

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

Date: 5th August 2019

Time: 12.38pm – 1.15pm

Venue: Civic Suite Room 1A, Pathfinder House, St Mary's Street, Huntingdon

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

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:

Dr Gary Howsam – CCG Clinical Chair
Louis Kamfer – CCG Chief Finance Officer

1. ELECTION OF CHAIRMAN/WOMAN

It was resolved that Councillor Hickford be elected Chairman of the Sub-Committee for the municipal year 2019-20.

2. ELECTION OF VICE-CHAIRMAN/WOMAN

It was resolved that Dr Gary Howsam be elected Vice-Chairman of the Sub-Committee for the municipal year 2019-20.

3. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

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

4. ESTABLISHMENT AND AGREEMENT OF WORKSTREAMS FOR THE HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE

The Sub-Committee received a report proposing key workstreams and the delivery mechanisms for these workstreams. Attention was drawn to the first work stream relating to joint commissioning and integration. It was noted that the Integrated Commissioning Board chaired by Val Moore would lead on this work and would be asked to go through the Contracts Register in order to provide a list. It was expected that a report would be presented to the Sub-Committee in October after the Better Care Fund had been signed off. **Action Required.**

The Sub-Committee acknowledged the importance of the Best Start in Life Workstream. The Director of Public Health reported that a considerable amount of work was going on at local authority level and with wider stakeholders. The relevant local authority committees would consider the Best Start in Life Strategy in September. The Sub-Committee would then be able to influence the implementation of the strategy and identify any additional areas, which would provide more scope for the NHS to get involved. **Action Required.**

Attention was drawn to the workstream on service transformation and business planning. It was noted that the Sub-Committee would be asked to identify synergies to avoid duplication and mitigate risks. There was concern that the different budget planning timelines could make this difficult. However, it was noted that the local authority budget planning process was iterative, which would allow for the CCG's budget process scheduled for September and November to be considered. The Sub-Committee was informed that the Executive Director: People and Communities and the CCG Accountable Officer met monthly. It was proposed that the Sub-Committee should receive a joint report on partnership work from these officers and the Director of Public Health. **Action Required.**

The Chairman queried whether all the different levels and layers were actually needed. He raised the need to review how the local authorities and the CCG could do things more efficiently. It was noted that the organisations all had statutory level responsibilities. The CCG had recently streamlined its governance arrangements. The Sub-Committee was informed that the Department of Health was focusing more on the Sustainability and Transformation Plan (STP) Board even though it was not a statutory body. It was therefore important to have the necessary links between the Health and Wellbeing Board and the STP Board. The CCG was proposing to reinstate the Chief Executives' Forum and new leadership had been appointed for the Sustainable Development Unit, which was the delivery vehicle for the STP. It was noted that this was where funding for transformation might be available. One Member requested a glossary of terms to assist future discussions. **Action Required.**

In considering the links between the STP Board, which was very health focused, and the Sub-Committee, it was agreed to invite representatives such as the Police to meetings of the Sub-Committee in order to have conversations across public services. It was acknowledged that there were a number of Boards with different aims. The Executive Director: People and Communities agreed to map the different key boards to aid the work of the Sub-Committee. **Action Required.** It was acknowledged that integration was the way forward and the STP Board was meant to provide a partnership across both Health and Social Care. It was therefore important that it did not just become a health board. The CCG Accountable Officer and Director of Corporate Affairs agreed to consider who should be invited to future Sub-Committee meetings. **Action Required.**

The final workstream focussed on outcomes for residents. It was suggested that it was important to identify where there were holes in the system and where it was working well. The Chair of Healthwatch raised the need to draw on data, share challenges in relation to integration, and use people's complaints as a marker going forward.

5. CAMBRIDGESHIRE HEALTH AND WELLBENG BOARD FORWARD AGENDA PLAN

The Sub-Committee asked to receive an updated agenda plan. It was suggested that the Loneliness Strategy should be shared electronically with the Sub-Committee to be aware of any implications for joint commissioning and integration, before it was considered by the Whole System Joint Sub-Committee. It was also proposed that there should be a workshop on the Health and Wellbeing Strategy. **Action Required.**

6. DATE OF NEXT MEETING

9:15am, Tuesday 24th September 2019.

Chairman