

Date: Tuesday, 24 April 2018

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

10:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Room 128

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

- | | | |
|----------|---|----------------|
| 1 | Apologies for absence and declarations of interest
<i>Guidance on declaring interests is available at
http://tinyurl.com/ccs-conduct-code</i> | |
| 2 | Minutes of the Meeting on 1 February 2018 | 5 - 14 |
| 3 | Action Log | 15 - 20 |
| 4 | A Person's Story
Verbal item. To share a person's experiences to provide context to the business of the meeting. | |
| 5 | Delayed Transfers of Care, Better Care Fund and Care Quality
Commission Review | 21 - 38 |
| 6 | Proposal to establish joint working across Cambridgeshire and
Peterborough Health and Wellbeing Boards | 39 - 42 |
| 7 | Cambridgeshire Health and Wellbeing Strategy | 43 - 48 |

8	A Whole System Partnership Approach to Health and Living Well Across Cambridgeshire and Peterborough	49 - 54
9	Health and Wellbeing Board Development Session	55 - 56
10	Forward Agenda Plan	57 - 62

11 Date of Next Meeting

The Board will meet next on Thursday 31 May 2018 at 10.00am in the Council Chamber, Shire Hall, Cambridge.

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Peter Topping (Chairman)

Jessica Bawden Sheila Bremner Councillor Mike Cornwell Councillor Angie Dickinson Tracy Dowling Councillor Sue Ellington Stephen Graves Chris Malyon Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Stephen Posey Liz Robin Councillor Joshua Schumann Vivienne Stimpson Ian Walker and Matthew Winn Councillor Samantha Hoy Councillor Claire Richards Councillor Susan van de Ven and Councillor David Wells

Julie Farrow (Appointee)

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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public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccf-film-record>.

Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <https://tinyurl.com/ProcedureRules>.

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CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 1 February 2018

Time: 10.05am – 12.10pm

Venue: Committee Rooms 1 & 2, The Guildhall, Cambridge

Present: Cambridgeshire County Council (CCC)
Councillor P Topping (Chairman)
Councillor C Richards
Councillor S van de Ven
Kate Parker (substituting for Dr L Robin, Director of Public Health)

City and District Councils

Councillors M Abbott (Cambridge City), A Dickinson (Huntingdonshire) and S Ellington (South Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

J Bawden and Dr Sripat Pai

Healthwatch

V Moore, Chair

NHS Providers

Matthew Winn – Cambridgeshire Community Services NHS Trust (CCS)
Ian Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)
Keith Reynolds – North West Anglia Foundation Trust (NWAFT) (substituting for Stephen Graves)

Apologies:

S Bremner – Cambridgeshire and Peterborough Clinical Commissioning Group
Councillor M Cornwell – Fenland District Council
S Graves – North West Anglia Foundation Trust (substituted by K Reynolds)
C Malyon – Chief Finance Officer, Cambridgeshire County Council (substituted by T Kelly)
W Ogle-Welbourn – Executive Director, People and Communities, Cambridgeshire County Council
Councillor S Hoy – Cambridgeshire County Council

44. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. Val Moore, Chair of Healthwatch, declared an interest in agenda item 8 (minute 51) as a member of the Board of Living Sports.

On behalf of the Board, the Chairman thanked the City Council for hosting the meeting.

45. MINUTES OF THE MEETING ON 23 NOVEMBER 2017

The minutes of the meeting on 23 November 2017 were agreed as an accurate record and signed by the Chairman.

46. ACTION LOG

The Action Log was included in the meeting papers for noting.

47. A PERSON'S STORY

The Chairman welcomed Dr Katharine Hartley, Consultant in Public Health, who recounted the story of one of the users of The Sanctuary. The user had had a history of self harm, but had found a warm welcome and support at the Sanctuary, at first using it on an almost daily basis to cope with frequent crises, then attending much less frequently. In the last six months, the user had been attending the Recovery College and was now on the point of graduating to become a Peer Support Worker, an outcome which would have seemed impossible a year before.

Points noted in the course of discussing the person's story included

- some people attended the Sanctuary initially almost on a daily basis. Staff would work with them on the question of why they were going into crisis so frequently
- the Sanctuary had a limited capacity and closed at 1am each day. Dr Hartley undertook to find out how many people the Sanctuary could host at any one time (**Action:** Consultant in Public Health)
- Sanctuaries had been established in Cambridge, Huntingdon, Fenland and Peterborough
- the first response service was available to all people in Cambridgeshire and Peterborough regardless of where they lived, 24 hours a day and seven days a week. A trained responder could be sent to wherever the caller was, and if necessary, could facilitate the caller getting to a Sanctuary. However, it could sometimes take a few hours for a responder to arrive in person because of professional criteria. It was hoped to obtain a vehicle which could be used as a mobile sanctuary.

The Chairman thanked Dr Hartley for sharing the person's story. The Board noted the story as context for the remainder of the meeting.

48. PUBLIC QUESTION

The Chairman proposed, and the Board agreed, to take the single public question rather earlier in the meeting than the update on the Sustainability and Transformation Plan (STP) to which it related, so that the questioner would not have to wait a long time before she could speak.

Ms Jane Howell spoke to express concerns relating to two documents supplied as report appendices for agenda item 9 (minute 52 refers), the Memorandum of Understanding (MOU) and the STP Governance Framework. She pointed out that this was the first time that the public had seen the MOU, commenting that it seemed to relate more to money than to patients and staff.

Ms Howell asked whether, with hindsight, it was acceptable to exclude the public from decision-making and subsequent work on the STP. In relation to the Nolan principles, the STP Board appeared to be almost committed to openness and transparency, in

that members of the public were welcome to attend and observe meetings, but there was no opportunity for them to raise questions and seek answers there.

Ms Howell also said that the NHS was in a worse state than it had been when the decision was taken to proceed with the STP, and asked whether it was appropriate to proceed to the next stage, that of accountable care organisation.

The Chairman acknowledged Ms Howell's concerns about the STP and accountable care, and undertook to supply a formal response in writing within ten working days. He also invited the three STP Board members present to comment on her question.

The Chief Executive of Cambridgeshire Community Services NHS Trust replied that the questioner's comment about visibility was justified, and undertook to take back to the Board the challenge of why the public could not ask questions at its meetings. He explained that the STP was a partnership, a coalition working together without statutory responsibilities, rather than a legal entity; the process of developing a document setting out how the members of the partnership would work together had taken some time. He assured Ms Howell that the Board had nothing to hide; it was trying to improve care for the residents of Cambridgeshire and Peterborough, particularly for older residents, and to do so at a lower cost, because the local health system's expenditure currently exceeded its income. He said that it would be possible to resolve the issues of accountability, visibility, and attendance at Board meetings, and apologised that the process had been so frustrating.

(Action: Chief Executive, CCS)

Ms Howell thanked the Chief Executive for his response, commenting that they both had the same interests at heart.

Further responses to Ms Howell's questions included that accountable arrangements was a term sometimes used for how the different health trusts were improving matters; whatever the terminology, the fragmentation that had happened in the past could not continue, as it was neither affordable nor a good experience for patients.

The Chairman thanked the CCS Chief Executive for his offer to take the questioner's concerns back to the STP Board, and assured the questioner that she would also receive a written response.

(Action: Chairman and Democratic Services Officer)

49. DRAFT SUICIDE PREVENTION STRATEGY 2017-20

The Board received the draft Suicide Prevention Strategy for approval. Members noted that the document was the second, refreshed, version of the strategy and action plan. They were reminded that suicide was a major public health issue, and it was important to develop a pathway of care across all the sectors involved, public, private and voluntary, without which people would be failed. There were six priority areas in the strategy, which had an ambition of Zero suicide; the Joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group had developed a Suicide Prevention Action Plan aimed at achieving this ambition. Actions included providing support to families within two days of a suicide, developing Keep Your Head (a mental health website for Children and Young People), and introducing GP suicide prevention training to improve the interaction between patients and GPs. A 20-minute online learning module had also been introduced, which all concerned with suicide prevention were being encouraged to complete.

Commenting on the report and draft strategy, Board members

- expressed a concern that the prominence of the zero suicide ambition might lead to a risk of a sense of failure if a suicide did occur, and that 'zero suicide' could be equated with 'zero tolerance'. The report author replied that people and organisations should not be made to feel under pressure and failing when suicides did occur; it was important to encourage a culture of learning, not of blame
- noted that the 'Stop Suicide' campaign was already well-established and well-known locally; it would continue to be a major vehicle for suicide prevention work
- drew attention to the higher risk of mental health alienation in new communities, pointing out that 'healthy new housing developments and population growth' had been identified as one of the Board's proposed 'watch' or 'focus' priority areas at its stakeholder event in September 2017. The report author said that this was work to be done through the Stop Suicide campaign; she could bring it to the attention of the relevant person. Members were also advised that a Healthy New Towns initiative had been established focussing on Northstowe, with the aim of learning lessons from the experience of Cambourne, and ensuring that community facilities would be in place from an early stage at Northstowe, ready to provide opportunities for people moving into the new town to meet each other
- asked that a two- to three-page summary document be developed covering the main points in the strategy, and suggested that it be tailored to each organisation to include what was of specific relevance to that organisation
- commented that the action plan referred only to the commissioning organisations and the mental health trust, and pointed out that staff of other organisations also came into contact with those at risk of suicide, for example school nurses, who were employed by CCS, and district council housing officers
- suggested that all public sector organisations should be involved in implementing the strategy and asked what they were doing to meet the six priorities in so far as they were relevant to their areas of work; it should also be of importance to the Health and Wellbeing Board. The Board was advised that all organisations were to be asked to sign up to the action plan, and to say what they could do
- pointed out that there was a prescribed and growing process in NHS trusts around learning from deaths, and said it was important that organisations linked their learning and drew on wider organisational learning, enhancing the learning and making it more transparent, rather than each organisation conducting its own learning process in private and in isolation
- noted that the County Council had contributed around £27,700 for suicide prevention work (hosted by MIND) and £15,000 for bereavement support and GP training in suicide prevention in 2017/18 and discussed future funding. The Head of Finance was asked to look into this.
(**Action:** Head of Finance, CCC)

Dr Sripat Pai, a GP member of the CCG Governing Body, offered to put Public Health officers in touch with GPs who were not permanently attached to a GP practice, such as those working as locums.

The Chairman thanked the report author and asked her to draw up an executive summary of the strategy. He urged her to seek to involve as wide a range of organisations as possible, particularly those that engaged with young people, and offered the Board's assistance in this. He suggested that as well as the Board endorsing the strategy, a mechanism should be developed for finding out what organisations were prepared to do in support of the strategy. It was agreed that the Board would review the strategy summary and actions in four months' time.

(Action: / Consultant in Public Health/ Democratic Services Officer)

It was resolved to

- a) approve the Draft Suicide Prevention Strategy 2017 - 2020 attached as Appendix 1 of the report before the Board.

50. FEEDBACK ON JOINT DEVELOPMENT SESSION WITH PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board received a report on the joint development session that the two Health and Wellbeing Boards, Cambridgeshire and Peterborough, held on 23 January 2018. Members noted that key areas of commonality had been highlighted, and those present had looked at how the two boards could strengthen themselves and work together on shared priorities.

Discussing the report, and reflecting on the development session, Board members

- pointed out that there were areas where Cambridgeshire and Peterborough had different interests and focusses, but there was considerable commonality, with the suicide prevention strategy as an example of this
- pointed out that Cambridgeshire, unlike Peterborough, had a large rural population and difficulties with transport and access, and that workforce and recruitment issues were different in the two areas
- drew attention to the large number of officers who held a joint post with the two local authorities, or a post with the CCG, which covered the whole combined area, as did Healthwatch
- observed that the Health and Wellbeing Strategies of the two boards differed, in that the Peterborough one took almost a performance management approach, while the Cambridgeshire one presented a set of themes and how to approach them, and suggested that it might be possible to develop a strategy incorporating both elements
- suggested that it was important to be clear what working together was expected to achieve, and how far it would involve systems rather than people
- urged that any meetings with Peterborough be held instead of, rather than in addition to, individual Board meetings that were already planned.

