CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
PETERBOROUGH HEALTH AND WELLBEING BOARD

Thursday 31 May 2018 at 10.00am

Council Chamber
Cambridgeshire County Council
Shire Hall
Cambridge CB3 0AP

AGENDA

Open to Public and Press

1.	**Notification of the Chairman of the Cambridgeshire Health and Wellbeing Board**	*Oral item*
2.	**Notification of the Chairman of the Peterborough Health and Wellbeing Board**	*Oral item*
3.	**Changes in membership to the Cambridgeshire Health and Wellbeing Board**	*Oral item*
4.	**Changes in membership to the Peterborough Health and Wellbeing Board** *(if applicable)*	*Oral item*
5.	**Election of the Vice-Chairman/ Vice Chairwoman of the Cambridgeshire Health and Wellbeing Board** *The Vice Chairman/ Vice Chairwoman is elected annually from the Clinical Commissioning Group representatives on the Cambridgeshire Health and Wellbeing Board.*	*Oral item*
6.	**Election of the Vice-Chairman/ Vice Chairwoman of the Peterborough Health and Wellbeing Board** *The Vice Chairman/ Vice Chairwoman is elected annually from the Clinical Commissioning Group representatives on the Peterborough Health and Wellbeing Board.*	*Oral item*
7.	**Apologies for absence from members of the Cambridgeshire Health and Wellbeing Board**	*Oral item*

8.	**Declarations of interest by members of the Cambridgeshire Health and Wellbeing Board**	*Oral item*
9.	**Apologies for absence from members of the Peterborough Health and Wellbeing Board**	*Oral item*
10.	**Declarations of interest by members of the Peterborough Health and Wellbeing Board**	*Oral item*
11.	**Minutes of the meeting of the Cambridgeshire Health and Wellbeing Board on 24 April 2018**	*Pages 4-11*
12.	**Action Log for the Cambridgeshire Health and Wellbeing Board**	*Pages 12-13*
13.	**Minutes of the Peterborough Health and Wellbeing Board on 19 March 2018**	*Pages 14-20*
14.	**Models of Health Social Care (Governance) and STP (Fit for the Future) Public Engagement Update**	*Pages 21-25*
15.	**Update on the Better Care Fund, Delayed Transfers of Care and Local Area Care Quality Commission Inspection**	*Pages 26-38*
16.	**Dementia Strategic Plan**	*Pages 39-55*
17.	**Living Well Partnerships Update**	*Pages 56-58*
18.	**Joint Working between Cambridgeshire and Peterborough Health and Wellbeing Boards**	*Pages 59-73*
19.	**Cambridgeshire Health and Wellbeing Board Forward Agenda Plan**	*Pages 74-77*
20.	**Peterborough Health and Wellbeing Board Forward Agenda Plan**	*Page 78*

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Peter Topping (Chairman)

Jessica Bawden Tracy Dowling Stephen Graves Councillor Samantha Hoy Councillor Linda Jones Chris Malyon Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Stephen Posey Dr Liz Robin Vivienne Stimpson Ian Walker Councillor Susan van de Ven Councillor David Wells Matthew Winn

Julie Farrow (appointee)

The Peterborough Health and Wellbeing Board comprises the following members:

Councillor John Holdich (Chairman)

A Chapman S Evans-Evans H Daniels G Smith Councillor D Lamb Councillor W Fitzgerald Councillor R Ferris C Mitchell Dr G Howsam W Ogle-Welbourn Dr L Robin

Co-opted Members: R Wate QPM C Higgins

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

Richenda Greenhill, Democratic Services Officer, Cambridgeshire County Council. Richenda.Greenhill@cambridgeshire.gov.uk or 01223 699171

Daniel Kalley, Senior Democratic Services Officer, Peterborough City Council, daniel.kalley@peterborough.gov.uk 01733 296334

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Agenda Item No: 11

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 24 April 2018

Time: 10.00am – 11.55am

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor P Topping (Chairman) [from agenda item 5, minute 63]
Councillor S Hoy
Councillor S van de Ven
C Black, Service Director: Adults & Safeguarding (substituting for W Ogle-Welbourn)
T Kelly (substituting for C Malyon)
Dr L Robin, Director of Public Health

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

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
J Bawden [in the Chair for agenda items 1 to 4, 6 and 7]
C Mitchell (substituting for S Pai)

Healthwatch
J Wells (substituting for V Moore)

NHS Providers
K Reynolds – North West Anglia Foundation Trust (NWAFT)

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

Apologies:

Councillor C Richards – CCC
Councillor D Wells – CCC
C Malyon – Chief Finance Officer, Cambridgeshire County Council (substituted by T Kelly)
W Ogle-Welbourn – Executive Director, People and Communities, CCC (substituted by C Black)
Councillor A Dickinson – Huntingdonshire District Council
Councillor J Schumann – East Cambridgeshire District Council
S Bremner – CCG
Dr S Pai – CCG (substituted by C Mitchell)
V Moore – Chair, Healthwatch (substituted by J Wells)
V Stimpson – NHS England
S Posey – Papworth Hospital NHS Foundation Trust (PHFT)
I Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)
M Winn – Cambridgeshire Community Services NHS Trust (CCS)

56. ELECTION OF CHAIRMAN/WOMAN FOR THE START OF THE MEETING

In the absence of both the Chairman, who had sent apologies that he could not be present for the start of the meeting, and of the Vice-Chairwoman, who had sent apologies for absence, the Board members present were required to choose a person to preside for the start of the meeting. The Director of Public Health nominated Jessica Bawden, seconded by Councillor Ellington.

Jessica Bawden was elected unanimously; she chaired the meeting until handing over to Councillor Topping from agenda item 5 (minute 63). With the consent of the Board, the order in which items were considered was varied to allow Councillor Topping to be present for item 5, taking items 6 and 7 (minutes 61 and 62) before he arrived.

57. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. There were no declarations of interest.

58. MINUTES OF THE MEETING ON 1 FEBRUARY 2018

Subject to the inclusion of apologies from Charlotte Black and Julie Farrow, the minutes of the meeting on 1 February 2018 were agreed as an accurate record and signed by the Chairwoman,

59. ACTION LOG

The Board reviewed the Action Log. In relation to individual entries, members noted:

- Minute 12 – the Director of Public Health was pursuing the development of a dedicated web page for the Health and Wellbeing Board (HWB) with the County Council's Director of Corporate and Customer Services

- Minute 48 – the STP (Sustainability and Transformation Plan) Board would be meeting in public from July or September onwards, and its minutes would also be published. It was not yet known whether there would be provision for the public to ask questions at STP Board meetings

- Minute 49 – the executive summary of the Draft Suicide Prevention Strategy was now available and would be circulated to Board members **Action required**

60. A PERSON'S STORY

The Chairman welcomed Louise Tranham, Neighbourhood Cares Manager, who recounted the story of a mother who had received a terminal diagnosis and her daughter who was supporting her as she continued to live independently. Both mother and daughter had been receiving support from the Neighbourhood Cares worker, separately and together; the worker had been a great help in liaising with the GP. The mother had taken part in a Tea and Tablets group to help her learn to use a tablet for games, email and photography, and attended various Neighbourhood Cares community groups. The daughter valued the help Neighbourhood Cares was able to give her in caring for her mother as her mother's health declined.

In response to the story, Board members welcomed the account, and the community participation which Neighbourhood Cares enabled. They noted that

- the support from Neighbourhood Cares was available to anybody who would benefit from it, and was not dependent on a particular medical diagnosis

- Neighbourhood Cares was a pilot scheme, based on the Buurtzorg community care programme in the Netherlands. The pilot was due to finish in March 2019, and would then be evaluated externally. The scheme offered a very different model of Adult Social Care (ASC), and if adopted more widely, would need a large number of small teams to be established, with appropriate links with health and voluntary sector partners

- Neighbourhood Cares workers did in principle work with such organisations as the Carers' Trust, but it was up to the individual whether they wanted to be told about an organisation by the worker, or to be referred to it.

The Board noted the personal story as context for the remainder of the meeting.

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

The Board received a report outline proposals for the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWBs) to consider in regards to working together. Members noted that the proposed approach was to establish a joint sub-committee of the Cambridgeshire and the Peterborough HWBs, keeping the parent boards as separate entities which would continue to meet separately, but less frequently than at present.

For Cambridgeshire, any proposal to change the Constitution would have to be considered first by the Constitution and Ethics Committee on 28 June, then by full Council on 17 July 2018. Officers advised that a final decision on how to proceed with joint working did not have to be made at the present meeting, as there would be time to prepare a report to Constitution and Ethics Committee after the Board's meeting on 31 May. As a step on the way to more formalised joint working, the two HWBs would both be holding their next meeting at the same time and in the same room on 31 May.

Discussing the proposals, Board members expressed a number of concerns:

- there was a risk of ending up with a larger number of meetings overall. Members were advised that the parent boards would meet once or twice a year, when they would consider issues specific to their areas; items which currently went to the two HWBs separately would go to the sub-committee, as they were relevant to both Cambridgeshire and Peterborough

- any member of the Board who was not on the sub-committee could find it difficult to make a meaningful contribution to Board meetings if these were only being held once or twice a year. It was suggested that simultaneous meetings could be held regularly, not just on 31 May, but it was pointed out that such a meeting was likely to be very cumbersome, as each Board had to make its own separate decision on each matter before it

- it could be difficult to align Board membership across Cambridgeshire and Peterborough; the Peterborough board had neither voluntary sector nor provider

members, but did include the Chairs of the Safeguarding Board and of the Community Partnership. It was acknowledged that more work remained to be done on the composition of the sub-committee

- it was important to maintain the district council participation which was a feature of the Cambridgeshire board in its present form; as Peterborough was a unitary authority, the question of involving district councillors did not arise there.

Members recalled the enthusiasm for joint working which had been evident at the joint development session in January 2018. At this session, there had been a strong feeling that it was important to the whole health system that the Boards work together, because other organisations covered the combined area, and separate Health and Wellbeing Boards were in a weaker position to have influence on these partner organisations at a time when the system was experiencing significant challenges. Members noted that the CCG's financial plan currently went to four separate HWBs.

In the light of the above concerns and the need for more information on membership and structures, Councillor Ellington suggested that a decision on making a formal request to the Constitution and Ethics Committee to consider changes to the Board's terms of reference. This proposal met with general agreement.

It was resolved:

a) to agree in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint subcommittee of the Cambridgeshire and Peterborough Health and Wellbeing Boards, subject to further detail on membership being presented to and approved by the Cambridgeshire board at its meeting in May.

62. CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

The Board received a report proposing three new options for taking forward the joint Health and Wellbeing Strategy for Cambridgeshire, and asking the Board to choose which one it preferred. It also sought confirmation of the strategic priorities selected by the Health and Wellbeing Board at its meeting in November 2017, and proposed an approach to action planning against these priorities.

Members noted that Option A, preparing a new Strategy for Cambridgeshire, would require the Strategy to cover all the needs identified by the Joint Strategic Needs Assessment (JSNA). Option C, extending the Cambridgeshire Strategy to 2019 and then perhaps preparing a joint one with Peterborough for 2019 onwards, could give an opportunity to develop a focussed action plan to address the three priorities identified by the Cambridgeshire Board, working with Peterborough where priorities coincided.

Discussing the three options for renewing the Joint Strategy, Board members

- suggested that Option B, extending the current strategy for up to three years, would give more time to develop a joint strategy with Peterborough; it was noted that Option C did not commit the Board to preparing a joint strategy in 2019, as it would be possible to extend or refresh the existing strategy beyond then

- acknowledged the existence of a tension between the need to fulfil a statutory duty and the need to make real and effective progress in implementing priorities

- suggested that Option C, with a caveat to allow later review of the Cambridgeshire Strategy's expiry date, would be preferable, because Peterborough and Fenland shared a number of issues in relation to health inequalities, and it would be better to have a joint approach to them, as the communities affected straddled the boundary between local authorities

- drew attention to the importance of the place-based model of care, and the risk of this model focussing on care rather than outcomes. It was necessary to make sure that there was strong district council and voluntary sector engagement in place-based care; the Board would be well placed to focus on this. It was pointed out that place-based volunteering already existed; it would be better to use the expression 'place-based community resilience' rather than 'place-based care'.

The Board concluded that its preferred option was Option C, with some rewording to reflect the comments made above.

It was resolved to:

a) confirm Option C as the preferred option for taking forward the Cambridge Health and Wellbeing Strategy as outlined in paragraph 3.2 of the report before the Board

b) confirm the three priorities agreed at the Health and Wellbeing Board on 23 November 2017, subject to rewording of priority three to take account of comments at the meeting

c) endorse the proposed approach to action planning for the three Health and Wellbeing Board priorities.

Councillor Topping arrived during the above discussion, and took over the chair for the remainder of the meeting at the start of the following item.

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

The Board received a report providing 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). Since publication of the agenda, an updated appendix to the report had been placed on the Council's website and circulated to members; it reflected the publication of the latest (February 2018) national delayed transfer of care (DTOC) numbers. These demonstrated that the Council's performance now compared favourably to that of other comparable local authorities.

The Chairman explained that this item was on the agenda because the Health and Wellbeing Board had duties and responsibilities which meant that it should be aware of, and offer a view on, the issues involved. Members noted that the CQC was undertaking targeted reviews in local authority areas, looking specifically at how people moved between health and social care, including DTOCs. Poor performance in such reviews would be highlighted, and findings published and reported to the Health and Wellbeing Board. Despite recent improvements in performance, it remained likely that Cambridgeshire would be the subject of such a review.

Members noted that delayed discharge was a symptom of a system under pressure; as the graphs demonstrated, performance varied from month to month. Many factors

affected performance, including provision of home care, which was the biggest challenge for Cambridgeshire; the report described the co-ordinated approach to support home care development and the measures in place.

Examining the report and appendix, Board members

- noted that figures varied from month to month, and a relatively small number of individuals with very complex needs could account for a large number of bed days lost; there were usually a few cases where there was no obvious place for a person to go, and the questions then were where they should go, and who should fund that placement

- drew attention to the ongoing importance of workforce issues, and asked whether the CQC inspections allowed for reflection on such matters, which were outside the health and social care system's control. Officers advised that other authorities had reported being asked for their system-wide workforce plan to address the issue; Cambridgeshire's Sustainability and Transformation Plan (STP) did include a workforce strand. In Cambridgeshire, the cost of accommodation was a major issue for all key workers; the review would want to see a golden thread running between policies, and communication between authorities, for example between district councils and the County Council on accommodation and how that linked with the NHS. The review would not be seeking perfection, but a recognition of the issues involved

- commented that there was always a balance to be struck between spending time preparing for a review and time actually doing the job being reviewed, and asked whether there would be financial consequences arising from a review. Officers said that it was hoped that the work to prepare for a review would help in tackling the problems, and that it would be possible to demonstrate the efforts being made, the impact of those efforts, and plans for future action. At worst, there could be a financial penalty on the Better Care Fund (BCF), though BCF funding was being used for priorities which the Government had identified

- suggested that, to prepare Board members for possible questions about the shared 'system' vision across health and social care, it would be helpful if a brief briefing note could be prepared setting out the threads which linked the various parts of the system

- drew attention to the adverse impact on patients of staying in hospital longer than clinically necessary, and the importance of making the right decisions about their care on discharge; the CQC would be reviewing the whole patient journey

- noted that a plan for how to proceed with DTOC was being developed on an ongoing basis by the Chief Executives of NHS and local government organisations and the CCG; a strategic lead had been appointed to develop the plan, known as Plan B, which all organisations would be signing up to. The Service Director: Adults & Safeguarding undertook to circulate this to Board members after the meeting **Action required**

- pointed out that there was a risk of concentrating on hospital discharges at the expense of making efforts to reduce admissions to hospital, noting that this was an element in overall BCF planning, and that a number of STP projects were focussed on avoiding admission

- commented that sometimes people wanted to be admitted to hospital because they felt that it was the only safe place for them to be.

The Chairman said that Board members wished to see Plan B, and to consider it at the next meeting; their advice would be that it should go beyond fire-fighting and look at avoiding admissions too. On behalf of the Board, he acknowledged the hard work being done across all the organisations involved to address DTOC, and how stressful a delay in discharge could be for patients and their families.

It was resolved 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

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

The Board received a report seeking the Board's agreement to the 'Living Well Concordat' to support a whole system approach to health and wellbeing across Cambridgeshire and Peterborough. Members noted that the wording had been revised to eliminate jargon, as requested at the last meeting, and that the concordat would also be presented to the Peterborough HWB.

