

Joint Cambridgeshire and Peterborough

Health and Wellbeing Board
and
Integrated Care Partnership

Annual Report 2022-23

Foreword From Joint Chairs

As Co-Chairs of the Cambridgeshire and Peterborough Health and Well Being Board and Integrated Care Partnership, we are delighted to present this first annual report of our work. From the start of our work together, we have been united in our determination to focus on the wider population health of all the communities that we serve. Our concern is to combat inequalities in people's access to and experience of services, put a real emphasis upon the prevention of ill health as well as the treatment of it and recognise the indispensable link between health and care services, as well as the wider health economy and the social and economic development that lies at the heart of our shared ambitions for Cambridgeshire and Peterborough. We have sought to keep those imperatives and the needs of our communities at the front of our minds as we have evolved our partnership during this first phase of our work. It is what lies behind the development of our shared ambitions for 2030 and the four priority areas that we have agreed to pursue. It is also what has underpinned our commitment to try and develop new ways of listening to and working with communities, patients and service users. Both of those activities feature in this report.

Our work, however, is taking place in a really challenging environment. The wider impact of the pandemic as well as sharp rises in the cost of living are impacting significantly on people and their health and their demand for services. The financial climate for public services remains difficult and there are widespread workforce challenges across both health and social care. These factors make it ever more important that we combine our work, across local government, health, the voluntary and community sector, wider public services and with those representing communities, service users and patients, to tackle those complex issues. Our shared focus on the use of the Better Care Fund, described in this report, is an example of how more integrated approaches can help us tackle some of these challenges.

We are trying to ensure that our work is both informed by and informs the wider activity of all the groups represented around the partnership. For example, we identified senior responsible officers from a range of partner organisations to take the lead on one of each of the four Health and Wellbeing Integrated Care Strategy priorities.

There is much to do and many challenges lie ahead. We hope, however, that in reading this report you will see the shared commitment that exists across many partners and sectors to work together, to come together to make a positive difference for communities and individuals across Cambridgeshire and Peterborough. We hope you enjoy reading the report.

Councillor Susan van de Ven (Cambridgeshire County Council)
Councillor Ishfaq Hussain (Peterborough City Council)
John O'Brien (Chair of the Integrated Care Board)

Health and Wellbeing Board
and

Integrated Care Partnership Annual Report 2022-23

1. Background

- 1.1 Under the Health and Social Care Act 2012 Upper Tier Local Authorities have a statutory function to have Health and Wellbeing Board (HWB) as a formal committee of the local authority. Health and Wellbeing Boards have a vital role in promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with the former clinical commission groups (now the Integrated Care System) to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
- 1.2 The landscape for HWBs has changed dramatically with the formation of the Integrated Care System nationally. Consideration was therefore given to how existing arrangements can provide the opportunity to build greater alignment between different system partners locally. Formal joint working relationships between Peterborough City Council and Cambridgeshire County Council were already in place in 2019 and in 2022 the establishment of a Joint Cambridgeshire and Peterborough Health and Wellbeing Board was agreed by both Upper Tier Local Authorities.

1.3 Development and Relationship with the Integrated Care Partnership

The White paper on Integration and Innovation: Working together to improve health and social care (published in 2021) establishes Integrated Care Systems (ICSs) on a statutory footing through both the NHS Integrated Care Board and an Integrated Care Partnership (ICP). Guidance from the DHSC issued in September 2021 made it clear that HWBs cannot act as ICPs because they are separate legal entities however, they may work in alignment allowing for continued focus on the wider determinants of health. It was agreed through the revised Terms of Reference that the Cambridgeshire & Peterborough Health and Wellbeing Board and the Cambridgeshire & Peterborough Integrated Care Partnership would be independent boards with shared agendas, aligned membership and meeting together. This approach reflects a genuine ambition across our local health and care system to develop innovative ways of working together.