The Chairman commented that Health and Wellbeing Boards did not have great statutory powers, but provided a valuable forum for bringing senior people together who could identify areas that required attention and deploy staff accordingly. A joint

meeting could make a useful contribution to this, though it would be necessary to define the aims of such a meeting more closely. The Democratic Services Officer was asked to arrange a meeting with Peterborough colleagues instead of, rather than in addition to, the meeting planned for 31 May 2018.

(Action: Democratic Services Officer)

It was resolved to

- a) note the content of the update report
- b) agree to holding a joint meeting with Peterborough Health and Wellbeing Board to further develop the priority areas identified in the development session.

With the agreement of the Board, the Chairman postponed the next agenda item, the Better Care Fund Update, to the end of the meeting in order to accommodate officers' other commitments.

51. A WHOLE SYSTEM APPROACH TO LIVING WELL ACROSS CAMBRIDGESHIRE AND PETERBOROUGH

The Board received a report inviting its members to seek the agreement of the organisations they represented to sign up to a concordat, presented in draft as the Cambridgeshire and Peterborough "Living Well" Partnership Charter. This would commit the organisations to working together on a whole system approach, something which had not to date been set out formally in writing.

The report also sought members' comments on the replacement of the current Local Health Partnerships and CCG Area Executive Partnerships with four Living Well Area Partnerships, as set out in the draft Living Well Partnership Terms of Reference. Members noted that the establishment of the Area Partnerships did not require the Board's formal consent, and was already being put into practice. The change would reduce the number of meetings from 60 to 26.

Discussing the report, Board members

- welcomed the new partnerships, saying that it was important to have opportunities together to receive feedback from, and communicate with, local communities; the Living Well partnerships would provide such opportunities, and enable the Board to have an overview of what was happening in local areas
- commented that the present Local Health Partnerships brought a wide range of people together, but had been criticised as giving people information without providing any action plan. The new arrangements would include officers to ensure that proposed actions were carried out
- noted the importance of ensuring that the partnerships fed back to the Health and Wellbeing Board, setting out key issues rather than re-running the meetings
- commented that the language of the concordat tended to employ jargon; for example, if place-based meant four areas of the county, it should say that

- supported the principle of the concordat, which had been developed following an HWB development session in March 2017, but acknowledged that its wording still required some work
- commented that the concordat was asking organisations to do things that were currently not contractually required, and which the organisations were not performance managed to deliver
- suggested that the concordat should be binding on the signatory organisations, and hold them to account to ensure that its commitments were realised in practice.

The Chairman stressed the importance of making progress with the proposed concordat, and asked for a further report at the Board's meeting in May.

It was resolved to

- a. Comment on the draft Living Well Concordat and Living Well Area Partnership Terms of Reference
- b. Seek formal agreement from Board members' respective Councils and organisations to signing up to the "Living Well Concordat".

52. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Board received a report updating it on progress made in the first year of the Sustainability and Transformation Plan (STP); appended to the report were the STP Memorandum of Understanding, and the draft Governance Framework, both dated November 2017. Members noted that the STP was a partnership of the NHS and social care in Cambridgeshire and Peterborough which was developing different ways of working to deliver improved health and services for residents. Attention was drawn to the work planned for 2018 and the emerging areas of focus. The local health system was spending more than its income from national funding, as demand was outstripping what the system could provide.

Discussing the report, Board members

- reported that Healthwatch was involved in the STP, with a brief to ensure wider public engagement; it was however proving difficult to get patients involved in the delivery groups, and difficult to obtain media coverage for the STP, unless some crisis occurred; Healthwatch was working with the STP's Head of Communications and Engagement to strengthen the public interface
- observed that it was necessary to develop feedback loops and indicators to test whether people were satisfied that services were being delivered better and the patient pathway was becoming smoother
- pointed out that many organisations already undertook a considerable amount of engagement work in their communities, and suggested that the Board's next STP update might usefully report on how the STP was becoming more visible and accountable to residents, and show where the STP was making a difference

- expressed surprise at the inclusion of ‘workforce’ as a quick win in the list of areas of focus, and commented that although offering new posts and apprenticeships was mentioned, there was no explanation of how these positions would be filled.

The CCS Chief Executive acknowledged the point, and expanded on the report by explaining that it would be quicker for hospitals to develop the shared bank arrangements referred to than to recruit completely new members of staff. International recruitment was continuing but led at national level, and numbers of medical school and GP training places were being increased. There was also new financial investment in Carer at Home services, with 150 additional posts, most of which were being filled by staff working for Cambridgeshire and Peterborough Foundation Trust (CPFT)

- reported that CUHFT was working with Anglia Ruskin University on nurse recruitment programmes
- considered identifying a theme for the Board’s next STP update to focus on, and identified engagement, in the light of criticism that the Board was not sufficiently visible or open, or engaged with the public
- expressed concern that the STP’s aims were almost impossibly wide-reaching.

It was resolved to note the update report.

53. BETTER CARE FUND UPDATE

The Board received a report updating it on Cambridgeshire and Peterborough’s joint BCF and approval status, and on progress in delivering the BCP Plan for 2017-19. Members noted that the BCF Plan had now received formal approval from NHS England, and the Section 75 partnership agreement was being developed, but not yet in place. The target for reducing Delayed Transfers of Care (DTOCs) was proving challenging, but the new contract for domiciliary care had increased the number of providers, and made it possible to bring carers in promptly.

Board members raised or noted various points in the course of discussion, including:

- a significant proportion of the current year’s additional BCF funding had been put into reablement
- the DTOC rate at Addenbrooke's was currently running at around 10%, with between 100 and 120 cases on some days, the equivalent of three wards of patients; numbers had been going down in the autumn, but risen over Christmas and the new year period
- considerable pressure was being exerted nationally on local authorities and the health system to come together and reduce DTOCs; locally, it was receiving attention at chief executive level, as it remained a large and serious problem
- neighbourhood teams, multi-disciplinary teams of CPFT and CCC staff, were being used in parts of Cambridgeshire to increase support to avoid hospital admissions
- the Discharge to Assess Pathway was a means by which, rather than waiting to discharge a patient until all the details of funding and their long-term care needs

had been resolved, the patient would be discharged home with such care as was immediately required in the short term. Their longer-term care needs would then be assessed in the home setting, and funding arrangements established.

The Chairman thanked the Head of Finance for presenting the report, and asked him to feed back to the report author that there seemed to be rather few figures in a report that was about money.

(Action: Head of Finance, CCC)

It was resolved to

- a) note and comment on the report and appendices

54. FORWARD AGENDA PLAN

The Board considered its forward agenda plan, and agreed, in the light of earlier discussions, to remove the Sustainability and Transformation Plan update from the agenda for 22 March and to transfer the Draft Health and Wellbeing Strategy to the agenda for May, when it could include feedback from Living Well.

55. DATE OF NEXT MEETING

It was agreed to cancel the meeting planned for 22 March, as there was no business requiring the Board's attention on that date.

It was also agreed that the meeting planned for 31 May should be replaced by a meeting held in conjunction with the Peterborough Health and Wellbeing Board. A date and venue for this would be identified in consultation with Peterborough.

(Action: Democratic Services Officer)

Chairman
(date)

HEALTH & WELLBEING BOARD ACTION LOG: APRIL 2018

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting Date: 21 September 2017		
<p>Minute 11: Sustainability and Transformation Plan (STP) Update Report</p>	<p>To establish whether it would be helpful to arrange a general briefing session on the STP for newer members of the Board.</p> <p style="text-align: right;">Action: R Greenhill/ Aidan Fallon</p> <p>Update 24.10.17: Four Board members asked to attend an STP briefing session. This has been arranged for Thursday 14 December 2017 from 12.30-1.30pm at Shire Hall.</p> <p>Update 11.12.17/ 08.02.18: The briefing session on 14 December to be re-arranged as two members unable to attend due to clashes with other meetings. Possible dates sent to Aidan 11.12.17 & 08.02.18.</p> <p>Update 29.03.18: The four Board members who had expressed interest in the briefing session contacted to check if they would still find it useful. Sessions are being arranged direct for those members still requiring one.</p>	<p>On-going</p>
<p>Minute 12: JSNA Core Dataset 2017</p>	<p>To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset.</p> <p>Update 07.17.17: This has been discussed with the County Council communications team who could allocate a web-page to the Health and Wellbeing Board, under the 'Council' section of the website.</p> <p style="text-align: right;">Action: Liz Robin</p>	<p>On-going</p>

Meeting Date: 23 November 2017

Minute 41: Better Care Fund (BCF) Update

To provide a steer on where new Members would find the most useful background information on the BCF.

Action: Cath Mitchell

Update 22.12.17: Information awaited from Geoff Hinkins and Caroline Townsend.

Update 08.01.18: Details of the Q2 monitoring data for Cambridgeshire and Peterborough's BCF Plans circulated to all members by email. Officers are exploring whether the full BCF documents for Cambridgeshire and Peterborough can be published on-line to provide easy electronic access as the documents are very large.

Update 18.01.18: The full BCF plan will be published on the Council website and a link sent to all members of the Board.

Update 03.04.18: A link to the BCF Plan sent by email to Board members. The Plan can be viewed at <https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/>

Completed

To circulate in advance to members of the Board details of any proposed changes to be made to funding allocations by the Director of Public Health under delegated authority, in consultation with the Chairman and Vice Chair.

Action: Liz Robin

Update 27.03.18: No exercise of delegated authority required.

Completed

Meeting date: 1 February 2018		
Minute 47: A Person's Story	<p>To find out how many people the Sanctuary can host at any one time.</p> <p style="text-align: right;">Action: Kathy Hartley</p> <p>Update 13.04.18: Updates requested by email 06.03.18, 30.03.18 & 13.04.18</p> <p>Update 16.04.18: Each Sanctuary is able to support up to three visitors at any one time.</p>	Completed
Minute 48: Public Question	<p>To take the issues raised by Jane Howell back to the STP Board, in particular regarding the ability of members of the public to ask questions at Board meetings.</p> <p style="text-align: right;">Action: Matthew Winn</p> <p>Update 13.04.18: Updates requested by email 06.03.18 & 05.04.18.</p>	On-going
	<p>To send a written response to the questions raised by Jane Howell</p> <p style="text-align: right;">Action: Chairman/ Ruth Yule</p> <p>Update 26.02.18: Written response sent by the Chairman to Ms Howell.</p>	Completed
Minute 49: Draft Suicide Prevention Strategy 2017-20	<p>The Board noted that the County Council contributed around £27,700 for STOP suicide work (hosted by MIND) and £15,000 in 2017/18 for bereavement support and GP training in suicide prevention and discussed future funding. The Head of Finance was asked to look into this.</p>	Completed

	<p style="text-align: right;">Action: Tom Kelly Kathy Hartley</p> <p>Update 13.04.18: Updates requested by email 06.03.18, 30.03.18 & 13.04.18.</p> <p>Update 16.04.18: An update circulated to members of the Board by email.</p>	
	<p>To draw up an Executive Summary of the strategy.</p> <p style="text-align: right;">Action: Kathy Hartley</p> <p>Update 30.03.18: The Executive Summary be provided in advance of the meeting on 31 May 2018 so that members have it well in advance of the planned review in July 2018.</p>	On-going
	<p>The Board would review the Executive Summary and actions in four months' time.</p> <p style="text-align: right;">Action: Richenda Greenhill</p> <p>Update 19.02.18: Added to the Forward Agenda Plan for 26 July 2018.</p>	Completed
Minute 50. Feedback on Joint Development Session with Peterborough Health and Wellbeing Board and Minute 55: Date of Next Meeting	<p>To arrange a date and venue for a meeting with the Peterborough Health and Wellbeing Board instead of, rather than in addition to, the meeting planned for 31 May 2018.</p> <p style="text-align: right;">Action: Richenda Greenhill</p> <p>Update 13.04.18: The Cambridgeshire and Peterborough Health and Wellbeing Boards will hold concurrent meetings on Thursday 31 May 2018 at 10.00am in the Council Chamber, Shire Hall, Cambridge.</p>	Completed
Minute 53: Better Care Fund Update	<p>To feed back to the report author that there seemed to be rather few figures in a report that was about money.</p> <p style="text-align: right;">Action: Tom Kelly</p> <p>Update 30.03.18: This feedback has been passed to the report author.</p>	Completed

DELAYED TRANSFERS OF CARE, BETTER CARE FUND AND CARE QUALITY COMMISSION REVIEW

To: **Health and Wellbeing Board**

Meeting Date: **24 April 2018**

From: **Charlotte Black: Director of Adults and Safeguarding,
Cambridgeshire County Council**

