renewed communications campaign.



Healthy Start vitamins are now available from Child and Family Centres across Cambridgeshire and Peterborough and we are consulting with service users to better understand how we promote the vitamin offer effectively to improve uptake.

- Promote the Start for Life offer through health and community settings

Start for Life offers are published as part of the Family Hubs pages of both Local Authority websites [Family Hubs - Start for Life offer - Peterborough City Council](#) and [Family Hubs - Start for Life offer - Cambridgeshire County Council](#). We have worked with ICB and maternity colleagues to ensure the Start for Life offer is included in key publications available throughout pregnancy and after birth.

Family Hubs in Peterborough has now officially been launched and comms capacity in place to promote the full offer including start for life. This will include looking at bringing together all the family resources on the PCC website into a single place.

- Ensure local service providers including midwifery, health visiting, and community partners have an aligned approach to supporting new families with their mental health during the perinatal period and to develop good parent/infant relationships

Work is underway to support the workforce across the system to access training and appropriate supervision to encourage the de-stigmatisation of perinatal mental ill-health and providing staff with the ability to identify and support parents at risk of poor perinatal mental health in a sensitive and evidence-based way. This has included securing additional training on VIG (video interactive guidance) and supervision skills as part of the family hubs programme. In addition training is available for the evidence-based 'Solihull approach' to enable a broader training offer to local organisations, and promotion of the new national e-learning programme covering perinatal mental health and parent-infant relationships.

The Health Visiting service, Maternity and Child and Family Centres have been working

together to roll out across the area a co-delivered antenatal education programme that supports families in developing strong parent-infant relationships and an awareness of perinatal mental health. We will also be launching in January a new Parent-infant relationships team in Peterborough (embedded within the Health Visiting Service), and a new Maternal Mental Health service is being established that will support women with birth-trauma and loss of the baby (sitting alongside specialist perinatal mental health services).

There is also a strong focus on co-production and ensuring new services are developed with service users. An example of this is working with the new 'Maternity Equity Hub' run by Barnardos in Peterborough, to ensure we are meeting the needs of ethnically diverse communities.

- Ensure all new parents & parents-to-be receive good infant feeding support.
The Infant Feeding action plan is managed by the Infant feeding network group and has seen a number of key actions completed against the strategic priorities. [Cambridgeshire and Peterborough Infant Feeding Strategy 2022-27 \(cambridgeshireinsight.org.uk\)](https://www.cambridgeshireinsight.org.uk)
These include:
 - Infant feeding training focusing on upskilling the wider children's workforce to feel comfortable discussing infant feeding issues and confidence about how to support families accessing further support has been developed and launched.
 - A new Community Infant Feeding & Emotional Wellbeing Peer Support Service launched in October across Peterborough, Fenland and Huntingdonshire. This new service will provide holistic support from qualified peers recruited from across the local area to new parents including in the maternity wards, at community venues and via telephone and video calls.
 - In order to improve all family's knowledge of and access to appropriate information and local community based support around infant feeding a new website has been launched, directing families to community support and helplines. <https://www.pbcinfantfeeding.org/>
 - In order to support our communities to be welcoming places for breastfeeding parents, #FreetoFeed has been launched in South and East Cambridgeshire. [Free To Feed #FreeToFeedCP \(cambscommunityservices.nhs.uk\)](https://www.cambscommunityservices.nhs.uk)
 - 'Introduction to Healthy First Foods' (weaning) Workshops have been rolled out across all of Cambridgeshire and Peterborough, jointly delivered by staff from the Healthy Child Programme and Child and Family Centres. The content of workshops looks at how to introduce safe and healthy solid foods, with information given about accessing healthy recipes and promoting good oral health.
- Provide families with the support and advice they need to access Early Years and Childcare opportunities.
 - Uptake of early years entitlement is above pre-pandemic levels with 73.5% of 2 year olds and 96.9% of 3 & 4 years olds taking up their placements in Cambridgeshire, and 74% of two-year-olds and 91% of 3- and 4-year-olds taking up their placements in Peterborough. The vast majority of these children are in settings rated good or outstanding by Ofsted.
 - We have been promoting the use of the '50 Things To Do Before You Are 5' app across all communities and continue to develop its local content. There are now 7,304 unique users in Cambridgeshire and 1,639 in Peterborough, and systems are in place to deliver associated activity packs to children at risk of disadvantage to support the home learning environment. <https://cambspboro.50thingstodo.org/app/os#!/welcome>
 - Work is underway to improve access and take up of wraparound childcare and play opportunities for all children, with the Holiday Activity and Food (HAF) programme reaching over 8,500 children across Cambridgeshire and Peterborough in 2022.
- Ensure damp free accommodation for children with a respiratory condition (in partnership

with the Housing & Health Priority 3)

- Work on this priority is done in partnership with colleagues working on priority 3- Housing and Health.
- Recognising the key role Health Visitors have in seeing families within their homes, Healthy Child Programme staff have been provided with resources and referral forms required to support families and this will be promoted again at Professional Development days. Any additional local pathways agreed will be incorporated into their clinical pathways.
- Improve immunisation rates at entry into school and exit from school
 - Communications relating to measles vaccinations have been shared across the system and community clinics have been delivered over the summer to encourage pre-school children to catch up on missed immunisations.
 - Public Health funding has been used to support a project using NHS reservists to work with families not engaging with pre-school immunisation offer across all C&P GP surgeries. They have been able to have informed and detailed conversations and if consent is given arrange booking of vaccination appointments.
- Increase apprenticeships through Anchor institutions (Councils, Combined Authority, NHS, commissioned services)
 - An Apprenticeship scheme with the Healthy Child Programme (linked to ARU) is recruiting for its second cohort. In addition the graduate management scheme that has been running in Cambridgeshire County Council has been extended to Peterborough City Council.
 - The ICS Multi-Professional Education & Training 5 Year Investment Plan includes significant numbers of apprenticeship placements across several professions including nursing, radiography and physiotherapy.
- Improve Mental Health, Emotional Wellbeing and Resilience among the school-aged population (in partnership with the Mental Health Priority 4)
 - Recognising the importance of helping parents to support their children who self-harm and have other have mental health issues, Public Health funding is available to support these families [Cambridgeshire and Peterborough parents - NESSie IN ED, CIC](#).
 - With the recent increase in Eating Disorders, we have commissioned a local charity to provide training to professionals (schools and GPs) on early identification and support for disordered eating [PEDS - Healthy Schools \(healthyschoolscp.org.uk\)](#).
 - Persistent absenteeism has increased post-pandemic, hence we have also secured funding and are in the process of commissioning a service to address Emotional based school avoidance (EBSA) and anxiety.
 - Anti-bullying training is being delivered across all Primary schools in Cambridgeshire and Peterborough during the academic year 2023/24.
 - Work is underway to review and update the Cambridgeshire & Peterborough mental health information and support website (Keep-Your-Head.com). The website review aims to ensure it is brought up-to-date as well as ensuring it is user friendly and provides the latest information on local services and support available. Improvements already made include an updated 'Exams' section offering a broad range of support to young people and their families during exam times.
 - We are on-track to deliver Mental Health Support Teams (MHSTs) in 50% schools within timescales [Cambridgeshire and Peterborough Mental Health Support Team \(cambspborochildrenshealth.nhs.uk\)](#). Schools not covered by the MHSTs are served by the Emotional Health and Wellbeing team [Cambridgeshire and Peterborough Emotional Health and Wellbeing Service \(cambspborochildrenshealth.nhs.uk\)](#)

- Establish a mechanism to improve health outcomes for our school-aged population through a School-aged Health Improvement Partnership (SHIP)

A School-aged health Improvement Partnership (SHIP) has been established to coordinate activity across this population with the first meeting taking place at the end of October. Membership of the group includes representatives from Primary, Secondary and Special School Headteachers from both Cambridgeshire and Peterborough alongside colleagues from Health, the Local authorities, Voluntary sector and other Providers.

Initial priorities for the partnership have been agreed as:

- Improving school attendance /EBSA (emotional based school avoidance)
- Specialist Health services in schools
- Mental Health support for schools, parents & children
- Supporting Healthy behaviours: diet, oral health, physical activity, sleep
- Vaping/smoking reduction
- Improving communications between services and schools

2.6 Next steps needing system support

- Work with district councils, GPs and community partners to further promote take up of the Healthy Start scheme.
- Continue work to develop an enhanced Family Hubs digital offer in both Peterborough and Cambridgeshire, aligning with new digital platforms developed by Health trusts [Home - NHS Children's Health \(cambspborochildrenshealth.nhs.uk\)](https://www.cambspborochildrenshealth.nhs.uk).
- Support the creation of a clear local pathway to support the wellbeing and mental health needs of new parents, and promote associated local anti-stigma campaign in 2024.
- Support the roll out of #freetofeed across all districts of Cambridgeshire and Peterborough in order to promote breastfeeding in community venues.
- Ensure the appropriate links are in place with the district pilots looking at the health impacts of damp homes.
- Consider the learning available from the immunisation promotion pilot and agree any actions for the system.
- Ongoing system support for the newly established School-aged Health Improvement Partnership (SHIP) and actions on emerging priorities.
- There has been an agreement to complete a Joint Strategic Needs Assessment (JSNA) on the needs of Children and Young People with a completion date scheduled for April 2024. We require the system to support this.

2.7 Challenges identified

- Increased demand for mental health services for children and young people.
- There continues to be significant differences in health outcomes for our children across different parts of our county, from different ethnic groups and other vulnerabilities (Children in Care, SEND, traveller communities). This includes issues such as oral health, immunisation take up and obesity. Published whole county data often masks the very poor outcomes of children in some of our most deprived areas.
- Staffing recruitment and capacity remains a challenge particularly for qualified clinical positions including Health Visitors and School Nurses.
- Financial challenges across all sectors linked to inflation and pay awards. Also, short length of some funding grants resulting in concerns about sustainability.
- Need more streamlined governance structure to avoid duplication, co-ordinate services and deliver improved outcomes.

3. Alignment with the Cambridgeshire & Peterborough Health and Wellbeing Strategy

- 3.1 This recommendation is relevant to priority 1 of the Cambridgeshire and Peterborough Health and Wellbeing Strategy.
- Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
 - Priority 2: Create an environment to give people the opportunities to be as healthy as they can be.
 - Priority 3: Reduce poverty through better employment and better housing.
 - Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.

4. Significant Implications

Report authors should evaluate any further significant implications using the following three sub-headings below. These significant implications should also be evaluated using the questions detailed below.

4.1 Resources

This report does not address the financial implications of recommendations.

4.2 Statutory, Legal and Risk Implications

Implementation of activities in this report will include where appropriate assessment of any statutory, legal and risk implications to ensure that any mandatory requirements are met, and risks are mitigated.

4.3 Equality and Diversity Implications

Implementation of any of the activities described in this report will have due regard to the Council's equalities duties under the Equality Act 2010 and where appropriate a community impact assessment will be completed.

This report has been signed off by the Executive Director of Public Health, Jyoti Atri

5. Appendices

- 5.1 Presentation Slides to complement this Report.
Action plan with progress

6. Source documents

[Joint Health and Wellbeing Integrated Care Strategy - Cambridgeshire County Council](#)

[Priority 1 - Ensure our children are ready to enter education and exit, prepared for the next phase of their lives \(cambridgeshire.gov.uk\)](#)

NHS Forward Plan.

[NHS England » NHS Long Term Plan.](#)

<https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life>

[Early childhood development | The King's Fund \(kingsfund.org.uk\)](#)

Davies, N.M., Dickson, M., Davey Smith, G. et al. The causal effects of education on health outcomes in the UK Biobank. *Nat Hum Behav* 2, 117–125 (2018).
<https://doi.org/10.1038/s41562-017-0279-y>

OECD (2013), “What are the health benefits of education?”, in *Education at a Glance 2013: Highlights*, OECD Publishing, Paris. DOI: https://doi.org/10.1787/eag_highlights-2013-16-en

Public Health England (2021) *Education, schooling and health summary*
(<https://www.gov.uk/government/publications/education-schooling-and-health/education-schooling-and-health-summary>)

7. Conflict of Interest

7.1 Conflict of Interest have been reviewed and addressed in line with the ICB Conflicts of Interest and standards of Business Conduct Policy

The ICB and HWB have agreed to joint Conflict of Interest register but with its respective members filling out separate forms.

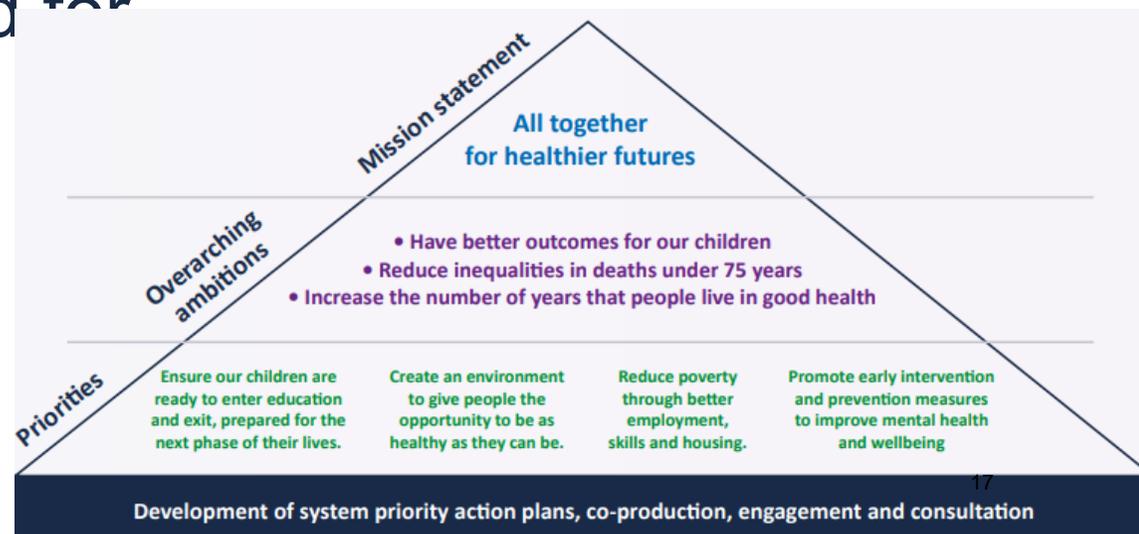
The Head of Governance will handle any queries in relation to this
(capccg.icsgovernanceteam@nhs.net)



Health and Wellbeing Board/ICS Strategy

Priority 1 – Ensure our children are ready to enter education and exit prepared for the next phase of their lives

19th January 2024 update





What we will cover

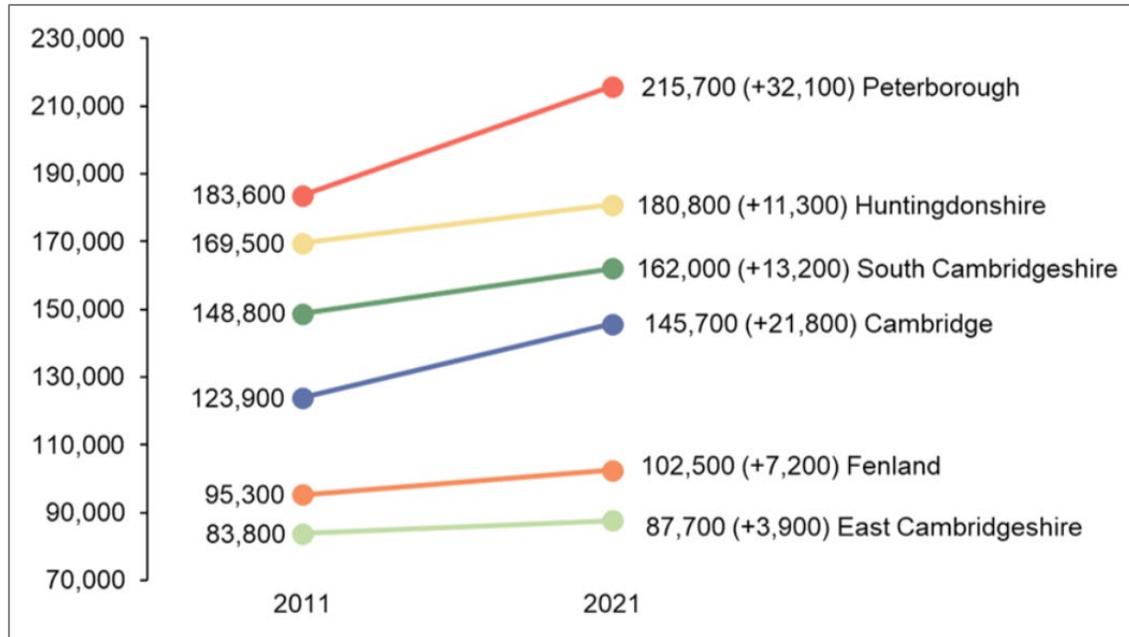
- Demography and vulnerable groups- SEND, Children in Care, Children living in poverty
- Ambition, Targets and Inequalities
- Achievements against the 10 deliverables in the Action Plan
- Challenges
- Where we need system support
- Next steps



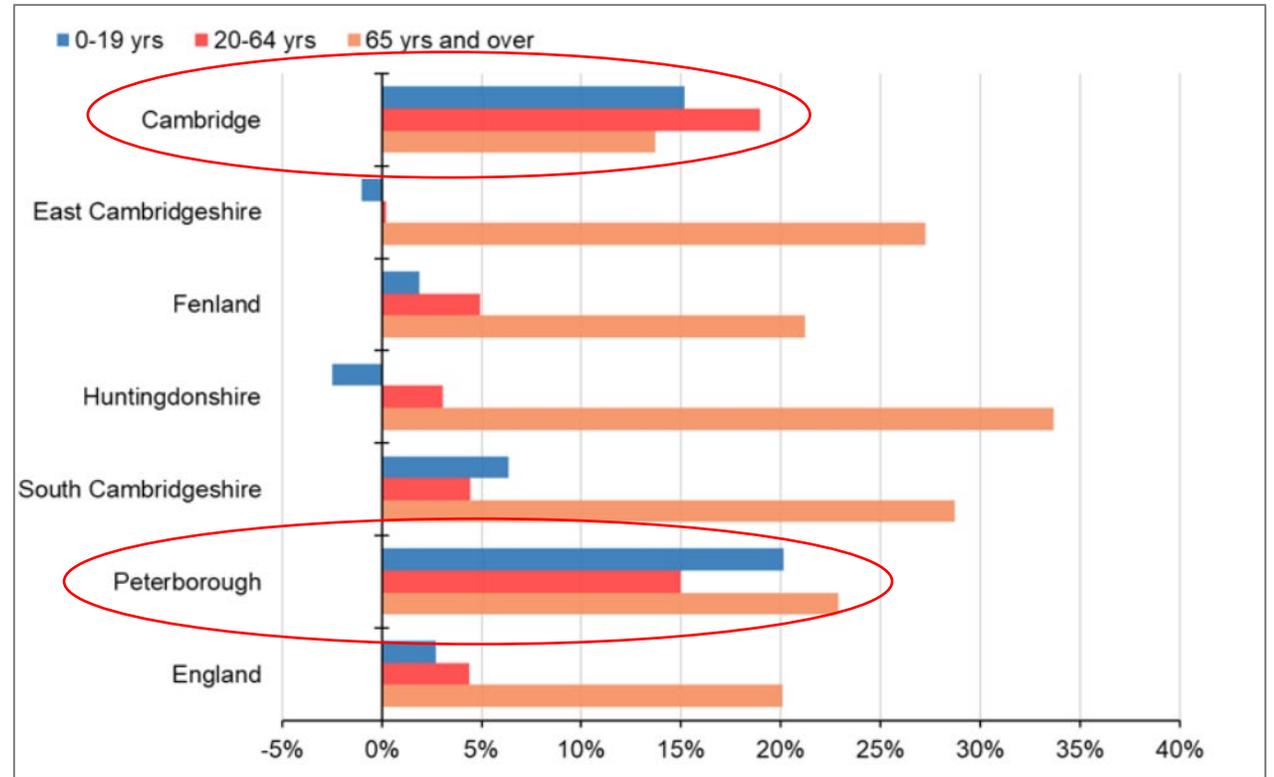
CHANGE IN CHILD POPULATION

Population growth in the CYP age groups in recent years means additional pressure on Children's services

Population growth between 2011 and 2021 census (all ages)



Population growth between 2011 and 2021 census (by age group)



Largest growth areas for CYP up to 2021:

Cambridge City: 32% increase in 5-9s and 33% in 10-14s

Peterborough: 38% increase in 5-9s and 37% in 10-14s

EDUCATIONAL NEEDS

Many children require special support for Special Educational Needs (SEN). Peterborough rates are lower than Cambridgeshire, and the national rate.

		England		East of England					
				East of England		Cambridgeshire		Peterborough	
		2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
Total	EHC plans	355,566	389,171	38,425	42,086	4,602	5,252	1,476	1,588
	EHC plans (percent)	4.0	4.3	3.8	4.1	4.6	5.1	3.6	3.8
	SEN support/SEN without an EHC plan	1,129,843	1,183,384	121,124	127,301	11,383	12,204	4,195	4,453
	SEN support/SEN without an EHC plan (percent)	12.6	13.0	11.9	12.3	11.3	11.9	10.3	10.7
	Headcount	9,000,031	9,073,832	1,020,086	1,031,748	101,031	102,952	40,758	41,546
State-funded primary	EHC plans	105,756	117,757	12,038	13,352	1,554	1,821	433	502
	EHC plans (percent)	2.3	2.5	2.3	2.6	3.0	3.5	2.1	2.4
	SEN support/SEN without an EHC plan	606,086	629,184	64,651	67,437	6,379	6,613	2,534	2,691
	SEN support/SEN without an EHC plan (percent)	13.0	13.5	12.4	12.9	12.2	12.6	12.1	12.6
	Headcount	4,655,513	4,647,851	520,668	521,997	52,113	52,460	21,014	21,319
State-funded secondary	EHC plans	76,838	87,219	9,210	10,560	1,087	1,338	297	348
	EHC plans (percent)	2.2	2.4	2.2	2.5	3.0	3.6	1.6	1.9
	SEN support/SEN without an EHC plan	425,070	448,967	45,669	48,642	3,455	3,891	1,520	1,652
	SEN support/SEN without an EHC plan (percent)	11.9	12.4	11.1	11.6	9.7	10.6	8.4	8.9
	Headcount	3,567,378	3,630,171	412,109	420,463	35,670	36,734	18,178	18,649

Cambridgeshire has a higher % of EHCP and SEN support.

Principal primary need for SEN support (no EHCP) in Cambridgeshire and Peterborough primary schools is 'Speech, language and communication'. In secondary schools it is 'Specific learning difficulty'.

SOCIAL CARE NEEDS

There are children across Cambridgeshire & Peterborough already known to, and supported by, social services.

