

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

MINUTES

Present:

Members:

CLlr Saqib Farooq	Peterborough City Council Cabinet Member for Adults and Health (Chair)
John O'Brien	Integrated Care Board Chair (Co-Chair)
CLlr Susan van de Ven	Vice-Chair of Adults and Health Committee (lead member for HWB) – Cambridgeshire County Council (Co-Chair)
Jyoti Atri	Executive Director of Public Health, Cambridgeshire County Council and Peterborough City Council
CLlr Mike Black	Representative of the Chair of Adult and Health Committee, Cambridgeshire County Council
CLlr Ray Bisby	Peterborough City Council Cabinet Member for Children's Services
Kit Connick	ICB Chief Officer Strategy and Partnerships
Ged Curran	ICB Non-Executive Members
Julie Farrow	Voluntary and Community Sector Representative
Stewart Francis	Cambridgeshire and Peterborough Healthwatch Chair
Paul Medd	Chief Executive of Fenland District Council and District Council representative (North)
Dr Neil Modha	Primary Care Representative (North)
Stephen Taylor	Executive Director of Adult Services, Peterborough City Council
Piers Ricketts	Chief Executive, Eastern Academic Health Science Network
Patrick Warren-Higgs	Executive Director Adults, Health, and Commissioning, Cambridgeshire County Council
Liz Watts	Chief Executive of South Cambridgeshire District Council and District Council representative (South)

Present (Virtually):

Rob Bridge	Chief Executive, Cambridgeshire and Peterborough Combined Authority
Mary Elford	Chair of Cambridgeshire Community Services NHS Trust (CCS)
Anna Smith	Deputy Mayor of Cambridgeshire and Peterborough Combined Authority representing the Mayor of the Combined Authority

Apologies

Prof. Steve Barnett	Chair, North-West Anglia NHS Foundation Trust
John Gregg	Executive Director of Children's Services, Peterborough City Council
Claire Higgins	Voluntary and Community Sector Representative
Cllr Richard Howitt	Chair of Adults and Health Committee - Cambridgeshire County Council
Dr. Zoe Hutchinson	Primary Care Representative (South)
Dr Nik Johnson	Mayor of Cambridgeshire and Peterborough Combined Authority
Louis Kamfer	Managing Director Strategic Commissioning and Deputy Chief Executive, ICB
Dr Mike More	Chair, Cambridge University Hospitals NHS Foundation Trust
Darryl Preston	Police and Crime Commissioner
Jan Thomas	ICB Chief Executive
Prof. John Wallwork	Chair, Royal Papworth Hospital NHS Foundation Trust

Officers and others present:

Steve Bush	Director of Children and Young People's Services, Cambridgeshire Community Services NHS Trust
Iain Green	Team Manager Health in All Policies, Cambridgeshire County Council
Richenda Greenhill	Democratic Services Officer, Cambridgeshire County Council
Raj Lakshman	Consultant in Public Health, Lead for Children & Clinical Policies Cambridgeshire County and Peterborough City Council
Leesa Murray	Head of Adults Commissioning, Peterborough City Council
Jonathan Lewis	Service Director for Education, Cambridgeshire County Council
Kate Parker	Head of Public Health Business Programmes, Peterborough City Council and Cambridgeshire County Council
Sandra Pedley	Associate Delivery Partner Performance and Delivery, ICB
Naomi Siakpere	Corporate Governance Administrator, ICB
Caroline Townsend	Head of Partnerships and Programmes, Cambridgeshire County Council
Sati Ubhi	Chief Pharmacist, ICB
Martin Whelan	Head of Governance and Data Protection Officer, ICB

1 Apologies for Absence and Declaration of Interest

Apologies for absence were received from Jan Thomas (ICB Chief Executive), Dr. Nik Johnson (Mayor of Cambridgeshire and Peterborough Combined Authority), Darryl Preston (Police and Crime Commissioner), Mike Moore (Chair, Cambridge University Hospitals NHS Foundation Trust), Louis Kamfer (Managing Director Strategic Commissioning and Deputy Chief Executive, ICB), Dr Zoe Hutchinson (Primary Care Representative (South)), John Gregg (Executive Director of Children's Services, Peterborough City Council) , Prof. Steve Barnett (Chair, North West Anglia NHS Foundation Trust), Cllr Richard Howitt (Chair of Adults and Health Committee - Cambridgeshire County Council), Prof. John Wallwork (Chair, Royal Papworth Hospital NHS Foundation Trust), and Claire Higgins (Voluntary and Community Sector Representative).

