

**A MEETING OF THE CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS: MINUTES**

**Date:** 28<sup>th</sup> 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

Peterborough City Council (PCC)  
Councillor John Holdich (Chairman)  
Dr. Gary Howsam (Vice-Chair)  
Councillor Mohammed Jamil

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

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

Healthwatch  
Val Moore

NHS Providers  
Keith Reynolds- North West Anglian Foundation Trust (NWAFT) (Substituting for Caroline Walker)  
Matthew Winn - Cambridgeshire Community Services NHS Trust (CCS) (from 10.25am)

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

Also Present:  
Councillor Lynda Harford- Cambridgeshire County Council

Cambridgeshire's 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

Peterborough's Apologies:

Councillor Wayne Fitzgerald

Councillor Diane Lamb

Adrian Chapman- Service Director: Children's Services and Safeguarding,

Hilary Daniels- Chairman, Hichingbrooke Hospital Trust

**20. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST FROM MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD**

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

**21. MINUTES OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD ON 10 DECEMBER 2018**

The minutes of the meeting on 10 December 2018 were agreed as an accurate record and signed by the Chairman.

**22. 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 Boards (HWBs) 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 (DTC) target was feasible and whether there were any penalties for not reaching it. The Director of Commissioning confirmed that there were no BCF penalties for not meeting the DTC target. He reminded the Board that the iBCF was just one of a number of schemes and investments to try to improve DTC performance. The Director of Commissioning informed the Board that the DTC programme Board was actively trying to reduce DTCs to 3.5%.
- An elected Member raised concerns that not enough preventative work was being undertaken to negate hospital admissions. The Director of Commissioning noted 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. She suggested that placed 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 informed the Member that they were identifying solutions to increase placed based capacity but the process was complex.
- The elected Member from South Cambridgeshire District Council (SCDC) 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's delegate authority to approve the BCF 2019/20 Plan, prior to submission to NHS England.

It was resolved that the Peterborough 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 Chair, Vice-Chair and wider Health and Wellbeing Board membership.

## **23. 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 for 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 followed on from this by agreeing with the Vice-Chair 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 clarified 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 that the Peterborough Health and Wellbeing Board:

- a) Approve the Cambridgeshire and Peterborough Joint Strategic Needs 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.

#### **24. 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 drawn to the short, medium and long-term priorities of the system detailed in the report.

It was resolved that the Peterborough Health and Wellbeing Board:

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

#### **25. 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 two Boards that a financial agreement with the CCG was not in place for the coming financial year. She 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.
- 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 Boards that Healthwatch were performing 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. She 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 JHWBS and the Action Plan that proceeds from this.

- The Director of Public Health stated that the JHWBS 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 noted 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 Peterborough Health and Wellbeing Board:

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

## **26. 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 Boards were 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 of the Cambridgeshire HWB 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 streams would be in two to three years' time.
- An elected Member expressed her concerns regarding the Think Communities approach to assimilating themselves into the wider Health and Social Care system. She noted that they did have a contribution to make but they could not define themselves 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. He commented further that 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 her concerns regarding the example of Wigan Council used in the report, she commented 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 followed on from this by stating 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 were much 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 could be adapted to meet the requirements of Cambridgeshire and Peterborough.
- An elected member commented that in her community they had seen children's health and social care services diminish. She 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. She commented that it was in the Boards best interest to support such organisations.

- The representative from the Voluntary Sector agreed with the elected Member and stated that the changes in the commissioning process had led to the exclusion of small organisations. She commented that commissioning groups were now using the Social Value Act to engage with these smaller organisations. She stated that more effective joint working would 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 Boards could receive an insight into the present and future funding pressures, the system was subject too. **(Action Required- CCG-Director of Corporate Affairs)**
- 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 performed 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 Peterborough 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.

## 27. 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 began by setting the context of the CPCA within the wider health and social care system referring to their 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 enquired to 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 that 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 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 Required: 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 joint up working and would feed this in the Independent Commission.

It was resolved that the Peterborough 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

## **28. 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 instated that Public Health be publically associated with the County Council in press releases.

It was resolved that the Peterborough 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

## **29. 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 Peterborough Health and Wellbeing Board:

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

### **30. 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.

It was resolved that the Peterborough 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

**31. PETERBOROUGH HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN**

The Chairman requested Hydrotherapy Pools be added to the Forward Agenda Plan. The Executive Director, People and Communities requested that a discussion took place outside of the meeting prior to it being added as an agenda item. .

Chairman