Recommendations: **The Board is asked to:**

- a) Note and comment on the report and appendices**
- b) Comment on the most effective way to keep the Board informed and enable the Board to prepare for a possible Care Quality Commission review**

<i>Officer contact:</i>	<i>Member contact:</i>
Name: Richard O'Driscoll Post: Head of Transfers of Care and Performance Email: Richard.O'Driscoll@Cambridgeshire.gov.uk Tel: 01223 729186	Name: Cllr Peter Topping Position: Chairman Email: Peter.Topping@cambridgeshire.gov.uk Tel: 01223 706398 (office)

1.0 BACKGROUND

1.1 This report and its appendices provides an update on issues relating to delayed discharges from hospital and on the likelihood of a system wide review, by the Care Quality Commission (CQC). The review, should it occur, will focus on transfer of care arrangements between the NHS, Adult Social Care and partner organisations. This report provides:

- A definition of delayed transfers of care
- Current performance in Cambridgeshire
- Underlying pressures
- Capacity and process improvement- incorporating the Better Care fund
- CQC Review and Key lines of Enquiry
- Preparation for Possible Review

1.2 What is a Delayed Transfer of Care?

A delayed transfer of care from acute or non-acute hospitals (including community and mental health) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. The causes of delay are variable ranging from process issues such as communication from wards to gaps in capacity in the community services such as Home Care, Care Homes and Community Health services such as District Nursing. Delayed transfers of care are also affected by changes in demand, such as increased hospital admissions and increasingly complex levels of need, particularly amongst over 85 year olds. Such spikes in demand are relatively common occurrences and are particularly noticeable during winter months and at peak times such as holiday periods. In the case of the latter there is a strong linkage to staff availability. A validation process - involving hospital and social care managers - is in place to determine the cause of each delay and whether it is attributable to the NHS or the local authority. Cambridgeshire County Council has also established a process to scrutinise this data to identify the main causes of delay and to monitor and improve performance. The causes of delay are often multi-factorial and a key requirement for effective hospital discharge is integrated planning and co-ordination between Health and Social Care partners both at an individual operational level as well as at a strategic level and this continues to be a high priority for the system.

2.0 DELAYED TRANSFER OF CARE PERFORMANCE AND IMPROVEMENT PLANS

2.1 **Performance:** Delayed Transfers of Care have presented as a significant challenge in Cambridgeshire throughout the 2017/2018 financial year. During this time there has been a deterioration in both NHS and Adult Social Care performance in the period from April to August 2017. In addition to underlying known community capacity challenges, this deterioration appeared to link directly to an 8% increase in admissions, of older people aged over 80 years, to Addenbrookes Hospital in the

corresponding period.(source: NHS, Sustainability and Transformation Unit). In terms of timing, this coincided with a determined drive from the Department of Health, supported by the then Department of Communities and Local Government, to reduce overall hospitals bed day delays to 3.5% of their total bed base, as set out in the Better Care Fund requirements. As a consequence of the deterioration in performance Cambridgeshire was identified as a “struggling system” and was written to by both Secretaries of State indicating, that as a consequence, it along with other struggling systems may be subject to a system wide review by CQC. There was also a reference to the possibility of withholding Better Care Fund (BCF) funding. The Leader of the Council responded robustly to the Secretaries of State citing the strong commitment to integrated working in Cambridgeshire and providing examples of shared initiatives with NHS partners, including BCF investments to reduce delayed transfers of care.

2.1.1 Fortunately, the County Council’s performance, and to some degree that of the NHS in Cambridgeshire has steadily improved since August, with four out of the following five months showing a month on month reduction in lost bed days. That said, the system is still experiencing considerable challenge and has not yet reached the 3.5% performance target set through the BCF. Appendix 1 is the DTOC Dashboard produced by the County Council. It shows the latest performance figures published by the NHS through the UNIFY system. It includes trend lines and a breakdown of causes of delay by hospital and responsible organisation. It can be seen that the biggest single cause of delay for the NHS is non-acute NHS care and for the County Council it is Home Care. Proportionately, the NHS is responsible for 67.9% and the Local Authority 27.5% with 4.6% attributed to both. It is important to note that the County Council is committed to achieving system wide improvement regardless of the cause of any single delay in recognition of the interdependence of the health and social care elements.

2.2 **System Wide Improvement Plans:** Both the NHS and the County Council have embarked on a programme of improvement. This has included co-ordinated action to improve operational and commissioning processes and targeted investment through the Sustainability and Transformation Plan and the Better Care Fund (including the IBCF). For example, through the NHS led Sustainability and Transformation Plan (STP) there is a commitment to meet a service shortfall in Intermediate Care through Cambridgeshire and Peterborough Foundation Trust employing a 120 new staff. The County Council, too, has committed to investing a £1000K in the intermediate tier to expand its current reablement workforce to help to meet the shortfall in Home Care. Additionally, other initiatives are in place to support Home Care development. These include:

- The Neighbourhood Cares Pilot
- The introduction of a dynamic purchasing system for Home Care
- The expansion of the County Council’s Brokerage to become a single purchasing unit –for home care and care homes - for the County Council and all NHS organisations in Cambridgeshire

- Re-Commissioning of voluntary sector support to hospital discharge and reablement.

2.2.1 Additionally, a governance process has been established involving Chief Officers from each organisation to provide co-ordinated leadership of the response to hospital pressures. These arrangements include the joint appointment, between NHS partners and the County Council, of a system lead to manage day to day operations and to provide strategic support to the Chief Officer Governance group.

2.3 **Better Care Fund and Improved Better Care Fund:**

2.3.1 A number of targeted interventions - utilising the Better Care Fund - have been agreed in order to meet the challenge of increased attendance and admission to acute hospitals, and delayed transfers of care. These are set out below:

- Dedicated Social Worker to support Self-Funding Service Users at Addenbrooke's with more complex needs through the discharge process.
- To support a coordinated, system wide approach to managing transfer of care, the iBCF has funded two full-time equivalent Social Worker Strategic Discharge Leads aligned to Addenbrooke's and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model.
- The iBCF is funding additional resource to ensure a focused effort on completion of service users' reviews, in order to reduce the impact on DTOC and increased spend due to increases in care need
- The iBCF is supporting the commissioning of a Discharge and Transition Car service, as part of the Council's Home and Community Support Contract. This service prioritises hospital discharge in providing interim domiciliary care provision where there is lack of capacity in the mainstream domiciliary care contract.
- A number of measures are being put in place to support increasing reablement capacity, both through the recruitment of additional workers and through existing short term reablement beds at Doddington Court. In addition to this, a number of other reablement beds have been commissioned for six months.
- CCC is working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the wider system to support implementation of Discharge to Assess, including implementation of the CHC 4Q pilot to reduce assessment related discharge delays.
- Community Equipment and Assistive Living Technology Services continue to prioritise hospital discharge in deploying equipment to support high risk support packages to both community and residential settings to manage risks and reduce the likelihood of readmission and manage DTOC pressures.

3.0 CARE QUALITY COMMISSION (CQC) AREA REVIEW

- 3.1 As indicated previously, following the additional funding for adult social care through the 'Improved Better Care Fund', the Care Quality Commission has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focussed on the interface of health and social care. Reviews will look at the quality and effectiveness of partnership arrangements between health and social care and their impact on service users. These will be system-wide reviews, which focus on the "patient journey" from pre-hospital, and through to their hospital and discharge experience. It will examine the extent to which services are working together with a clear understanding of a shared vision and objectives
- 3.2 The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. They will make an assessment of the governance in place for the management of resources and scrutiny of plans for use of better care fund money.
- 3.3 20 "challenged" areas in total have been reviewed by the CQC since September last year. These reviews have predominantly focused on areas that have been deemed to be underperforming by Government based upon published Local Authority metrics which are weighted in order to make Delayed Transfers of Care the main focus.
- 3.4 The initial tranche of reviews have now been completed, with varied results, but all have a common thread of demonstrating the need for a clear and well-articulated shared "system" vision across Health and Social Care. There also needs to be a shared understanding of challenges and mitigation. This needs to be translated into operational practice that supports the smooth transfer between services, and delivers good outcomes for service users. A number of the reviews have now been published. As an example the link below is to the published report of the first review of Halton, which gives a good indication of the approach.
http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf
- 3.5 Both the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government have indicated that reviews may be used to inform decisions about future Government social care grants to Councils. Poor performance will be highlighted and findings will be published and will be reported to the Health and Wellbeing Board. External "support" for improvement will be provided where needed along with possible financial sanctions for systems which don't improve.
- 3.6 Following the period of poor delayed transfer of care performance up to August, the Leader of the Council was advised, by the respective Secretaries of State for Health and Local Government, that a CQC review of Cambridgeshire was possible. Fortunately, since that time - in spite of

increased hospital demand and major capacity challenges in areas such as Home Care and NHS Continuing Health Care - there has been a steady improvement in performance, which has reduced that risk. However, Cambridgeshire's overall NHS and Local government performance for delayed transfers of care remains in the bottom quartile nationally for local authority areas.

3.7 It is anticipated that a further tranche of reviews will be announced by the end of May 2018, although the list of areas to be inspected over this period has not yet been confirmed it is expected that Cambridgeshire is likely to be in that tranche. It isn't known whether this will also include Peterborough. In order to prepare for a potential inspection, a multi-agency steering group has been set up to cover key preparations to include:

- A system overview,
- Relational audit (survey),
- Data,
- Self-assessment / position statement,
- Supporting evidence documentation,
- Case studies, case auditing etc.
- Communications

3.8 In the event of an inspection the group would look to host a preparation workshop, involving key staff from the local authority, partner organisations and patient forum groups.

3.9 It is likely that if a review of Cambridgeshire is conducted, Members of the Health and Wellbeing Board will be interviewed and involved in workshops and focus groups. The Board may wish to consider what briefing would be helpful for the Board in these circumstances.

4.0 **RECOMMENDATIONS**

4.1 The Health and Wellbeing Board is asked to:

- Note and comment on the report and appendices
- Comment on the most effective way to keep the Board informed and enable the Board to prepare for a possible review

5.0 **ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

5.1 This work is relevant to:

- Priority 2: Support older people to be independent, safe and well
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively

6.0 SOURCE DOCUMENTS

Source Document:	Location:
Delayed Transfers of Care, Monthly Returns. Department of Health.	Patrick Kilkelly, Business Intelligence Unit, 2 nd Floor, Octagon, Shire Hall Cambridge. Email: Patrick.Kilkelly@Cambridgeshire.gov.uk

Avg. no. of bed-day delays p/month:

2751.6

BCF Target:

#N/A

Variation:

#N/A

RAG Rating:

#N/A

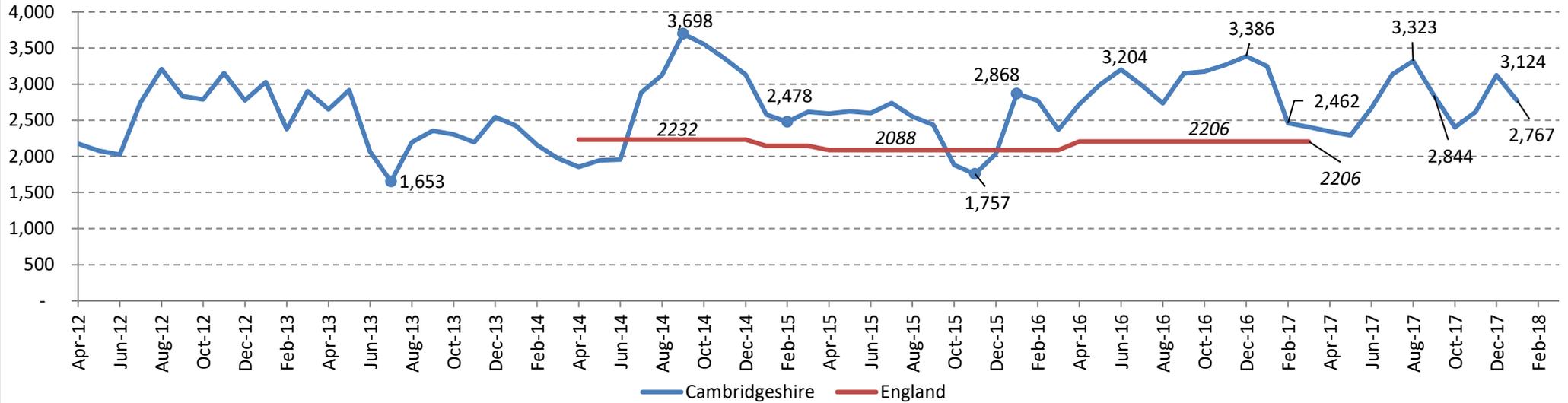
Cambridgeshire - Average monthly bed-day delays per 100,000 (18+ pop.)

