CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Date:Thursday, 30 May 2019

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1	**Notification of Chairman/Chairwoman**	
2	**Election of a Vice-Chairman/Chairwoman**	
3	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
4	**Minutes - 28th March 2019**	**5 - 16**
5	**Minutes- Action Log**	**17 - 20**
6	**Scheme of Authorisations for Pharmacy Consolidation Applications**	**21 - 26**
7	**Feedback from the Joint Development Session with Cambridgeshire and Peterborough Health and Wellbeing Boards**	**27 - 30**

8	**Update on Terms of Reference for the Cambridgeshire Health and Wellbeing Board and Create a Further Joint Sub-Committee with Peterborough's Board**	**31 - 52**
9	**East Cambridgeshire & Fenland Living Well Partnership Update**	**53 - 56**
10	**Cambridgeshire Health and Wellbeing Priorities Progress Report**	**57 - 82**
11	**Health and Wellbeing Board Agenda Plan**	**83 - 86**

12 Date of Next Meeting

25th July 2019

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Roger Hickford (Chairman)

Jessica Bawden Councillor Mike Cornwell Tracy Dowling Julie Farrow Councillor Geoff Harvey Chris Malyon Councillor Nicky Massey Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Stephen Posey Liz Robin Councillor Joshua Schumann Vivienne Stimpson Councillor Jill Tavener Jan Thomas Caroline Walker Ian Walker and Matthew Winn Councillor Mark Howell Councillor Samantha Hoy Councillor Linda Jones and Councillor Susan van de Ven

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

Clerk Name: James Veitch

Clerk Telephone: 01223 715619

Clerk Email: James.Veitch@cambridgeshire.gov.uk

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Agenda Item No: 4

A MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

A concurrent meeting of the Cambridgeshire and Peterborough Health and Wellbeing Boards

Date: 28th March 2019

Time: 10.00am-12:30pm

Venue: Council Chamber, Shire Hall, Castle Street, Cambridge, CB3 0AP

Present:

Cambridgeshire County Council (CCC)
Councillor Roger Hickford (Chairman)
Councillor Mark Howell
Councillor Linda Jones
Councillor Susan van de Ven
Councillor Samantha Hoy
Dr Liz Robin - Director of Public Health
Wendi Ogle-Welbourn - Executive Director: People and Communities
Daniel Snowdon – Democratic Services Officer
James Veitch - Democratic Services Officer Trainee

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jessica Bawden - CCG, Director of Corporate Affairs

City and District Councils
Councillor Geoff Harvey – South Cambridgeshire District Council
Councillor Nicky Massey – Cambridge City Council

NHS Providers
Keith Reynolds - North West Anglian Foundation Trust (NWAFT) (Substituting for Caroline Walker)
Matthew Winn - Cambridgeshire Community Services NHS Trust (CCS)

Healthwatch
Val Moore

Voluntary Sector
Julie Farrow- Chief Executive of the Hunts Forum of Voluntary Organisations

Apologies:
Caroline Walker – North West Anglia Foundation Trust (NWAFT)
Chris Malyon – Section 151 Officer, Cambridgeshire County Council
Stephen Posey – Papworth Hospital NHS Foundation Trust
Councillor Joshua Schumann – East Cambridgeshire District Council
Vivienne Stimpson- NHS England Midlands and East Director of Nursing
Councillor Jill Tavener- Huntingdonshire District Council
Jan Thomas- CCG, Accountable Officer (Vice-Chair)
Ian Walker- Cambridge University Hospitals NHS Foundation Trust

Also Present:
Councillor Lynda Harford- Cambridgeshire County Council

Peterborough Health and Wellbeing Board
Councillor John Holdich (Chairman)
Dr. Gary Howsam (Vice-Chair)
Councillor Mohammed Jamil

130. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

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

131. MINUTES OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD MEETING ON 31 JANUARY 2019

The minutes of the meeting on 31st January 2019 were agreed as an accurate record and signed by the Chairman.

Minute 122: An elected Member sought clarification that the Suicide Prevention Evaluation Report would be circulated. The Director of Public Health clarified that she had been in touch with the corresponding officers and would make sure the document was circulated promptly.

132. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD ACTION LOG

The Action Log was noted.

133. CAMBRIDGESHIRE & PETERBOROUGH IMPROVED BETTER CARE FUND EVALUATION 2018-19

The Board received a report providing an update on the evaluation of the Improved Better Care Fund (iBCF) for Cambridgeshire and Peterborough in the period 2018-19. The Director of Commissioning provided a summary of how the BCF money was used in line with the three national conditions: to support Adult Social Care Provision, to Reduce Pressures on the NHS and to stabilise the Care Market. He stated that the Health and Wellbeing Board (HWB) had delegated governance of the Better Care Fund to the Integrated Commissioning Board (ICB). The ICB formulated some potential areas of investment, following system wide planning and discussion, which were listed in the report. An evaluation process had taken place that assessed the effectiveness of the investments. The results of the evaluation process would inform recommendations for investment in 2019/20 once funding guidelines from NHS England had been received and these would be presented to the Board when available.

In the course of discussion:

- An elected Member enquired whether the 3.5% Delayed Transfer of Care (DTOC) target was feasible and whether they were any penalties for not reaching it. The Director of Commissioning confirmed that there were no BCF penalties for not meeting the DTOC target. He reminded the Board that the iCBF was just one of a number of schemes and investments to try to improve DTOC performance. The Director of Commissioning informed the Board that the DTOC programme Board was actively trying to reduce DTOCs to 3.5%.

- An elected Member raised concerns that not enough preventative work was being undertaken to negate hospital admissions. The Director of Commissioning stated that the Discharge Programme Demand and Capacity work stream had undertaken a deep dive of post discharge care demand. The outcomes of this were that they had enough capacity at a global level as a system. The issue was how demand presents itself and having the right capacity in the right place at the right time, 'capacity mismatch'. There had been significant investments across the system to ensure capacity could meet demand. Members were informed that since April 2017, Cambridgeshire's re-ablement capacity had increased by 42% and domiciliary care capacity had increased by 12% over the same period. An effective placed based health system using community resources and assets was an effective way to address this.

- An elected Member expressed concern that funding for placed based services was being reduced. They suggested that place based services required investment in order to provide people the support they needed in their homes in order to prevent hospital admission. The Director of Commissioning stated that officers were identifying solutions to increase place based capacity, but the process was complex.

- A District Council member commented that discharge teams needed members with medical knowledge who could challenge consultants but also knew how the local social support networks operated. The Director of Commissioning commented that the benefit of a placed based approach was that health and social care providers would have a greater understanding of the specific needs and resources in that community.

The Head of Commissioning Partnerships and Programmes for CCC and PCC requested that the Board to delegate authority to approve the BCF 2019/20 Plan, prior to submission to NHS England.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Consider the content of the report and raise any questions

b) Delegate authority to approve the BCF 2019/20 Plan, prior to submission to NHS England, to the Director of Public Health in consultation with the Chair, Vice-Chair and wider Health and Wellbeing Board membership.
(**Action: Director of Public Health**)

134. CAMBRIDGESHIRE AND PETERBOROUGH JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CORE DATA SET 2019

The Board received a presentation by the Director of Public Health (attached at appendix 1 to these minutes) regarding the Cambridgeshire & Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2019.

In discussion:

- An elected Member expressed concern regarding the data related to the Fenland area, stating that schemes in the area had been working however; there was more that could be achieved. The Director of Public Health agreed and commented that health organisations needed to work together to improve results.

- The Vice-Chairman of the Peterborough Health and Wellbeing Board commented that the system needed to change in order to provide greater preventative work within communities. An elected Member agreed and commented that the definition of the system must be re-defined. It needed to include a greater range of socio-economic circumstances in which people lived, such as public transport and housing which were also determinants of health. The Director of Public Health commented that related work had been progressing through the CIVIC program.

- An elected Member requested additional information regarding the difference in emergency hospital admission rates between Cambridge and Peterborough. The Director of Public Health informed the Board that higher levels of deprivation in Peterborough resulted in higher rates of emergency hospital admissions.

- The Chairman of the Peterborough Health and Wellbeing Board asked whether the higher proportions of older people in Peterborough City also related to the emergency admission rates. The Director of Public Health confirmed that this was the case.

- The CCG representative stated that they believed by 2021 the total population would be 30,000 higher than the figure predicted by the NHS. Therefore, the NHS's funding formula allocation might not accurately reflect the county's demands.

- The Director of Public Health stated that the JSNA report supported and informed the discussions held within the health-care system.

It was resolved to:

a) Approve the Cambridgeshire and Peterborough Joint Strategic Neds Assessment (JSNA) Core Dataset 2019.

b) Consider the key health and wellbeing needs identified in the JSNA information presented and how these should influence the development of a future Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough

c) Note the substantial differences in health status and outcome observed between different areas of Cambridgeshire and Peterborough and consider how this information should inform future commissioning/intervention decision-making to improve overall population health and wellbeing.

135. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE ON STRATEGIC DIRECTION 2018/19

The Board received a report that provided an update on the work of the Sustainability and Transformation Partnership (STP) and the North and South alliances. The Head of Communication & Engagement at the STP informed the Board that the STP had shifted to a distributed leadership model. In presenting the report, particular attention was paid to the short, medium and long-term priorities of the system detailed in the report.

It was resolved to:

a) Note the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North and South Alliances

136. CLINICAL COMMISSIONING GROUP (CCG) PLANNING FOR 2019/20 AND THE NHS 10 YEAR PLAN

The Board received a report that provided a top-level summary of the CCG planning for 2019/20 and the NHS Ten Year Plan. Members noted that the CCG were currently working through the detail of the planning guidance and deciding priorities for 2019/20. The Director of Corporate Affairs for the CCG drew attention to the background and key points of the report. The Board were advised of the short, medium and long-term operational plans and the updated prevention strategy. Extensive consultation with the population of Cambridgeshire and Peterborough would be a priority for 2019/20.

Discussing the report:

- The representative from the Voluntary Sector informed the Board that a financial agreement with the CCG was not in place for the coming financial year. They expressed concern that many small groups in the sector would be unable to continue their work. The Officer stated they would return to the Board with this information and investigate.
(**Action: Director of Corporate Affairs, CCG**)

- An elected Member highlighted the importance of allocating resources to communities in order to enable them to build sustainable healthy organisations.

- An elected Member expressed their appreciation at the work being undertaken regarding workplace health. She raised her concerns that they should be promoting workplace health across the system and not just in the NHS. Members were informed that the Combined Authority had raised the issue that employers needed to support their employees through workplace health schemes.

- The representative from Cambridgeshire Community Services NHS Trust (CCS) enquired to why there was a separate NHS Prevention Strategy and suggested it would be more beneficial if they could produce one system wide strategy. The officer stated that the document aligned with the NHS Long Term Plan and acknowledged the role the NHS played in prevention strategies.

- The Director of Public Health welcomed the Prevention Strategy; she agreed with the representative from the CCS and stated that they needed to feed this strategy into the Joint Health and Wellbeing Strategy (JHWS) and joint commissioning which could lead to financial savings for the NHS.

- The representative from the CCS commented that the NHS Long Term Plan should be translated into a local plan. Further discussion was suggested of how the role of the HWB could progress this further.

- An elected Member raised concerns at the number of priorities in the NHS Long Term Plan. She commented that the system was already under pressure and it was vital they formulated a joint Action Plan. Different parts of the system would be able to contribute to the Action Plan to create a more connected working

arrangement. The officer stated that their Prevention Strategy would start to feed into the work the Director of Public Health was undertaking.

- The Director of Corporate Affairs at the CCG informed the Board that Healthwatch was conducing a piece of work to assess the public's response to the NHS Long Term plan. The representative from Healthwatch stated that the survey had yielded beneficial results. They commented that the public had wanted more information regarding the co-operation between organisations in the health and social care system.

- The Executive Director, People and Communities stated that the HWB Development Session should involve discussing the JHWS and the Action Plan that proceeded from this.

- The Director of Public Health stated that the JHWS should not be labelled as a business plan but rather a joint up system wide plan. She commented that the CCG's Prevention Strategy would act as a firm foundation to build on.

- The Vice-Chair of the Peterborough Health and Wellbeing Board expressed his concern regarding the level of engagement the Board had regarding the STP item and requested further discussion took place at the HWB Development Session. He commented that the creation of an Action Log could be an enormous document and taking a vote on the creation of one could be too early at this stage.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Note the CCG planning for 2019/20 and the updated Prevention Strategy for the NHS.

137. THINK COMMUNITIES UPDATE

The Board considered a report detailing an overview of the Think Communities approach. Attention was drawn to the background and main issues contained within the report. The Board was informed of the eight work streams, which would enable the Think Communities approach to be delivered. Board members noted that extensive consultation with partners across the public sector on the Think Communities approach would continue.

In the course of discussion:

- The Chairman expressed his appreciation that the report clearly presented the development of a number of the eight-work streams over a twelve-month period. However, he raised concerns that some of the other work streams in the report did not share this clarity and questioned where the work streams would be in two to three years' time.

- An elected Member expressed concerns regarding the Think Communities approach to assimilation within the wider Health and Social Care system. She commented that it did have a contribution to make but that it could not define itself as the system. Officers stated that they were engaging with all parts of the system to establish networks.

- The representative from the voluntary sector was concerned that officers were only communicating with limited sections of the sector. She commented that communication with the voluntary sector needed to be a key priority. She noted that the sector already had a comprehensive knowledge of the communities they were working in. Officers recognised that an effective communications plan was required in order to engage with both internal staff and the wider health and social care system.

- The Vice-Chair of the Peterborough Health and Wellbeing Board commented that it was vital that communities were engaged. It would be beneficial if organisations supported communities in the creation of a case study, where residents reflected on the work within their community. The Chairman of the Cambridgeshire Health and Wellbeing Board stated that local authorities were approaching communities in order to engage with them.

