

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

Date: 11 September 2019

Time: 9.03am – 9.47am

Venue: Meeting held remotely in accordance with The Local Authorities (Coronavirus) (Flexibility of Local Authority Meetings) (England) Regulations 2020

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

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Louis Kamfer - CCG Chief Finance Officer

Healthwatch

Val Moore – Chair of Healthwatch Cambridgeshire

20. NOTIFICATION OF THE CHAIRMAN/ CHAIRWOMAN

The Core Joint Sub-Committee's terms of reference stated that the Chair would alternate annually between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board, except for the first appointment where the appointed Chair would remain unchanged until the end of the 2020/21 municipal year. Councillor Hickford would therefore remain as chair for 2020/21.

21. ELECTION OF THE VICE CHAIRMAN/ CHAIRWOMAN

The Core Joint Sub-Committee's terms of reference stated that the Vice Chairman or Vice Chairwoman would be elected annually and that they would not be a representative of either Cambridgeshire County Council or Peterborough City Council. The CCG's Chief Finance Officer, seconded by Councillor Hickford, nominated Jan Thomas, CCG Accountable Officer, to be Vice Chairwoman for the municipal year 2020/21. There being no dissent and no further nominations Jan Thomas was duly elected.

22. CHANGES IN MEMBERSHIP

The Sub-Committee noted that Louise Mitchell, Director of Strategy and Planning at the CCG, had replaced Jessica Bawden, Director of Primary Care, as one of the CCG's representatives on the Sub-Committee.

23. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted from Charlotte Black, Service Director: Adults and Safeguarding. There were no declarations of interest.

24. MINUTES OF THE MEETING ON 7 NOVEMBER 2019 AND ACTION LOG

The minutes of the meeting on 7 November 2019 were approved as an accurate record.

The action log was reviewed and the following verbal updates noted:

- Minute 13: The CCG's Chief Finance Officer undertook to follow up the action to provide the exact figures reflecting the growth in non-elective admissions at Addenbrooke's and Peterborough City Hospitals to the Clerk for circulation to Sub-Committee members. **ACTION**
- Minute 15: The Executive Director: People and Communities stated that it had been intended to launch pilot Best Start in Life (BSIL) projects earlier in the year, but that this had been put on hold due to Covid-19. The plan was now to launch in five areas and the communications plan would be shared at the next meeting as part of a report on recovery and resilience. She confirmed that it had been made clear that areas such as fostering or adoption would be targeted separately. **ACTION**

The action log and verbal updates were noted.

25. INTEGRATED COMMISSIONING BOARD PRIORITIES UPDATE

The report was introduced by the Chair of Healthwatch Cambridgeshire and the Head of Commissioning Partnerships and Programmes and set out the work which had been carried out by the Integrated Commissioning Board (ICB) since the Core Joint Sub-Committee had met last in November 2019. Prior to the Covid-19 lockdown in March 2020 the ICB had established a set of commissioning principles. A list had been produced of all separately and jointly commissioned services at Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) and by the CCG to look for future opportunities for joint-commissioning. The ICB had also been reviewing all Better Care Fund (BCF) projects, but this had been put on hold due to Covid-19. All BCF reporting had been suspended at the end of the last financial year and was only now being resumed in September 2020. The Quarter 4 figures reflected a focus on existing provision being maintained. To date, no national BCF guidance had been issued for the current financial year, but there was a desire within the system to be as proactive as possible with local planning for the current and future years. ICB meetings to date had been productive and moving forward, the aim was for the ICB to enhance transparency and assurance and disseminate information, including through deep dive workshops.

The ICB had resumed meeting in May 2020 and it seemed an opportune time to look at its role as part of the transition to the new normal. Covid-19 had had a significant and challenging impact on the commissioning landscape, but there had been some positive outcomes. The need for a rapid response had meant that the importance of joint working and commissioning had been brought to the fore. Going forward, there would be a focus on understanding business intelligence and modelling with a number of deep dive sessions looking at key issues such as technology enabled care, developing more links with primary care and work on integrated neighbourhoods. Opportunities were also being sought to build on the work on wraparound support on homelessness which had been done in response to Covid-19, digital access and the delivery of day opportunities to those with learning disabilities.