2. Development of the Health and Wellbeing Integrated Care Strategy

- 2.1 The Integrated Care Partnership (ICP) is accountable for the delivery of the Integrated Care Strategy. The Health and Wellbeing Board is required to produce a health and wellbeing strategy. Following a series of workshops in late 2021/22 system partners a decision was made to use the Health and Wellbeing Strategy to form the basis of the Integrated Care Strategy, namely a Health & Wellbeing Integrated Care Strategy for Cambridgeshire & Peterborough.
- 2.2 Guidance published by the Department of Health and Social Care (DHSC) in November

2022 states HWBs will need to consider the integrated care strategies when preparing their own strategy to ensure they are complementary. Conversely, HWBs should be active participants in the development of the Integrated Care Strategy as this may also be useful for HWBs to consider in their development of their strategy. Our local approach to a Joint Health and Wellbeing Integrated Care Board has enabled a strong active participation from a range of organisations that have an interest in the health, care and wellbeing of people and communities across Cambridgeshire and Peterborough.

2.3 Locally, system partners agreed they will have a shared Cambridgeshire and Peterborough Health and Wellbeing Integrated Care Strategy, owned by the whole system, that is based on the needs identified from the Joint Strategic Needs Assessments (JSNAs). The overarching goals and four contributing priorities were identified at development days in late 2021 and early 2022 with system partners, including HWB members, the Combined Authority, Clinical Commissioning Group and other emerging ICP membership. Subsequent events were held with District Council representatives in June and October 2022.

2.4 Work was undertaken with colleagues in the Integrated Care System to join up the engagement around the Health & Wellbeing Strategy priorities (July – Sept 2022) with the process around the wider Let's Talk: Your health and care campaign (Oct – Nov 2022).

2.5 Let's Talk: Your health and Care

Our "let's Talk: Your Health and Care" campaign was launched on 7th October 2022 to inform the content and ambitions of the Health and Wellbeing Integrated Care Strategy. It was the first large scale engagement campaign launched since the ICS was formed on the 1st July 2022. The aim was to reach a wide cross section of our community and to focus on hearing from communities whose voices we hear less often.

2.6 Feedback through the various events and workshops, including district council meetings, resulted in the importance of developing and identifying a shared leadership of the health and wellbeing priority areas. Our HWB priorities were developed during the engagement phase and to demonstrate the value of working at a system level senior responsible officers (SROs) from across the Cambridgeshire and Peterborough system were identified as leading on specific priority areas. Feedback from the various events including the district council workshops resulted in clarity around the ambitions and priority areas.

2.7 The HWB / Integrated Care Partnership identified three ambitions and four priority areas:

Our ambitions for 2030:

1. We will increase the number of years that people spend in good health.
2. We will reduce inequalities and preventable deaths before the age of 75.
3. We will achieve better outcomes for our children.

Priority areas and Senior Responsible Officers (SROs)

- **Priority 1:** Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
SRO: Matthew Winn (CEO) Cambridgeshire Community Services with

Jonathan Lewis (Service Director Education) Cambridgeshire County Council and Peterborough City Council

- **Priority 2:** Create an environment to give people the opportunities to be as healthy as they can be.
SRO: Jyoti Atri (Director of Public Health) Cambridgeshire County Council and Peterborough City Council with Louis Kamfer (Deputy CEO) Integrated Care System
- **Priority 3:** Reduce poverty through better employment, skills and better housing.
SRO: Jo Lancaster (MD)* Huntingdonshire District Council and Liz Watts (CEO) South Cambs District Council **with** Fliss Miller Associate Director of Skills, C&P Combined Authority

*Oliver Morley (Interim MD) Huntingdonshire District Council has taken on this role since Feb 2023.

- **Priority 4:** Promote early intervention and prevention measures to improve mental health and wellbeing.
SRO: Vicki Evans (Assistant Chief Constable) Cambridgeshire & Peterborough Constabulary with Stephen Legood, Director of People and Business Development, Cambridgeshire and Peterborough NHS Foundation Trust.

The diversity of leadership across a broad range of organisations is reflective of our Integrated Partnership. It also ensures the strategy development is truly integrated across Cambridgeshire and Peterborough, with shared ownership amongst healthcare and wider sectors. SROs roles and responsibilities were drawn up and each priority was allocated a senior public health lead to support the priority development of action plans.