- An elected Member raised concerns regarding the example of Wigan Council used in the report, commenting that it had a very different working dynamic to that of Cambridgeshire and it would not be a simple task to draw comparisons between them. Officers clarified that they were analysing the environment Wigan Council were in to learn from it and not simply copy it.

- The voluntary sector representative stated that it was very difficult to draw comparisons between Cambridgeshire and Peterborough, and Wigan due to their footprint size and their geographical diversity. Officers also recognised that Cambridgeshire and Peterborough was more complex compared to Wigan but did note that there were learning opportunities to be had.

- The Executive Director, People and Communities stated that Wigan had an effective induction program provided to all members of staff; this element of could be adapted to meet the requirements of Cambridgeshire and Peterborough.

- An elected member commented that in their community they had seen children's health and social care services diminish. They recognised that the system was under severe financial pressures, but would like to see greater investment into voluntary and community services.

- An elected Member raised concerns that smaller but effective organisations in the community did not have the capacity to make financial bids and therefore there was a risk they would cease operation. They commented that it was in the Board's best interest to support such organisations. The Voluntary Sector representative agreed, commenting that the changes in the commissioning process had led to the exclusion of small organisations. Commissioning groups were now using the Social Value Act to engage with these smaller organisations. More effective joint working would also allow all organisations in the system to work more efficiently**.** The Executive Director, People and Communities agreed that the system needed to work more cohesively with the voluntary sector and communities.

- The Vice-Chair of the Peterborough Health and Wellbeing Board commented that it would be useful if the Board could receive an insight into the present and future funding pressures to which the system was subject.
  (Action: Director of Corporate Affairs, CCG)

- The Executive Director, People and Communities stated that more work had to be undertaken to achieve greater joint up working within the system. She noted that the Think Communities ambition very much aligned with the work being undertaken by the North and South Alliances. She also recognised the need for a more effective communication plan.

- The Director of Public Health informed the Board that GP networks, Think Communities and Integrated Neighbourhoods were working with communities of under 30,000 residents. She noted that it was vital to have clear communication, as it would enable effective joint working in the system.

- The representative from the North West Anglian Foundation Trust was encouraged to see the work being undertaken by Think Communities, in particular the eight work streams contained in the report. He saw it beneficial to align the work and timescales of the North/South Alliances with the Integrated Neighbourhoods scheme and Think Communities.

- The Environmental Service Manager at East Cambridgeshire reassured the Boards that they were engaging and creating links with local stakeholders through the distribution of the Think Communities pilot.

- The representative from Healthwatch commented that it would be beneficial for the Think Communities project to work with CIVIC.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Note, comment on and endorse the Think Communities approach to improving outcomes and preventing and delaying demand for statutory services across the public sector.

b) Comment on aspects of the approach, which are particularly important to the Board, in order to ensure they are given appropriate priority.

138. PUBLIC SERVICE REFORM: COMBINED AUTHORITY UPDATE

The Board received a report providing an update on the Cambridgeshire and Peterborough Combined Authority's (CPCA) public service reform programme. The Director of Strategy and Assurance at the Combined Authority began by setting the context of the CPCA within the wider health and social care system referring to its role as the statutory transport authority and its role in contributing to positive health outcomes.

Members noted the establishment of an Independent Commission on Public Service Innovation and Reform, initially focused on Health and Social Care integration. Following the submission of a draft report in January 2019, it was subsequently forwarded to the Independent Commissioning Board who would prepare their recommendation in summer 2019. The Director highlighted that the Commission was keen to engage with the two Health and Wellbeing boards, the voluntary sector and organisations such as Healthwatch.

In discussion:

- The Chairman of the Cambridgeshire Health and Wellbeing Board asked when the report from the Independent Commission would be available to view. The Director of Strategy and Assurance explained, as the Commission was an independent body, it would not be appropriate for him to state a possible completion date. However, the Commission was aware of the timing constraints if they wanted to feed their work into the upcoming spending review in June 2019.

- The representative from the CCG commented that members of the Board should read the Independent Economic Report. The work undertaken by the Independent Commission needed to link their work into this report to make sure public services can continue to keep up with the current rates of economic growth.

- An elected Member requested the Terms of Reference (TOR) for the Independent Commission. The Director of Strategy and Assurance stated he would circulate the Independent Commission's TORs and membership list to the Board. **(Action: Director of Strategy and Assurance)**

- The Director of Public Health commented that the Independent review would take place and would be very well researched. She noted that the deadline dates for the independent commission report, joint health and wellbeing strategy and the NHS response to the long-term plan would fall at around the same time. She questioned whether there was opportunity to create synergy between the reports, which would allow for greater joint up working. The Director of Strategy and Assurance reiterated that he could not represent the Independent Commission, but did confirm that the CPCA had discussions regarding greater joined up working and would feed this in the Independent Commission.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Note the update in this paper

b) Request a further update in the summer when the Independent Commission on Public Service Reform has reported to the Mayor (**Action: Democratic Services Officer Trainee**)

139. PUBLIC HEALTH SYSTEM LOCAL GOVERNMENT ASSOCIATION (LGA) PEER REVIEW

The Board received a report that presented the findings of the Cambridgeshire and Peterborough Public Health System Local Government Association (LGA) Peer Review carried out in February 2019, and requesting the approval of the joint action plan prepared to address the key recommendations of the Review. The Director of Public Health stated that the LGA Peer Review had yielded beneficial results. The Review asked how well they were working to improve the health of the public in Cambridgeshire and Peterborough and how the health and social care system worked holistically. In reference to paragraph 3.3 of the report, she then outlined to the Board the key findings from the LGA peer review report. In reference to paragraph 3.4, she explained the final recommendations of the LGA Peer Review. She noted that the voluntary sector had made some good contributions to the Peer Review. The Health and Wellbeing Board potential had a key role in taking these recommendations forward by approving the joint action plan.

In the course of discussion:

- An elected Member raised their concerns with the number of areas of consideration in the report and noted that they must prioritise them effectively.

- An elected Member stated there was a profound misunderstanding of the roles public health played in Local Government. A culture change was needed to improve the understanding of the broader context of Public Health to Members and officers across the organisation.

- An elected Member commented that the public were not aware of the role of Public Health within Councils. He noted that work could be undertaken to try to change this. The Chairman of the Cambridgeshire Health and Wellbeing Board stated that there was a common misconception of the term Public Health. The Director of Public Health agreed and stated that many of her staff were labelled as employees from NHS England in public meetings. She had asked that Public Health be publically associated with the County Council in press releases.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Note and comment on the LGA Public Health System Peer Review finding and recommendations attached as Annex A

b) Approve the Public Health Peer Review draft action plan attached as Annex B

140. DEVELOPING A NEW JOINT HEALTH AND WELLBEING BOARD STRATEGY

The Board received a report outlining the next steps in developing a Joint Health and Wellbeing Strategy (JHWS) for Cambridgeshire and Peterborough and asking for the Boards endorsement of the proposed approach. The Director of Public Health drew attention and outlined the following main issues found in the report: Establishing the timescale for the JHWS, establishing priorities for the JHWS, Links to local implementation of the NHS Long Term Plan, Public Consultation on the JHWS and Approval of the JHWS. She noted that she hoped to start discussing the establishment of JHWS priorities at the Joint HWB Development Session in the afternoon and conversations had started, led by the STP regarding the response to the NHS Long Term Plan.

In the course of discussion,

- The representative from the CCG stated that the engagement on the NHS Long Term Plan had started and sought clarification of the time scale of the JHWS report. The Director of Public Health commented that the time scales were challenging, but the reports did not have to be published at the same time. She noted that it was very important that the strategies were cohesive and allowed the opportunity for greater joint up working arrangements.

- The representative from the Cambridgeshire Community Services NHS Trust (CCS) reinforced the point that the joint working strategies need to be simplified to allow more cohesive joint up working arrangements.

- The Vice-Chairman of the Peterborough Health and Wellbeing Board agreed that the JHWS should be aligned with community needs

- An elected Member agreed that the JHWS should be formulated earlier as a formative document, she noted that the public can find consultations onerous

- The Chairman of the Cambridgeshire Health and Wellbeing Board questioned whether there was a statutory duty to hold a public consultation on the strategy. The Director of Public Health explained that there was a statutory duty to publically consult on significant proposed service changes. However, officers would explore this further outside of the meeting.

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Endorse the proposed approach to developing a new joint health and wellbeing being strategy for Cambridgeshire and Peterborough.

141. HEALTH AND SOCIAL CARE SYSTEM PEER REVIEW ACTION PLAN UPDATE

The Board received a report providing an update on progress against the recommendations from the Health and Social Care System Peer Review (September 2018), in preparation for a Care Quality Commission Area Review. The Executive Director, People and Communities stated that the action plan in the report was a result of a Health and Social Care LGA review they had last year. They had developed the action plan with in conjunction with key officers from the Health Executive. She drew the Boards' attention to the actions and recommendations found in the action plan and commented that they reflected the results of the Health and Wellbeing Peer Review. She expressed her enthusiasm that the Joint Health and Wellbeing Development Session will cover the key actions found in the report.

In the course of discussion, members:

- Were reassured that this report would be a point of key discussion in the Joint HWB Development Session in the afternoon.

- The Chairman with agreement from both the Peterborough and Cambridgeshire Health and Wellbeing Board stated that the report should be brought to the back to the Board in around six months' time.
(**Action: Democratic Services Officer Trainee**)

It was resolved that the Cambridgeshire Health and Wellbeing Board:

a) Consider the content of the report and raise any questions

b) Decide when the action plan should next be presented to the Board

142. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Board reviewed the Forward Agenda Plan.

Chairman

HEALTH & WELLBEING BOARD ACTION LOG: March 2019

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting date: 22 November 2018		
Minute 103: **Cambridgeshire & Peterborough Health and Social Care (HSC) System Peer Review Feedback**	Cllr van de Ven asked for more information outside of the meeting on what was happening within the South Alliance area. **Action: Helen Gregg** **Update 12.12.2018:** Helen Gregg, Jackie Galwey and Charlotte Black contacted regarding the specific information Cllr van de Ven requested. **Update 26.04.2019:** Helen Gregg confirmed that this action had been completed.	**Completed**
Meeting date: 31 January 2019		
Minute 122 **Update on the Progress of the Suicide Prevention Action Plan and Zero Suicide Ambition**	An elected Member was concerned that there were no signs of an evaluation report. Officer clarified that the evaluation process had been completed and would be circulated to the Board. **Action: Kathy Hartley** **Update: 28.03.19:** A Member requested an update, the Director of Public Health confirmed this would be circulated ASAP. **Update 16.05.19:** Kathy Hartly sent the evaluation report to Democratic Services, circulated to Board Members	**Completed**

Minute 124 **Huntingdonshire Living Well Area Partnership Update**	Director of Public Health suggested that the LWPs could bring information back to the Joint HWB workshop in March. **Action: Jayne Wisely** **Update: 23.04.19:** The LWP's are being discussed with key stakeholders at the HWB support group meeting on the 9th May – with a clear recommendation taken to the HWB Board meeting in May.	**In progress**
Minute 125 **Health and Wellbeing Strategy- Renewing the Health and Wellbeing Strategy**	The Chairman asked officer whether the role of the voluntary sector in Peterborough's Health and Wellbeing Board could be addressed if Option B was selected. The Executive Director, People and Communities confirmed that she would address this issue. **Action: Wendi Ogle-Welbourn** **Update 25.03.19:** Wendi Ogle-Welbourn spoken to Leader of Peterborough City Council. Conversations to take place with Peterborough City Volunteer Centre and Hunts Forum.	**In Progress**
Minute 126 **Cambridgeshire Health and Wellbeing Priorities: Progress Report**	The representative from NWAFT raised concerns regarding how they could improve the vacancy rates in the health and social care system. The Chairman agreed that the Board needed more information on the delivery and costs. He suggested the officers could bring the report back to the HWB as soon as possible and they could allocate more time to the item. **Action: Liz Robin** **Update 3.05.19:** The Cambridgeshire and Peterborough STP will be providing a report to Cambridgeshire Health Committee in July, on how it is working to address health and care workforce issues including vacancy rates. It is proposed that the STP report to Health Committee is circulated to HWB Board members to provide this information.	**In Progress**
Meeting date: 28 March 2019		

Minute 133 **Cambridgeshire & Peterborough Improved Better Care Fund Evaluation 2018-19**	Delegate authority to approve the BCF 2019/20 Plan, prior to submission to NHS England, to the Director of Public Health in consultation with the Chair, Vice-Chair and wider Health and Wellbeing Board membership. **Action: Liz Robin**	
Minute 136 **Clinical Commissioning Group (CCG) Planning for 2019/20 and the NHS 10 Year Plan**	The representative from the Voluntary Sector informed the Board that a financial agreement with the CCG was not in place for the coming financial year. They expressed concern that many small groups in the sector would be unable to continue their work. The Officer stated they would return to the Board with this information and investigate. **Action: Jess Bawden** **Update 10.05.19:** Jessica Bawden and Jan Thomas met with Julie Farrow and representatives of the voluntary sector in April 2019 and discussed improved communications between the CCG and grant funded organisations. It was agreed that all grant holders would meet with the CCG in May and that an organisations would be aware of next steps by the end of May.	**Completed**
Minute 137 **Think Communities Update**	The Vice-Chair of the Peterborough Health and Wellbeing Board commented that it would be useful if the Boards could receive an insight into the present and future funding pressures, the system was subject too. **Action: Jess Bawden**	**Completed**
Minute 138 **Public Service Reform: Combined Authority Update**	An elected Member requested if the Terms of Reference (TOR) for the Independent Commission. The Director of Strategy and Assurance stated he would circulate the Independent Commission's TORs and membership list to the Boards. **Action: Paul Raynes**	

Minute 138 **Public Service Reform: Combined Authority Update**	Request a further update in the summer when the Independent Commission on Public Service Reform has reported to the Mayor **Action: James Veitch** **Update 9.05.19:** Added to Forward Agenda Plan	**Completed**
Minute 141 **Health and Social Care System Peer Review Action Plan Update**	The Chairman with agreement from both the Peterborough and Cambridgeshire Health and Wellbeing Board stated that the report should be brought to the back to the Board in around six months' time. **Action: James Veitch** **Update 9.05.19:** Added to Forward Agenda Plan	**Completed**

Agenda Item No: 6

SCHEME OF AUTHORISATIONS FOR NHS ENGLAND PHARMACY CONSOLIDATION APPLICATIONS

To: **Health and Wellbeing Board**

Meeting Date: **30th May 2019**

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

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

a) **Note the statutory duty of the Health and Wellbeing Board to respond to "Excepted Applications" termed a "Consolidated Application", and**
b) **Delegate authority to the Director of Public Health in consultation with the Chair and Vice-Chair to respond to notifications from NHS England of "Excepted Applications" termed a "Consolidated Application" on behalf of the Board.**

Officer contact:		***Member contacts:***	
Name:	Iain Green	Names:	Councillor Roger Hickford
Post:	Senior Public Health Manager Environment and Planning	Post:	Chairman
Email:	Iain.green@cambridgeshire.gov.uk	Email:	Roger.Hickford@cambridgeshire.gov.uk

Tel: 01223 703257	Tel: 01223 706398 (office)

PURPOSE

1.1 The purpose of this paper is to request the board delegate responsibility to the Director of Public Health, in consultation with the Chair and Vice Chair, for responding to notifications of pharmacy consolidations on behalf of the Health and Wellbeing Board, in order for the Board to fulfil its statutory duties.