Councillor Ellington reported that she had taken the concordat to the South Cambridgeshire Cabinet, who had requested a change to the wording of the third of the Partnership Principles & Behaviours on the grounds that 'we will share and join-up our resources' was rather too open-ended for a district council, which had no statutory responsibility for the provision of health and social care, though everything a district did had a key role in residents' wellbeing. She circulated the following amended text (additions underlined, thus):

3. We will continue to meet our own statutory obligations. However, in doing so we will seek to share and join-up our resources for the benefit of local residents to prevent ill health rather than deal with crisis, just as those residents expect us to.

In discussion, further amendments were suggested and accepted
delete 'statutory' (because some signatories did not have statutory obligations)
replace 'rather than' with 'and'
replace 'prevent ill health' with 'promote health and wellbeing' (in order to encourage wellbeing).

This resulted in the following amended text being adopted:

3. We will continue to meet our own obligations. However, in doing so we will seek to share and join-up our resources for the benefit of local residents to promote health and wellbeing and deal with crisis, just as those residents expect us to.

It was resolved to

a) Agree the draft Living Well Concordat (Appendix 1 of the report before the Board) as amended

b) Seek formal agreement from Board members' respective Partners to signing up to this Living Well Concordat.

The Chairman thanked the South Cambridgeshire Director, Health and Environmental Services for his hard work. The Director explained that the timetable for signing up to the Concordat would be dictated by individual organisations' decision-making process.

65. HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION

The Board received a report on the Development Session due to be held later on 24 April, at which HWB members would gain a better understanding of the CCG's financial position and draft plans to address it. The report also invited the Board to delegate the Head of Public Health Business Programmes to collate members' comments on the CCG's plans, and return these to the CCG and NHS England.

Members noted that the Board had a statutory duty to comment on the CCG's draft financial plans and their alignment with the Joint Health and Wellbeing Strategy, and the deadline for comments was before the date of the Board's next meeting. The recommendation was to make the delegation to the Head of Public Health Business Programmes, as the Director of Public Health was herself a co-opted member of the CCG governing body.

It was resolved unanimously 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 Health and Wellbeing Board (HWB) on the alignment of CCG draft financial plans with the HWB Strategy, and the return of these comments to the CCG and NHS England.

66. FORWARD AGENDA PLAN

The Board considered its agenda plan. It was suggested that it might be appropriate to ask a representative of a voluntary sector organisation to present a story about a person with dementia at the next meeting, as several organisations worked across Cambridgeshire and Peterborough, so the account would be relevant to both Boards.

67. DATE OF NEXT MEETING

The Board noted that its next meeting would be at 10.00am on Thursday 31 May 2018 in the Council Chamber at Shire Hall, Cambridge, and would be held in conjunction with a meeting of the Peterborough Health and Wellbeing Board.

Chairman

HEALTH & WELLBEING BOARD ACTION LOG: MAY 2018

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting Date: 21 September 2017		
Minute 11: Sustainability and Transformation Plan (STP) Update Report	To establish whether it would be helpful to arrange a general briefing session on the STP for newer members of the Board. **Action: ~~R Greenhill/ Aidan Fallon~~** **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. **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. **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 by the CCG for those members requiring one. **Update 10.05.18:** The offer of a briefing session will be extended to any new members of the Board following the meeting on 31 May 2018. **Action: J Coulson**	**On-going**
Minute 12: JSNA Core Dataset 2017	To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset. **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. **Action: Liz Robin**	**On-going**

Meeting date: 1 February 2018		
Minute 49: Draft Suicide Prevention Strategy 2017-20 and Minute 59: Action Log of the meeting on 24 April 2018	To draw up an Executive Summary of the strategy. **Action: Kathy Hartley** **<u>Update 30.03.18</u>:** An 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. **<u>Update 26.04.18:</u>** An Executive Summary was circulated to all Board members by email.	**Completed**

Meeting date: 24 April 2018		
Minute 63: Delayed Transfers of Care, Better Care Fund and Care Quality Commission Review	A plan for how to proceed with Delayed Transfers of Care is being developed by the Chief Executives of NHS and local government organisations and the Clinical Commissioning Group. A copy will be circulated to members of the Board when available. **Action: Charlotte Black** **<u>Update 18.05.18:</u>** The Plan will be included as an appendix to the reports to Cambridgeshire and Peterborough Health and Wellbeing Boards on Delayed Transfer of Care, the Better Care Fund and the Care Quality Commission area review preparation.	**Completed**

PETERBOROUGH CITY COUNCIL

Agenda Item No: 13.

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD AT 1PM, ON 19 MARCH 2018 BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present: Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Ferris
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Joanne Proctor, Head of Service, Adult and Children's Safeguarding Boards
Gordon Smith, Healthwatch
Claire Higgins, Chief Executive, Cross Keys Homes

Officers Present: Daniel Kalley, Senior Democratic Services Officer

Also Present: Helen Gregg, Partnership Manager, Peterborough and Cambridgeshire Councils
Aidan Fallon, Head of Communities & Engagement Cambridgeshire & Peterborough STP
Caroline Townsend, Better Care Fund Lead
Val Moore, Chair Healthwatch Cambridgeshire and Peterborough

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Holdich, Cath Mitchell, Russell Wate, Simon Evans-Evans, Hilary Daniels and Adrian Chapman, Joanne Proctor was in attendance as substitute for Russell Wate.

2. DECLARATIONS OF INTEREST

Dr Gary Howsam declared a personal interest in item 5 as he sits on the STP Board.

3. MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 4 DECEMBER 2017

The minutes of the meeting held on 4 December 2017 were agreed as a true and accurate record with the exception of the following amendments:

Reference Page 4. Item: Amended Health and Wellbeing Board Membership and Terms of Reference:

It was noted that at bullet point 2 the date of the meeting should read 11 September 2017 and not 11 September 2018.

Reference Page 5. Item The Health Benefits of Trees and Woodland:

It was noted that the following sentence should be corrected from:
It was noted that the Forest of Peterborough had recently planted their one hundred thousand tree in Central Park, Peterborough.

The sentence to be corrected to read as follows:
It was noted that the Forest of Peterborough had recently planted their one hundred thousandth tree in Central Park, Peterborough.

4. HEALTHWATCH - PRIORITIES WAYS OF WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH

The Health and Wellbeing Board received a report in relation to Healthwatch - Priorities and ways of working across Cambridgeshire and Peterborough. The report was introduced by the Chair of Healthwatch Cambridgeshire and Peterborough.

The purpose of the report was to update the Board on the Healthwatch arrangements for Cambridgeshire and Peterborough. The report outlined background information on the Healthwatch priorities and sought the views of the Board on the development of how Healthwatch was working in the local area.

Members of the Board were informed that the statutory requirement for a Healthwatch function had not changed and the function of Healthwatch was to provide an independent champion for people who used health and social care services. The Cambridgeshire and Peterborough organisations merged in April 2017 and directors of these separate board had now combined to form a new Board.

The Board were informed of a number of experiences people in the local community had of the Healthwatch service. Most concerns focused on the waiting times people experienced in accessing health services, especially around the quality of care and communication from those services. The organisation didn't have specific projects that they were working on, however there was a strong focus on mental health issues and identifying concerns raised. There were a number of complex health and social issues that were affecting those residents with severe of complex health needs, for example a lack of communication between different service providers.

The Chair of Healthwatch Cambridgeshire and Peterborough commented that there were a number of priorities and ways of working which were a key focus, including scrutinising the quality of patient and public engagement by the providers and promoting the value of the lived experience.

Member were also directed to six key priorities that Healthwatch were keen to focus on over the coming years.

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

- Members of the public struggled to grasp what the STP did or understood their role. People were starting to understand that the role of their GP was changing and how they worked with other organisations. The STP were conscious of the way they were coming across and there was a lot of work being undertaken to improve the perception of the work they carried out.
- Delayed transfer of care had come under a lot of scrutiny from data sets and challenging targets of which there was a lot of awareness of from officers and members of the public. There was a lot of work to carry out over the reluctance of some families surrounding people staying in hospitals more than was necessary.
- Public now understood the pressures on the current system. One of the key issues was the living experience and the issues of transferring from one service to another. The input from Healthwatch was having a reassuring role to the public.
- The STP were moving to a more locality focus with primary care on board, which would be beneficial to the local community and a step in the right direction.

RESOLVED: That the Board

1. Notes the recent examples of impact following the development of a combined Healthwatch (section 4.5)
2. Commented on the priorities and ways of working adopted for 2017/18 (section 4.4) to inform a refresh for the coming year.
3. Notes the future review of Healthwatch's Strategy from 2019 onwards (section 5.)

5. REVISED GOVERNANCE FRAMEWORK FOR THE CAMBRIDGESHIRE & PETERBOROUGH SUSTAINABILITY & TRANSFORMATION PROGRAMME

The Health and Wellbeing Board received a report in relation to the Revised Governance Framework for the Cambridgeshire and Peterborough Sustainability and Transformation Programme. The report was introduced by the Head of Communications and Engagement, Cambridgeshire and Peterborough Sustainability and Transformation Partnership.

The purpose of the report was to update members on the changes to the STP Governance Framework, the revised STP Governance Framework and the revised Memorandum of Understanding. This follows the previous report that was presented to the Board on 11 September 2017.

Some of the changes outlined had been pushed through at a quick pace due to announcements made by the Government in relation to the NHS forward five year review. This required the establishment of an STP Board, this also allowed an opportunity for other changes to come forward, including the revival of the Living Well Partnerships. Differences highlighted over the Governance arrangements over the past few years include the establishment of an STP Board, which was made up of the Chairs and Chief Executives of partner organisations, this also included Directors from local authorities and two elected representatives. It was not a statutory body so powers were delegated to it from other bodies. It was proposed to meet in public for the first time in May and run under the same rules as other NHS bodies.

The Executive Programme Director informed Members that the executives and chairs of the STP Board had been discussing how to ensure more was done at a local level. There were a number of distinctive needs across Cambridgeshire and Peterborough and the needs of people were different across the two areas. Transformation needed to be done at a local level. A number of governance arrangements needed to be changed in order for this to take place. Members of the Health and Wellbeing Board would be kept up to speed with any changes.

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

- Recognition that some areas work in different ways. GP's were now in a much better place to lead on developments as they knew their communities best. Primary care was the best leader for this as they were aware of how communities worked and how they could work together in the best interests of the community.
- There needed to be clearer explanation of how this was going to work made to the public. It would be helpful to see the differences of how things worked at the current time and how they were going to work in the future.
- Have developed relationships between all directors of organisations, can look at care in the broader spectrum and make it more practicable. With GP's coming together, they were now able formulate the narrative for members of the public.
- The workforce was the biggest challenge. There needed to be a more imaginative way of working together to provide a more personal care. It was important to make sure that GP inputs were adding real value to people and ensure that they had the support of the voluntary sector and other organisations that could offer care.
- There needed to be an understanding of taking responsibility for targets and budgets around Primary Care. It was important that this could then be measured.
- System was under massive pressures around resilience.
- The North-South divide was intended to drive forward processes and issues across local areas. It was not to place boundaries in front of people who needed specific care. It was to celebrate the differences in local communities.

RESOLVED:

That the Health and Wellbeing Board note the changes to the Sustainability & Transformation Partnership (STP) Governance Framework.

6. PHARMACEUTICAL NEEDS ASSESSMENT

The Health and Wellbeing Board received a report in relation to the Pharmaceutical Needs Assessment. The report was introduced by the Director of Public Health.

The purpose of the report was to present the final update of the Pharmaceutical Needs Assessment 2018 for approval by the Board.

The Pharmaceutical Needs Assessment was an important statutory duty of the Health and Wellbeing Board. The PNA was used by NHS England when making decisions on applications to open new pharmacies. A multi-agency steering group was created to go through the process of overseeing the Pharmaceutical Needs Assessment.

Members were informed that although the PNA was updated every three years it was looked at during the intervening period.

NHS England valued the work that went into the document. There were a number of applications made to open new Pharmacies, which needed to be properly scrutinised.

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

- Pharmacies were not promoting the work they carried out as much as they should. People were unaware of the scope of work and advice Pharmacies could give instead of people visiting their GP's.
- Some Pharmacies were keen to take up extra responsibility, however this was not the case for all Pharmacies.
- There was a cohort of health workers leaving the health system. Pharmacies were working in teams and were hoping to use pharmacies to help patients.
- All pharmacies had a consulting room and patients had the right to go somewhere quiet to discuss medical matters.

RESOLVED: That the Health and Wellbeing Board

1. Noted the findings of the PNA and approve the final PNA submitted by the multi-agency PNA Steering Group.
2. Approved the monitoring protocol for keeping the PNA up to date between now and March 2021, including the delegated authority for approval of supplementary statements to the Director of Public Health, in discussion with the Chair or Vice-Chair of the Board.

7. ANNUAL HEALTH PROTECTION REPORT FOR PETERBOROUGH 2016/17

The Health and Wellbeing Board received a report in relation to the Annual Health Protection Report for Peterborough 2016/17. The report was introduced by the Director of Public Health.

The purpose of the report was to provide an annual summary on activities in Peterborough ensuring health protection for the local population. It was important that there was publicly available information that demonstrated that statutory responsibilities for health protection had been fulfilled.

Members were informed that the report raised issues around protecting the health of the public and placed this in the public arena. There had been Input from a wide range of agencies, this involved a wide range of reports which fed into the officer led steering group. This group met on a quarterly basis.

Some of the issues highlighted included an increase nationally in some communicable diseases, furthermore screening had a below average uptake for breast, cervical and bowel cancer screening. In addition the Board were informed that latent TB screening uptake had increased.

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

- There was a raft of information contained within the report that would link to the HWB Strategy.

- There had been a lot of work carried out with migrant communities. Some solutions suggested included extending opening hours for some communities to be able to access some services.

RESOLVED:

That the Health and Wellbeing Board commented on the Annual Health Protection Report and on future priorities for health protection in Peterborough.

8. FEEDBACK FROM THE JOINT DEVELOPMENT SESSION WITH PETERBOROUGH AND CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board received a report in relation to feedback from the Joint Development Session with Peterborough and Cambridgeshire Health and Wellbeing Boards. The report was introduced by the Executive Director People and Communities Cambridgeshire and Peterborough.

The purpose of the report was to provide Members on discussions at the joint session on 23 January 2018 and ways of working going forward. Both Chair's agreed that there were common themes across both Cambridgeshire and Peterborough, along with a common membership on both boards. There was a case as to whether more work could be done together. A joint session to develop this had been provisionally agreed for 31 May 2018.

Looked at issues of common interest and other NHS colleagues using this as an opportunity to share and gather information.

It was up to Full Council to delegate to the Health and Wellbeing powers to enter into joint meetings with other local authorities if required in the future.

RESOLVED: That the Health and Wellbeing Board

1. Approved a joint meeting with Cambridgeshire Health & Wellbeing Board to explore the key themes identified in the development session. To be held on 31 May 2018.
2. Recommend to Full Council amending the Health and Wellbeing Board Terms of Reference, in order to delegate powers from the Council to the Health and Wellbeing Board to establish a joint Cambridgeshire and Peterborough sub-committee in relation to issues that cross local authority boundaries, if the need arises.

INFORMATION AND OTHER ITEMS

The remainder of the items on the agenda were for information only and the Health and Wellbeing Board **RESOLVED** to note them without comment.

9. UPDATED TERMS OF REFERENCE

RESOLVED:

That the Health and Wellbeing Board Noted and agree the amended Terms of Reference

10. ADULT SOCIAL CARE, BETTER CARE FUND UPDATE

11. QUARTERLY HEALTH AND WELLBEING STRATEGY PERFORMANCE UPDATE

12. SCHEDULE OF FUTURE MEETINGS AND DRAFT AGENDA PROGRAMME

Chairman
1pm – 2.13pm

Agenda Item No: 14

MODELS OF HEALTH SOCIAL CARE (GOVERNANCE) AND STP (FIT FOR THE FUTURE) PUBLIC ENGAGEMENT UPDATE

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**31 May 2018**
From:	**Sheila Bremner, Accountable Officer Cambridgeshire and Peterborough STP**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is asked to:** **a) Note the changes in Governance proposed for the Cambridgeshire and Peterborough STP** **b) Note the proposed public engagement for the Cambridgeshire and Peterborough STP**

Recommendations:	**The Peterborough Health and Wellbeing Board is asked to:** **a) Note the changes in Governance proposed for the Cambridgeshire and Peterborough STP** **b) Note the proposed public engagement for the Cambridgeshire and Peterborough STP**

	Officer contact:	Name: Post: Email: Tel:	Sheila Bremner Accountable Officer, Cambridgeshire and Peterborough STP
	Member contacts:		
Name: Post: Email: Tel:	Councillor John Holdich OBE Chairman, Peterborough Health and Wellbeing Board john.holdich@peterborough.gov.uk 01733 452479	Names: Post: Email: Tel:	Councillor Peter Topping Chairman, Cambridgeshire Health and Wellbeing Board Peter.Topping@cambridgeshire.gov.uk 01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to update the Cambridgeshire and Peterborough Health and Wellbeing Boards on proposed governance arrangements for the Fit for the Future Programme, our system's five-year plan for sustainability and transformation, and to provide an update on proposed public engagement for this year.

