# CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

## Date:Thursday, 17 November 2016

## 09:30hr

**Democratic and Members' Services**
Quentin Baker
LGSS Director: Lawand Governance

Shire Hall
Castle Hill
Cambridge
CB3 0AP

## Civic Suite, Pathfinder House, Huntingdon

# AGENDA

**Open to Public and Press**

| | | |
|---|---|---|
| **1** | **Apologies for absence and declarations of interest**<br>*Guidance on declaring interests is available at http://tinyurl.com/ccc-dec-of-interests* | |
| **2** | **Minutes of the Meeting on 15 September 2016** | **3 - 8** |
| **3** | **Action Log** | **9 - 14** |
| **4** | **Health and Care System Sustainability and Transformation Programme - Memorandum of Understanding**<br>To receive a report by Dr Liz Robin, Director of Public Health. | **15 - 32** |
| **5** | **Forward Agenda Plan** | **33 - 36** |
| **6** | **Date of Next Meeting**<br>To note that the Board will meet next at 10.00am on Thursday 19 January 2017 at 10.00am in the Kreis Viersen Room, Shire Hall, Cambridge. | |

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Tony Orgee (Chairman) Tracy Dowling (Vice-Chairwoman)

Councillor Margery Abbott Dr Catherine Bennett Councillor Mike Cornwell Councillor Sue Ellington Kate Lancaster Chris Malyon Lance McCarthy Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Councillor John Michael Palmer Liz Robin Councillor Joshua Schumann Vivienne Stimpson Aidan Thomas and Matthew Winn Councillor Paul Clapp Councillor David Jenkins Councillor Peter Topping and Councillor Joan Whitehead

*For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact*

Clerk Name: Richenda Greenhill

Clerk Telephone: 01223 699171

Clerk Email: Richenda.Greenhill@cambridgeshire.gov.uk

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**Agenda Item: 2**

# CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

**Date:** 15 September 2016

**Time:** 10.00am to 11.35am

**Place:** The Kreis Viersen Room, Shire Hall, Cambridge

**Present:** Cambridgeshire County Council (CCC)
Councillors P Clapp, D Jenkins, T Orgee (Chairman), P Topping and J Whitehead
Dr Liz Robin, Director of Public Health (PH)
Claire Bruin, Service Director, Adult Social Care (substituting for Adrian Loades, Executive Director for Children, Families and Adults)

City and District Councils
Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and S Ellington (South Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Tracy Dowling (Vice-Chairwoman), Dr Sripat Pai

Healthwatch
Val Moore

NHS Providers
Cara Charles-Barks (Hinchingbrooke Health Care NHS Trust (substituting for Lance McCarthy), Aidan Thomas (Cambridgeshire and Peterborough NHS Foundation Trust)

Voluntary and Community Sector (co-opted)
Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

**Apologies:** Dr Catherine Bennett (CCG), Kate Lancaster (Cambridge University Hospitals NHS Foundation Trust), Adrian Loades (Executive Director, Children, Families and Adults, CCC) Chis Malyon (Section 151 Officer, CCC), Mandy Renton (substitute for Matthew Winn, Cambridgeshire Community Services NHS Trust), Cllr John Palmer (Huntingdonshire District Council), Vivienne Stimpson (NHS England) and Matthew Winn (Cambridgeshire Community Services NHS Trust)

## 231. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as shown above. Declarations of interest were made by Cllr Ellington as a Trustee of Care Network Cambridgeshire and Val Moore as a Non-Executive Director of East and North Hertfordshire NHS Trust.

## 232. MINUTES OF THE MEETING ON 7 JULY 2016

The minutes of the meeting on 7 July 2016 were agreed as an accurate record and signed by the Chairman.

## 233. ACTION LOG SEPTEMBER 2016

Minute 181: Older People's and Adult Community Services (OPACS) Contract: The Vice Chairwoman offered to take this item forward.
**(Action: Tracy Dowling)**

It was resolved to review the Action Log outside of the meeting and circulate an updated version.
**(Action: Liz Robin/ Richenda Greenhill)**

## 234. A PERSON'S STORY

The Service Director for Adult Social Care described a case in which collaborative working across agencies had been used to support a man who had been identified by adult social care workers in a Multi-Agency Support Hub (MASH) as potentially vulnerable to exploitation. Information was gathered from various professionals within the hub which established that the person was having his home used by drug dealers against his wishes, that these individuals were taking money from him which had caused him to fall into arrears with his rent and that the situation was causing him significant distress. Professionals worked discreetly with the person concerned in order to protect his safety and established that his preference was to move to a new location. Police, social care and housing officers worked together to identify suitable new accommodation and to move him there safely. Police officers have maintained a relationship with him to support and reassure him in his new home.

## 235. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-16

The Service Director for Adult Social Care introduced the Safeguarding Adults Board (SAB) Annual report for 2015-16. Two changes had been made by the SAB to the draft which had been circulated to members. These were the inclusion of a reference to the Probation Service on the membership list on page 5 and an expansion of information on the Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) on page 38.

Priorities in this period had included developing both standard and bespoke training across social care and health organisations and into provider organisations to raise the profile of safeguarding. This had included courses for GP's which Dr Pai reported had been very well received. Work was in hand to deliver the more person-centred approach to safeguarding set out in the Care Act 2014 though clear conversations with the person experiencing difficulties about the outcomes they wanted to achieve. Further work was also planned with the University of Cambridge to establish a more person-centred way of working with residential homes and care settings, and of engaging with providers and staff. The response to cases of self-neglect had been considered and, whilst the decision about which cases were investigated remained a matter of professional judgement, the complexity of these cases and the need for a joined-up approach to providing support was clearly recognised. There was a strengthened adult safeguarding presence in community hubs and positive results were being seen from the collaborative approach being developed in multi-agency support hubs, as illustrated by the Person's Story at paragraph 234 above. The SAB was also working closely with the Local Safeguarding Children Board (LSCB), especially in relation to the transition of young people from children's to adults safeguarding services.

During discussion of the report and in response to questions from Board members the following points were noted:

- The Care Act placed a duty on local authorities to provide advocacy services for individuals with safeguarding needs who did not have family or others to offer them this support. Advocacy services in Cambridgeshire had previously been delivered by eight separate organisations, but when the contract came up for renewal it was decided to join with Peterborough City Council to jointly review the provision of advocacy services for both children and adults. The contract had been re-tendered against a revised specification which reflected the requirements of the most recent Care Act and Mental Health Act and officers had worked with existing commissioners to ensure that their requirements were reflected fully. It was anticipated that a number of existing staff would move across to the new provider so some consistency would be maintained. Officers confirmed that the primary focus of the revised specification had been on meeting statutory requirements and some members expressed concern about the possible impact on the provision of wider community advocacy and practical support which had been offered previously. It was agreed that it would be helpful for officers to circulate a note in six months' time providing an update on the how the new advocacy service was progressing, including any impact on voluntary groups;
  **(Action: The Service Director for Adult Social Care)**
- The identification of 'other vulnerable adults' as the most likely perpetrators of abuse against vulnerable adults (see page 17 of the report) related primarily to incidents between residents in care homes that catered for people with a range of learning difficulties and mental health needs;
- Protocols had been established across Cambridgeshire and Peterborough by the Fire Authority in relation to incidents of hoarding;
- Members noted that Healthwatch had offered to work with officers on measuring service user experience and that Professor Tony Holland's work on engaging with people with learning difficulties was integral to the work being taken forward on this. Members suggested that the SAB might also usefully draw on the experience of the NHS in measuring the way people with learning difficulties rated services;
- Members noted the increase in reported cases of abuse and/ or neglect in care homes in comparison to the previous year. These cases were being reviewed to see whether there were repeat occurrences in specific homes, and it was agreed that any recommendations arising from this work would be shared with the Board when available.
  **(Action: The Service Director for Adult Social Care)**

It was resolved to:

1. Comment on the content of the covering report and the Cambridgeshire Safeguarding Adults Board Annual Report 2015-16 as recorded above;
2. Ask officers to present the next annual report (for 2016-17) at a Health and Wellbeing Board meeting in 2017.

