

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

Date: Friday, 14 October 2022

Time: 13:00 pm

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

MINUTES

Present:

Members:

John O'Brien	ICB Chair (Chair)
Cllr Susan van de Ven	Vice-Chair of Adults and Health Committee (lead member for HWB) – Cambridgeshire County Council
Claire Higgins	Voluntary & Community Sector Representative 2 (same representative as ICP)
Cllr Jackie Allen	Substituting for Cllr John Howard, PCC Cabinet/Lead member for Public Health/HWB)
Cllr Richard Howitt	Chair of Adults and Health Committee - Cambridgeshire County Council
Charlotte Black	Executive Director of People and Communities (via Zoom)
Dr James Morrow	Primary Care Representative (South)
Jan Thomas	ICB Chief Executive
Julie Farrow	Voluntary & Community Sector Representative 1 (same representative as ICP)
Jyoti Atri	PCC/CCC Director of Public Health
Kit Connick	ICB Chief Officer, Partnerships & Strategy
Liz Watts	Chief Executive of South Cambridgeshire Council and District Council representative – South
Louis Kamfer	ICB Deputy Chief Executive/ MD of Strategic Commissioning ABU
Mary Elford	Chair of Cambridgeshire Community Services NHS Trust (CCS)
Mike More	Chair of Cambridge University Hospitals NHS Foundation Trust (CUHFT)
Paul Medd	Chief Executive of Fenland District Council and District Council representative – North
Piers Ricketts	Chief Executive Officer, Eastern Academic Health Science Network
Professor Steve Barnett	Chair of North West Anglia NHS Foundation Trust (NWAFT)
Vicki Evans	Cambridgeshire Constabulary (Via Zoom)

Officers:

Caroline Townsend	Head of Commissioning Partnerships and Programmes, PCC
Fliss Miller	Associate Director of Skills, C&P Combined Authority
Iain Green	CCC/PCC Chair Pharmaceutical Needs Assessment Steering Group
Jane Wilson	Director of Neighbourhoods and Communities, Cambridge City Council
Jo Lancaster	Managing Director, Huntingdonshire District Council
Stephen Legood	Director of People and Business Development, CPFT
Stephen Bush	Director of Children and Young People Services, CCS NHS Trust
Vicki Peacey	Consultant in Public Health, Cambridgeshire County Council
Kate Parker	Head of Public Health Business Programme
Martin Whelan	Head of Governance and Data Protection Officer, ICB
Rhiannon Leighton	Democratic Services Assistant
Uwem Okure	Corporate Services Support Manager, ICB (Minutes)

Observers:

Mandy Staples	Deputy Chief Nurse, ICB
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1. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Cllr Lynne Ayres, PCC Cabinet Member for Children's Services and Education, Skills and University; Julie Spence, Chair of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT); Stewart Francis, Local Healthwatch Chair; Darryl Preston, Police and Crime Commissioner for Cambridgeshire and Peterborough; Ged Curran, ICB Non-Executive Member; Professor John Wallwork, Chair of Royal Papworth Hospital NHS Foundation Trust; Mayor Dr Nik Johnson, Cambridgeshire and Peterborough Combined Authority (Mayor); Dr Neil Modha, Primary Care Representative (North); and Nicola Curley, PCC/CCC Director Children Services.

No declarations of interest were received.

2. Minutes of the Cambridgeshire and Peterborough Joint Health and Wellbeing Board and Integrated Care Partnership 15th July 2022

The minutes of the meeting on 15 July 2022 were agreed as an accurate record.

Business Delivery

3. Person Story - Partnership & Integration "Heating and Health"

The Health & Wellbeing Board (HWB) and Integrated Care Partnership (ICP) received and noted the person story. The Chief Officer for Partnerships and Strategy, Integrated Care Board highlighted the following points by way of introduction and:

- This was an initiative that was financially supported by the ICS to enable all district councils across the system to support local and community engagement and preventative work beyond existing provision/services.
- This particular initiative was a collaboration between three district councils and the South Place
- It had been selected as an example of our system partnership working and collaboration to support people and communities

Jane Wilson, Director of Neighbourhoods and Communities, Cambridge City Council gave an update on the work that Cambridge City Council, South Cambridgeshire District Council and East Cambridgeshire District Council have undertaken over the past six months. The initiative arose after collectively identifying issues that were relevant across the system, one of which was the cost-of-living crisis, and the potential impact in respect of people having to cope with the increased cost of heating their homes, food, or both. In turn, this could have an impact on increased pressure on the health system. Some mitigation of this was sought through the initiative. As context, there was already some evidence of increased damp and mould in housing stocks due to people turning off their heating and there was a clear link between damp, mould and challenges with controlling and managing asthma.