Children on child protection plans: Rate per 10,000 children <18 – 2020/21

Area	Value	95% Lower CI	95% Upper CI
England	41.4	41.0	41.7
East of England region	26.2	25.4	27.1
Peterborough	54.3	48.1	60.9
Luton	50.6	45.0	56.8
Southend-on-Sea	43.5	37.3	50.5
Bedford	33.5	28.2	39.6
Suffolk	32.6	29.8	35.6
Cambridgeshire	32.1	29.2	35.3
Norfolk	25.4	23.1	27.9
Thurrock	24.0	19.7	29.0
Central Bedfordshire	22.4	18.9	26.3
Essex	18.9	17.4	20.4
Hertfordshire	15.9	14.5	17.5

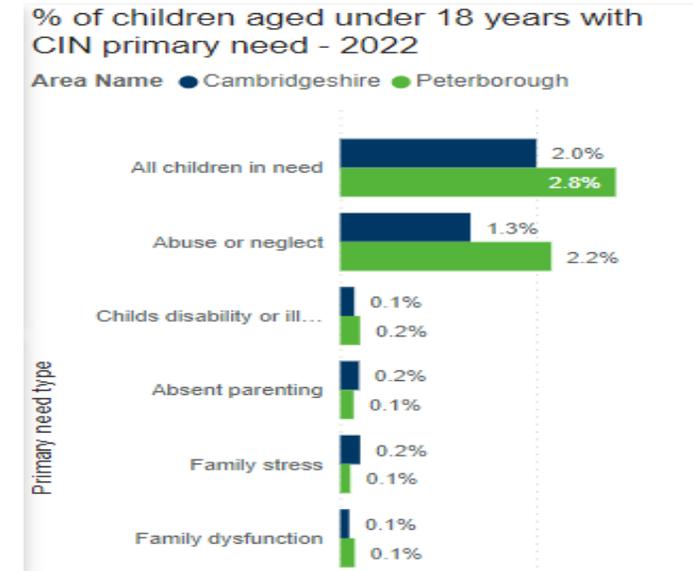
Peterborough has higher rates (54.3 per 10,000 children) on a child protection plan.

The rate in Cambridgeshire is 32.1 per 10,000 children.

- Statistically significantly higher than England
- Statistically similar to England
- Statistically significantly lower than England

Source: DfE

Children in need Children in Need are a legally defined group of children 0-17 (under the Children Act 1989), assessed as needing support because of risks to their development or health.



Number of Children in Need:

Cambs: 2,755 CIN (2.0% of all pupils); Peterborough: 1,477 CIN (2.8% of all pupils)

CIN due to abuse or neglect:

Cambs: 1,830 (1.3% of all pupils or 66% of CIN); Peterborough: 1,132 (2.2% of all pupils or 77% of CIN)

LIVING IN POVERTY

25% of Peterborough children, and 11% of Cambridgeshire children, are living in relative low-income families.

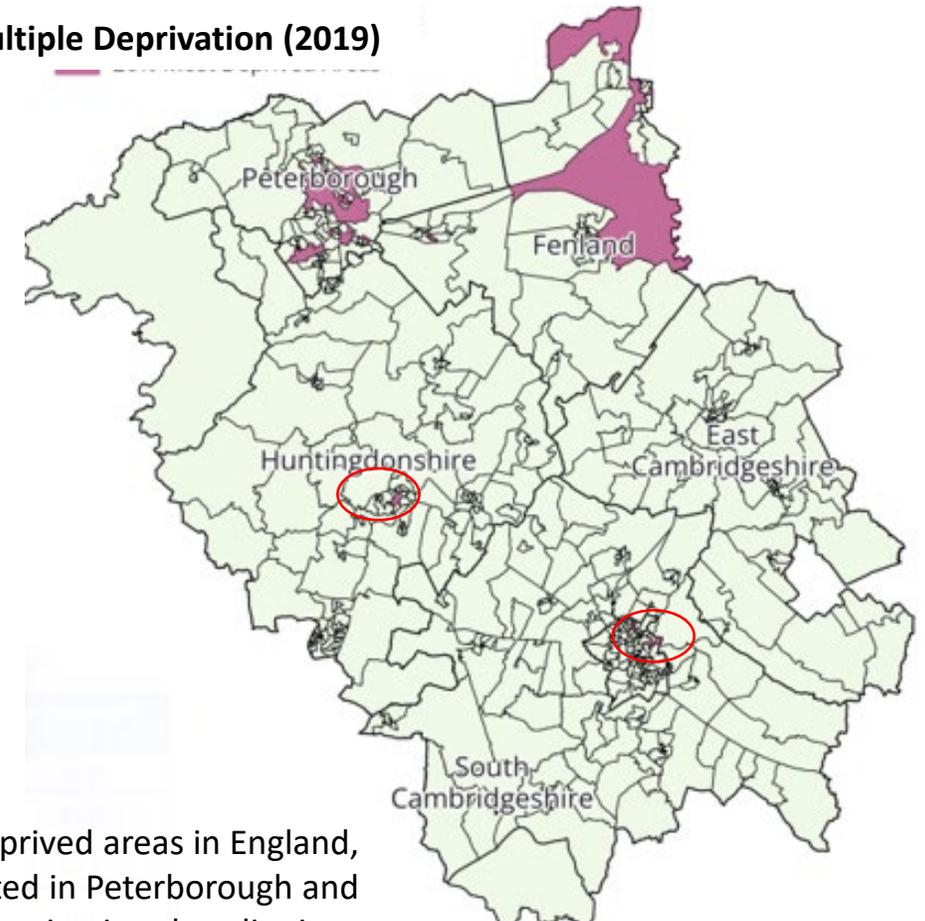
Children living in relative low-income families (under 16s) 2021/22 (%)

Area	Value	95% Lower CI	95% Upper CI
England	19.9	19.9	20.0
East of England region	14.3	14.2	14.4
Luton	29.1	28.5	29.6
Peterborough	25.1	24.6	25.6
Norfolk	17.2	16.9	17.5
Thurrock	15.8	15.3	16.4
Suffolk	15.8	15.5	16.1
Bedford	15.3	14.8	15.8
Southend-on-Sea	14.7	14.1	15.2
Essex	12.9	12.7	13.0
Cambridgeshire	11.4	11.1	11.7
Central Bedfordshire	10.8	10.4	11.1
Hertfordshire	9.9	9.8	10.1

Source: The Office for Health Improvement and Disparities

Statistically significantly better than England
 Statistically similar to England
 Statistically significantly worse than England

Indices of Multiple Deprivation (2019)



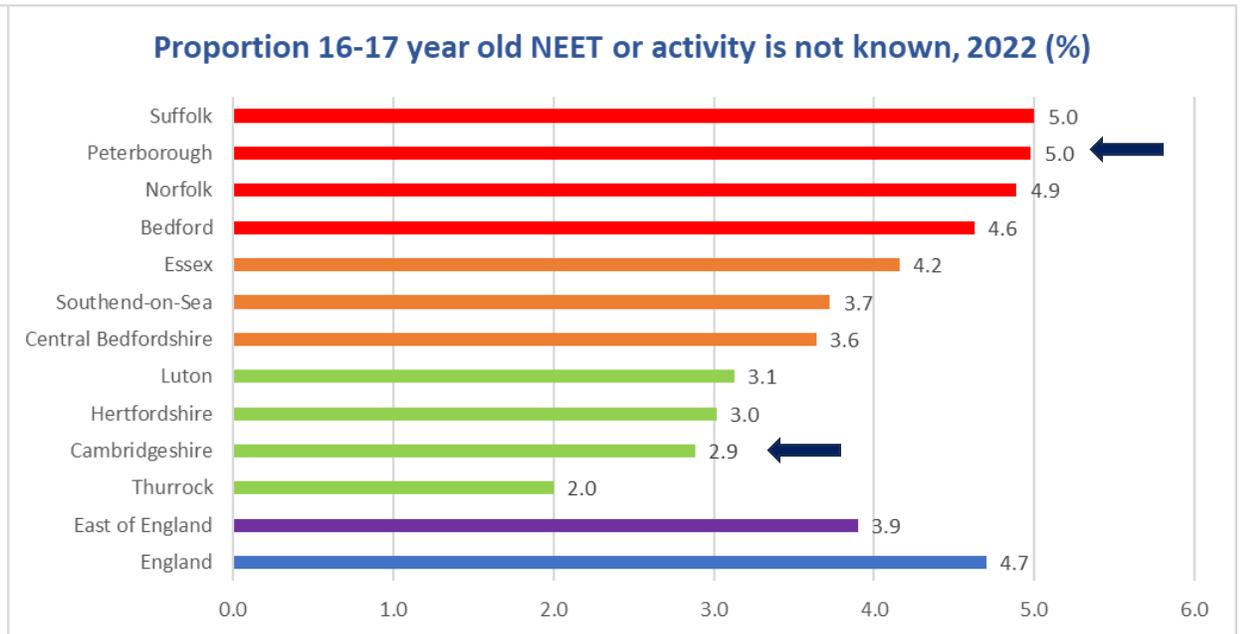
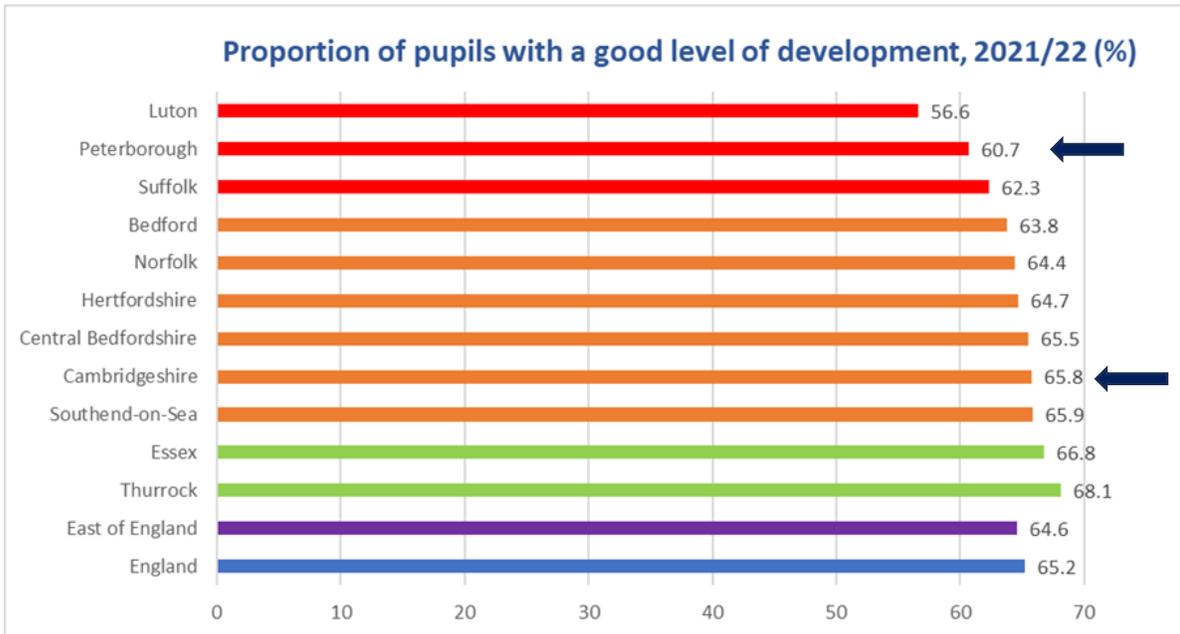
There are some of the 20% most deprived areas in England, within C&P. These are concentrated in Peterborough and Fenland, but also pockets of deprivation in other districts.

Source: English indices of deprivation 2019, Ministry of Housing, Communities & Local Government, IMD 2019



Ambition 2030

- Increase the proportion of children who show a good level of development (GLD/school readiness) when they enter education (**Target: 65.8 to 70.8%CCC, 60.7 to 70%PCC**)
- Reduce the proportion of young people aged 16-17yrs who are not in education, employment or training (NEET; **Target: 3 to 2%CCC, 5 to 3%PCC**)
- Reduce inequalities in both these outcomes



Statistically significantly better than East of England
Statistically similar to East of England
Statistically significantly worse than East of England



School- Readiness- why it matters?

School readiness at age five has a strong impact on future educational attainment and life chances

Children who don't achieve a good level of development aged 5 years struggle with:



Social skills



Reading



Maths



Physical skills

which impacts on outcomes in childhood and later life:



Educational outcomes



Crime



Health



Death

Korkodilos M (2021) The health and wellbeing of children and young people in England. BACAPH (References for report)

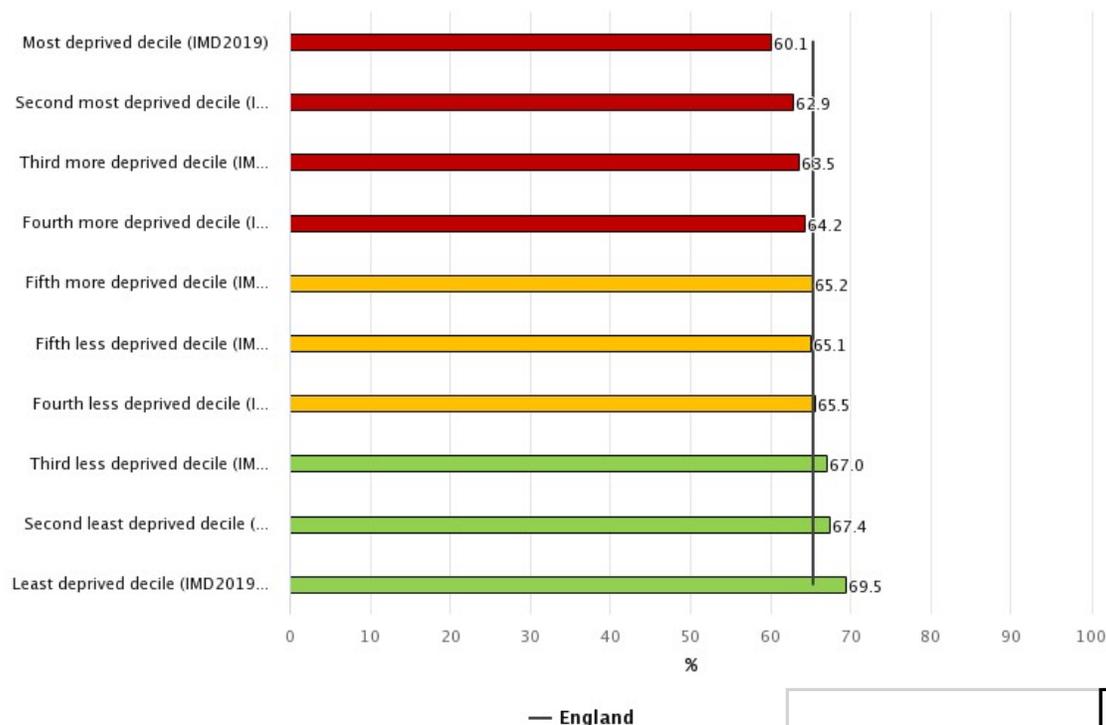
Picture credits: Dr Marilena Korkodilos



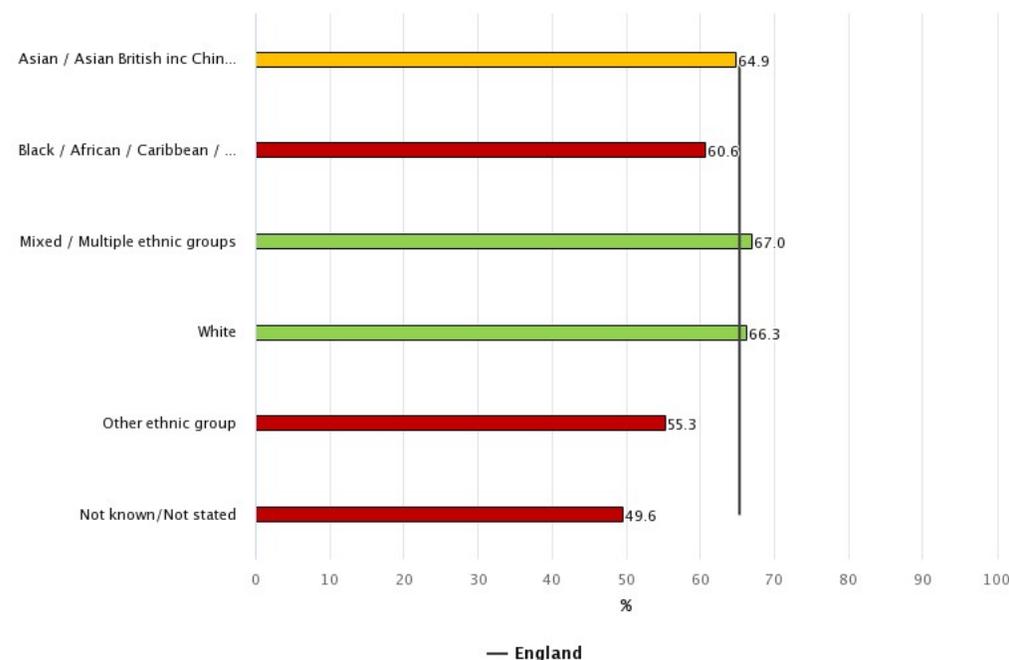
School Readiness inequalities

Inequalities exist for children achieving a good level of development at the end of reception (note: England data)- Deprivation, Ethnicity, FSM/pupil premium

School readiness: percentage of children achieving a good level of development at the end of Reception (2021/22) – England, County & UA deprivation deciles in England (IMD2019, 4/21 geography)



School readiness: percentage of children achieving a good level of development at the end of Reception (2021/22) – England, Ethnic groups



Area	2021/22	
	FSM	non-FSM
Cambridgeshire	43.0	70.1
Peterborough	50.7	63.1
England	49.1	68.8

Statistically significantly better than England
Statistically similar to England
Statistically significantly worse than England



NEET- why it matters?

Young people not in education, employment or training by the time they leave school aged 16 are more likely to:



Have worse mental health



Have worse physical health



Not have long-term employment/have low wage/low quality work in later life



Be involved in crime

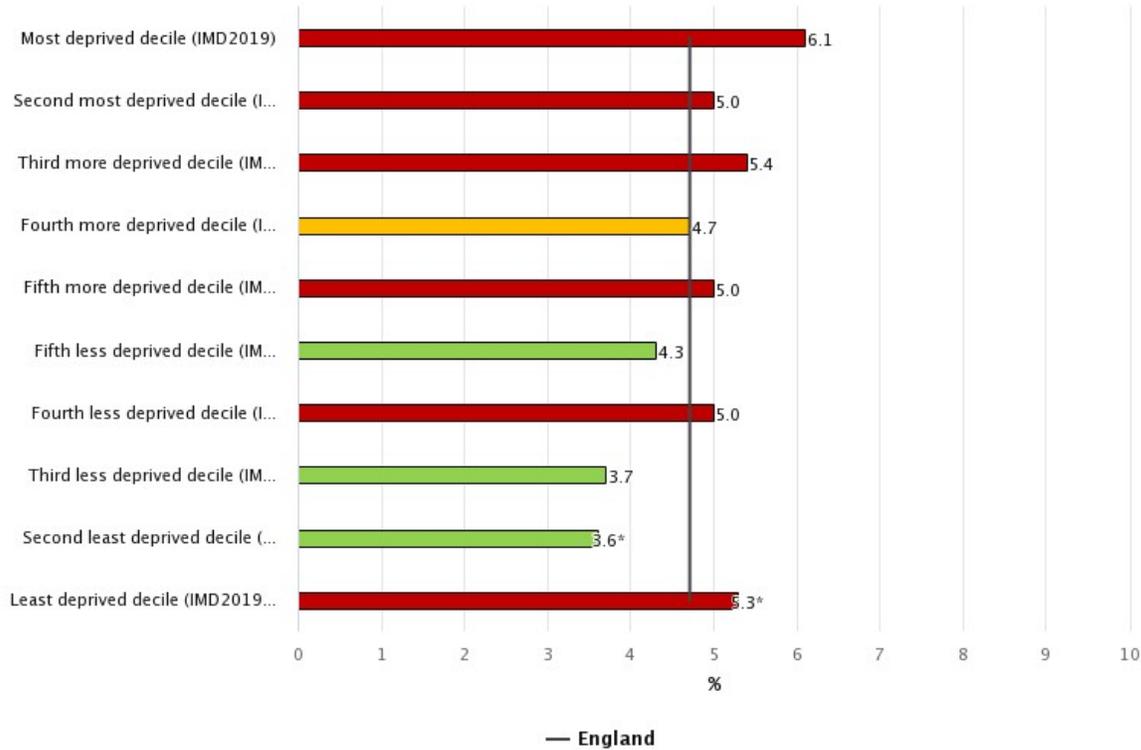


Have lower life & healthy life expectancy

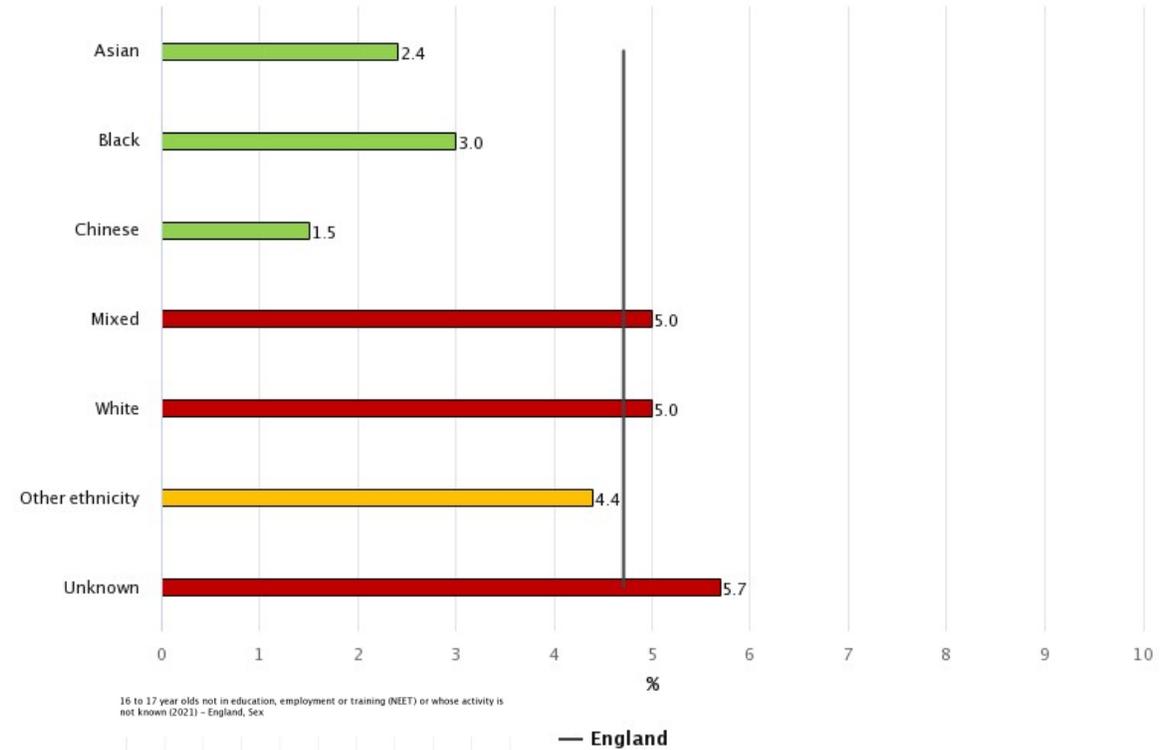
NEET inequalities

Inequalities exist for children who are NEET (note: England data, 2021)- Deprivation, Ethnicity, Males

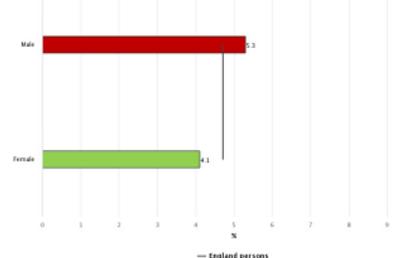
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (2021) – England, County & UA deprivation deciles in England (IMD2019, 4/21 geography)



16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (2021) – England, Ethnic groups



16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (2021) – England, Sex



Statistically significantly better than England
 Statistically similar to England
 Statistically significantly worse than England



School Attendance- National

- Pre-pandemic, school attendance was improving significantly across England. Between 2010 and 2019 the rate of half days missed fell from 6.0% to 4.8%.
- Covid was a significant shock to the system - absence jumped from 4.5% (Autumn/Spring 2018/19) to 8.7% (2021/22) and currently around 7.6% (year to date).
- Rates of absence are falling but rates of persistent absence and severe absence remain very high.
- Inequalities are stark

Disadvantaged and vulnerable pupils are overrepresented:

In 2021-22 pupils eligible for free school meals missed an average of **21 days** per year compared to **12 days** for non-FSM pupils 

Pupils with an Education Health and Care plan (SEND) missed an average of **23 days** per year compared to **13 days** for pupils with no recorded SEN provision. 