## 236. CAMBRIDGESHIRE LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16

The Cambridgeshire Local Safeguarding Children Board (LSCB) Business Manager presented the annual report for 2015-16. The report had been published on the LSCB

website and concluded that Cambridgeshire had a functioning and effective arrangement in place for safeguarding children. The number of children within the child protection system was rising and feedback from Children's Social Care indicated that this represented an increase in demand on the system rather than a change in organisational thresholds. This increase was reflected both regionally and nationally. Work was in hand to manage the resultant pressures on the system including improving the effectiveness of early help and working more efficiently and effectively during a time of reducing resources. The priorities for the LSCB for 2016-18 were:

- ensuring effective safeguarding of children against neglect;
- child sexual exploitation and missing children;
- the voice of the child;
- enhancement of LSCB effectiveness in discharging its responsibilities;
- developing and supporting an effective workforce.

During discussion of the report the following points were raised:

- Concern was expressed that representatives from NHS England and the Probation Service did not appear to be regularly attending meetings with the LSCB. The Vice Chairwoman undertook to raise the matter with colleagues in the NHS local office.
  **(Action: Vice-Chairwoman)**
  It was further agreed that the Chairman would write to NHS England seeking an assurance that an adequate mechanism was in place to ensure that they were able to discharge their statutory duties if they were not able to attend meetings.
  **(Action: The (LSCB) Business Manager to draft a letter for the Chairman's signature)**
- Members voiced concern about the difficulty of safeguarding children who were not known to services, for example those cared for under private fostering arrangements or who were home educated. The Children and Young People Service Committee had raised this matter previously as an area of concern, but without result;
- The LSCB was aware of and involved in wider work within the Council looking at creating a greater focus on early help.

It was resolved to:

1. Acknowledge receipt of the LSCB Annual Report 2015-16;
2. Approve the proposal that the chairs of the key partnership arrangements in Cambridgeshire responsible for the safeguarding, safety and wellbeing of the community meet to:
   - confirm their priorities for the coming year;
   - identify areas of shared interest and responsibility;
   - ensure that top level plans are aligned;
   - improve communication to enhance the impact of activity.

## 237. DRUGS AND ALCOHOL JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Consultant in Public Health presented a covering paper and executive summary setting out the key findings and recommendations of the Drugs and Alcohol Joint Strategic Needs Assessment (JSNA) summary. She apologised that the full version of the JSNA was not yet available to members as it was undergoing final proof

checking and confirmed that it would be made available as soon as possible.

The scope of the JSNA ranged from prevention though to treatment and on key themes the situation in Cambridgeshire was close to the national average with expected inter-county variations. Against a backdrop of some people starting or continuing to misuse drugs and alcohol some particularly vulnerable groups had been identified. These included children and young people and, in relation to alcohol, older people. Current practice was aimed at achieving six months abstinence for those misusing drugs or alcohol, but the assessment had discovered a more complex picture of clients being involved periodically with a number of services over an extended period of time. The increasing age profile of the population engaging with services also meant an increase in co-existing healthcare needs.

The following points were raised in discussion:

- The Chief Executive for Cambridgeshire and Peterborough NHS Foundation Trust said that, contrary to the statement on page 20 of the Executive Summary, there was currently no waiting list for the Improving Access to Psychology Therapies (IAPT) Service;
- Members emphasised the importance of drawing on proven methodologies for supporting people with long-term conditions;
- The Children and Young People Service Committee was very conscious of the transition between children's and adults' services and the vulnerability of children in care to substance misuse;
- Members welcomed confirmation that there would be further prioritisation of the numerous recommendations contained within the Executive Summary and asked that this should be reflected in the Board's response to the report;
- The inherent difficulty in shifting the balance of funding towards early interventions which could deliver long-term savings whilst maintaining sufficient resources to meet urgent and existing needs.

It was resolved to:

1. Approve the JSNA as a statutory assessment of need, subject to further prioritisation of the recommendations in the light of resource and other constraints identified by partners and commissioning services;
2. Note the findings of the JSNA and the areas which were highlighted for further work, subject to any comments from members once they had received the final version of the report.
   **(Action: The Public Health Consultant to incorporate any comments received from members on the final version of the report)**

## 238. COMMUNITY RESILIENCE STRATEGY

The Service Director for Enhanced and Preventative Services, Children, Families and Adults Directorate presented a report setting out Cambridgeshire County Council's plans for the delivery of its Community Resilience Strategy. Some early discussions had taken place about the possibility of delivering some activities in communal spaces such as community hubs and there was a focus on delivering clear and consistent messages about how the Council could support community resilience. Although there was no expectation that this was a partnership strategy there did appear to be a

strong resonance with partners. It was noted that work had included representatives of the voluntary sector, although this was not stated in the report.

During discussion the following points were made:

- Members acknowledged the importance of developing community resilience in the face of decreasing resources, but some members felt that there had been a lack of communication on this issue and that this was an example of the County Council working in isolation and not recognising the work on this which was already taking place in regular discussions between district and parish councils and through the development of individual parish plans;
- The voluntary and community sector representative expressed concern that communication about the strategy had been sketchy, that limited information had been provided on various aspects including the strategy launch and the proposed Innovation Fund and that the voluntary sector had not been approached about the proposed tool kits;
- The Healthwatch representative said that Healthwatch and Practice Participation Groups would be happy to work with officers on this;
- It was proposed by Cllr Whitehead, seconded by Cllr Ellington that a workshop be arranged to bring together District and partner representatives and officers to discuss this issue.
  **(Action: The Service Director for Enhanced and Preventative Services)**

The Director of Public Health welcomed the useful feedback from members and reiterated the Council's commitment to engaging as productively as possible with district and city council and voluntary sector partners and with other relevant bodies such as NHS local groups and neighbourhood teams. The Service Director for Enhanced and Preventative Services acknowledged the concerns expressed and undertook to look again at communication and engagement with partner and other relevant organisations to ensure that it was working as well as possible.

It was resolved to consider the implementation of the Community Resilience Strategy including the partnership work being undertaken and the implications for the delivery of the Health and Wellbeing Strategy and to comment as recorded above.

