CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES - ACTION PLANNING

To: Health and Wellbeing Board

Meeting Date: 26th July 2018

From: Dr Liz Robin, Director of Public Health

Recommendations: The Health and Wellbeing Board is asked to:

 Note progress with progressing action planning for the three priorities confirmed at the HWB Board on April 24th 2018.

b) Consider how the Living Well Partnerships might wish to work with the HWB Board and county-wide officer groups, on these priorities.

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1.0 PURPOSE

- 1.1 The purpose of this paper is:
 - To update the HWB Board on delivery arrangements and actions to take forward the three agreed priorities for Cambridgeshire HWB Board.
 - To stimulate debate on the role of the Living Well Partnerships, and how they may wish to contribute to these priorities.

2 BACKGROUND

- 2.1 At the HWB Board meeting in November 2017, priorities were proposed for the Cambridgeshire HWB Strategy, building on feedback from a stakeholder workshop. Following further discussion by the HWB Board members, the following three priorities were selected:
 - Health inequalities, including the impact of drug and alcohol misuse on life chances
 - New and growing communities and housing
 - Integration including the Better Care Fund, delayed transfers of care.
 This would also cover monitoring the impact of developing place based care models.
- 2.2 These priorities were initially identified in the context of refreshing the HWB Strategy for Cambridgeshire. Due to wider changes in the strategic landscape it was agreed in April 2014, to extend the current HWB Strategy to 2019 and to focus instead on action planning and delivery against the three identified priorities.

3. MAIN ISSUES

Priority 1: Health inequalities, including the impact of drug and alcohol misuse on life chances:

- 3.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the Living Well Partnerships, would be an appropriate officer group to oversee action planning against this priority. Action on the impact of drug and alcohol misuse on life chances could be overseen by the multi-agency Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and Community Safety partnerships.
- 3.2 The Public Health Reference Group will meet on July 20th to discuss how to take forward work on health inequalities as its key delivery priority for 2018/19. Verbal feedback on progress will be provided at the HWB Board.
- 3.3 The drug and alcohol treatment services contract for Cambridgeshire has been awarded to Change Grow Live (CGL) following a competitive tender process, and the new contract will commence in October 2018. The contract has a requirement to focus upon developing recovery services that should endeavour to address any socio-economic issues that undermine successful outcomes.
- 3.4 The Drug and Alcohol Misuse Delivery Board (DADB) is a multi-agency Board, co-chaired by Police Superintendent Laura Hunt and the Director of

Public Health. It reports to the County-wide Community Safety Board and to the Health and Wellbeing Boards. The DADB has used the Drug and Alcohol Joint Strategic Needs Assessment (approved by the Cambridgeshire HWB Board in 2016) and the new National Drugs Strategy, to identify three priorities for action:

PRIORITY ONE - Prioritising early help interventions to young people, families and children most at risk of substance misuse PRIORITY TWO - Reducing drug related deaths and implementing the recommendations of the local drug related death review 2017 PRIORITY THREE - Improving outcomes by addressing barriers across

- Housing and homelessness
- · Education, employment and training
- Mental health pathways
- Criminal justice systems
- 3.5 Separate leads have been identified for priority one, priority two, and each bullet point under priority three. Each lead is preparing a multi-agency action plan and these plans will be monitored quarterly by the DADB. A key aspect of the action plans is about 'join-up' ensuring that the needs of people with drug and alcohol misuse problems are included in existing multi-agency work e.g. on employment and health, or homelessness/housing.

Priority 2: New and growing communities and housing

3.6 A paper was taken to the combined meeting of the Cambridgeshire Public Service Board (chief officers of local authority, fire, police, Clinical Commissioning Group (CCG)) and the Health and Care Executive (local NHS chief executives) in June, outlining current issues and challenges for aligning NHS estates planning with the local authority planning system, including section 106 and Community Infrastructure Levy (CIL) funding. The paper made recommendations for action to address these issues. The paper also identified three strategic questions:

Question 1 - How do we develop a better understanding of the projected impact of planned growth on health and wider public services going forward?

Question 2 - How do we ensure residents living in new communities, in areas where there is limited or no developer contributions for health facilities, have equitable access to health and care infrastructure?

Question 3 - How do we ensure resources and investment for health and wider public sector infrastructure and services keep pace with the planned growth?

3.7 The CPSB/HCE meeting asked for some further actions and stakeholder involvement to be taken forward, and for the issues to be reviewed following this at the Cambridgeshire Public Service Board (CPSB)/Health and Care Executive (HCE) meeting in October. This is being taking forward by a multiagency officer group.

Priority 3: Integration – including the Better Care Fund, delayed transfers of care. This would also cover monitoring the impact of developing place based care models.

- 3.8 The Better Care Fund and Delayed Transfers of care have been covered in other agenda items. The current Better Care Fund Plan is a two year plan with 2018/19 as a second year.
- 3.9 Place based models of care are being developed from the perspective of the Sustainable Transformation Partnership (STP) through the 'Home is best' work, which will now be focussed into two geographical areas, 'North' and 'South', which are linked to NHS Acute Trust catchment areas. New neighbourhood models of social care are being piloted in parts of the county. The Combined Authority has commissioned a piece of work to review the potential for a proposal to national government on health and social care integration. The Living Well Partnerships are developing as place based partnership for preventive work with a wider range of local partners. The Health and Wellbeing Board may wish to consider how it is updated on and links to these workstreams on place based models of care.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 4.1 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.

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.w pengine.com/wp- content/uploads/2018/01 /4-HWB-Strategy-Full- Document.pdf
Agenda item 7 'Health and Wellbeing Strategy' Paper to HWB Board 24 April 2018	https://cmis.cambridgesh ire.gov.uk/ccc_live/Meeti ngs/tabid/70/ctl/ViewMe etingPublic/mid/397/Mee ting/950/Committee/12/D efault.aspx