531.6

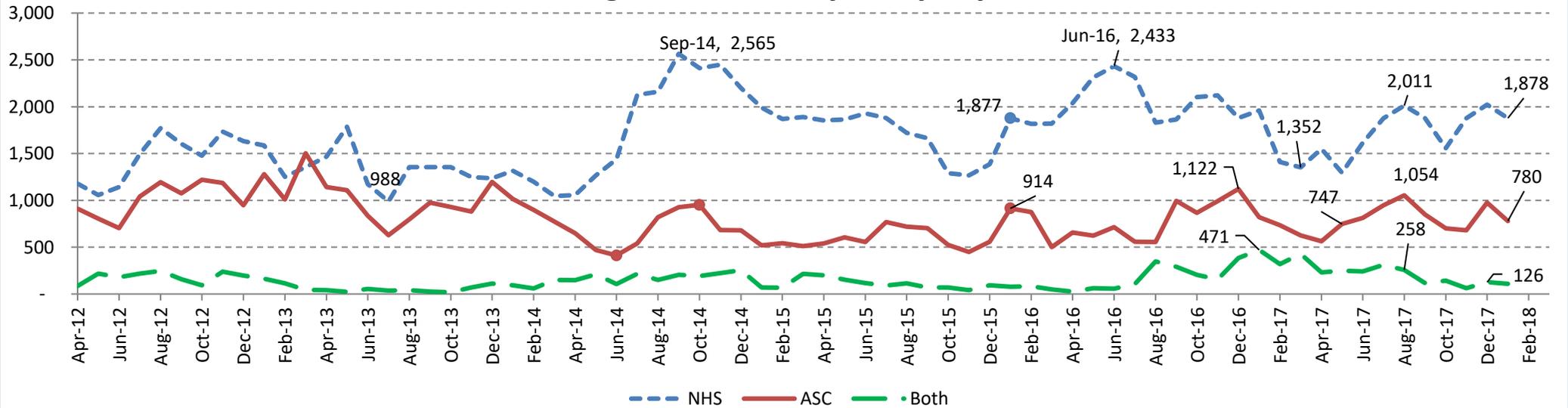
England - Average monthly bed-day delays per 100,000 (18+ pop.)

388.1

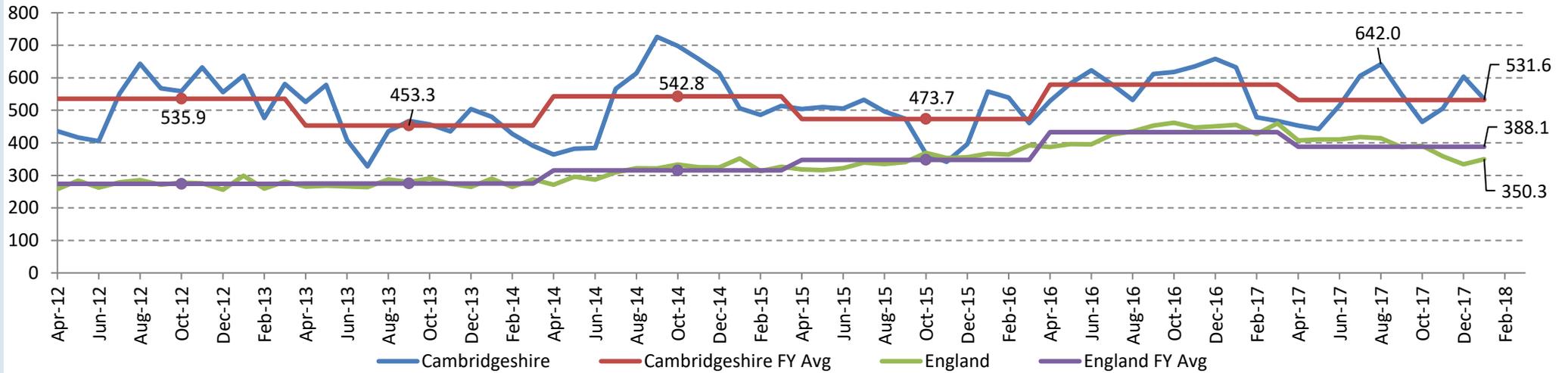
Total Cambridgeshire bed-day delays



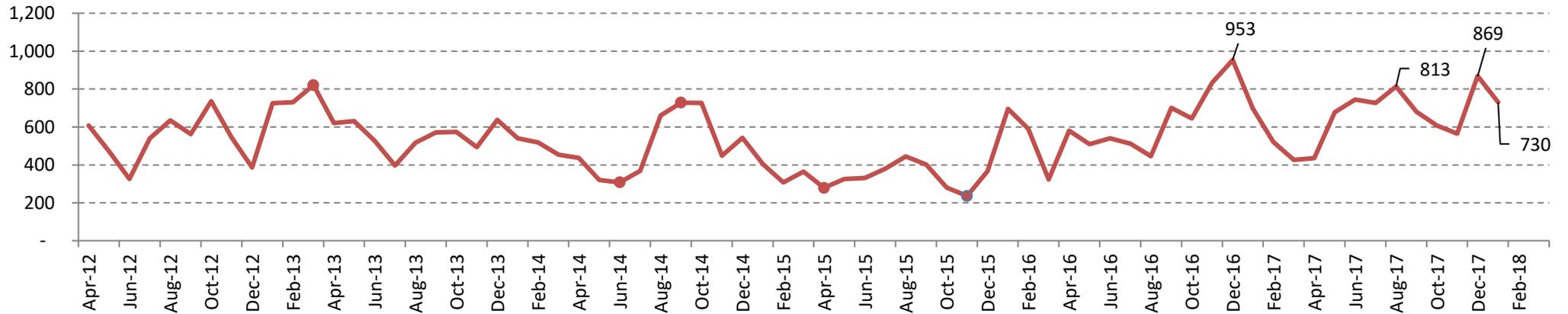
Cambridgeshire bed-day delays by attributor



Total bed-day delays per 100,000 of population



ASC attributable bed-day delays (Acute settings only)



ASCOF 2C: Delayed transfers of care per 100,000 of 18+ population (part 1), and those attributable to adult social care (part 2).

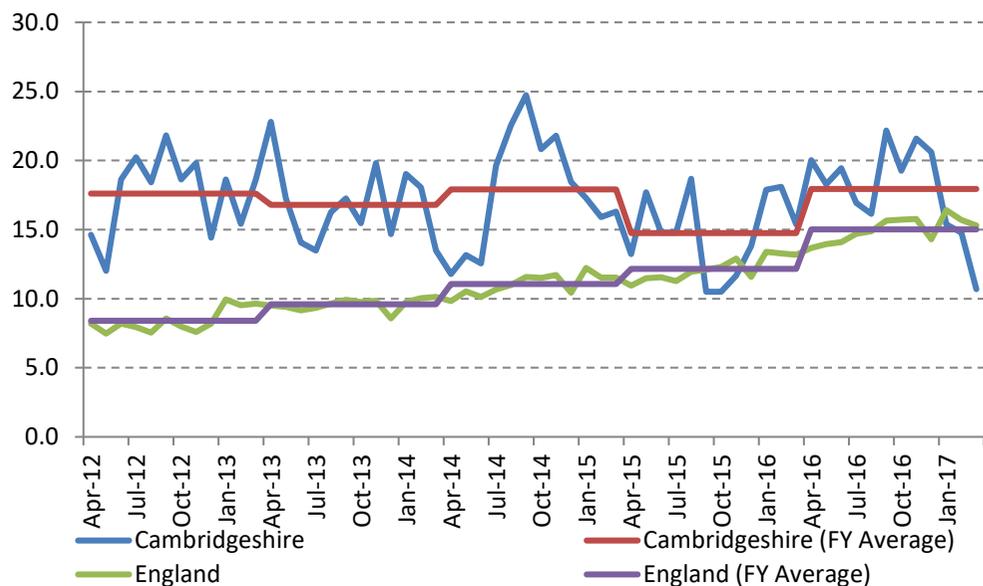
This measure was replaced by the DTOC Beds Measure in April 2017. Information on this new measure will be available here soon.

ASCOF 2C - Part 1 (All delays)		
	Cambridgeshire	England
2015/2016	14.7	12.2
2014/2015	17.9	11.1

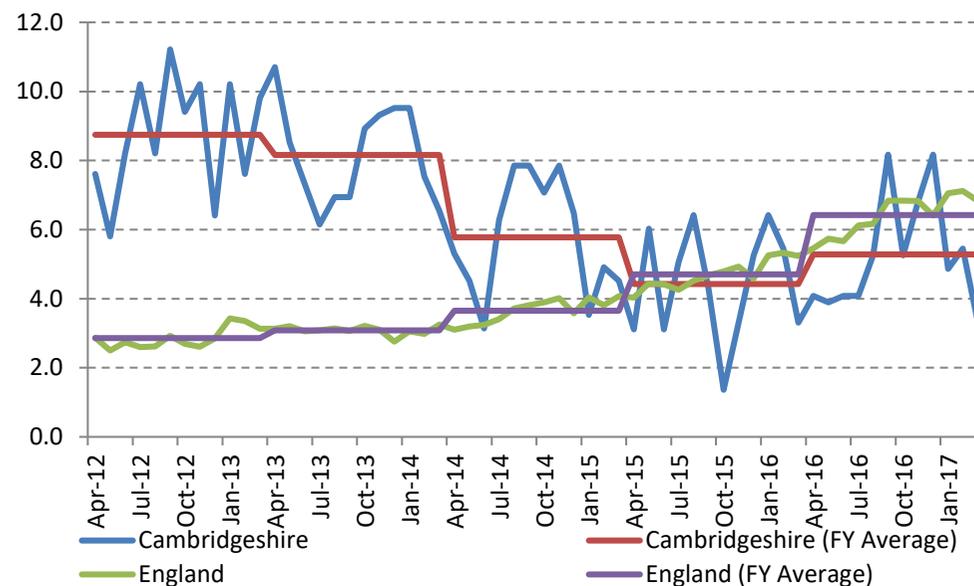
*Cambridgeshire current year target is equal to the previous year's England figure.