2.8 HWB Priority Action Plans – Progress

Year 1 has largely been about scoping the priorities. This involved initial work on understanding what was already in place, current needs and areas for development. This work led to the development of plans for each of the priorities with the identification of early wins. The HWB ICP board received action plans from each of the priorities at their meeting in March 2023. The priority groups have now begun to deliver some progress against identified early wins, however more time is needed to deliver against some of our long-term ambitious outcomes. Some examples of achievements to date are provided below.

Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives.

Entering Education

- Healthy Start Vitamins are now available in Child and Family Centres, this will support families who are struggling with the cost of living and improve nutritional intake for children in their early years.

- Start for Life offer has been published which sets out the services and support available to families from pregnancy to their child's second birthday [Family Hubs - Start for Life offer - Cambridgeshire County Council](#); [Family Hubs - Start for Life offer - Peterborough City Council \(contensis.cloud\)](#). [These will support families in improving health and development outcomes, laying the foundations for a good start to education.](#)
- Procurement is underway for "Community Infant Feeding and Emotional wellbeing Peer support service"
- A 4-week antenatal education programme "Pathway to Parenting" has been rolled out across all districts and Peterborough.
- In South Cambridgeshire the '#Free to Feed' encouraging breast feeding across all hospitality venues has been established and roll out is underway in East Cambridgeshire and Peterborough.
- In July 23 a website to enable families to find appropriate infant feeding community support in their area is due to launch

Exiting Education

- New School Aged Health Transformation Board is being set up ready for September 2023, the aim of this is to draw together resources in order to improve outcomes for school aged children and prepare them for their onward journey
- Commissioning with VCSEs for additional preventative programmes has been undertaken e.g. Acorn, Fullscope, Red Hen, Romsey Mill, the Kite Trust and Branching Out.
- Focus of increasing apprenticeships in Anchor Institutions has been included in the Cambridgeshire and Peterborough Joint Forward Plan (Anchor institutes are: Councils, Combined Authority, NHS, Commissioned services)

Priority 2: Create an environment to give people the opportunity to be as healthy as they can be.

The HWB ICP agreed to focus on tackling obesity in the first couple of years of the strategy. It is our ambition to use the opportunity afforded by the Joint Health and Wellbeing Integrated Care Strategy of incorporating 'systems thinking' into the approach.

- A delivery group for this work has been established with identified leads for the main areas of delivery e.g. schools, children's services, planners in local authorities and other voluntary services.
- A summit is planned from October / November and will bring evidence from national experts and from our local research along with local leaders and services to plan year 2 activity.
- Procurement is underway for behavioural insights research with the contract award expected at the end of July 2023. This will give us the information we need to shape our interventions to be effective.

Develop Improvements in the internal and external food environment

- Evidence review of environmental factors has been completed along with the school food survey which will be used as part of the local evidence for the summit (see above)

Increasing physical activity in schools

- A new safer street project to promote active travel and no-car zones around schools has been commissioned in Cambridgeshire.
- A schools fund has been established for schools to bid into and secure incentives if successful with projects to increase physical activity in schools and healthy eating practices

Develop integrated evidence-based interventions for the behavioural and clinical treatment/management of obesity and associated clinical risk factors.

- A Local Enhanced Service specification has been developed for GPs to routinely with patients and identify / manage patients with hypertension and hyperlipidaemia.
- Increased access to weight management services through additional commissioning of adult and childhood weight management services.
- Uptake of adult weight management has increased significantly for 2022-23. For Cambridgeshire 2788 which was 140% of the target and 49% of completers achieved a 5% weight loss (national target is 30%). For Peterborough 851 started on a programme which was 121% of the target and 45% of completers achieved a 5% weight loss.

Priority 3: Reduce poverty through better employment, skills and housing

Reduce Poverty through Housing

- A Housing and Health summit was held in early 2023 with a range of stakeholders resulting in the production of a 2 year action plan.
- To inform the need for key working housing for staff working across the integrated care system (ICS) a key worker housing survey is underway.
- The ICS is working with District and City Councils on NHS infrastructure needs for NHS estates across Cambridgeshire and Peterborough.
- Investigations into digital connectivity is in progress.
- From July/ August 23 a check list for front line workers to identify cold, damp, mouldy homes will be trialled in Cambridge City.

