

**CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD
WHOLE SYSTEM JOINT SUB-COMMITTEE: MINUTES**

Date: 5th March 2020

Time: 10:30 a.m. – 12:05 p.m.

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

Present: Cambridgeshire County Council (CCC)

Councillor Roger Hickford

Councillor Mark Howell

Councillor Samantha Hoy

Councillor Linda Jones

Councillor Susan van de Ven

Dr Liz Robin - Director of Public Health

Wendi Ogle-Welbourn – Executive Director: People and Communities

Richenda Greenhill – Democratic Services Officer

James Veitch - Democratic Services Officer Trainee

Peterborough City Council (PCC)

Councillor John Holdich (Chairman) (From 10:45 a.m.)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Jane Webster – Account Director

City and District Councils

Councillor Alex Collis – Cambridge City Council (Substituting for Councillor Nicky Massey).

Councillor John Palmer - Huntingdonshire District Council

Councillor Susan Wallwork – Fenland District Council

Healthwatch

Val Moore - Chair

Hunts Forum

Julie Farrow – Chief Executive Officer

NHS Providers

Caroline Walker – North West Anglian Foundation Trust (NWAFT)

Julia Curtis – Cambridgeshire Community Services NHS Trust (CCS)

District Support Officer (Observer)

Annabel Tighe – Fenland District Council

Apologies: Jessica Bawden – CCG
Charlotte Black – Service Director, Adults and Safeguarding
Hilary Daniels – NHS South Lincolnshire CCG
Tracy Dowling – Cambridgeshire and Peterborough NHS Foundation Trust
Councillor Wayne Fitzgerald – Peterborough City Council
Councillor Geoff Harvey – South Cambridgeshire District Council
Councillor Nicky Massey – Cambridge City Council
Jan Thomas (Vice-Chair) – CCG
Councillor Irene Walsh – Peterborough City Council
Ian Walker – Cambridge University Hospitals Foundation Trust
Russel Wate – Director, RJW Associates
Matthew Winn – Cambridgeshire Community Services NHS Trust

9. APPOINTMENT OF CHAIRMAN/CHAIRWOMAN FOR THE MEETING

Councillor John Holdich was not present at the start of the meeting and the Vice-Chair, Jan Thomas had sent apologies, so there was a need to appoint a Chairman/woman for the duration of the meeting.

It was proposed by Councillor Samantha Hoy, seconded by Councillor Mark Howell, that Councillor Roger Hickford be appointed as Chairman for the duration of the meeting.

It was resolved unanimously to:

Appoint Councillor Roger Hickford as the Chairman for the duration of the meeting.

10. CHANGE IN MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AND THE CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE

The Chairman announced that Mike Hill had left South Cambridgeshire District Council (SCDC). Mr Hill had been the District Support Officer for the Cambridgeshire Health and Wellbeing Board for a number of years. The District Support Officer role would be discharged by a number of District Council Officers who would attend the Cambridgeshire Health and Wellbeing Board and the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee on a rotational basis as observers. The Chairman thanked Mr Hill for his contribution to the Cambridgeshire Health and Wellbeing Board.

11. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were as set out above.

There were no declarations of interest.

12. MINUTES – 24TH SEPTEMBER 2019 AND ACTION LOG

The minutes of the meeting held on the 24th September 2019 were agreed as a correct record and signed by the Chairman.

The action log was noted. All actions had been completed.

13. UPDATE ON THE JOINT CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING STRATEGY CONSULTATION AND ‘THINK COMMUNITIES’ APPROACH

The Sub-Committee considered a report providing an update on the Joint Cambridgeshire and Peterborough Health and Wellbeing Strategy (JHWS) consultation and how the Strategy would help deliver the wider ‘Think Communities’ approach. The Director of Public Health stated that Officers had been aiming to launch the JHWS consultation before Christmas. However, due to Peterborough City Council’s pre-election period, this had been delayed until February 2020. The consultation period would now run from the 7th February 2020 until the 30th April 2020. A report presenting the outcome of the consultation, together with the final draft of the JHWS and draft Think Communities Health Deal would be presented to the Sub-Committee at its meeting on the 4th June 2020 for approval.