2 BACKGROUND

2.1 Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). It describes the pharmaceutical needs for the population of Cambridgeshire, which includes Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire, but not Peterborough (a separate PNA is produced by the Peterborough Health and Wellbeing Board and a paper requesting a similar delegation is being taken to the Peterborough Board).

2.2 The Health and Wellbeing Board has a **statutory duty** to respond to applications for "consolidations", for all other applications the board has power to respond but not a duty. Consolidations are where two or more pharmacies apply to merge, which could result in a pharmacy closing and therefore could create a gap in pharmacy provision.

2.3 Applications for consolidations are not common, in the lifetime of the current PNA there has only been one consolidation notification, however with the frequency of board meetings it is unlikely to be able to bring a paper outlining a suggested response on behalf of the Board for approval within the prescribed response time of 45 days.

3. MAIN ISSUES

3.1 Amendments were made to the pharmacy *National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations* in December 2016[i]. One key change was a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision. The Health and Wellbeing Board has a **statutory duty** to respond to applications for "Excepted Application" termed a "Consolidated Application". The Health and Wellbeing Board has 45 days to respond from the date of the notification.

3.2 "*Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means in general terms they will not be assessed against … the pharmaceutical needs assessment ("PNA") produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation….. If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must*

publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3)."

3.3 Following endorsement by the HWB, any supplementary statements or revised assessments will be published on the Cambridgeshire Insight website www.cambridgeshireinsight.org.uk,, alongside the original 2017 PNA report. The steering group will write to all key stakeholders, who were involved in the development of the PNA, to inform them of the publication of any supplementary statements. Publication will be communicated to the public via the Cambridgeshire County Council website and social media accounts. Other members of the steering group will publicise the information via their websites and/or social media as they deem appropriate.

4.0 RECOMMENDATION

4.1 As outlined above the frequency of board meetings is unlikely to coincide with the statutory response times and therefore there is a need to delegate this authority to the Director of Public Health

Therefore the Health and Wellbeing Board is asked to:

a) Note the statutory duty of the Health and Wellbeing Board to respond to "Excepted Applications" termed a "Consolidated Application", and

b) Delegate authority to the Director of Public Health in consultation with the Chair and Vice-Chair to respond to notifications from NHS England of "Excepted Applications" termed a "Consolidated Application" on behalf of the Board.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

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

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

Source Documents	Location
Cambridgeshire Pharmaceutical Needs Assessment 2017	https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/Cambridgeshire-Pharmaceutical-Needs-Assessment-2017-FULL-DRAFT-REPORT-FOR-CONSULTATION-v2_0.pdf

Agenda Item No: 7

FEEDBACK FROM THE JOINT DEVELOPMENT SESSION WITH CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

To: **Health and Wellbeing Board**

Meeting Date: **30th May 2019**

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

Purpose: **To provide the Health and Wellbeing Board with an update from the joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards, held on 28 March 2019.**

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

Note and comment on the content of the HWB Joint Development session update report

	Officer contact:		***Member contact:***
Name:	Kate Parker	Names:	Councillor Roger Hickford
Post:	Head of Public Health Business Programmes	Post:	Chairman
Email:	Kate.Parker@cambridgeshire.gov.uk	Email:	Rodger.hickford@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398

1. PURPOSE

1.1 The purpose of this paper is to provide the Cambridgeshire Health and Wellbeing Board (HWB) with an update on the joint development session held between both Cambridgeshire and Peterborough Health and Wellbeing Boards on the 28th March 2019

1.2 Health and wellbeing boards (HWBs) are forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. A significant number of HWBs are now beginning to play a genuine leadership role across local health and care systems.

1.3 The session was facilitated by Cllr Sue Woolley and Dr.Julia Simon, representatives from the Local Government Association (LGA) with an identified purpose around:-

- Understanding the statutory role of the HWB Board.
- Understanding what the JSNA tells us about the health and wellbeing of Cambridgeshire and Peterborough residents.
- Developing a joint vision for health and wellbeing
- Understanding how the organisational relationships operating in a complex system

2 BACKGROUND

2.1 The theme of the development session was to examine how as a statutory partnership board, overseeing health and wellbeing in this area, partners can develop a new system vision given the organisational challenges around finances, workforce and performance. Board members were provided with an overview of the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset (2019).

2.2 A number of challenges across the system were acknowledged:-

- Funding and financial constraints
- Recruiting and retaining the local workforce
- Recognising the growing population of Cambridgeshire and Peterborough
- Recognising the ageing population of Cambridgeshire and Peterborough with increased demand for integrated health and social care services.
- Geographical inequalities (other inequalities also noted) e.g. inequalities in children's early years and life chances
- Impact of common lifestyle behaviours on health

3. MAIN ISSUES

3.1 Local priorities across organisations were summarised as:

- **Places where people want to live:** good education and work, housing, culture and leisure, green spaces and transport
- **A good start in life:** support for parents, good early years settings and schools
- **People are healthy throughout their lives:** physical and mental health
- **Quality health and social care** close to home

These outcomes were drawn from a range of partnership boards where there is commonality in priorities.

3.2 Discussions at the development session did recognise that not everyone is engaged and the importance of the voluntary sector, service users and local community was identified as key to developing a whole system strategy. There was a general consensus that the priorities identified above were good outcomes to focus on.

Discussions also focused on ensuring wider engagement and consultation over the HWBs joint vision and the developing Joint Health and Wellbeing Strategy.

3.3 The importance of the social determinants of health in addressing health inequalities was recognised and led to discussions around understanding what “Health in all policies” means. There is room to further develop this as part of the work of the Health and Wellbeing Boards.

3.4 The development session identified that wider engagement and consultation (specifically with community and voluntary sector) around a Joint Cambridgeshire and Peterborough Health and Wellbeing Strategy was essential.

It was proposed that this engagement could be delivered working with Cambridgeshire & Peterborough Healthwatch, as they are already involved in the response to the NHS Long Term Plan. Whilst the timescales did not facilitate initial joint consultation there are opportunities that will enable joint engagement.

3.5 Healthwatch England was commissioned by NHS England to carry out an independent consultation on the NHS Long Term Plan. Cambridgeshire and Peterborough Healthwatch are responsible for co-ordinating the local response to the consultation which closed on 30th April 2019.

Our local Healthwatch will be providing a report to Healthwatch England (using the survey results, focus groups and local intelligence). A stakeholder engagement workshop is planned for June 2019 which will bring together key organisations to review the findings around the public response to the NHS Long term plan. The CCG is also working with Healthwatch to assist in pulling engagement plans together around their response to the NHS Plan. It is

proposed that the stakeholder engagement workshop is also utilised to test out the vision for the HWB Strategy and alignment against the local response to the NHS Plan.

4. JOINT WORKING TO SUPPORT WHOLE SYSTEM HEALTH AND WELLBEING

4.1 The session further explored how we can develop these priorities practically across Cambridgeshire and Peterborough. Both Cambridgeshire HWB Board and Peterborough HWB have agreed we need joint structures, which are most easily delivered as a joint sub-committee of the two HWB Boards. Two distinct roles of the Health and Wellbeing Board impact on the Boards infrastructure. For broader system leadership on health and wellbeing, we need a range of viewpoints and decision makers in the room with the ability to provide constructive challenge to each other. Other decisions on financial and performance issues where there is a lot of detail, and organisational accountabilities are very specific to CCG and upper tier local authorities, would be more efficiently reached in a smaller group with the minimum statutory membership of HWB boards.

4.2 A separate report will be provided to the Cambridgeshire HWB that will discuss the options presented at the development session. This report will also discuss the process required to create joint sub-committees and agreement on their Terms of Reference.

4.3 After the meeting calendar for both the Cambridgeshire and Peterborough Parent boards and the joint sub-committees have been set, a programme for further joint development sessions will be developed if required.

5 SOURCE

Source Documents	Location
Cambridgeshire & Peterborough Joint Strategic Needs Assessment 2019	C&P JSNA - Core Dataset 2019

Agenda Item No: 8

PROPOSAL TO UPDATE THE TERMS OF REFERENCE FOR THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AND TO CREATE A FURTHER JOINT SUB-COMMITTEE WITH PETERBOROUGH BOARD

To:	**Health and Wellbeing Board**
Meeting Date:	**30th May 2019**
From:	**Dr Liz Robin, Director of Public Health**
Purpose:	**To present a proposal to update the terms of reference of the Cambridgeshire Health and Wellbeing Board by aligning them with those of the Peterborough Health and Wellbeing Board, and to amend the terms of reference for the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both boards), and create a further joint sub-committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.**
Recommendations:	**The Health and Wellbeing Board is asked to:** **a) Endorse the updated terms of reference for the Cambridgeshire Health and Wellbeing Board and the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both boards) and refer these to the Constitution and Ethics Committee for recommendation to full Council.** **b) Endorse the proposed terms of reference for the new sub-committee of the Health and Wellbeing Board, and refer this to the Constitution and Ethics Committee for recommendation to full Council.** **c) Review the functioning and effectiveness of the Joint Sub-Committees after one year**

	Officer contact:		***Member contact:***
Name:	Liz Robin	Names:	Councillor Roger Hickford
Post:	Director of Public Health	Post:	Chairman
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Rodger.hickford@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to propose arrangements to create a second joint sub-committee of the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board, –a 'Core' Joint Sub-Committee. Council has already agreed a Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both boards), which will be known as a 'Whole System' Joint Sub-Committee. It is also proposed to amend the terms of reference of both the Cambridgeshire and the Peterborough Health and Wellbeing Boards so that they are aligned, which will then allow clear delegation of functions to the two Sub-Committees.

2 BACKGROUND

2.1 In November 2018, the Cambridgeshire Health and Wellbeing Board agreed to the establishment of a Joint Sub-Committee with the Peterborough Health and Wellbeing Board, with the full membership of both Boards. The rationale was that this would support joint working across the system and enable the Health and Wellbeing Boards to have a stronger strategic influence on the work of NHS organisations such as the Cambridgeshire and Peterborough Clinical Commissioning Group and the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP), which work across the two areas. The creation of a joint sub-committee with full membership of both Health and Wellbeing Boards was approved at full Council on 11 December 2018.

2.2 A joint development workshop for Cambridgeshire and Peterborough Health and Wellbeing Boards on March 28th 2019 explored options for how to take further forward joint working and priorities across the two Health and Wellbeing Boards (see Annex A). Two distinct roles of the Health and Wellbeing Boards were identified for joint work. The first is a system leadership role for health and wellbeing, for which representation from a range of organisations which impact on the wider determinants of health is required. The second is oversight of detailed financial, joint commissioning and integration issues for health and social care, specific to NHS commissioners and upper tier local authorities, which can be done more efficiently by a smaller group, reflecting the core statutory membership of the Health and Wellbeing Boards.

3.0 MAIN ISSUES

3.1 In order to create a joint infrastructure which will effectively deliver both roles of the Health and Wellbeing Boards outlined under 2.2, it is proposed to create a second Joint Sub-Committee (Core Joint Sub-Committee), and amend the terms of reference of the existing(Whole System) Joint Sub-Committee, comprising the full membership of both Boards, as follows:

Whole System Joint Sub-committee

Membership: Full membership of both Cambridgeshire HWB Board and Peterborough HWB

Role: To drive forward wider system health and wellbeing priorities, which require involvement from a range of organisations.

Delegations: Approve Cambridgeshire and Peterborough Joint Strategic Needs Assessments
Approve Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy

Core Joint Sub-committee

Membership: Core statutory HWB Board membership – equal across Cambridgeshire and Peterborough HWBs
Total of seven to nine members

- Four Local Authority members (including the Chairs of both HWB Boards or a nominated substitute, Director of Public Health, Director of Adult Social Care & Children)
- Four Clinical Commissioning Group members
- One representative of Cambridgeshire and Peterborough Healthwatch

Role: To drive forward and oversee joint commissioning and integration of specific NHS / upper tier local authority services.

