

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

Date: Friday 24 March 2023

Time: 13:30 pm

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

MINUTES

Present:

Members:

Cllr Susan van de Ven	Vice-Chair of Adults and Health Committee (lead member for HWB) – Cambridgeshire County Council (Chair)
Jyoti Atri	Director of Public Health, Cambridgeshire County Council and Peterborough City Council
Cllr Lynne Ayres	Cabinet Member for Children's Services, Education, Skills and the University, Peterborough City Council
Professor Steve Barnett	Chair of North West Anglia NHS Foundation Trust (NWAFT)
Ged Curran	ICB Non-Executive Member
Kit Connick	ICB Chief Officer, Partnerships & Strategy
Julie Farrow	Voluntary and Community Sector Representative
Stewart Francis	Cambridgeshire and Peterborough Healthwatch Chair
Jim Haylett	Representative of the Cambridgeshire Police and Crime Commissioner
Cllr John Howard	Cabinet Member for Adult Social Care, Health and Public Health, Peterborough City Council
Cllr Richard Howitt	Chair of Adults and Health Committee - Cambridgeshire County Council
Dr Nik Johnson	Mayor, Cambridgeshire, and Peterborough Combined Authority
Louis Kamfer	ICB Deputy Chief Executive/ MD of Strategic Commissioning ABU
Dr Neil Modha	Primary Care Representative (North)
Dr Mike More	Chair Cambridge University Hospitals NHS Foundation Trust
John O'Brien	ICB Chair
Liz Watts	Chief Executive of South Cambridgeshire District Council and District Council representative (South)

Present (Virtually):

Mary Elford	Chair of Cambridgeshire Community Services NHS Trust (CCS)
Kathy Hartley	Consultant in Public Health

Officers:

Bob Bragger	Health Champion
Richard Kenny	Executive Director for Economy & Growth, Cambridgeshire, and Peterborough Combined Authority
Jonathan Lewis	Director of Education Cambridgeshire County Council and Peterborough City Council
Erin Lilley	Director, ICP Development & Transformation, Cambridgeshire (South)
Kate Parker	Head of Public Health Business Programme
Michelle Rowe	Democratic Services Manager, Cambridgeshire County Council
Val Thomas	Deputy Director of Public Health, Cambridgeshire County Council
Nicky Ward	Director of Strategy and Development, ICB
Emmeline Watkins	Deputy Director of Public Health, Peterborough City Council
Martin Whelan	Head of Governance and Data Protection Officer, ICB
Mathew Winn	Chief Executive Officer, Cambridgeshire Community Services NHS Trust
Uwem Okure	Corporate Services Support Manager, ICB

1. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Dr James Morrow, Primary Care Representative (South); Vicki Evans, Cambridgeshire Constabulary; Jan Thomas, ICB Chief Executive; Debbie McQuade, Service Director: Adults and Safeguarding, Cambridgeshire County Council and Peterborough Council; Paul Medd, Chief Executive of Fenland District Council and District Council representative (North); Darryl Preston, Police and Crime Commissioner for Cambridgeshire and Peterborough; Ricky Cooper, Representative of the Executive Director of Children's Services, Peterborough City Council and Cambridgeshire County Council; Julie Spence, Chair of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT); Professor John Wallwork, Chair of Royal Papworth Hospital NHS Foundation Trust.

No declarations of interest were received.

2. Minutes of the Cambridgeshire and Peterborough Joint Health and Wellbeing Board and Integrated Care Partnership 20 December 2022

The minutes of the meeting on 20 December 2022 were agreed as an accurate record.

Business Delivery

3. Community Story - Place Level

The Joint Health and Wellbeing Board / Integrated Care Partnership received a community story presented by the Director, ICP Development & Transformation, Cambridgeshire South and the Health Champion Lead regarding their engagement with the community and service users.

It was reported that Healthwatch had recruited twelve Health Champions in the south, who had been supported to develop basic research techniques and engaged with the community through two projects which investigated:

- People's experiences of Accident and Emergency department at Cambridge University Hospital.

- Gathered information to understand health inequalities and barriers for people accessing services.

The Health Champion reported that focus group meetings had been held with the community. Key themes from the focus groups had included:

- Poor access to dentistry services.
- Poor access to mental health services.
- Pressure on staff which reduced the ability to engage with patients.
- A lack of service co-ordination.
- There was a suggestion about volunteer groups working more closely with the NHS.

It was noted that the full report on these projects was available on the Healthwatch website and members were encouraged to read it.

The following points were raised in discussion.

- Engagement with under 18s and hard-to-reach groups (e.g., refugees) was encouraged. It was clarified that there had been and would continue to be engagement with people who previously didn't have their voice heard.
- The transfer of dentistry to the ICBs from April 2023 was highlighted and clarification was sought on how to improve dentistry within the patch. It was noted that there were significant challenges around access to dentistry and issues around national contracts. It was noted that the ICB were embarking on discussions on how service improvement could be delivered over time.
- It was highlighted that challenges are being reported to the Children in Care Council in Peterborough around getting their children to see an NHS dentist. There was a suggestion that the Children in Care Council might be a good place to hear the voice of the child.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted the community story.

4. Health and Wellbeing Board Integrated Care Strategy Priorities and Action Plans

The Joint Health & Wellbeing Board and Integrated Care Partnership received a report seeking approval for the Cambridgeshire & Peterborough Health and Wellbeing Integrated Care Strategy Priorities and Action Plans.

The meeting was advised that the Chairs and Officers had met informally at the beginning of the year to discuss how the four priorities were developing. The action plans associated with the four priorities were noted as a starting point and these are expected to develop further as early products such as evidence reviews, and behavioural insights come to fruition. It was highlighted that the action plans had been led by the Senior Responsible Officers.