Reduce Poverty through Employment and Health

- Primary care and employers have been consulted regarding the integration of services and their role in the development of a new integrated pathway to employment.
- Across Cambridgeshire and Peterborough mapping of services and hubs has been completed and funding has been secured to pilot an integrated model in two locations using existing hubs.

- Pilots have been progressed in Cambridge City and Fenland using a logic model, engagement with partners a project plan is in place.
- Development of an alternative model to pilot in Peterborough is underway.
- A marketplace event is planned for Autumn 2023 for employers to meet NHS and Local Authority leads to explore workplace models.
- Agreement to develop tools to support Small Medium Employers to adopt process to support and help employees experiencing health and disability.

Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.

- A mental health summit was attended in early 2023 with attendance from a range of groups and organisations across our system of care. There was strong representation from the community and voluntary sector organisations working in mental health and wellbeing. The summit began the process of mapping and scoping each of our four-priority themed areas; communications and information, enhancing relationships, motivation and wider mental health determinants.
- Preventative programmes to improve children and young peoples mental health and wellbeing are being expanded e.g. Nessie (support for families of children and young people with mental health issues, self-harm or school avoidance), PSHE (anti-bullying training for primary schools), PEDs (eating disorders training)
- Commissioning with VCSEs for additional preventative programmes has been undertaken e.g. Acorn, Fullscope, Red Hen, Romsey Mill, the Kite Trust and Branching Out.
- Small grant funding programme has been set which funds a range of community activities linking to the four themed workstream areas in the mental health priority. These will help to explore and grow the evidence base for what works and what can be done locally to promote better mental health wellbeing and support children, young people and families.
- Exploring links to ensure that the HWB/ICS mental health prevention priority has recognition and equal positioning within the ABU structures as the other mental health boards. This also includes setting up steering group that will govern the progress of the workstreams

2.9 The above examples illustrate good progress over the last year in not only producing a joint Health and Wellbeing Integrated Care Strategy for Cambridgeshire and Peterborough but also starting to deliver on the ambitions. More work is required in 2023/24 to agree what measures are appropriate for the HWB Integrated strategy. The Public Health Intelligence team will be working on agreeing targets for improvement over the duration of the strategy.

3. Better Care Fund

3.1 The Better Care Fund (BCF), operating since 2014-15, is the government's national vehicles for driving health and social care integration. Integrating health and adult social care. Spanning the NHS and local government the BCF seeks to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by health and wellbeing board (HWB). These

are joint plans for using pooled budgets to support integration governed by the agreement under section 75 of the NHS Act (2006)

3.2 Adult Social Care Discharge Fund

In September 2022, the Department of Health and Social Care (DHSC) announced its plans for patients committing £500m of funding to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus on the Adult Social Care Discharge fund is on but not limited to a 'home first' approach and discharge to assess.

In addition to national requirements, Cambridgeshire and Peterborough ICS and the local authorities agreed a set of principles for using the funding as set out below:

- Provide additionality beyond what is already in place.
- Be feasible / deliverable in the short term.
- Deliver sustainable impact, beyond the initial investment.
- Underpinned by data / evidence of need.
- Support system priority areas.
- Enable system to apply learning from previous initiatives.