1. BACKGROUND

2.1 Cambridgeshire and Peterborough is one of the most, if not the most, challenged health systems in England. In developing Fit for the Future, we are working as one system across all organisation boundaries.

The Fit for the Future Programme seeks to do the following:

- deliver a *shift from reactive to proactive care*. This approach aims to manage the growth in demand for services through better prevention, self-management, re-enablement and intensive management of rising risk and high-risk people;
- deliver care pathway changes, standardised care and *reduced variation to maximise quality and minimise unit costs* through, for example, improved clinical networks, reduced Length of Stay in hospital and staff skill mix;
- *deliver knowledge sharing*, breaking down organisational and setting boundaries;
- *close the under-funding gap* as quickly as possible and maximising income growth;
- *reduce overheads* within and across the health and care system;
- *use technology* to improve modes of interaction/intervention;

The views of patients and local people will shape key decisions.

2.2 Current position

The Financial challenge: the final system year end position for 2017/18 is not yet confirmed, due to the unknown final impact of provider Sustainability Transformation Funding (STF) from national bodies. However, we know that the underlying financial position is likely to have deteriorated year on year.

Operational Performance:
Emergency care: overall our A&E position has not changed, although there have been some improvements at Cambridge University Hospitals Foundation Trust (CUH). This position is linked to continued high levels of Delayed Transfer of Care patients (DTOCs), although there have been recent improvements due to the creation of integrated discharge teams that span health and social care
Running costs: given the level of financial challenge, we must reduce running costs and overheads. We will explore how best to do this through the work of the Shared Services Delivery Group
Demand management: our approach to the management of demand for planned outpatient appointments and hospital procedures has had some success in 2017/18
Planned care: our performance on waiting times has improved. We are very close to meeting the cancer 62 day wait standard.

System Transformation maturing:
Relationships: the level of engagement and commitment to working as a system is strengthening further. Primary Care and Council colleagues are fully engaged and system working has become a default assumption.

3. MAIN ISSUES

3.1 Governance Update

The STP Governance Framework has been updated and circulated to partner organisations for sign off. We need to find the right balance between boards feeling informed and assured that the STP governance is robust and consistent with individual statutory duties, whilst encouraging more decision-making at system levels. This means we need to refine and review the STP governance as we move forward.

We anticipate changes will be required to the governance arrangements for the STP in light of moving towards more place-based arrangements where it makes sense – around two North and South geographies, based around the referral patterns for our hospitals. Given this, it has been proposed that the Governance Framework is not formally signed off in the current form, and is updated and ratified once all changes have been fully worked through.

The STP Board took the decision in March 2018 that it will work towards holding meetings in public. The arrangements are being put into place to enable this to begin during the summer of 2018. In the interim, previous STP Board meeting minutes have been published on the Fit for the Future website here: STP Board Meetings Minutes

3.2 STP Refresh: approach to developing a three-year road map

Now is the time to refresh our strategy for the system over the next 3 years and beyond. We must demonstrate to the STP Board, partners, the public and regulators that the level of financial deficit within the system will reduce in future years.

We have discussed our desire to move towards an Integrated Care System but have not yet set out how. Given recent conversations around North/South NHS provider alliances and a shift towards strategic commissioning, we are now able to work on describing our integrated care system more concretely. A provider alliance describes when a group of providers of services for health and social care work together on a contractual basis to provide a wider range of services across a geographical area in order to deliver more integrated care to local people. Sometimes they pool resources and budgets.

The Health Care Executive (HCE) will take further time out in May 2018 to put more detail around the following:

Approach
- Place based care model
- Provider alliance model
- Strategic commissioning

- Back office & enablers

Delivery
- Managing system finances
- Streamline decision-making
- Resourcing transformation
- Culture of accountability for delivery, improvement and mutual trust

Impact
- Outputs/ deliverables/ impacts for 18/19
- Sustainable strategic change for 19/20 and 20/21.

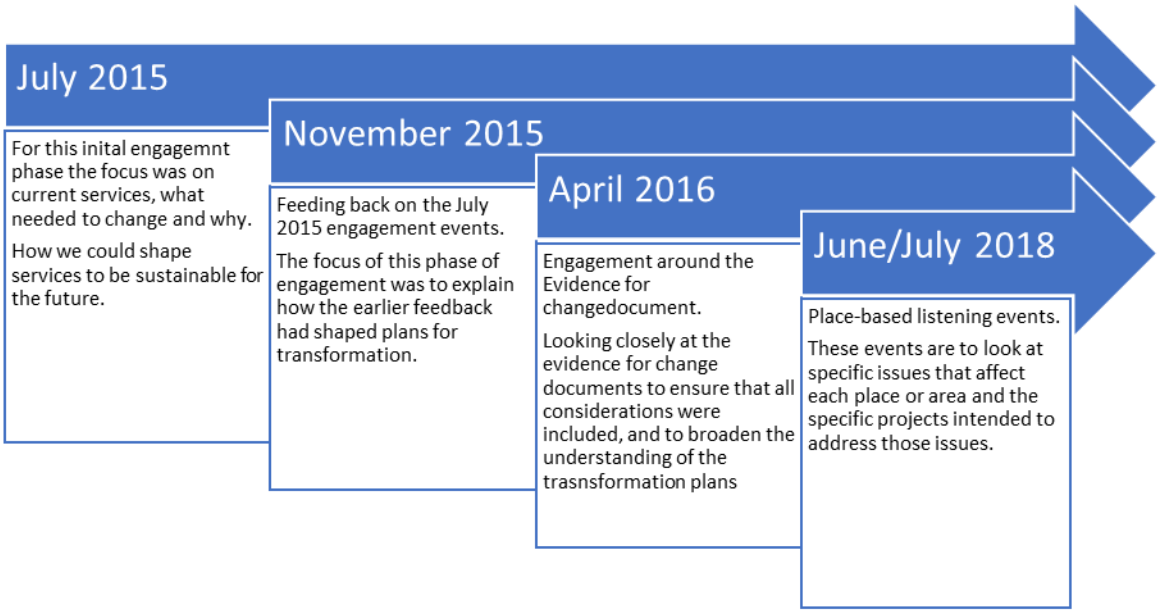
3.3 **Proposal for place-based STP public engagement**

Starting in 2015, there has been considerable engagement with clinicians, staff, stakeholder groups, patients and public on how we should develop the STP in our area. Key stakeholders have been kept up to date on the progress of STP Fit for the Future projects, however the wider community are less well engaged now we are moving towards delivery.

We have also had feedback from stakeholders that an STP communications strategy needs to bring in all the work of the partnership, not sit separately and so we are developing a whole system communications and engagement strategy that will include all the current communications priorities, activities and networks that support our whole system transformation.

We propose to hold place-based listening events in locations around the area throughout the remainder of 2018. These events will continue the dialogue we have already had with people and move the discussion towards deployment and delivery of specific projects and programmes relevant to the issues for that area.

The agenda and format will be agreed based on key issues for that area, with input from public health and partner colleagues. The events may run several times in each area to ensure accessibility to the widest range of people. The proposed events are a continuation of previous engagement events for the STP. Each one will start by reflecting on what people in that location have told us at previous events and built on that. We will demonstrate what has changed already and what still needs more focus to address current issues.



4 FINANCIAL IMPLICATIONS

This is an update report

5 LEGAL IMPLICATIONS

This is an update report

6 SOURCE DOCUMENTS

Source Documents	Location
None	

Agenda Item No: 15

UPDATE ON THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE AND LOCAL AREA CARE QUALITY COMMISSION INSPECTION

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**31st May 2018**
From:	**Charlotte Black, Service Director Adults and Safeguarding, Cambridgeshire County Council & Peterborough City Council**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is asked to:** a) Note and comment on the report and appendices b) Seek formal agreement to proceed with a Peer Review

Recommendations:	**The Peterborough Health and Wellbeing Board is asked to:** a) Note and comment on the report and appendices b) Seek formal agreement to proceed with a Peer Review

	Officer contact:	Name: Post: Email: Tel:	Caroline Townsend Better Care Fund Programme Manager caroline.townsend@peterborough.gov.uk 07920 160512
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1. PURPOSE

1.1 The purpose of this paper is to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) and the Better Care Fund (BCF) across Peterborough and Cambridgeshire.

1.2 This report also seeks approval for a peer review which will focus on a selection of Key Lines of Enquiry from the Care Quality Commission (CQC) Local System Area Reviews.

2 BACKGROUND

Better Care Fund

2.1 The BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together. The BCF was announced in June 2013 and introduced in April 2015. There are separate pooled budget arrangements in place for Cambridgeshire and Peterborough. The budget is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council and Peterborough City Council (PCC) to provide health and social care services. It includes funding for the Disabled Facilities Grant, which supports housing adaptations and Improved Better Care Fund (iBCF) monies.

2.2 The below table provides an overview of targets and performance to date across Peterborough and Cambridgeshire at the end of Q4:

Metric	2017/18 Planned Target	Peterborough Performance		Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	Summary Performance to date	RAG Rating	
Non-elective admissions to hospital	Peterborough - 18,324 non elective admissions Cambridgeshire – 57,986	At year end performance was at 17,766 against a threshold target of 18,324.		At year end performance was at 59,313 against a threshold target of 57,986.		Continued roll out of falls prevention programme of work, stroke prevention (Atrial Fibrillation) ECG equipment rolled out across GP flu clinics. Admissions avoidance team, including social worker, operating well in Emergency Department.

						Ongoing focus on Red to Green rolled on all wards in December. GP streaming implemented in December Higher utilisation of Joint Emergency Team (JET) service to help prevent avoidable admissions.
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days Peterborough – 5022 occupied bed days for 2017/18 Cambridgeshire – 21,301 occupied bed days for 2017/18	The system continued to report high levels of DTOC in Q4. Full Q4 delayed bed days published data was not available at the time of writing. But indicative local monitoring indicates an increase in DTOCs during Q4. Full year performance is estimated at 7236 against a full year target of 5022.		The system continued to report high levels of DTOC in Q4. Full Q4 delayed bed days published data was not available at the time of writing. But indicative local monitoring indicates an increase in DTOCs during Q4. Full year performance is estimated at 26,223 against a full year target of 21,301.		Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning

						Implementation of Plan B integrated hospital discharge teams
Admissions to long-term residential and nursing homes in over 65 year olds	Peterborough – 154 Cambridgeshire – 464.8 per 100,000	As predicted we have seen an increase from last year continuing the trend from the previous year. The increase has not however been as great as we anticipated and therefore we are safely below the threshold for 2017/18 at a rate of 128 admissions.		We have exceeded our threshold target for 17/18 with residential admissions at a rate of 343.2 per 100,000 population, against a target of 464.8 per 100,000.		Met target
Effectiveness of re-ablement services	Peterborough - 83% Cambridgeshire – 82%	Final end of year figures will be available at the end of May 2018. We have continued to struggle to achieve the level of performance on this indicator and are expecting to see a deterioration in out-turn this year. The service has suffered in respect of capacity at some points in the year due to		Final end of year figures will be available at the end of May 2018. We have continued to struggle to achieve the level of performance on this indicator and are expecting to see a deterioration in out-turn this year. The service has suffered in respect of capacity at some points in the year due to		Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity by 20%. Domiciliary Care capacity being reviewed with providers Additional provision commissioned to support reablement and domiciliary care capacity

		domiciliary care availability.		domiciliary care availability.		

2.3 Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan, which has full approval from NHS England. There is a continued focus on building on the work undertaken to date. The following provides an update on key priority areas:

- **Prevention and Early Intervention:** Falls prevention: Social marketing campaign gaining good momentum with sound insight/direction from the literature review and formation of well-developed plans to engage older people by Healthwatch. Increased capacity delivered by the falls prevention health trainer (FPHT) service. Stroke prevention: Atrial Fibrillation has rolled out ECG equipment to GP practices and GP clinical champions are supporting practices.to

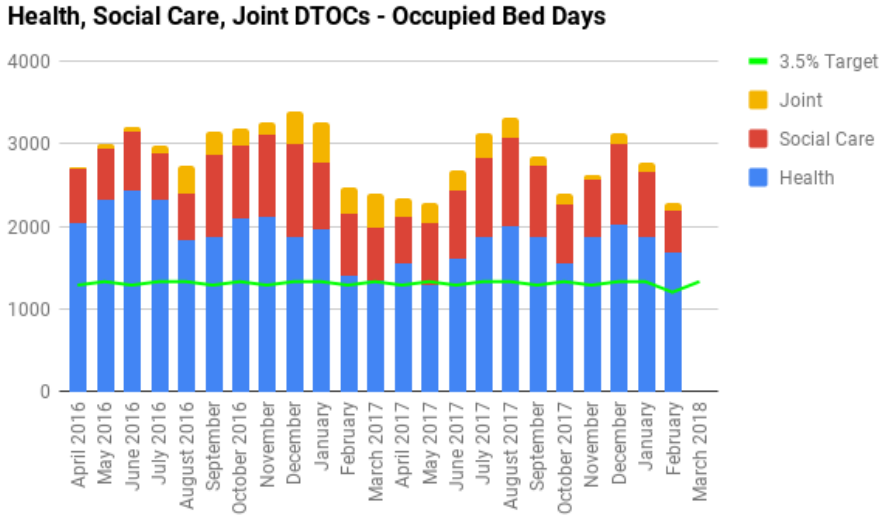
- **Community Services (MDT Working):** Case finding is in place for 27 practices in the trailblazer sites. Focus on engaging with Primary Care continues to support closer working practices.

- **Enablers:** LGA funded proof of concept was developed and evaluation report finalised. Options to review opportunities for linkage between PCC, CCC, NHS Online and the voluntary sector are being explored.

- **High Impact Changes for Discharge:** A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. An update on key initiatives is outlined at 2.6 below.

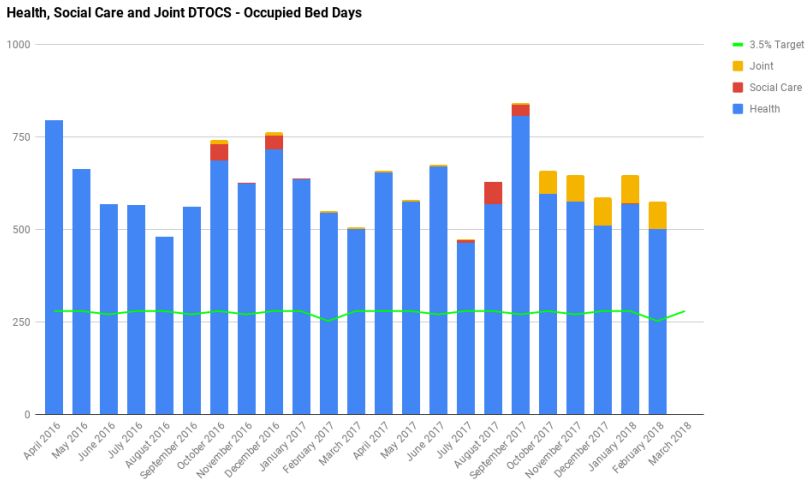
Delayed Transfers of Care (DTOCs) and iBCF Investment

2.4 ***Cambridgeshire DTOC Performance:*** The below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that there has been a marked deterioration in performance between April and August 2017.



Based on the latest UNIFY published DTOC statistics, during February, 73.6% of delayed days were attributable to the NHS, 22.1% were attributable to Social Care and the remaining 4.3% were attributable to both NHS and Social Care.

2.5 Peterborough DTOC Performance: The below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



Based on the latest UNIFY published DTOC statistics, during February, 87.3% of delayed days were attributable to the NHS, 0.0% were attributable to Social Care and the remaining 12.7% were attributable to both NHS and Social Care.

2.6 NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges. A range of operational forums have been established to co-ordinate our system wide activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system.

2.7 A Joint Strategic Discharge Lead has been jointly appointed who is working with system Chief Executives to improve DTOC performance and develop system wide solutions. A plan is being implemented to have integrated discharge planning teams in each hospital and the community, which will ensure a multi-disciplinary approach to early discharge planning (see Appendix 1). A comprehensive programme of work is underway to improve data and strengthen discharge pathways out of the hospital.

2.8 There was significant investment from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs. An update on the key highlights is outlined below:

- Reablement: recruitment is progressing to support a 20% increase in reablement capacity. A number of appointments have been made, with

further recruitment initiatives planned. Additional reablement step down bed capacity has been commissioned.