## 239. FORWARD AGENDA PLAN SEPTEMBER 2016

The Board considered Forward Agenda Plan and noted that it consisted mainly of items for information rather than action. It was agreed that that this should be reviewed.
**(Action: Director of Public Health)**

## 240. DATE OF NEXT MEETING

The Board will meet next on Thursday 17 November 2016 at 10.00am in the Civic Suite, Pathfinder House, Huntingdon.

Chairman

**HEALTH & WELLBEING BOARD ACTION LOG: NOVEMBER 2016**

| MINUTE & ITEM TITLE | ACTION REQUIRED / UPDATE | STATUS |
|---|---|---|
| **Meeting Date: 17.09.15** | | |
| **149: Progress on HWB Priority 4** | Circulate a briefing to HWB members on the work being done on universal credit and provision of support in benefits sanction cases in Children, Families and Adults Services (CFA) and in the District Councils<br><br>**UPDATE 07/07/16:** The CFA Child Poverty Group was considering the wider issues; District Councils leading on Universal Credit. District Council leads to progress provision of information on universal credit.<br><br>**UPDATE 09/11/16:** Mike Hill to pursue and feedback. Claire Bruin to speak to Lisa Faulkner and feedback.<br><br>**Action: I Green / M Hill / C Bruin** | **On-going** |
| **Meeting Date: 14.01.16** | | |
| **180. Community Resilience Strategy** | The Board's District Council support officer undertook to liaise with the Service Director on local planning in South Cambridgeshire, with the aim of avoiding duplication and identifying gaps in what was in place<br><br>**UPDATE 09/11/16:** This has been overtaken by the Transformation Programme which Sue Grace is leading and there is on-going dialogue. Liz Robin to check the position with Sue Grace before this action is closed.<br><br>**Action: L Robin** | **On-going** |

| MINUTE & ITEM TITLE | ACTION REQUIRED / UPDATE | STATUS |
|---|---|---|
| **181 & 233: Older People's and Adult Community Services (OPACS) Contract** | The CCG Chief Strategy Officer and the Executive Director: CFAS were examining various issues including Doddington Court; Chief Strategy Officer to share his response to the Executive Director with Councillor Cornwell.<br><br>**UPDATE 07/07/16:** This action had been delayed as the CCG Chief Strategy Officer had left. Further liaison would therefore need to take place with the CCG in order to provide the necessary response to the Executive Director and Councillor Cornwell. ~~Action: J Bawden~~<br><br>**UPDATE 15/09/16:** ~~This item will be taken forward by Tracy Dowling~~.<br><br>**UPDATE 09/11/16:** Sue Last to provide an update on health funding and Doddington Court. She will contact Cllr Cornwell and will feedback.<br><br>**Action: S Last** | **On-going** |
| **Meeting Date: 26.05.16** | | |
| **214: Quality Premium 2016-17:CCG Choice of Local Indicators** | CCG Head of Operational Planning to supply list of factors on which the quality premium bonus would be awarded, and to supply implementation plan<br><br>**UPDATE 07/07/16:** This work was expected to be completed in late July, when the information requested could be supplied to the HWB.<br><br>**UPDATE 09/11/16:** Sue Last to send a briefing to the Board with a list of the quality premium factors.<br><br>**Action: S Last** | **On-going** |

| MINUTE & ITEM TITLE | ACTION REQUIRED / UPDATE | STATUS |
|---|---|---|
| **216: Better Care Fund Plan 2016-17** | Outcome of BCF submission to be circulated to the Board<br><br>**UPDATE 07/07/16:** The final outcome had not yet been received in writing.<br>**Action: G Hinkins**<br><br>**UPDATE 04/10/16:** Cambridgeshire received notification that its Better Care Fund plan was approved on 22 August 2016. An update will be brought to the Health and Wellbeing Board later in the year. | **Completed** |
| **Meeting Date: 07.07.16** | | |
| **223: A person's story** | Information relating to this item to be circulated to Board members after the meeting.<br>**Action: K Parker / L Robin**<br><br>**UPDATE 04/07/16**: Director of Public Health has reviewed the person's story, which was not presented at the HWB Board meeting. There is a criminal justice and safety element, which mean it is not appropriate for electronic circulation. | **Completed** |
| **224: Cambridgeshire Summary Joint Strategic Needs Assessment (JSNA) 2016** | Issues around freehold properties estate management issues / key worker housing to be the subject of further discussions between the District Support Officer and Matthew Winn.<br><br>**UPDATE 09/11/16:** Alex Parr to liaise with Iain Green regarding an update.<br><br>**Action: A Parr/ I Green** | **On-going** |
| **226: Long-Term Conditions JSNA – update report** | Details of specific work areas which were not implementing the JSNA findings to be circulated to all HWB members so that they could help unblock them.<br><br>**UPDATE 09/11/16:** Liz Robin to speak to A Mavrodaris and provide feedback.<br><br>**Action: L Robin** | **On-going** |

| MINUTE & ITEM TITLE | ACTION REQUIRED / UPDATE | STATUS |
|---|---|---|
| **230: Date of Next Meeting** | To provide more detail about the use of some HWB meeting dates as Development Days.<br><br>**Action: L Robin**<br><br>The programme for the November development session was circulated to all members by email on 04.10.16. | **Completed** |
| **Meeting Date: 15.09.16** | | |
| **233. Action Log September 2016** | To review the Action Log outside of the meeting and circulate an updated version.<br><br>**Action: L Robin/ R Greenhill** | **Completed** |
| **235. Safeguarding Adults Board Annual Report 2015-16** | To circulate a note in March 2017 providing an update on the how the new advocacy service was progressing, including any impact on voluntary groups.<br>**Action: C Bruin** | **On-going** |
| **235. Safeguarding Adults Board Annual Report 2015-16** | To share with the Board any recommendations arising from the review of the increase in reported cases of abuse and/ or neglect in care homes in 2015-16 compared to the previous year when this information was available.<br>**Action: C Bruin** | **On-going** |
| **236. Cambridgeshire Local Safeguarding Children Board (LSCB) Annual Report 2015-16** | To raise the question of NHS England attendance at regular meetings of the LSCB with the NHS local office.<br><br>**Action: T Dowling**<br><br>**UPDATE 09/11/16: A written response to Cllrs Orgee and Holdich dated 17.10.16 from Dr Sarah Robinson, Patient Experience and Quality Manager, NHS England was copied to all members by email on 19.10.16.** | **Completed** |

| MINUTE & ITEM TITLE | ACTION REQUIRED / UPDATE | STATUS |
|---|---|---|
| **236. Cambridgeshire Local Safeguarding Children Board (LSCB) Annual Report 2015-16** | To draft a letter to NHS England for the Chairman's signature seeking an assurance that an adequate mechanism is in place to ensure that they are able to discharge their statutory duties if they are not able to attend meetings with the LSCB.<br>**Action: A Jarvis**<br><br>**UPDATE 23/10/16: Awaiting confirmation from Andy Jarvis that the response from NHS England in relation to Minute 236 above covers the points to be raised.** | **In progress** |
| **237. Drugs and Alcohol JSNA** | To incorporate any comments on the JSNA received from members when the final version is circulated.<br>**Action: V Thomas**<br>**UPDATE 23/09/16: No comments received.** | **Completed** |
| **238. Community Resilience Strategy** | To arrange a workshop to bring together representatives from District and partner organisations and officers.<br><br>**UPDATE 09/11/16:** Claire Bruin to speak to Sarah Ferguson and provide feedback.<br>**Action: C Bruin/ S Ferguson** | **On-going** |
| **239. Forward Agenda Plan September 2016** | To review the Forward Agenda Plan in the light of observations that it consisted mainly of items for information rather than action.<br>**Action: L Robin**<br><br>**UPDATE:** Reviewed by officers. | **Complete** |