To help people with chronic health challenges and their interaction with the health service, the district councils collectively agreed on two goals:

1. Reduction in Health Harm
2. Supporting development of the whole system approach

Three universal elements to the project were also agreed: Awareness raising, staff training, visibility

Each district worked locally to develop targeted, co-produced, place-based activity, with a focus on communication. The three district councils (Cambridge City Council, South Cambridgeshire District Council and East Cambridgeshire District Council) are very different. Whilst Cambridge City Council has much more significant and obvious areas of deprivation, the South and East Cambridgeshire District Councils have collaborated at a very operational level, working with communities to develop Warm Hubs.

Learning from the work to date included the reflection that embedding principles of collaboration and shared learning as communication is key. It was acknowledged that this could be challenging as teams are stretched and there was a need to scale up capacity to see significant benefits in collaboration.

Members raised the following points in discussion of the update:

- Clarification was sought around the connectivity of this initiative to work with housing associations and the private rented sector. The Director of Neighbourhoods and Communities, Cambridge City Council, advised that the Environmental Health team (who were the primary contact with private renters) were fully embedded in the project. They held a landlord forum at the end of September 2022, the focus of which was this project (Heating & Health and their role in this work).
- How to take forward positive interventions and coordinate them across the whole system and whole geographic place in order not to lose track of the interventions.
- Capacity Issues – whether the capacity issues were specific in one area or with all partners and if there were any mitigation actions? The Director of Neighbourhoods and Communities, Cambridge City Council, said it was important to first acknowledge the issues were there and then determine what they want to do and prioritise. Sometimes there can be an unrealistic expectation of what the Voluntary Sector can take on, so it was important to work with them in advance to determine what was possible. There is also a need to look at how they work with the Primary Care Networks and Integrated Neighbourhoods because of the strengths they collectively possess. It was confirmed that this is an iterative piece of work with a lot of learning as it develops.
- Clarification was sought on coordination and sustainability issues, The Director of Neighbourhoods and Communities, Cambridge City Council advised that there was a plan to meet with officers from the councils and with Voluntary Sector representatives. Kit Connick, Chief Officer of Strategy & Partnerships was also engaged on behalf of the system to help facilitate system learning.
- HWB/ICP members were asked to recognise the role that district councils play, particularly as they are very close to local residents, and to think about this longer-term potential of this initiative.

4. Cambridgeshire & Peterborough Better Care Fund Plans 2022/23

The Health & Wellbeing Board and Integrated Care Partnership received a report regarding the C&P Better Care Fund plans for 2022/2023. The Head of Commissioning Partnerships and Programmes informed the HWB/ICP that the plan had been submitted to NHS England on 26th of September due to a statutory requirement. However, the report was brought to the forum for review and approval, although the formal submission was undertaken before the formal meeting.

The Head of Commissioning Partnerships and Programmes highlighted that the plan was for the 2022/2023 financial year and had been adopted in line with the national guidance. The guidance for 2023/2024 financial year was expected later in the year and might be more reflective of some of changes seen in line with the health and social care white paper, and some of the wider reforms.

The Head of Commissioning Partnerships and Programmes advised HWB/ICP that there was a joint narrative for Peterborough and Cambridgeshire, which brought together the joint vision, as well as a separate planning template which included all the details around metrics, finance, and performance and aligned with local authority footprints. The plan built on last year's work, was refreshed to ensure clear alignment with the wider system and more place-based delivery, as well as seeking to address health inequalities. The Head of Commissioning Partnerships and Programmes advised the HWB/ICP that they were currently awaiting feedback from NHS England, expected later in October or November. The initial feedback had been positive.

Members raised the following points in discussion of the update:

- Asked how similar schemes could be embedded into the Care Together module to support the transition to a more place-based approach, the Head of Commissioning Partnerships and Programmes explained that the delivery plan in development would seek to strengthen the relationships and those modules within districts, local communities and the wider system. Recruitment to a number of posts, including strategic leads for the Care Together programme, had taken place and Care Together was to be rolled out across the wider system.
- Asked about ways to improve the process, so they could engage all system partners to ensure the best use of the Better Care Fund, the Head of Commissioning Partnerships and Programmes explained that it had been challenging in the current year because of the late arrival of the guidance and some significant changes in governance. Going forward there was a need to look at issues around place-based delivery and to ensure partners were having the right discussions early enough about the deployment of the Better Care Fund and wider reforms.
- Emphasised the importance of early engagement with the voluntary sector and community.