- Moving and Handling Coordinator (Peterborough): this post is now based with the Transfer of Care Team with a view to support embedding integrated approaches to equipment and assistive technology to support discharge. A falls response pilot went live with Cross Keys Homes in November 2017.
- Transfer of Care: Dedicated Social Worker to support Self-Funding Service Users at Addenbrooke's with more complex needs through the discharge process is in post. To support a coordinated, system wide approach to managing transfer of care, Social Worker Strategic Discharge Leads are aligned to Peterborough City Hospital, Addenbrooke's and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model.
- Trusted Assessor: a care home trusted assessor pilot has been implemented with South Lincolnshire County Council and LINCA. The Trusted Assessor has launched in both Peterborough City Hospital and Addenbrookes.

2.9 A number of interventions have been implemented, including joint iBCF/STP funded falls prevention and atrial fibrillation projects. Both Councils have also initiated Adult Early Help services and have worked collaboratively with primary care and Cambridgeshire and Peterborough Foundation Trust's (CPFT's) Neighbourhood Teams to identify people whose needs may be escalating or may be vulnerable to hospital admission. Cambridgeshire County Council is currently piloting two pilot 'Neighbourhood Care Teams' in Soham and St Ives, where new ways of working with system partners are being developed to prevent needs escalating and enable timely discharge.

2.10 The North West Anglia Foundation Trust (NWAFT) and Cambridge University Hospitals Foundation Trust (CUHFT) Accident and Emergency (A&E) Delivery Boards have an ongoing role in monitoring and evaluating the effectiveness of these projects.

Care Quality Commission (CQC) Area Review

2.11 Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

2.12 Reviews look at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care.

2.13 Twenty areas have been reviewed by the CQC to date. Key messages from CQC's interim findings report:

- Without good relationships and a shared, agreed vision between system partners, achieving positive outcomes for people who use services, their families and carers is significantly compromised.
- More focused action is needed on keeping people well, with joined up processes to identify and support people to stay safe and well in their usual place of residence through effective prevention approaches and to avoid secondary care admissions. This requires a continued drive towards integrated commissioning and changes in funding flows.

- The focus on individual organisational outcomes is distracting from the needs of the wider system to work effectively for the people it serves. Focusing on DTOC in isolation will not resolve the problems that local systems are facing.

2.14 Charlotte Black, Service Director Adults & Safeguarding, chairs a monthly countywide steering group to prepare for a local system area review. The group's membership is made up of senior leads from across the system. A focus group is planned for the 11th June to review emerging trends identified from the system performance data gathered to date, with a view to identify quick wins for system wide improvements.

2.15 Once all 20 reviews have been completed and reports published (June 2018), CQC will publish a national report on their findings (expected July 2018). Whilst we are waiting for a further announcement on the future of local system area reviews, the steering group has approached the Local Government Association to undertake a peer review which will focus on pre-selected key lines of enquiry.

2.16 The proposed scope of the peer review would be how as a system we perform against the following Key Lines of Enquiry:

- Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support
- How do system partners gain assurance that there is effective use of funding to respond to priority areas across the health and social care interface?
- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and receive positive outcomes?
- How well does the system inform and involve carers, families, advocates and their representatives to make informed choices about future plans?
- How are services designed to meet the needs of the local population?
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm?
- How robust is the Workforce Strategy to meet the recruitment needs of the system and does the workforce have the right skills to support the effective transition of people between health and social care services?
- What is the strategic framework that brings the interagency and multidisciplinary work together across health and social care and how do respective agencies work together to enable people to move seamlessly across the health and social care system
- Are effective information governance arrangements in place to enable information sharing to facilitate integration of health and social care?
- Is there a strategic approach to commissioning across health and social interface informed by the identified needs of local people (through the Joint Strategic Needs Assessment (JSNA)) and in line with the Outcome frameworks for NHS and Adult Social Care?
- How do system partners gain assurance that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface?
- Do local commissioners have a programme to assure them that service reviews across the interface of health and social care are in place to

ensure they are getting value from the resources used?

3. MAIN ISSUES

3.1 If the Board agrees to the peer review, then the commitment of senior leads from across the relevant system organisations is critical to delivering a comprehensive and effective peer review. It is proposed that the peer review will take place week commencing 24 September 2018, for 3-4 days.

4 FINANCIAL IMPLICATIONS

4.1 There are no financial implications.

5 LEGAL IMPLICATIONS

5.1 There are no legal implications.

6 SOURCE DOCUMENTS

Source Documents	Location
Delayed Transfers of Care, Monthly Returns. Department of Health.	Patrick Kilkelly, Business Intelligence Unit, 2nd Floor, Octagon, Shire Hall Cambridge. Email: Patrick.Kilkelly@Cambridgeshire.gov.uk
CQC Local System Area Review Interim Report on Initial Findings **CQC Local System Area Review Presentation on Key Headlines coming out of area reviews**	Helen Gregg 3rd Floor, Bayard Place. Peterborough Email: helen.gregg@peterborough.gov.uk

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Report To: **Health and Wellbeing Board**
Report From: **Discharge Transformation Director**
Date: **22nd May 2018**
Report Title: **Update and Progress Report**
Action required: **For discussion**

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1. The purpose of this paper is to provide an update to the Health and Wellbeing Board on the current status of the Discharge Transformation Programme.

2. A Discharge transformation Director, Amy Page has been appointed and commenced in post on 14th May and a Programme management Lead, Samantha Merridale has been appointed and commenced in post on 8th May 2018.

3. There will be dedicated Operational Leads on each of the 3 Acute Sites:
   - Sue Graham is the Operational Lead at CUH and already in post
   - David Allison will be the Operational Lead at Hinchingbrooke Hospital
   - Eliza Bautista will be the Operational Lead at Peterborough Hospital
   - Both David & Eliza commence in post on Tues 29th May, 2018

4. An 'information gathering' exercise has now commenced, with key system partners being asked to share their views and perspectives on the current programme of work. Additionally, a baseline assessment of all current projects connected with the discharge programme is underway, to understand the scope and context and to ascertain whether there is any duplication, or gaps in the programme which need to be addressed.

5. Key issues

From early conversations with system partners, the following themes have emerged:

- Whilst there is a huge amount of work taking place in each organisation, and between system partners, there is a perceived lack of coordination of this programme across the whole system;
- Formalised programme governance is required to add rigour into the system. A steering group and operational group are required and it is proposed to implement these immediately. Terms of Reference will be drafted for the first meetings so that we can move towards a single, shared set of objectives, which are owned by the whole system;
- There is a need to improve the type and quality of information (not data) shared across the system to better understand the context of the current

DTOC metrics, and to enable decision making for more efficient patient flow. Formulation of this will be one workstream as a part of the overall programme structure;

- The scale of the problem is very different across the 3 acute sites, with further issues at CPFT. Each provider has a different perspective on the current situation. Further workshops are required to explore this in more detail;
- The highest area of concern for providers is around CHC delays; although there a workshop took place on Friday 11th May led by the CCG to consolidate the '4Q' process across the 3 providers;
- The delivery of the 'Plan B' project is underway across the 3 acute providers, however there is a general sense that the high level plan which has already been presented now needs fleshing out with detailed deliverables, and a structure which is signed up to and owned by the whole system;
- Within acute care there are additional internal process issues, which are probably outside the scope of 'Plan B', impacting on the DTOC process which need to be further analysed and solutions put in place to resolve. These are similar but different on all 3 sites (for example due to IM&T etc);
- There are issues with the referral process both into and out of intermediate care. The ICT is recognized to be a complex system;
- A single set of programme metrics / KPIs, covering the scope of the whole system will be developed for discussion and agreement at the first Strategic Discharge meeting to measure the overall success of the programme.

6. Next steps

- The programme Steering Group and Operational Group will be established as quickly as possible, with dates for the first meetings put into diaries to take place if possibly before the end of May
- The Programme Team (consisting of the Director, SRO, Programme Management lead and Operational Leads will meet to commence planning regular programme activities. A regular schedule of meetings will be published;
- A revised draft Programme governance structure has been established, and has been mandated and signed off by the SRO and Chief Exec group, and circulated to all system partners.
- It is proposed to hold a series of Discharge Summit workshops, at both a whole system (Cambs and Peterborough) level and individual site level to gain engagement and ownership of the programme and ensure that key deliverables are clearly understood by all system partners.
  These workshops will be scheduled for early June.

7. Recommendations

- That the Health and Wellbeing Board note and agree to the changes described in this paper.

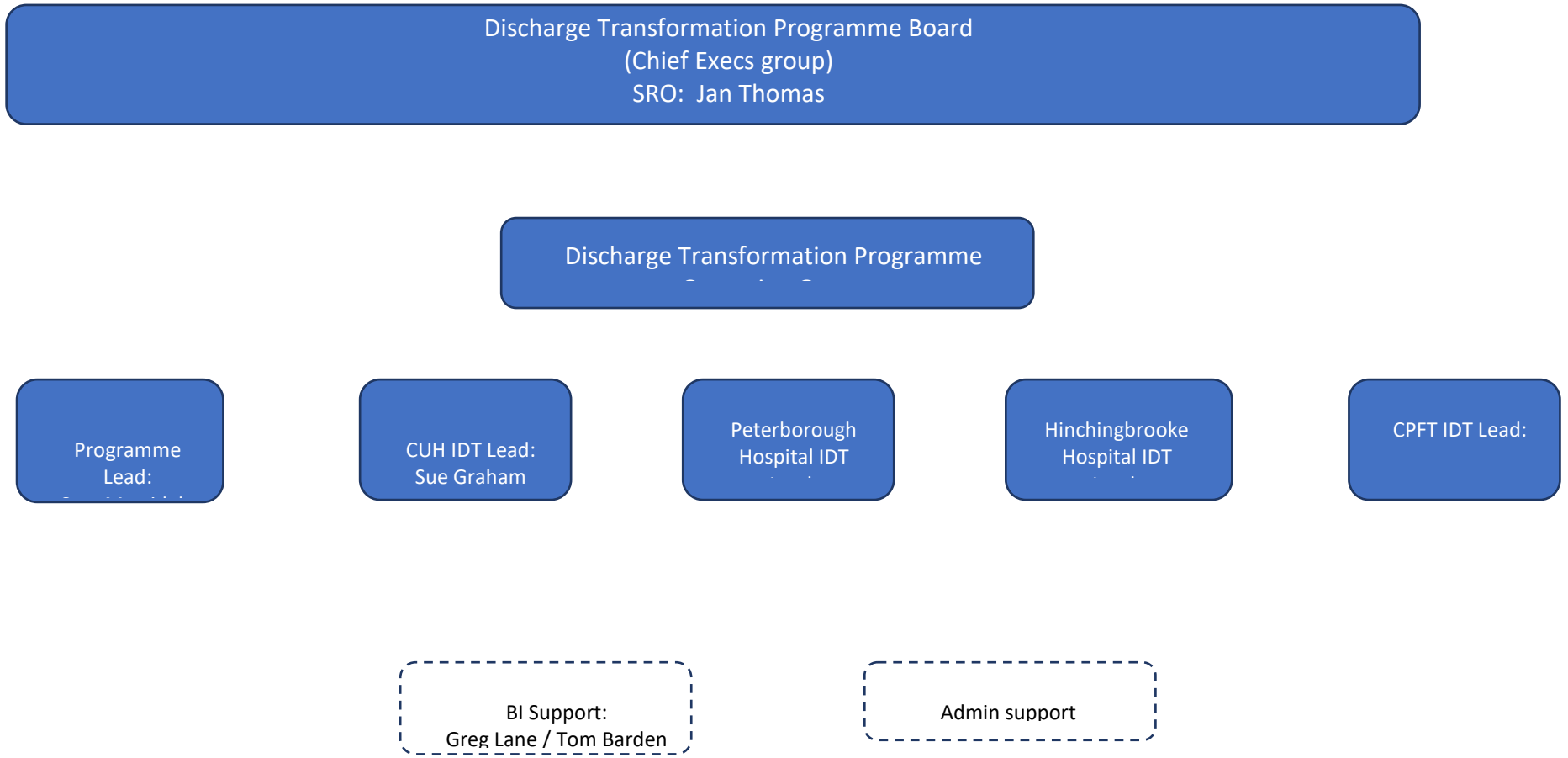
Samantha Merridale

Discharge Programme Lead

22nd May 2018

CAMBRIDGESHIRE AND PETERBOROUGH DISCHARGE PROGRAMME

Revised Programme Governance Structure v2 (15/5/18)



Agenda Item No: 16

DEMENTIA STRATEGIC PLAN

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**31 May 2018**
From:	**Fiona Davies, Head of Mental Health (Commissioning), Cambridgeshire County Council and Peterborough City Council.**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is asked to:** a) **Endorse the Dementia Strategic Plan**

Recommendations:	**The Peterborough Health and Wellbeing Board is asked to:** a) **Endorse the Dementia Strategic Plan**

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1. PURPOSE

1.1 The purpose of this paper is to present the joint Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) Cambridgeshire & Peterborough All Age Dementia Strategic Plan 2018 - 2023 Dementia: Everybody's Business: Better outcomes for people living with dementia and their carers for approval by the Board.

2 BACKGROUND

2.1 Improving outcomes, experience and the cost effectiveness of services for people living with dementia and their carers is a national and local priority. It aims to ensure the best use of resources, and to identify significant gaps in services and the investment that may be required to address these. This work will be undertaken in the context of the current pressure on public sector resources with the aim being to determine the potential for service redesign and reinvestment to deliver the required improvements.

2.2 Using the national Well Pathway for Dementia, the Strategic Plan presents a vision for dementia care in Cambridgeshire and Peterborough and the key outcomes to be achieved. It summarises the current status of dementia care in the area, identifying strengths and opportunities for improvement and likely future demand and the actions that are currently known to be required to improve outcomes over the two years from 2018/19.

3. MAIN ISSUES

3.1 Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance which can affect memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.

3.2 Dementia can be caused by a number of progressive neurodegenerative diseases, which affect an individual's cognitive ability; that is, the ability to learn and understand through thinking, experience, and the senses. These include Alzheimer's disease, frontotemporal dementia, vascular disease, Parkinson's disease and Huntington's disease.

3.3 However, not all cognitive impairment is caused by one of the dementias; they are not all progressive. An example which has particular significance when thinking about dementia is mild cognitive impairment (MCI). This is a condition where an individual has cognitive deficits beyond those expected for their age and education, but which are not significant enough to interfere with their daily activities.

3.4 When thinking about dementia, it is important that those with MCI are identified. In particular, it is important to distinguish MCI from dementia so that the large number of people who do not have a progressive terminal neurodegenerative disease and which they will never develop are not led to believe that their condition will worsen. This would be inappropriate and unhelpful, causing unnecessary distress for individuals and their families. However, people with MCI are at higher risk of developing dementia and 'watchful waiting' is essential in order to ensure that diagnosis and the required supports can be provided as and when required.

3.5 Onset of dementia is generally around age 40 years. The incidence of dementia at this age is very low. However, it doubles with every 5 year increase in age and by age 65 – 69 years, the incidence in the general population is approximately 2%. By age 85 years, the incidence rises to approximately 20%. There are three main phases over the course of dementia where the individual will have low, moderate or high.

3.6 In later years, it is increasingly likely that an individual will have other long term conditions or will at least be physically frail. This makes their treatment and support more complex and it is likely that this will be intensive.

3.7 The definition of dementia above specifically excludes stable cognitive impairment that results from brain damage of a non-progressive nature, including head injury, single vascular events (for example stroke), learning disability or cognitive impairment arising from alcohol misuse. After much deliberation and consultation, it was agreed that because the network of treatment and support services for this group is significantly different from those required for those with dementia, the Strategic Plan should not directly address the needs of this group of people. However, it is important to note that there are gaps in services for many of these groups across Cambridgeshire and Peterborough. This has been drawn this issue to the attention of Sustainability and Transformation Partnership (STP) leaders and commissioners as part of the work to develop the Strategic Plan. Support from experts in dementia will be provided as and when necessary.

3.8 The main thrust of national strategy is to ensure that people living with dementia are supported to live at home with their families for as long as possible. Early diagnosis and intervention including access to information, advice and guidance, advance care planning that is personalised, timely access to specialist assessment and treatment, and effective support for carers are key components of the strategy. Promoting better awareness and understanding of dementia amongst communities and businesses is essential if people living with dementia and their carers are to live and participate comfortably in their communities. Based on the work of the Alzheimer's Society, national strategy includes programmes to increase awareness through the development of dementia friendly communities and environments. There is much that can be done to prevent dementia by tackling key risk factors such as smoking, excess weight and physical inactivity. Overall, the aim is:

To enable people living with dementia to live independently for longer and to enjoy being part of their community[1] and to keep them healthier for longer and out of hospital[2].