ASCOF 2C - Part 2 ("ASC" + "Both" delays)		
	Cambridgeshire	England
2015/2016	4.4	4.7
2014/2015	5.8	3.7

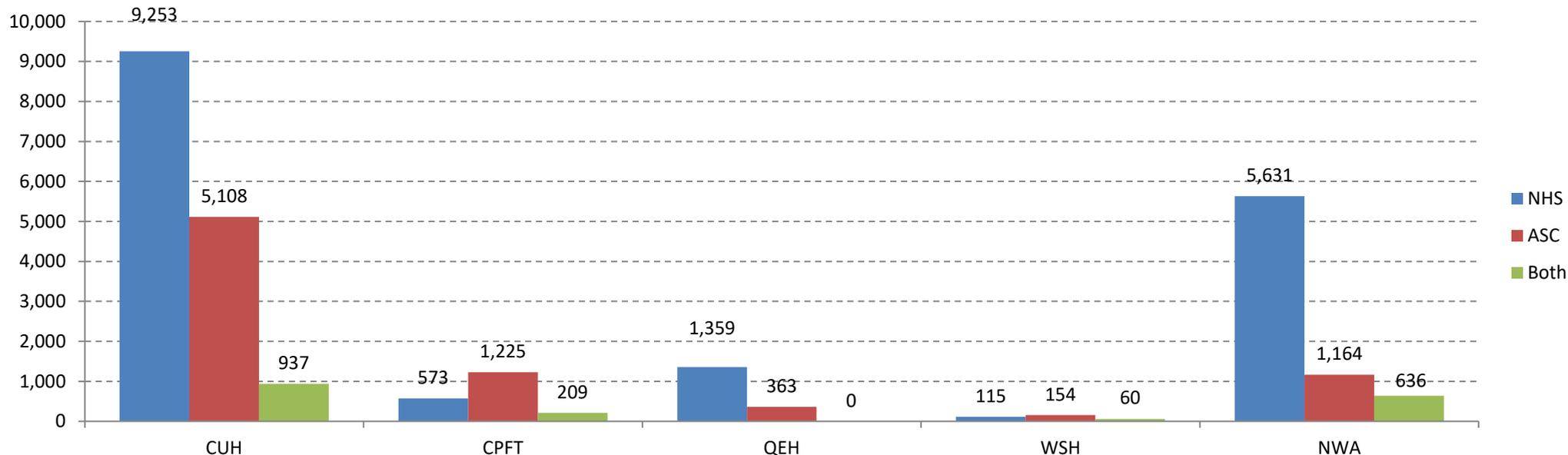
ASCOF 2C - Part 1



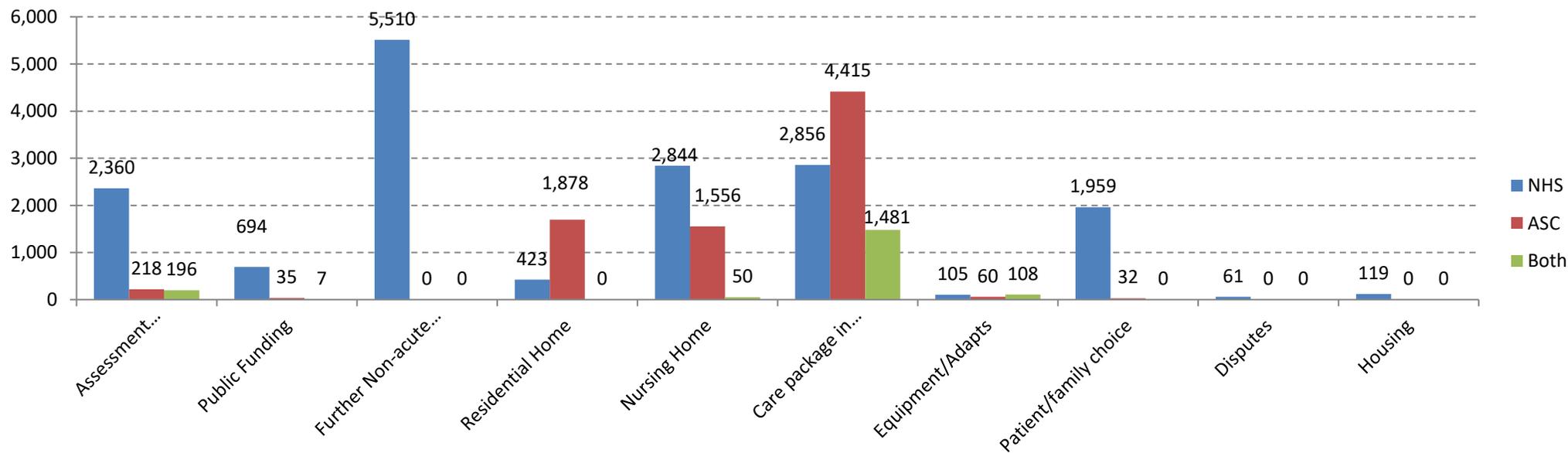
ASCOF 2C - Part 2



Total delays by organisation - FY-to-date



Total bed-day delays by reason



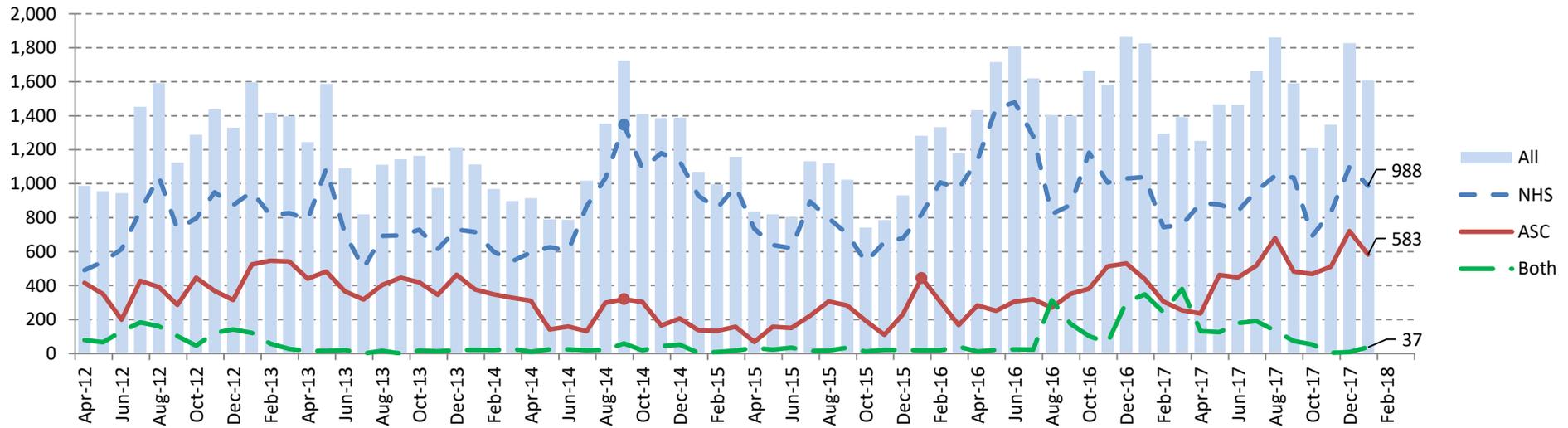
CUH: -3%
CPFT: -33%

QEH: 11%
WSH: -44%

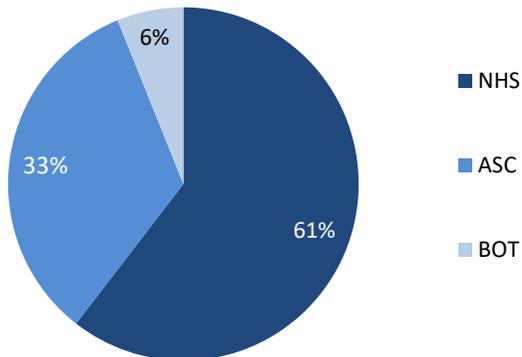
NWA: -12%

Cambridge University Hospitals NHS Foundation Trust

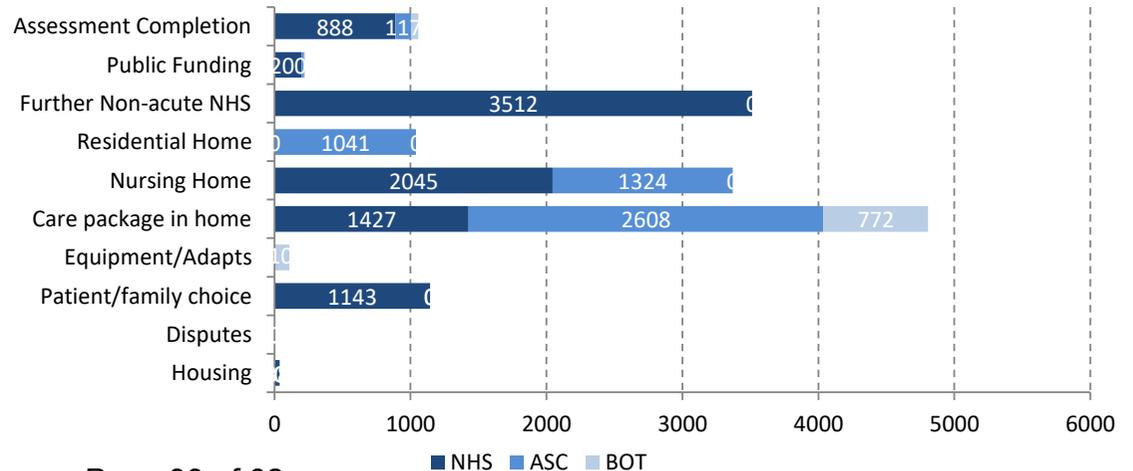
Bed-day delay trend by attributor



Proportion of bed-day delays by attributor (for current year)

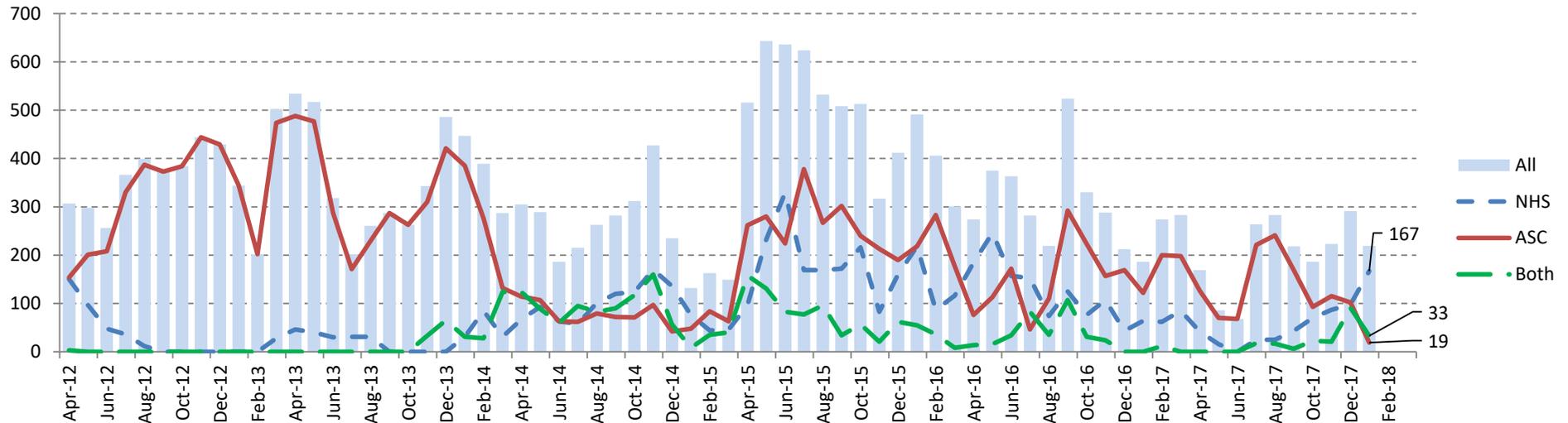


Bed-day delays by attributor and reason (for current year)