Pupils who have a child protection plan for a year missed an average of **37 days** per year compared to the average of **14 days**



School-attendance- why it matters?

Improving attainment	Reducing disadvantage	Preventing risky behaviours	Lifeline for the most vulnerable	Recovering from Covid
<p>Good school attendance is closely associated with attainment. Pupils with the lowest overall absence rates at KS2 were 1.4x more likely to achieve the expected level, and 3.3x more likely to exceed it, as well as 2.8x more likely to achieve 5+ GCSEs including English and Maths.</p>	<p>The significant variation in the rate of absence between local areas and between disadvantaged and vulnerable groups and their more advantaged peers risks perpetuating inter-generational inequalities. As well as their own life chances, that's a problem for local authorities and nation as a whole.</p>	<p>Regular absence is associated with a number of risky behaviours. This includes gang membership (gang members are 2x as likely to be formally recorded as truant), crime (90% of young offenders had been persistently absent) and serious violence (83% of knife possession offenders had been persistently absent in at least 1 of the 5 years of study).</p>	<p>Absence data is one of the best indicators of need allowing schools and local areas to intervene early. This paves the way for improved safety and outcomes for the most vulnerable and can also help to resolve issues before they progress and require expensive crisis services – CSC intervention, alternative provision and NEET support.</p>	<p>Reengaging all pupils – but especially the most disadvantaged - and maximising face to face attendance is a prerequisite to any efforts to minimise the longer term impact of the pandemic on pupils longer term.</p>

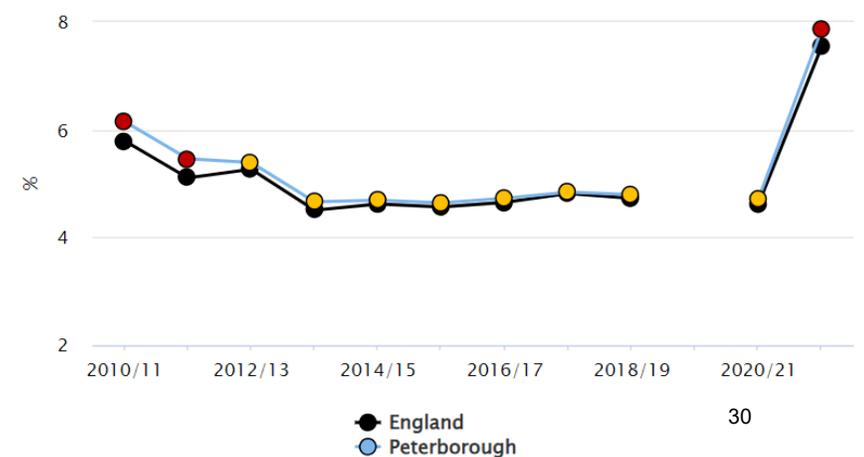
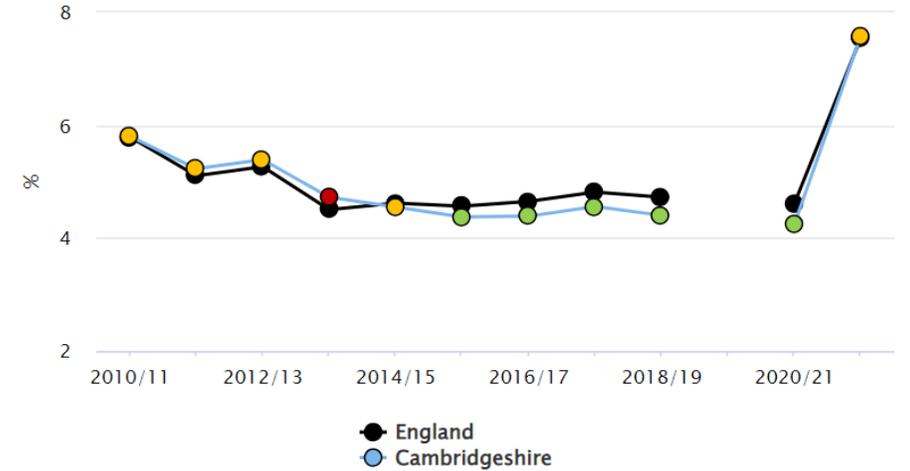
SCHOOL ABSENCE

School absence is higher than before the pandemic, locally and nationally.

Pupil absence 2021/22 (%) Percentage of half days missed by pupils due to overall absence in the academic year (including authorised and unauthorised absence)

Area	Value	95% Lower CI	95% Upper CI
England	7.6	7.5	7.6
East of England region	7.7	7.6	7.7
Norfolk	8.4	8.2	8.5
Suffolk	8.1	7.9	8.3
Peterborough	7.9	7.6	8.2
Essex	7.7	7.5	7.8
Central Bedfordshire	7.6	7.4	7.9
Luton	7.6	7.3	7.9
Cambridgeshire	7.6	7.4	7.8
Bedford	7.4	7.0	7.7
Hertfordshire	7.2	7.1	7.3
Southend-on-Sea	7.2	6.9	7.5
Thurrock	6.9	6.6	7.2

Source: Office of Health Improvement and Disparities (OHID), using Department for Education (DfE) data

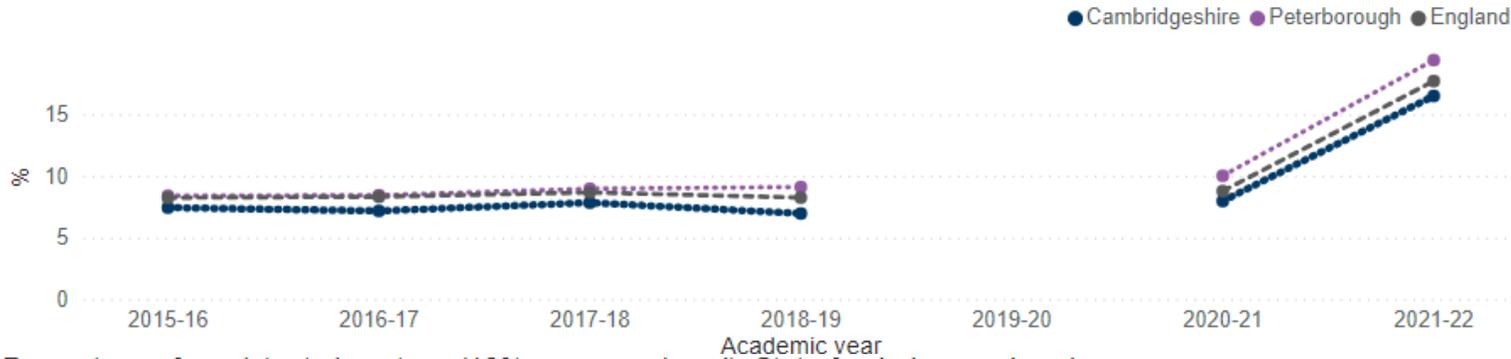


Statistically significantly better than England
 Statistically similar to England
 Statistically significantly worse than England

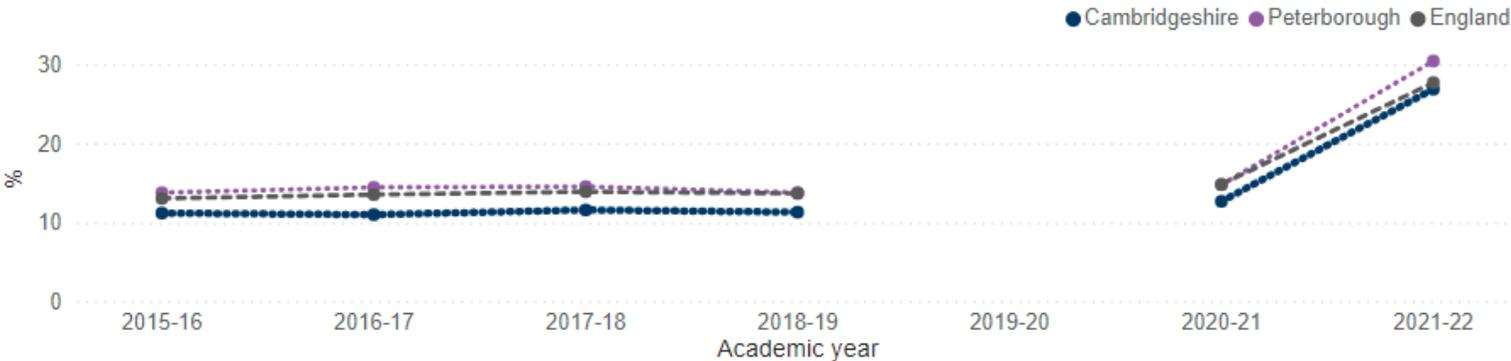
Area	Pupil Absence	
	%	Trend
Cambridge	7.6	→
East Cambridgeshire	7.5	→
Fenland	8.7	↑
Huntingdonshire	7.4	→
South Cambridgeshire	7.3	→

PERSISTANT ABSENCES

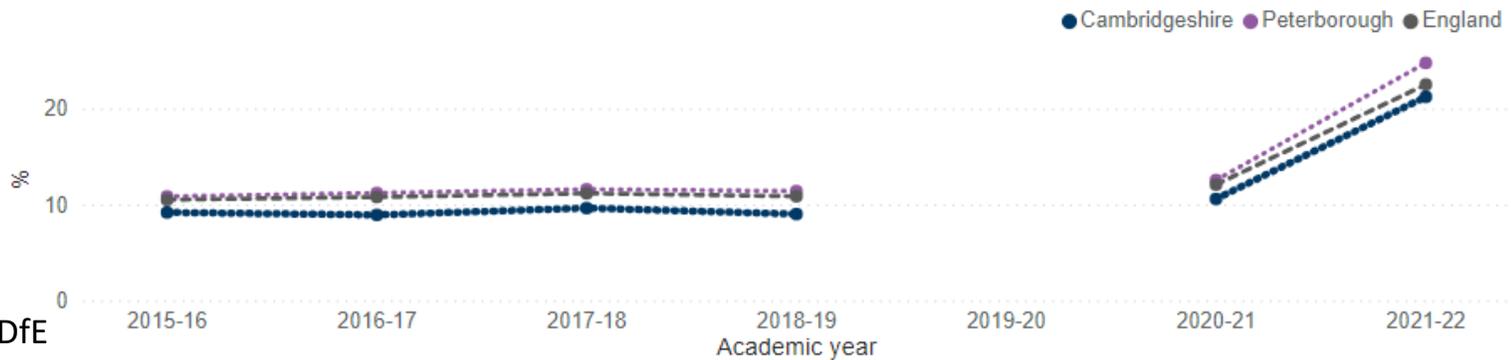
Percentage of persistent absentees (10% or more missed), State-funded primary, by area



Percentage of persistent absentees (10% or more missed), State-funded secondary, by area



Percentage of persistent absentees (10% or more missed), Total, by area



Persistent absenteeism has doubled

Persistent absenteeism (attendance below 90%, equivalent of missing one day a fortnight of school) has approximately doubled between academic years 2020-2021 and 2021-2022.

State-funded Primary:

Cams: 8.0% to 16.5%

Peterborough: 10.0% to 19.4%

State funded Secondary:

Cams: 12.7% to 26.9%

Peterborough: 14.8% to 30.5%

Total:

Cams: 10.6% to 21.2%

Peterborough: 12.6% to 24.8%

Special schools have higher persistent absence rates



Achievements

Entering Education: co-ordinated through Family Hubs Programme

Exiting Education: co-ordinated through School-aged Health Improvement Partnership



Achievements- 10 Deliverables

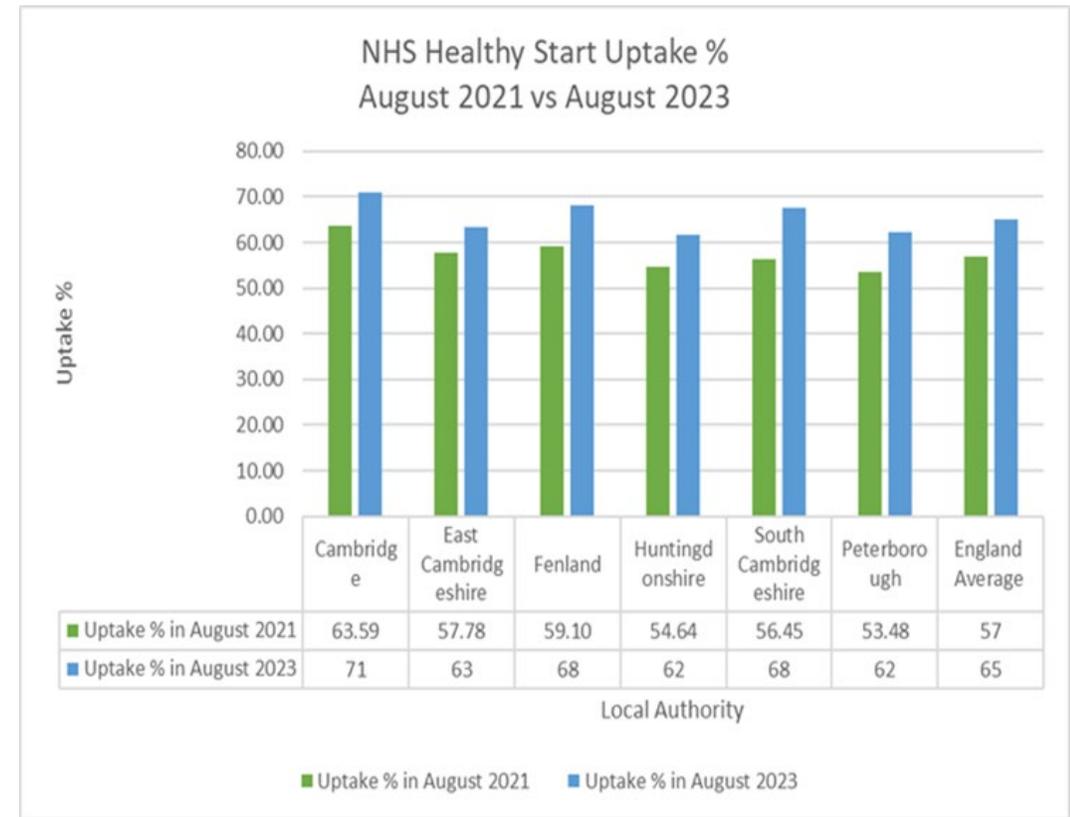
1. Increase uptake of the Healthy Start Scheme
2. Promote the Start for Life offer through health and community settings
3. Ensure local service providers including midwifery, health visiting, and community partners have an aligned approach to supporting new families with their mental health during the perinatal period and to develop good parent/infant relationships
4. Ensure all new parents & parents-to-be receive good infant feeding support
5. Provide families with the support and advice they need to access Early Years and Childcare opportunities
6. Ensure damp free accommodation for children with a respiratory condition
7. Improve immunisation rates at entry into school and exit from school
8. Increase apprenticeships through Anchor institutions (Councils, Combined Authority, NHS, commissioned services)
9. Improve Mental Health, Emotional Wellbeing and Resilience among the school aged population
10. Establish a mechanism to improve health outcomes for our school-aged population through a School-aged Health Improvement Partnership (SHIP)

Across all deliverables, improve outcomes for vulnerable groups- **Children in Care, Care leavers, Young carers, Young offenders, Young parents, Children with SEND, Children in alternative education provision, LGBTQ+, certain Ethnicities, Socio-economic deprivation (pupil premium), Traveller communities**



Deliverable 1- Increase uptake of the Healthy Start scheme

- There has been a big push on communications out to families regarding the Healthy Start scheme, including work with colleagues across health, voluntary sector and children's services.
- We have seen a good increase in the take up of the Healthy Start scheme across both Cambridgeshire and Peterborough with more eligible families now accessing the scheme. This still means there are families missing out who can be signposted to <https://www.healthystart.nhs.uk/>
- Healthy Start vitamins are now available from Child and Family Centres across Cambridgeshire and Peterborough and we are consulting with service users to better understand how we promote the vitamin offer effectively to improve uptake.
- Links are starting to be made with colleagues in district councils to explore how we promote via their networks (e.g. Huntingdonshire food network).



Deliverable 2- Promote the Start for Life offer through health and community settings



- Start for Life offers are published as part of the Family Hubs pages of both Local Authority websites [Family Hubs - Start for Life offer - Peterborough City Council](#) and [Family Hubs - Start for Life offer - Cambridgeshire County Council](#)
- We have worked with ICB and maternity colleagues to ensure start for life offer is included in key publications available throughout pregnancy and after birth.
- Family Hubs in Peterborough now officially 'launched' and comms capacity in place to promote the full offer including start for life. This will include looking at bringing together all of the family resources on the PCC website into a single place.
- We have added an additional action under this deliverable to reduce the number of women who smoke during pregnancy. A new midwife led service has been launched that provides support during the whole pregnancy, as well as during the twelve-week period after birth. The new service includes personalised quit plans and tailored behavioural support; access to nicotine replacement therapy; and vouchers to encourage women not to pick smoking back up for a full year after setting a quit date.



Deliverable 3 –Perinatal mental health & parent-infant relationships

- Health Visiting, Maternity and Child and Family Centres have been working together to roll out across the county a co-delivered antenatal education programme that supports families in developing strong parent-infant relationships and an awareness of perinatal mental health.
- The new 'Maternity Equity Hub' run by Barnardos in Peterborough is now up and running. We will work with this group to look at how the action plans for the Infant feeding and PNMH, as well as the delivery of antenatal education is meeting the needs of ethnically diverse communities.
- Work is underway to support the workforce across the system to access training and appropriate supervision to encourage the de-stigmatisation of perinatal mental ill-health and providing staff with the ability to identify and support parents at risk of poor perinatal mental health in a sensitive and evidence-based way. This has included securing additional training on VIG (video interactive guidance) and supervision skills as part of the family hubs programme, training for additional in-house trainers for the Solihull approach to enable a broader training offer to local organisations, and promotion of the new national e-learning programme covering PNMH and parent-infant relationships.
- Recruitment is underway for a new Parent-infant relationships team to be piloted in Peterborough (sitting within the Health Visiting Service), and a new Maternal Mental Health service is being established that will support with loss and trauma (sitting alongside specialist perinatal mental health services).



Deliverable 4 -Ensure all new parents & parents-to-be receive good infant feeding support

- A new Community Infant Feeding & Emotional Wellbeing Peer Support Service launched in October across Peterborough, Fenland and Huntingdonshire. The National Childbirth Trust (NCT) have been awarded this new contract which will provide holistic support from qualified peers recruited from across the local area to new parents including in the maternity wards, at community venues and via telephone and video calls.
- Infant Feeding Training focusing on upskilling the wider children's workforce to feel comfortable discussing infant feeding issues and confidence about how to support families accessing further support has been developed and launched.
- In order to improve all families knowledge of and access to appropriate information and local community based support around infant feeding a new website has been launched by the NCT, directing families to community support and helplines. <https://www.pbcinfantfeeding.org/>
- Introduction to Healthy First Foods (weaning) Workshops have been rolled across all of Cambridgeshire and Peterborough, jointly delivered by staff from the Healthy Child Programme and Child and Family Centres. The content of workshops looks at how to introduce safe and healthy solid foods, with information given about accessing healthy recipes and promoting good oral health.
- #Freetofeed has been launched in South and East Cambridgeshire with plans to roll out in Peterborough next. [Free To Feed #FreeToFeedCP \(cambcommunityservices.nhs.uk\)](https://www.cambcommunityservices.nhs.uk/#FreeToFeedCP)



Deliverable 5 - Provide families with the support and advice they need to access Early Years and Childcare opportunities (1)

Cambridgeshire:

- We have been promoting the use of the '50 Things To Do Before You Are 5' app across all communities and continue to develop local content. There are now **7304** unique users, a **30.8% growth** over the past year and systems are in place to deliver associated activity packs to children at risk of disadvantage to support the home learning environment. [50 Things to Do Before You're Five in Cambridgeshire & Peterborough](#)
- Work is happening to improve access and take-up of wraparound childcare and play opportunities for all children. Funding for the HAF programme was £2 million for the 2022-23 financial year and funded **7000 HAF places**. **3696** children attended HAF provision in summer 2023 including **559** children with SEND.
- Cambridgeshire is a pathfinder LA for the new wraparound childcare entitlement from September 2024. (The offer of an 8am-6pm wraparound childcare place for every primary age child.)
- Uptake of the early years entitlement is above pre-pandemic levels with **73.5%** of 2-year-olds and **96.9%** of 3- & 4-years-olds taking up their placements. **95%** are in settings rated good or outstanding at their most recent Ofsted inspection. **98%** of Cambridgeshire's childminders were rated good or outstanding at their most recent Ofsted inspection.
- A framework for Supporting School Readiness is available on Learn Together ([Supporting School Readiness - Learn Together \(camblearntogether.co.uk\)](#)) which includes further links to supporting home learning and the associated Home Learning Strategy ([Home Learning Strategy \(camblearntogether.co.uk\)](#)).