3.3 Better Care Fund & Adult Social Discharge Fund Outputs

- The Adult Social Care Discharge invested an additional £7m into discharge support over the winter months 2022/23 which included:
 - £1M in the voluntary sector to commission a single point of access for discharge.
 - **Increased staffing capacity** in several areas, including transfer of care teams and brokerage:
 - **Community equipment;** 124 same day orders to support discharges (99% of same day deliveries met)
 - Additional 1,544 hours of broker capacity to place care when people are discharged.
 - Additional 2,454 reablement staffing hours
 - Increase by 6.8% in reablement hours of care delivered in Jan-Mar (compared to previous quarter)
 - **Rapid Incentive Payment:** 5 care home discharges (within 48hrs) and 8 home care discharges (within 24 hours) facilitated with rapid incentive scheme payments.
 - **Spot purchasing of care to support discharges** 24 care home beds and 2,733 spot purchased to support discharges in Peterborough
 - **Additional Patient Transport:** 339 journeys supporting discharge and A&E
- Between January and May 2023 a 22% reduction in numbers of patients with a Length of Stay >14 days post clinically fit date as well as a 21% reduction in stranded patients during the same period.
- The disabled facilities grant resulted in 644 people having a home adaptation and were supported to stay in their own home. (See Case study)

- Development of community and voluntary sector
 - £2m Healthier Future Funds
 - £275k Care Together grant funding distributed.
- BCF 2022/23 funded reablement delivered:
 - In Peterborough – 19,707 care hours were delivered, 29,098 visits made and 731 clients supported. There was no ongoing care for 78.8% of cases
 - In Cambridgeshire – 202,282 care hours were delivered, 345,906 visits made and 5,577 clients supported. There was no ongoing care for 72.57% of cases.

Case Study

Adaptations to Facilitate Discharge from PJ Care Neurological Centre

Mr. B had a right sided brain haemorrhage in March 2019. This had a significant effect on his cognition and since his initial brain injury, his ability to engage further, deteriorated. Mr B is in a minimally aware state. He does not communicate, respond to any auditory or visual stimulus, initiate any activity, or have any active movement. He is considered to have a significant cognitive impairment.

Mr. B is a full-time wheelchair user, is unable to weight bear and is fully hoisted for all transfers. He requires tilt and space seating and shower chair. He was discharged from hospital into PJ Care Neurological Centre, but his mother had secured a 2-bedroom bungalow from Cross Keys Homes and was desperate for him to be at home and cared for by her.

A feasibility visit took place and it was agreed to replace the existing low level shower tray with a level access shower; widen the bathroom doorway and install a sliding door to maximise space within the shower room for his tilt and space shower chair; widen both the living room doorway and bedroom doorway; re-site the radiator in the hall and reduce the size of the meter cupboard to maximise hallway space, install an internal threshold fillet at the front door to improve wheelchair access and install a ceiling track hoist in the bedroom. This work amounted to approximately £10,000 and was funded through the mandatory Disabled Facility Grant.

The application for grant funding was made on the 7th March 2022 and the work was completed on the 7th April 2022. In just 4 weeks, Mr B was able to be cared for at home by his mother in a full wheelchair accessible property. Mr B's mother commented "We want to thank your amazing team. You made a very nice bungalow for J to return home. Your work was done perfectly".

Case study

An 87 year old woman with multiple LTC's recently moved and when contacted as part of the Winter Pressures Project said she would like some support. The personalised conversation about what mattered to her flagged that:

- Her new housing better met her physical needs but she was still very lonely and worried about the future
- She was sleeping in her chair at night which raised concerns around her COPD and respiratory compromise
- She had previously refused a wheelchair because she was scared of going out which also meant she had not received her COVID-19 vaccination

Bringing together partners at the Central Health and Wellbeing Hub allowed a different conversation to take place, flagging that:

- while she did not meet the financial thresholds of social care there were other options to support her
- she had not had a COPD review in a while and needed one
- a COVID-19 vaccination was needed but it was recognised that the root cause was that she was fearful of going out and not easily able to access the community which needed to be addressed
- voluntary and community sector partners identified a range of support to help reduce her social isolation and focus on what mattered to her – i.e. mobile library, warden scheme, befriending, and how to support her with accessing the community and
- a personal budget can now be used to provide a wheelchair to help improve her access to the community and support/services

What was different and how we want to work differently:

- Facilitating open conversations and focusing on what mattered to the person
- Health, social care and voluntary and community sector professionals came together having a different discussion and identified gaps and opportunities for support that no one organisation could have done alone
- Preventative support could be put in place around LTCs and vaccination and wider health and wellbeing support could be put in place before the point of crisis.