Delegations: Better Care Fund approval
Joint commissioning of NHS and LA social care / public health services

3.2 It is proposed that the two parent Health and Wellbeing Boards would continue to meet to cover Cambridgeshire only and Peterborough only issues. Overall during one year the proposed calendar of meetings would include:

- Two meetings of the Cambridgeshire (parent) Health and Wellbeing Board
- Two meetings of the Whole System Joint Sub-Committee
- Four meetings of the Core Joint Sub-Committee

3.3 In order to enable clear delegation of functions to the two sub-committees, the Monitoring Officer has advised that the terms of reference of the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board should be aligned, so that the same wording is used to describe their functions. This will enable clarity in the delegation of functions to sub-committees. Since both Health and Wellbeing Boards have the same statutory duties, but describe the functions of the Board in different levels of detail, this alignment is relatively straightforward. The proposed updated

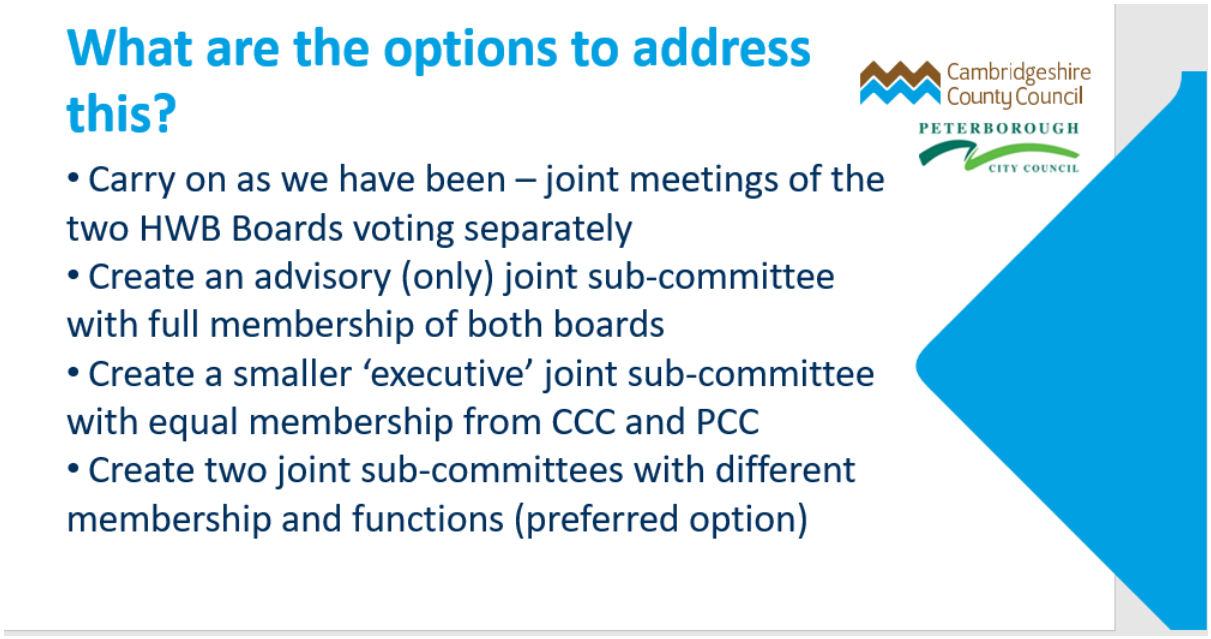
terms of reference for the Cambridgeshire Health and Wellbeing Board and the two proposed Joint Sub-Committees are attached as Annex B.

3.4 The delegated functions of the Cambridgeshire Health and Wellbeing Board and any joint Sub-Committees must be discussed by the Constitution and Ethics Committee and approved by full Council, following consultation with the Health and Wellbeing Board. Therefore the Health and Wellbeing Board is asked to endorse the attached Terms of Reference for referral to the Constitution and Ethics Committee.

4. SOURCE

Source Documents	Location
Cambridgeshire HWB – Item 10 Proposal to Establish Joint Working Across CP HWBs	Cambridgeshire HWB - Papers 22nd Nov 2018

ANNEX A: OPTIONS PROPOSED AT JOINT HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION



Additions in bold and deletions in strikethrough

12. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Introduction

The Cambridgeshire Health and Wellbeing Board (HWB) is established as a committee of the County Council under section 102 of the Local Government Act 1972. Its remit is to work to promote the health and wellbeing of Cambridgeshire's communities and its focus is on securing the best possible health outcomes for all residents.

Membership

- Five County Councillors ~~(to include the Chairman/woman, or Vice-Chairman/woman or any member of the following: Adults, the Health, and the Children and Young People Policy and Service Committees)~~
- Five nominated District Council representatives
  (supported by Senior District Council officer with Observer Status)
- Three representatives of the Clinical Commissioning Group (CCG)
  (nominated by the CCG Governing Body)
- ~~Five representatives for NHS providers (a mix of non-executive directors and executives, one each from Cambridge University Hospitals NHS Foundation Trust; Cambridgeshire and Peterborough NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Hinchingbrooke Health Care NHS Trust; Papworth Hospital NHS Foundation Trust)~~
- One representative of the local HealthWatch*
- Director of Public Health*
- Executive Director: People and Communities*
- Representative of NHS Commissioning Board*
- **Representative of Cambridge University Hospitals NHS Foundation Trust (CUHFT)**
- **Representative of North West Anglia NHS Foundation Trust (NWAFT)**
- **Representative of Papworth Hospital NHS Foundation Trust**
- **Representative of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)**
- **Representative of Cambridgeshire Community Services NHS Trust (CCS)**
- **Representative of the voluntary and community sector**
- ~~Chief Finance Officer (Section 151 Officer)~~
- ~~One representative of the Voluntary Sector~~

* Statutory members of the HWB. There is also a statutory requirement for at least one Local Authority Councillor~~, and at least one representative of the CCG,~~ to be a member of the HWB.

Health and Wellbeing Board Powers and Functions

Delegated Authority	**Delegated ~~Statutory Reference/~~ Condition**
Authority to prepare the Joint Strategic Needs Assessment (JSNA): **To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health & Wellbeing Strategy**	Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012
Authority to prepare the Joint Health and Wellbeing Strategy based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, **which informs and influences the commissioning plans of partner agencies**	Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012
Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012	Section 26, Health and Social Care Act 2012
Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner	Section 195, Health and Social Care Act 2012
Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006	Section 195, Health and Social Care Act 2012 Section 75, NHS Act 2006
To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.	

Delegated Authority	**Delegated ~~Statutory Reference/~~ Condition**
To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.	
By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.	
To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.	
Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.	
Authority to discharge any other functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government.	

Cambridgeshire Health and Wellbeing Board (Standing Orders)

1. Co-optees

The Chairman/woman or the Board will be entitled to appoint, in consultation with the Board via e-mail, up to 3 people at any one time as non-voting co-opted members of the Board. The Board shall determine whether the co-options shall be for a specified period, for specific meetings or for specific items. Co-options may only be made if the person co-opted has particular knowledge or elected expertise in the functions for which the Board is responsible, or knowledge/responsibility for a geographic or academic agenda issue.

2. Notice of Meetings

Meetings of the Board will be convened by the County Council, who will also arrange the clerking and recording of meetings (a member of the County Council's Democratic Services Team will act as Clerk).

3. Chairmanship

The appointment of the Chairman/woman will be determined by full Council at the annual general meeting, or at any subsequent meeting should the need arise; having regard to recommendations from the Leader of the Council. The Cambridgeshire Health and Wellbeing Board will elect annually a Vice- Chairman/woman who will not represent the County Council.

4. Quorum

The quorum for all meetings of the Board will be five members ~~(Chairman/woman or Vice-Chairman/woman to be in attendance).~~

5. Appointment of Substitute Members

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

6. Decision Making

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman/woman will have a second or casting vote. There will be no restriction on how the Chairman/woman chooses to exercise a casting vote.

7. Meeting Frequency

The Board will meet *at least* **two times** a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

8. Supply of information

The Health and Wellbeing Board may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

(a) the local authority that established the Health and Wellbeing Board;
(b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 ("the 2012 Act");
(c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board under this section may be used by the Board only for the purpose of enabling or assisting it to perform its functions.

9. Status of Reports

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Cambridgeshire County Council's offices and on the County Council's website at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Board's papers on Cambridgeshire County Council's website.

10. Press Strategy

An electronic link to agendas for all meetings will be sent to the local media. Cambridgeshire County Council will be responsible for issuing press releases on behalf of the Board and dealing with any press enquiries. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.

11. Members' Conduct

Part 5 - Codes and Protocols of the County Council's Constitution applies to all elected and 'co-opted' members of the Board.
~~**http://www.cambridgeshire.gov.uk/info/20050/council_structure/288/councils_constitution**~~

12. Amendment of the Terms of Reference

The Board may recommend variations to its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

13. Governance and Accountability

The Board will be accountable for its actions to its individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference. Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.

Health and Wellbeing Board Support Group
This is a working group mainly consisting of officers to discuss actions from Health and Wellbeing Board meetings and to help develop papers for the Health and Wellbeing Board

12.1 ~~JOINT~~ CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT ~~(A~~ SUB-COMMITTEE ~~COMPRISING OF BOTH BOARDS)~~: TERMS OF REFERENCE

Membership

Membership will comprise the full membership of both the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Chairman/woman of the Sub-Committee shall alternate annually between the Chairman/woman of the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Vice-Chairman/woman of the Sub-Committee shall be selected and appointed by the membership of the Sub-Committee.

~~**Overview of Functions**~~

~~The Sub-Committee has delegated authority to exercise all the Health and Wellbeing Board's functions relating jointly to Cambridgeshire and Peterborough, with the exception of functions relating to Cambridgeshire only which will remain with the Cambridgeshire Health and Wellbeing Board.~~

Aim: To drive forward wider system health and wellbeing priorities, which require involvement from a range of organisations.

Delegated Authority	**Delegated ~~Statutory Reference/~~ Condition**
Authority to prepare the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire and Peterborough : To develop a shared understanding of the needs of the community through developing and keeping under review the JSNA and to use this intelligence to refresh the Health & Wellbeing Strategy.	**Section 116, Local Government and Public Involvement in Health Act 2007 Section 196, Health and Social Care Act 2012**
Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy**, which informs and influences the commissioning plans of partner agencies.**	Section 116A, Local Government and Public Involvement in Health Act 2007. Section 196, Health and Social Care Act 2012
Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.	

Delegated Authority	**Delegated ~~Statutory Reference/~~ Condition**
~~Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012 [Cambridgeshire & Peterborough jointly]~~	~~Section 26, Health and Social Care Act 2012~~
~~Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner [Cambridgeshire & Peterborough jointly]~~	~~Section 195, Health and Social Care Act 2012~~
~~Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 [Cambridgeshire & Peterborough jointly]~~	~~Section 195, Health and Social Care Act 2012~~ ~~Section 75, NHS Act 2006~~
~~Authority to discharge any other functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government. [Cambridgeshire & Peterborough jointly]~~	

Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee (Standing Orders)

1. Notice of Meetings

Meetings of the Whole System Sub-Committee will be convened by Cambridgeshire County Council and Peterborough City Council on an alternating basis. The convening Council will also arrange the clerking and recording of meetings (a member of the Councils' Democratic Services Teams will act as Clerk).

2. Chairmanship

The Chairmanship will alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board. The Joint Sub-Committee will elect annually a Vice- Chairman/woman who will not represent either Council.

3. Quorum

The quorum for all meetings of the Joint Sub-Committee will be four members including members from both Councils and the CCG.

4. Appointment of Substitute Members

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

5. Decision Making

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman/woman will have a second or casting vote. There will be no restriction on how the Chairman/woman chooses to exercise a casting vote.

6. Meeting Frequency

The Sub-Committee will meet at least twice a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

7. Supply of information

The Sub-Committee may, for the purpose of enabling or assisting it to perform its functions, request any of the following persons to supply it with such information as may be specified in the request—

(a) the local authority that established the Health and Wellbeing Board;
(b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 ("the 2012 Act");
(c) any person who is a member of a Health and Wellbeing Board by virtue of section 194(2)(g) or (8) but is not acting as a representative.

A person who is requested to supply information under (a), (b) and (c) must comply with the request. Information supplied to a Health and Wellbeing Board or its Sub-Committees under this section may be used only for the purpose of enabling or assisting it to perform its functions.

8. Status of Reports

Meetings of the Whole System Joint Sub-Committee shall be open to the press and public and the agenda, reports and minutes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council's offices and on the Council's websites at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.] Other participating organisations may make links from their website to the Sub-Committee's papers.

9. Press Strategy

An electronic link to agendas for all meetings will be sent to the local media by the Councils' press offices. Press releases issued on behalf of the Board will be agreed with the Chairman/woman or Vice-Chairman/woman and circulated to all Board members.

10. Members' Conduct

The codes of conduct and protocols of the relevant Council will apply to all elected and 'co-opted' members of the Board.

11. Governance and Accountability

The Sub-Committee will be accountable for its actions to the Health and Wellbeing Boards and their individual member organisations. There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Sub-Committee will have delegated authority

from their organisations to take decisions within the terms of reference. Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies. It is expected that decisions will be reached by consensus.

12.2 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE: TERMS OF REFERENCE

Membership

- **Chairman/woman of Cambridgeshire and Peterborough Health and Wellbeing Boards**
- **Four representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)**
- **One representative of the local HealthWatch**
- **Director of Public Health**
- **Executive Director: People and Communities**

Aim: To drive forward and oversee joint commissioning and integration of specific NHS / upper tier local authority services.

Delegated functions

Delegated authority	Delegated condition
Authority to respond to consultations about commissioning plans issued by clinical commissioning groups in connection with Section 26 of the Health and Social Care Act 2012, where the response is for both Cambridgeshire and Peterborough.	**Section 26, Health and Social Care Act 2012**
Authority to encourage persons who arrange for the provision of any health or social care services in the Council's area to work in an integrated manner, where this involves both Cambridgeshire and Peterborough.	**Section 195, Health and Social Care Act 2012**
Authority to provide any advice, assistance and support it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006, where this involves both Cambridgeshire and Peterborough	**Section 195, Health and Social Care Act 2012** **Section 75, NHS Act 2006**

To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire and Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.	
To identify areas where joined up or integrated commissioning across Cambridgeshire and Peterborough, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.	
By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning across Cambridgeshire and Peterborough, including but not restricted to services for people with learning disabilities.	
To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services across Cambridgeshire and Peterborough, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.	
Authority to prepare and provide Health and Wellbeing Board sign off for the Better Care Fund Plan.	