Deliverable 5 -Provide families with the support and advice they need to access Early Years and Childcare opportunities (2)

Peterborough:

- We have been promoting the use of the '50 Things To Do Before You Are 5' App across all communities and continue to develop its local content. In Peterborough there are now 1639 unique users, with 470 new users since January 2023.
- Plans are being developed to distribute activity packs to all of our settings to enable them to share with target families 50 Things to Do Before You are Five.
- The Holiday Activity and Food Programme continues to be delivered in Peterborough. 1574 children and young people benefited from the programme during summer 2023.
- In Peterborough, 74% of two-year-olds and 91% of 3- and 4-year-olds are taking up their placements. 96% are in settings or with childminders, that are rated good or outstanding by Ofsted
- 765 children are currently [Nov 23] on the Early Support Pathway, providing coordinated support to meet their needs.



Deliverable 6 - Ensure damp free accommodation for children with a respiratory condition

- Healthy Child Programme staff have been provided with resources and referral forms required to support families and this will be promoted again at Professional Development day. Any additional local pathways agreed will be incorporated into clinical pathways.
- Work ongoing with Housing and Health Priority 3

Deliverable 7 - Improve immunisation rates at entry into school and exit from school

- Communications relating to measles vaccinations shared across the system and community clinics delivered over the summer to encourage pre-school children to catch up on missed immunisations.
- Public Health funding has been used to support a projects using NHS reservists to work with families not engaging with pre-school immunisation offer across all C&P GP surgeries. They have been able to have informed and detailed conversations and if consent is given arrange booking of vaccination appointments. Evaluation is ongoing.



Deliverable 8- Increase apprenticeships through Anchor institutions (Councils, Combined Authority, NHS, commissioned services)

- Apprenticeship scheme with the Healthy Child Programme (linked to ARU) is recruiting for its second cohort.
- Graduate management scheme extended to Peterborough City Council with PH contribution.
- The ICS Multi-Professional Education & Training 5 Year Investment Plan includes significant numbers of apprenticeship placements across several professions as shown in the table below

Profession	March 22/23 Vacancy	Learners over 5 years	Impact on Estimated Vacancy by 2029
Occupational Therapist	40.36	41	-20.05
Imaging - Radiography Apprenticeships	59.27	12	114.17
Podiatry Apprenticeship	16.3	15	2.23
Dietetics Apprenticeship	14.23	40	-19.53
SALT Apprenticeship	17.74	54	-33.87
Physiotherapy Apprenticeship	10.91	92	-60.29
Operating Department Practitioner Apprenticeship	22.61	85	-65.40

Apprenticeship	Potential Learners over 5 years
Registered Nurse – NA/AP Conversion (2 year ‘Top Up’ – available across all 4 fields)	428
Child Nurse Apprenticeship (4-year RNDA)	75
LD Nurse Apprenticeship (4-year RNDA)	5
MH Nurse Apprenticeship (4-year RNDA)	20
Adult Nurse Apprenticeship (4-year RNDA)	30

Midwifery:

- Apprentices – 30
- Shortened Course – 95

Pharmacy Services:

- Pharmacist Apprenticeship - 30
- Pharmacy Technician’s – 86

• **Health Care Science:** Not all sciences are within the scope of the Education Plan, as these have been scoped separately traditionally.



Deliverable 9 - Improve Mental Health, Emotional Wellbeing and Resilience among the school aged population

- Recognising the importance of helping parents to support their children who self-harm and have other mental health issues, Public Health funding is available to support these families [Cambridgeshire and Peterborough parents - NESSie IN ED, CIC](#).
- With the recent increase in Eating Disorders, we have commissioned a local charity to provide training to professionals (schools and GPs) on early identification and support for disordered eating.
- Persistent absenteeism has increased post-pandemic, hence we have also secured funding and are in the process of commissioning a service to address Emotional based school avoidance (EBSA) and anxiety.
- Anti-bullying training is being delivered across all Primary schools in Cambridgeshire and Peterborough during the academic year 2023/24.
- Work is underway to review and update the Cambridgeshire & Peterborough mental health information and support website (Keep-Your-Head.com). The website review aims to ensure it is brought up-to-date as well as ensuring it is user friendly and provides the latest information on local services and support available.
- We are on-track to deliver Mental Health Support Teams (MHSTs) in 50% schools within timescales [Cambridgeshire and Peterborough Mental Health Support Team \(cambspborochildrenshealth.nhs.uk\)](#). Schools not covered by the MHSTs are served by the Emotional Health and Wellbeing team [Cambridgeshire and Peterborough Emotional Health and Wellbeing Service \(cambspborochildrenshealth.nhs.uk\)](#)



Deliverable 10- Establish a mechanism to improve health outcomes for our school-aged population

- A School-aged health Improvement Partnership (SHIP) has been established to coordinate and streamline activity across this population. The first meeting took place at the end of October.
- Membership of the group includes representatives from Primary, Secondary and Special School Headteachers from both Cambridgeshire and Peterborough alongside colleagues from Health, the Local Authorities and Providers.
- Initial priorities for the partnership have been agreed as:
 - Improving school attendance /EBSA (emotional based school avoidance)
 - Specialist Health services in schools
 - Mental Health support for schools, parents & children
 - Supporting Healthy behaviours: diet, oral health, physical activity, sleep
 - Vaping/smoking reduction
 - Improving communications between services and schools
- There has been an agreement to complete a JSNA on the needs of Children and Young People with a completion date scheduled for April 2024.

Challenges



- Increased demand for mental health services for children and young people
- Stark inequalities in health outcomes for our children across different parts of our county. Published whole county data often masks the very poor outcomes of children in some of our most deprived areas and other vulnerable groups.
- Staffing recruitment and capacity challenges particularly for qualified clinical positions including Health Visitors and School Nurses.
- Financial challenges across all sectors linked to inflation and pay awards. Also, short-length of some funding grants resulting in concerns about sustainability e.g Family hubs.
- Need for creating the right streamlined governance structure to avoid duplication, co-ordinate services and deliver improved outcomes.





Wider System Support

- System Partners to support the compilation of the JSNA for Children and Young People
- System partners, including district councils, GPs and maternity colleagues, to support the promotion of the Healthy Start scheme to support access amidst cost of living crisis
- System support to implement Ofsted inspection recommendations in PCC (Children's services) and LGA peer inspection for SEND in CCC



Next steps

- Continue work to develop an enhanced Family Hubs digital offer in both Peterborough and Cambridgeshire, aligning with new digital platforms developed by Health trusts.
- Develop a clear local pathway to support the wellbeing and mental health needs of new parents, and promote associated local anti-stigma campaign in 2024.
- Support the roll out of #freetofeed across all districts of Cambridgeshire and Peterborough in order to promote breastfeeding in community venues.
- Deliver on the priorities of the newly established School-aged Health Improvement Partnership



Report title: Cambridgeshire and Peterborough Pharmaceutical Needs Assessment – Supplementary Statement October 2023

To: Cambridgeshire and Peterborough Health & Wellbeing Board / Integrated Care Partnership

Meeting Date: 19 January 2024

From: Iain Green, Team Manager Health in All Policies, Cambridgeshire County Council (Chair C&P Pharmaceutical Needs Assessment Steering Group)

Outcome: This paper is to update the Board on the changes in pharmaceutical services across Cambridgeshire and Peterborough and recommend the Board issue a supplementary statement in order to fulfil its statutory function to keep the Pharmaceutical Needs Assessment up to date.

Recommendation: The HWB/ICB is asked to

- a) Consider the changes to pharmaceutical services across Cambridgeshire and Peterborough as contained in this report and the Supplementary Statement attached as Appendix 1.
- b) Agree the Supplementary Statement at Appendix 1 and publish it as an addendum to the main Cambridgeshire & Peterborough Pharmaceutical Needs Assessment 2022 as per the requirements under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- c) Agree that a producing a new Pharmaceutical Needs Assessment would be disproportionate at this time, but the provision of Pharmaceutical Services will be kept under review.

Officer contact:

Name: Iain Green

Post: Team Manager Health in All Policies (Chair PNA Steering Group)

Email: iain.green@cambridgeshire.gov.uk

Tel: 01223 703257

1. Background

- 1.1 Every Health and Wellbeing Board (HWB) in England has 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).
- 1.2 Cambridgeshire and Peterborough produced its current PNA in October 2022, and as per legislative requirements the health and wellbeing board is required to publish its next pharmaceutical needs assessment within three years of the date on which the 2022 version was published i.e. by October 2025.
- 1.3 There may be occasions where a health and wellbeing board will need to publish its next pharmaceutical needs assessment sooner. In addition, the health and wellbeing board may need to publish a supplementary statement or statements.
- 1.4 The report describes changes to pharmaceutical provision across Cambridgeshire and Peterborough since the October 2022 PNA, this includes the closures of several Lloyds and Boots branches, changes to opening hours. The detail of these changes is included in the Supplementary Statement at Appendix 1.

2. Main Issues

2.1 National Picture

Since the Health and Wellbeing Board produced its last PNA in October 2022 there have been several changes nationally which have affected the provision of Pharmaceutical Services in the Health and Wellbeing Board area, specifically:

1. The announcement of Lloyds pharmacy Ltd to close all of its pharmacies located in Sainsburys stores.
2. The announcement of Lloyds Pharmacy to sell or close the remainder of its community pharmacies.
3. The announcement of Boots UK limited to reduce the number of its pharmacies.
4. The legislative changes brought in to relieve the pressures on community pharmacy (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023) e.g. allowing 100hrs pharmacies to reduce their opening hours to 72hrs, and the introduction of rest breaks.

2.2 The changes to pharmaceutical provision is a national issue. Data from the NHS Business Services Authority (NHSBSA) in October 2023 shows that there were 11,500 active community pharmacies in England in 2021/22, which was the lowest number since 2015/16. In 2021/22, 308 new pharmacies opened and 418 closed. More recent data was given in response to a Parliamentary Question in July 2023, where the government said that the number of pharmacies reduced by 222 between December 2022 and June 2023.

2.3 In January 2023, after reviewing its operations and “in response to changing market conditions”, Lloyds Pharmacy announced it would withdraw pharmacy services from all Sainsbury’s stores over the course of 2023. Lloyds Pharmacy subsequently closed 237 branches in June 2023.

2.4 In June 2023, Boots announced that it would close 300 pharmacies across the UK, over the next year, bringing its portfolio from 2,200 branches to 1,900, approximately. Boots said the affected branches were located in close proximity to each other. The reasons being cited for pharmacy closures across the sector include inadequate funding and rising operating costs.

2.5 The impact of pharmacy closures includes patients, who may need to travel further to access another pharmacy, and surrounding pharmacies who end up taking on patients from a wider catchment area and prescriptions displaced by the closing pharmacy. It has also been suggested that most of the closures are happening in areas of higher deprivation. While data from NHS Digital appears to show that closures since 2021 have disproportionately been in more deprived areas, this only tells part of the story. During this period there have also been more pharmacy openings in more deprived areas than in less deprived areas, so it is not clear that there has been a net change in provision based on deprivation.

2.6 **Cambridgeshire and Peterborough Picture**

The current PNA published in October 2022 was produced before the above announcements and therefore the Board needs to be aware of these changes and should consider the need to either publish a Supplementary Statement or produce a new PNA. In summary since publication, in Cambridgeshire and Peterborough there have been:

- 10 pharmacy closures.
- Changes to the opening hours of a number of pharmacies.
- Of the fifteen 15 pharmacies contracted to provide 100 hours of opening only one is still providing 100 hours, the rest have either reduced their opening hours or have ceased trading, in summary:
 - One pharmacy still provides 100 hours per week,
 - Two have reduced their opening hours to 79 hours per week,
 - Four have reduced their opening hours to 78 hours per week,
 - Four have reduced their opening hours to 72 hours per week,
 - Four have ceased trading.

The Supplementary Statement in Appendix 1 gives this information geographically to highlight current provision and to identify any geographic gaps.

2.7 At the last publication of the PNA the average number of community pharmacies in Cambridgeshire and Peterborough ICS/CCG area was 18.7 per 100,000 residents which was similar to the East of England average (19.4) and the England Average, however with the latest population data from the census and the changes to pharmacies locally the figure has changed with the pharmacies per 100,000 population at 17.5, this is lower than the England average (20.0) but is similar to the East of England average (18.8).

2.8 **Legal Duties of the Health and Wellbeing Board – keeping the PNA up to date**

Once a PNA is published, the 2013 regulations require the health and wellbeing board to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent. This could be due to changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area (both residents and visitors).

The only exception to this requirement is where the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to the changes.

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- a. the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and

- b. the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services.

The Board has a statutory duty to keep the PNA up to date, when significant changes have been identified the board can request a new PNA is undertaken. It takes a minimum of 6 months to produce a new PNA so a balance needs to be struck between the resources and effort needed to produce a new PNA compared to updating the current PNA and still fulfilling the legal duties. The legislation and the guidance do not define what significant means, but gives examples of changes e.g.:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area (both residents and visitors).

In addition, this is a national issue but there has been no direction from Government requiring Boards to produce new PNAs (during Covid the Government instructed all Health and Wellbeing Boards to cease updating their PNA's and extended the statutory deadline to complete their PNAs to October 2022. This was due to the pressure it would put on pharmacy services).

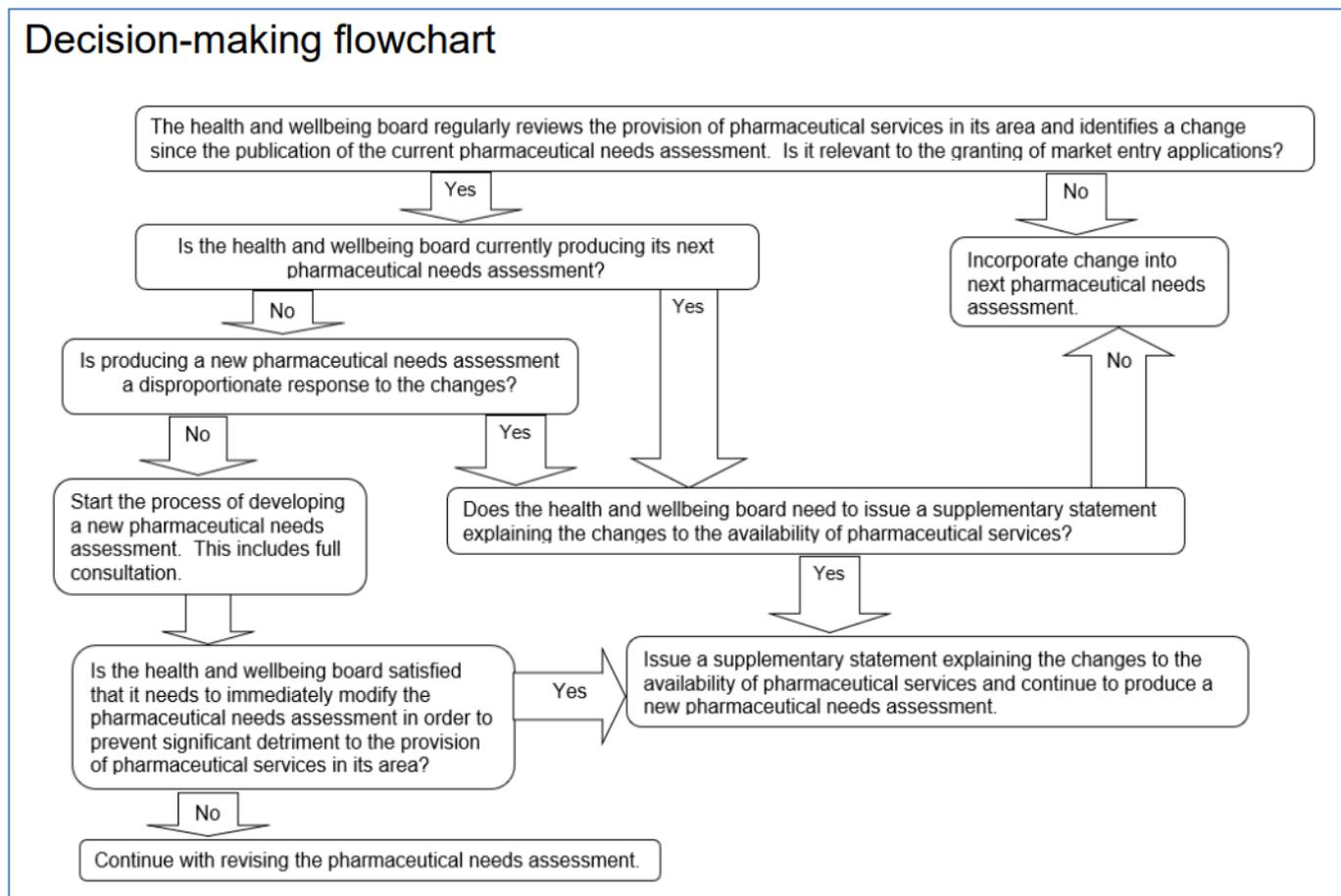
The only exception to this requirement is where the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to the changes. No Health and Wellbeing Board in the East of England has triggered a new PNA (up to December 2023), most have issued supplementary statements outlining the changes to pharmaceutical services locally.

- 2.9 The guidance contains a flowchart to help Boards decide on whether to trigger a new PNA or to issue a Supplementary Statement. A Supplementary Statement outlines the changes to the provision of Pharmaceutical Services and forms an addendum to the PNA. Supplementary statements are statements of fact; they do not make any assessment of the impact the change may have on the need for pharmaceutical services. Using the flowchart reproduced below, the main question the Board needs to address is "Is producing and new PNA a disproportionate response to the changes?" if the answer is yes then the Board is recommended to issue a supplementary statement.

- 2.10 Producing a new PNA at this time would be disproportionate because:
- The level of pharmaceutical provision in Cambridgeshire and Peterborough has not yet stabilised. There are a number of Lloyds and Boots pharmacies which are still in the process of being sold or may close.
 - The Government laid down regulations earlier this year allowing pharmacies to apply to reduce their opening hours to alleviate the pressure on services, applications to reduce opening hours are still being notified and may continue over the next 6-12 months
 - A PNA produced now may need to be updated again in 6-12 months time.

Therefore, the Supplementary Statement at Appendix 1 contains an updated map and outlines the changes to pharmaceutical services in Cambridgeshire and Peterborough. It also includes the changes to opening hours and 100hrs pharmacies. Publishing a Supplementary Statement allows the Board to fulfil its statutory obligations.

Decision-making flowchart



3. Alignment with the Cambridgeshire & Peterborough Health and Wellbeing Strategy

3.1 This recommendation is relevant to all 4 priorities of the Cambridgeshire and Peterborough Health and Wellbeing Strategy.

- Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
- Priority 2: Create an environment to give people the opportunities to be as healthy as they can be.
- Priority 3: Reduce poverty through better employment and better housing.
- Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.

4. Significant Implications

Report authors should evaluate any further significant implications using the following three sub-headings below. These significant implications should also be evaluated using the questions detailed below.

4.1 Resources

This report does not address the financial implications of recommendations, however should the Board request a new PNA is undertaken additional resources will be needed within Public Health and the ICS.

4.2 Statutory, Legal and Risk Implications

The NHS Act 2006 (the “2006 Act”), amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments. Issuing a Supplementary Statement as an addendum to the PNA is a proportionate response and allows the Board to fulfil its statutory requirements.

- 4.3 Equality and Diversity Implications
Implementation of any of the activities described in this report will have due regard to the Council’s equalities duties under the Equality Act 2010 and where appropriate a community impact assessment will be completed.

This report has been signed off by the Executive Director of Public Health Jyoti Atri

5. Appendices

- 5.1 Supplementary Statement.

6. Source documents

- 6.1 Cambridgeshire and Peterborough Pharmaceutical Needs Assessment 2022
[Cambridgeshire and Peterborough PNA 2022](#)
Pharmaceutical needs assessments Information pack for local authority health and wellbeing boards [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](#)
House of Commons Research Briefing “Community Pharmacy in England” [CBP-9854.pdf \(parliament.uk\)](#)
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2023 \(legislation.gov.uk\)](#)
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](#)

7. Conflict of Interest

- 7.1 Conflict of Interest have been reviewed and addressed in line with the ICB Conflicts of Interest and standards of Business Conduct Policy
The ICB and HWB have agreed to joint Conflict of Interest register but with its respective members filling out separate forms.
The Head of Governance will handle any queries in relation to this
(capccg.icsgovernanceteam@nhs.net)

**Cambridgeshire and Peterborough Health and Wellbeing Board
Pharmaceutical Needs Assessment (PNA)
Supplementary Statement to the 2022 PNA
January 2024**

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Executive Summary

Cambridgeshire and Peterborough Pharmaceutical Needs Assessment (C&PPNA) was published in October 2022, and is available at [Cambridgeshire and Peterborough PNA 2022](#). It assesses whether the current provision of pharmacy services meets the needs of the population.

The 2022 PNA states that *“The PNA steering group will continue to monitor any potential closures or mergers of local pharmacies and issue appropriate statements of fact (Supplementary Statements) as necessary in line with PNA requirements”*.

Due to the number of closures and/or reduction in opening hours since the C&PPNA was published a Supplementary Statement is needed. It updates the last published Cambridgeshire and Peterborough Pharmaceutical Needs Assessment (October 2023) and enables the Pharmaceutical Services Regulations Committee (PSRC) to make informed decisions when commissioning services or assessing applications/changes to the Pharmaceutical List.

Main Changes since October 2022

Since the PNA was published in October 2022 the Health and Wellbeing Board has been notified by Hertfordshire and West Essex ICB (who host the Pharmaceutical Services Regulations Committee (PSRC) on behalf of Cambridgeshire and Peterborough ICB) that 10 community pharmacies have been removed from the pharmaceutical list and have ceased to provide pharmaceutical services (9 closures and 1 consolidation (resulting in 1 closure)).

This document describes the locations and service provision previously offered by these pharmacies and assesses whether these closures have led to a gap in access to services.

The findings of this Supplementary Statement

Cambridgeshire and Peterborough still has adequate geographic provision of essential services¹ to meet the needs of the population by providing a service for the majority of the residents within 20 minutes of their home. There are some pockets in Cambridgeshire and Peterborough where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited and/or may be served by pharmaceutical services in a neighbouring Health and Wellbeing Board Area. However, it is recognised that not everyone has access to a car, and that those unable to access a car may be among the more vulnerable in society.

Analysis of opening hours and trading days shows that while there is still adequate provision of access to pharmaceutical services for essential services, Monday to Friday during usual opening hours, there has been a reduction in opening hours particularly at evenings and weekends. Since October 2022 there have been a number of pharmacies which have reduced their supplementary hours.

¹ “Essential Services” are services all pharmacies are required to provide.

Changes to 100 Hour Pharmacies

100 hour pharmacies are pharmacies which are contracted to open for at least 100 hours per week for the provision of pharmaceutical services. The 2022 PNA identified that there were 15 Pharmacies contracted for 100 hours across Cambridgeshire and Peterborough, it concluded that maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire and Peterborough.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 that came into force from May 2023 allowed pharmacies currently contracted to provide 100 hours of opening to reduce those core hours to not less than 72 hours per week. In Cambridgeshire and Peterborough out of the 15 contracted to provide 100 hours only one is still providing 100 hours, the rest have either reduced their opening hours or have ceased trading.