The JHWS identified four key priorities and outlined how local Councils, the NHS and community organisations could work together in order to improve people’s health outcomes and reduce health inequalities that existed across Cambridgeshire and Peterborough.

Councillor Holdich joined the meeting at 10.45am. He was content that Councillor Hickford should remain Chairman for the duration of the meeting.

The Executive Director, People and Communities explained that ‘Think Communities’ was a place based approach focused on greater joint up working between System partners and changing the conversations the public sector workforce were having with communities. This change would help recognise the unique needs of different communities located across Cambridgeshire and Peterborough. Using the example of the Adults Positive Challenge Programme, she explained that by having a conversation with individuals using the service, Officers could establish the support required to enable them to become more independent. This approach had led to better health outcomes for individuals, with less financial costs incurred. She suggested that in the future, the Think Communities approach needed to consider the wider public sector workforce and be used to create an induction programme for all Public Sector employees.

Elected Members raised the following issues in relation to the report:

- the Chairman sought more information on how the Sub-Committee could lead on the key priorities identified in the JHWS. The Director of Public Health stated that there was already an existing 'Sub-Regional Housing Board' working to prevent homelessness across Cambridgeshire and Peterborough. She advised that the Sub-Committee should not set up its own work stream to address this key priority. Rather, Officers should approach the Sub-Regional Housing Board and ask if they could lead on the delivery of this key priority. If so, the Housing Board would be requested to report back on a regular basis and establish a performance action plan which could be monitored by the Sub-Committee.
- the Chairman stated that the Sub-Committee should lead on its key priorities. It should only delegate this lead to an organisation in the system if it could deliver this more effectively. All organisations leading on the Sub-Committee's key priorities should be held accountable.
- raised concerns about homelessness in Cambridgeshire and Peterborough being addressed by the Sub-Regional Housing Board. She explained that there were unique factors that influenced homelessness in Fenland and these might be overlooked if this route was taken. She suggested working towards a system in which District Councils could also work on preventing homelessness autonomously. The Chairman acknowledged this, but noted that the Sub-Committee represented both Cambridgeshire and Peterborough. Therefore, it might have a different vision of how to address the key priorities identified in the JHWS compared to District Councils. The Elected Member expressed the hope that District Councils, the Sub-Committee and the Sub-Regional Housing Board would share a similar vision of how to reduce homelessness. She commented that District Councils would not want to duplicate the work already being undertaken by the Sub-Regional Housing Board.
- welcomed keeping the JHWS simple and was supportive of joint working arrangements.
- expressed concerns regarding the Sub-Committee leading on the key priorities identified in the JHWS. They suggested that this might override the successful work that was already been undertaken at different levels in the system and that the Sub-Committee needed a greater understanding of the existing work already taking place. By doing this it could learn from other organisations in the system and help build on their work. The Chairman agreed and stated that he wanted to see the key priorities achieved.
- suggested that the Sub-Committee should set realistic aims for what it could deliver.

- commented that mental health and its relationship to deprivation and homelessness was not addressed in the JHWS. The Member suggested that it was important for the JHWS to contain more information on this. Another elected Member suggested that the Sub-Committee could lead on encouraging research in relation to this area. The Director of Public Health stated that the feedback received through the consultation regarding mental health would be important.
- expressed concerns regarding the Think Communities approach. The Member suggested that it placed an emphasis on how communities were formed in relation to geographical place, but did not take into account for communities formed around other factors, such as religion and ethnicity. They commented that a more sophisticated analysis of communities should be undertaken.
- in reference to the Think Communities Health Deal Agreement, noted the need to carefully manage the increasing demand for public services. The Member queried whether the Think Communities approach had been a cost saving measure. The Executive Director, People and Communities acknowledged the need to learn from previous experiences and reiterated the effectiveness of the Adults Positive Challenge Programme. However, the Think Communities approach was not primarily focused on creating financial savings.
- suggested that an independent evaluation of the Think Communities approach could be beneficial. The Executive Director, People and Communities confirmed that an independent evaluation had taken place of the Neighbourhoods Care Pilot.
- expressed concerns regarding the JHWS's focus on agencies and partners and asked what sort of data Officers were expecting from residents who had completed the consultation. The Director of Public Health confirmed that Officers wanted to gather resident's opinions on the key priorities. After receiving advice from the consultation team, Officers had produced a consultation questionnaire that focused primarily on the key priorities and an executive summary of the JHWS. This work had been undertaken in order to increase resident's understanding of the consultation and to increase public engagement. The Director of Public Health acknowledged the need to publicise the JHWS effectively in order to increase public engagement.
- suggested that the Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Big Conversation was an innovative piece of work which had been effective in connecting with small communities. The Member queried whether the JHWS could learn from this. The Director of Public Health stated that Cambridgeshire County Council (CCC) would be working with the CCG and using

material from the Big Conversation. She noted that CCC did not have the same level of resources as the CCG.