The HWB/ICP noted that the plan had been signed off by the Chairs and had gone through the ICB governance process prior to the formal submission to NHS England.

5. Cambridgeshire & Peterborough Pharmaceutical Needs Assessment

The Health & Wellbeing Board and Integrated Care Partnership received the Cambridgeshire and Peterborough Pharmaceutical Needs Assessment (PNA) report and the outcome of the public consultation for 6 June 2022 – August 2022. The Chair of Pharmaceutical Needs Assessment Steering Group for CCC&PCC advised the forum that the PNA has now been published in September which met the statutory duty to publish the PNA by the 1st of October 2022. The main concerns of the public from the public consultation were highlighted as follows:

- Opening Hours
- Population Growth and demands on the pharmacies
- There are not enough pharmacies
- Lack of rural pharmacies
- Comments around queues at pharmacies
- Staffing issues

The Health & Wellbeing Board and Integrated Care Partnership noted that changes had been made to the PNA to reflect the comments made at the HWB/ICP meeting on 15 July 2022. These had centred on the opening hours of pharmacies, availability of services by geography and the prevalence of certain diseases.

Mapping work had been incorporated into the PNA. For Smoking Cessation services, the map showed there was a lack of services in some areas with high smoking prevalence. The other

conditions where mapping was carried out were obesity, diabetes, and hypertension. This would help commissioners in focusing future work and attention.

In relation to the opening hours, there were concerns that pharmacies were not open long enough or at sufficiently convenient times for the public to access, although the mapping showed that this was not consistent across the patch. There were also concerns around Sunday opening in rural areas.

Members raised the following points in discussion of the update:

- Whether the percentage of pharmacy prescribers within our patch was known. The Chair of Pharmaceutical Needs Assessment Steering Group for CCC&PCC explained that this was not requested prior to the PNA but will be investigated for future PNAs.
- Whether there are any known impact of future availability/sustainability of community pharmacies. Also, if there were any known impact within C&P on staffing for community pharmacies given the rapid growth in clinical pharmacists recruited into Primary Care Networks/Integrated Neighbourhood Teams. The Chair of Pharmaceutical Needs Assessment Steering Group for CCC&PCC explained that there were concerned around losing staff to primary care and there was also a general shortage of qualified pharmacists. This was something to look at going forward, in terms of the role of pharmacies in the hierarchy of treatment.
- There was a need to look into the future of pharmacies and what they would look like in five years' time. The Chair of Pharmaceutical Needs Assessment Steering Group for CCC&PCC explained that there are discussions around training needs for new pharmacist and they were working with the local authorities and universities on the future pipeline and training of pharmacists.
- There was a need to have accurate mapping of village-based pharmacies, in particular because of poor public transport links, and to take account of wider communities. Public transport would always be an issue, but the PNA would seek to address the issue of access to services across the geographical border of the system.
- In response to a question about whether there were any plans to promote wider behavioural change, it was explained that there was an existing PNA recommendation about promoting wider understanding around the effective use of health services.

The HWB/ICP noted both the outcome of the public consultation and the final PNA.

Strategy Development

6. Cost of Living

The Health & Wellbeing Board and Integrated Care Partnership received a presentation on the impact of challenges around the cost of living on health. This was an important, current lens through which to consider the four component parts of the overall Health and Well Being and Integrated Care strategy.

The Board noted that there was much work being progressed around cost of living challenges more widely and this was being co-ordinated by the Public Service Board.

A range of factors had caused increase of prices for food, utilities, transport and accommodation. Wages had not been able to keep pace with increased inflation and some households just missed the thresholds for free prescriptions or dental care. In addition, residents were coping with:

- Removal of Universal Credit £20 uplift.