In summary:

- One pharmacy still provides 100 hours per week,
- Two have reduced their opening hours to 79 hours per week,
- Four have reduced their opening hours to 78 hours per week,
- Four have reduced their opening hours to 72 hours per week,
- Four have ceased trading.

As required by The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the map of community pharmacies has been updated and is included in this Supplementary Statement at Appendix 2 and replaces the map in the 2022 PNA.

Background

Cambridgeshire and Peterborough Pharmaceutical Needs Assessment (CPPNA) was published in October 2022, and is available at [Cambridgeshire and Peterborough PNA 2022](#). It assesses whether the current provision of pharmacy services meets the needs of the population. The PNA is used by the Pharmaceutical Services Regulations Committee (PSRC) in its approval process for applications to join the pharmaceutical list under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013. Hertfordshire and West Essex (HWE) ICB host the (PSRC) on behalf of Cambridgeshire and Peterborough ICB under a Memorandum of Understanding.

The 2022 PNA states that the PNA steering group will continue to monitor any closures of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements. This document sets out changes in provision since October 2023 and assesses whether these changes will lead to a gap in service.

Legal Duties of the Health and Wellbeing Board – Keeping the PNA up to date

Once a PNA is published, the 2013 regulations require the health and wellbeing board to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a **significant extent**. This could be due to changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area (both residents and visitors).

The only exception to this requirement is where the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to the changes.

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- a. the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and
- b. the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services

Cambridgeshire and Peterborough PNA 2022 Summary of Findings

The conclusion of the 2022 PNA is that *“There is currently sufficient pharmaceutical service provision across Cambridgeshire and Peterborough. however there has been a reduction in the opening hours of many pharmacies, in addition the pharmacy consultation has raised concerns with staffing and recruitment, which may impact the ability of pharmacies to deliver a consistent service. No current or future gaps have been identified in the provision of necessary and other relevant service across Cambridgeshire and Peterborough.”*

This was demonstrated by the following:

- Within Cambridgeshire and Peterborough there are:
 - 148 community pharmacies,
 - 3 internet / distance selling pharmacies,
 - 3 dispensing appliance contractor (DAC),
 - 5 hospital pharmacy,
 - 40 dispensing GP's.
- the average number of community pharmacies in Cambridgeshire and Peterborough area is 18.7 per 100,000 residents which is similar to the East of England average (19.4) and the England Average (20.6).,
- there are some pockets in Cambridgeshire and Peterborough where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited and/or may be served by pharmaceutical services in a neighbouring Health and Wellbeing Board Area. This can be considered as an indication of good coverage in terms of the locations of pharmaceutical services across the county. However, it is recognised that not everyone has access to a car, and that those unable to access a car may be among the more vulnerable in society.
- In summary, review of the accessibility of NHS Pharmaceutical Services in Cambridgeshire in terms of locations and opening hours, suggest there is adequate access. There appears to be good coverage in terms of opening hours across the county, however there may be issues for certain patient groups, e.g. those adults working full time who can only collect prescriptions at weekends.

Changes to the provision of Pharmaceutical Services since October 2022

Community Pharmacy Closures

Since the PNA was published in October 2022 the Health and Wellbeing Board has been notified by Hertfordshire and West Essex (HWE) ICB (who host the Pharmaceutical Services Regulations Committee (PSRC) on behalf of Cambridgeshire and Peterborough ICB) that the following community pharmacies have been removed from the pharmaceutical list and have ceased to provide pharmaceutical services. Map 1 below shows these closures.

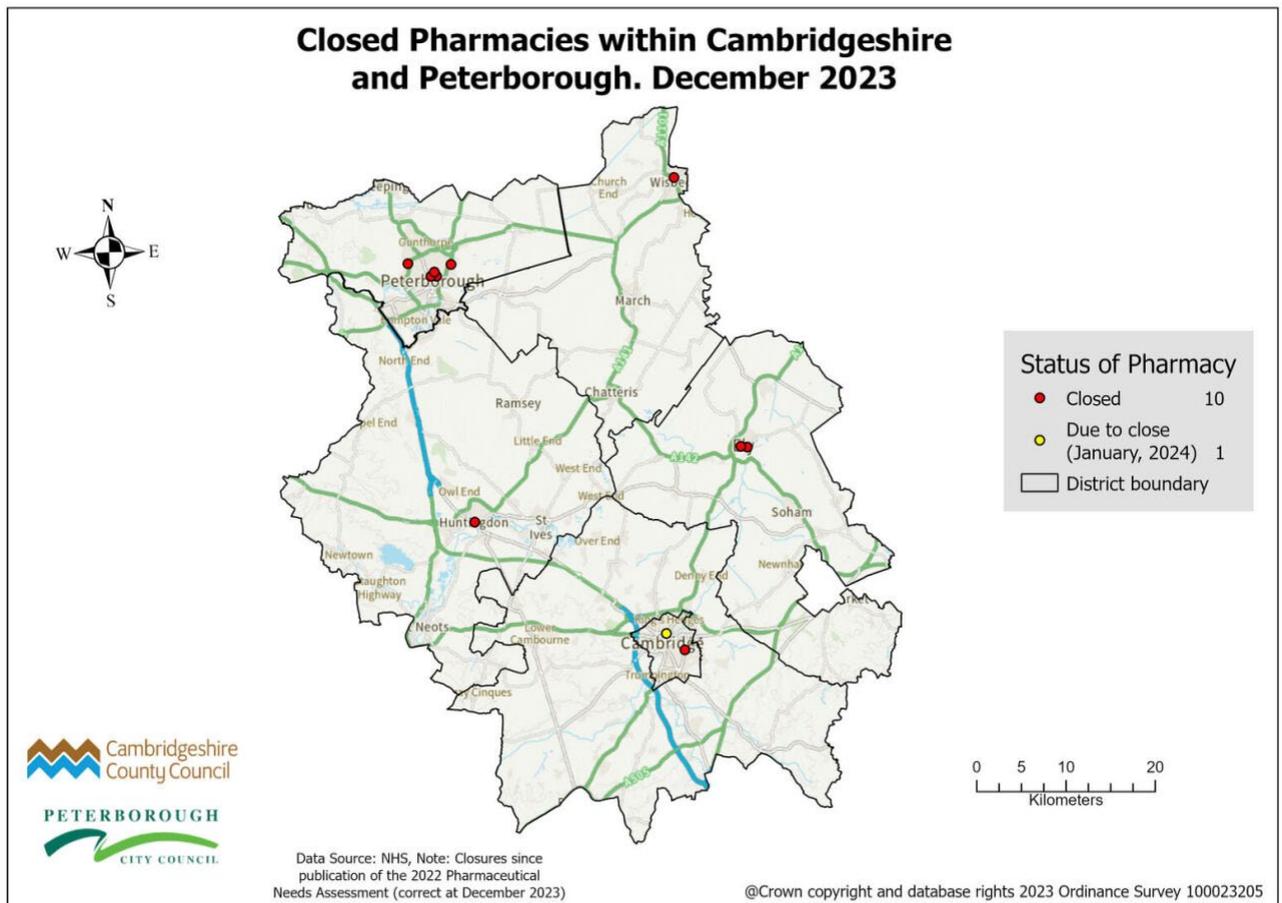
Name*	Address	Town/City	Postcode	Date of Closure
Lloyds Pharmacy Ltd	Sainsbury's Superstore Cresswells Lane	Ely	CB7 4AS	13/06/2023
Lloyds Pharmacy Ltd	Sainsbury's Superstore St Germain Walk Nursery Road	Huntingdon	PE29 3FG	13/06/2023
Lloyds Pharmacy Ltd	Sainsbury's Superstore Oxney Road	Peterborough	PE1 5NG	13/06/2023
Lloyds Pharmacy Ltd	Sainsbury's Superstore Brooks Road	Cambridge	CB1 3HP	13/06/2023
Medi Plus Partners Ltd	51 Lincoln Road	Peterborough	PE1 2RR	30/04/2023
Meds Pharma Ltd†	50 Lincoln Road	Peterborough	PE1 2RY	03/04/2023
Boots UK Ltd	8 De Havilland Road	Wisbech	PE13 3AN	01/09/2023
Boots UK Ltd	Bretton Health Centre Rightwell East	Peterborough	PE3 8DT	28/10/2023
MI Pharmacy Limited	164 Park Road	Peterborough	PE1 2UF	31/10/2023
<i>Boots UK Ltd‡</i>	<i>68 Chesterton Road</i>	<i>Cambridge</i>	<i>CB4 1EP</i>	<i>05/01/2024</i>

* Those in **bold** were operating as 100hrs Pharmacies

† This pharmacy closed as a result of a consolidation (merger).

‡ This pharmacy is due to close in January 2024

Map 1: Pharmacy closures since October 2023



Changing to Dispensing GP's

The current list of dispensing practices shows that there are 37 dispensing practices in Cambridgeshire and Peterborough – this is a reduction of 3 since the last PNA was published.

Changes to Opening Hours

Since October 2022 there have been a number of pharmacies which have reduced their supplementary hours.

Changes to 100 Hours Pharmacies

100 hour pharmacies are pharmacies which are contracted to open for at least 100 hours per week for the provision of pharmaceutical services. The 2022 PNA identified that there were 15 Pharmacies contracted for 100 hours across Cambridgeshire and Peterborough, it concluded that maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire and Peterborough.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 that came into force from May 2023 allowed pharmacies currently contracted to provide 100 hours of opening to reduce those core hours to not less than 72 hours per week. In Cambridgeshire and Peterborough

out of the 15 contracted to provide 100 hours only one is still providing 100 hours, the rest have either reduced their opening hours or have ceased trading. Table 1 below shows the changes to 100 hours pharmacies opening hours.

Table 1: Changes to 100 Hours Pharmacies

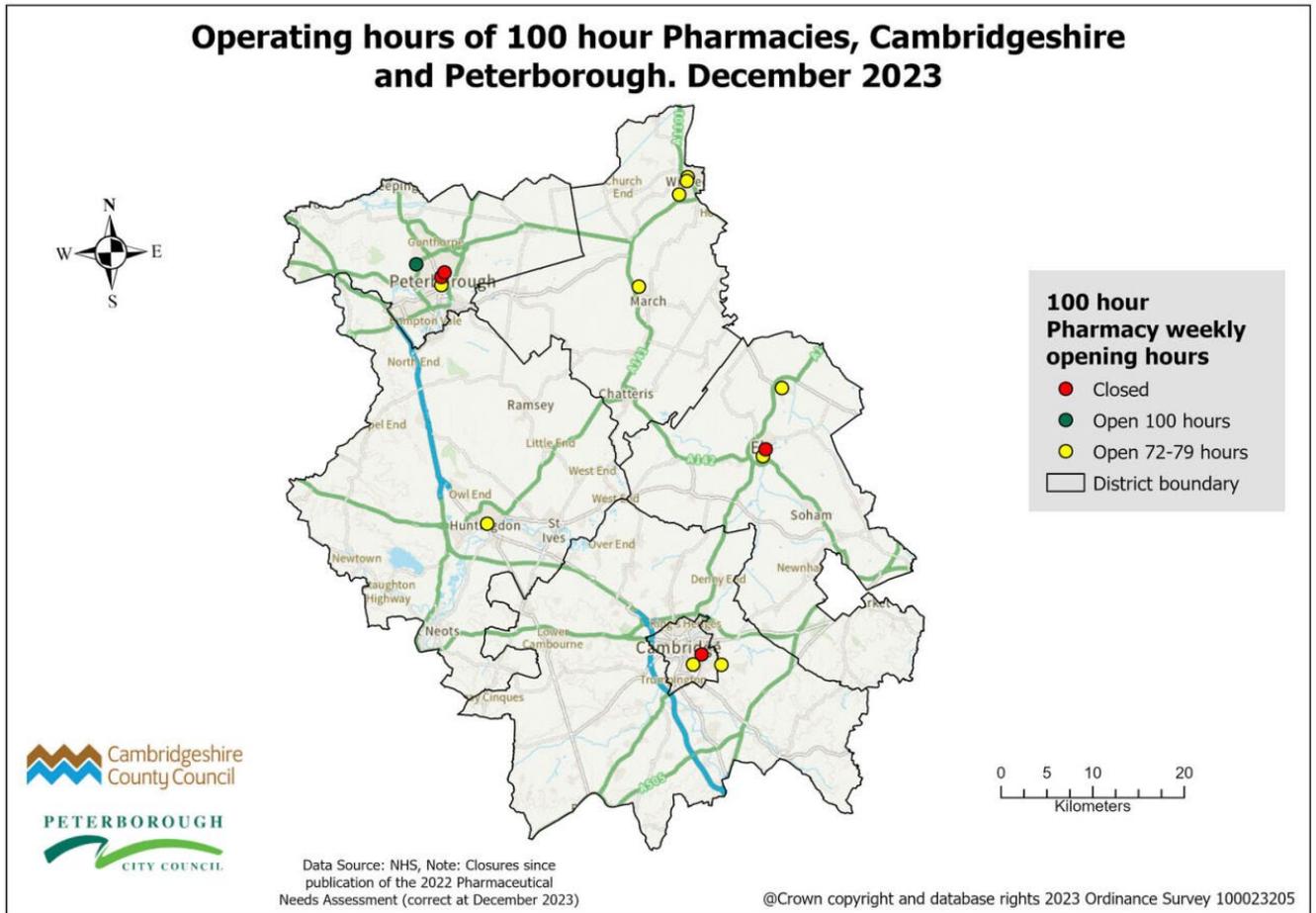
Name	Address	Town	Postcode	New contracted hours
Asda Stores Ltd	23 North End	Wisbech	PE13 1PE	72:00
Asda Stores Ltd	West Rivergate Shopping Centre Viersen Platz	Peterborough	PE1 1ET	72:00
Boots UK Ltd[§]	Unit 2 The Bretton Centre Bretton	Peterborough	PE3 8DN	100:00
Brink Medicines Limited	7 North Brink	Wisbech	PE13 1JU	79:00
Pari-Chem Ltd	102 Cherry Hinton Road	Cambridge	CB1 7AJ	72:00
Priory Fields Healthcare LLP	Priory Fields Surgery Nursery Road	Huntingdon	PE29 3RL	72:00
Tesco Stores Ltd	Cromwell Road	Wisbech	PE14 0RG	78:00
Tesco Stores Ltd	Tesco Superstore Hostmoor Avenue	March	PE15 0AX	78:00
Tesco Stores Ltd	Tesco Superstore Angel Drove	Ely	CB7 4DJ	78:00
Tesco Stores Ltd	Tesco Superstore Yarrow Road	Fulbourn	CB1 9BF	78:00
Alchemy Pharmaceuticals Ltd	2 Parsons Lane	Littleport	CB6 1JU	79:00
Lloyds Pharmacy Ltd	Sainsbury's Superstore Cresswells Lane	Ely	CB7 4AS	CLOSED
Lloyds Pharmacy Ltd	Sainsbury's Superstore Brooks Road	Cambridge	CB1 3HP	CLOSED
Medi Plus Partners Ltd	51 Lincoln Road	Peterborough	PE1 2RR	CLOSED
MI Pharmacy Limited	164 Park Road	Peterborough	PE1 2UF	CLOSED

[§] Still providing 100 hours of opening per week

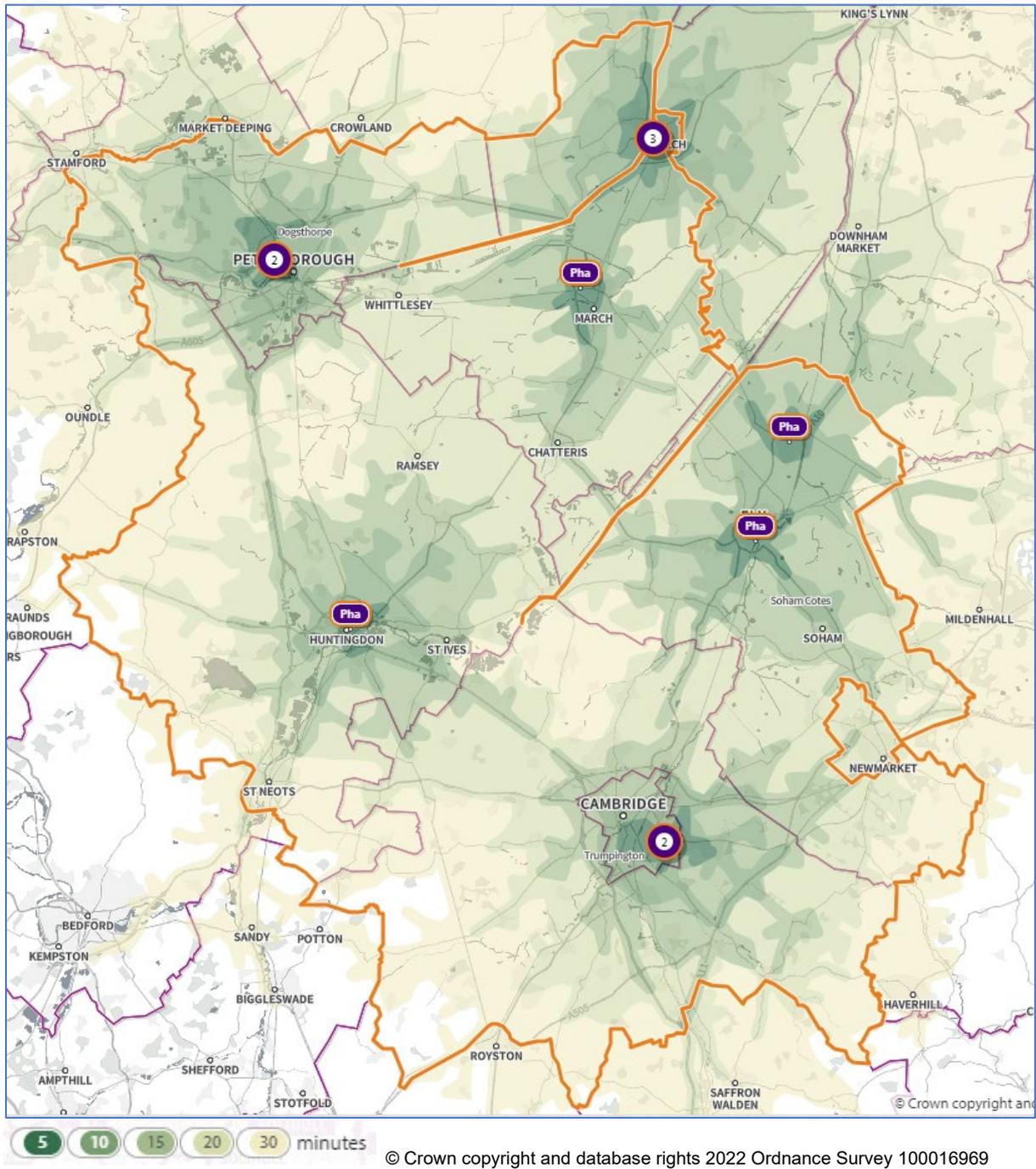
Access to 100 Hours pharmacies by car is relatively unchanged since the last PNA as the pharmacies which have closed were close to a 100 hours pharmacy which is still operating.

Map 2 below shows the 100 hours pharmacies across Cambridgeshire and Peterborough, highlighting those that operate 100 hours, 72-79 hours and those that have closed. Map 3 below shows the travel times to 100 hours pharmacies across Cambridgeshire and Peterborough.

Map 2: 100 Hours Pharmacies



Map 3: Travel times to 100 Hours pharmacies Cambridgeshire and Peterborough by car



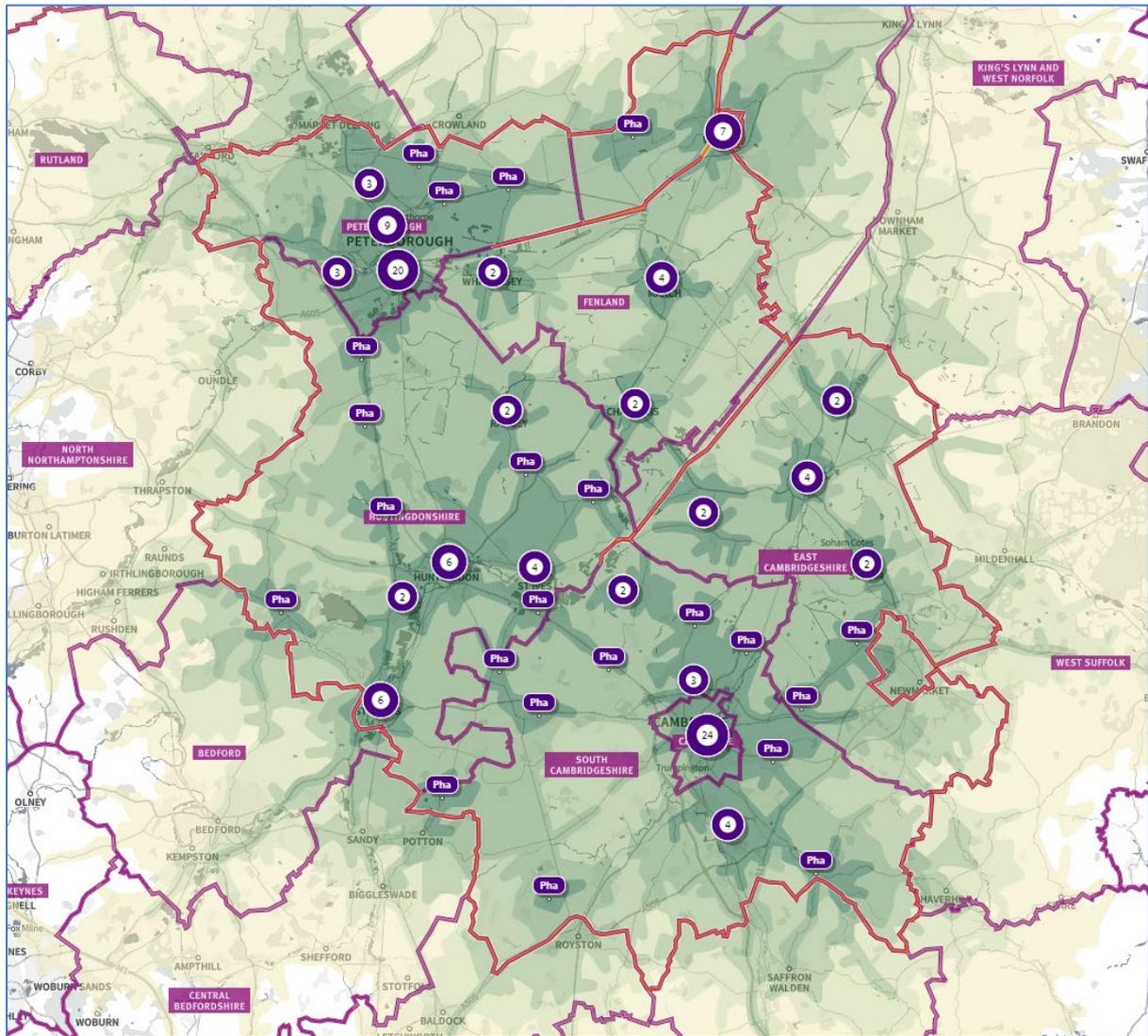
Impact of the change on the provision of essential services

The closure of the pharmacies listed above, along with consolidations of pharmacies leads to a reduction in the number of community pharmacies in Cambridgeshire and Peterborough, and changes the pharmacies per 100,000 population to 17.5, this is lower than the England average (20.0) but is similar to the East of England average (18.8).