Authority to discharge any other relevant functions specifically reserved to be undertaken by the Health and Wellbeing Boards as set out in legislation, guidance, circulars and directives received from national government, subject to agreement by the Chairs and Vice-Chairs of the Parent Boards.	

Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee (Standing Orders)

1. Notice of Meetings

Meetings of the Core System Sub-Committee will be convened by Cambridgeshire County Council ~~and Peterborough City Council on an alternating basis~~. The convening Council will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Teams will act as Clerk).

2. Chairmanship

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3. Quorum

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4. Appointment of Substitute Members

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members may attend meetings after notifying the Clerk of the intended substitution before the start of the meeting either verbally or in writing. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

5. Decision Making

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting.

6. Meeting Frequency

The Sub-Committee will meet at least four times a year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Board meeting may be called by the Chairman/woman, by any three members of the Board or by the Director of Public Health if he/she considers it necessary or appropriate.

7. Supply of information

The Sub-Committee may, for the purpose of enabling or assisting it to perform its
functions, request any of the following persons to supply it with such information as may be specified in the request—

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(b) any person who is represented on the Health and Wellbeing Board by virtue of section 194(2)(e) to (g) or (8) of the Health and Social Care Act 2012 ("the 2012 Act");
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8. Status of Reports

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Agenda Item No: 9

EAST CAMBRIDGESHIRE & FENLAND LIVING WELL PARTNERSHIP UPDATE

To: **Health and Wellbeing Board**

Meeting Date: **30th May 2019**

From: **Liz Knox – Environmental Services Manager East Cambridgeshire DC**

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

a) **Consider and comment on the content of the report**

	Officer contact:		***Member contact:***
Name:	Liz Knox	Names:	Councillor Roger Hickford
Post:	Environmental Services Manager	Post:	Chairman
Email:	Liz.Knox@eastcambs.gov.uk	Email:	Roger.Hickford@cambridgeshire.gov.uk
Tel:	01353 616313	Tel:	07985 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide the Health and Wellbeing Board members an update on the East Cambridgeshire & Fenland Living Well Partnership.

2 BACKGROUND

2.1 East Cambridgeshire & Fenland Living Well Partnership was formed in February 2018. The partnership was established as a mechanism for the Sustainability and Transformation Partnership (STP) for Cambridgeshire and Peterborough to engage with constituent districts. This replaced the Local Health Partnerships for East Cambridgeshire and Fenland and the Area Health Partnerships in an effort to rationalise and streamline processes.

2.2 It was intended that the place- based work would be undertaken and projects delegated to the Living Well Partnerships to more effectively use existing resources

2.3 The partnership has had 4 meetings, which take place on a bi-monthly cycle. The meetings were initially chaired by Cath Mitchell before her departure. The Partnership is now chaired by Jessica Bawden. The partnership has a core of regular attendees, however at the meeting in February 2019 the Partnership lost both the patient and GP representative who have yet to be replaced

3. MAIN ISSUES

3.1 At its meeting on 11th February 2019 the attendees reviewed the outcomes of the Living Well partnership over the last 12 months.

3.2 The Partnership has provided a forum to share information on projects taking place within the area. It has been useful to get updates on the Neighbourhood Cares Project in Soham, falls prevention role out and the Healthy Fenland Fund. The meeting also has regular updates from the Better Care Fund, Sustainability and Transformation Partnership (STP) and Health and Wellbeing Board

3.3 The meetings have provided the opportunity to share and consult on Local Health and Wellbeing Strategies for both Fenland and East Cambridgeshire.

3.4 The Partnership recognises that the STP landscape has changed over the last 18 months the initial planned projects that were expected to have local delivery needs have been reviewed. As a result of these changes there are now 4 priorities that do not necessarily require local actions for delivery through the LWP.

3.5 The formation of the North and South Alliance and the associated work streams for each Alliance has added confusion as to the remit of the Local Wellbeing Partnership.

3.6 The Partnership has not yet established the key local priorities that need to be addressed, that would make people live healthier and longer which are better dealt with through the living well partnership, therefore it does not feel that it is

delivering on the terms of reference. However it is felt that it is well placed to assist with and help facilitate the delivery of the “Think Communities” Projects for each district. It would also be beneficial to include discussion/updates regarding Primary Care Networks, This will help to improve communications, reduce duplication and improve efficiency.

3.7 It is recognised that there is a clear benefit to the information sharing element of the meeting, however we need to ensure that LWPs are about local delivery and ensure that local connections are established to drive forward local projects to improve health and wellbeing.

4. SUMMARY AND NEXT STEPS

4.1 The Cambridgeshire HWB has the governance responsibility for LWPs as they were established with a view to feed local issues into the HWB Board.

4.2 The HWB Officer support group discussed the issues identified in this report and previous reports received from Huntingdonshire LWP and the Greater Cambridgeshire LWP (January 31st 2019). Concerns were expressed around the changing partnership landscape (as discussed in section 3.4).

It was agreed LWPs are more effective when they address specific issues and are focused on solving problems across organisations in a particular geographical area rather than just information sharing.

4.3 Whilst the NHS landscape is changing with the national introduction of Primary Care Networks (which will not be established until 1st July) and local arrangements for STP delivery i.e. North and South Alliances these developments are evolving and do not replace the remit of the LWPs. It is likely the PCNs will have a valuable contribution to place based delivery but as they have yet to be formed it is too early to determine how the PCNs will be positioned and their capacity to input into the LWPs.

4.4 Officers were in agreement that a district geographical LWP with smaller partnerships feeding into this is still needed. Some consideration needs to be given on the current format of the LWPs i.e. Huntingdonshire LWP works across one district council area and shares the same geography with Huntingdonshire Community Safety Partnership (CSP) making it easier explore further joint actions. This would be harder for the East Cambridgeshire and Fenland LWP to achieve as there are different priorities for the two districts.

4.5 A key recommendation from the Public Health Peer review undertaken in January 2019 was to simplify the partnership landscape. Using the LWPs as a district based partnership where smaller partnerships and programmes like “Think Communities” can feed into, may present an opportunity to start to develop a coherent model for integrated delivery in neighbourhoods. Ensuring effective and good communication is established between LWPs, PCNs and STP alliances as they form will be key to the success of achieving this model.

4.6 The HWB Board is asked to consider the issues identified in the paper and discuss an agreed approach for the further development of LWPs.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 The East Cambridgeshire and Fenland Living Well Partnership is relevant to priorities 1, 2, 3, 4, 5, and particularly 6 of the Health and Wellbeing Strategy:

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

6. SOURCES

Source Documents	Location
Previous reports from: Huntingdonshire LWP Greater Cambridgeshire LWP	*https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/824/Committee/12/Default.aspx*

Agenda Item No: 10

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

To: **Health and Wellbeing Board**

Meeting Date: **30th May 2019**

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

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

a) **Note and comment on progress against the Cambridgeshire HWB Board priorities since the performance update provided in January 2019**

	Officer contact:		***Member contact:***
Name:	Dr Liz Robin	Names:	Councillor Roger Hickford
Post:	Director of Public Health	Post:	Chairman
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Roger.hickford@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398 (office)

1.0 PURPOSE

1.1 The purpose of this paper is to update the HWB Board on progress against its three agreed priorities for 2018/19. Progress is reported separately against each priority.

2. PRIORITY 1: HEALTH INEQUALITIES INCLUDING THE IMPACT OF DRUG AND ALCOHOL MISUSE ON LIFE CHANCES

Background

2.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the place based Living Well Partnerships, would be an appropriate officer group to scope and develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. Action on the impact of drug and alcohol misuse specifically, would be overseen by the multi-agency Cambridgeshire & Peterborough Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and district-based Community Safety partnerships.

Progress: Health Inequalities

2.2 The Public Health Reference Group met on the 9th April to consider the long list of potential civic level interventions (identified in the previous health wellbeing board update) which could help tackle future health inequalities. The potential actions were prioritised based on 1) where the group felt they could have the greatest impact as a group and 2) where there was little focus in the system already. In the short term the group chose to focus on the following priorities:

a) Maximising community wealth and opportunities through public sector decisions and actions.

Theme	Details
Public Sector Procurement (Social value[1])	The Public Services (Social Value) Act 2012 requires organisations who commission public services to consider how they can also secure wider social, economic and environmental wellbeing of their area or stakeholders. Social value aims to allow organisations to get more value for money from the public purse by thinking about the services they are going to buy, and see if the design or the way they are going to buy them could secure additional benefits for their area or their stakeholders. However there is a much wider opportunity for both organisations and places to clearly align social value policies and procurement processes with political and organisational vision as to the key outcomes for their stakeholders and area.
Creating pathways into work and increasing aspiration	Being in good work protects health and wellbeing. Work is an important source of income needed for a healthy life and provides social opportunities that are good for health and wellbeing. Disabled people and those with long-term health conditions have far lower employment rates than other groups. Disability is more common among people in more disadvantaged socio-economic positions[2]. Work opportunities are particularly poor for, care leavers, individuals with no qualifications and learning disabled. The challenge to anchor institutions is how they can contribute towards

[1] Social Value Brief_CP Options_Draft_2018_01_30 – Emmeline Watkins

[2] https://fingertips.phe.org.uk/documents/Briefing5c_Employment_of_disabled_people_health_inequalities.pdf

	raising aspiration for all as well as providing opportunities.

b) Using levers through statutory powers and responsibilities

Theme	Issue	Actions
Food environment	There is strong evidence which suggests that there is an association between the accessibility of fast food outlets and increasing levels of area deprivation. With the more deprivation there is in an area, the higher the number of fast food outlets there are.	**Local Plan Policies and Supplementary planning guidance** Planning documents and policies to control the over concentration and proliferation of hot food takeaways could form part of an overall plan for tackling obesity and reduce inequalities.[3]

Public health will now work with one of the Cambridgeshire and Peterborough planning authorities to develop and implement a fast food planning policy which can then be used as a model for other authorities in the area.

2.3 Current work on social value in Cambridgeshire county council

The transformation team in CCC have been working with the LGSS procurement team to develop a draft social value procurement toolkit. Public health are now supporting this work in order to:

a) develop a procurement toolkit which is useable in practice but flexible enough to enable supplier to be creative in how they can support different parts of the community.

b) Consider the opportunity for a broader approach to social value, where i) it is applied to procurement programmes outside the remit of the 2012 act e.g. major infrastructure projects and ii) where its consideration is embedded into wider decision making process.

2.4 STP board presentation

A presentation was given at the May STP board outlining

1) The key principles for tackling health inequalities,

2) Potential Role the health and care system have, as local anchor institutions, in creating economic opportunities for all local resident through the way they procure, recruit and work with their local communities.

3) How the NHS can tackle health inequalities through a clinical approach.

2.5 Progress: Drug and alcohol misuse

The Cambridgeshire adult integrated specialist treatment service provided by CGL from 1 October, 2018 is bedding in the new delivery model. The new treatment model has a strong recovery element as well as a key focus on trauma informed care and responding to co-occurring mental health and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604912/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdfq

substance misuse issues as identified through local need analysis. CGL has already made significant changes to the local staffing structure and clinic bases in order to drive through the required changes as part of service mobilisation.

The bid to Public Health England described in January's performance report, for capital funding to improve CGL premises in Cambridgeshire with a focus on alcohol misuse clients, was not successful. A further joint area bid across Peterborough and Wisbech has been submitted to the national Controlling Migration Fund (Department of Communities and Local Government) to continue to tackle alcohol misuse in migrant communities. The Wisbech element of the bid aims to enhance early engagement providing advice and harm minimisation messages, strengthening the outreach approach, and enabling more individuals from migrant communities to enter specialist treatment.

Positive strategic partnership work with HMP Peterborough has resulted in the distribution of take home naloxone (THN) to prisoners on release to help prevent drug related deaths. There are high rates of heroin/opioid overdoses amongst released prisoners nationally, particularly in the first few days and weeks back in the community when drug users revert to high levels of usage following months or years in prison when heroin is generally less available and often of a much reduced purity. Naloxone is a useful medication for illicit drug users as it has no clear potential for abuse, it is seen as part of a package of interventions and has the advantage that it can be administered by individuals, family and friends after only brief training.

3. PRIORITY 2: NEW AND GROWING COMMUNITIES AND HOUSING

3.1 Northstowe Healthy New Town Programme

The NHS England Healthy New Town Programme at Northstowe continues to jointly develop the new care model for Northstowe.
Key successes include:

- Developed a partnership with Centre for Diet and Activity Research (CEDAR) to monitor the evolving food environment at Northstowe
- Influenced the development of the Town Centre Strategy to support health and wellbeing and maximise positive health outcomes
- As part of the £500k Active New Communities programme (funded by Sport England and the Northstowe Healthy New Town Programme) residents have been supported to form a Sport and Wellbeing Group which is enabling the community to steer its own activities to support health and wellbeing at Northstowe
- Continued support for local GPs to bring forward a clinically led and locally adapted Primary Care Network proposal for the Northstowe Neighbourhood
- Continued to plan in partnership to deliver the integrated health facility within the Phase 2 Civic Hub
- Established a research collaboration with the Centre for Diet and Activity Research (CEDAR) to study the impact of travel incentives at Northstowe, resulting in a £550k research grant to the University of Cambridge to undertake this project in 2019-21.

As part of the National Healthy New Town Programme a developer network has been established to share the learning from Northstowe and the other 9 demonstrator sites, locally the developers of many of the strategic growth sites in Cambridgeshire have now signed up and are members of this network.