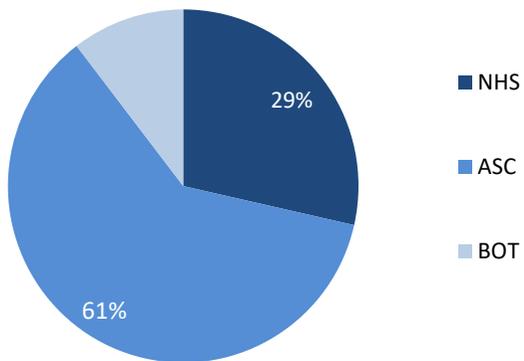


Cambridgeshire & Peterborough *NHS* Foundation Trust

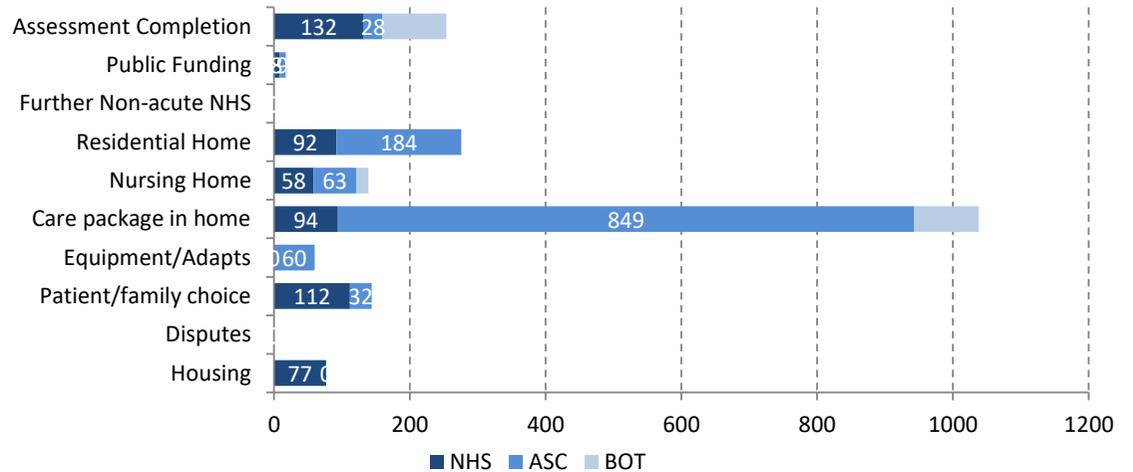
Bed-day delay trend by attributor



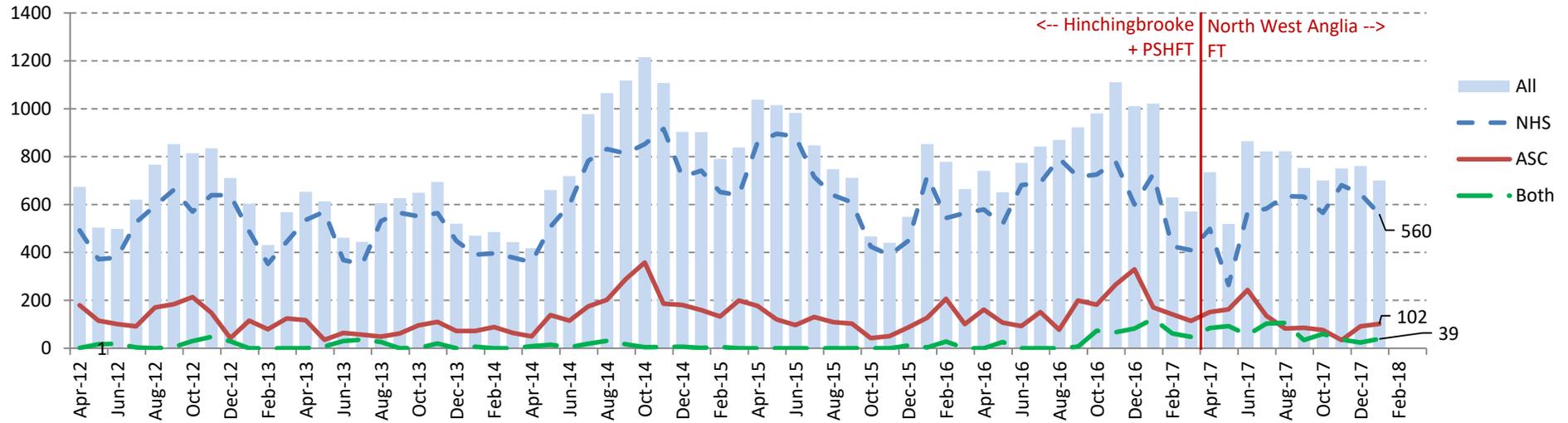
Proportion of bed-day delays by attributor (for selected year)



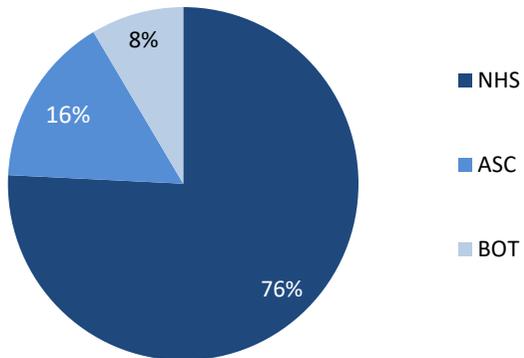
Bed-day delays by attributor and reason (for selected year)



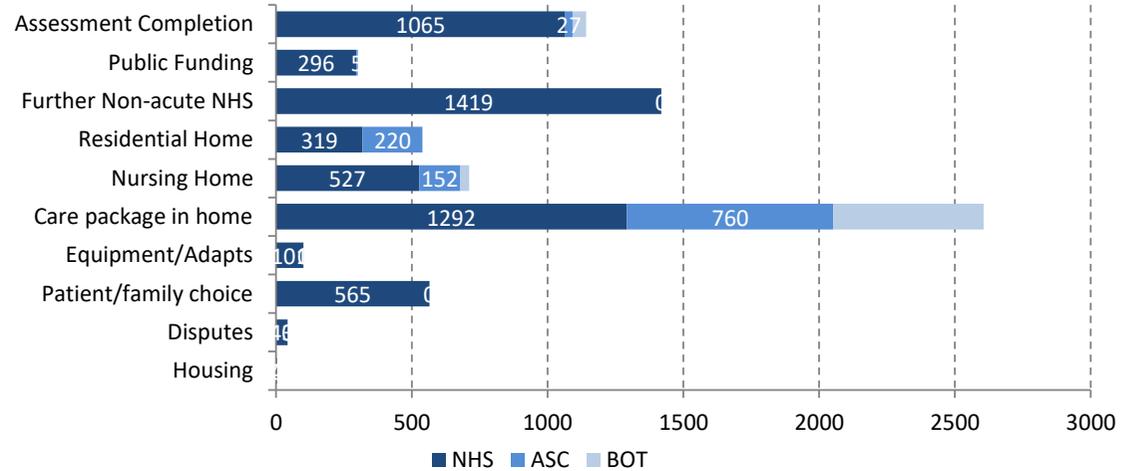
Bed-day delay trend by attributor



Proportion of bed-day delays by attributor (for selected year)

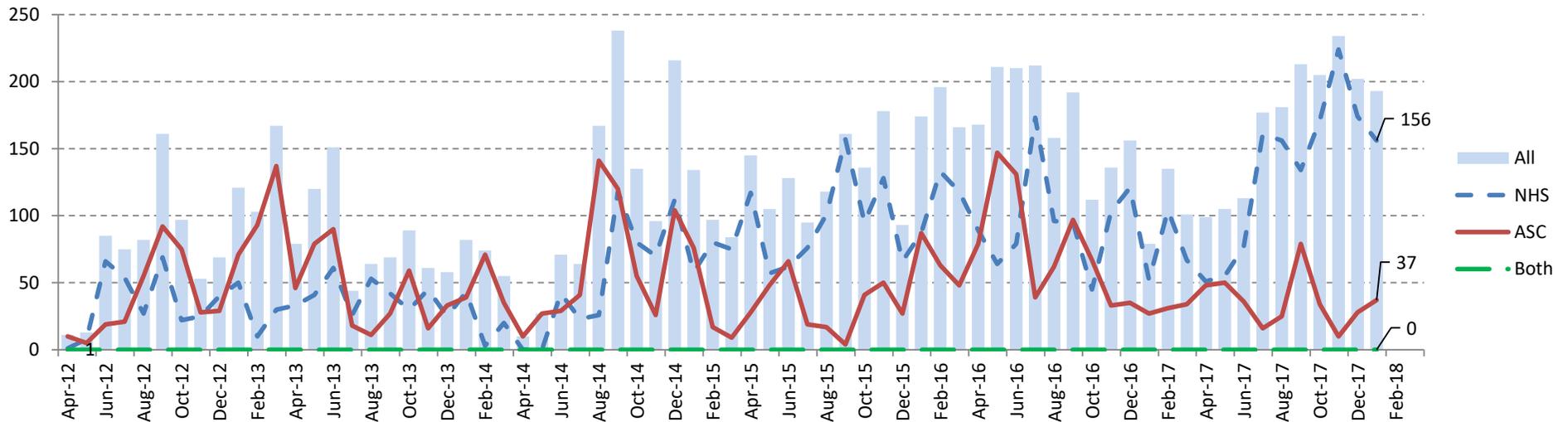


Bed-day delays by attributor and reason (for selected year)

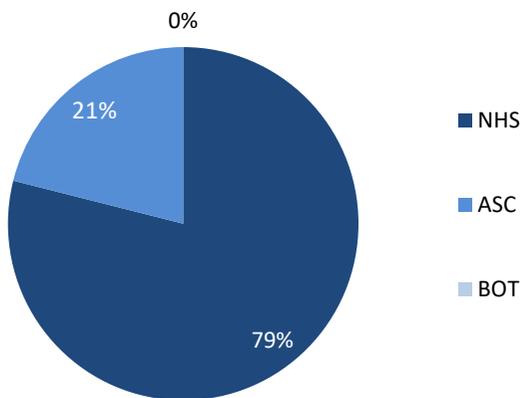


Queen Elizabeth Hospital *NHS* Foundation Trust

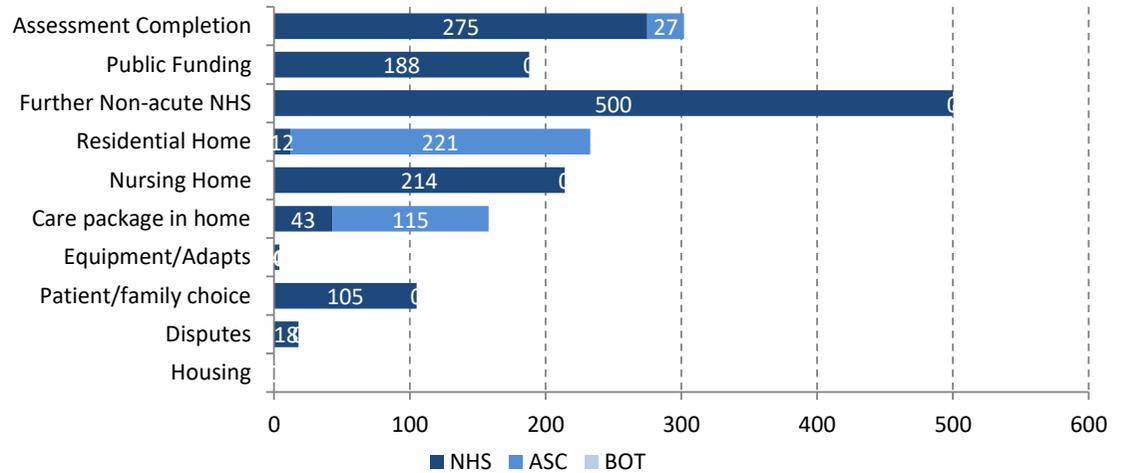
Bed-day delay trend by attributor



Proportion of bed-day delays by attributor (for selected year)

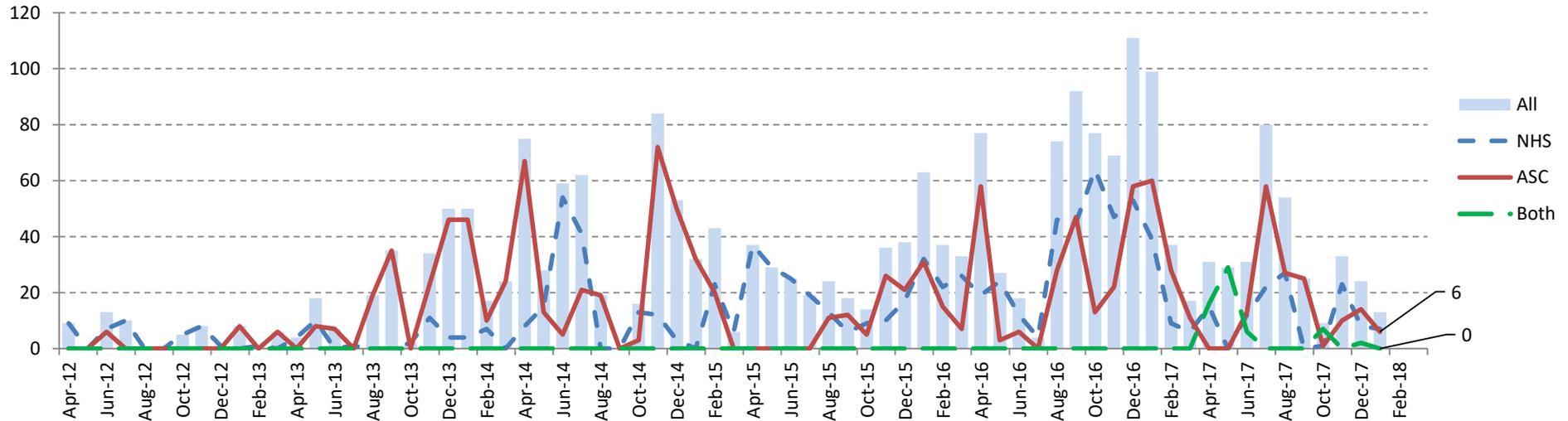


Bed-day delays by attributor and reason (for selected year)