4. Joint Forward Plan (JFP)

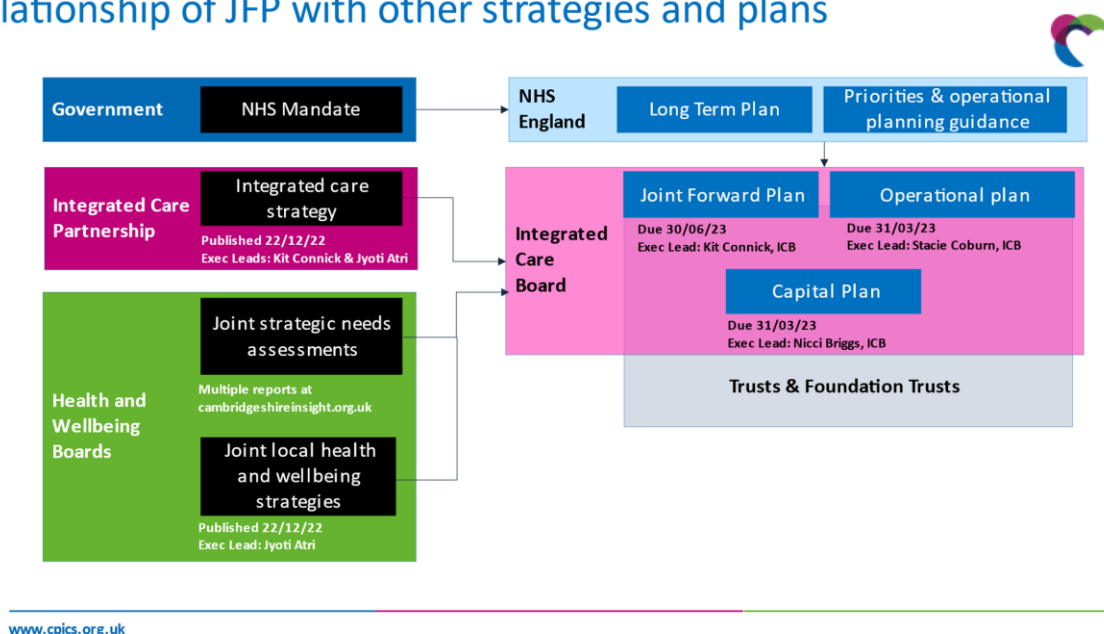
4.1 The Integrated Care Boards (ICBs) and their partner NHS Trusts and Foundation Trusts are required to prepare a five-year Joint Forward Plan (JFP). Systems have flexibility to determine the scope of their JFP but as a minimum the JFP should describe how the ICB and partner trusts intend to arrange and / or provide NHS services to meet their population's physical and mental health needs. The plan and its delivery sits with the ICB and its partner trusts.

4.2 The five year Joint Forward Plan is part of the overall strategic framework within which the

ICB operates. It addresses the specific NHS operational priorities as well as contributing to wider system priorities. This means that JFP should outline how the NHS partners will contribute to the delivery of priorities in the Joint Health and Wellbeing Integrated Care Strategies and nationally defined NHS priorities.

- 4.3 The Cambridgeshire & Peterborough Joint Forward Plan was developed with significant engagement of partners across the system. The Joint HWB Integrated Care Partnership had a key role in this engagement and was involved in providing input into the development of the JFP during the past few months. Update reports were received by board members at regular intervals, and it was agreed that an interactive development session would benefit all members. This was held on 6th June 2023 (see Section 6.1) and provided the opportunity to examine the plan and how it related to the HWB Integrated Care Strategy. Following the development session the JFP was signed off with delegated authority to the HWB/ICP chairs on the 6th June 2023. The JFP was formally ratified by the ICB on 30th June.
- 4.4 The complex integrated relationships of the JFP with the Health and Wellbeing Board and Integrated Care strategies is demonstrated in the diagram below. Our current arrangements for a Joint Health and Wellbeing Integrated Care Partnership have enabled a more integrated approach to developing local strategies and plans.