3.9 The Cambridgeshire and Peterborough Dementia Strategic Plan aims for equity of access, assessment, treatment/support and outcomes. It also aims to prevent or delay the onset of dementia. Overall, the aim is to ensure cost effectiveness and to maximise the resources available to meet health and social care needs in relation to dementia and other conditions across the area.

3.10 A vision for people living with dementia and their carers was developed as part of the process of developing the Strategic Plan:

[1] Dementia Implementation Guide, DH, 2017

[2] The Five Year Forward View Implementation Guide, 2017-19, DH 2017

We will work hard to prevent people in Cambridgeshire and Peterborough from acquiring dementia and ensure that those living with and affected by dementia receive compassionate, expert care and support, that is right for them to live positive and fulfilling lives …. we will support and empower them to take part in, and contribute to, the families and communities in which they live and work[3].

3.11 The aim is to deliver the following outcomes:

- Prevention of the onset of dementia where this is possible.
- People living with dementia are supported to live safely for longer within the community and with their carers.
- Improved accessibility to, and consistency of, assessment, treatment and support for people living with dementia and their carers across Cambridgeshire and Peterborough.
- Increased choice and control for people living with dementia and their carers.
- Improved outcomes and experience of services for people living with dementia and their carers at all stages of the disease and wherever they live i.e. at home, in care homes and when admitted to hospital.
- Well co-ordinated care that addresses physical and mental health and social care needs in a seamless way.
- A reduction in crises and avoidable admission to inpatient dementia services and acute hospitals.
- Better understanding and awareness of dementia within communities
- Better use of resources/value for money.

3.12 The case for prioritising the care and support of people living with dementia and their carers in Cambridgeshire and Peterborough is strong:

- Dementia affects the older population in significant numbers – an estimated 670,000 people in England[4] and 8,600[5] in Cambridgeshire and Peterborough.
- It is estimated that the number of people living with dementia in Cambridgeshire and Peterborough will increase from 8,600 to 16,110 (7,510/86%) between 2016 and 2031.
- There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke[6].
- An estimated 25% of hospital beds are occupied by people with dementia.
- Hospital stays of people with dementia are approximately 1 week longer than average[7].
- 75% of people living in care homes have dementia[8].
- Dementia is the leading cause of death for women[9].

[3] Adapted from Dementia Uk's Strategy

[4] The Prime Minister's Challenge on Dementia, DH, 2020

[5] Public Health England, 2016

[6] Commissioning for Value: Mental health and dementia pack, Public Health England, January 2017

[7] The Prime Minister's Challenge on Dementia, DH, 2020//5 Year Forward View, DH, 2015

[8] The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015

[9] The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015

- If dementia is diagnosed early in its course, appropriate support can be provided in the present, and as the disease progresses, reducing the incidence of avoidable crises and interventions, improving experience and outcomes whilst also releasing resources for investment in other health and social care interventions.

3.13 The Strategic Plan describes how the Older People's Mental Health Delivery Board plans to work with its partners to achieve the vision for dementia using the Pillars and Cross-cutting themes of the Well Pathway for Dementia which provides a framework for delivery of the national dementia strategy as its basis. (See Appendix 1).

3.14 An action plan has been developed for each Pillar and Cross Cutting theme.
Gaps and improvements that can be made across the dementia pathway in Cambridgeshire and Peterborough have been identified. However, the biggest gaps identified are in:

- Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector.
- The infrastructure required to enable people living with dementia and their carers 'to live well with dementia' provided by dementia friendly communities and environments – primarily provided by the voluntary sector but also in primary care settings.
- Support to maximise quality of life whilst living with dementia - for individuals living with dementia and their carers.
- Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)).
- Psychological treatment for people following diagnosis and in specialist dementia inpatient care.
- The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations.
- Management of dementia and quality of care in care homes.
- Personalised care planning and support.
- Specialist assessment, treatment and support for people diagnosed with early onset dementia[10].

3.15 Investment, capacity, activity and performance across the health and social care system in dementia diagnosis, assessment, treatment and support is not yet fully understood. The Plan aims to build on the information gathered during its development in order to enable the identification of opportunities for improved performance, outcomes and cost-effectiveness in order to enable investment to address gaps in services and support. Improvement will be achieved primarily by ensuring early diagnosis, intervention and effective community based support, reducing demand on more expensive specialist interventions. The gap between current investment, improvements required and the increase in capacity necessary to match the likely increase in the numbers of people living with dementia will be identified. All of this will be brought together in proposals for redesign and business cases to the STP and to Peterborough City Council and Cambridgeshire County Council during the Autumn of 2018.

[10] This document contains key issues identified within the needs assessment undertaken to inform the Strategic Plan. The detail is contained in 'Early Onset Dementia, Needs Assessment', October 2017.

3.16 A core data set to monitor quality, outcomes and activity based on the Memory Service National Accreditation Programme quality standards, the reporting requirements of NHS and social care organisations will be refined as part of the work to implement the Strategic Plan. Notwithstanding the need to report on core national and local activity, performance and outcomes, the key driver for the development of these outcomes will be to monitor the things that are of the greatest importance to people living with dementia and their carers. Achievement of this ambition will be supported by the alignment of the Personal Care and Support Planning initiative with the development of the dementia pathway.

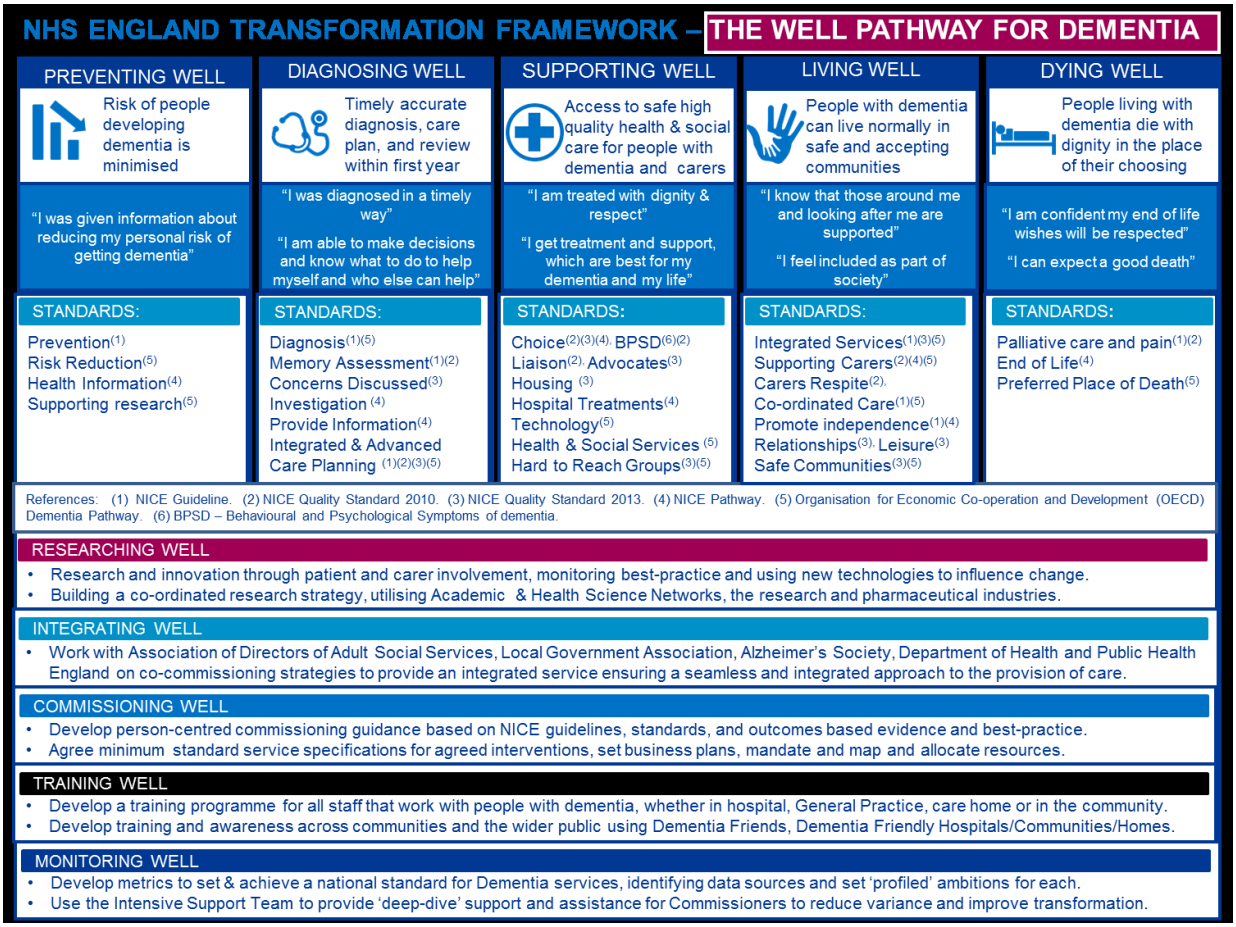
3.17 The Executive Summary from the Strategic Plan is attached at Appendix 2 for reference.

4 SOURCES

Source Documents	Location
There are innumerable documents relating to national dementia strategy, policy and the evidence base as well as the wider legislative context e.g. the Care Act, national Carers Strategy. Key documents relating to dementia are:	https://www.scie.org.uk/publications/misc/dementia/dementia-fullguideline.pdf?res=true
Dementia: The National Institute of Clinical Excellence/Social Care Institute for Excellence Guidelines on Supporting People with Dementia and their Carers in Health and Social Care, National Institute of Clinical Excellence/Social Care Institute for Excellence, 2006	https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy
National Dementia Strategy, Department of Health 2009	https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020
Prime Minister's Challenge on Dementia: 2020, Department of Health, 2015	https://www.nice.org.uk/guidance/ng16
Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset, National Institute of Clinical Excellence, 2015	

Appendix 1

The Well Pathway For Dementia[11]



11 https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf , online, accessed: 05.07.17

Appendix 2

Cambridgeshire & Peterborough All Age Dementia Strategic Plan 2018 - 2023

Dementia: Everybody's Business: better outcomes for people living with dementia and their carers

Executive Summary

Cambridgeshire and Peterborough
Older People's Mental Health Delivery Board
January 2018 Final Draft

Cambridgeshire and Peterborough CCG, Cambridgeshire County Council and Peterborough City Council, Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire University Hospitals NHS Foundation Trust, North West Anglia NHS Foundation Trust, The Alzheimer's Organization, The Carers' Trust, Care Network

EXECUTIVE SUMMARY

Improving experience and outcomes for people living with dementia and their carers is a national priority. The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which brings together leaders of health and social care organisations across the health and social care system to ensure that services are effective and efficient, has identified improving outcomes and experience for people living with dementia and their carers as a key priority for 2018/19 and beyond.

This Strategic Plan has been developed by the Older People's Mental Health (OPMH) Delivery Board to deliver that improvement. The Plan aims to address the needs of people of all ages living with dementia[12] and mild cognitive impairment[13] and their carers living in Cambridgeshire and Peterborough. It also aims to prevent or delay the onset of dementia and to identify ways that individuals and communities can be supported to improve the quality of life of people living with dementia as they go about their lives.

The Plan relates specifically to dementia. A definition of dementia has been agreed by those involved in dementia across the Cambridgeshire and Peterborough health and social care system:

> Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.[14]'

It can be caused by a number of progressive neurodegenerative diseases, including Alzheimer's disease, frontotemporal dementia, vascular disease, Parkinson's disease and Huntington's disease. Not all cognitive impairment is due to dementia.

Mild cognitive impairment (MCI) is also included within the scope of the Strategic Plan because, whilst people with MCI are at higher risk of developing dementia, it is not possible or appropriate to make a positive diagnosis of dementia at the point when MCI is identified. It is important that people with MCI are identified, in particular to distinguish them so that they are not misdiagnosed with dementia. To do so would give a large number of people a diagnosis of a progressive terminal neurodegenerative disease which they do not have, and which may never develop**.** This would be inappropriate and unhelpful, causing unnecessary distress for individuals and their families. MCI can be defined as:

[12] A syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.'

[13] A condition where an individual has cognitive deficits beyond those expected for their age and education, but which are not significant enough to interfere with their daily activities.

[14] The ICD-10 Classification of Mental and behavioural Disorders, clinical descriptions and diagnostic guidelines' World health organisation 1992 ISBN 92 4 154422

A condition where an individual has cognitive deficits beyond those expected for their age and education, but which are not significant enough to interfere with their daily activities[15].

Services for people with cognitive impairment that results from brain damage of a non-progressive nature are not included within the scope of the Strategic Plan because responsibility for commissioning and provision lies with a variety of organizations, groups and individuals beyond the boundaries of dementia commissioning and provision. However, it is essential that it is noted that there are gaps in services for people with non-progressive cognitive impairment. This issue has been drawn to the attention of STP leaders and commissioners by the Older People's Mental Health (OPMH) Delivery Board as part of its work to develop the Strategic Plan. Members of the Delivery Board are happy to provide assistance to those addressing these needs.

The case for prioritising the care and support of people living with dementia and their carers in Cambridgeshire and Peterborough is strong:

- Dementia affects the older population in significant numbers – an estimated 670,000 people in England[16] and 8,600[17] in Cambridgeshire and Peterborough.
- There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke[18].
- An estimated 25% of hospital beds are occupied by people with dementia.
- Hospital stays of people with dementia are approximately 1 week longer than average[19].
- 75% of people living in care homes have dementia[20].
- Dementia is the leading cause of death for women[21].
- It is estimated that the number of people living with dementia in Cambridgeshire and Peterborough will increase from 8,600 to 16,110 (7,510/86%) between 2016 and 2031. Action therefore needs to be taken to:
    i) Do everything possible to prevent and delay the onset of dementia to slow the growth in numbers of people living with dementia.
    ii) Ensure that the best use of the resources available is in order to manage the resulting increase in demand.
- Improving awareness and understanding of dementia will enable people living with dementia and their carers to live more comfortably with their families and communities.
- If dementia is diagnosed early in its course, appropriate support can be provided in the present, and as the disease progresses, reducing the incidence of avoidable crises and

15 Petersen RC, Smith GE, Waring SC, Ivnik RJ, Tangalos EG, Kokmen E (1999). "Mild cognitive impairment: clinical characterization and outcome". Arch. Neurol. 56 (3): 303–8.

16 The Prime Minister's Challenge on Dementia, DH, 2020

17 Public Health England, 2016

18 Commissioning for Value: Mental health and dementia pack, Public Health England, January 2017

19 The Prime Minister's Challenge on Dementia, DH, 2020//5 Year Forward View, DH, 2015

20 The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015

21 The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015

interventions, improving experience and outcomes whilst also releasing resources for investment in other health and social care interventions.

- Across Cambridgeshire and Peterborough there is a desire to improve experience and outcomes for people who access any health and social care services.

The main thrust of national strategy is to ensure that people living with dementia are supported to live at home with their families for as long as possible. Early diagnosis and intervention including access to information, advice and guidance, advance care planning that is personalised, timely access to specialist assessment and treatment, and effective support for carers are key components of the strategy. Promoting better awareness and understanding of dementia amongst communities and businesses is essential if people living with dementia and their carers are to live and participate comfortably in their communities. Based on the work of the Alzheimer's Society, national strategy includes programmes to increase awareness through the development of dementia friendly communities and environments. There is much that can be done to prevent dementia by tackling key risk factors such as smoking, excess weight and physical inactivity. Overall, the aim is:

> **To enable people living with dementia to live independently for longer and to enjoy being part of their community[22] and to keep them healthier for longer and out of hospital[23].**

A vision for people living with dementia and their carers in Cambridgeshire and Peterborough has been agreed:

> ***We will work hard to prevent people in Cambridgeshire and Peterborough from acquiring dementia and ensure that those living with and affected by dementia receive compassionate, expert care and support, that is right for them to live positive and fulfilling lives …. we will support and empower them to take part in, and contribute to, the families and communities in which they live and work[24].***

Gaps and improvements that can be made to all of the above in Cambridgeshire and Peterborough have been identified through the work to develop the Strategic Plan. However, the biggest gaps identified are in:

- Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector.
- The infrastructure required to support the development of dementia friendly communities and environments – primarily provided by the voluntary sector..
- Support to maximise quality of life whilst living with dementia - for individuals living with dementia and their carers.

