

**CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 17 November 2016

**Time:** 9.30am to 10.15am

**Venue:** The Civic Suite, Pathfinder House, Huntingdon

**Present:** Cambridgeshire County Council (CCC)

Councillor D Jenkins

Dr Liz Robin, Director of Public Health (PH)

Charlotte Black, Service Director – Older People’s Services and Mental Health (substituting for Wendi Ogle-Welbourn, Interim Executive Director for Children, Families and Adults).

City and District Councils

Councillors M Abbott (Cambridge City), M Cornwell (Fenland) and S Ellington (South Cambridgeshire) and J Schuman (East Cambridgeshire).

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr Cathy Bennett, Tracy Dowling, Chief Officer – Cambridgeshire and Peterborough Clinical Commissioning Group (Vice-Chairwoman) and Dr Sripat Pai.

Healthwatch

Val Moore.

NHS Providers

Cara Charles-Barks (Hinchingsbrooke Health Care NHS Trust (substituting for Lance McCarthy), John Syson (Papworth Hospital NHS Foundation Trust – substituting for Claire Tripp), Aidan Thomas (Cambridgeshire and Peterborough NHS Foundation Trust) and Matthew Winn (Cambridgeshire Community Services NHS Trust).

Voluntary and Community Sector (co-opted)

Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations.

Also in attendance:

Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group

Kate Parker, Head of Public Health Programmes, CCC.

**Apologies:** Councillor Paul Clapp (CCC), Kate Lancaster (Cambridge University Hospitals NHS Foundation Trust), Lance McCarthy (Hinchingsbrooke Healthcare NHS Trust), Chis Malyon (Section 151 Officer, CCC), Wendi Ogle-Welbourn (Interim Executive Director, Children, Families and Adult Services, CCC), Councillor Tony Orgee (CCC and Chairman of the Cambridgeshire Health and Wellbeing Board), Councillor John Palmer (Huntingdonshire District Council), Vivienne Stimpson (NHS England), Councillor Peter Topping (CCC), Claire Tripp (Papworth Hospital NHS Foundation Trust) and Councillor Joan Whitehead (CCC).

## 241. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. In the absence of the Chairman the meeting was chaired by Tracy Dowling, Vice Chairwoman. There were no declarations of interest.

## 242. MINUTES OF THE MEETING ON 15 SEPTEMBER 2016

The minutes of the meeting on 15 September 2016 were agreed as an accurate record and signed by the Vice Chairwoman.

## 243. ACTION LOG

The Director of Public Health reported that the Action Log had been revised to include the date of the meeting at which each action had arisen and that a strengthened process had been put in place via the Health and Wellbeing Board Support Group to monitor progress on each action.

- **Minute 181 & 223: Older People's and Adult Community Services (OPACS) Contract:** The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group reported that as of 18 November 2016 all beds at Doddington Court would be back in use. Action complete;
- **Minute 214: Quality Premium 2016/17: Clinical Commissioning Group Choice of Local Indicators:** The Vice Chairwoman asked that a brief report be submitted to the Board's January meeting and commented that it was important to see where progress was and was not being made;  
**(Action: Sue Last)**
- **Minute 235: Safeguarding Adults Board Annual Report 2015/16:** Julie Farrow said that she had attended a meeting of the Transforming Lives Board the previous day. Action complete.

It was resolved to:

1. Note the Action Log and verbal updates provided.

## 244. HEALTH AND CARE SYSTEM SUSTAINABILITY AND TRANSFORMATION PROGRAMME – MEMORANDUM OF UNDERSTANDING

The Director of Public Health explained that all NHS organisations within the Cambridgeshire and Peterborough area had been asked to take part in preparing a five year strategic plan, known as the Sustainability and Transformation Plan (STP). Due to the interdependence of local authority social care and public health services with local NHS services, Cambridgeshire County Council and Peterborough City Council had been asked to plan jointly with NHS providers and to align services with the STP where appropriate. As part of the STP process local NHS organisations were being asked to sign up to a memorandum of understanding (MOU) which included a commitment to working towards greater collaboration including the sharing of financial risk. It was not deemed feasible for local authorities to sign up to the full MOU due to the different democratic processes and financial and governance structures in local government. However, a separate local authority appendix to the MOU had been produced which set out key behaviours and principles and which was designed to promote integrated working across local authorities and the NHS. This recognised the role of District Councils as well as county and city councils.