The Chair, Councillor Saqib Farooq welcomed members and attendees.

There was no new declaration of interest.

2 Minutes of the Cambridgeshire and Peterborough Joint Health and Wellbeing Board and Integrated Care Partnership 20 October 2023

The minutes of the last meeting 20th October 2023 were subject to amendment of Item 7 - AOB, 2nd paragraph to state "with the implementation of the smoke free generation, any child who is 14 years will never be able to legally purchase cigarettes". In absence of any other amendment the minutes were agreed as accurate.

3 HWB ICS Strategy Priority 1 – Childrens Update

The Joint Health and Wellbeing Board/Integrated Care Partnership received the Priority 1 Children's update from the Consultant in Public Health, Lead for Children & Clinical Policies Cambridgeshire County and Peterborough City Council, the Service Director for Education, Cambridgeshire County Council, and the Director of Children and Young People's Services, Cambridgeshire Community Services NHS Trust.

The report provided a progress update against the 10 deliverables of the workstream about the system change, driving improvement for children and young people's services. It highlighted significant progress against actions, tangible outcomes, key deliverables, and engagement in education needs.

The meeting noted ongoing work to ensure children can enter education with a good level of development and exit prepared for the next phase of their lives. The demography of SEND children, children in care and those living in poverty in Peterborough, England and Cambridgeshire indicated a significant increase in provision is needed for increased healthcare and education services. The target is to improve the percentage of children who show improved progress in entering education, a reduction in the proportion of children who are not in education, employment, or training from 3% to 2% in Cambridgeshire and from 5% to 3% in Peterborough and to reduce inequalities in both outcomes.

The 10 deliverables were noted as:

- Increase uptake of the healthy start scheme
- Promote the start for life offer through health and community setting.
- Perinatal mental health & parent infant relationships:
- Infant feeding support.
- Provide families with support and advice to access early years and childcare opportunities.
- Ensure damp free accommodation for children with respiratory condition (ongoing in partnership with the housing and health priority).
- Improve immunisation rates at entry into and exit from school.
- Increase apprenticeship through anchor institutions (Councils, Combined Authority, NHS, Commissioned services etc).
- Improving mental health, emotional Wellbeing, and resilience among school age population.
- Establishing a mechanism to improve health outcomes for all school age population.

The meeting noted that the plan is to continue to embed the family Hubs and develop a pathway for new parents to perinatal mental healthcare, infant feeding, and delivery on school aged health improvement partnership.

The Chair invited comments and questions from attendees, where the following points were raised:

- Members suggested signposting, giving out leaflets and the dissemination of information on websites through colleagues and community to reach out to more people.
- It questioned how absenteeism is being addressed post Covid and how information is disseminated to parents for their children to return to school unless they are ill. In response it noted that there had been a lot of facilitation to encourage parents to send children back to school, and the Department for Education has set up attendance hubs to facilitate best practices on how to reassure parents and children to return to the classrooms post Covid. Attendees were advised that the public health is investing in a service to support the mental health of school children. To combat the issue of the child being absent from school due to healthcare service appointment, it was suggested that healthcare service is provided to children at school.
- A request was made to add to the challenges faced with children in need and the possible issue of housing infrastructure, transportation into the work programme.
- Members questioned whether there is enough attention on innovative thinking on housing. The importance of capturing the wider role of partners in this area was recognised by attendees.
- In terms of school readiness, an annual target was discussed that can be used to measure progress on a yearly basis. It was suggested that appropriate messages could be circulated to parents who want their children to return to school. That this should be scrutinised to gain the trust of the families and

innovative measures taken to reduce the number of people on the waiting list for school entry.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted the progress update in relation to priority 1 Children's update, and unanimously agreed to support the recommendations.

4 Pharmaceutical Needs Assessment (PNA) - Supplementary Statement

The Team Manager, Health in All Policies, introduced the pharmaceutical needs assessment and supplementary statement, reminding members of the legal duty to keep the PNA up to date. It was highlighted that the Health and Wellbeing Board is required to review, agree on a supplementary statement and the production of a new PNA.

The following additional points were raised.

- A summary of the changes to pharmaceutical services both locally and nationally given the closure of Lloyds and Boots branches was reflected in the report.
- The Health and Wellbeing Board is required to assess the significant gaps in the provision of services.
- The supplementary report outlined changes arising from branch closures, reduction in opening hours of pharmacy services from 100hrs to between 72 and 79 hours a week.
- Despite the reduction in branches there is still accessibility to pharmaceutical services within 20 minutes in the area.
- A full PNA would take a minimum of 6 to 12 months to produce and adopt, therefore the supplementary statement approach was being proposed.
- It was highlighted that the PNA is used by commissioners in the decision-making process in determining whether to open pharmaceutical services or not.