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22 Dementia Implementation Guide, DH, 2017

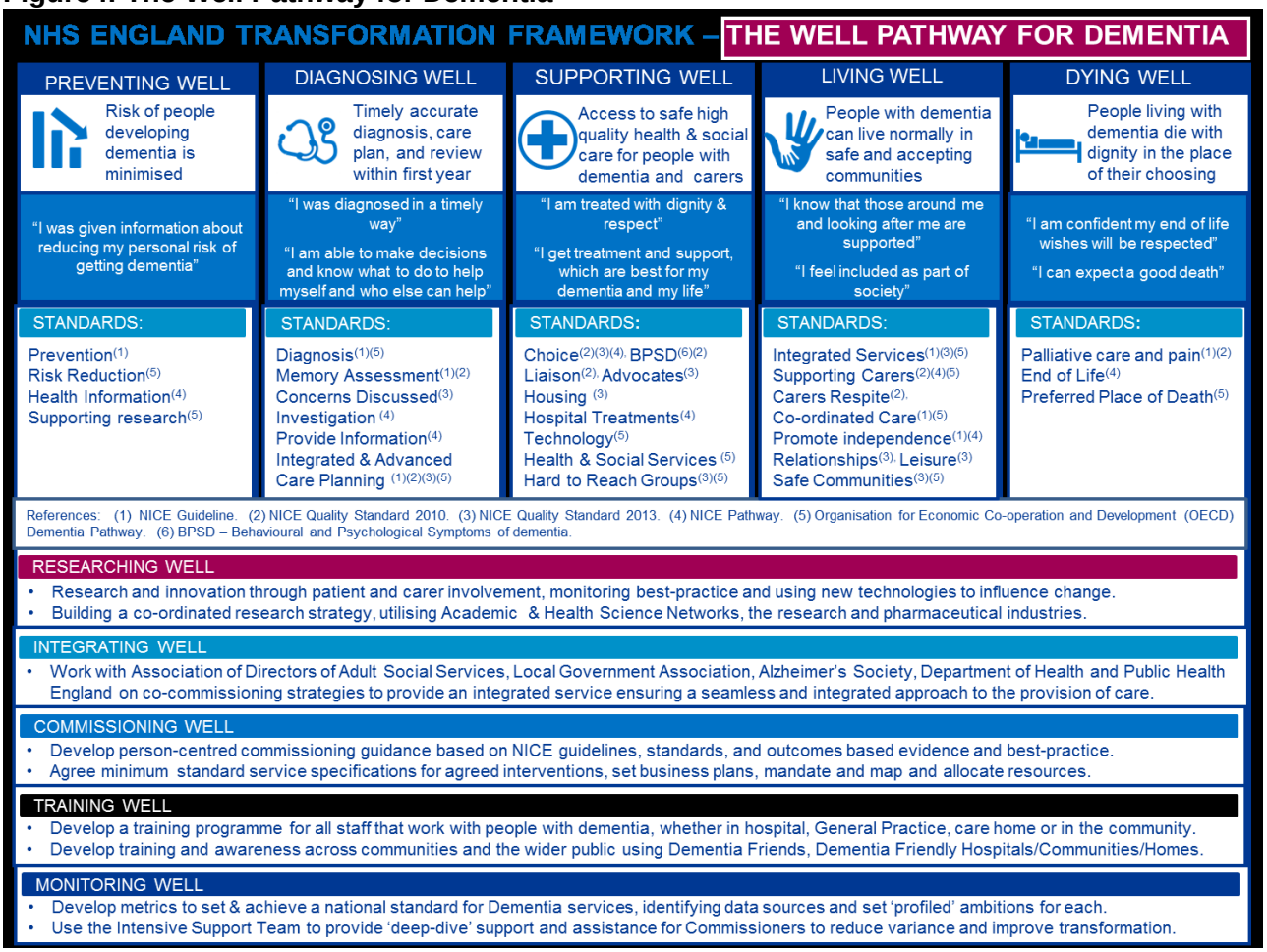
23 The Five Year Forward View Implementation Guide, 2017-19, DH 2017

24 Adapted from Dementia UK's Strategy

- Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)).
- Psychological treatment for people following diagnosis and in specialist dementia inpatient care.
- The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations.
- Personalised care planning and support.
- Specialist assessment, treatment and support for people diagnosed with early onset dementia[25].

Addressing these gaps has been prioritised within the Strategic Plan. The Plan describes how the OPMH Delivery Board plans to work with its partners to achieve the vision for dementia using the pillars and cross-cutting themes of the Well Pathway for Dementia which provides a framework for delivery of the national dementia strategy as its basis. (See Figure i below).

Figure i: The Well Pathway for Dementia[26]



25 This document contains key issues identified within the needs assessment undertaken to inform the Strategic Plan. The detail is contained in 'Early Onset Dementia, Needs Assessment', October 2017.

26 https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf , online, accessed: 05.07.17

The aim is to ensure that delivery of the services under each pillar of the Well Pathway are effective and efficient and developed in line with national and local good practice. To achieve this, action plans to improve outcomes from the services under each of the Pillars and Cross Cutting Themes has been developed. (See Section 3.2). These are summarised in Table 1 below. The Strategic Plan aims to deliver the following outcomes:

- Prevention of the onset of dementia where this is possible.
- People living with dementia are supported to live safely for longer within the community and with their carers.
- Improved accessibility to, and consistency of, assessment, treatment and support for people living with dementia and their carers across Cambridgeshire and Peterborough.
- Increased choice and control for people living with dementia and their carers - at all stages of the disease.
- Improved outcomes and experience of services for people living with dementia and their carers at all stages of the disease and wherever they live i.e. at home, in care homes and when admitted to hospital..
- Well co-ordinated care that addresses physical and mental health and social care needs in a seamless way.
- Crises and avoidable admission to inpatient dementia services and acute hospitals are reduced.
- Better understanding and awareness of dementia within communities
- Better use of resources/value for money.

A key objective of the Strategic Plan is to reduce costs where possible, releasing resources for investment in new/improved services and/or for investment in other key areas of need.

Investment, capacity, activity and performance across the health and social care system in dementia diagnosis, assessment, treatment and support is not fully understood. The Plan aims to develop this understanding in order to identify opportunities for improved performance, outcomes and reduced cost in order to enable investment to address gaps in services and support. Improvement will be achieved primarily by ensuring early diagnosing, intervention and effective community based, reducing expenditure on more expensive specialist interventions in line with national guidance for CCGs[27] and Local Authorities on cost effectiveness. Finally, the gap between current investment, improvements required and the increase in capacity necessary to match the likely increase in the numbers of people living with dementia will be identified. All of this will be brought together in a business case to the STP and to Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

A core data set to monitor quality, outcomes and activity based on the Memory Service National Accreditation Programme (MSNAP) quality standards, the reporting requirements of NHS and social care organisations has been developed and will be refined as part of the work to implement the Strategic Plan. Notwithstanding the need to report on core national and local activity,

[27] Next Steps on the NHS Five Year Forward View, DH, 2017

performance and outcomes, the key driver for the development of these outcomes will be to monitor the things that are of the greatest importance to people living with dementia and their carers.

Delivery of the Strategic Plan constitutes a major programme of work. A high level timeline for delivery of the actions/milestones required 2017 – 2019 has been developed to support delivery (See Figure ii below). An assessment of the risks to delivery of the Strategic Plan has been made with the following risks being identified:

- **Risk 1:** Insufficient capacity within OPMH commissioning and provider organisations to deliver a complex programme of work with the detailed level of analysis necessary to achieve the outcomes required
- **Risk 2:** Insufficient resources available across the system to support the analysis required
- **Risk 3:** Lack of resources to support external facilitation for the development of the care pathway

At the time of completion of the Strategic Plan (January 2018), these are rated amber with mitigating actions in place to address them.

Table i: Summary of the Cambridgeshire and Peterborough Dementia Well Pathway Action Plans

Strategic Plan: Section	Pillar/Cross Cutting Theme and Standard	Key Objective 1	Key Objective 2	Key Objective 3	Key Objective 4
3.2.1	***Preventing Well*** *The risk of people developing dementia is minimised: "I was given information about my personal risk of getting dementia"*	To build strategy to include evidence-based and equitable primary, secondary and tertiary prevention efforts across the life course.	To incorporate dementia risk reduction into current long-term disease approaches and unique messaging.		
3.2.2	***Diagnosing Well*** *Timely accurate diagnosis, care plan, and review within first year. "I am diagnosed in a timely way. I am able to make decisions and know what to do to help myself and who else can help".*	To increase the dementia diagnosis rate.	To develop a robust pathway that meets the standards within NICE guidelines and MSNAP with protocols agreed between the Memory Assessment Service, GPs, older people's services and the voluntary sector, including protocols that ensure that advance planning is established consistently across Cambridgeshire and Peterborough (includes assessing the feasibility of commissioning a Memory Assessment Service that meets the standards required to achieve MSNAP accreditation).		
3.2.3	***Supporting Well*** *Access to safe high quality health and social care for people with dementia and their carers. "I am treated with dignity and respect. I get treatment and support which are best for my dementia and my life."*	To develop a robust dementia pathway within which there is an action plan that supports improvement/achievement of the standards within NICE guidelines and MSNAP consistently across Cambridgeshire and Peterborough that relate to Living Well (includes assessing the feasibility of	To work with Acute providers to develop a plan for ongoing improvement in the quality of care for people with dementia when in hospital.	To improve awareness of and access to dementia care for hard to reach groups	To ensure that the quality of care of people living with dementia in care homes meets the Care Quality Commission requirements and best practice.

		commissioning a Memory Assessment Service that meets the standards contained within NICE guidelines and MSNAP; as a minimum, standards relating to advance planning must be achieved).			
3.2.4	***Living Well*** ***People with dementia can live normally in safe and accepting communities. "I know that those around me and looking after me are supported. I feel included as part of society."***	To ensure geographical consistency in relation to Dementia Friendly Communities and Dementia Friendly Environments across Cambridgeshire and Peterborough	To ensure that people living with dementia have access to community based support that is robust and consistent across Cambridgeshire and Peterborough	To establish a robust infrastructure of support for carers that is consistent across Cambridgeshire and Peterborough	
3.2.5	***Dying Well*** ***People living with dementia die with dignity in the place of their choosing. "I am confident my end of life wishes will be respected. I can expect a good death."***	To improve the quality of care and support and outcomes at end of life for people living with dementia and their carers			
3.2.6	**Early Onset Dementia**	***To ensure that people living with early onset dementia and their carers have access to robust assessment, treatment and support.***			
3.2.7	***Researching Well***	To ensure that every patient with a diagnosis of dementia is given the opportunity to participate in dementia research.	To evaluate the impact of the Dementia Strategic Plan		
3.2.8	**Integrating Well**	To ensure that care is seamless, addressing physical and mental health and social care needs in an holistic and cost effective way			

3.2.9	**Commissioning Well**	To improve the commissioning and leadership for health and social care commissioning.	To ensure that best use of resources is made.	To ensure that services are effectively commissioned.	
3.2.10	**Training Well**	To ensure that staff across the Cambridgeshire and Peterborough health and social care system are involved in and inform the development of and are trained in the operation of the integrated dementia pathway.			
3.2.11	**Monitoring Well**	To improve understanding of activity, performance and outcomes for people living with dementia and their carers in Cambridgeshire and Peterborough.	To develop a set of indicators of quality that include experience of services and support and outcomes for people living with dementia and their carers related to dementia across the Cambridgeshire and Peterborough health and social care system		

Agenda Item No: 17

LIVING WELL PARTNERSHIPS UPDATE

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**31st May 2018**
From:	**Catherine Mitchell, Director of Community Services and Integration**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is asked to:** **a) To note the progress to date on establishing the Living Well Partnerships** **b) To note the plan to align the Community Safety Partnerships and hold meetings on the same day.**

Recommendations:	**The Peterborough Health and Wellbeing Board is asked to:** **a) To note the that the previous Area Executive Partnership Board has been renamed as the Living Well Partnership and adopted the Terms of Reference** **b) To note that the Safer Peterborough Partnership (Strategic Group) will meet with the Peterborough LWP on a quarterly cycle from July 2018**

	Officer contact:	Name: Post: Email:	Cath Mitchell Director of Community Services and Integration Catherine.mitchell1@nhs.net
	Member contacts:		
Name: Post: Email: Tel:	Councillor John Holdich OBE Chairman, Peterborough Health and Wellbeing Board john.holdich@peterborough.gov.uk 01733 452479	Names: Post: Email: Tel:	Councillor Peter Topping Chairman, Cambridgeshire Health and Wellbeing Board Peter.Topping@cambridgeshire.gov.uk 01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is update the Health and Wellbeing Boards on the development of the Living Well Partnerships and the future alignment with the Community Safety Partnerships/Safer Peterborough Partnership.

2 BACKGROUND

2.1 As part of the Sustainability and Transformation Partnership (STP) governance arrangements there had been Area Executive Partnerships created based on the flow of patients into Acute Hospitals and there were Local Health Partnerships held at a District level in Cambridgeshire. This arrangement was leading to duplication and did not support a Place Based approach and was not an efficient use of Partners time which impacted on partner's ability to engage.

2.2 Peterborough had an Area Executive Partnership that was a sub group of the Peterborough Health and Wellbeing Board. The Partnership has now changed its name to the Peterborough Living Well Partnership (LWP), and adopted the same Terms of Reference as the newly constituted groups in Cambridgeshire.

2.3 The Countywide Safety Partnership then explored the option to combine the Community Safety Partnerships and Safer Peterborough Partnership with the Living Well Partnerships. All partners signed up to this direction of travel.

3. MAIN ISSUES

3.1 To date the Cambridgeshire LWP are configured as outlined below-

- Cambridge City and South Cambridgeshire LWP
- Huntingdonshire LWP
- East Cambridgeshire and Fenland LWP

3.2 The Living Well Partnerships have met twice and are establishing themselves at present and building new relationships which include Primary Care, Third Sector, Patient representatives and Acute Hospital representatives.

3.3 The LWP have been discussing county wide topics such as-

- Dementia Strategy
- Living Sport
- Joint Strategic Needs Assessment (JSNA) Core Data Sets
- Better Care Fund (BCF)
- Joint Emergency Teams / Neighbourhood Teams.
- Falls Prevention

Plus, items of local importance, for example the Ramsey Project

3.4 The Living Well Partnerships escalated an item to the joint quarterly meeting of the Health Care Executive / Public Service Board on improving our partnership approach to Housing Development and how we work to maximise the outcome of Section 106 and Community Infra- Structure Levy as a System.
This has resulted in a Task and finish group working up proposals to take back to the HCE/PSB meeting in June 2018

3.5 The next steps in Cambridgeshire and Peterborough is to align the Community Safety Partnership (CSP) / Safer Peterborough Partnership (SPP) meetings and agenda joint items for discussion to encourage a wider stakeholder approach to assist a Place Based approach to delivery.

4 FINANCIAL IMPLICATIONS

4.1 Each Partner organisation will be able to deploy their staff resources more efficiently when the Living Well Partnerships are held on the same day as the Community Safety Partnership's/Safer Peterborough Partnership and reduce the time lost in travelling and reduce the costs.

	Location
Living Well Partnership Terms of Reference ***Living Well Concordat***	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/640/Committee/12/Default.aspx https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/950/Committee/12/Default.aspx

Agenda Item No: 18

JOINT WORKING BETWEEN CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**31 May 2018**
From:	**Dr Liz Robin, Director of Public Health (CCC & PCC)** **Wendi Ogle-Welbourn Executive Director People and Communities (CCC & PCC)**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is asked to:** **a) Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset 2018** **b) Note progress to date on joint working between the two Health and Wellbeing Boards (HWBs).** **c) Endorse a further period of work with HWB Members and stakeholders on the membership and role of a joint Sub-Committee** **d) Approve moving forward with scoping work on the feasibility of a Cambridgeshire and Peterborough joint Health and Wellbeing Strategy for delivery in 2019.**

Recommendations:	**The Peterborough Health and Wellbeing Board is asked to:** **a) Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset 2018** **b) Note progress to date on joint working between the two Health and Wellbeing Boards (HWBs).** c) **Endorse a further period of work with HWB Members and stakeholders on the membership and role of a joint Sub-Committee** d) **Approve moving forward with scoping work on the feasibility of a Cambridgeshire and Peterborough joint Health and Wellbeing Strategy for delivery in 2019**

	Officer contacts:		
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1. PURPOSE

1.1 The purpose of this paper is to summarise progress to date in developing joint working across Cambridgeshire Health and Wellbeing Board (HWB) and Peterborough HWB, to identify issues which need to be further explored in order to continue this progress, and to clarify option for a joint sub-committee of the two HWBs.

2 BACKGROUND

Strategic context

2.1 The strategic context within which the Cambridgeshire HWB and Peterborough HWB now work has changed considerably since the two shadow HWB boards were formed in 2012.