- urged the Sub-Committee to work with community organisations in places such as Kings Hedges where people might be less likely to engage with the JHWS consultation. They suggested that working with community organisations could increase the level of public engagement. Local Councillors could help facilitate this work. The Director of Public Health agreed that they needed to connect with these communities and confirmed that Officers would work with all Sub-Committee members to achieve this.

It was resolved to:

- a) Discuss and comment on progress with the Cambridgeshire and Peterborough Health and Wellbeing Strategy Consultation.
- b) Discuss and comment on progress with developing a 'Think Communities' approach to health and wellbeing, and the draft Think Communities Health Deal Agreement.

14. PUBLIC HEALTH PEER REVIEW – ACTION PLAN PROGRESS REPORT

The Sub-Committee considered a report providing an update on the progress against the recommendations made by the Cambridgeshire and Peterborough Public Health System Local Government Association (LGA) Peer Review.

Elected Members raised the following issue in relation to the report and appendix:

- requested clarification regarding the timescales of completion for activities rated 'amber'. The Head of Public Health Business Programmes offered to amend the appendix to include updated timescales and more information on why activities were rated as 'amber'. **(Action Required)**
- asked when an action with a completion date of April 2019 would actually be completed. The Head of Public Health Business Programmes explained that work around the organisational development (OD) plan had started. However, due to Public Health experiencing capacity issues, it had not been progressed. She confirmed that once the Health in All Policies team was operational, they would be able to continue this work.

The Executive Director, People and Communities stated that the LGA Peer Review team had commented that both Cambridgeshire and Peterborough were doing useful individual work. However, more could be done to promote more joined up working arrangements. She highlighted the work

that had been carried out by the North and South Alliances, Primary Care Networks (PCNs) and Think Communities and suggested that joint working arrangements had significantly improved since the peer review.

The Director of Public Health stated that the Peer Review had been a useful exercise and welcomed the constructive challenge offered by the Whole System Joint Sub-Committee.

It was resolved to:

Note and comment on the Public Health Peer Review – Action Plan Progress Report.

15. CAMBRIDGESHIRE AND PETERBOROUGH ANNUAL PUBLIC HEALTH PROTECTION REPORT 2019

The Sub-Committee considered a report providing an update on all key areas of health protection for Cambridgeshire and Peterborough. The Director of Public Health highlighted that some childhood vaccinations were lower than the recommended 95% target, and the uptake of some immunisations were lower in Peterborough compared to Cambridge. Cervical cancer screening continued to have a lower than acceptable uptake. There were high rates of Tuberculosis (TB) cases diagnosed in Peterborough and in some areas of Cambridgeshire. Across Cambridgeshire and Peterborough there was a decline in the rates of late HIV diagnosis. There had also been a decline in teenage pregnancy rates in Peterborough. It was also highlighted that the Cambridgeshire and Peterborough Health Protection Steering Group were continually reviewing and monitoring the issues and data highlighted in the Annual Health Protection Report.

Elected Members raised the following issue in relation to the report:

- sought more information regarding the Local Authority's (LA's) responsibility for providing members of the public with accurate public health information during a health emergency. The Director of Public Health suggested that communication with the public was determined by the type of incident that had occurred. She explained that if a local outbreak of a disease occurred, the LA would work with Public Health England in a multi-agency incident team. Within this team, an agreement would be made as to how accurate information would be communicated to the public. Either the Director of Public Health or an Officer from Public Health England would lead on communication. In reference to the Coronavirus, she stated that the LA were directing members of the public to the NHS England website to find the most accurate and up to date information.
- suggested that the LA's website should be directing members of the public to the Public Health England and NHS websites. The Director of Public Health explained that communication professionals had

advised the Council that members of the public would be most likely to search for advice on the Coronavirus through an online search engine rather than through the LA's website. However, as the public interest in Coronavirus was growing rapidly, the LA's website could also be used to signpost members of the public to the NHS website. **(Action Required)**