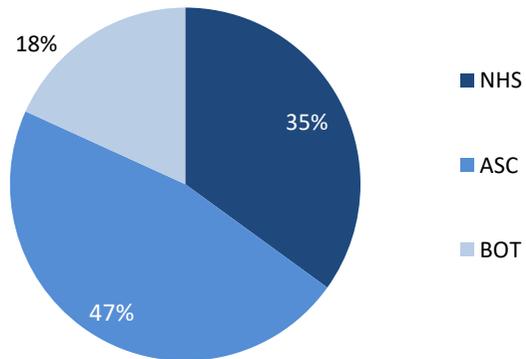


West Suffolk *NHS* Foundation Trust

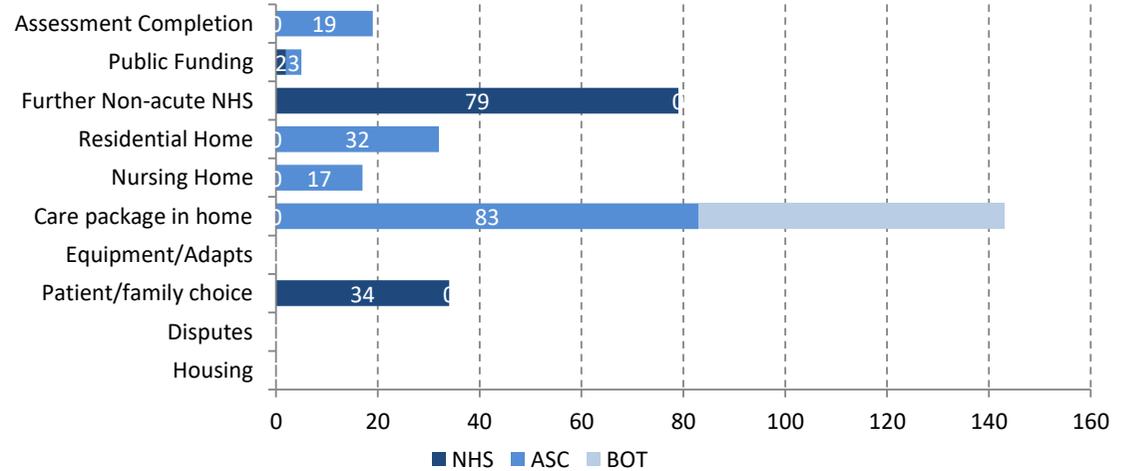
Bed-day delay trend by attributor



Proportion of bed-day delays by attributor (for selected year)



Bed-day delays by attributor and reason (for selected year)



PROPOSAL TO ESTABLISH JOINT WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS.

To: **Health and Wellbeing Board**

Meeting Date: **24 April 2018**

From: **Kate Parker
Head of Public Health Business Programmes**

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

- a) **To agree in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint sub-committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.**
- b) **To ask the Constitution and Ethics Committee to consider the changes to the terms of reference of the Cambridgeshire Health and Wellbeing Board (HWB) and recommend these changes to be approved by full Council.**

<i>Officer contact:</i>	<i>Member contact:</i>
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Post: Head of Public Health Business Programme	Post: Chairman
Email: Kate.parker@cambridgeshire.gov.uk	Email: Peter.Topping@cambridgeshire.gov.uk
Tel: 01480 379561	Tel: 01223 706398 (office)

1. PURPOSE

- 1.1 The purpose of this paper is to outline proposals for the Cambridgeshire & Peterborough Health and Wellbeing Boards (HWBs) to consider in regards to working together.
- 1.2 HWBs bring into one forum representatives from health, social care and the local community to decide what the main public health needs of the local population are and to determine how best to meet these needs in an integrated and holistic manner. They have a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in their area and reduce inequalities. A significant number of HWBs are now beginning to play a genuine leadership role across local health and care systems.

2 BACKGROUND

- 2.1 A joint development session for both HWBs was held on 23 January 2018. This was facilitated by the Local Government Association (LGA) and key areas of commonality for both Cambridgeshire and Peterborough HWBs were identified as follows:
 - Growing Populations
 - New Housing Development Sites
 - Ageing Populations
 - Health Inequalities
 - Rising demand including mental health.
- 2.2 The Cambridgeshire HWB met on 1 February and agreed to meet with the Peterborough HWB in May 2018, to further explore the key themes identified in the development session. A provisional date of 31 May 2018 was set.
- 2.3 At the Peterborough Health and Wellbeing Board meeting on 19 March 2018 it was agreed that a provisional meeting was to be held with the Cambridgeshire Health and Wellbeing Board on 31 May 2018.

3. MAIN ISSUES

- 3.1 HWBs are a statutory requirement for upper tier and unitary local authorities. The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement of the both Councils to establish a HWB. The S195 of the 2012 Act also requires HWBs to encourage those who arrange for the provision of any health and social care services in their area to work in an integrated manner.
- 3.2 Working together more closely for the Cambridgeshire and Peterborough HWBs will assist in discharging the functions of: encouraging integrated working between commissioners and providers of health and care in the two councils, in so far as it relates to areas of common interest and for the purposes of advancing the health and wellbeing of their populations and preparing a Joint Strategic Needs Assessment. Currently both HWBs have separate HWB Strategies but there is synergy within these strategies.

3.3 Section 198 of the Health and Social Care Act 2012 provides that:

Two or more Health and Wellbeing Boards may make arrangements for: -

- (a) any of their functions to be exercisable jointly
- (b) any of their functions to be exercisable by a joint sub-committee of the Boards
- (c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

3.4 The Statutory Guidance on Joint Strategic needs Assessments and Joint Health and Wellbeing Strategies provides that “Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs covering their combined geographical area. Some health and wellbeing boards may find it helpful to collaborate with neighbouring areas where they share common problems as this can prove to be more cost effective than working in isolation” (Paragraph 3.1)

3.5 The Statutory Guidance provides the option for both HWBs to be maintained as a parent board but establish a Joint Sub-Committee to discharge agreed functions for both Cambridgeshire and Peterborough HWBs. Items pertaining specifically to Cambridgeshire or Peterborough can be considered by the parent board and those wider integrated issues could be considered through the establishment of the joint sub-committee.

4. LOCAL ARRANGEMENTS

4.1 In order for these functions to be devolved to a Joint Sub-Committee the Cambridgeshire County Council constitution requires Full Council to agree changes to the Cambridgeshire Health and Wellbeing Board’s terms of reference.

4.2 Recommendations need to be made to the Constitution and Ethics Committee which meets on 28th June 2018. If approved, the Constitution and Ethics Committee will recommend the amendments to be agreed at Full Council on 17th July 2018.

4.3 This time scale does not allow for both Cambridgeshire and Peterborough’s Health and Wellbeing Board to meet formally as a sub-committee on the 31st May 2018. However local arrangements for a meeting of both boards to take place at the same time can be agreed.

4.4 In order for the HWBs to meet in May this would be as two separate boards holding a meeting at the same time and venue, but with a shared agenda. For efficiency the boards would be considering reports covering items relevant to both boards. The meeting would need to be jointly chaired with any recommendations or decisions recorded separately for each Board.

5 RECOMMENDATIONS

5.1 To agree in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint sub-committee of the Cambridgeshire and Peterborough HWBs

5.2 To ask the Constitution and Ethics Committee to consider the changes to the terms of reference of the Cambridgeshire Health and Wellbeing Board (HWB) and recommend for these changes to be approved by full council.

6 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

6.1 This report is relevant to priorities 1, 2, 3, 4, 5 and 6 of the Health and Wellbeing Strategy, but has a particular emphasis on priority 6: Working Together.

- Priority 1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

7 SOURCES

Source Documents	Location
Minutes of the Cambridgeshire Health and Wellbeing Board 1 February 2018	https://cmis.cambridgeshire.gov.uk/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/640/Committee/12/SelectedTab/Documents/Default.aspx

CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

To: Health and Wellbeing Board

Meeting Date: 24th April 2017

From: Dr Liz Robin, Director of Public Health

Recommendations: The Health and Wellbeing Board is asked to:

- a) Confirm the preferred option for taking forward the Cambridgeshire Health and Wellbeing Strategy as outlined in paragraph 3.2.**
- b) Confirm the three priorities agreed at the Health and Wellbeing Board on 23 November 2017.**
- c) Endorse the proposed approach to action planning for the three Health and Wellbeing Board priorities.**

<i>Officer contact:</i>		<i>Member contact:</i>	
Name:	Dr Liz Robin	Names:	Councillor Peter Topping
Post:	Director of Public Health	Post:	Chairman
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398 (office)

1.0 PURPOSE

1.1 The purpose of this paper is

- To propose new options for taking forward the Joint Health and Wellbeing Strategy for Cambridgeshire;
- To confirm the strategic priorities selected by the Health and Wellbeing Board on 23 November 2017 and to propose an approach to action planning against these priorities

2 BACKGROUND

2.1 Health and Wellbeing Boards (HWBs) have a statutory duty under the Health and Social Care Act (2012) to agree a Joint Health and Wellbeing Strategy to meet the need identified in the Joint Strategic Needs Assessment. HWB Board member organisations are required to have regard to the Joint Health and Wellbeing Strategy in their commissioning and service plans.

2.2 The Joint Health and Wellbeing Strategy for Cambridgeshire was initially approved to cover the period 2012-2017. A comprehensive high-level strategy was produced, following public consultation. In July 2017, the HWB Board agreed to extend the period covered by Joint Health and Wellbeing Strategy until a new one was produced.

2.3 At the HWB Board meeting in November 2017, priorities were proposed for the Cambridgeshire HWB Strategy, building on feedback from a stakeholder workshop. Following further discussion by the HWB Board members, the following three priorities were selected:

- Health inequalities, including the impact of drug and alcohol misuse on life chances
- New and growing communities and housing
- Integration – including the Better Care Fund and delayed transfers of care. This would also cover monitoring the impact of developing place based care models.

3. MAIN ISSUES

Change in strategic landscape

3.1 The creation of a Combined Authority for Cambridgeshire and Peterborough, together with a health and care Sustainable Transformation Partnership (STP) covering the same footprint, have increased the strategic importance of joint work across Cambridgeshire and Peterborough. In recognition of this the Cambridgeshire and Peterborough Health and Wellbeing Boards agreed to hold a joint workshop facilitated by the LGA in January 2018. At the joint workshop it was recognised that there were many common issues across the two HWB Boards, and potential to reduce duplication and increase strategic impact through working together. This is the subject of a separate paper on the meeting agenda. Common issues identified were:

- Growing Populations
- New Housing Development Sites
- Ageing Populations
- Health Inequalities
- Rising demand including mental health.

Options for renewing the Joint Health and Wellbeing Strategy

- 3.2 An issue for the renewal of the Cambridgeshire Joint Health and Wellbeing Strategy is that there is a tension between the statutory requirement – that is, for the Strategy to meet the needs identified in the Joint Strategic Needs Assessment, and the national evidence that HWB Boards are most effective when they focus on a small number of priorities. The Cambridgeshire JSNA covers a much wider range of health and wellbeing needs than the three priorities identified by the HWB Board in November 2017. This issue, together with the changing strategic landscape outlined under 3.1, leads to a number of options for renewing the Joint Health and Wellbeing Strategy.

Option A

Prepare a new Joint Health and Wellbeing Strategy for Cambridgeshire, to cover a period of up to five years (2018-23), focussed on the three strategic priorities identified by the HWB Board. Given the statutory requirements, this Strategy would also need to cover the wider range of needs identified in the JSNA, and go out to public consultation. This would be resource intensive and potentially distract from the three priorities agreed by the HWB Board, following November's stakeholder event.

Option B

Recognising that the current Joint Health and Wellbeing Strategy is comprehensive, and continues to cover at a high level the needs outlined in the JSNA, the current Strategy could be extended for a period of up to three years (2018-21). An action plan could then be prepared to cover this period, focussed on the three priorities identified by the HWB Board. This would enable more rapid progress and focus on addressing the identified priorities, and would be in line with stakeholder views and Local Government Association (LGA) advice that the HWB Board should be focussed on a small number of priority areas where it can have maximum impact.