- The statutory NHS Commissioner for the area has changed from two Primary Care Trusts (PCT), Cambridgeshire PCT and Peterborough PCT, to one Cambridgeshire and Peterborough Clinical Commissioning Group.
- The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) has been established to take forward integrated strategic planning across NHS commissioners, NHS providers and local authority – and to channel all the NHS transformation funding coming into the area.
- Local authorities in Cambridgeshire have agreed to form a Cambridgeshire and Peterborough Combined Authority with an elected Mayor, which can agree devolution deals to take on functions from central government, and the Mayor has recently expressed an interest in the health and social care agenda.
- There have been elements of senior management integration within Cambridgeshire County Council and Peterborough City Council, directly relevant to the statutory membership of the HWB Board, with the two Councils now having one Chief Executive, one Executive Director of People and Communities who covers both the Director of Adult Social Care and the Director of Children's Services statutory functions, and one Director of Public Health.
- HealthWatch Peterborough and HealthWatch Cambridgeshire have merged to form one organisation.
- The statutory Safeguarding Boards for both Children and Adults have merged across Cambridgeshire and Peterborough.

  In addition many existing organisations and partnerships have historically worked across both Cambridgeshire and Peterborough – for example the Police and Crime Commissioners Office and the Local Resilience Partnership

2.2 Meanwhile, progress has been made in Cambridgeshire on developing three place based operational partnerships covering the health and wellbeing agenda – the 'Living Well Partnerships'. These are still at a relatively early stage of development, and will work in partnership with the Health and Wellbeing Board to deliver locally. Peterborough already has a strong operational partnership which plays this role, which has been re-named as the Peterborough Living Well Partnership.

Progress to date on joint working

2.3 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.

2.4 The Peterborough HWB met in March 2018 and agreed to recommend to Full Council amending the Health and Wellbeing Board Terms of Reference, in order to delegate powers from the Council to the Health and Wellbeing Board to establish a joint Cambridgeshire and Peterborough sub-committee in relation to issues that cross local authority boundaries. This does not require the establishment of a joint HWB sub-committee, but puts a mechanism in place to deliver this at the appropriate point.

2.5 The Cambridgeshire HWB met on 24th April 2018 and agreed in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint subcommittee of the Cambridgeshire and Peterborough Health and Wellbeing Boards, subject to further detail on membership being presented to and approved by the Cambridgeshire board at its meeting in May. However, due to several local authorities having elections, and all local authorities having annual general meetings with potential for HWB membership to change, it has not been feasible to carry out the level of consultation required to finalise proposals for membership at this stage.

3. MAIN ISSUES

Joint work on HWB statutory functions

Joint Strategic Needs Assessment

3.1 One of the core statutory functions of the Health and Wellbeing Board is to produce a joint strategic needs assessment (JSNA) for health and wellbeing for their area. During the past year both HWB Boards have approved a JSNA Core Dataset for the area which they cover. These datasets have now been brought together in to a JSNA Core Dataset for Cambridgeshire and Peterborough (2018). An executive summary of the JSNA Core dataset is attached at Appendix 1, and the full version is available on weblink https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/CP_JSNA_CDS_FINAL_20180208.pdf

3.2 The C&P JSNA Core Dataset 2018 demonstrates key similarities across Cambridgeshire and Peterborough, including the impacts of population growth and migration, and trends in mental health needs. It also demonstrates health inequalities across the whole area, rather than for the two upper tier local authorities separately, which is helpful for Cambridgeshire and Peterborough wide structures such as the CCG, STP, CPSB and HealthWatch.

Joint Health and Wellbeing Strategy

3.3 A statutory function of Health and Wellbeing Boards is to produce a Joint Health and Wellbeing Strategy, to which NHS commissioners must have regard when developing their commissioning plans. At the Cambridgeshire HWB in April 2018, the HWB agreed to extend the current Cambridgeshire Joint HWB Strategy (2012-2017) until 2019. This matches the finish date for the Peterborough Joint HWB Strategy (2016-19) and provides the potential for both HWBs to work together on a Cambridgeshire and Peterborough Joint HWB Strategy from 2019, if this is considered the most appropriate option.

Better Care Fund Plan

3.4 A third statutory function of HWBs is to promote integration across Health and Social Care, and this now includes sign off of plans for the Better Care Fund (BCF). While the Cambridgeshire and Peterborough HWBs sign off their BCF plans separately, the officer infrastructure for preparing the plans, and much of the content of the plans is now joint across Cambridgeshire and Peterborough, overseen by the C&P Integrated Commissioning Board - a multi-agency officer board which reports to both HWBs.

Issues that require further exploration

3.5 When the proposal for a joint Sub-Committee of the two HWBs was discussed by the Cambridgeshire HWB in April, the following concerns were raised:

- There was a risk of ending up with a larger number of meetings overall, with increased pressure on the capacity of HWB members, if both the Sub-Committee and the parent HWBs continued to meet.
- If the number of meetings of the parent HWB Boards was significantly reduced (for example, to once or twice a year), then any member of the Board who was not on the sub-committee could find it difficult to make a meaningful contribution.
- A solution may be to continue with regular simultaneous meetings of both full HWBs, but there were concerns that this could be cumbersome as each Board had to make its own separate decision on each matter before it
- It could be difficult to align HWB membership across Cambridgeshire and Peterborough; the Peterborough board had neither Voluntary sector nor Provider representation, while the Cambridgeshire Board did not have Safeguarding Board or Community Safety representation.
- It was important to maintain the District Council representation which is a feature of the Cambridgeshire HWB Board.

3.6 In addition to the issues raised, there are currently differences between Cambridgeshire and Peterborough in the wider Council structures and governance, which affect the context and decision making processes for their HWB Boards.

- Peterborough HWB operates within the context of a single unitary local authority with a Cabinet system, which has the relevant Cabinet portfolio holders on the HWB and is chaired by the Council Leader.
- Cambridgeshire HWB Board operates within the context of a two tier local authority system, of which the upper tier (Cambridgeshire County Council) takes decisions through a Committee system rather than a Cabinet. It is chaired by a Health Committee member.

- Essentially, this means that whereas Cabinet members in Peterborough have the potential to take decisions at the HWB meeting, based on real-time discussions about the agenda item, in Cambridgeshire any significant decision with a direct effect on member local authorities, would often need to be taken back to Committees (CCC) or other democratic structures (District Councils) before being finalised.

3.7 The different governance processes are reflected in the ways that the two HWBs deal with decisions taken between meetings. These usually relate to NHS processes, where the interval between the release of NHS guidance and the requirement for comment or sign off by the HWB for a Plan or other document, can be quite short.

- In Peterborough there is discretion for the Chair of the HWB to take decisions or sign off documents between meetings, in e-mail consultation with the rest of the HWB when appropriate.
- In Cambridgeshire, a decision or sign off between HWB meetings requires a delegation to an officer to be agreed at the previous HWB meeting, which can then be carried out in consultation with the Chair and other HWB members. If there is no delegation an additional HWB meeting has to be called.

Proposed way forward

3.8 Without a full understanding between the two HWBs of each other's ways of working and governance arrangements, it may be challenging to optimise joint ways of working, resolve concerns, and create the most effective joint sub-committee. It is therefore proposed to consult further with HWB members and stakeholders on the optimal membership, governance and meeting frequency of a joint HWB Sub-Committee, and that this consultation process should include a facilitated workshop for members of both HWBs.

3.9 It is also proposed that officers should be asked to start scoping work at this point on the feasibility of a Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy, what it might contain, and how it would relate to the STP Plans and other key system strategies. Carrying out scoping work at this relatively early point, would allow sufficient time for a C&P Joint HWB Strategy to be properly researched and consulted on, for agreement in 2019, if this is the preferred option. .

4 FINANCIAL IMPLICATIONS

4.1 None at present

5 LEGAL IMPLICATIONS

5.1 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.

5.2 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"

6 SOURCE DOCUMENTS

Source Documents	Location
Proposal to establish joint working across Cambridgeshire and Peterborough Health and Wellbeing Boards (paper to Cambs HWB 24/4/2018)	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/950/Committee/12/Default.aspx
Feedback from the joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards (paper to Peterborough HWB 19/3/2018)	http://democracy.peterborough.gov.uk/documents/s33949/Item%208%20-%20HWB%20Report%20Update%20from%20Joint%20Development%20Session.pdf

1. EXECUTIVE SUMMARY

PURPOSE

The purpose of Cambridgeshire and Peterborough Joint Strategic Needs Assessments (JSNA) is to identify local needs and views to support local strategy development and service planning. In order to understand whether we are achieving good health and care outcomes locally, it is useful to benchmark outcomes in the area against local and national averages and look at trends over time. It should be noted that not all data are available at the combined Cambridgeshire and Peterborough level or are benchmarked when combined.

The primary purpose of this Executive Summary is to identify key points from this Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset, with particular emphasis on those areas and issues that are of greater overall concern within each part of the report. There is an overall summary and a summary by report chapter.

Public Health England's national health profiles are also are a good place to start in looking at the overall local picture of health and wellbeing across Cambridgeshire and Peterborough. Local summaries of these are provided in Table 1 in Section 1.1 below.

This Cambridgeshire and Peterborough JSNA Core Dataset is also supported by the **Cambridgeshire JSNA Core Dataset** and the **Peterborough JSNA Core Dataset**, both produced in 2017. Additional local area detail is provided within these documents. They are available at http://cambridgeshireinsight.org.uk/jsna and www.peterborough.gov.uk/healthcare/public-health/JSNA.

OVERALL EXECUTIVE SUMMARY

It should be noted that any summary is by necessity high-level, relatively crude, and cannot include the detailed differences and nuances of health and wellbeing across a large area like Cambridgeshire and Peterborough.

- Overall, **Cambridgeshire and Peterborough combined** tends to present a picture of a **relatively healthy place** when compared nationally. The area **compares generally well** with national health and wellbeing determinants and outcomes.
- However, independently, the residents of Cambridgeshire and Peterborough present differing health experiences overall; **Cambridgeshire tends to compare generally well** with national health and wellbeing determinants and outcomes, whilst **Peterborough** appears to have **more widespread health and wellbeing issues**, where health determinants and outcomes are often more adverse than the Cambridgeshire, Cambridgeshire and Peterborough and national averages.
- Data also highlights **variance in health outcomes at a district level within Cambridgeshire.** In **Fenland** it is a priority to broadly improve health determinants and outcomes and to reduce health inequalities.

The **principal points** in this report can be summarised as follows.

- **Life expectancy** in **Cambridgeshire** in men and women is **above national average** and premature and overall **death rates** are **low**. However, life expectancy for **Peterborough** is below the rate for England, and overall **death rates** are **higher**. There are also **important gaps** in life expectancy and mortality in **deprived areas of Cambridgeshire** compared with more affluent ones. This pattern is generally maintained for the principal causes of death.
- Levels of **disability** and **general ill-health** are generally **low in Cambridgeshire**, but are **higher in Peterborough** and also the Cambridgeshire district of **Fenland**.

- The general practice (GP) recorded **prevalence** of several specific long-term conditions including coronary heart disease, high blood pressure, stroke, diabetes, and mental health are **lower than the national average in Cambridgeshire and Peterborough**, combined and independently. GP recorded prevalence of asthma and cancer is recorded as above the national rate in Cambridgeshire and below the national rate in Peterborough. Please **note** that GP recorded prevalence may be influenced by GP clinical recording quality, varying age structures and deprivation, as well as the amount of disease in the population. In particular, prevalence of most long term conditions would be expected to be lower in Cambridge and in Peterborough because they have a lower proportion of older people.

- **Self-harm** appears to be a particular **issue across Cambridgeshire and Peterborough combined, independently, and across most of the Cambridgeshire districts.** There are **sustained high rates** of **emergency hospital admissions** and **increasing** trends at levels above the national average in all districts other than South Cambridgeshire and **notably high levels in Cambridge City**. However this may reflect recording issues, hospital A&E practice and repeated admissions of individuals, as well as overall population prevalence.
- The **suicide** rate for Peterborough does not differ significantly from England levels and for Cambridgeshire is significantly better than England. **Male** rates are **higher** than **female** rates.
- As the **population ages** a continuing **focus on dementia** will be necessary, along with the surveillance of **dementia** and **Alzheimer's disease** as an increasingly important cause of death.

- In terms of **NHS healthcare services**, the **numbers** of **total** and **emergency** inpatient **hospital admissions increased** over time for Cambridgeshire and Peterborough from 2011/12 to 2016/17, and numbers of **elective admissions** have also **increased** over this period, though are more stable. Increases apply especially to people aged **75 years and over**.
- Comparatively, **Cambridgeshire and Peterborough** have **similar rates of overall admissions**, whether in all ages, in those aged under 75 years or those aged 75 years and over. **Peterborough** tends to have **lower rates of elective admissions** and **higher rates of emergency admissions**, whereas the **opposite is true** in **Cambridgeshire**.
- Numbers and rates of **accident and emergency (A&E) attendance** and **attendance at minor injuries units** have **increased** across Cambridgeshire and Peterborough over recent years. The patterns of attendance tend to reflect the configuration of services in each locality. **Peterborough** is the **only locality** in Cambridgeshire and Peterborough to have **sustained statistically significantly high rates** of attendance **across all service delivery settings**.
- The **Adult Social Care Outcomes Framework** indicates that Cambridgeshire and Peterborough both have only one indicator that is statistically significantly worse than England, and both of these **relate to how safe people feel**. Other indicators, where local values differ from national averages but where the differences are not formally statistically significant, may warrant some attention.

- **Cambridgeshire** and **Peterborough** have experienced recent overall **population increases** and are expected to **continue to experience growth** in the short, medium and longer term to 2036 whether based on **Cambridgeshire County Research Group (CCCRG)** forecasts or **Office for National Statistics (ONS)** population projections
- Although starting at a similar level in 2016, there are differences between **Cambridgeshire County Research Group (CCCRG)** population forecasts, which are house building policy led, and **Office for National Statistics (ONS)** population projections which are based only on current population trends. **CCCRG** forecasts predict approximately 194,000 more people residing in Cambridgeshire and Peterborough by 2036 (a proportional rise of **23%**) and **ONS** projections predict approximately 132,000 more (a proportional rise of **16%**).
- Both CCCRG and ONS estimates show growth for Cambridgeshire and Peterborough across all age groups. The 16-64 year old age group is predicted to have most growth in total numbers, but the older age groups will grow largest proportionately.

- To **2026**, **CCCRG** house building policy led forecasts indicate a proportional change for Cambridgeshire and Peterborough's population of **17%** and **ONS** forecasts predict **9%.**
- Cambridgeshire and Peterborough are expected to **experience similar percentage increases** in growth overall.
- The **drivers of population change** for Cambridgeshire and Peterborough, combined and independently, are almost **equally** natural change (births and deaths) and migration/other. However, this differs to the national figures, where net migration accounts for a higher proportion of population growth (60%).
- Overall Cambridgeshire and Peterborough follows a relatively similar ethnic profile to England, though is less ethnically diverse overall. However, there is variation at a more local level. **Peterborough is much more ethnically diverse than Cambridgeshire.**
- Cambridgeshire and Peterborough combined have **low levels of population density** compared to England. However, **Peterborough** is more urban, and **population dense**, than Cambridgeshire and England overall.

- Cambridgeshire overall has low levels of socio-economic disadvantage and relative to England is a prosperous place with low levels of deprivation. **Peterborough has much higher levels of socio-economic disadvantage;** 37% of its residents live in the 20% most deprived areas nationally (compared with just 4% in Cambridgeshire). It should be noted that 21% of **Fenland** residents live within the 20% most deprived areas nationally too.
- In Cambridgeshire and Peterborough collectively **child poverty** is numerically lower than in England, in and significantly so in Cambridgeshire and most districts. However, in **Peterborough** and **Fenland** it is significantly above national levels.
- **Child development** and **educational performance** warrant further attention across Cambridgeshire and Peterborough, particularly in **Peterborough**, **Fenland** and other relatively **deprived** smaller areas. Educational attainment is around national levels in Cambridgeshire and Peterborough taken together as a whole.
- **Employment** related measures tend to be around national levels in the Cambridgeshire and Peterborough area as a whole. In general, **Peterborough** has more **employment and income related disadvantage** than Cambridgeshire. **Levels of employment** of 16-64yr olds are **similar** to national levels for **Peterborough**, and significantly **better** than national rates for **Cambridgeshire**. However, **Peterborough has better** than national rates related to employment for people with **long-term health conditions**, whereas **Cambridgeshire and Peterborough**, **Cambridgeshire** and some **districts** have significantly worse rates than England. Rates of claimants for **Employment Support Allowance** (ESA) for **mental and behavioural disorders** are **increasing** across Cambridgeshire and Peterborough, as well as nationally. They are numerically **lower** than England in **Cambridgeshire and Peterborough collectively**, significantly **better** than the national level in **Cambridgeshire** and **most districts**, but are significantly worse than national levels in **Peterborough**.
- As a whole Cambridgeshire and Peterborough's wider health determinant indicators tend to be better than, or around, national levels. There are, however, several other wider determinants of health for which **Peterborough has rates poorer than England**, whilst Cambridgeshire's rates are better than national rates. These include levels of **overcrowding**, **dependent children living in low-income households**, **violent crime**, and **educational attainment**. **Fenland** also tends to have relatively more **adverse wider determinants** than other areas of Cambridgeshire.