**Agenda Item No: 4**

# HEALTH AND CARE SYSTEM SUSTAINABILITY AND TRANSFORMATION PROGRAMME MEMORANDUM OF UNDERSTANDING: LOCAL AUTHORITY APPENDIX

*To:* **Health and Wellbeing Board**

*Meeting Date:* **17 November 2016**

*From:* **Director of Public Health**

*Recommendations:* **The Health and Wellbeing Board is asked to:**

1. **Note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough**
2. **Approve Appendix A, Appendix 1: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' for sign off by the Health and Wellbeing Board Chair.**


| ***Officer contact:*** | |
|---|---|
| Name: | Dr Liz Robin |
| Post: | Director of Public Health |
| Email: | Liz.robin@cambridgeshire.gov.uk |
| Tel: | 01223 703259 |

## 1. PURPOSE

1.1 The purpose of this paper is to present the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding to the Health and Wellbeing Board and to ask for the Board's approval of Appendix 1: Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan.

## 2 BACKGROUND

2.1 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in the preparation of a five year strategic plan – the Sustainability and Transformation Plan (STP). Because local authority adult social care and public health services are interdependent with NHS services, Cambridgeshire County Council and Peterborough City Council have also been asked to plan jointly with the NHS and align our services with STP where appropriate. The role of District Council services is recognised and the District Council membership of the Health and Wellbeing Board reinforces this.

2.2 Development of the STP has been led by the Health and Care Executive (HCE) which is made up of the Chief Executives and Accountable Officers of NHS organisations including the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), local NHS Hospitals, NHS Mental Health Services and NHS Community Services. The Director of Children, Families and Adults and the Director of Public Health from Cambridgeshire County Council and Peterborough City Council attend as non-voting members of the HCE.

2.3 A draft Cambridgeshire and Peterborough STP has been submitted to NHS England in accordance with national deadlines, and the CCG expects to publish the final STP in late November/ early December. The STP includes reference to the Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies overseen by local Health and Wellbeing Boards. The Health and Wellbeing Board has received regular updates on the development of the STP. More information about STP planning is available on http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/

## 3. MAIN ISSUES

3.1 As part of the work on the STP, local NHS organisations are being asked to sign up to a Memorandum of Understanding (MOU), attached as Annex A. This MOU requires significant changes to ways of working across NHS organisations – essentially asking NHS Chief Executives to function as a single leadership team with mutual understanding, aligned incentives and co-ordinated action.

3.2 It is not feasible for Local Authorities to sign up to the full MOU due to decision making processes which are democratically accountable, and different financial and governance structures to the NHS. Because of this, a separate Appendix to the MOU has been developed for agreement by Local Authorities. This will require sign off by the Local Authority Chief Executive, and by Chair of the Health and Wellbeing Board (HWB), in line with the

statutory HWB role to promote integrated working across local authorities and the NHS.

3.3 The MOU Appendix: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' has four sections:

**Introduction**
The introduction briefly describes the context of the local health and care economy and the Sustainability and Transformation Plan, and the role of local authorities within this.

**Key behaviours**
This section describes the behaviours required from the Health and Care Executive and Health and Wellbeing Board members in order to build trust and relationships across the system, to deliver the STP.

**Key principles**
This section describes the key principles of how organisations will work together to deliver the STP.

**Democratic requirements and local authority governance**
This section outlines how senior officers and Health and Wellbeing Boards will work with NHS organisations to deliver the STP, while making clear that that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

3.4 While the final sign off of the Local Authority STP MOU Appendix will be by the County Council Chief Executive and the Chair of the Health and Wellbeing Board, the Appendix has also been taken to the County Council Adults Committee and will be taken to the Health Committee, prior to approval by the HWB Board, due to the importance of both the adult social care and public health functions of the Council to effective transformation of the local health and care system.

3.5 The Adults Committee has approved the Local Authority STP MOU Appendix subject to the amendments which are highlighted as 'track changes' in Appendix A, Appendix 1.

3.6 The Health Committee is discussing the Local Authority STP MOU Appendix on 10th November, and any amendments which the Health Committee request will be circulated following the meeting.

## 4 RECOMMENDATIONS

4.1 The Health and Wellbeing Board is asked:

1. to note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough;
2. to approve Appendix A, Appendix 1: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' for sign off by the HWB Board Chair.

| Source Documents | Location |
| --- | --- |
| Sustainability and Transformation Plan information | http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/ |
| Paper to Adults Committee (July 2016) on the Health and Care Executive Governance Framework | https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/137/Committee/3/Default.aspx |

**CAMBRIDGESHIRE AND PETERBOROUGH**
**SUSTAINABILITY AND TRANSFORMATION PROGRAMME**

# MEMORANDUM OF UNDERSTANDING

# CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND CARE SYSTEM

**Version Control**

| Version no | Date | Source of Edits | Author |
|---|---|---|---|
| 1 | 31/07 | | CP |
| 2 | 02/08 | Tracy Dowling | AG |
| 3 | 03/08 | Lance McCarthy | AG |
| 4 | 07/08 | Stephen Graves & Caroline Walker | CP |
| 5 | 09/08 | Stephen Graves | LG |
| 6 | 11/08 | Catherine Boaden | LG |
| 7 | 12/08 | Claire Tripp, Matthew Winn, NHS Providers | CP |
| 8 | 16/08 | Wendi-Ogle Welbourn & Will Patten, Andrew Pike | CP |
| 9 | 19/08 | Aidan Thomas | AG |
| 10 | 19/08 | Dr Liz Robin, Adrian Loades | AG |
| 11 | 19/08 | Roland Sinker | AG |
| 12 | 28/08 | CUH comments – legal & finance | CP |
| 13 | 04/09 | HCE Away comments | CP |
| 14 | 05/09 | Further CUH comments – Bill Boa & Ed Smith | CP |
| 15 | 07/09 | Ros Nerio/ Andrew Rawston (NHSI) | RN |
| 16 | 07/09 | Further CUH Comments – Bill Boa & Ed Smith | CP |
| 17 | 09/09 | NHSI legal changes | RN |
| 18 | 12/09 | CCG comments – finance section; | CP |
| 19 | 18/09 | Final changes for public review by Boards | CP |
| 20 | 19/09 | Further changes to reflect AEB | LG |

Final sign off will be secured in public by statutory bodies (NHS Trust or Foundation Trust Boards, Governing Bodies). This will become a public document

**Memorandum of Understanding: Cambridgeshire & Peterborough Health and Care System – a Partnership for implementing the Sustainability & Transformation Plan**

Date effective: 1 October 2016 Signatories 'The partners', the CEOs/Accountable Officers & Chairs of:

1. Cambridgeshire & Peterborough CCG
2. Cambridge University Hospitals Foundation Trust
3. Peterborough & Stamford Hospitals Foundation Trust
4. Cambridgeshire & Peterborough Foundation Trust
5. Cambridgeshire Community Services NHS Trust
6. Hinchingbrooke Hospitals NHS Trust
7. Papworth Foundation Trust
8. NHS England Specialised Commissioning – tbc
9. Peterborough City Council: (CEO & HWB Chair) – Annex 1 only
10. Cambridgeshire County Council (CEO & HWB Chair) – Annex 1 only

*In future others may wish to join or become more formally affiliated with the partnership embodied in this MOU, including East of England Ambulance Trust, CUHP, GP Federations, practices or third sector organisations.*

**Introduction**

*Purpose*: The local health economy within Cambridgeshire & Peterborough CCG has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHSE and NHSI. The STP has been developed with front-line staff and patients, building from an evidence for change that had widespread public and patient involvement. The plan envisages widespread changes to how care is delivered to local people, with far greater emphasis on care being delivered in or close to home, and standardisation of necessary in-hospital care in line with best and most efficient practice. In the small number of instances where changes to the location of services are proposed, there will be formal consultation with the public, following close informal engagement.

In order to deliver this plan and return the system to financial balance, we must manage risk (financial, operational, quality and reputational) through a number of jointly agreed commitments (outlined below) to which the Partners have agreed. The most important of which relate to a new set of behaviours from the System Partners, in order to build long-standing trusting relationships that replicate those of an accountable care system.

*Scope*: Each of the respective partner organisations have clearly defined accountabilities and responsibilities in line with statute. This MOU describes principles of behaviour and action which pertain to the implementation of the Sustainability and Transformation Plan. Therefore, this MOU pertains only to those areas of work which have been agreed, by each individual partner organisation, as System improvement areas. The MOU does not relate to individual partners decisions but to any possible interactions those may have with other partner organisations. Active engagement between Partners will be the norm, with individual major decisions raised to the HCE's attention, to check for impact on others.

How this document relates to local authorities, their executive officers and members is described further in Appendix 1

*Longevity*: The term of the MOU is linked to the anticipated time required to implement the STP, therefore it is expected to expire on 31st March 2021, unless a decision is taken to extend it beyond this. If, during the intervening period, as confidence builds, System decisions are delegated to the HCE, this MOU and the associated Terms of Reference for all relevant System groups will be amended (current versions are appended). While, at no stage, can the powers of the HCE supersede those of statutory bodies, this MOU nevertheless reflects the minimum level of partnership required to implement the STP.

**Commitment 1: One ambition**: the STP sets out a five plus year plan to return C&P to financial, clinical and operational sustainability by developing the beneficial behaviours of an accountable care system, and thereby addressing the underlying drivers of the current system deficit. This means acting as a single executive leadership team, and operating under an aligned set of incentives to coordinate System improvements for the benefits of local residents and healthcare users by:

- Supporting local people to take an active and full role in their own health
- Preventing health deterioration and promoting independence
- Using the best, evidence-based, means to deliver on outcomes that matter
- Focussing on what adds value (and stopping what doesn't)

Such organisational altruism is fully congruent with Partners' duties to the public and is necessary to return each organisation individually to financial balance.

The Partners accept collective responsibility for delivering the plan in its totality. Together, we own the opening risk and agree that the plan, whilst challenging, is deliverable. However, in practice, the Partners recognise external influences and pressures each is subject to. We commit to honest, transparent, and mutual support of each other's position in circumstances where we may be able to help others and influence the view of regulators or external assurance bodies regarding the primacy of System sustainability entailed in this plan and the joint commitment to it.

Our immediate priorities will be agreed collectively and reflect local Health & Wellbeing strategies, together with addressing clinical and operational pressures. However given resources are scarce, priority will be accorded to projects with the greatest expected return on investment and/or fixing what is most broken – for example high levels of non-elective beddays per capita and high proportions of beds being occupied by patients whose discharge is delayed. The highest impact projects will be properly resourced with the Partners' best people. We will not try to do too many things at once, even though there are many aspects of our health and care system which need improving.

**Commitment 2: One set of behaviours**:

The Partners recognise the scale of change implied by this MOU and the STP. The partners agree that cultural change applies from HCE and Board level to front-line staff. By signing this MOU, all Partners agree explicitly to exhibit the beneficial behaviours of an accountable care system. In particular, Partner organisations collectively agree to:

- People first: solutions that best meet the needs of today and tomorrow's local residents and healthcare users must be the guiding principle on which decisions are made. This principle must over-ride individual or organisational self-interest. Embedding the voice and views of service users in service improvement will be key to ensuring this principle is not forgotten.

- Collective decision-making: Chairs, CEOs, SROs and clinical leads have dedicated time *face-to-face* to build trusting relationships, improve mutual understanding and to take shared strategic decisions together. As system leaders, Partners will work together with integrity and the highest standards of professionalism, for example by:
    - Not undermining each other
    - Speaking well of and respecting each other
    - Behaving well, especially when things go wrong
    - Keeping our promises – small and large
    - Speaking with candour and courage
    - Delivering on promises made
    - Seeing success as collective
    - Sticking to decisions once made.

- Common messaging: there is a consistent set of messages we tell our patients and our staff about why we need to work together, what benefits it will bring and how we are doing it, although how the story is told will be tailored to the audience. Each partner organisation will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials.
- Open book: finance (cost and spend), activity and staffing data are shared between all parties transparently and in a timely manner. This data is held independently by the System Delivery Unit. On a monthly basis actual financial positions of each organisation will be shared with the HCE (and bi-partite, as required), with explicit transparency about performance against expected cost saving and demand management trajectories. The purpose of this sharing is to support collaborative problem-solving.

**Commitment 3: One long-run plan**: The Partners are committed to implementation at pace. By end of 2018/19, the Partners will have achieved the following:

- *Home is best:* fully staffed integrated Neighbourhood Teams will be operational across C&P, providing a proactive and seamless service. General practices will have received support from Partners to be sustainable. Social care will be functionally integrated. The first phase of the prevention strategy will have been implemented.
- *Safe & Effective hospital care*: hospital flow will be improved, with a reduction in annual growth rates in non-elective admissions, a fall in bed occupancy and Delayed Transfers of Care. Common pathway designs will be in place across all 3 general acute sites for frailty, stroke, ophthalmology, orthopaedics, ENT and cardiology. All acute services (including fragile ones such as emergency medicine, acute paediatrics, stroke, and others) will be clinically sustainable 7 days a week. People will receive consistent urgent and emergency care in the right place, as quickly as possible. More routine urgent and planned care will be managed, with support, within community and primary care, for example by being able to access consultants' opinions without referral.
- *Sustainable together:* We will exploit our collective buying power to get reduced prices, through a common approach to Procurement. The west Pathology Hub will be operational. The merger of PSHFT-HHC (subject to FBC) will be fully embedded, and the start of consideration of other organisational consolidation will have commenced. Papworth will have successfully moved onto the Cambridge Biomedical Campus.
- *Enablers:* There will be single 10 year plan for estates and workforce, a five year plan for the digital roadmap, and a quality improvement (learning) culture. Local

community estates are being modernised. Our workforce recruitment, retention and reported staff satisfaction will be improved. The first new roles will be in the training pipeline. Patient records securely accessible by any clinician anywhere, where appropriate and relevant to patient care, and a person level linked data set will form the foundation for population health improvement analytics. Staff will have been trained in a common C&P improvement methodology and will have been involved in a system wide improvement project.