- the Chairman queried whether Officers had been circulating information about the Coronavirus to District Councils. The Director of Public Health confirmed that they were.
- suggested that it would be beneficial to create an executive summary of the Annual Health Protection Report. The Member also suggested that the report needed to contain more detailed information so it could support the JHWS, Joint Strategic Needs Assessment (JSNA) and the Director of Public Health's Annual Report. The Chairman agreed and commented that they needed to promote the findings of the report.

The Chairman stated that, whilst the Health and Wellbeing Board was not a budget holder, it would be beneficial for the Sub-Committee to be presented with reports asking for a decision. Once the JHWS was approved, the Sub-Committee would want to make more decisions regarding their key priorities. **(Action required)**

It was resolved to:

Note the contents of the Annual Health Protection Report and comment on future priorities for health protection throughout Cambridgeshire and Peterborough.

16. ALLIANCE UPDATE REPORT

The Sub-Committee considered a report providing an update on the work undertaken by the North and South Alliances in Cambridgeshire and Peterborough. The report was presented by the North Alliance Programme Director and the Assistant Director of Strategy at the North West Anglia NHS Foundation Trust (NWAFT).

The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) had been split into the North and South Alliances. The North Alliance covered Fenland, Huntingdonshire and Peterborough, whilst the South Alliance covered East Cambridgeshire, South Cambridgeshire and Cambridge City. The Alliances enabled a broad range of system partners to be brought together to discuss how the health and social care systems could be integrated and how the unique needs of different communities could be addressed. The aim of this approach was to deliver improved health outcomes, achieve best value out of the health and care system whilst achieving best value for money. As part of the next phase of work, the aim was to have all PCNs evolved into an Integrated

Neighbourhoods by the end of the 2020-21 financial year. Going forward, it was hoped to develop Integrated Neighbourhoods further in order to provide a foundation for future work around the integration of health and care services across Cambridgeshire and Peterborough.

In discussion:

- an elected Member sought clarification of why some PCNs had not yet evolved into Integrated Neighbourhoods. The North Alliance Programme Director explained that the PCNs only launched in July 2019. Some mature PCNs had already developed their organisational structures and had started to function as one unit, but there were also other GP practices that historically had not worked with other practices.
- an Elected Member requested more information regarding the level of funding provided through South Alliance Innovation Funding. The North Alliance Programme Director explained that this funding lasted for 12 months. It was small amounts of funds to help projects set up and become self-sustaining. The Assistant Director of Strategy at the NWAFT clarified that this funding had been provided by system partners to invest in communities. He noted that system partners believed this is where money should be allocated.
- an elected Member expressed concerns regarding the sustainability of the funding allocated to PCNs to evolve into Integrated Neighbourhoods.
- an elected Member raised concerns regarding the PCNs who were slower in developing into Integrated Neighbourhoods. The Chief Executive Officer at the NWAFT agreed that all PCNs needed to be at the same level. She commented that this process was still in its early stages of development and assured the Sub-Committee that progress was being made.
- an elected Member queried how patients would identify which PCN they belonged to and asked whether the Alliances were in contact with voluntary organisations. The representative from the voluntary sector explained that they had an action plan in place looking at how information could be disseminated to the North and South Alliances and all voluntary sector organisations. She commented that the health system was constantly changing, therefore the voluntary sector had to adapt to this change. The Executive Director, People and Communities agreed that it was important for all layers of the system to work collaboratively.
- an elected Member commented that the report did not contain enough information regarding the Alliances' public engagement strategy. The Chief Executive Officer at the NWAFT acknowledged

that this information could be articulated more coherently in the report.

- the representative from Healthwatch stated the landscape of patient participation was changing and that organisations needed to respond to this change. This would include making clear the governance around the arrangements, patient choices on care and making clear who was responsible for patients' care. She commented that it would be good to look at this issue with the Alliances.

It was resolved to:

Note the update from Alliances and provide any comments.

17. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE AGENDA PLAN

It was resolved:

To note the agenda plan.

Chairman