South Cambridgeshire District Council in partnership with the County Council is working to maximise active travel opportunities in Waterbeach New Town as part of a Design Council Programme. This has led to a commitment from partners to develop a joint approach removing barriers to active travel experienced in Northstowe. With the ultimate plan to develop a walking and cycling toolkit to inform future housing developments.

3.2 Sustainable Transformation Partnership (STP) Estates Strategy

The "health system" has been challenged to improve its response to housing growth across Cambridgeshire leading to a focus in the STP estate strategy and initiation of system wide programme of work. Public Health, through its membership of the STP Estates workstream continues to ensure the NHS Estate Strategy takes into account growth. The Strategy will link to the Primary Care Network work in terms of population and health demographics based around estate need.

A workshop was held to bring together all the NHS partners to consider the impact of growth and how the system needs respond with one voice, the next step would be to fund and establish a "unit" in the CCG or SDU to lead responses to growth on behalf of the NHS system.

3.3 Cambridgeshire and Peterborough Combined Authority

The Draft Local Transport Plan increases the focus on the health and wellbeing impacts of transport including on air quality, physical inactivity (through active travel), social isolation and road safety

The health and welling impacts and associated inequalities of rural communities have been addressed as part of the Strategic Bus Review, to ensure the strategy is not urban focused, and addresses the need for integrated transport solutions to promote active travel.

4. PRIORITY 3: INTEGRATION – INCLUDING THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE. THIS ALSO COVERS MONITORING THE IMPACT OF DEVELOPING PLACE BASED CARE MODELS.

4.1 A workshop on the system leadership role of the Cambridgeshire and Peterborough Health and Wellbeing boards and their role in promoting integration was held on March 28th 2019 and is reported in a separate paper to the Board.

4.2 Local progress on delayed transfers of care (DTOC) was highlighted in a paper to the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) Board held in public on May 20th (attached as Annex A) It described positive progress, with both Cambridge University Hospitals NHS

Foundation Trust (CUHFT) and Peterborough City Hospital (PCH) having had weeks when they achieved 3.5% DTOC target, during recent months.

4.3 The DTOC programme continues to be the highest priority for the System. It is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. The programme comprises seven key enabling work streams of activity:

- Integrated Discharge Service (IDS): The IDS is a team of health and social care discharge planning experts working together to support hospital wards with discharge planning for people with complex needs, and /or who need community support after discharge. In addition, a community hub has been established to manage capacity, demand and flow through key community pathways.
- Referral Process for Complex Discharge Support: Development of new Assessment and Discharge Notification forms that contain only information needed for the IDS to triage people effectively to the appropriate discharge pathway.
- Robust Operational Management
- Discharge to Assess: Review and development of effective discharge to assess pathway to support hospital discharge and ensure people are getting the right care in the right setting.
- Demand and Capacity Modelling: Understanding the growing needs for system- wide coordination of demand.
- Reporting: Standardising data collection and reporting through joint health and social care governance structures in the system.
- Effective Partnership Working.

4.4 The Demand and Capacity modelling work has been undertaken. The work-stream was led by a multi-disciplinary task and finish group, with the objective of:

- Understanding the capacity and demand gap for post hospital care provision; and
- Developing recommendations for addressing capacity shortages

A detailed analysis was undertaken over a three month period to give a system view of current demand based on 12 months of historic discharge data and a future forecast. An initial review of data highlighted that there were three key areas of demand for post hospital discharge care, and these areas provided the focus for the detailed deep dive analysis;

- Reablement
- Domiciliary Care (including both social care and NHS); and
- Further non-acute NHS care – including intermediate beds, intermediate care at home, residential and nursing care.

In summary, the key conclusions are:

- We have adequate capacity at a global level, with the exception of reablement and intermediate care at home, where additional capacity is required.
- The issue is the way in which ‘demand’ presents itself. This means that we don’t have the right capacity in the right place at the right time

(**capacity mismatch**). There are a number of reasons for this, including:
    - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches.
    - Geographical variations.
    - Patient choice (e.g. male carers, time of calls)
    - Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.)
    - Flow out services impacts on blockages in short term provision
- 'Capacity' is hiding 'Process Delays' in some instances

The workstream identified three potential options to address capacity mismatch:

- Option 1: Fund extra capacity and therefore the extra inefficiencies that come with this.
- Option 2: Do nothing and accept the current level of DTOC performance.
- Option 3: Think differently about how we match capacity to demand

As a system, we are already doing elements of option 1 and 2, examples include:

- Local authority has actively commissioned additional reablement (42% increase since April 2017) and domiciliary care capacity (13% increase since April 2017).
- Residential care home capacity has increased by 5.6% in Cambridgeshire and 11.2% in Peterborough between April 2015 and April 2018.
- Additional investment in DTOCs through Improved Better Care Fund, Hancock Monies, STP etc.
- Continue to work with the market to increase and maximise capacity (e.g. Joint Market Position Statement, Provider forums, closer working across brokerage to maximise capacity)
- Increased focus on prevention and early intervention, to reduce the demand on domiciliary care, e.g. increasing use of technology enabled care, reducing double up packages.
- CCG commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.

In order to develop approaches to Option 3, we need to think differently about how we match capacity to demand and the ongoing work of the Discharge Programme board is being configured to support the following areas:

- Process and Flow: make best use of available resources to maximise the capacity that is available to us.
    - Joint brokerage – to maximise market capacity.
    - Improving patient following assessment – e.g. trusted assessor model
    - Advanced notice for discharge
- Changing the conversation with patients: patient choice, having difficult conversations earlier.
- Commissioning differently, examples include:
    - Personal budgets / health budgets

- Better use of the voluntary sector resources
- Use of banding within commissioning contracts and assessment practice – e.g. 'time bandings' and moving away from traditional 'breakfast, lunch and dinner calls'
- Commissioning criteria for services, e.g. eligibility
- Mixed sex wards
- Place based commissioning, rather than service based commissioning

- Focusing on the front end, to reduce flow into hospitals, through greater investment in early intervention and prevention approaches in the community, e.g.:
  - Adults Positive Challenge Programme
  - Integrated Neighbourhoods
  - GP engagement earlier on in patients journey

4.5 Progress on Integrated Neighbourhood work led by the North and South Alliances of the Sustainable Transformation Partnership (STP) was also described in papers to the STP Board meeting on May 20th, and papers are attached as Annexes B and C. Both Alliances are working with the Council led Think Communities programme and Neighbourhood Cares programme, alongside the development of Primary Care Networks with populations of 30,000-50,000.

4.6 Better Care Fund 2018/19 Quarter 4 reports were submitted to NHS England on 25th April 2019, progress on the performance metrics are outlined below:

Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG	
Non-elective admissions to hospital	57,700	Actual full Q4 data was not available at the time of reporting. Estimated full year performance at the end of Q4 is 63,465 against a target of 57,700.		Both CUHFT and NWAFT have seen improved A&E performance over the past few weeks. Both Trusts continue to update their performance improvement plans in both of these areas, as well as implementing necessary actions during periods of high pressure. The refinement of the scope and criteria of the JET service and the co-location of JET triage within the 111 hub is delivering an increased proportion of admission avoidance work delivered by JET. The focus continues at both trusts to improve the utilisation of Ambulatory Care services to avoid ED admissions. This has included extended opening hours where possible. CUH has implemented a Medical Hub, that takes Medical patients from ED and tries to turn these patients around within 24 to 48 hours, thereby improving flow. The Trust has recently seen an improvement in the number of Long Length of Stay patients following the implementation of the ECIST programme for reducing Long LoS. The programme been rolled out to 16 wards (fully) where it is fully implemented and is now business as usual.
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 15,695 occupied bed days	Full year data was not available at the time of reporting, but estimated performance is not on track to meet target with 38,390 DTOC delayed bed days for 2018/19 against a threshold target of 15,695.		Demand and capacity gap analysis has been completed to inform ongoing commissioning approaches. This has highlighted sufficient capacity at a global level, but the issue is capacity mismatch - the right capacity at the right time in the right place. Work is being aligned to focus on supporting the key outcomes. Significant IBCF and Hancock investment over the winter period has enabled us to manage significant increases in discharge demand. Despite DTOCs remaining a challenge, this investment has enabled us to maximise flow and prevent the DTOC situation deteriorating over this peak period.
Admissions to long-term residential and nursing homes in over 65 year olds	581	Q4 data unavailable by submission deadline, but at the end of September 2018 the rate of 65+ admissions was 196 per 100,000 - on track to meet target.		On target.

Effectiveness of reablement services	82%	Q4 data not yet available at the time of submission	Data not available to assess progress	Recruitment to the reablement service to increase capacity has progressed well, with a significant number of additional posts now filled. There has been a reduction in the number of bridging packages the reablement service has held.

2019/20 Better Care Fund national planning guidance is outstanding and has been further delayed. It is currently expected in June. A 6 week submission timeline to NHS England is anticipated post publication of the guidance. The planning cycle will be for 1 year and minimum change is expected to the conditions associated with the Better Care Fund. The Better Care Fund post 2020 is currently being reviewed at a national level, and further information on this is expected in autumn.

5. LINKS TO HEALTH AND WELLBEING STRATEGY PRIORITIES

5.1 The priorities for action described in this paper are cross-cutting and will impact on all six priorities of the overarching Health and Wellbeing Strategy:

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

6. SOURCES

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wpengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf

Report to STP Board: May 2019

Agenda item:	2.2
Title:	Delayed Transfers of Care
Lead:	Jan Thomas, Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Author:	Sue Graham, Programme Director, Cambridgeshire and Peterborough Clinical Commissioning Group

Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	**ASSURE**	INFORM

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	**SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED**	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*
None

Purpose of the paper

The purpose of this paper is to provide:

- An update of work completed across the Delayed Transfers of Care (DTOC) Programme since the last update; and
- An overview of performance against trajectory

The STP Board is invited to:

The Sustainability and Transformation Partnership (STP) Board is asked to consider the following:

- Continue to support and champion the daily application of SAFER in each acute site;
- Encourage and support within individual organisations the implementation of the new System Operating Plan (SOP) and Validation Protocol; and
- Encourage and support staff attendance at the training sessions scheduled during May.

1. INTRODUCTION / BACKGROUND

The Cambridgeshire and Peterborough System has particularly high levels of DTOCs compared to other health and care systems. Consequently, patients are staying too long in hospital, in particular beyond the point at which they are medically optimised to be discharged.

The DTOC reduction programme was re-set in September 2018 following review and sign off by the Health and Care Executive (HCE) the aim of the re-set was to:

- Provide organisations across the health system with a clear view of performance across the discharge pathway; by defining, measuring and reviewing a set of operational performance KPI's for each provider organisation;
- Use the KPI's and performance management metrics, drive organisational ownership and accountability for specific elements of the DTOC reduction programme and workstreams;
- Clearly identify and escalate any issues and/or system blockers to discharge process and flow, via the Discharge Programme Board, CEO escalation calls and HCE review; and
- Support transformation across the pathways and operational processes to improve effectiveness, efficiency and quality of Complex Discharge process and Discharge to Assess Pathways.

2. BODY OF REPORT

High level programme update

Since March 2019:

- Improvements in performance have been achieved by both North West Anglia NHS Foundation Trust (NWAFT) and Cambridge University Hospital Foundation Trust (CUHFT). Peterborough City Hospital (PCH) achieved 3.4% in March 2019, whilst CUH achieved 3.4% for two consecutive weeks in early April 2019;
- Focus continues in the implementation of SAFER in each acute site, with Hinchingbrooke hospital holding a "Perfect Week" between 13 and 17 of May. The aim is to improve the experience of patients and staff and help 'reset' the hospital by creating internal capacity, restoring flow, and thus relieving pressure;
- The revised SOP went live on 29 April on all sites and should introduce consistency across acutes supporting Multi-Disciplinary Team (MDT) decision making over patient discharges much earlier in the process from admission. It also sets out daily cross organisational face to face discussions over the most complex cases and review patients that are over seven day DTOC; and
- A new system wide protocol for the validation of DTOCs has been agreed following a comprehensive workshop including operational leads from health and social care. The new protocol provides:
    - alignment to the latest national guidance;
    - consistency across all sites;
    - support for operational teams to focus on discharge planning and flow management rather than just "counting" DTOC.

