



**MINUTES OF THE CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND
WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE
HELD AT 10:30AM, ON
24 SEPTEMBER 2019
COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH**

Committee Members Present:	Councillor Holdich, (Chairman), Peterborough City Council Councillor Fitzgerald, Peterborough City Council Councillor Hickford, Cambridgeshire County Council Councillor Hoy, Cambridgeshire County Council Councillor Huffer, East Cambridgeshire Council Councillor van de Ven, Cambridgeshire County Council Councillor Wallwork, Fenland District Council Councillor Walsh, Peterborough City Council Councillor Watkin-Tavener, Huntingdonshire District Council Dr Liz Robin, Director for Public Health Val Moore, Cambridgeshire and Peterborough Healthwatch Jessica Bawden, Cambridgeshire & Peterborough Clinical Commissioning Group Dr Gary Howsam, Cambridgeshire & Peterborough Clinical Commissioning Group Zephan Trent, NHS England Keith Reynolds, North West Anglia NHS Foundation Trust Ian Walker, Cambridge University hospitals NHS Foundation Trust Dr Russell Wate, Cambridgeshire and Peterborough Safeguarding (Children and Adults) Partnership Board
Officers Present	Adrian Chapman, Service Director, Communities and Safety Charlotte Black, Service Director, Adults and Safeguarding Kate Parker, Head of Public Health Business Programmes Paulina Ford Senior Democratic Services Officer

1. ELECTION AND APPOINTMENT OF CHAIRPERSON UNTIL END MUNICIPAL YEAR 2020/21

The Senior Democratic Services Officer opened the meeting and advised the Committee that in accordance with the terms of reference for the committee the appointment of a chairperson would be for the period of two years until the end of municipal year 2020 – 2021 and then annually after that period. The terms of reference stated that the chairman would need to be either the current chairperson of the Cambridgeshire Health and Wellbeing Board who was Councillor Roger Hickford or the current chairperson of the Peterborough Health and Wellbeing Board who was Councillor John Holdich.

Nominations were sought from those present at the meeting. Councillor Hickford seconded by Dr Robin nominated Councillor Holdich. There being no further nominations Councillor Holdich was therefore appointed Chairman.

2. ELECTION OF VICE CHAIRPERSON FOR THE MUNICIPAL YEAR 2019/20

The Chairman sought nominations for the position of Vice Chairperson. Councillor Hickford seconded by Councillor Fitzgerald nominated Jan Thomas. There being no further nomination Jan Thomas was therefore appointed as Vice Chairman.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Qayyum, M Howell, L Jones, N Massey. Apologies were also received from Wendi Ogle-Welbourn, Executive Director, People and Communities, Julie Farrow representative from Hunts Forum and Claire Higgins, Co-opted Member.

4. DECLARATIONS OF INTEREST

There were no declarations of interest.

5. HEALTH AND SOCIAL CARE SYSTEM PEER REVIEW ACTION PLAN UPDATE

The report was introduced by the Service Director, Adults and Safeguarding. The purpose of the report was to update the Board on progress against the recommendations from the Health & Social Care System Peer Review which took place in September 2018.

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

- The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a Care Quality Commission (CQC) local system area review. The governance of the action plan sat with the Health and Wellbeing Board.

- Delayed transfers of care continued to be a challenge for both health and social care.
- Since the report had been written integrated discharge hubs had been put in to each of the hospitals. There were also Trusted Assessors in place who were able to carry out assessments on behalf of other people. These were in both the hospital pathway and the community pathway.
- Hospitals had put in place a Choice Policy which allowed people to choose whether they wished to stay in hospital or move to a more suitable place.
- The Service Director advised that the number of people who had been delayed which were included in the 5.3% figure would be provided after the meeting as the information was not available at the meeting.
- The final report and action plan would be brought back to the Board in April 2020.
- From a Social Care perspective there were great opportunities to work with Primary Care Networks to work on admission avoidance.
- Primary Care Networks were launched in July and were therefore still being developed. The Clinical Directors had met for the first time in August and were very much aware of expectations and opportunities for working with Local Authorities and the concept of Place Based Working but it was still early days to understand what that actually meant and what the geography might be.
- The Primary Care Networks were originally designed to support the General Practices and this would be the initial primary concern.
- Integrated Neighbourhood Managers had already been recruited who had been working with Primary Care Directors in the North. They had been looking at priorities for that area. An example of which was in the Wansford area where work was being done with the elderly.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to note the report and consider the content and raise any questions and requested that the final report and action plan be presented back to the Board in April 2020.