Travel times to Community Pharmacy

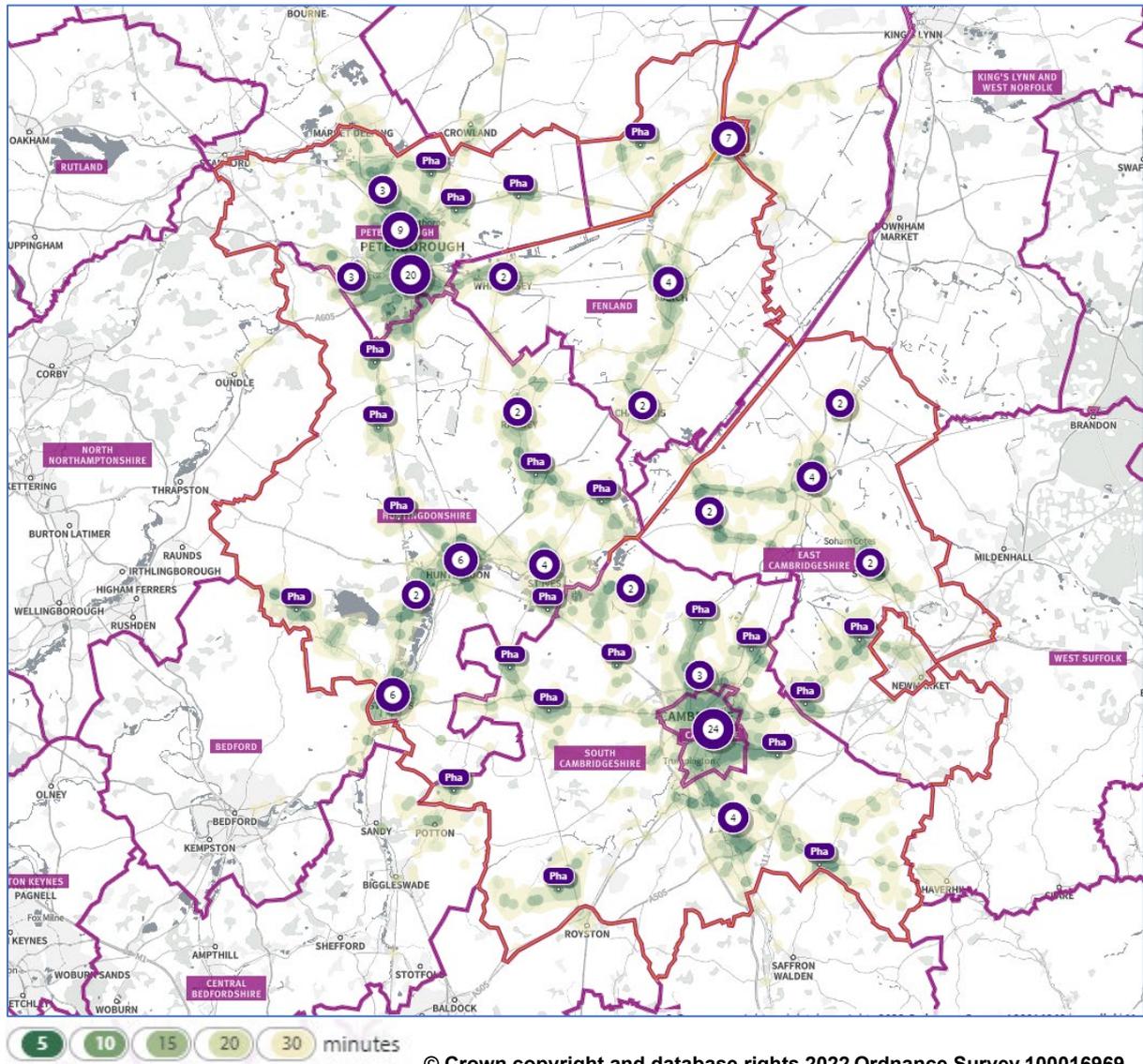
Map 4 shows the travel time to community pharmacies within Cambridgeshire and Peterborough by car, Map 5 shows the travel time by public transport. There are a few areas where it takes longer than 20 minutes by car, but these are served by community pharmacies outside of the Cambridgeshire and Peterborough Health and Wellbeing Board area as shown in Map 6.

Map 4: Travel times to community pharmacies in Cambridgeshire and Peterborough by car

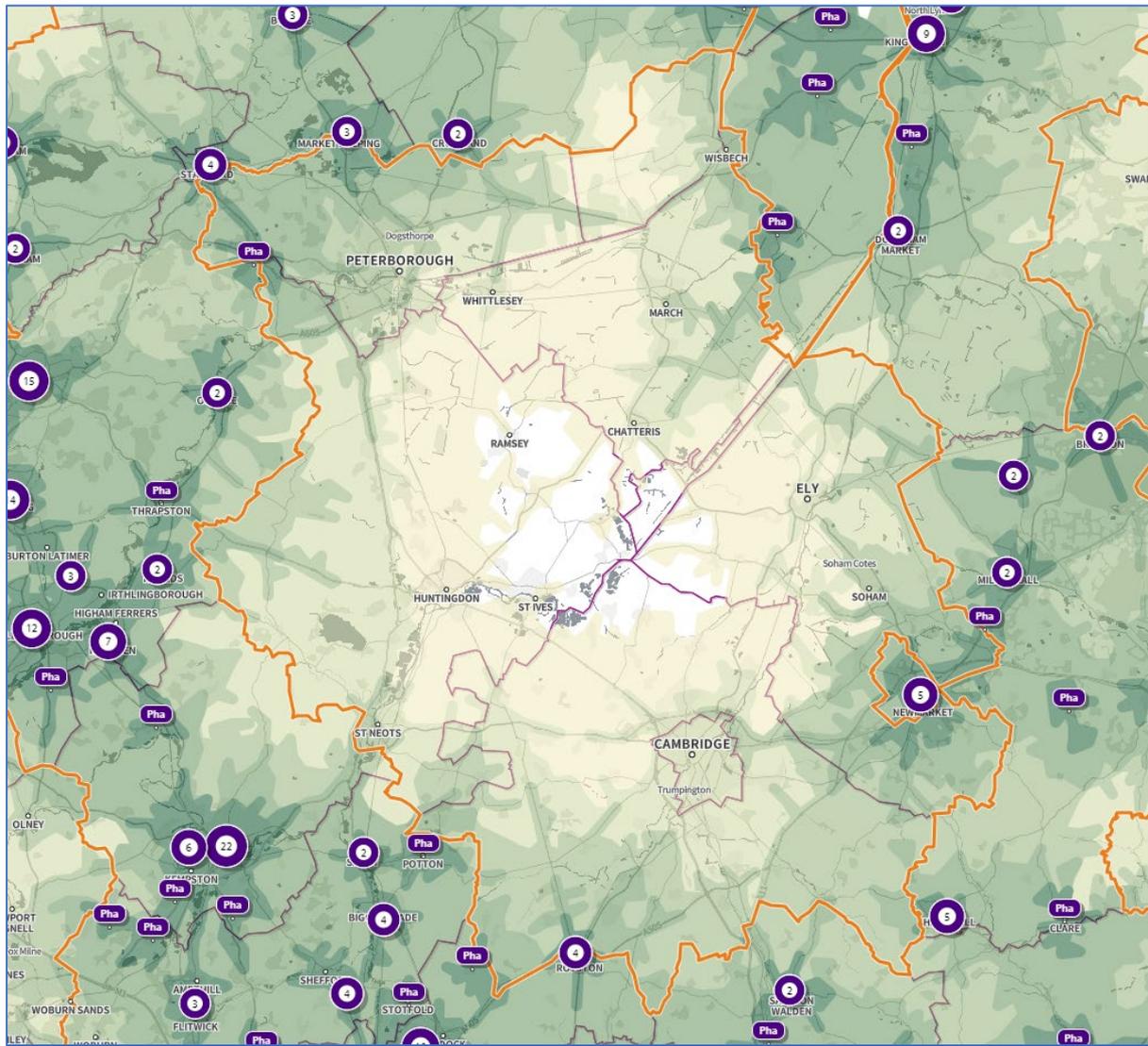


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Map 5: Travel times to community pharmacies in Cambridgeshire and Peterborough – by public transport, average weekday morning



Map 6: Travel times to pharmacies outside of Cambridgeshire and Peterborough by car



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Impact of the change on the provision of advanced, essential and locally commissioned services

Advanced services are services community pharmacy contractors can choose to provide, subject to specific accreditation, in addition to the essential services (Essential Services include the Medicines Discharge Service). These services are specified nationally and are commissioned by NHS England.

The currently advanced services that community pharmacies can opt into are:

- Community Pharmacy Consultation Service (to be superseded by Pharmacy First Service)
- New Medicines Services
- Flu Vaccinations
- Hypertension Case Finding Service
- Pharmacy Contraception Service
- Smoking Cessation

Locally commissioned services can be commissioned by the local ICB Locality Team, or the Local Authority. These services are commissioned from some or all of the pharmacies in the area to meet certain specific local needs. Services are usually contracted and paid for outside of the general contracting process. The services that are currently commissioned in Cambridgeshire and Peterborough are:

- Smoking Cessation (commissioned by CCC & PCC)
- Chlamydia Screening and Treatment (commissioned by CCC only)
- Emergency Hormonal Contraception (commissioned by CCC & PCC)
- Needle and Syringe Exchange Service (commissioned by CCC & PCC)
- Supervised Administration Service (commissioned by CCC & PCC)

Impact on locally commissioned services

Permanent and temporary closures alongside a reduction in community pharmacy opening hours has resulted in capacity issues and challenges for treatment services. Drug clients who require supervised consumption or frequent medication pick up regimes are particularly affected. In some areas of the county there is a shortage of allocated patient spaces in pharmacies and a 'one in one out' regime implemented. This has had an impact on patients being placed at a pharmacy with a longer travel distance from their home with limited transport options. This is particularly critical situation for the rough sleeper population.

The National Drug Strategy ambition is to increase the numbers of drug dependent individuals in structured treatment, both Cambridgeshire and Peterborough services have seen an increase to their treatment population at the same time as a decrease in Community Pharmacy capacity. There is a concern individuals may 'fall off' their medication as they struggle to get to pharmacies and therefore may return to street drugs (which increases risk factors) or that there may need to be a waiting list for OST patients in order to secure a community pharmacy space. The most vulnerable patients such as rough sleepers or prison leavers are those priority patients most likely to be impacted.

The pharmacies which have ceased trading provided the following locally commissioned services.

Name*	Town/City	Emergency Hormonal Contraception (EHC)	Nicotine Replacement Treatment (NRT)	Supervised Consumption
Lloyds Pharmacy Ltd	Ely	No	Yes	Unknown
Lloyds Pharmacy Ltd	Huntingdon	Yes	Yes	Yes
Lloyds Pharmacy Ltd	Peterborough	Yes	No	Yes
Lloyds Pharmacy Ltd	Cambridge	No	Yes	No
Medi Plus Partners Ltd	Peterborough	No	No	No
Meds Pharma Ltd	Peterborough	No	No	Yes
Boots UK Ltd	Wisbech	Yes	Yes	Yes
Boots UK Ltd	Peterborough	No	No	Yes
MI Pharmacy Limited	Peterborough	No	No	Yes
<i>Boots UK Ltd[#]</i>	<i>Cambridge</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>

* Those in **bold** were operating as 100hrs Pharmacies

‡ This pharmacy is due to close in January 2024

With the above closures there has been the following reduction in Locally Commissioned Services:

- Loss of 4 pharmacies providing EHC (none were 100 Hrs pharmacies)
- Loss of 4 pharmacies providing NRT (two were 100 Hrs Pharmacies)
- Loss of 7 pharmacies providing supervised consumption (one was a 100 hrs pharmacy)

Impact of the change on the hours of trading

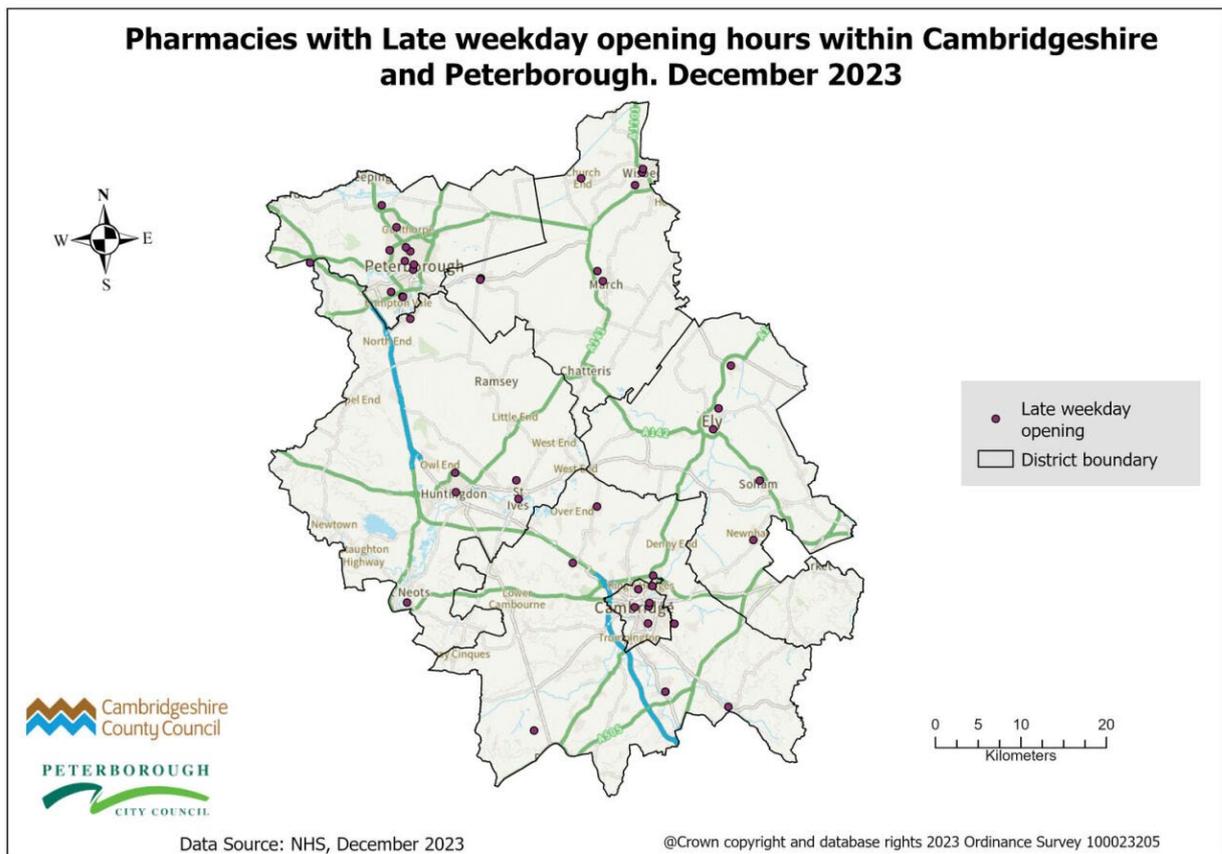
Community pharmacies are contracted to provide a minimum of 40 hours of essential services per week. These are the 'core' hours, although many choose to provide more than 40 hours, the extra is known as 'supplementary hours. A pharmacy will decide which hours are declared as 'core' and which 'supplementary'.

As at December 2023 in Cambridgeshire and Peterborough

- 20 (15%) community pharmacies open for the minimum 40 hours only,
- 61 (45%) open for between 40.5 and 49.5 hours,
- 32 (23%) open for between 50 and 59 hours,
- 23 (17%) open between 60 and 99 hours and
- 01 (1%) are providing 100 hours.

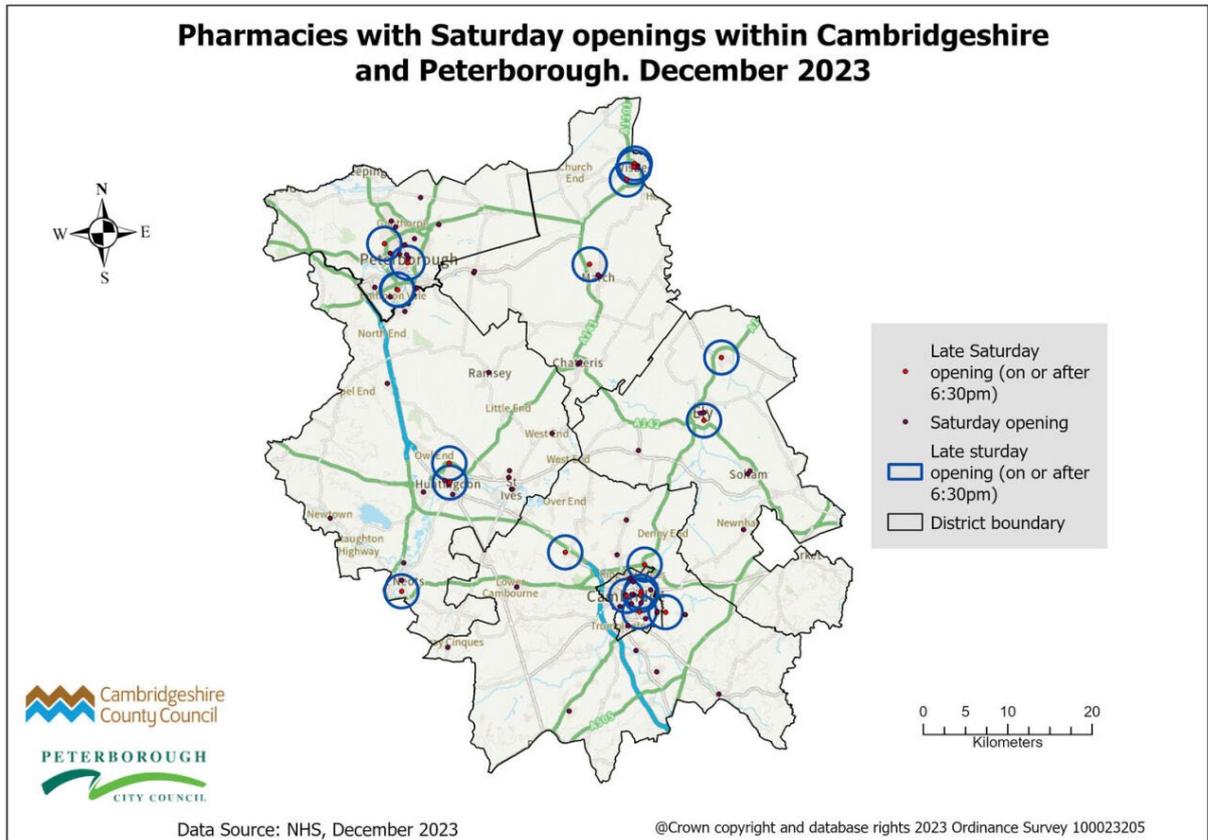
Map 7 below shows the location of pharmacies with late weekday evening opening (open after 18:30). This shows that there are some gaps in evening access in central Huntingdonshire and west South Cambridgeshire.

Map 7: Pharmacies with Late Weekday Opening (after 18:30)

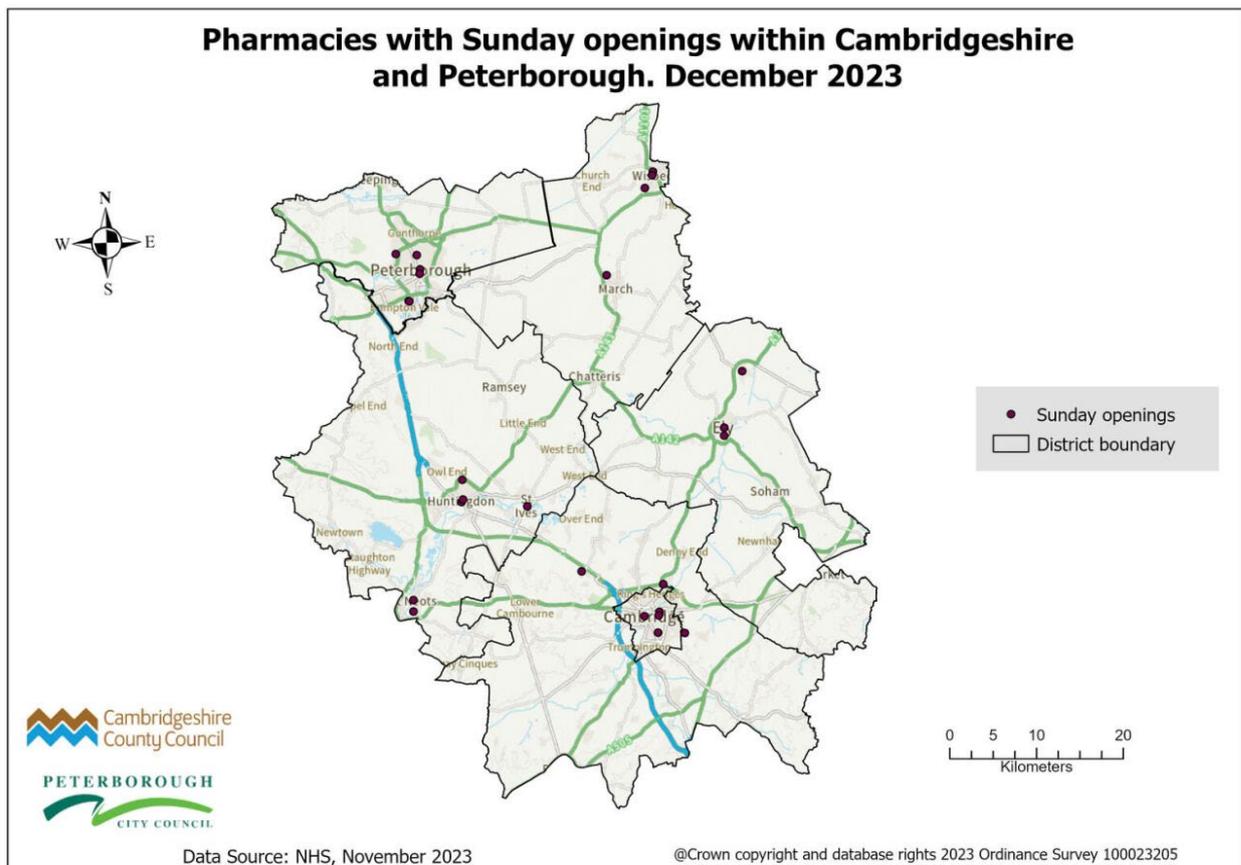


Map 8 below shows the locations of pharmacies which open on Saturdays, and the pharmacies which are open late Saturday (after 18:30). Map 9 below shows the pharmacies which are open on Sundays.