Focus over the next four weeks:

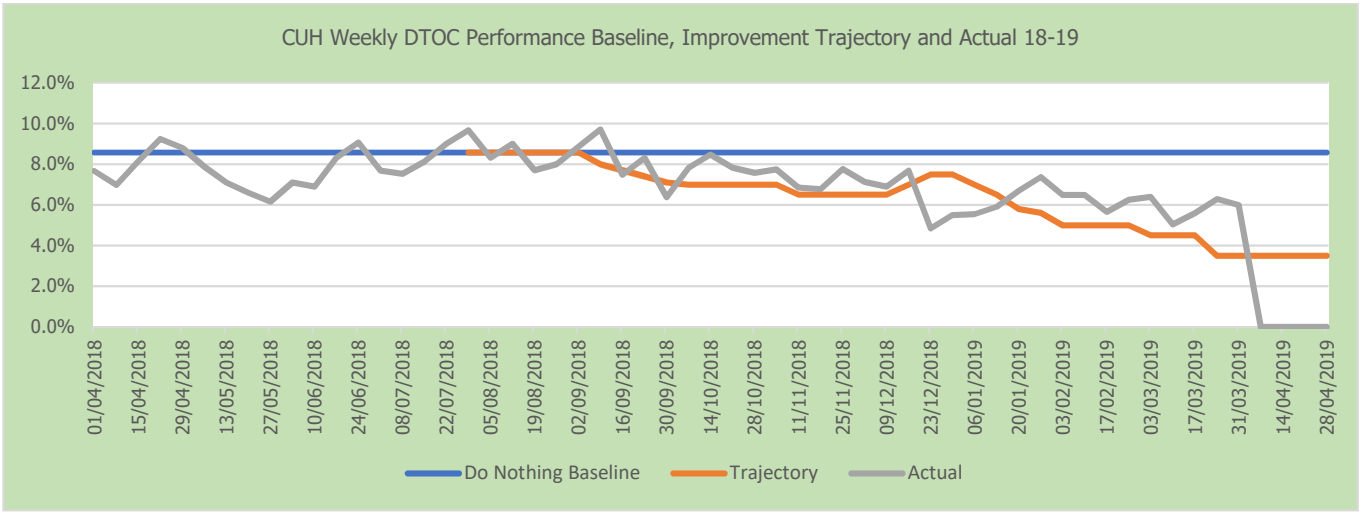
- Over the next four weeks the Operational Leads Group will:

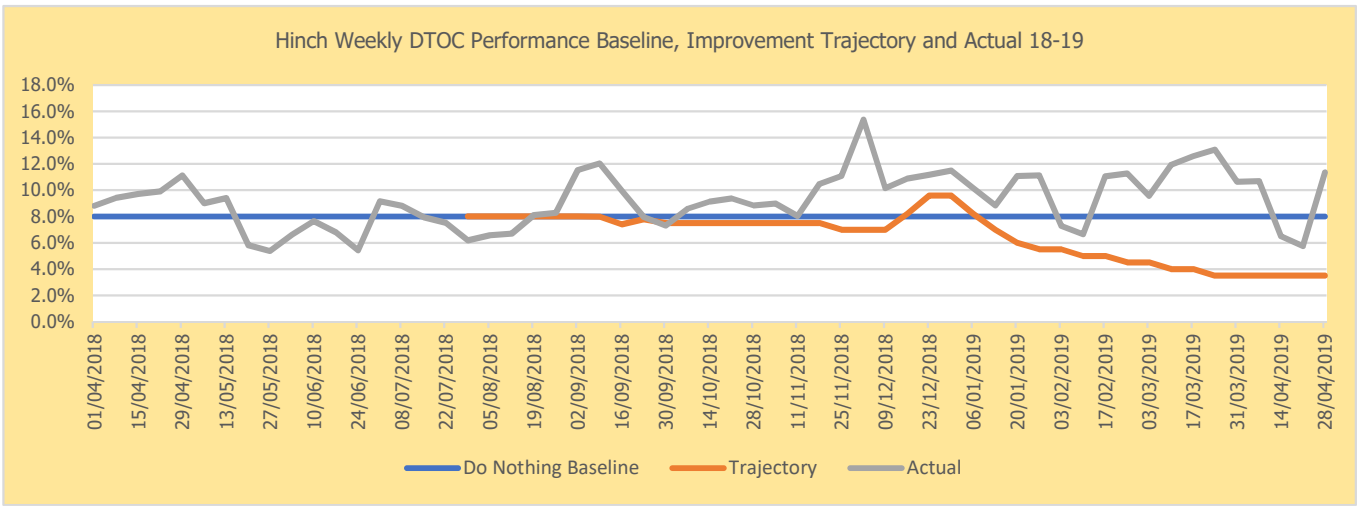
- monitor progress towards successful implementation of the new SOP and validation protocol through its weekly meetings, with any issues escalated to the DTOC programme board as appropriate;
- review application of the Choice Policy to ensure consistency across acutes – and community services, and encourage multiagency working to understand how we may support patients effectively to choose a long term care setting;
- evaluate the outcome of the CPFT and LA "trusted assessor" pilot in D2A pathway 1 (home care) and use the learning to develop a proposal to implement the same trusted assessor model in D2A pathway 2 (community in patient units); and
- manage successful implementation of the DTOC training programme that is to be delivered during the month of May, with a "wash up" session to review outcomes and impact planned for early June.

Performance Trajectory up to 24 March 2019:

Due to staff changes at CUH it has not been possible to provide DTOC data from the Trust to the CCG over the past four weeks. The table below therefore excludes actual performance for CUHFT but note as stated above that the weekly validated DTOC rate for the first two weeks in April reached –and surpassed, the 3.5% national performance standard.

	CUH			HH			PCH			CPFT - Community			System Total		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
31/03/2019	54	381	6.0%	29	186	10.6%	46	164	4.2%	19	103	15.5%	148	834	17.7%
07/04/2019	0	0	#DIV/0!	20	188	10.7%	51	149	3.8%	11	100	15.0%	82	437	18.8%
14/04/2019	0	0	#DIV/0!	15	105	6.5%	45	172	4.5%	12	77	11.6%	72	354	20.3%
21/04/2019	0	0	#DIV/0!	20	95	5.7%	52	187	4.7%	0	69	10.4%	72	351	20.5%
28/04/2019	0	0	#DIV/0!	26	200	11.3%	46	111	2.8%	5	45	6.8%	77	356	21.6%




Hinch Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
01/04/2018
15/04/2018
29/04/2018
13/05/2018
27/05/2018
10/06/2018
24/06/2018
08/07/2018
22/07/2018
05/08/2018
19/08/2018
02/09/2018
16/09/2018
30/09/2018
14/10/2018
28/10/2018
11/11/2018
25/11/2018
09/12/2018
23/12/2018
06/01/2019
20/01/2019
03/02/2019
17/02/2019
03/03/2019
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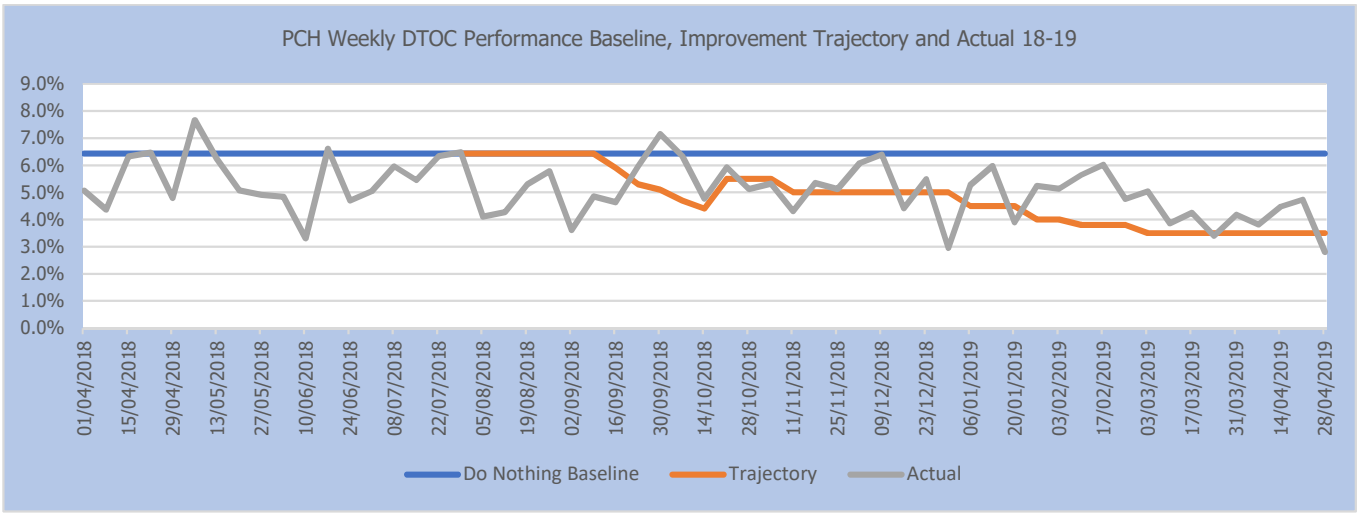
31/03/2019
14/04/2019
28/04/2019
Do Nothing Baseline
Trajectory
Actual


PCH Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
01/04/2018
15/04/2018
29/04/2018
13/05/2018
27/05/2018
10/06/2018
24/06/2018
08/07/2018
22/07/2018
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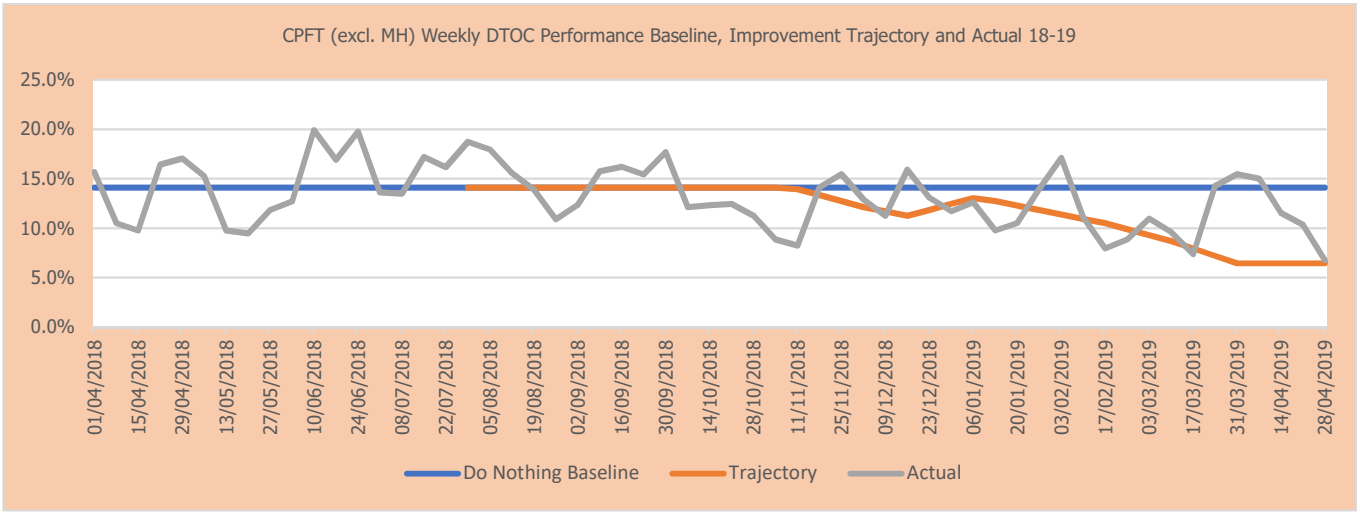
31/03/2019
14/04/2019
28/04/2019
Do Nothing Baseline
Trajectory
Actual


CPFT (excl. MH) Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
01/04/2018
15/04/2018
29/04/2018
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06/01/2019
20/01/2019
03/02/2019
17/02/2019
03/03/2019
17/03/2019
31/03/2019
14/04/2019
28/04/2019
Do Nothing Baseline
Trajectory
Actual

3. RECOMENDATIONS

The STP Board is asked to consider the following:

- Continue to support and champion the daily application of SAFER in each acute site;
- Encourage and support within individual organisations the implementation of the new SOP and Validation Protocol; and
- Encourage and support staff attendance at the training sessions scheduled during May.

13 May 2019

Fit for the Future
Working together to keep people well

Report to STP Board: 20 May 2019

Agenda item:	3.1
Title:	South Alliance – Update
Lead:	James Morrow, co-chair, South Alliance and Nicola Ayton, co-chair, South Alliance
Author:	Hayley Forbes, Project and Service Improvement Manager, System Delivery Unit (SDU); Jessica Armstrong, Assistant Director of Strategy, Cambridge University Hospital NHS Foundation Trust (CUH)

Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	**SUPPORTED DELIVERY**

Committees/groups where this has been presented to before *(including date)*

Purpose of the paper
This paper provides an update on the progress of the South Alliance and outlines the next steps.
The STP Board is invited to:
The Sustainability and Transformation Partnership (STP) Board are asked to note the South Alliance update.

1. INTRODUCTION / BACKGROUND

The South Alliance comprises providers of health and care serving the populations around Cambridge, south Cambridgeshire, Ely, and east Cambridgeshire - many of whom would use Addenbrooke's as their local hospital. The South Alliance was formed in summer 2018 and brings providers together to address the triple aims described in the *Five Year Forward View*: by improving the quality of care for patients and service users; outcomes for the local population and value for the taxpayer.

Working collaboratively to put patients and the population first, and organisational interests second, the South Alliance has agreed the following priorities over the next 12 months:

- supporting the development of primary care networks covering around 30,000 to 50,000 people across the whole footprint;
- implementing Integrated Neighbourhoods, building out from primary care, starting with four local geographies; and
- understanding and acting on population health data, as well as the knowledge and insight of local teams, to identify at-risk groups of patients and then provide proactive, preventative care and support.

Since the last update to STP Board in March 2019, the South Alliance have been:

- Supporting the formation of Primary Care Networks covering 30,000 – 50,000 with a view to identifying the next Integrated Neighbourhoods, where GP colleagues have asked for this;
- Working with Granta Medical Practices, Cambridgeshire and Peterborough Foundation Trust, Cambridge University Hospitals and Cambridgeshire County Council to implement the Granta Integrated Neighbourhood;
- Engaging with managerial, operational and clinical staff across the South Alliance
- Linking with, and learning from, Cambridgeshire County Council's 'Neighbourhood Cares' teams and 'Think Communities' programme; and
- Securing a small amount of dedicated resource so the South Alliance can start to scale and accelerate their work.

2. BODY OF REPORT

Primary Care engagement

Our Clinical Commissioning Group (CCG) and Local Medical Council (LMC) are leading engagement with GPs on their future Primary Care Network groupings. The South Alliance have continued to support the CCG, LMC and GP colleagues through this process with support from James Morrow, South Alliance Integrated Neighbourhood clinical lead.

The South Alliance are actively looking to support more Primary Care Networks, including Cambridge City North and North Villages, to develop their plans to become an Integrated Neighbourhood for the populations they serve. A Strategy Manager, from NHSE's

national Strategy and Policy Graduate scheme, has been aligned with Cambridge City North Practices to support the development of their Primary Care Network and Integrated Neighbourhood. North Village Practices are currently developing their Primary Care Network and care model. The South Alliance will be meeting with the practices in June to discuss the possible development of their Integrated Neighbourhood. Following the Primary Care Network grouping deadline in May, the South Alliance will continue to engage with further Primary Care Networks to support the development of Integrated Neighbourhoods with Primary Care Networks as their cornerstone.