Given the significant and wide-ranging scope of the MOU the Monitoring Officer had agreed to the local authority appendix being submitted to both the Cambridgeshire County Council (CCC) Adults Committee on 3 November 2016 and the CCC Health Committee on 10 November 2016 for consideration and comment prior to submission to the Health and Wellbeing Board and CCC Chief Executive for final approval and sign-off. With the Vice-Chairwoman's agreement, a revised version of the draft local authority appendix to the MOU was tabled which showed the amendments requested by the CCC Adults and Health Committees when they had considered the draft text as tracked changes (copy attached at Appendix A).

The following points were raised in discussion:

- District Councillors indicated that they were minded to support the inclusion of the Local Authority Appendix, but felt that they would need the approval of their own District Councils before they could formally sign up;
- Some NHS provider representatives felt that the Local Authority Appendix focused too closely on what could not be done and felt that it could have been given a more positive tone by referencing more areas of common interest between the health service, local authorities and city and district councils;
- Noting the difficulty caused to local authorities in signing up to shared financial risk it was suggested that a form of words might be included which made clear that there was no reluctance to look at this in relation to specific projects as part of the existing democratic process, but without implying any wider acceptance of shared financial risk. The Director of Public Health said that it might be possible to include an enabling sentence to this effect, but that this would need to be cleared with lawyers;
- The Voluntary and Community Sector representative said that there had been a lack of engagement nationally with the voluntary sector in production of the STPs;
- The Chief Executive of the Cambridgeshire and Peterborough NHS Foundation Trust said that it was intended to work more closely with voluntary sector organisations on primary care and integrated neighbourhood workstreams;
- The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group said that it was hoped that the STP would be published the following week and that there would be a period of further engagement after publication (Secretary's Note: The Cambridgeshire and Peterborough STP was published on 21 November 2016).

In light of the discussion, it was resolved that:

1. Officers would explore the inclusion of an enabling clause regarding shared risk and gain in the Local Authority Appendix to the MOU. If it was not possible to include such a clause an explanation of why this was not possible would be provided;  
**(Action: Director of Public Health)**
2. The Chief Executive of Cambridgeshire County Council and Peterborough City Council would be invited to sign off the Local Authority Appendix on behalf of both authorities;  
**(Action: Director of Public Health)**

3. District and City Councillors would each take the STP MOU Local Authority Appendix through their own democratic processes (for example, Cabinet) before final sign-off by the Chairman of the Health and Wellbeing Board at the Board's next meeting on 19 January 2017;  
**(Action: District and City Council representatives)**
4. The Voluntary and Community Sector representative would provide feedback on where she felt the voluntary sector could contribute in discussion with the Chief Executive of the Cambridgeshire and Peterborough NHS Foundation Trust.  
**(Action: The Voluntary and Community Sector representative)**

## 245. FORWARD AGENDA PLAN

The Board considered the Forward Agenda Plan and it was resolved to:

1. Amend the Plan to show that reports on the Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme would be made by the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group. It was agreed that the January report would include an update on organisational planning;  
**(Action: Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group)**
2. Add an item on dual diagnosis of mental health and substance misuse issues to the agenda for January;  
**(Democratic Services Officer)**
3. Reflect on whether any information items on the March agenda might be circulated outside of the meeting;  
**(Director of Public Health)**
4. Consider the inclusion of a development session on understanding county council, district and city council and NHS budgets and budget processes;  
**(Director of Public Health/ Head of Public Health Programmes)**
5. Add an item on Primary Care Strategy to the January agenda;  
**(Democratic Services Officer)**
6. Add a development session on the future development of primary care in Cambridgeshire, including the location of services, integrated use of the estate and estate development;  
**(Head of Public Health Programmes)**
7. Add a report on the output from the November development session to the agenda for the January meeting.  
**(Democratic Services Officer)**

## 246. DATE OF NEXT MEETING

The Board will meet next on Thursday 19 January 2017 at 10.00am in the Kreis Viersen Room, Shire Hall, Cambridge.

Chairman

**CAMBRIDGESHIRE AND PETERBOROUGH  
SUSTAINABILITY AND TRANSFORMATION PROGRAMME  
MEMORANDUM OF UNDERSTANDING**

Tracked changes to the text requested by Cambridgeshire County Council Adults Committee on 3 November 2016 are shown in red and changes requested by Cambridgeshire County Council Health Committee on 10 November 2016 are shown in blue.