AGREED ACTION

The Service Director Adults and Safeguarding to provide the Health and Wellbeing Board with the actual number of people in the 5.3% figure who had been delayed in hospital.

6. DRAFT CAMBRIDESHIRE AND PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY

The Director for Public Health introduced the report. The report provided the Board with an opportunity to discuss and comment on the draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24

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

- The Director for Public Health presented the Board with three challenges. The Board were advised that there had been three Peer Reviews over the past year. The Peer Reviews had said that the services that were being provided were good and the staff were often excellent but that there was a tendency not to join up and work as one system with one vision and a common strategy. This was the first challenge.
- The second challenge to the Board was the level of health inequalities across Cambridgeshire and Peterborough. Lead Clinicians and Chief Executives were concerned about the level of inequalities across the area. This needed to change.
- The third challenge was Cambridgeshire and Peterborough's contribution to UK PLC, population growth, housing demand, education and infrastructure. The focus would be on trying to get the infrastructure right to support the health and wellbeing of the communities whilst addressing the financial challenges.
- Preparing a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) was a statutory duty for Health and Wellbeing Boards. Cambridgeshire and Peterborough Health and Wellbeing Boards had agreed to work together to prepare one Joint Health and Wellbeing Strategy across the area, in order to maximise the Strategy's strategic impact. This would still be sensitive to variation in local health and wellbeing needs and outcomes across the area. Both Boards had agreed to delegate approval of the Joint Health and Wellbeing Strategy to the Whole System Joint Sub-Committee.
- The Strategy was focused more on the determinants of health and joint working rather than on NHS services because the Sustainable Transformation Partnership was currently developing a 5 year plan for the NHS including how the NHS would work with social care and Public Health.
- Work was being done to ensure that the STP Plan and Health and Wellbeing Strategy align and complement each other.
- The Director of Public Health requested that each Board member take the strategy back to their individual organisations and stand beside the Director to co present the strategy to their organisations to obtain joint ownership of the strategy.

- Members commented that the most deprived areas were suffering the most health inequalities and asked whether the Combined Authority Industrial Strategy would be providing support to those areas. Members were informed that there was a Combined Authority Pilot which worked with people who were currently working in poor quality jobs e.g. zero hours contracts, land workers etc. who wanted to progress. This was through a Health and Social Care Academy which helped people progress into careers in health and social care which also had the effect of helping with the work force problems in health and social care. Another area of work was around helping people with long term conditions get back into work.
- Members had hoped that the strategy could be ambitious about transport for populations that were often cut off through lack of transport connections in certain parts of Cambridgeshire. It would be a missed opportunity if an emphasis was not put on provision of a basic public transport network like the bus or community transport in these areas. The Director of Public Health commented that Healthwatch had identified similar findings in that travel and transport difficulties continued to be barriers to effective healthcare. The Combined Authority Local Transport Plan was out to consultation and feedback was being received. The issue of transport would be discussed further with partners to see how this could be strengthened within the strategy.
- Further work and clarity regarding the outcome metrics was still to be done and work would commence as soon as possible.
- Members raised concerns with regard to the Public Health England slide on positive and negative influences across the life course showing protective factors and risk factors. In particular it was highlighted that there was no mention of poverty as one of the risk factors influencing health. Members felt that it was not a helpful chart to have at the start of the strategy. The Director of Public Health recognised that socio-economic circumstances did influence health as well as the other risk factors and would seek other feedback on the chart and if it was felt that the chart was not helpful it could be replaced with something more suitable from a local perspective.
- Work relating to fast food outlet policies was being taken forward through the Public Health reference group. Research had been completed already through the Centre of Diet and Exercise in Cambridge which looked at the policies which some Local Authorities nationally had already implemented. Policies would be tailored into District and City Council Local Plans. They would also need to be part of a wider Healthy Weight Strategy.
- Members commented that clinicians were noticing that inequalities were widening. The population were ready for a discussion around their role in the solution to health inequalities. There was a need to be more explicit about what their role was to play in this strategy and lifestyle and behaviours needed to be challenged.

