

**CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND WELLBEING BOARD**  
**CORE JOINT SUB-COMMITTEE: MINUTES**

**Date:** 7th November 2019

**Time:** 11.50a.m. – 12.30p.m.

**Venue:** Room 7, March Community Centre, 34 Station Road, March, PE15 8LE

**Present:** Cambridgeshire County Council (CCC) & Peterborough City Council (PCC)  
Councillor Roger Hickford – Chair CCC Health and Wellbeing Board  
(Chairman)  
Liz Robin - Director of Public Health  
Michelle Rowe – CCC Democratic Services Manager  
Wendi Ogle-Welbourn - Executive Director: People and Communities

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)  
Jessica Bawden - Director of Corporate Affairs  
Jan Thomas - Accountable Officer

Healthwatch

Val Moore – Chair of Healthwatch Cambridgeshire

Apologies:

Councillor John Holdich – Chair PCC Health and Wellbeing Board  
Gary Howsam – CCG Clinical Chair (Vice-Chairman)  
Louis Kamfer - CCG Chief Finance Officer

**12. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence were noted as recorded above and there were no declarations of interest.

**13. MINUTES – 24TH SEPTEMBER 2019 AND ACTION LOG**

The minutes of the meeting held on 24th September 2019 were agreed as a correct record and signed by the Chairman. The following updates were noted in relation to the action log:

**Better Care Fund 2019-20**

- the CCG Accountable Officer reported that she would provide the exact figures reflecting the growth in non-elective admissions at Addenbrooke's and Peterborough City Hospital to the Clerk to circulate to the Sub-Committee. **Action required.**
- the BCF Timetable 2020/21 was not yet available. It was scheduled to be discussed at meetings on 8th and 21st November 2019. The CCG Accountable Officer reminded the Sub-Committee of the need to follow NHS Guidance, which had not yet been published and was not always published in advance of the commencement of the process. The Chairman asked officers to provide a good guesstimate, which could then be adjusted, following the Integrated Commissioning Board (ICB) meeting on 21st November 2019. **Action required.**

- the ICB would be considering different commissioning priorities over the next 12 to 18 months with a timetable of key dates to be presented to the Sub-Committee. The Chairman highlighted the need to look beyond the next year. **Action required.**

#### 14. JOINT COMMISSIONING AND INTEGRATION WORKSTREAM

As set out in Section 4.2 Access to Information Rules of the Council's Constitution, the Chairman agreed that although the report had not been open to inspection by members of the public for five clear days before the meeting, it could be considered as it was just for noting. The Chairman was of the view that the delay had been acceptable to enable the report to be reviewed by the ICB which had met on 17th October 2019 and then to enact further amendments and approvals.

The Sub-Committee was reminded that it had requested an overview of jointly commissioned local authority and CCG contracts to inform the joint commissioning and integration work stream. Section 75 and Section 256 agreements were the two formal types of agreement to facilitate joint commissioned arrangements between health and social care that were utilised across Cambridgeshire and Peterborough. Attention was drawn to the specific Section 75 and 256 agreements.

The Chairman acknowledged the importance of the local authorities and the CCG working together. However, he queried who took responsibility for each agreement and who measured its effectiveness. It was noted that each service had a legal agreement setting out who was responsible for each function. It was also noted that the success of the commissioning process was measured against the outcomes achieved by statistical neighbours. Commissioners also looked at best practice before commissioning.

The Sub-Committee was reminded of the role of the ICB, which was now working in a more challenging way in relation to these agreements. The Chairwoman of the ICB (Val Moore) explained that the Board would be looking at what had worked well or not so well as part of the BCF. However, it was noted that in order to do this there needed to be a common understanding of the issues. She highlighted the importance of data sets to measure and audit success, and explained that this work would be part of an overarching BCF matrix to evidence if the commissioning process had improved. The Sub-Committee was informed that a considerable amount of work was taking place to link up data across the partners including community data, which would help identify priorities, residual needs, and to deliver a more proactive approach. Success would be measured by outcomes, and the more of effective use of budgets to deliver value for money.

The Chairman requested a progress report. It was noted that the Sub-Committee was responsible for considering the work of the ICB. It was therefore requested that a report detailing what the ICB was currently focussing on should be presented to a future meeting of the Sub-Committee. **Action required.** The Chairwoman of the ICB highlighted the importance of contributions from the CCG and the local authorities. However, it was sometimes difficult to maintain regular attendance at meetings. The Chairman stressed the importance of the ICB working the way the independent Chairwoman wanted it to.

It was resolved unanimously to note the content of the report.

## 15. BEST START IN LIFE (BSiL) STRATEGY UPDATE

The Sub-Committee considered a report detailing the Best Start in Life (BSiL) Strategy. The key purpose of the strategy was to ensure that there was co-ordinated integrated multi-agency agreement on the delivery of pre-birth to 5 services that were tailored appropriate to local need. It was a good example of partnership working based on knowledge of local need and what the evidence indicated worked in improving outcomes for all children, including disadvantaged children. It had been prepared against the background of a Peer Review and the process would be used again for other areas such as adolescents. Members received a brief introduction on the areas covered by the strategy and the key outcomes.

The Sub-Committee acknowledged that the strategy was an impressive document. The Chairman asked officers to prepare a short summary to engage the public and parents. **Action required.**

It was noted that the next phase of the strategy would involve moving to a place base model; the Sub-Committee would receive a report at a future meeting. The Sub-Committee was informed that the County Council had accumulated some good data around greatest need when reconfiguring its Children's Centres. It was important to address duplication and upskill the workforce in childcare settings to support parents. It was noted that discussions were also taking place with the CCG and Cambridgeshire Community Services regarding efficiencies around having one provider.

One Member queried the relationship between the strategy and fostering and adoption. It was noted that the strategy was universal document for pre-birth to 5 services. Areas such as fostering and adoption would be targeted separately. It was suggested that this should be reflected in the Strategy. **Action required.**

It was resolved unanimously to endorse the Best Start in Life Strategy 2019-2024.

## 16. SERVICE TRANSFORMATION AND BUSINESS PLANNING WORKSTREAM

The Chairman with the agreement of the Sub-Committee withdrew this item, as it would be dealt with at a workshop.

## 17. OUTCOMES FOR RESIDENTS WORKSTREAM – NEW KEY POLICY DRIVERS WHICH AFFECT THE WORK OF THE SUB-COMMITTEE

The Sub-Committee was informed of the prevention green paper – Advancing our health prevention in the 2020s. It was noted that the County Council's Health Committee had responded to the consultation.

## 18. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Sub-Committee noted its Forward Agenda Plan, and agreed to hold a workshop before each meeting.

## 19. DATE OF NEXT MEETING

January 2020 at a venue in Ely.

Chairman