Map 8: Pharmacies open Saturdays and Late Saturdays (after 18:30)



Map 9: Pharmacies Open Sundays



Changes to the findings of the Cambridgeshire and Peterborough PNA

Site 1

The conclusion of this analysis is that the closure of the **Lloyds Pharmacy (Sainsbury's Superstore, Ely)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the East Cambridgeshire area for late weekday and Saturday evening services or on Sundays.

Site 2

The conclusion of this analysis is that the closure of the **Lloyds Pharmacy (Sainsbury's Superstore Huntingdon)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Huntingdonshire area for late weekday and Saturday evening services or on Sundays.

Site 3

The conclusion of this analysis is that the closure of the **Lloyds Pharmacy (Sainsbury's Superstore, Peterborough)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Peterborough area for late weekday and Saturday evening services or on Sundays.

Site 4

The conclusion of this analysis is that the closure of the **Lloyds Pharmacy (Sainsbury's Superstore, Cambridge)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Cambridge area for late weekday and Saturday evening services or on Sundays.

Site 5

The conclusion of this analysis is that the closure of the **Medi Plus Partners Ltd Pharmacy (Lincoln Road, Peterborough)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Peterborough area for late weekday and Saturday evening services or on Sundays.

Site 6

The conclusion of this analysis is that the closure of the **Meds Pharma Ltd Pharmacy (Lincoln Road, Peterborough)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Peterborough area for late weekday and Saturday evening services or on Sundays.

Site 7

The conclusion of this analysis is that the closure of the **Boots Pharmacy (Wisbech)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Fenland area for late weekday and Saturday evening services or on Sundays.

Site 8

The conclusion of this analysis is that the closure of the **Boots Pharmacy (Peterborough)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Peterborough area for late weekday and Saturday evening services or on Sundays.

Site 9

The conclusion of this analysis is that the closure of the **Mi Pharmacy Limited Pharmacy (Peterborough)** site does not lead to a gap in provision during normal working hours or on Saturday's. It does not lead to a gap in service in the Peterborough area for late weekday and Saturday evening services or on Sundays.

Site 10

The conclusion of this analysis is that the forthcoming closure of the **Boots Pharmacy (Cambridge)** site will not lead to a gap in provision during normal working hours or on Saturday's. It will not lead to a gap in service in the Cambridge area for late weekday and Saturday evening services or on Sundays.

Appendix 1 PNA supplementary statement process

This document will be published as a supplementary statement to the Cambridgeshire and Peterborough Health and Wellbeing Board Pharmaceutical Needs Assessment 2022 at <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/> once agreed by the Joint Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership.

This statement has been produced by the Cambridgeshire County Council and Peterborough City Council Public Health Directorate on behalf of the Cambridgeshire and Peterborough Health & Wellbeing Board / Integrated Care Partnership with input and review from the ICS.

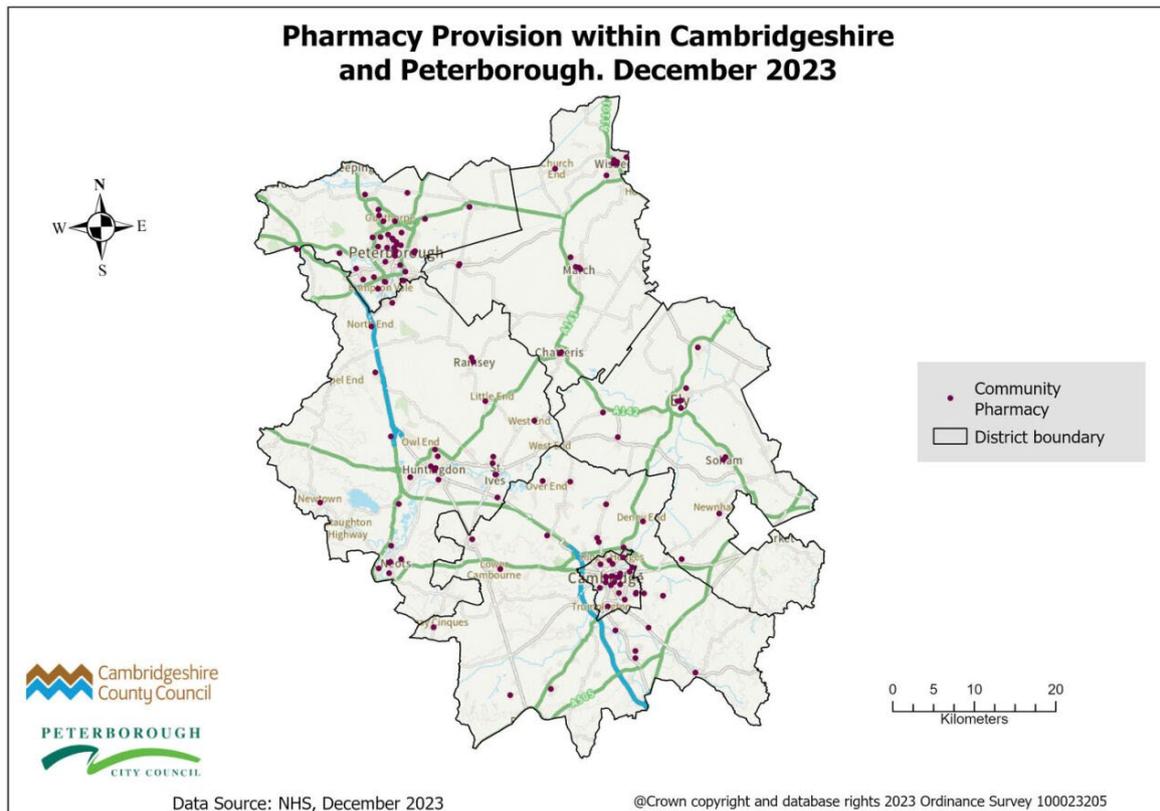
In accordance with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, the Joint Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership will publish a revised assessment within 3 years (by 30th October 2025).

Supplementary Statements will be issued on the opening or closure of pharmacies, or when there are pharmaceutical needs assessment changes that are minor and would not be relevant for granting of applications or have been signalled already in this document as having a potential, although as yet unknown, implication for local pharmaceutical service needs.

Supplementary Statements will be published in the same location as the 2022 PNA.

Appendix 2 – Updated Map of Pharmacy Locations in Cambridgeshire and Peterborough (replacing the map in the 2022 PNA)

Map 10: Updated Map of Pharmacy Locations in Cambridgeshire and Peterborough



Agenda Item No: 5

Report title: **Community Pharmacy Update**

To: Cambridgeshire and Peterborough Health & Wellbeing Board / Integrated Care Partnership

Meeting Date: 19 January 2024

From: Sati Ubhi - Chief Pharmacist, Cambridgeshire & Peterborough Integrated Care Board

Outcome: This paper is to provide the Joint Health and Well Being (HWB)/Integrated Care Partnership (ICP) Board with a progress update on the development of local pharmaceutical services.

Recommendation: The HWB/ICP is asked to:

1. Consider the progress described in the report
2. Identify how the Joint HWB/ICP Board and wider system can provide support to progress the areas identified in this paper.

Officer contact:

Name: JC Lewis (Cambridgeshire and Peterborough Integrated Care Board)
Post: Business Partner, Pharmacy & Optometry – Primary Care Contracts & Enabling Team
Email: jc.lewis@nhs.net

1 Background

- 1.1. Community Pharmacies are the backbone of Primary Care, providing clinical services, advice and dispensing medicines to the population. Embedded in the heart of our communities they represent the healthcare services that people choose to use more frequently than any other and as such have a key role to play as part of a sustainable, prevention-focused primary care infrastructure.
- 1.2. The Joint HWB/ICP Board has requested an update on the development and integration of local community pharmacy services.
- 1.3. This report describes the progress made against the Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Strategy and the Integrated Care Board Joint Forward Plan.
- 1.4. Our Health and Wellbeing and Integrated Care Strategy states that the skills of community pharmacists in optimising medicine usage and understanding, to increase compliance, to reduce medicine wastage and to contribute to the acute and long-term condition management must be recognised and supported.

2. Main Issues

2.1. Engagement and Integration

Following the Fuller Stocktake and the Primary care access recovery plan, a greater importance has been placed on services delivered by Community Pharmacy and integration into the wider Primary care.

The ICB has demonstrated a firm commitment to the integration of community pharmacy services.

- Executive leaders have taken the time to understand the opportunities and challenges faced by contractors by undertaking site visits.
- Two successful face-to-face stakeholder events have been held with Community Pharmacy representatives highlighting the following key areas of importance:
 - Contractual Framework Funding
 - Digital systems and Patient Records Access
 - Communication with General Practice
 - Clinical Services
 - Workforce challenges
 - Opportunities for new and innovative delivery of services
- The National Community Pharmacy Integration Fund has allowed us to pilot models to integrate Community Pharmacy PCN Leads with PCN Clinical Directors and their teams to work on specific areas.

2.2. Clinical Services

2.2.1. Pharmacy First

- On 9th May 2023, NHSE and DHSC published the Delivery Plan for recovering access to primary care, which includes a commitment to:
 - Commission community pharmacies to deliver a Pharmacy First service by enabling the supply of NHS medicines for seven conditions and
 - Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
 - Invest to significantly improve the digital infrastructure between general practice and community pharmacy.
- Nationally it is expected that this service will free up 10 million GP appointments per year.
- Pharmacy First is a new advanced service which will consist of three elements, including 7 new clinical pathways,
 - Pharmacy First (clinical pathways) – new element.
 - Pharmacy First (urgent repeat medicine supply) – previously commissioned as the Community Pharmacy Consultation Scheme (CPCS).
 - Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS.
- The clinical pathways element will enable the management of common infections by community pharmacies through offering self-care, safety netting advice, and only if appropriate, supplying certain over the counter and prescription only medicines via Patient Group Directions.
- The service is due to launch on 31 January 2024, subject to the appropriate digital systems being in place to support these services.
- Currently, within Cambridgeshire and Peterborough (C&P), we have 129 pharmacies which have registered for the service (90% of C&P pharmacies as of 07 January 2024).

2.2.2. Hypertension Case Finding

- This service aligns with our system cardiovascular strategy to identify patients with high blood pressure.
- It allows the identification of people over 40 (or younger at the discretion of the pharmacist) with high blood pressure who have not previously had a diagnosis to be referred to the GP where appropriate.
- Blood pressure checks were undertaken for **23 501** of our population within our pharmacies between September 2022 to August 2023 (12 months).
- This service has now been extended to allow non-registered pharmacy staff to provide the service, enabling/ maximising the use of our workforce.
- NHSE have invested in this service to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke.

2.2.3. Contraception Service

- Several community pharmacies across C&P are now providing this service which allows for the initiation of supply of oral contraception and ongoing monitoring and supply of oral contraception initiated in general practice or sexual health clinics (or equivalent).
- This service allows patients easier access to their medicines whilst reducing pressure on general practice and sexual health clinics (or equivalent).

2.2.4. Discharge Medicines Service (DMS)

- Through the DMS, patients who have changes to their medication when discharged from hospital are referred to a community pharmacist to help improve the patients' understanding of their medicines following discharge, reducing harm of medicines at transfer of care. This may also prevent readmission following hospital discharge.
- Local data shows that 20% of GP prescriptions following hospital discharge had errors or issues that were picked up through the DMS.
- The DMS has been shown to prevent one in ten people being readmitted to hospital due to their medication, and for those who are readmitted to hospital, an average of 6 days reduction in the length of their hospital stay.
- Year to date (April to November 2023), there have been 1045 referrals to the DMS.

2.2.5. Covid & Influenza Vaccinations & Covid Treatments

- For the current flu season 2024 (period up to 14 December 2024), our community pharmacies have provided **48,442** influenza vaccines.
- For the COVID Vaccination Autumn Campaign 2023, locally, 44 pharmacies have provided **80,253** vaccinations (up to 14/12/2023), the highest volume within our system.
- Our system was one of the first to commission a Covid-19 oral antiviral supply service from our Community Pharmacies. This service has since ceased as we have transitioned all community pharmacies to hold and supply these antivirals as business as usual.

2.2.6. Access to Repeat Medications

- Historically, our out of hours provider has struggled with high numbers of calls from patients requesting repeat medicines putting additional pressure on our UEC system.
- Electronic Repeat Dispensing (eRD) allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature, simplifying the repeat prescribing process, saving time for the practice and allowing patients to easily access their repeat medications.
- During October 2023, within C&P 9.72% of all Electronic Prescription Service (EPS) items were eRD, an increase from September 2023. We continue to work with our stakeholders to further increase eRD and improve.

2.3. Innovations

2.3.1. Community Pharmacy Hypertension Management Clinical Service (Pathfinder)

- C&P has recently been successful in our application to participate in the Community Pharmacy Independent Prescribing Pathfinder programme.
- This service will allow pharmacists to diagnose, prescribe and manage on-going treatment for patients with high blood pressure (reducing pressure on general practice).
- Five pathfinder sites have been identified.
- This service will build on existing services provided by community pharmacies, including weight management, smoking cessation, and the New Medicine service reviews.

2.3.2. Antidepressant New Medicine Reviews Pilot

- Community Pharmacies in C&P are participating in a New Medicines Service pilot, focused on anti-depressant prescribing.
- This will support patients newly prescribed antidepressants in managing their medicines and adherence, whilst enhancing patient safety.

2.3.3. SystemOne Pilot

- Some of our pharmacies have taken part in the East of England SystemOne pilot.
- This pilot explores options for digital integration of patient records between general practice and community pharmacy.
- The pilot is ending 31 January 2024, due to the benefits demonstrated and outcomes achieved. Our system has agreed to fund the licences to continue the use of SystemOne for a further 12 months.

2.4. Winter funding support

2.4.1. A recurrent reserve element of funding allocation has been provided from NHS England to the ICB.

2.4.2. Our system recognises that our Community Pharmacy providers are under significant pressure with increasing demands on their services, increasing overhead costs, workforce challenges and a shortfall in revenue resulting from dispensing fees and other market forces.

2.4.3. In line with feedback from the stakeholder events the ICB is focusing this investment on the key areas listed below to support improved access and experience for patients, provider resilience and sustainability.

- **Investment in digital solutions to support** Community Pharmacies to support workflow and interoperability with General Practice
- **Commissioning of additional (funded) Opening hours** opening on Boxing Day and New Years Day (in addition to existing arrangements for Christmas day)

- **Engagement in delivery of newer Advanced Services** Smoking Cessation, Hypertension Case finding and Oral Contraceptive Repeat Prescribing to maximise access to these services across the whole system.

3. Alignment with the Cambridgeshire & Peterborough Health and Wellbeing Strategy

- 3.1. This report is relevant to all 4 priorities of the Cambridgeshire and Peterborough Health and Wellbeing Strategy.
- Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
 - Priority 2: Create an environment to give people the opportunities to be as healthy as they can be.
 - Priority 3: Reduce poverty through better employment and better housing.
 - Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.

4. Significant Implications

4.1. Resources

- 4.1.1. This report is an overview and update on plans and actions it does not address the financial implications of any plans.

4.2. Statutory, Legal and Risk Implications

- 4.2.1. The NHS Act 2022 (the “2022 Act”) sets out the requirement for Integrated Care Boards and delegation of Primary Care Commissioning responsibilities to ICBs.
- 4.2.2. The NHS (pharmaceutical and local pharmaceutical services) regulations 2013 (“the 2013 regulations”) set the legal framework for the commissioning of pharmaceutical services in England by (integrated care boards (ICBs)). The 2013 regulations have been amended several times since they came into force on 1 April 2013.

4.3. Equality and Diversity Implications

- 4.3.1. Implementation of any of the activities described in this report will have due regard to the ICB’s equalities duties under the Equality Act 2010 and its commitment to reducing Health Inequalities across Cambridgeshire and Peterborough.

5. Appendices

- 5.1. There are no appendices to this report.

6. Source documents

- 6.1. The following documents are referenced within this paper, and can be viewed at the links included below:
 - 6.1.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](#)
 - 6.1.2. Summary of the key regulatory changes to the Pharmaceutical Regulations 2013 since it was published [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)
 - 6.1.3. Cambridgeshire and Peterborough Integrated Care System Joint Forward Plan published in June 2023 [Our Joint Forward Plan | CPICS Website](#)
 - 6.1.4. The Primary Care Access Recovery Plan (PCARP) is include in the ICB Meeting papers [System Primary Care Access Recovery Plan | ICB meeting papers | CPICS Website](#)
 - 6.1.5. The Fuller Stocktake report and covering letter: [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

6.2. Location

- 6.2.1. All source documents are available online and can be viewed using the links in 6.1 above.

7. Conflict of Interest

- 7.1. Conflict of Interest have been reviewed and addressed in line with the ICB Conflicts of Interest and standards of Business Conduct Policy
- 7.2. The ICB and HWB have agreed to joint Conflict of Interest register but with its respective members filling out separate forms.
- 7.3. The Head of Governance will handle any queries in relation to this (cpicb.icsgovernanceteam@nhs.net)

Agenda Item No: 6

Better Care Fund 2023-25 Quarter 2 Report

- To:** Cambridgeshire and Peterborough Health & Wellbeing Board / Integrated Care Partnership
- Meeting Date:** 19 January 2024
- From:** Head of Partnerships and Programmes, Cambridgeshire County Council
Head of Adults Commissioning, Peterborough City Council
Associate Delivery Partner, Performance and Delivery, Cambridgeshire and Peterborough Integrated Care Board
- Outcome:** The approval of quarter 2 returns enables us to comply with the national conditions associated with the Better Care Fund.
- Recommendation:** The Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership is asked to:
- a) Approve the quarter 2 return to NHS England
 - b) Note and comment on the scope of the Better Care Fund evaluation

Officer contact:

- Name:** Caroline Townsend, Leesa Murray & Sandra Pedley
- Post:** Head of Partnerships and Programmes (CCC), Head of Adults Commissioning (PCC), Associate Delivery Partner Performance and Delivery (ICB)
- Email:** caroline.townsend@cambridgeshire.gov.uk; leesa.murray@peterborough.gov.uk; Sandra.pedley@nhs.net

1. Background

- 1.1 Both Cambridgeshire and Peterborough were required to submit quarter 2 returns to NHS England on 30th October 2023. The templates were issued mid-September 2023 enabling a window of c. 6 weeks for the completion of this work. Whilst reports were submitted in line with this deadline, they were done so with the caveat that they were pending full HWB/ICP approval due to the timelines.
- 1.2 The returns included an update in relation to the following key areas:
- Performance against national metrics
 - Compliance with national conditions
 - Refresh of capacity and demand modelling

2. Main Issues

- 2.1 Performance to date at the end of Q2 against national metrics is summarised in the table below.
- 2.2 *Cambridgeshire Performance*

Metric	Planned Performance	Q1 Actual Performance	Assessment of Progress
Avoidable admissions	Q1 – 173.2 Q2 – 172.1 Q3 – 181.1 Q4 – 175.1	201.3	Not on track to meet target
Discharge to normal place of residence	Q1 – 91.3% Q2 – 91.6% Q3 – 91.6% Q4 – 91.4%	91.48%	On track to meet target
Falls	1,810 per 100,000	519.5 per 100,000	Not on track to meet target
Residential admissions	486 per 100,000	154.85 per 100,000	Not on track to meet target
Reablement	77.7%	73.3%	Not on track to meet target

- 2.3 We have been seeing an improving position in discharges to normal place of residence throughout 2022/23 and this has continued into quarter 1 of 2023/24. Data published post submission confirms quarter 2 performance continues to improve to 92.41%.
- 2.4 Whilst currently, if falls performance continues at the same rate as seen in quarter 1, we will not be on track to meet the annual target, we are starting to see some early signs of reduced admissions for falls following the introduction of the care home falls pilot and REACT cars.
- 2.5 We are starting to see an increasing number of admissions to bed-based care for older people, with a return to pre-covid levels of activity and this can be seen in our residential admissions performance. If admission rates are maintained at the quarter 1 rate throughout the year, we would be forecast to be at a rate of 619 per 100,000 at year end and not deliver on target. However, we are also seeing a rise in the number of community packages for older people alongside this, which indicates that we continue to support people to retain their independence at home.

2.6 Peterborough Performance

Metric	Planned Performance	Q1 Actual Performance	Assessment of Progress
Avoidable admissions	Q1 – 185.1 Q2 – 161.7 Q3 – 195.3 Q4 – 171.3	180.2	On track to meet target Full quarter 2 data not available at time of submission, early indicator of being on track.
Discharge to normal place of residence	Q1 – 92.3% Q2 – 92.7% Q3 – 92.6% Q4 – 92.2%	91.63%	On track to meet target Full quarter 2 data not available at time of submission, early indicator of being on track
Falls	Rate 1,559.0 per 100,000 population	395.1	Not on track to meet target
Residential admissions	630 per 100,000 population	Forecast 613.63 per 100,000	On track to meet target
Reablement	81.0%	Not available	Not on track to meet target

- 2.7 In Peterborough the rate of avoidable admissions continued to fall in quarter 1 one to 180.2. At the time of submission, the quarter 2 data was not available, post submission data is indicating an increase in admissions in quarter 2 to a rate of 191.3.
- 2.8 The percentage of people being discharged to their usual place of residence remained stable in 2022/23 averaging at 92.1%. Although there was a decrease in 2023/24 quarter 1 to 91.63%, post submission data confirms quarter 2 performance at 92.76%.
- 2.9 Residential admissions remain higher than pre-pandemic due to complexity of need. However, we continue to see improved capacity in home care supporting our Home First approach and we have seen a reduction in permanent admissions in the first half of 2023/24.
- 2.10 We are beginning to see increased number of people accessing reablement due to increased capacity in the service. However, currently performance is not on track to meet target. We continue to see higher rates of readmissions to hospital. Tighter procedures are also being implemented to improve 91 day post discharge contact rates, which may lead to performance improvements in the later quarters of the year.

2.11 Demand and Capacity Review

A review of both hospital and community capacity and demand was undertaken as part of the quarter 2 return. This entailed a refresh of the previously submitted capacity and demand plans that formed part of our local BCF plan submissions earlier in the year. This involved a review of a range of datasets, including hospital discharge data and service capacity data. In summary, the key outcome of this refresh, resulted in only minor changes to the demand and capacity plan for the remainder of the year (November 2023 – March 2024) in the following areas:

- Intermediate care: capacity adjusted to reflect recruitment trajectories for permanent Intermediate Care Workers and the transitioning out of temporary discharge car capacity;
- Hospital discharge Pathway 3, residential/nursing care capacity: due to the availability of more granular data sets, system data was cleansed to remove restarts to care homes which should not be coded to this pathway.
- Reablement and rehabilitation in a bedded setting: whilst there have been some changes to criteria in Inpatient Rehabilitation Beds impacting on occupancy levels and spot purchasing arrangements, the overall impact to capacity has been

minimal.

2.12 **Review of Better Care Fund – BCF Support Offer**

Discussions with the NHSE BCF Support Team have been ongoing over the last few months, with our local system BCF review support offer being formally agreed by NHSE in October 2023. Following a procurement process, which concluded mid-December 2023, NHSE has appointed a consultancy to undertake this work throughout January to March 2024.