The Joint HWB/ICP agreed:

- To consider the changes to pharmaceutical services across Cambridgeshire and Peterborough as contained in the report and supplementary statement attached.
- Approve supplementary statement and publish it as an addendum to the main PNA 2022 version.
- That producing a new PNA would be disproportionate at this time.
- That the provision of pharmaceutical services will be kept under review.

5 Update on Community Pharmacies

The ICB Chief Pharmacist provided the update on community pharmacies.

The presentation highlighted the significant changes currently taking place in Cambridgeshire and Peterborough, with the following additional points:

- Although the sector is faced with challenges of funding and workforce issues, the presentation demonstrated the scope and strategy of how pharmacies can improve the health and wellbeing of the population.
- Using the community pharmacist clinical skills, a range of services can be provided by the pharmacist such as undertaking vital checks, obtaining of oral contraceptives and treatment of other range of infections without having to visit the GPs, therefore reducing the pressure on general practice and hospital services.

Following the presentation, the following points were raised in the discussion:

- It was questioned how the ICB can continue to support the development of community pharmacy.
- Members commended the commitment by the pharmacy workforce in providing these services despite the various challenges faced by the sector.
- A suggestion was made (to avoid service user frustration) concise communication should be given as to what services or medication can be accessed at the pharmacy without the requirement to see your GP.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted the update on community pharmacies.

6 Better Care Fund (BCF) Quarter 2 Report

The Head of Partnerships and Programmes, Cambridgeshire County Council, the Head of Adults Commissioning, Peterborough City Council and the Associate Delivery Partner Performance and Delivery, Integrated Care Board presented the BCF Q2 report.

An overview of the performance of the Q2 BCF was provided, based on the Q1 performance report. The following points were raised:

- Of the five metrics Cambridgeshire is on track for performance against the discharge place of residence, but faces challenges on falls metrics and avoidable admissions.
- The falls metric is due to a change in guidelines, particularly with head injuries relating to falls.
- In terms of residential admission to older people, there has been slight improvement in Q2 compared to last year. Admission to residential homes cumulatively is lower.
- There has been slight increase in the performance of enablement from 73.3% in Q1 to 76% in Q2.
- There is no waiting list as people are generally staying an average of 4 weeks.
- Good flow of service and independence outcome of 78% in the service as people no longer require further onward care, indicating a good service outcome.
- The falls metrics is a new metric for reporting. There have been changing guidelines to treatment to falls, particularly where a head injury is involved (indicating more conveyance to hospitals). The team is reviewing the data to see if head injuries can be treated within the community where people can stay at home without making the trips to hospital.
- Another metrics not covered in the BCF is reablement. Their target is 84%, with performance currently at 81%. There are higher acuity of people leaving the hospital which is impacting on the ability to rehabilitate and keep them at home after the 91-day period.
- On avoidable admissions, there is a difference in the metrics from Peterborough in comparison to Cambridgeshire.
- The Joint Health and Wellbeing Board and Integrated Care Partnership previously agreed to review the schemes under the Better Care Fund and align with the priorities as a system and meeting the objectives of the BCF. To achieve this, better care partners locally have appointed health integrated partners to undertake the review of the system and they have commenced work and gathering information at the completion; the BCF would present the recommendations to the Board in March or at the interim development sessions while the final recommendations would be presented in June.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted the update BCF, and unanimously approved the quarter 2 return to NHS England.

7 Corporate Update

The Head of Governance and Data Protection Officer presented the report.

The Joint Health & Wellbeing Board and Integrated Care Partnership noted that the terms of references had been approved by the respective Full Council meetings of Cambridgeshire County Council and Peterborough City Council.

The Joint Health and Wellbeing and Integrated Care Partnership approved the meeting dates for 2024/25.

The meeting reviewed and considered the future agenda plan and made several suggestions, including a potential future item on the role on the interrelationship between health, with arts and leisure.

8 Any other business

In absence of any other discussion, the Chair thanked all members for their contribution and the meeting was declared closed.

9 Date of next meeting

The date of the next meeting was confirmed as Friday 22nd March 2024

Author: Naomi Siakpere, Corporate Governance Administrator

Email: cpicb.icsgovernanceteam@nhs.net