Option C

The Peterborough Joint Health and Wellbeing Strategy runs from 2016-2019. Given the changing strategic landscape and the importance of working across Cambridgeshire and Peterborough, a third option is to extend the Cambridgeshire Joint Health and Wellbeing Strategy so that it expires in 2019, at the same time as the Peterborough Strategy. This would allow the potential for preparing a Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough, commencing in 2019. An action plan to address the three priorities addressed by Cambridgeshire HWB Board could meanwhile be delivered during 2018-19, working jointly with Peterborough where priorities coincide.

The recommended option is **Option C**.

Action Planning for HWB Board priorities

- 3.3 Whichever option for the HWB Strategy is chosen by the HWB Board, it is important to identify robust mechanisms and structures, which can work in partnership to deliver real change against the three HWB Board priorities. This can be challenging at a time when the local health and care system is under significant pressure, working to meet day to day demand. The most

effective route is likely to be use of existing partnership delivery boards which already cover aspects of these priorities – and agreement that these partnerships will report back regularly to the HWB Board. The three Living Well Partnerships in Cambridgeshire, working at local level, will be key to delivery against the strategic priorities. However in order to guide the work of the Living Well Partnerships and avoid duplication of effort, county-wide ‘frameworks’ for delivery of the three HWB Priorities are likely to be needed .

3.4 The following partnership boards could potentially develop and co-ordinate development of county-wide frameworks to support delivery, working with the Living Well Partnerships, and reporting to the Health and Wellbeing Board on a regular basis.

- **Priority 1: Health inequalities, including the impact of drug and alcohol misuse on life chances:**
 - Cambridgeshire and Peterborough Public Health Reference Group – a multi-agency partnership which is already constituted to report to the HWB Board, and includes input from Public Health England and academics in relevant research fields, as well as local organisations. This would be well placed to develop a framework for action on wider health inequalities issues, working closely with Living Well Partnership on their local priorities.
 - Cambridgeshire and Peterborough Drug and Alcohol Misuse Delivery Board – which is already constituted to report to both the Health and Wellbeing Boards and the Strategic Community Safety Partnership, could play a specific role on addressing drug and alcohol impacts, working closely with Living Well Partnerships and Community Safety Partnerships.
- **Priority 2: New and growing communities and housing - focus on health and wellbeing issues/services:**
 - Delivery mechanisms for this priority are currently under discussion by the joint meeting of the Cambridgeshire Public Service Board (local authority, fire and police chief officers) and the Health Care Executive (NHS Chief Officers).
- **Priority 3: Integration – including the Better Care Fund; progress on delayed transfers of care; and monitoring the impact of developing place based care models.**
 - The Cambridgeshire & Peterborough Integrated Commissioning Board – a multi-agency partnership tasked with delivery of the Better Care Fund and including a focus on delayed transfers of care, is already constituted to report to the HWB Board. It could lead on the first two elements of this priority.
 - Work on new place-based models of care, focussed on primary health and social care services, is more developmental. The appropriate way for the HWB Board to support and monitor the impact and effectiveness of this approach, will need to be developed as the work progresses.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 This paper is relevant to priorities (1, 2, 3, 4, 5,6) of the Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wpengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf
Minutes of Cambridgeshire Health and Wellbeing Board 23 November 2017	https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/639/Committee/12/Default.aspx

**A WHOLE SYSTEM PARTNERSHIP APPROACH TO HEALTH AND LIVING WELL
ACROSS CAMBRIDGESHIRE AND PETERBOROUGH**

To: **Health and Wellbeing Board**

Meeting Date: **24 April 2018**

From: **Mike Hill
Director, Health and Environmental Services, South
Cambridgeshire District Council and District Support
Officer**

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

- a) Agree the draft Living Well Concordat (Appendix 1)**
- b) Seek formal agreement from their respective Partners to signing up to this Living Well Concordat.**

<i>Officer contact:</i>	<i>Member contact:</i>
Name: Mike Hill	Names: Councillor Peter Topping
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Email: Mike.Hill@scams.gov.uk	Email: Peter.Topping@cambridgeshire.gov.uk
Tel: 01954 713229	Tel: 01223 706398 (office)

1. PURPOSE

- 1.1 To seek the Health and Wellbeing Board's agreement to the "Living Well Concordat" to support a whole system approach to health and wellbeing across Cambridgeshire and Peterborough.

2 BACKGROUND

- 2.1 In January 2018, Health & Wellbeing Board considered a draft "Living Well Concordat" and asked for the wording to be reviewed to remove jargon and ensure it was understandable to residents. At the South Cambridgeshire / Cambridge City Living Well Area Partnership in February 2018, the Patient Representative volunteered to review the wording. The Living Well Concordat presented at Appendix 1 includes those changes and suggestions.

3. MAIN ISSUES

- 3.1 The Living Well Concordat will streamline governance by providing a single, shared commitment by all local health system organisations to working in partnership for the benefit of local residents by bringing together the multiple current partnering commitments variously in existence.
- 3.3 For clarity, formal decision-making and scrutiny of Partners' individual health and wellbeing work will remain with individual partners and their legal responsibilities. The Cambridgeshire and the Peterborough Health & Wellbeing Boards will continue to provide Councillor-led partnership leadership.

4 RESOURCE IMPLICATIONS

- 4.1 Improved partnership approaches are intended to make best use of all partners' limited resources. Streamlining of local partnership meetings supporting delivery of this Concordat means there will be fewer meetings, so reducing duplication and Member and officer time demands, ensuring more effective and efficient use of officer time.

5 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 5.1 The recommendations support all six of the Health and Wellbeing Strategy priorities, but on particular Priority 6: Work together effectively.
 - Priority 1: Ensure a positive start to life for children, young people and their families.
 - Priority 2: Support older people to be independent, safe and well.
 - Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
 - Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
 - Priority 5: Create a sustainable environment in which communities can flourish.
 - Priority 6: Work together effectively.

6 SOURCES

Source Documents	Location
Cambridgeshire Health & Wellbeing Board 1 February 2018, Agenda item 8, Appendix 2	https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/640/Committee/12/SelectedTab/Documents/Default.aspx

Cambridgeshire & Peterborough “Living Well” Concordat

Our Shared Ambition & Commitment

We will support residents across Cambridgeshire and Peterborough to maintain and improve their physical and mental health and wellbeing, now and in the future. We will provide this support by joined-up and sustainable prevention and treatment services, delivered in local partnerships.

We will take a “whole system, population health”, partnership approach to deliver health outcomes for local residents and communities. We recognise that preventing ill-health, improving health, and supporting residents “living well” is not just the responsibility of health professionals. It requires co-ordinated efforts, influencing, action and alignment across central and local government, health services, local communities and individuals.

Partnership Principles & Behaviours

1. We will take a “People & Place” approach. We will work with and through local communities to support them “living well”, building on their skills, strengths, resilience and local knowledge, to make an impact and deliver real outcomes.
2. We are all equal partners (not just “consultees”). We will join-up and balance clinical, prevention, and community solutions, and value the contribution we each bring to our residents and communities.
3. We will share and join-up our resources for the benefit of local residents, just as those residents expect us to.
4. We will take a “public purse, whole system” approach to funding our work, avoiding unfair subsidisation and cost-shunting.
5. We respect and acknowledge the different organisational, legal, contractual, decision-making and political arrangements impacting on partners. We will look to find ways to use these as strengths to underpin our partnership working.
6. Not all partners will be able to do everything at the same time. However, those that can, will; those that cannot will not stop those that can.
7. We will challenge each other to improve our services and partnership working, sharing and to embed our learning.
8. We will take creative advantage of established, mainstream resources, structures and processes to deliver outcomes and influence the future and to eliminate duplication and bureaucracy.

Signatories

HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION

To: **Health and Wellbeing Board**

Meeting Date: **24th April 2017**

From: **Dr Liz Robin, Director of Public Health**

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

- a) Note the delivery of a development session to build the Board's understanding of the Clinical Commissioning Group (CCG) financial position and draft financial plans for 2018/19**
- b) Delegate to the Head of Public Health Business Programmes the collation of comments from the HWB Board on the alignment of CCG draft financial plans with the HWB Strategy, and the return of these comments to the CCG and NHS England**

<i>Officer contact:</i>		<i>Member contact:</i>	
Name:	Dr Liz Robin	Names:	Councillor Peter Topping
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Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is

- To note the Health and Wellbeing Board (HWB) Board Development Session that will be held on April 24th, in order for Health and Wellbeing Board members to gain a better understanding of the CCG's financial position and draft plans to address this.
- To request a delegation to the Head of Public Health Business Programmes to collate comments from the HWB Board on the Clinical Commissioning Group's (CCG) draft financial plans and their alignment with the Health and Wellbeing Strategy, following the development session, and to return these comments to the CCG and NHS England.

2 BACKGROUND

2.1 Under the Health and Social Care Act (2012), CCGs are required to have regard to the joint Health and Wellbeing Strategy when preparing their commissioning plans. CCGs are also expected to share their draft commissioning plans with the Health and Wellbeing Board before submission to NHS England and subsequent publication, and the Health and Wellbeing Board is expected to comment on the alignment of draft CCG plans with the Joint Health and Wellbeing Strategy.

3. MAIN ISSUES

3.1 The CCG is required to submit its financial plan to NHS England before the next meeting of the HWB board on May 31st 2018, therefore a delegation is requested to collate and return the HWB Board comments to the CCG in order to achieve the required timescales.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 This paper is relevant to HWB Strategy priority 6: 'Work together effectively'.

5 SOURCES

Source Documents	Location
None	

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

MEETING DATE	ITEM	REPORT AUTHOR	
24 April 2018 10.00am, Council Chamber, Shire Hall			Reports to Richenda Greenhill by Thursday 12 April 2018
	Apologies and Declarations of Interest	Oral	
	Minutes of the meeting on 1 February 2018	Richenda Greenhill	
	Action Log	Richenda Greenhill	
	Person's Story	Richard O'Driscoll	
	Delayed Transfers of Care, Better Care Fund and Care Quality Commission Review	Charlotte Black/ Richard O'Driscoll	
	Draft Health and Wellbeing Strategy Update	Liz Robin	
	Proposal to establish joint working across Cambridgeshire and Peterborough Health and Wellbeing Boards	Kate Parker	
	A Whole System Partnership Approach to Health and Living Well across Cambridgeshire and Peterborough	Mike Hill	
	Health and Wellbeing Board Development Session	Liz Robin	
	Forward Agenda Plan	Richenda Greenhill	
	Date of next meeting		

MEETING DATE	ITEM	REPORT AUTHOR	
31 May 2018 10.00am, Council Chamber, Shire Hall			
To be held concurrently with a meeting of the Peterborough Health and Wellbeing Board. Some agenda items may change in consultation with the Peterborough Health and Wellbeing Board.			
	Notification of the Chairman/ Chairwoman	Oral	Reports to Richenda Greenhill by Friday 18 May 2018
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 24 April 2018	Richenda Greenhill	
	Action Log Update	Richenda Greenhill	
	Person's Story	tbc	
	Cambridgeshire and Peterborough Dementia Strategy	Fiona Davies	
	Better Care Fund: Update	Cath Mitchell/ Geoff Hinkins	
	Living Well Partnerships	Mike Hill/ Cath Mitchell	
	Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Engagement	Catherine Pollard	
	Joint Core Data Set	Liz Robin	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		
26 July 2018, 10.00am, venue tbc			
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 13 July 2018
	Minutes of the Meeting on 31 May 2018	Oral	

MEETING DATE	ITEM	REPORT AUTHOR	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	
	Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18	Andy Jarvis/ Jo Procter/ Russell Wate	
	Suicide Prevention Strategy 2017-20: Review of the Executive Summary and actions	Kathy Hartley	
	Campaign to End Loneliness <i>(if report published)</i>	Angelique Mavrodaris	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		
20 September 2018, 10.00am, venue tbc			
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 7 September 2018
	Minutes of the Meeting on 26 July 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	
22 November 2018, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 9 November 2018

MEETING DATE	ITEM	REPORT AUTHOR	
	Minutes of the Meeting on 20 September 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	
31 January 2019, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 18 January 2019
	Minutes of the Meeting on 22 November 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	
28 March 2019, 10.00am, venue tbc			
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 15 March 2019
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	

MEETING DATE	ITEM	REPORT AUTHOR	
30 May 2019, 10.00am, venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	Reports to Richenda Greenhill by Friday 17 May 2019
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Geoff Hinkins	

Updated: 13.04.18