2.13 The agreed scope of the support offer will include the following elements:

- A review of the BCF (and ASC Discharge Fund) plans and schemes to assess:
 - The impact of individual schemes against the BCF metrics
 - Value for money (criteria to be agreed)
 - Support against local system priorities, including appreciation of the similarities and differences between Cambridgeshire and Peterborough
- Gap analysis (against key strategy documents) and identification of areas of increased focus
- Recommendations for future work to implement review recommendations
- Working with Joint HWB/ICP Board to discuss the review

2.14 The review will build on the work undertaken to date to review BCF investment, which focused on where funding sits and what is being delivered. This review will aim to understand how the schemes are driving improvements for people within the area, particularly in relation to the five BCF metrics, and how sustainable these improvements are. This is alongside understanding any gaps there may be in delivering against local strategies and the BCF metrics, with an aim to develop plans to address these gaps.

2.15 A key element of this work will be a review of the Discharge Funding (including Mental Health schemes funded), considering expenditure, sustainability, links to other BCF schemes and wider discharge work and future plans for individual schemes.

2.16 Expected benefits of this work include:

- Improved processes to support patients and service users
- Identification of opportunities for further work which are more closely aligned with key strategies and improving outcomes for people
- Providing assurance on the benefits and impact of current work
- Shared evidence/data to support joint decision making and commissioning plans

3. **Alignment with the Cambridgeshire & Peterborough Health and Wellbeing Strategy**

3.1 This recommendation is relevant to priority 4 of the Cambridgeshire and Peterborough Health and Wellbeing Strategy.

- Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.

4. Significant Implications

Report authors should evaluate any further significant implications using the following three sub-headings below. These significant implications should also be evaluated using the questions detailed below.

- 4.1 Resources
There are no significant implications.
- 4.2 Statutory, Legal and Risk Implications
There are no significant implications.
- 4.3 Equality and Diversity Implications
There are no significant implications.

This report has been signed off by the Executive Director of Public Health, Jyoti Atri

5. Appendices

- 5.1 Appendix 1 – Cambridgeshire 2023/23 Quarter 2 NHS England Return
Appendix 2 – Peterborough 2023/24 Quarter 2 NHS England Return

6. Source documents

It is a legal requirement for the following to be completed by the report author.

- 6.1 Source documents
None.



Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Peterborough	
Completed by:	Leesa Murray	
E-mail:	leesa.murray@peterborough.gov.uk	
Contact number:	7881922600	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Fri 19/01/2024	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Peterborough

Has the section 75 agreement for your BCF plan been finalised and signed off?	Please select
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Peterborough

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	185.1	161.7	195.3	171.3	180.2	On track to meet target	Increasing the use of virtual wards to enable patients to be cared for in the community.	We have seen the rate decrease in 23/24 Quarter 180.2 per 100,000 against a plan of 185.1. A number of services are supporting delivery of this metric including the urgent community response, call before you
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.3%	92.7%	92.6%	92.2%	91.63%	On track to meet target	Due to capacity issues in Pathway 1 - rehabilitation short term discharges to community in-patient beds.	We have seen improvement in 23/24 Quarter 1 with performance at 91.63%, compared to 91.2% at March 2023. Although lower than plan of 92.2% July 2023 data is currently indicating this trend is
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,559.0	395.1	Not on track to meet target	Currently performance at the end of Quarter 1 is 395.1 per 100,000. If trend continues at this rate, then we will not be on track to meet the annual target.	Early signs of reduced admissions for falls following introduction of REACT cars and care homes falls pilot. We are revisiting the care home falls pilot to re-engage homes involved.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					630	On track to meet target	We have seen a reduction of permanent admissions in the first half of 23/24 with the Q2 position for a rolling 12 months at 613.63 per 100K, which is in line with the target	We have continued to see improved capacity in homew care supporting our Home First approach. However residential admissions remain higher than pre pandemic due to complexity of need.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					81.0%	Not on track to meet target	We continue to see higher rates of readmissions to hospital. We are targetting the contacts where we were unable to evidence whether an individual was still home due to being unable to contact. This	We are beginning to see increased numbers of people accessing reablement due to increased capacity if initial successes with recruitment and retention continue this will have a positive impact on the annual

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Peterborough

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Acute daily discharge sitrep and Home First reports reviewed to establish trends and forecast for Winter. The breakdown of pathway has provided more accurate data enabling better triangulation with referrals

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

P1 continue to recruit Intermediate Care workers reducing the number of Discharge Cars, releasing capacity back into the market to respond to winter demands.

P2 rehabilitation criteria amended to include more complex patients to provide more intensive support and improve LoS compared to being in a spot purchase setting, Included capacity to P2, no CTR, but remain in hospital (2 patients per month)

Capacity:

Pathway 2 capacity has been recalculated to account for longer length of stay, between 27-45 days, for patients with more complex needs, based on 88% occupancy to allow for maintenance.

Care Home 'Health interim' block beds service specification to be reviewed to ensure better utilisation.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

Acute delayed discharge sitrep P3 data identified patients retuning to usual place of residence restarting package of care, therefore now excluded from plan as not new packages of care.

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Delirium capacity

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

P1 rehabilitation data not reliable due to mix of commissioned provision and data sources and flexibility of workforce across supporting discharge, community and UCR

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Due to the flexible nature of P1 intermediate care workforce where overcapacity in one area could be used to support another. If there is a shift to admission avoidance around care

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Complete:

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Peterborough

Community Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus:				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	9	8	-6	28	25	-1	-1	-1	-1	-1
Reablement & Rehabilitation at home	0	0	0	0	0	3	3	3	3	3
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	379	382	370	343	360	378	388	388	359	388
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	361	362	360	348	342	119	119	119	119	119
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	3	2	1	0	3	3	2	1	0	3
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		370	374	376	315	335	379	389	389	360	389
Reablement & Rehabilitation at home		361	362	360	348	342	116	116	116	116	116
Reablement & Rehabilitation in a bedded setting		3	2	1	0	3	3	2	1	0	3
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

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- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Cambridgeshire	
Completed by:	Caroline Townsend	
E-mail:	caroline.townsend@cambridgeshire.gov.uk	
Contact number:	7565845158	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Fri 19/01/2024	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Cambridgeshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	05/01/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Cambridgeshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	173.2	172.1	181.1	175.1	201.3	Not on track to meet target	At the end of Quarter 1 actual performance was 201.3 against a plan of 173.2. This equates to approximately 70 more admissions at 1,492. Analysis of condition data shows a reduction in admissions for only two conditions.	A number of services are supporting delivery of this metric including the urgent community response, call before you convey, community wraparound services and primary care proactive care.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.3%	91.6%	91.6%	91.4%	91.48%	On track to meet target	Due to capacity issues in Pathway 1 - rehabilitation, short term Community In-patient rehabilitation beds have been used whilst additional capacity is recruited.	We have seen an improving position throughout 22/23 from 90.4% to 91.2%. There has been a continued increase in 23/24 Quarter 1 with performance at 91.5%, achieving above plan. July 2023 data is currently indicating this trend is continuing with performance now at 92.9%.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,810.0	519.5	Not on track to meet target	Currently performance at the end of Quarter 1 is 519.5 per 100,000. If trend continues at this rate, then we will not be on track to meet the annual target.	Early signs of reduced admissions for falls following introduction of REACT cars and care homes falls pilot. We are revisiting the care home falls pilot to re-engage care homes involved.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					486	Not on track to meet target	At the end of Quarter 1 we had 196 new permanent admissions (a rate of 154.85 per 100,000). If admission rates are maintained at this level across the remainder of the year, then we would forecast to be at a rate of 619.0 per 100,000. We have started to see increasing numbers of admissions to bed based care for older people, with a return to pre-covid levels of activity.	Numbers of new community packages for older people continues to be high, indicating that we continue to support people to retain their independence at home.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					77.7%	Not on track to meet target	Indicative performance at the end of Quarter 1 was 73.3%. Local reported 91 day data only includes local authority reablement data, and not health intermediate care data 91 day performance, which impacts on performance. This is an issue we are exploring options to address longer term with the wider system.	Overall capacity in the service remains good, with no waiting lists for reablement. System self assessment against the intermediate care framework is being undertaken, which will form part of the longer term intermediate care system review.

Checklist Complete:
Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Cambridgeshire

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Acute daily discharge sitrep and Home first reports reviewed to establish trends and forecast for winter. The breakdown of pathway has provided more accurate data enabling better triangulation with referrals.

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

Pathway 1 - continue to recruit Intermediate Care workers, enabling a phased reduction in the number of Discharge Cars, releasing capacity back into the market to respond to winter demands.
 Pathway 2 - rehabilitation criteria amended to include more complex patients to provide more intensive support and improve Length of Stay compared to being in a spot purchase setting. Included capacity for Pathway 2, no Criteria to reside, but remain in hospital (2 patients per month).

Capacity:

Pathway 2 capacity has been recalculated to account for longer length of stay, between 27-45 days, for patients with more complex needs, based on 88% occupancy to allow for maintenance.
 Care Home 'Health interim' block beds service specification to be reviewed to ensure better utilisation.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

Acute delayed discharge sitrep Pathway 3 data identified patients returning to usual place of residence restarting package of care, therefore these are now excluded from plan as not new care packages.
 Capacity across all pathways is appropriate to meet demand. Pathway 2 hospital discharge capacity is showing a shortfall of capacity, this is due to a shortfall in intermediate care capacity which has been remodelled as outlined above. However, community Urgent Community Response capacity is significantly over capacity and due to the manner of the commissioned provision, capacity is used flexibly across the services to address

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Delirium capacity.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

Pathway 1 rehabilitation data is not reliable due to the mix of commissioned provision, multiple data sources and flexibility of workforce across supporting discharge, community and Urgent Community Response (UCR).

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Due to the flexible nature of Pathway 1 Intermediate Care workforce across discharge support and urgent community response (UCR), where there is overcapacity in one area, this capacity can be used flexibly undercap

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Complete:

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Cambridgeshire

Community	Previous plan					Refreshed capacity surplus:					
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Capacity - Demand (positive is Surplus)											
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	
Urgent Community Response	57	18	32	85	106	202	165	171	191	149	
Reablement & Rehabilitation at home	0	0	0	0	0	-20	14	-16	-25	8	
Reablement & Rehabilitation in a bedded setting	-1	-1	-1	-1	-1	0	0	0	0	0	
Other short-term social care	1	1	1	1	1	0	0	0	0	0	

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	1079	1088	1055	979	1023	1161	1190	1184	1116	1184
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	859	873	865	814	832	839	887	849	789	840
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	1	2	1	2	1
Other short-term social care	Monthly capacity. Number of new clients.	1	1	1	1	1	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		1022	1070	1023	894	917	959	1025	1013	925	1035
Reablement & Rehabilitation at home		859	873	865	814	832	859	873	865	814	832
Reablement & Rehabilitation in a bedded setting		1	1	1	1	1	1	2	1	2	1
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes

Governance Update

- To: Cambridgeshire and Peterborough Health & Wellbeing Board / Integrated Care Partnership
- Meeting Date: 19 January 2024
- From: Head of Governance and Data Protection Officer, Integrated Care Board
- Outcome: Approval of meeting dates for the municipal year 2024/25 and to note the approval of the revised terms of reference
- Recommendation: The Cambridgeshire and Peterborough Health and Wellbeing Board / Integrated Care Partnership is asked to:
- a) Approve the meeting dates for the municipal year 2024/25.
 - b) To note the approval of the revised terms of reference.

Officer contact:

Name: Martin Whelan
Post: Head of Governance and Data Protection Officer (ICB)
Email: martin.whelan1@nhs.net

1. 2024/25 dates

- 1.1 The Health and Wellbeing Board/ Integrated Care Partnership is responsible for setting its own meeting dates, following consultation with Cambridgeshire County Council, Peterborough City Council and the Integrated Care Board.
- 1.2 The following dates are proposed for 2024/25
 - 19 July 2024 – 10:30 to 12:30
 - 11 October 2024 – 13:00 to 15:00
 - 17 January 2025 - 10:30 to 12:30
 - 7 March 2025 – 10:30 to 12:30 followed by development session from 13:00 to 15:30 [The order of the two sessions may be amended closer to the time.]
- 1.3 The Red Kite Room at New Shire Hall is the proposed venue for each of the meetings, with the exception of March 2025 which is proposed to be at Gemini House, Ely. Availability has been confirmed for the proposed dates. In the event of alternative dates being required, it may be necessary to consider alternative venues.
- 1.4 A further development session is planned for the autumn of 2024, further consultation is required to identify a suitable date. Beyond this additional meetings and/or development sessions may be organised during the municipal year, following the normal consultation process regarding proposed dates.

2. Terms of reference

- 2.1 The draft revised terms of reference were presented to the previous meeting of the Health and Wellbeing Board/ Integrated Care Partnership on 20 October 2023. The meeting endorsed the draft revised terms of reference and recommended approval to the respective Full Council meetings of Cambridgeshire County Council and Peterborough City Council.
- 2.2 Peterborough City Council approved the updated terms of reference on 6 December 2023 and Cambridgeshire County Council also approved the document on 13 December 2023. The updated terms of reference are appended as appendix 1 to this paper for information. Please note that other than the branding in the relevant corporate format, the versions approved by Peterborough City Council and Cambridgeshire County Council are identical. The ICB Governance Handbook, Cambridgeshire County Council and Peterborough City Council constitutions will be updated to reflect the updated terms of reference.
- 2.3 The next scheduled review of the terms of reference will be in 12 months' time.

3. Alignment with the Cambridgeshire & Peterborough Health and Wellbeing Strategy

- 3.1 This recommendation is relevant to all of the Health and Wellbeing Strategy priorities.

4. Significant Implications

- 4.1 Resources
There are no significant implications.

4.2 Statutory, Legal and Risk Implications
There are no significant implications.

4.3 Equality and Diversity Implications
There are no significant implications.

5. Appendices

5.1 Appendix 1 – Updated Terms of Reference.

6. Source documents

It is a legal requirement for the following to be completed by the report author.

6.1 Source documents

None.

12. Cambridgeshire & Peterborough Health and Wellbeing Board

Introduction

The Cambridgeshire & Peterborough Health and Wellbeing Board (HWB) is established as a committee of the County Council under section 102 of the Local Government Act 1972. Its remit is to work to promote the health and wellbeing of Cambridgeshire's communities and its focus is on securing the best possible health outcomes for all residents. This involves a system level partnership with NHS and Local Government as equal partners and the alignment of partners' strategies across the system.

In consideration of the developments around the Integrated Care Partnerships (ICPs), Cambridgeshire & Peterborough HWB aims to ensure that integration is closely linked to prevention and tackling the wider determinants of health. A joint Cambridgeshire & Peterborough HWB has collective accountability and responsibility for population health care outcomes. The Board maintains its separate statutory identity from the ICP but where possible meets as a committee in common. It is the intention to have one shared Cambridgeshire & Peterborough Health & Wellbeing Strategy that is owned across the local system.

Membership

Membership from the Health and Wellbeing Board is 20 members, with an additional nine from the Integrated Care Partnership, creating the collective board membership.

Health and Wellbeing Board Members

- Cambridgeshire County Council (CCC) Vice-Chair of Adults & Health Committee (Lead member for HWB)¹
- CCC Chair of Adults & Health Committee
- Peterborough City Council (PCC) Cabinet / Lead member for Public Health/ HWB¹
- PCC Cabinet / Lead Member for Children's Services
- PCC/CCC Executive Director of Public Health¹
- PCC Executive Director: Adults Services or PCC Executive Director: Children and Young People's Service*
- CCC Executive Director for Adults, Health and Commissioning or CCC Executive Director for Children, Education and Families.*
- District Council representative (one officer on behalf of all districts to be appointed by the Cambridgeshire Public Service Board)
- Local Healthwatch Chair¹
- Voluntary & Community Sector Representative
- Cambridgeshire Constabulary (Chief Constable or officer to be determined)
- Cambridgeshire and Peterborough Combined Authority (Chief Executive Officer (CEO) or officer to be determined)
- Chief Executive Integrated Care Board (ICB¹)
- Chair Integrated Care Board

- Representative of Cambridge University Hospitals NHS Foundation Trust (CUHFT)
- Representative of North West Anglia NHS Foundation Trust (NWAFT)
- Representative of Papworth Hospital NHS Foundation Trust
- Representative of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Representative of Cambridgeshire Community Services NHS Trust (CCS)
- Primary Care Representative (South)

* One member to be agreed between the Chief Executives of Peterborough City Council and Cambridgeshire County Council.

Integrated Care Partnership Board Members

- ICB Deputy Chief Executive/ Managing Director of Strategic Commissioning Accountable Business Unit
- ICB Chief of Partnerships and Strategy
- ICB Non Executive Member
- Primary Care Representative (North)
- District Council representative (one officer on behalf of all districts to be appointed by the Cambridgeshire Public Service Board)
- Police and Crime Commissioner
- Academic Health Science Network Representative
- Voluntary and Community Sector Representative
- Mayor of Cambridgeshire and Peterborough Combined Authority

¹ Denotes statutory members of the Health and Wellbeing Board as required by Section 194 of the Health and Social Care Act 2012. There is a statutory requirement for at least one local authority councillor and at least one representative of the ICS NHS Board, to be a member of the HWB.

Summary of Functions

Delegated Authority	Delegated Condition
Authority to prepare the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire and Peterborough: To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health & Wellbeing Strategy.	Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012
Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, which informs and influences the commissioning plans of partner agencies.	Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012
Authority to respond to consultations about commissioning plans issued by the ICB in connection with Section 26 of the Health and Social Care Act 2012.	Section 26, Health and Social Care Act 2012
Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner.	Section 195, Health and Social Care Act 2012
Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006.	Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006
Authority to produce the Pharmaceutical Needs Assessment (PNA) and liaise with NHS England and Improvement (NHSE&I) to ensure recommendations and gaps in services are addressed.	NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349)
To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.	

Delegated Authority	Delegated Condition
To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements, would benefit improving health and wellbeing and reducing health inequalities.	
By establishing subgroups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.	
To keep under consideration, the financial and organisational implications and impact on people's experience of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.	
Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.	
Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy).	
Authority to discharge any other functions specifically reserved to be undertaken by health and wellbeing boards as set out in legislation, guidance, circulars and directives received from national government.	
Authority to consider whether ICS Board draft forward plans take proper account of the joint local health and wellbeing strategy which relates to the period (or any part of the period) to which the plan relates.	Section 14Z54 White paper
To provide oversight to the work undertaken by the member partners to take forward the Cambridgeshire and Peterborough ICB to deliver the "triple aim" duty for all NHS organisations of better health for the whole population, better quality of care for all patients and financially sustainable services for the taxpayer.	

Delegated Authority	Delegated Condition
To provide a system wide governance forum, including NHS, Local Government and wider partners, to enable collective focus and direction to the responsibilities and decision making of the individual partners.	

Cambridgeshire & Peterborough Health and Wellbeing Board (Standing Orders)

1. Co-optees

The Cambridgeshire and Peterborough Health and Wellbeing Board will be entitled to appoint non-voting and voting co-opted members to the board. It shall determine whether the co-options shall be for a specified period, for specific meetings or for specific items. Co-options may only be made if the person co-opted has particular knowledge or elected expertise in the functions for which the board is responsible, or knowledge/responsibility for a geographic or academic agenda issue.

2. Notice of Meetings

Meetings of the board will be convened by the Integrated Care Board on behalf of Cambridgeshire County Council and Peterborough City Council. The Integrated Care Partnership will arrange the clerking of the HWB part of the agenda and recording of the whole meeting (a member of Cambridgeshire County Council's or Peterborough City Council's Democratic Services Team will act as support lead).

3. Chair

The appointment of the chair will be determined by the board at each meeting. It will be based on a rotating arrangement between CCC, PCC and the ICP.

4. Quorum

The quorum for all meetings of the board will be nine members from the Health and Wellbeing Board membership and must include at least one elected representative from CCC and PCC and a representative of the ICB.

5. Appointment of Substitute Members

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the clerk. Substitute members may attend meetings after notifying the clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

Attendance of a substitute member other than the named substitute will be allowed. Notification of an alternative substitute member attending the meeting must be made verbally or by email to the clerk prior to the meeting.

6. Decision Making

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members and voting co-opted members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

7. Meeting Frequency

The board will meet at least four times a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A board meeting may be called by the Chair, by any three members of the board or by the Executive Director of Public Health if they consider it necessary or appropriate.

8. Supply of information

The Cambridgeshire and Peterborough Health and Wellbeing Board may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request:

- (a) The local authority that established the Health and Wellbeing Board;
- (b) Any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 (“the 2012 Act”); and
- (c) Any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board under this section may be used by the board only for the purpose of enabling or assisting it to perform its functions.

9. Status of Reports

Meetings of the board shall be open to the press and public and the agenda, reports and minutes will be available for inspection on the CCC and PCC’s website at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the board’s papers on CCC or PCC’s website.

10. Press Strategy

An electronic link to agendas for all meetings will be sent to the local media. CCC and/or PCC will be responsible for issuing press releases on behalf of the Board and dealing with any press enquiries. Press releases issued on behalf of the board will be agreed with the Chair or Vice-Chair and circulated to all board members.

11. Members' Conduct

Part 5 - Codes and Protocols of the Cambridgeshire County Council's Constitution applies to all elected and 'co-opted' members of the board including those attending as substitutes. The Clerk will ensure that a register of members interest is held for all members including the Integrated Care Partnership.

12. Amendment of the Terms of Reference

The board may recommend variations to its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

13. Governance and Accountability

The board will be accountable for its actions to its individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that members of the board will have delegated authority from their organisations to take decisions within the terms of reference. Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the board members, these will be subject to ratification by constituent bodies.

It is expected that decisions will be reached by consensus. Board members bring the responsibility, accountability and duties of their individual roles to the board to provide information, data and consultation material appropriate to inform the discussions and decisions.

14. Reporting

The board will take an annual report to Full Council in CCC and PCC and will report to NHS England and Improvement (NHSEI) via the regional team reports, as required.

Cambridgeshire and Peterborough Health and Wellbeing Board and Integrated Care Board Agenda Plan

Notes

The definition of a key decision is set out in the Council’s Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Board meeting:

- Apologies for absence and declarations of interest
- Minutes of previous meeting and Action Log
- Forward Agenda Plan

Meeting Date	Agenda Item	Lead
22 March 2024	HWB IC Strategy Priority 4 – Mental Health Update	Kathy Hartley
22 March 2024	DPH Annual Report 2023/24	Jyoti Atri
22 March 2024	Healthy Places JSNA consultation briefing	Iain Green
22 March 2024	Update on Learning Disability JSNA	Emily Smith
22 March 2024	Children’s JSNA	Raj Lakshman
Meeting Date	Agenda Item	Lead
19 July 2024	Healthy Places JSNA	Iain Green / Bryn Hilton
19 July 2024	ICP Self-assessment review	Kit Connick