The meeting received a presentation from the Senior Responsible Officers for each priority and action plan. Brief summaries were provided for each priority.

After the presentations, the following points were raised in the discussion.

- The interconnectivity between elements of the strategy was highlighted. Workforce was acknowledged as a key issue for every organisation within the system.
- Clarification was sought on how the system would ensure that children have the best start in life. Access to childcare was acknowledged to be a key issue in resolving workforce challenges. Ensuring that pay within the childcare sector was competitive was noted as key

priority, alongside training and support. It was noted that details around the government changes around childcare were awaited and this would require workforce changes.

- It was highlighted that there was clear evidence that a pathway into employment could be via volunteering and there was a need for this to be acknowledged in the strategy.
- The meeting recognised that the statutory local transport authority role within Cambridgeshire and Peterborough is held by the Combined Authority. There was agreement that the strategy needed to align with the Local Transport and Connectivity Plan. There was a commitment to pursue key themes such as workforce transport.
- Concerns were raised regarding how people were managed while on -waiting lists especially young people coping with ill mental health, as this responsibility may fall on the education sector. The meeting was advised that one of the deliverables of priority 1 was setting up a new group that will involve school leadership to ensure the support offered is coordinated.
- The Senior Responsible Officers were asked to feedback to the meeting on where the system can add distinctive value to the development of the strategies.

The Joint Health & Wellbeing Board and Integrated Care Partnership approved the content of the four strategic priorities and their initial action plans.

5. Joint Forward Plan for Integrated Care Board

The Chief Officer of Partnerships & Strategy, Integrated Care Board presented the first draft of the Joint Forward Plan (JFP). It was noted that further iterations were planned, involving ongoing engagement with system partners.

It was noted that the JFP had been aligned to the four principles of the Integrated Care System (ICS) and is underpinned by a set of clear delivery plans.

H&WB/ICP colleagues were advised of the requirement to provide feedback and input into the draft JFP, and for the ICB to be able to demonstrate that proper account of the feedback has been undertaken in the final version.

The following points were raised in discussion.

- It was acknowledged that the JFP does reflect the collaborative work completed over the last year, however members were encouraged to consider what was different in practice.
- Concerns were raised around the health-focussed nature of the language in the JFP, and it was suggested that an opportunity to use alternative wording should be explored, with input from LA and other system colleagues to inform this.
- There was a suggestion to include offenders in the development of the delivery plan. It was acknowledged that although this cohort was not a large population, it does engage every single strand in the plan (for example housing, skills and employment issues) and there may be significant mental health issues within this population.

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

- Note the system approach to developing the JFP.
- Support the ongoing development of the JFP over the next few months.
- Consider its alignment with the broader strategic aims and aspirations as set out in the Health & Wellbeing Integrated Care Strategy and specifically, the discharge of health duties and obligations in support of the strategy.
- To reconvene informally in June to determine the mechanism for finalising the HWB/ICP's input and discharge of duties in signing off the plan.

6. Integrated Care System Estates Strategy

The Joint Health & Wellbeing Board and Integrated Care Partnerships received the Integrated Care System (ICS) Estates Strategy.

The meeting was advised that this was the first draft of the ICS Estates Strategy and there was an acknowledgement of data gaps, which will be addressed over time in collaboration with system partners.

There was an acknowledgment that the strategy is currently mainly health focused, but that the intention is to broaden its approach to the wider system estate.

The following points were raised in discussion.

- There was a general acknowledgement of the importance of the strategy.
- The meeting recognised the need to link the Net Zero Strategy into wider clinical practice and not to consider the Net Zero strategy as an estates issue only.
- Clarification was sought on the meaning of ‘significantly under doctored’. It was clarified as the number of doctors per one thousand (1000) patients, so when a practice is deemed under doctored, it means they don’t have a sufficient number of doctors to serve the population.
- It was highlighted that Cambridgeshire County Council are planning new independent living centres to provide extra care for older people and were working collaboratively with health partners. The possibility of identifying under-utilised public estates to support this endeavour was highlighted.
- A need to invest in digital and other remote means of enabling access for residents was highlighted.

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

- Note the system approach to developing the strategy.
- Support the ongoing development of the strategy and its alignment with the One Public Estate work.
- Note the broader strategic aims for estates considering wider system intent and aspirations as set out in the Health and Wellbeing Integrated Care Strategy.

7. Cambridgeshire & Peterborough Better Care Fund and Adult Social Care discharge plans

The Joint Health & Wellbeing Board and Integrated Care Partnerships received and noted the Better Care Fund and Adult Social Care Discharge plans.

The following points were raised in discussion.

- Further information on the outcome of the Better Care Fund and Adult Social Care discharge plans was requested. It was suggested that the outcome should be circulated to members before the next meeting.
- Senior Responsible Officer capacity challenges were acknowledged.
- It was highlighted that it will be helpful to know how the lessons learnt from this year’s winter would be used for next winter planning cycle. There was also a need for the system to focus on admission avoidance and the two-hour rapid response.

- The meeting was advised that this item could be discussed further at a future development session.
- Multi-agency working was acknowledged to be stronger than in previous years and system colleagues were commended for all their hard work.

The Joint Health & Wellbeing Board and Integrated Care Partnership agreed to retrospectively approve the plan on the Adult Social Care Discharge Fund 2022/2023.

8. HWB ICP Forward Agenda Plan

The Joint Health & Wellbeing Board and Integrated Care Partnerships received and noted the Forward Agenda Plan.

9. AOB

There was no further business to be discussed.

10. Date of the next meeting

The date of the next meeting was confirmed as Friday 21st July at 10:30 am.

Author: Uwem Okure, Corporate Services Support Manager
13 April 2023

Email: cpicb.icsgovernanceteam@nhs.net