Individual members offered the following comments and questions in discussion of the report:

- Asked for more information about the wraparound support available to the homeless. Officers stated that additional capacity to enable homeless people to get off the street and into accommodation had been commissioned as part of the Covid-19 response. A lot of work had been done with district councils and Support Community Hubs and work was continuing to build on this in terms of transition plans around wraparound support and GP provision. The ICB was working closely with the CCG on this and was also in discussion with the BCF national team on the potential to do more work to support hospital discharge. The Chairman underlined the opportunity which had been created to move forward with partnership working and community hubs in support of the homeless.
- The Executive Director: People and Communities stated that the energy and enthusiasm of local communities which had been demonstrated in the response to Covid-19 was being harnessed through the Think Communities initiative. Recovery and resilience planning was progressing across local authorities and the health service and she suggested bringing a report on this to the next meeting to bring the work that was being done into the public arena.

ACTION

- The Director of Public Health stated that some great work was being done by local GP services in Peterborough in support of rough sleepers and that it would be good to embed this in mainstream business. The CCG's Chief Finance Officer stated that the CCG was looking at ways to embed the good work and partnership which had developed in response to Covid-19 into normal business. He would be happy to speak about this particular example outside of the meeting and feedback on that conversation to Members. **ACTION.**
- The Director of Public Health welcomed the focus on infection prevention and control in community services going forward and asked about the practical impact of this. The Chief Finance Officer for the CCG stated that infection prevention and control was important across the Health Service. This included the extent to which services could be recovered rapidly which was having quite a significant impact on acute and bed-based services. The Head of Commissioning Partnerships and Programmes stated that additional requirements around infection prevention and control measures were placing a greater reliance on agency and additional staff. There was a need to recognise that national funding input would cease at the end of September 2020 although the financial, workforce and capacity impacts would not.

It was resolved to note and comment on the report.

26. CARE HOME SUPPORT PLAN

All local systems had been required to develop local care home support plans in May 2020. This had happened alongside national Infection Control Funding allocations and had focused on how key principles were embedded with local providers and the measures in place to ensure that funding was used to deliver these. The five key areas of support were:

1. Infection prevention and control: ensuring provider skills and knowledge, understanding local outbreaks and what responses were needed.
2. Testing: Access to testing for new care homes admissions and rapid testing for staff within care home settings to reduce the risk of a-symptomatic transmission.
3. PPE and equipment supply: Access to PPE and equipment supply and to relevant supply chains.
4. Workforce support: A focus on supporting workforce resilience and multi-disciplinary support to care homes.
5. Clinical support: Wraparound health and medicine support to care homes.

A local action plan had been put in place which was overseen by a multi-disciplinary cell.

Individual members offered the following comments and questions in discussion of the report:

- The Chairman asked for clarification of how quickly Covid-19 testing would identify a-symptomatic cases. The Director of Public Health stated that Covid-19 was incubated within the body, but would only show up on a swab test when it was present in the nose or throat. This meant a person could be infected before it would result in a positive swab test. It could take up to 14 days for symptoms to show and this was why the 14 day isolation period for those who might have come into contact with someone with Covid-19 was key. The Executive Director: People and Communities stated that the need to ensure sufficient capacity for staff to self-isolate for 14 days when necessary was addressed in the Resilience and Recovery Plan and would be addressed in the report on this which would be brought to the next meeting. **ACTION**
- The Head of Commissioning Partnerships and Programmes stated that work with care homes was about minimising risk as far as possible and embedding processes in care homes to support this. This could be difficult for smaller providers, but the position locally was being kept under regular review.
- The Chair of Healthwatch Cambridgeshire commented that the Government was supplying PPE masks with a visible mouth screen to support communication for those with hearing loss. Healthwatch was advocating this and would welcome the use of this type of PPE by care home professionals. The Head of Commissioning Partnerships and Programmes stated that providers were responsible for sourcing their own PPE, but undertook to look into what could be done around promoting the use of this type of kit. **ACTION**

It was resolved to note and comment on the report.

27. HEALTH AND WELLBEING BOARD CORE JOINT SUB-COMMITTEE FORWARD AGENDA PLAN

Members reviewed the agenda plan. This was unchanged since publication, but would be updated to include a report on Resilience and Recovery to the next meeting. **ACTION**

Chairman