- Members commented that there were some examples of ‘working together’ that did not appear to be working, one example of which was that standards of education were getting worse in the Fenland area. Another example was that the 111 service option 2 for mental health services had not worked for a whole town and was still not available. Members were advised that a new service would be available for the town mentioned from 7 October.
- Members commented that it was a well written document.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to:

1. Discuss and comment on the draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24, attached as Annex A of the report.
2. Approve the Strategy as a draft for further engagement and consultation
3. Comment on proposals for engagement and consultation in para 3.2, before the Strategy is brought back to the Whole System Joint Sub-Committee for approval in March 2020

AGREED ACTIONS

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee requested that the Director of Public Health

- a. Note the comments made by the Board.
- b. Discuss with partners how more emphasis could be put on transport connections within the strategy.
- c. Get additional feedback on the inclusion of the Public Health England slide on positive and negative influences across the life course showing protective factors and risk factors to assess whether the chart should be replaced with something that could be produced locally?

7. UPDATE ON DELIVERING THINK COMMUNITIES

The Service Director Communities and Safety introduced the report. The report provided the Board with an update on the progress of Think Communities, and how this was acting as a catalyst for change and transformation across the public sector.

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

- Impressive results were already being achieved with communities stepping up through some pilot projects that were already in place.

- The business community had been left out of the Think Communities programme and it was felt that a lot of capacity had been left untapped because of this. This was therefore an area which could be further investigated as it was felt that there was a willingness from the business community to get involved.
- Members sought clarification as to whether there was any evidence that the Primary Care Networks (PCN) would better service the needs of local people. Members were informed that the Primary Care Networks were a compelling opportunity for Primary Care providers to work as a system through a place based approach focussing on the needs of a particular community. It was an opportunity to take a geographical approach. Think Communities was about working with natural communities and smaller geographies. Some PCN's might have a large geography but the Think Communities approach would operate within smaller geographies within the PCN geography which would be determined by the evidence and data of where the need would be.
- Members commented that practical and financial support was needed for Primary Care Networks which included resourcing of staff and estates. Lobbying on the Health Funding formula was needed and should be noted in the Think Communities paper.
- Members were informed that there had been a significant amount of national interest in the Think Communities project and that the work done so far was entirely scalable and could be replicated in other areas of the country. The Government had been engaged in early discussions with the council along with a number of Think Tanks including the new Local Government Network and had shown significant interest in the project. Government had offered the council a series of workshops with ten Whitehall departments to look further at the place based approach work that was being undertaken. By moving to a more place based approach and aligning resources more effectively there would be better value for money and provide additional capacity.
- The Clinical Chair of the CCG's Governing Body advised the Board that the Primary Care Networks were adequately resourced to provide services that they were contracted to do. The system was moving in the right direction with the rhetoric, but the funding formula needed to change however workforce issues in General Practice was currently more of a worry than financial issues.
- Members commented that one of the main challenges around Think Communities was getting to know the population and identifying people who needed the resources most and then how to allocate the resources equitably.
- The Think Communities approach was core to delivering the Health and Wellbeing Strategy.

- Clarification was sought on what progress had been made with the District Level Living Well Partnerships joining the Think Communities Board. Members were advised that in Peterborough, Huntingdonshire and Fenland there was an agreement in principle to move ahead with the Place Based Board which combined the Living Well Partnership and the Community Safety Partnership into one Place Based Delivery Board. Cambridge City were having discussions around protecting their Community Safety Partnership and East and North Cambridgeshire were having initial discussions.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to:

1. Note the scope and ambition of the Think Communities Approach
2. Comment on progress and activities to date

INFORMATION AND OTHER ITEMS

8. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE WORK PROGRAMME

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to note the work programme and requested that the final version of the Health and Wellbeing Strategy be presented at the next meeting in March 2020.

Chairman

10:30am – 11:48am