- Prevalence of **overweight children is improving across Cambridgeshire and Peterborough as a whole,** and in the combined area are at a significantly lower level than nationally, with the same true in Cambridgeshire and most districts. Obesity rates in younger children **Peterborough** are at a similar level to that found nationally, but are significantly **higher** in **Year 6** children. Children's **activity levels tend to decrease** as they get older. However, although similar to England, around **70% of 15 years olds** are **sedentary** in **Cambridgeshire and Peterborough**.

- Almost **two-thirds of Cambridgeshire and Peterborough adults** carry **excess weight**, with higher levels than found nationally in **East Cambridgeshire and Fenland.**
- Levels of GP recorded prevalence of obesity are generally lower in Cambridgeshire and Peterborough than in England, but **Peterborough** and **Fenland** have significantly higher levels of obesity in those aged 18 and over than found nationally.
- **Adult physical activity** levels across Cambridgeshire and Peterborough are similar when compared to England. However, **levels of activity in Peterborough** are significantly **worse** than the national rate. **Cambridgeshire and Peterborough** combined has a significantly **lower** (better) rate of **physical inactivity** than England, with Cambridgeshire's rate significantly better and Peterborough's rate around the national level.
- **Adult smoking** is statistically similar to the national average in Cambridgeshire and Peterborough collectively. 16% (105,000) of all Cambridgeshire and Peterborough adults are smokers, but both Cambridgeshire and Peterborough smoking cessation services have higher rates of validated smoking quitters compared with England, although the difference is not statistically tested. **Fenland** has a significantly **high level** of **smokers**.

- **Alcohol misuse** warrants some attention **across Cambridgeshire and Peterborough**, in both younger people and adult populations. Rates of **hospital admissions** for **alcohol-related conditions** are statistically significantly **higher** than the England average in **Peterborough, Cambridge** and **Fenland** and appear to be **increasing**.
- Some 42,000 working age adults in Cambridgeshire and Peterborough have used drugs in the last year. Rates of **death due to drug misuse** are numerically **higher** in **Peterborough** than in Cambridgeshire, at a level similar to the rate in **Fenland**.

- Levels of a people being offered a key general lifestyle service, **NHS Health Checks**, in **Cambridgeshire and Peterborough** are significantly **better** than the England average, but **take-up** by the population is **worse**.

- The picture regarding **sexual health** in Cambridgeshire and Peterborough is mixed, and sometimes unclear with overall infection **testing** rates **lower** than in England, which could be attributable to either low levels of disease or poor detection. Testing rates in **Peterborough** are significantly higher, as are levels of diagnosed **sexually transmitted infections**. **HIV diagnosis** at a **late** stage of infection is **relatively high** in Cambridgeshire and Peterborough and is **increasing**.
- **Conceptions** in **young women (under 18)** are generally **low in Cambridgeshire (except Fenland)**, but are **higher** in **Peterborough** than found nationally and, overall, around the national average across Cambridgeshire and Peterborough.

- **Falls** are an issue requiring **continuing attention** in **Cambridgeshire and Peterborough**. Emergency **hospital admissions** for falls are significantly **higher in the very elderly population** and are **higher** than the national average in people aged **65 years plus in Peterborough, Cambridge and Fenland**.

- Generally **cancer screening rates** are around the national average across Cambridgeshire and Peterborough. However, **cancer screening rates** in **Cambridgeshire and Peterborough have declining trends** over recent years. Screening rates are **significantly low** in **Peterborough**, and **Cambridge** and, relatively low, in **Fenland**.
- Childhood screening rates are mostly around national levels in Cambridgeshire and Peterborough as a whole. However, some **childhood vaccinations** have relatively **low**, and **declining**, coverage rates in **Cambridgeshire and Peterborough**.
- **Cambridgeshire and Peterborough's flu vaccination rates** for 2-4 year olds, older people and at risk individuals are **sustained** at levels **below national targets**.

1.1 Health Profile summary for Peterborough, Cambridgeshire and the districts

Public Health England's **Health Profiles** give a **snapshot** of the overall health of each local authority in England. The profiles present a small set of some of the **most important health indicators** that show how each area compares to the national average in order to highlight potential local issues. In this section, we present a **summary** of these key indicators to provide a rapid overview for Cambridgeshire and Peterborough, and the Cambridgeshire districts. Many of these indicators are described in more detail in the main report.

The Health Profile summary follows overleaf.

Table 1. Public Health England (PHE): health profile summary for Peterborough, Cambridgeshire and the districts - selected indicators, 2017

Category	Indicator*	Period	England value	C&P value*	C&P* recent trend	Pboro value	Pboro recent trend	Cambs value	Cambs recent trend	Cambridgeshire Districts				
										Cambridge	E Cambs	Fenland	Hunts	S Cambs
Our Communities	Index of Multiple Deprivation Score 2015 (score)	2015	21.8	-	-	27.7	-	13.4	-	13.8	12.1	25.4	11.8	8.1
	Children in low income families (%)	2014	20.1	15.9	↓5	23.1	↓5	12.9	↓5	15.9	10.1	21.3	11.9	8.5
	Statutory homelessness (per 1,000 households)	2016/17	0.8	0.0	-	2.3	→6	0.6	-	2.2	0.4	0.1	0.1	0.3
	GCSEs Achieved (%)	2015/16	57.8	57.5	-	47.8	-	61.2	-	63.3	58.7	52.2	59.2	70.2
	Violent crime (violence offences per 1,000 popn)	2015/16	17.2	13.2	↑5	21.2	↑5	10.9	↑5	16.2	7.3	14.6	9.9	7.1
	Long term unemployment (per 1,000 working age popn)	2016	3.7	1.3	↓5	2.1	↓5	1.1	↓5	1.6	0.9	1.4	0.6	0.9
Children's & young peoples health	Breastfeeding initiation (%)	2014/15	74.3	77.7	↑5	72.9	↑5	DQ	-	DQ	DQ	68.8	80.9	DQ
	Obese children (year 6) (prevalence - %)	2015/16	19.8	16.3	→10	19.8	→10	14.9	→10	11.3	15.3	20.0	15.8	12.6
	Hospital stays for alcohol-specific conditions (under 18s) per 100,00	2013/14-15/16	37.4	40.2	-	45	-	38.5	-	42.5	27.9	37.6	54.2	25.4
	Under 18 conceptions per 1,000 females 15-17	2015	20.8	19.3	↓5	28.2	↓6	16.5	↓6	15.9	12.7	26	14.5	15.2
Adult's health & lifestyle	Smoking prevalence in adults (%)	2016	15.5	15.8	-	17.6	-	15.2	-	15.1	15.3	21.6	14.0	12.8
	Physically active adults (%)	2015/16	64.9	66.0	-	60.5	-	67.5	-	77.4	62.3	63.8	61.3	71.4
	Excess weight in adults (%)	2015/16	61.3	61.3	-	62.9	-	60.8	-	50.2	66.3	71.6	63.3	58.9
Disease & poor health	Cancer diagnosed at an early stage (%)	2015	52.4	56.5	-	55.3	-	56.8	-	55.8	56.2	55.9	58.4	56.6
	Emergency hospital stays for self-harm (per 100,000 population)	2015/16	196.5	-	-	317.0	-	264.9	-	351.5	253.0	310.7	226.8	197.8
	Hospital stays for alcohol-related harm (per 100,000 population)	2015/16	647	-	-	708.0	-	638	-	818	589	731	590	558
	Recorded diabetes (%)	2014/15	6.4	5.7	↑5	6.5	↑5	5.5	↑5	3.3	6.5	7.8	6.1	4.8
	Incidence of TB (per 100,000)	2014-16	10.9	8.9	-	19.8	-	5.6	-	10.0	3.1	5.4	4.6	4.7
	New sexually transmitted infections (per 100,000 popn 15-64)	2016	795	597	↓5	882	→5	511	↓5	761	342	475	495	400
	Hip fractures in people aged 65 and over (per 100,000 population)	2015/16	589	-	-	573	-	583	-	660	497	667	562	542
	Estimated dementia diagnosis rate (aged 65+) (%)	2017	67.9	65.6	-	78.4	-	62.7	-	67.4	58.0	60.1	69.6	54.8
Life expectancy, causes of death & selected inequalities indicators	Life expectancy at birth (males), years	2013-15	79.5	-	-	78.6	-	80.9	-	80.3	81.6	78.6	81.0	82.1
	Life expectancy at birth (females), years	2013-15	83.1	-	-	82.4	-	84.4	-	84.1	84.8	82.6	84.7	85.2
	Infant mortality - deaths under 1 year per 1,000 live births	2014-16	3.9	3.5	-	3.7	-	3.4	-	4.2	1.3	5.6	2.0	4.0
	Suicide rate (per 100,000)	2014-16	9.9	9.0	-	10.9	-	8.4	-	8.3	4.7	11.6	7.4	10.5
	Smoking related deaths (per 100,000 aged 35 +)	2014-16	272.0	-	-	278.7	-	225.9	-	-	-	-	-	-
	Under 75 cardiovascular disease mortality rate (per 100,000 popn)	2014-16	73.5	65.8	-	79.7	-	62.2	-	76.9	64.3	79.9	59.0	45.9
	Under 75 cancer mortality rate (per 100,000 popn)	2014-16	136.8	125.2	-	145.8	-	119.8	-	114.3	118	146.3	117.4	108.7
	Excess winter deaths (index)	8/201 - 7/2016	17.9	14.7	-	15.0	-	14.7	-	23.6	8.9	18.2	9.3	14.9
	Premature (under 75) mortality from all causes (male) - per 100,000	2014-16	405	356	-	449	-	332	-	347	318	438	323	280
	Premature (under 75) mortality from all causes (female) - per 100,000	2014-16	266	247	-	303	-	232	-	243	232	314	211	194
	Dependency ratio (%)	2015	60.7	59.7	-	60.2	-	59.6	-	39.4	67.5	69.0	63.1	65.5

* Full indicator descriptions and definitions are available at https://fingertips.phe.org.uk/profile/health-profiles

Statistically significantly better than the England average

Statistically similar to the England average

Statistically significantly worse than the England average

Lower than the England value

Higher than the England value

Suppressed: removed due to small numbers

DQ: data quality issue

'-': not available

↑n Getting worse (number of years on which trend based)

→n No significant change (number of years on which trend based)

↓n Getting better (number of years on which trend based)

Public Health England Health Profiles at https://fingertips.phe.org.uk/profile/health-profiles

Source: Public Health England Health Profiles at November 2017

Key points:

- Overall **Cambridgeshire and Peterborough** combined is a **healthy place to live**, with many health and wellbeing determinants and outcomes **more favourable** when compared with **England averages**.
- For **Cambridgeshire** as a whole **particular areas of concern**, based on the local health profile, potentially include: violent crime and recorded diabetes where the rates are increasing and self-harm where the rate of emergency hospital stays for self-harm is statistically significantly worse than in England.
- For **Peterborough areas of concern**, based on the local health profile, potentially include: general inequalities in health determinants and some outcomes across the life-course; child poverty; homelessness; educational attainment; violent crime; teenage pregnancy; physical activity; mental health and self-harm; alcohol abuse; incidence of TB; sexual health, life expectancy at birth and premature mortality.
- The **district area of Cambridgeshire** with **most adverse issues** remains **Fenland**, where many indicators are more challenging than the county averages and sometimes when compared nationally. Areas of particular concern in Fenland are: general inequalities in health determinants and some outcomes across the life-course; child poverty; educational attainment; breastfeeding uptake; smoking and excess weight in adults; mental health and self-harm; alcohol abuse; recorded diabetes; dementia diagnosis rate and male life expectancy at birth. Many other important indicators are also closer to national, rather than local county, averages and so remain areas of concern (see those measures assessed as 'statistically similar' to England averages in Table 1 above).
- **Cambridge** has many health and wellbeing indicators that are better than national averages. **However**, homelessness; mental health and self-harm and alcohol related harm are however **worse than national averages**. There is also an **increasing trend** of some indicators moving towards national, rather than overall local, averages and this is of some concern. Issues to consider further are smoking; TB incidence; sexual health; falls and hip fractures in older people; dementia diagnosis rate; suicide and excess winter deaths.
- For the remaining districts of **East Cambridgeshire**, **Huntingdonshire** and **South Cambridgeshire**, most indicators are relatively favourable when assessed against national comparators and, broadly, it is these districts that drive the Cambridgeshire position as a healthy place compared with England collectively. Particular areas of concern in **East Cambridgeshire** are: adult excess weight; mental health and self-harm; and a lower than expected dementia diagnosis rate. In **Huntingdonshire**: alcohol abuse in young people; mental health and self-harm. In **South Cambridgeshire**: dementia diagnosis rate. In these relatively healthy areas it is important to also have regard for those indicators that are similar to national averages or are also of concern more broadly in Cambridgeshire: in **East Cambridgeshire** educational attainment; alcohol abuse in young people; smoking; adult physical activity; recorded diabetes; falls and hip fractures in older people; under 75 CVD mortality rate and Excess winter deaths in **Huntingdonshire** educational attainment; smoking; adult physical activity and excess weight; falls and hip fractures in older people; dementia diagnosis rate and suicide; in **South Cambridgeshire** alcohol abuse in young people; smoking; adult excess weight; mental health and self-harm; falls and hip fractures in older people; suicide and excess winter deaths.
- It should be noted that **some measures may still be important**, even if they are not shown to be locally or nationally adverse – for example if significant numbers of people are involved, they are good overall measures of population health status or trends are adverse.
- Similarly, some issues that are masked at combined authority, county, local authority and district level may be important at a **smaller area level** and smaller area analysis may highlight particular pockets of deprivation where there are relatively worse health determinants and outcomes. Small area data can be found on the **Peterborough Data**

Portal at http://pbdata.wpengine.com/, **Cambridgeshire Insight** at http://cambridgeshireinsight.org.uk/ and within Public Health England's **Local Health** at http://www.localhealth.org.uk/.

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

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.**		
	Notification of the Chairman/ Chairwoman	Oral	**Reports to Richenda Greenhill by Friday 18 May 2018**
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies for absence and Declarations of Interest	Oral	
	Minutes of the Meeting on 24 April 2018	Richenda Greenhill	
	Action Log Update	Richenda Greenhill	
	New models of health social care (governance) and STP (Fit for the Future) Public Engagement Update	Sheila Bremner & Catherine Pollard	
	Update on the Better Care Fund, Delayed Transfers of Care (DTOC) and Local Area Care Quality Commission (CQC) Inspection	Charlotte Black / Caroline Townsend	
	Cambridgeshire and Peterborough Dementia Strategy	Fiona Davies	
	Health and Wellbeing Boards' Joint Sub-Committee Proposal	Wendi Ogle-Welbourn / Dr Liz Robin	
	Living Well Partnerships	Mike Hill/ Cath Mitchell	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		

MEETING DATE	ITEM	REPORT AUTHOR	
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	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
	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 *(if report published)*	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	Charlotte Black	

MEETING DATE	ITEM	REPORT AUTHOR	
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**
	Minutes of the Meeting on 20 September 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
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	Charlotte Black	
28 March 2019, 10.00am, venue tbc			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 15 March 2019**

MEETING DATE	ITEM	REPORT AUTHOR	
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
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	Charlotte Black	

Updated: 08.05.18

PETERBOROUGH HEALTH AND WELLBEING BOARD
AGENDA PLAN 2018/2019

MEETING DATE	ITEM	CONTACT OFFICER
Monday 17 September 2018	• Updates on PHCU, MOU, Children's, etc • Poverty Strategy • Adult Social Care Survey • City College Access Champions - poster promoting key headlines from the Public Health Annual Report. **For information**: Better Care Fund Update Quarterly Health & Wellbeing Strategy Performance Update	Jacqui Cozens Helen Gregg Will Patten Helen Gregg
Monday 10 December 2018	**For information**: Better Care Fund Update Quarterly Health & Wellbeing Strategy Performance Update	Will Patten Helen Gregg
Monday 18 March 2019	**For information**: Better Care Fund Update Quarterly Health & Wellbeing Strategy Performance Update	Will Patten Helen Gregg

Updated on: 10 May 2018