Taken together, the Partners believe that these actions give the system the best possible chance of returning to financial balance by 2021. However, capturing the savings opportunities identified will require certain assumptions to be true – for example achieving sustainable DTOC levels consistently below 2.5%. Addressing structural system deficits by securing additional system income by, for example, MFF recalculations and specific structural deficit funding (PFI support, CCG allocation increases, etc.) will also be key to system financial balance.

In many cases bringing about the changes envisaged by the STP can only be achieved with the support of local people and staff, including on occasion, through formal consultation. Therefore the exact shape of the solutions may change to reflect the feedback and views of local people and staff, the STP is a starting point not fixed destination.

**Commitment 4: One programme of work**: all System projects will be agreed by the HCE, and under the supervision of a CEO sponsored Delivery Group. HCE will agree what needs to be done to what end, by who, by when – be they projects done independently or as a System.

- The agreed Delivery Plan identifies the following work streams to be done as a System:
    i. Primary Care & Integrated Neighbourhoods: translating the proactive & preventative care schematic into operational practice, supporting sustainable general practice
    ii. Urgent & Emergency Care: achieving best practice non-elective bed-days per capita
    iii. Elective Care: standardising referral and treatment protocols in line with best practice
    iv. Women & Children: holistic, family-centred care, in line with iThrive, the maternity taskforce and peri-natal mental health
    v. Shared services (including estates): minimising the costs of over-heads
    vi. Digital: implementing the local Digital Roadmap, sharing data and information in a manner consistent with local and national policies and consent
    vii. Workforce & Culture: [leadership], [planning], [skills development], [recruitment & retention]
    viii. System Delivery: [system strategy], [system behaviour change / improvement culture], [supporting delivery to stay on track], [spread what works (locally & elsewhere)]
- The proposed split of work between System and organisational business will be agreed by the HCE, with new work not starting without HCE ratification.
- The proposed split of System work between what is undertaken once across Cambridgeshire & Peterborough, and what is undertaken on an area basis will be according to:
    - Phase of project life cycle: design projects must be done once across C&P
    - Locus of relationships: delivery projects should be local where vertical relationships dominate, and C&P wide where horizontal (across acutes) relationships dominate

    - Subsidiarity: change happens bottom up, and neighbourhoods across C&P differ significantly
- Each System project will have a CEO Sponsor and a named SRO (Exec level).
- Each System project will have a delivery objective – a savings, activity shift or quality improvement target (or a combination) and delivery date. Some System projects will have an agreed investment plan.
- The collective impact of System projects will be measured against an agreed definition of success (see Appendix II)

**Commitment 5: One budge**t: in line with developing the positive behaviours of an accountable care system, and in recognition of the fact that one organisation's decisions about the level of service may impact another's costs, the Partners agree they will collectively focus on activities that take cost out, make agreed investments in order to save elsewhere, and move deficits to where they should most appropriately fall. System costs may be reduced by activity reductions and by unit cost reductions, and we recognise that all System Partners can influence both. Acting in this way requires:

- Financial incentive design: two year contracts for 2017/18 and 18/19 contracts will neutralise perverse financial incentives and aim to return the C&P System to financial balance. The Partners agree that the key aim of any incentives will be to focus on addressing the drivers of the system deficit. Financial incentive design options ***may***, therefore, include a combination of:
    - the inclusion of multilateral loss / gain sharing arrangements, for some aspects of C&P CCG commissioned activity;
    - a single System control total which has been negotiated with regulators;
    - alignment of all quality based payments to delivering System priorities (including CQUINs and following agreement with primary care, changes to local enhanced services and/or a local substitute for the QOF);
    - a suspension of non-value adding adjustments to basic cost & volume arrangements such as fines, marginal rates and 30 day readmissions rule (noting that some of these funds currently cover the costs of some community services, which would need alternative funding to be agreed if the services are to continue);
    - a cost plus based approach to local prices for service developments (eg ambulatory care)

  Within this framework and in recognition of the importance of gathering timely and accurate cost data, providers will be paid for the activity they under-take, against an agreed activity trajectory, and commissioners will be responsible for taking decisions about what services can be provided affordably, in line with their legal duties. Due to the lack of incentive to do more activity, even where this would be desirable as it would reduce overall system costs, block contracts should be avoided for all services.
- For the remainder of 2016/17, parties will exhibit win-win-win behaviours (for patients, providers and commissioners) – the financial recovery plan is a *System* financial recovery plan.
- Contract mechanics for 2017/18 and 18/19: the least required effort will be dedicated to contract negotiations, with early collective CEO engagement to agree key investment priorities and risk sharing parameters at the outset (rather than at the end). Contract management meetings will be replaced with place or care programme based financial assurance, performance and planning meetings.

- Commissioning intentions will be based on a clinically led, evidence-based and person-focussed appraisal of how best to meet local people's need. Once developed, Partners will discuss openly within HCE any new service developments, closures or relocations prior to public and staff engagement and consultation as required. The HCE and the System Delivery Groups will be the fora for agreeing commissioning intentions, including those of the Joint Commissioning Unit.
- Financial and operational plans will be aligned across health and social care: the Partners agree to plan finances and operational capacity together, neutralising any inclination to cost shift or not invest in one part of the system to save elsewhere. This will involve working from common assumptions, producing plans for regulators that are not works of fiction and doing our best to ensure there are no in-year surprises. Where appropriate, this will also include greater use of pooled budgets between NHS and council commissioners, which will be determined on a case by case basis.
- Savings: Savings will be calculated on the basis of resource utilisation across the entire patient pathway, including all points of care and Partner organisations – thereby capturing direct and indirect savings. Delivery Groups will track savings against pre-determined trajectories in a robust and timely manner, with the Programme Director's guidance and SDU support. A named AO Sponsor for each project is responsible for making sure savings trajectories are met and / or securing recovery proposals where implementation is not on track.
- Investment: an agreed 'pot' for System wide investments will be agreed up front. In 2017/18 it is likely that this will require a System bid to NHS England, due to cash constraints. Decisions on how to spend this System wide investment and re-investment pot will be taken collectively. Analysis will be under-taken first to ensure existing resources cannot be safely redeployed /or productively improved before investment can be made. The investment pot will come from any STF funds, recycled savings and the CCGs 1% hold-back. Before funding is agreed, everyone will be completely clear on recurrent vs non-recurrent investment requirements.

**Commitment 6: One set of governance arrangements**: the HCE and the groups reporting to it (Area Executive Boards, the Care Advisory Group (and strategic sub-committees), the FD Forum and the eight Delivery Groups), will be the vehicle through which System business is conducted. All existing arrangements will either be dissolved (eg SRGs) or aligned. The Area Executive Boards will offer the two Health & Wellbeing Boards a delivery vehicle for local health and well-being strategies.