**Appendix 1: Local Authorities and the C&P Sustainability and Transformation Plan**

**Introduction**

- The local health economy within the Cambridgeshire & Peterborough Clinical Commissioning Group area has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHS England and NHS Improvement.
- All partners share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability, coordinating System improvements for the benefits of local residents and healthcare users by:
  - Supporting local people to take an active and full role in their own health
  - Promoting health, preventing health deterioration and promoting independence
  - Using the best, evidence-based, means to deliver on outcomes that matter
  - Focussing on what adds value (and stopping what doesn't)

Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are key stakeholders in the development and delivery of the STP and will act as partners in the STP by **working together to find solutions to ensure that healthcare, public health and social care services are aligned. aligning their public health and social care services to support its delivery.** However the Councils will only be able to do this in line with their statutory responsibilities, democratic and constitutional duties in the local authorities' governance arrangements

- The Cambridgeshire District and City Councils, which are members of the Cambridgeshire Health and Wellbeing Board, exercise a number of relevant functions including housing, land use planning, leisure services etc, which may also align to the wider STP Programme, and which are subject to their own democratic and constitutional arrangements.
- All partners across local authorities and the NHS are expected to support local Health and Wellbeing Strategies and Better Care Fund Plans. NHS partners will ensure that STP delivery is aligned with these wider partnership strategies and plans.
- An agreed set of behaviours and principles has been developed in order for CCC, PCC and the wider local authority membership of the HWB Board to support (and be supported) in the contribution to and delivery of the STP.

- These behaviours and principles outline how CCC, PCC and the wider local authority HWB Board membership will work together with the Health system, whilst adhering to their statutory duties and democratic and constitutional duties in the local authorities' governance arrangements

### **Key Behaviours:**

CCC, PCC and the wider local authority Health and Wellbeing Board membership recognise the scale of change required to deliver the STP and that cultural change applies from leadership level to front line staff.

CCC, PCC and the wider local authority Health and Wellbeing Board membership will continue to build and promote trusting relationships, mutual understanding and where feasible take decisions together with the health system.

CCC and PCC representatives on the Health and Care Executive (HCE) will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials. The HCE will ensure that relevant system messages and materials are shared with the wider HWB Board membership.

All members of the Health Care Executive and the Health and Wellbeing Boards will support and promote system behaviours for the benefit of local residents and healthcare users including:

- Working together and not undermining each other
- Behaving well, especially when things go wrong
- Engaging in honest and open discussion
- Keeping our promises – small and large
- Seeing success as collective
- **Carrying through ~~sticking to~~** decisions once made

### **Key Principles:**

The key principles of local authorities working with partners to deliver the STP plan are:

- Commitment to implementation at pace
- Use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings
- Where appropriate, HCE representatives and other senior local authority officers to act as if part of a single executive leadership team, to coordinate system improvements for the benefits of local residents in line with the STP.
- Influence the view of regulators and external assurance bodies regarding the primacy of System sustainability enshrined in the STP and the joint commitment to it.

- Highlight and work to prevent cost shunting to other partners, **subject to statutory requirements on both partners.**
- Adopt an invest to save approach
- Share information on new major service developments, savings, closures or relocations, and more generally share information in a timely manner when needed to support development of partnership business cases and savings plans. This should comply with existing information sharing agreements and protocols.
- Align human, financial, estate and digital resources to deliver these changes where this adds value, delivers people-centred outcomes and saves money.

### **Democratic requirements and local authority governance**

- CCC and PCC will participate in the Health and Care Executive (HCE) arrangements through their senior officer representatives acting as non-voting members of the HCE. This arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.
- CCC, PCC and Cambridgeshire District and City Councils will also participate in and support the STP through their local Health and Wellbeing Boards and shared programme management arrangements. Again, this arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.
- Local authorities support the commitment to longer-term planning, but the Partners recognise that local authorities are subject to democratic governance. Therefore the LAs must reserve the right to change their priorities in accordance with the priorities of their elected Councils
- CCC, PCC and wider local authority HWB Board membership cannot commit to sharing the opening financial risk in the STP, given that local authorities have a statutory requirement to balance their budgets and cannot operate at a deficit. Likewise, NHS partners are not expected to commit to meeting the financial risk of meeting statutory social care requirements.
- CCC and PCC **also** have a particular statutory requirement to scrutinise proposals for NHS service changes as elected representatives of their communities, and must ensure the independence and integrity of those arrangements.
- **The role of all Councillors to represent the views of their local constituents and speak up on their behalf is recognised. Councillors have a unique responsibility of advocacy with respect to their constituents. Nothing in this memorandum should undermine that.**