Relationship of JFP with other strategies and plans



5. Pharmaceutical Needs Assessment (PNA)

- 5.1 Under Section 128A of the NHS Act 2006 each HWB has a statutory duty to assess the needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised versions. This statement is referred to as the Pharmaceutical Needs Assessment (PNA).

The PNA is a statutory requirement every three years but in Cambridgeshire and

Peterborough like many other places the process was paused during the Covid-19 pandemic. In June 2022 the PNA went out for public consultation for 60 days, seeking the views on whether the public agree that no more pharmacies are needed over the next three years, how often and what times people prefer to access pharmacy services, what services people use pharmacies for and how do people normally travel to pharmacies.

5.2 Outcomes from the Cambridgeshire & Peterborough Pharmaceutical Needs Assessment

The main outcome of the consultation with a range of stakeholders, residents and pharmacy providers was that there was no need for additional pharmacies in Peterborough and Cambridgeshire. With 88% of respondents think pharmacy services are available at convenient opening hours. However, it was concluded that there had been a reduction in opening hours of pharmacies which may lead to reduction in access in future years.

The full report can be found on the link below:

[Joint Cambridgeshire & Peterborough Health & Wellbeing Board/ICP | CPICS Website](#)

Since the PNA was approved by the HWB Integrated Care Partnership there have been some national changes. In January 2023 it was announced that Lloyds pharmacy is to shut down 237 branches within Sainsbury's supermarkets. More recently on the 28th June 2023, Boots has announced that it will close 300 locations in the UK explaining that it plans to consolidate a number of stores in close proximity to each other. Details of locations are currently not available. Therefore we do not know the impact on Cambridgeshire and Peterborough of these closures and this will have to be considered carefully over the next year.

6. Areas Of Development and Future Focus

- 6.1 As a newly formed joint HWB and Integrated Care Partnership consideration over the last year has been given to ensuring that the members of the board build effective working relationships and work together effectively towards common goals across a single footprint. An initial development session was held in October 2021 to set out this ambition. Member feedback has positively promoted the use of development sessions to facilitate wider understanding of the system issues for board members which have continued alongside formal meetings to build on our work together.
- 6.2 We have had a number of well attended development sessions which started in 2022 with the wider engagement of our District and City Council colleagues in Cambridgeshire. The first event in May 2022 was part of the initial engagement around the HWB Integrated Care Strategy four priorities. The second event in June 2022 included representation from the ICS accountable business units (ABUs) and focused on the development of the four priority areas in the strategy.
- 6.3 A number of development sessions have been provided to board members and these included in January 2023 a discussion on universal and targeted approaches to the Health and Wellbeing priorities led by the Director of Public Health. In March colleagues in the ICS provided an online session on the ICB governance strategy and decision making processes.

6.4 Following completion of the HWB ICP Priority action plans a workshop with the SROs, Public Health leads and representatives from the Accountable Business Units (ABUs) was held to examine the areas of crossover themes emerging from the defined four priority action plans. The workshop started the process of ensuring a co-ordinated approach to working with stakeholders across the system.

6.4 Plans for 2023 / 2024

In September 2023 a Joint Strategic Needs Assessment (JSNA) development session is being planned to demonstrate our new web-based interactive approach to an overarching JSNA for Cambridgeshire and Peterborough. This will help us gather insight into what is most useful for business planning and decision making but will also help us shape the further development of the HWB Integrated Care Strategy.

Section 2.9 has described some of the work needed to measure how we know we are making progress and what expected areas of improvement we should start to see in the next few years.

7. Source Documents

7.1 HWB Integrated Care Partnership Key Documents

Joint Health & Wellbeing Integrated Care Strategy

[Joint Health and Wellbeing Integrated Care Strategy - Cambridgeshire County Council](#)

Health and Wellbeing Board agendas and minutes

[Joint Cambridgeshire & Peterborough Health & Wellbeing Board/ICP | CPICS Website](#)

Let's Talk Engagement Campaign

[Let's Talk: Your Health & Care | CPICS Website](#)

Guidance Documents

White Paper on Health and social care integration

[Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](#)

Health & Wellbeing Board Guidance

[Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](#)

Better Care Fund

[2022 to 2023 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](#)