As much business as possible that pertains to the system will be conducted via the system governance described in Appendices 3-7. However it is recognised and accepted that some decisions will need to be referred back to Partners' Boards / Governing Bodies for ratification. Given this may add time before implementation can commence, the limits to the HCE's powers must be anticipated, and accommodated in planning.

**Commitment 7: One delivery team**: resources are in place to deliver the STP. This means:

- System Delivery Unit: A new SDU led by an Independent Chair and Programme Director will be created from October 2016. The Independent Chair and Programme Director will be invited to attend Partners' Boards regularly to provide updates on the STP. The SDU will have a budget agreed by HCE to employ staff, funded jointly by NHS Partners (see Appendix). The SDU will be responsible for:
    - Finance, Evaluation & Analytics

- System Strategy, Planning and Development

The System Delivery Unit is primarily envisaged as adding much needed analytics, project management, quality improvement and problem solving capacity to the system. However, it will be responsible for giving assurance to the HCE that the STP plan and its future modifications is being appropriately delivered, on budget and to planned timelines.

- Alignment of resources: We recognise the scale of change required to deliver the STP, and all Partners commit to align our staff and, by prior HCE agreement, funds to deliver these changes. This may include prioritising the availability of staff for STP planning and implementation, the voluntary secondment/loan of staff and other such pragmatic arrangements – in recognition that delivering the STP is essential to each organisation's individual sustainability strategy. Through the delivery planning process, each prioritised project will be allocated staff, from across Partners. These, 'aligned' staff will be expected to dedicate the bulk of their time to the system work – with up front negotiations about what may need to be stopped as a result. SROs and if necessary CEO sponsors will be expected to escalate to the employer if they feel staff are not being released as agreed. The employing Partner will be expected to rectify the situation within [2 weeks]. The SDU will make transparent the relevant wte contributions (clinical and managerial) from each Partner organisation, to ensure the burden of effort is fairly shared.
- Assets: in addition to Partners' employees we agree there are other assets which can help deliver the STP, including local communities and Health and Wellbeing Boards. Partners will explore how existing relationships with the Universities, Charitable trusts, local business, informal carers and other public services (like the Fire Service) can be exploited for the benefit of the System. All Partners will highlight opportunities for leveraging these assets for the benefit of the System and will represent the System's interests as well as their own.
- Skills development: where our staff don't have the required skills and expertise to deliver the scale and nature of the change required, we will recognise and address this. It's important that our people are in the right roles.

**Commitment 8: One assurance and risk management framework**.

- Crucial to strengthening trust and creating a sense of shared accountability, will be evolving the HCE from a forum for making strategic decisions, to one where Partners can be assured of the delivery of System wide improvements. The System Delivery Unit is responsible for monitoring implementation of the STP plan and giving such assurance to the HCE about delivery of the plan. The SDU will provide timely, and regular reporting to the Delivery Groups, Area Executive Boards, the CAG, the FD Forum and the HCE to give mutual assurance that the Delivery plan is on track. A small number of new monitoring dashboards will be developed by the SDU for this purpose, subject to the agreement of the HCE and/or relevant CEO sponsor. In exceptional circumstances new data items may be collected, but the default presumption is that existing data items will be used (even if these are not normally shared beyond organisations). Once the data collection is agreed, accurate data will be supplied on time.
- Inevitably, things will not go as planned, and there are already many risks that planned impacts will not be realised. Some of these risks will be best managed individually, but many can only be effectively managed by the Partners together. The Partners therefore agree that mitigations will be more effective if they are done together. Transparency around risk / risk mitigation is non-negotiable. Whilst it is difficult to specify in advance the actions that may be required to address risks to delivering the STP, we agree about the process:

    - A HCE Risk Register maintains emerging risks to both the agreed delivery plan and agreed mitigations;
    - System Delivery Groups, Area Executive Boards, the CAG and the FD Forum may raise with the Programme Director an emerging risk and a written Requirement for Risk Mitigation by the HCE. This requirement will reflect a perceived risk that the Sponsor CEO considers he/she are unable to mitigate within the Group.
    - Project SROs are expected to deliver all actions to the pre-agreed time-table of milestones – repeated risks and issues regarding process delays due to poor project management and oversight, which are within the control of the SRO will be escalated by the Programme Director to the employing CEO.
- For the purposes of this agreement, risk is not narrowly defined; examples include reputational, clinical, governance, performance against targets and financial risks.
- Select risks will be reviewed by Boards each month, as determined by the Programme Director and Independent Chair.

**Annexes**

I. Local Authorities and the C&P Sustainability & Transformation Plan.
II. Delivery plan October 2016 – March 2019
III. STP Measures (One year health check, Quarterly performance tracking)
IV. ToR for HCE, including
    a. Delegation of decision-making – for example relating to contract design, (dis) investments, STP implementation risks & mitigations, activity assumptions, service developments/ reductions/ significant changes
    b. Relationship to Partners' Boards – including which decisions rest with Boards, which must have Board support pre-HCE agreement and which Boards can be informed about after the event
    c. How decisions are made – for example, voting, whether decisions are binding, limits of deputies, withholding of consent, etc
    d. Stakeholder engagement approach
    e. Bipartite reporting
V. ToR for Delivery Groups, including:
    a. Chairing: a CEO
    b. Membership: a clinical lead, an FD, an HRD + SROs
    c. Meeting frequency
    d. Escalation either to PD, another CEO or the HCE
VI. ToR for Area Executive Boards, which will also encompass the national responsibilities for A&E Delivery, for:
    a. Greater Cambridge & Ely (Papworth to be included)
    b. Huntington & Fens (Papworth to be included)
    c. Greater Peterborough
VII. ToR for Care Advisory Group, and Strategic sub-committees for:
    a. Frailty/ Ageing / BCF
    b. Mental Health
    c. Sustainable General Practice
VIII. ToR for Financial Performance & Planning Group (formerly the FD Forum)
IX. SDU Financing: Funding split (%); Initial budget for the SDU; legally binding arrangements for sharing SDU costs (expected and unexpected)

**CAMBRIDGESHIRE AND PETERBOROUGH**
**SUSTAINABILITY AND TRANSFORMATION PROGRAMME**
**MEMORANDUM OF UNDERSTANDING**

## Appendix 1: Local Authorities and the C&P Sustainability and Transformation Plan

### Introduction

- The local health economy within the Cambridgeshire & Peterborough Clinical Commissioning Group area has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHS England and NHS Improvement.

- All partners share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability, coordinating System improvements for the benefits of local residents and healthcare users by:
  - Supporting local people to take an active and full role in their own health
  - Promoting health, preventing health deterioration and promoting independence
  - Using the best, evidence-based, means to deliver on outcomes that matter
  - Focussing on what adds value (and stopping what doesn't)

  Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are key stakeholders in the development and delivery of the STP and will act as partners in the STP by working together to find solutions to ensure that healthcare, public health and social care services are aligned. ~~aligning their public health and social care services to support its delivery.~~ However the Councils will only be able to do this in line with their statutory responsibilities, democratic and constitutional duties in the local authorities' governance arrangements

- The Cambridgeshire District and City Councils, which are members of the Cambridgeshire Health and Wellbeing Board, exercise a number of relevant functions including housing, land use planning, leisure services etc, which may also align to the wider STP Programme, and which are subject to their own democratic and constitutional arrangements.