- Decreased savings and increased household debt flowing from the pandemic. Council Tax debts had increased.
- Winter illness impact: immediate, unexpected loss of income for workers who don't get sick pay (including children's illness)
- Possible disruption or inability to work due to business failure or strikes in transport, education, and health service

The short-term impacts were highlighted as:

1. Food - missed or poor-quality meals leading to stress, attention/behaviour issues and lack of energy. Shift to high calorie, low-cost food. Food safety risks from fridges being turned off, lack of access to cooking facilities. Challenges for school catering to produce enough affordable, healthy meals.
2. Heating - reduced heating leading to acute impacts of hypothermia. Fire risk from portable or improvised heaters. Internal air pollution and Carbon Monoxide risks from an increase in burning inappropriate fuels, wood burners and lack of boiler maintenance. Increased risk of falls and poor outcomes in elderly and vulnerable individuals.
3. Mental Health – stress, anxiety, debt, and financial uncertainty affects relationships, parenting, drug, and alcohol use. May lead to increased mental health crises and absences from work.
4. Service access - some patients deterred from using health services where some cost may be incurred, such as dentistry, prescriptions, opticians. Awareness of more potential eligibility for free access to some of these services for patients needed further boosting.
5. Individuals working while unwell - which could further exacerbate their illness and if infectious could put others at risk.

The longer-term health impacts and local public service vulnerabilities that flowed from this situation were discussed, including increased demand for various services.

The HWB/ICP noted the local links that summarises the support available to people.

7. Update on the Cambridgeshire & Peterborough Health and Wellbeing Overarching Strategy

The Health & Wellbeing Board and Integrated Care Partnership received a progress report regarding the Health and Wellbeing overarching Strategy development. The Director of Public Health drew attention to the following:

- The overarching Strategy had been out for engagement and was now closed.
- There had been general endorsement for all the priorities with no objections.
- Further detailed comments relating to each of the priorities had been received and would be fed into the development of the priorities and the Strategy in advance of December.

The ICB Chief Officer, Strategy and Partnerships, advised the Board that a new engagement campaign had launched on 7th October called: 'Let's Talk: Your Health and Well Being'. It sought to better understand the needs of people and communities, as well as nurturing opportunities to listen to them in line with the ICS's commitment on such engagement. All Partners were asked to help support the campaign and to promote it widely through their networks. From the responses received so far, there were indications of concerns around access to mental health, the impact of the cost of living and wider access to services. The feedback would be integrated into the development of the Strategy.

Priority Leads – Review of progress

7.1 Ensure our children are ready to enter education and exit, prepared for the next phase of their live

The Health & Wellbeing Board and Integrated Care Partnership received a presentation on this priority. The presentation gave an overview of:

- The challenges faced and the work of the Children and Maternity partnership. There was a focus on addressing health inequalities and promoting wider population health in the approach being pursued, as well as building on work already done in the system either through the ICB or local authorities.
- The working areas were identified as:
 1. Early years from pre-birth to children entering schools
 2. Children's Mental health & wellbeing as it is linked with the ability to enter school well and exit/transition to adulthood.
 3. Special education needs and disability as well as neurodiversity as a whole system
 4. Interface between community and hospital services.
- Best Start in Life Programme. This important focus would help enable the system to think about young people entering education well. It reflected on the 'one team' approach defined by the place programme as this was an example of where the system moved to a more multiagency approach when tackling issues.
- The Family Hubs Programme was about improving access, increasing connection between services, professionals, different sectors and focusing on family relationships. There was good partner commitment, in particular from local government.

Areas to go further were highlighted as:

- Ensure our children are ready to enter education:
 1. Social support
 2. Supporting the importance of play as it is essential for good development and educational attainment
 3. Supporting parents with mental health, parental stress which could develop into mental health problems
 4. Ensuring children are living in the right environment under good living conditions that are safe.
- Ensure our children are ready to exit education prepared for the next phase of their lives:
 1. Economic aspect -helping family with the support they need to support young people to meet their potential
 2. Career awareness- making families aware of apprenticeship and other learning opportunities
 3. Addressing transitioning to adulthood by thinking of young people's mental health and special educational needs & disabilities.
 4. Excellent education pathways.

Members raised the following points in discussion of the update:

- Whether there was a way that the joint forum could support the SRO in looking at the impact of adverse events on outcomes for children within this priority work?
- The importance of engaging with pre-school providers.
- The importance of connecting more strongly with leaders within the education system on this agenda.