Phase One Integrated Neighbourhood development: Granta

The South Alliance continues to work closely with Granta Medical Practices on the development of their Integrated Neighbourhood covering a population of 44,000 living in Sawston, Linton and Great Shelford to improve care for patients and outcomes for the population they serve. The Granta Integrated Delivery Board has been established, bringing together staff from Granta Medical Practices, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), the local authority, CCG and Cambridge University Hospitals (CUH).

Granta Integrated Delivery Board members hosted a co-designed event for the Granta Integrated Neighbourhood on 8 May 2019. Over 35 people attended, including clinical and operational staff from the voluntary sector, acute, social care, community, County and District councils, CCG and patient representatives. The workshop focused on developing joined up, holistic care for local people and included a story from a Granta patient and a case study from Cambridgeshire County Council's Neighbourhood Cares pilot, which has successfully implemented multi-disciplinary teams which focus on what matters to patients.

The feedback from the workshop was positive and attendees were enthusiastic about developing a new model of care around the Granta neighbourhood. The attendees developed a shared statement of purpose and vision for how Granta Integrated Neighbourhood will improve care for local people. The Granta Integrated Delivery Board will continue to build on the enthusiasm for this work with staff and have identified eight potential Integrated Neighbourhood projects. These include bringing together existing discharge schemes to enable supportive and effective discharge from hospital; working with CUH to deliver specialty services, such as neurology in primary and community care settings and working collectively to develop new pathways for specific conditions such as Chronic Obstructive Pulmonary Disease, which take account of both physical and mental health and care needs.

Over the coming month, the Granta Integrated Delivery Board will prioritise these projects and work with staff to develop plans for implementation. A detailed write up of the Granta Workshop and a prioritisation of Granta Integrated Neighbourhood projects will be presented at the next South Provider Alliance meeting in June.

Engagement

The South Alliance is engaging widely with the organisations across the system to empower staff to develop and implement Integrated Neighbourhoods. A number of engagement opportunities are planned, including a Granta Integrated Neighbourhood

Board session with the CUH wider leadership team, which is attended by clinical and operational leaders across the Trust.

With support from the South Alliance, members of the Granta Integrated Delivery Board have secured a place on the Virtual Academy of Large Scale Change and Systems Leadership programme, a competitive programme run by the national NHSE Sustainable Improvement team. The attendees for this Masterclass will focus on a project to improve supported discharge for the Granta Integrated Neighbourhood. The eight colleagues attending this masterclass will be operational and clinical representatives from CPFT, Council, voluntary sector, CUH and General Practice. This will be an opportunity for colleagues to come together and use a change methodology to develop a practical model of care which ensures that patients receive the right care, in the right place, at the right time.

Working together, analysts have extracted Granta primary care data and are working towards integrating this with secondary, community and Adult Social Care data. The output of this work will enable staff to identify evidence-based interventions that help us to provide more preventative, proactive care to specific cohorts of patients as well as identifying the right metrics and evaluation framework.

Learning from local government

Integrated Neighbourhoods will build on Cambridgeshire County Council's 'Neighbourhood Cares' teams and 'Think Communities' programme. The Granta Integrated Neighbourhood is building on learning from Neighbourhood Cares and incorporating Buurtzorg principles into the development of the Integrated Neighbourhood model and projects. The Buurtzorg UK and Ireland team presented learning from this model at the South Alliance meeting in April. The South Alliance is proactively learning from these initiatives in three ways:

- applying the principles to multi-professional teams working within Integrated Neighbourhoods;
- testing our ability to apply these approaches across larger geographies covering 30,000-50,000; and
- identifying the common, replicable features of successful team-based approaches.

South Alliance Resourcing

The North and South Alliance have developed a joint resource request for 2019/20. Where possible the Alliances will share roles to ensure economies of scale and a common approach.

In principle approximately £300k has been outlined, utilising the underspend in the SDU budget for 2017/18 and 2018/19, to support the resource ask for the South Alliance. In addition to this, system partners were asked to transfer project resource into the Alliances to support the implementation of the Integrated Neighbourhoods. Thus far, only CUH has been able to release staff to provide dedicated support to the South Alliance.

The CCG has worked with the North and South Alliances to create dedicated roles to support the development of Primary Care Networks and Integrated Neighbourhoods. Working closely with our CCG, we hope to have appointed staff to these roles by July 2019.

A proposal for the spending and monitoring the South Alliance funding allocation for 2019-20 is being developed.

Once a full team is established to lead the South Alliance work, the South Alliance will be able to:

- Provide support to other phase one Integrated Neighbourhoods areas, enabling implementation of the model across the South;
- Continue to engage and work with GPs across the South on the development of Primary Care Networks and Integrated Neighbourhoods; and
- Undertake larger programmes of work identified through the 'Ask and Offer' workshop, including work to enable more integrated working between primary care and hospital staff.

3. RECOMMENDATIONS

The STP Board are asked to note the update from the South Alliance.

13 May 2019

Fit for the Future
Working together to keep people well

Report to STP Board: 20 May 2019

Agenda item:	3.2
Title:	North Alliance - Update
Lead:	Neil Modha, GP, Co-chair North Alliance and Caroline Walker, Co-chair North Alliance.
Author:	Aimee Venner, Head of Alliance Solutions and Intensive Support, System Delivery Unit (SDU)

Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	**SUPPORTED DELIVERY**

Committees/groups where this has been presented to before *(including date)*

Paper circulated to Caroline Walker and Neil Modha.

Purpose of the paper

This paper updates the Sustainability and Transformation Partnership (STP) Board on the progress to date, successes of the North Alliance and outlines the next steps.

The STP Board is invited to:

The STP Board are asked to;

- Support a system solution for the community IV antibiotic service in the North;
- Support a system solution and HR support for the recruitment of the Integrated Neighbourhood resource; and
- Ensure all system partners send appropriate representation to all meetings.

1. INTRODUCTION / BACKGROUND

The North Alliance is making progress and gaining momentum, particularly with is largest priority, Integrated Neighbourhoods. This report outlines the progress over March and April and the next steps for each of the priorities.

2. BODY OF REPORT

Integrated Neighbourhoods

IV Antibiotic Service

In September the 'Ask and Offer' exercise highlighted a gap in service provision for people living within the geography of the North Alliance. Patients currently remain in hospital to receive IV antibiotics, whereas in the South of the county a service is commissioned to provide IV antibiotic at home.

Meetings have taken place between the Clinical Commissioning Group (CCG), North West Anglia Foundation Trust (NWAFT) and Cambridgeshire and Peterborough Foundation Trust (CPFT) and whilst partners see the value in having a community IV antibiotic service funding remains a barrier and progress is not being made.

The North Alliance will be discussing with the CCG the inequities in funding and provision of the community IV antibiotic service and request a decision and system commitment to a solution.

Primary Care Networks (PCN)

The PCN acts as the cornerstone to the Integrated Neighbourhood. Since the release of the GMS contract guidance in January members of the North Alliance have been working with Primary Care to support the formation of the PCN. The Federations have been completing practice visits to provide information on health data, current organisational boundaries and where the local communities already exist. In addition to this the CCG held a member's event on 28 February and the LMC held an event on 6 March. Following these events all practices were asked to submit their requested Primary Care Network group to the LMC by the 15 May and a final draft list for the Primary Care Network groupings has been created.

Resource

The North and South Alliances have been working together and developed a joint resource request for 2019/20. Where possible the Alliances will share roles for communications and analytics to ensure economies of scale and a common approach across the Alliances.

In principle approximately £600k has been outlined, utilising the underspend in the SDU budget for 2017/18 and 2018/19, to support the resource ask for the North and South Alliances. In addition to this, System partners were asked to transfer project resource into the Alliances to support the implementation of the Integrated Neighbourhoods.

Thus far partners have been unable to release staff to support the North Alliance. The CCG are however increasing the size of the Primary Care team to provide additional support to the Primary Care Networks.

The North Alliance recognise the success of the Integrated Neighbourhood Manager in Stamford and see this as a pivotal role in the formation of the Integrated Neighbourhood. Members of the North Alliance and Integrated Neighbourhood sub-groups have been shaping the details and job description for this role.

The Alliance are keen to progress with recruitment at pace and welcome support from STP workforce colleagues. The group want to think innovatively about recruitment and how they overcome challenges of recruiting from multiple organisations and the risk due to non-recurrent funding.

To progress the Integrated Neighbourhood programme the North Alliance requires appropriate attendance and representation from all system partners at the Alliance, sub meetings and working groups. The Chairs of the North Alliance will be working with system partners to ensure they send appropriate representation to all meetings.

Progress against Ask and Offers

The E-referral process for GPs to refer to District Nursing Teams has received CPFT approval and is making progress.

There has been agreement that the Community Geriatrician will attend weekly MDT meetings if required and they are currently considering access in the community for each Integrated Neighbourhood once they are formed.

Key milestones and delivery

The North Alliance have reviewed the milestones and project overview which was submitted to HCE in December. There is a recognised three month slip in delivery due to the lack of system resource and national timetable on the formation of the Primary Care Networks. The North Alliance will be refreshing the timeline but commit to holding two Integrated Neighbourhood launch events by the end of June.

Workforce and Communications

The North Alliance focused the April meeting on the workforce and communication requirements to support the implementation of Integrated Neighbourhoods. Detailed discussion took place on the workforce challenges including the need for improved workforce and skill mix planning. Identifying career pathways and understanding how this information can be used as methods of both attraction and retention, including how this information may support third sector involvement. Better utilisation of apprenticeships across the system, exploration of the harmonisation of pay and conditions, gaining a greater understanding of movement within the workforce and the reasons for this and identifying time for new teams to work and learn together. Some solutions were discussed, largely focusing on getting the teams together to design their own solutions. The group recognise the needs for a detailed communication plan including stakeholder mapping and exploration of different communication methods. The North Alliance will require workforce and communications expertise to take this work forwards.

Reducing Health Inequalities and Improving Health Outcomes

The North Alliance support the review and option appraisal for the future of the Health Promotion and Prevention Steering Group. Discussions with the District Councils about the transformation of the Living Well Partnerships into Place Based Delivery Boards have been positive and a decision will be made at the Health and Wellbeing Board.

The Think Communities programme have confirmed funding of £1.3 million to fund behaviour change, workforce development. Programme managers and community co-ordinators for each District. The geographical footprints will align to Primary Care Network geographies, enabling fully joined up Public Service delivery arrangements. The North Alliance recognise and support the pooling of resources where possible to ensure a joined-up approach and provide greater coverage and resilience.

The North Alliance will be supporting the transformation of the Living Well Partnerships and are keen to ensure a joint approach to placed based care. In time it is expected the Place Based Delivery Boards will merge with the Integrated Neighbourhoods working groups.

Admission Avoidance

The North Alliance remain sighted on the system progress with urgent care, including the refreshed clinical community and round table discussions. The Alliance welcomes a systemwide review and decision on the governance and reporting of all Urgent Care workstreams.

Patient Flow

The North Alliance remain sighted on the progress with the Discharge to Assess programme.

Better use of our Estates and Facilities

The North Alliance is working with the Estates and Facilities group to determine where the projects related to Estates should be progressed and reported e.g., Peterborough City Care Centre, Hinchingbrooke Hospital and community facilities to support integration.

The North Alliance remain concerned with the lack of progress for the Peterborough City Care Centre and did not received an update from the CCG at the March meeting. This was originally identified as an opportunity to support Winter Pressures and a rapid resolution was expected.

The North Alliance received an update on the programme of work taking place to increase utilisation of the Hinchingbrooke Hospital site. There is interest in the border changes and how this will link with the Integrated Neighbourhoods. The North Alliance would like to highlight that this will also impact the South Alliance and may affect future boundaries for the Alliances.

3. RECOMMENDATIONS

The STP Board are asked to;

- Support a system solution for the community IV antibiotic service in the North;
- Support a system solution and HR support for the recruitment of the Integrated Neighbourhood resource; and
- Ensure all system partners send appropriate representation to all meetings

13 May 2019

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

Updated 20.05.19

MEETING DATE	ITEM	REPORT AUTHOR	
30 May 2019, 10.00am, Kreis Viersen, Shire Hall, Cambridge			
	Notification of the Chairman/ Chairwoman	Oral	**Reports to James Veitch by Friday 16 May 2019**
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 28 March 2019	Oral	
	Action Log Update	James Veitch	
	Scheme of Authorisations for NHS England Pharmacy Consolidation Applications.	Iain Green	
	Feedback from the Joint Development Session with Cambridgeshire & Peterborough Health and Wellbeing Boards	Kate Parker	
	Proposal to Update the Terms of Reference for the Cambridgeshire health and wellbeing board and to create a further joint sub-committee with peterborough board	Liz Robin	
	East Cambs/ Fenland Living well Partnerships	Liz Knox/Kate Parker	

MEETING DATE	ITEM	REPORT AUTHOR	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan	James Veitch	
	Date of Next Meeting	25th July 2019	
25 July 2019 10.00am venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 30 May 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Better Care Fund Update	Caroline Townsend/Will Patten	
	Public Service Reform: Combined Authority Update	Paul Raynes	
	Agenda Plan	James Veitch	
	Date of Next Meeting	24th September 2019	
24 September 2019 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 25 July 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Health and Social Care System Peer Review Action Plan Update	Wendi Ogle-Welbourn	
	Agenda Plan	James Veitch	
	Date of Next Meeting	28th November 2019	
28 November 2019 venue tbc			

MEETING DATE	ITEM	REPORT AUTHOR	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 24 September 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	30th January 2020	
30 January 2020 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 28 November 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	4th June 2020	
4 June 2020 venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 30 January 2020	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	tbc	