- All partners across local authorities and the NHS are expected to support local Health and Wellbeing Strategies and Better Care Fund Plans. NHS partners will ensure that STP delivery is aligned with these wider partnership strategies and plans.

- An agreed set of behaviours and principles has been developed in order for CCC, PCC and the wider local authority membership of the HWB Board to support (and be supported) in the contribution to and delivery of the STP.

- These behaviours and principles outline how CCC, PCC and the wider local authority HWB Board membership will work together with the Health system, whilst adhering to their statutory duties and democratic and constitutional duties in the local authorities' governance arrangements

**Key Behaviours:**

CCC, PCC and the wider local authority Health and Wellbeing Board membership recognise the scale of change required to deliver the STP and that cultural change applies from leadership level to front line staff.

CCC, PCC and the wider local authority Health and Wellbeing Board membership will continue to build and promote trusting relationships, mutual understanding and where feasible take decisions together with the health system.

CCC and PCC representatives on the Health and Care Executive (HCE) will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials. The HCE will ensure that relevant system messages and materials are shared with the wider HWB Board membership.

All members of the Health Care Executive and the Health and Wellbeing Boards will support and promote system behaviours for the benefit of local residents and healthcare users including:

- Working together and not undermining each other
- Behaving well, especially when things go wrong
- Engaging in honest and open discussion
- Keeping our promises – small and large
- Seeing success as collective
- Carrying through ~~Sticking to~~ decisions once made

**Key Principles:**

The key principles of local authorities working with partners to deliver the STP plan are:

- Commitment to implementation at pace
- Use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings
- Where appropriate, HCE representatives and other senior local authority officers to act as if part of a single executive leadership team, to coordinate system improvements for the benefits of local residents in line with the STP.
- Influence the view of regulators and external assurance bodies regarding the primacy of System sustainability enshrined in the STP and the joint commitment to it.
- Highlight and work to prevent cost shunting to other partners, subject to statutory requirements on both partners.
- Adopt an invest to save approach

- Share information on new major service developments, savings, closures or relocations, and more generally share information in a timely manner when needed to support development of partnership business cases and savings plans. This should comply with existing information sharing agreements and protocols.

- Align human, financial, estate and digital resources to deliver these changes where this adds value, delivers people-centred outcomes and saves money.

**Democratic requirements and local authority governance**

- CCC and PCC will participate in the Health and Care Executive (HCE) arrangements through their senior officer representatives acting as non-voting members of the HCE. This arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

- CCC, PCC and Cambridgeshire District and City Councils will also participate in and support the STP through their local Health and Wellbeing Boards and shared programme management arrangements. Again, this arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.

- Local authorities support the commitment to longer-term planning, but the Partners recognise that local authorities are subject to democratic governance. Therefore the LAs must reserve the right to change their priorities in accordance with the priorities of their elected Councils

- CCC, PCC and wider local authority HWB Board membership cannot commit to sharing the opening financial risk in the STP, given that local authorities have a statutory requirement to balance their budgets and cannot operate at a deficit. Likewise, NHS partners are not expected to commit to meeting the financial risk of meeting statutory social care requirements.

- CCC and PCC ~~also~~ have a particular statutory requirement to scrutinise proposals for NHS service changes as elected representatives of their communities, and must ensure the independence and integrity of those arrangements.

- The role of all Councillors to represent the views of their local constituents and speak up on their behalf is recognised.

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# HEALTH AND WELLBEING BOARD
# FORWARD AGENDA PLAN

| MEETING DATE | ITEM | REPORT AUTHOR | TO DEMOCRATIC SERVICES (R Greenhill) By: |
|---|---|---|---|
| **17 November 2016 9.30am (Pathfinder House)** | **Health and Wellbeing Board** | | |
| | Apologies and Declarations of Interest | Oral | **Friday 4 November 2016** |
| | Minutes of the Meeting on 15 September 2016 | Richenda Greenhill | |
| | Action Log Update | Richenda Greenhill | |
| | Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Memorandum of Understanding | Liz Robin | |
| | Forward Agenda Plan | Richenda Greenhill | |
| | Date of Next Meeting | | |
| | | | |
| **19 January 2017 10.00am (Shire Hall)** | **Health and Wellbeing Board** | | |
| | Apologies and Declarations of Interest | Oral | **Thursday 5 January 2017** |
| | Minutes of the Meeting on 17 November 2016 | Richenda Greenhill | |
| | Action Log Update | Richenda Greenhill | |
| | Person's story | TBC | |
| | Developing the Better Care Fund Plan 2017-18 | Geoff Hinkins | |

| MEETING DATE | ITEM | REPORT AUTHOR | TO DEMOCRATIC SERVICES (R Greenhill) By: |
|---|---|---|---|
| | Priority 1 report from Children's Trust Executive Partnership | Meredith Teasdale | |
| | Update on actions arising from the New Communities Joint Strategic Needs Assessment (JSNA) | Iain Green | |
| | Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme | Liz Robin | |
| | Mental Health Strategy Framework | TBC | |
| | Forward agenda plan | Richenda Greenhill | |
| | Date of Next Meeting | | |
| | | | |
| **30 March 2017 10.00am (S.Cambs Hall, Cambourne)** | **Health and Wellbeing Board** | | |
| | Apologies and Declarations of Interest | Oral | **Thursday 16 March 2017** |
| | Minutes of the Meeting on 19 January 2017 | Richenda Greenhill | |
| | Action Log Update | Richenda Greenhill | |
| | Person's story | TBC | |
| | Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme | Liz Robin | |
| | Developing the Better Care Fund Plan 2017-18 | Geoff Hinkins | |
| | Update on the Migrant Workers and Refugees Joint Strategic Needs Assessment (JSNA) | Katharine Hartley / Liz Robin | |
| | Report from the Public Health Reference Group | TBC | |
| | Forward agenda plan | Richenda Greenhill | |

| MEETING DATE | ITEM | REPORT AUTHOR | TO DEMOCRATIC SERVICES (R Greenhill) By: |
|---|---|---|---|
| | Date of Next Meeting | | |
| | | | |
| **1 June 2017 10.00am (Shire Hall)** | **Health and Wellbeing Board** *(No theme: first meeting of municipal year)* | | |
| | Election of Vice-Chairman/woman | Oral | **Wednesday 17 May** |
| | Apologies and Declarations of Interest | Oral | |
| | Minutes of the Meeting on 30 March 2017 | Richenda Greenhill | |
| | Action Log Update | Richenda Greenhill | |
| | Person's story | TBC | |
| | Better Care Fund Plan 2017-18 | Geoff Hinkins | |
| | Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme | Liz Robin | |
| | Forward agenda plan | Richenda Greenhill | |
| | Date of Next Meeting | | |
| | | | |

To be included in the programme:

- Safeguarding Adults Board Annual Report for 2016-17: September 2017 tbc

Updated: 09.11.16