7.2 Create an environment to give people the opportunity to be as healthy as they can be

The Health & Wellbeing Board and Integrated Care Partnership received a presentation on this priority. The presentation gave an overview of:

- Determinants around obesity and the complexity of those.
- The requirement for transformational system wide interventions. Some potential measurable ambitions in achieving this priority:
 1. Achieve a 5% decrease in childhood overweight/obesity by 2030
 2. Reduce childhood overweight/obesity to pre-pandemic levels by 2026
 3. Reduce adult overweight/obesity levels to pre-COVID times by 2030
 4. Reduce inequalities in overweight/obesity
 5. Achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity per week by 2030
 6. Every child in school will meet the physical activity recommendations
- Reasons why obesity had been prioritised over other risk factors, including the speed at which indicators were trending in a negative direction and the numerous impacts of obesity, including premature mortality.
- The three main clinical risk factors of obesity (cholesterol, hypertension and blood glucose.) and the relationship between obesity and mental health.
- The data in 2018/2019 showing that 36.90% of children in Peterborough were leaving primary school overweight, compared to 27.00% in Cambridgeshire.
- The clear links between obesity and areas of deprivation in both children and adults. Obesity was a common factor in cardiovascular diseases, diabetes, and cancer.
- The three main pillars to tackle obesity around environment, behaviours, and socio-economic factors

Partnership members were asked to support this priority and to help strengthen links with schools and primary care engagement, as well as emphasising the importance of identifying obesity in onward referral.

7.3 Reduce poverty through better employment and better housing

The Health & Wellbeing Board and Integrated Care Partnership received a presentation on this priority. The presentation gave an overview of the links between poverty, housing, employment, and health.

The following points were highlighted:

- There was a need for early capture of some of the issues people coming out of hospital going into homes that may not be suitable for their recovery.
 1. Home Improvement - using grant in an aligned fashion
 2. Key worker housing allocations near to public employers – and ensuring that the NHS is at the right table to help drive this.
 3. There was a need to think about how to focus the scope of this priority. work to as some of the related planning issues have already emerged.Comments focused on driving quicker progress on:
 1. Hoarding - health currently don't really acknowledge mental/physical health needs of hoarders)

2. Pathways for hospital discharge- to review multi-disciplinary teams (districts not at table)
3. Support for new GP practices and links to housing needs
4. Improving the way the home improvement agency can function

Regarding reducing poverty through better employment, the following points were highlighted:

- There was a need to focus on some additional elements which were:
 1. Looking at the current jobs in the system and defining what good work was
 2. Creation of new jobs
 3. Ensuring the system had people with the right skills to do the jobs.
 4. There were a lot of strategies being developed across this area, there was a need to work better together to ensure these strategies were aligned and implemented.
 5. work on economic growth and employment & skills strategies were led by the Combined Authority, with engagement from key partners. It was important that this priority reflected that work and the role of the Combined Authority.

The Health & Wellbeing Board and Integrated Care Partnership members supported this approach.

7.4 Promote early intervention and prevention measures to improve mental health and wellbeing

The Health & Wellbeing Board and Integrated Care Partnership received a presentation on this priority. The Presentation gave an overview of:

- The engagement process, which consisted of four workshops with a number of key partners while building on the engagement work that already existed.
- The drivers for Mental Health. There was a need for actions to reflect many variables that can impact on people's mental health.
- The conceptual framework for public mental health. There was a need to tackle individual, family, community, and structural factors as part of the framework and to focus on improving population mental health with a particular accent on prevention and early intervention.
- The stocktake with partners, which had identified huge amount of work already ongoing in this area, but also highlighted that the determinant of mental health challenges crosses so many strands of work.
- The need to bring look together at the wide range of activity within and beyond health including strategies and approaches around suicide prevention, mental health in the workforce, drug/alcohol needs assessments, Children & Young People's mental health and Population Mental Health.
- Priority activities around communication & resources, supporting and fostering positive relationships across the life course for better mental wellbeing and prevention of loneliness, providing tools and opportunities to encourage and motivate people to engage with activities and services that will support them or help them to promote better mental wellbeing, facilitating system leadership and moving activity upstream to focus on prevention were all identified.
- The importance of harnessing activity across the various workstreams was emphasised in order to create more capacity by building on existing work rather than duplicating it.

Members raised the following points in discussion of the update:

- To acknowledge that there is a huge mental health crisis nationally

- Clarification was sought in knowing how success will be measured.
- Clarification was sought around the communication and resource's theme. The importance of a single, clear piece of communication to help ensure people know what the right services that are available for them was stressed.

8. Forward Agenda Planning

The Joint Health & Wellbeing Board and Integrated Care Members were asked to suggest agenda Items for future meetings. The Joint Forum was advised of an extraordinary meeting on 20th December to consider the final submission of the Health & Wellbeing and Integrated Care Strategy.

9. Date of the next meeting

The date of the next meeting was confirmed as Friday 20th December 2022 at 10:30 am.

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