

Item

UPDATE ON THE WORK OF KEY EXTERNAL STRATEGIC PARTNERSHIPS



To:

Councillor Richard Johnson, Executive Councillor for Communities

Community Services Scrutiny Committee 15/03/2018

Report by:

ANDREW LIMB, HEAD OF CORPORATE STRATEGY

Tel: 01223 - 457004

Email: Andrew.Limb@cambridge.gov.uk

Wards affected:

Abbey, Arbury, Castle, Cherry Hinton, Coleridge, East Chesterton, King's Hedges, Market, Newnham, Petersfield, Queen Edith's, Romsey, Trumpington, West Chesterton

Not a Key Decision

1. Executive Summary

- 1.1 This paper provides an update on the work of the Health and Wellbeing Board and Children's Trust as a part of the Council's commitment given in its "Principles of Partnership Working", to set out annual reports on the work of the key partnerships it is involved with.
- 1.2 The paper highlights the considerable amount of change that is taking place in the local health and social care system and a move towards improving collaboration and joint-working between partners. A shift in emphasis towards early help and preventative work may also give the Council the opportunity to help influence new ways of working and to promote its own contributions and role, through a range of services, in improving the wellbeing of local communities.

2. Recommendations

The Executive Councillor is recommended to:

- 2.1 Continue to work with the Health and Wellbeing Board and the Children's Area Partnership, at a time of change, to ensure that public agencies and others can together address the strategic issues affecting Cambridge and that the concerns of Cambridge citizens are responded to.

3. Background

- 3.1. The strategic partnerships that are covered in this paper include:

- **Cambridgeshire's Health and Wellbeing Board (HWB)** and
- **Cambridgeshire's Children's Trust.**

4. Cambridgeshire's Health and Wellbeing Board (HWB)

- 4.1 Cambridgeshire's Health and Wellbeing Board ("the Board") and its network bring together leaders from local organisations that have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services, to help plan services for Cambridgeshire that will secure the best possible health and wellbeing outcomes for all residents.
- 4.2 The Board has an advisory role and its work, and that of partners, is guided by a Health and Wellbeing Strategy ("the strategy"), which it has a statutory duty to prepare. The present strategy and its priorities for action, first set out in 2012, were due to be updated during 2017 and a refreshed strategy containing priorities reflecting current issues, ready and published for 2018. This new strategy has been delayed and is due to be published in mid-2018.
- 4.3 The County Public Health Team has been keen to ensure that a wide range of stakeholders can take ownership of the strategy that emerges, so the health and wellbeing outcomes proposed in it will be adopted and the actions to achieve them delivered. The new strategy is likely to continue to offer the mix of "Watch" areas, where the Board feels it has an important role in ensuring effective joint working takes place in delivering plans already made and "Focus" areas, where new actions

need to be initiated by the Board, because they are unlikely to be taken elsewhere.

4.5 The draft priorities proposed for the Health and Wellbeing Strategy 2018-21) are:

- To carefully “Watch” the implementation of the Better Care Fund, including demand management, delayed transfers of care, and health and social care integration
- To carefully “Watch” the implementation of the Mental Health Strategy Framework, which brought together a number of mental health strategies, contained within the Cambridgeshire and Peterborough Transformation Plan
- To “Focus” on aspects of the Cambridgeshire and Peterborough Health System Prevention Strategy yet to be implemented, such as falls prevention and stroke prevention.
- To “Focus” on the creation of healthy new housing developments and population growth, helping to link planning for new developments and health.
- To focus on addressing the health inequalities identified in the recently published JSNA core dataset, identifying and prioritising specific actions.
- To encourage organisations to work together and to promote service integration, where appropriate, so that services can respond better to the needs of patients.

It is likely that the priorities for the Health and Wellbeing Strategy 2018-21 will be “signed-off” at the March 2018 meeting of the Board.

4.6 The **Joint Strategic Needs Assessment (JSNA)** informs and underpins the Health and Wellbeing Strategy and provides a series of assessments about the needs of people in Cambridgeshire.

4.7 To inform and support the development of the Health and Wellbeing Strategy a **Summary of Themed JSNA Reports** was prepared by the Public Health Intelligence Team during the year to give an overview and update on the entire breadth of themed JSNA work in Cambridgeshire to date. It flagged key pieces of information about the health and wellbeing needs of people who live in Cambridgeshire and local inequalities in health for specific population groups through the ‘deep

dive' themed assessments. It highlighted some areas of Cambridge where further attention may be needed to reduce health inequalities.

- 4.8 Accompanying the Summary of JSNA themed work was a **Core Dataset** that provided a general overview of health data and statistics for Cambridgeshire residents. This showed trends over time and benchmarked outcomes against national averages to give a feel for the issues and areas that might be of greater concern.
- 4.9 The Core Dataset draws upon the indicators in the **national Public Health Outcomes Framework (PHOF)** data tool provided by Public Health England. The 2017 **Health Profile** for Cambridge shows some of the headline PHOF indicators for the city and highlights the continuing health inequalities present between more deprived and less deprived communities with **a difference in life expectancy currently of 9.3 years for men and 7.4 years for women.**
- 4.10 The Director of Public Health's **Annual Public Health Report 2017** (APHR) adds a broader focus, looking at changes and trends in public health outcomes over recent years. The APHR 2017 continued to highlight the differences in health and factors affecting health across the county as a whole and between neighbourhoods and recommended that more should be done to map health and wellbeing indicators at a neighbourhood level to help "fine tune" the provision, targeting and monitoring of campaigns and services.
- 4.11 It also stated that addressing the **gap in educational attainment** between pupils receiving free-school meals and their peers should be addressed as a public health priority due to the impact of educational attainment on their future health and wellbeing and that improving **young people's emotional wellbeing**, especially those with mental health problems, should be a priority for the NHS and local authorities.
- 4.12 The Cambridgeshire Health and Wellbeing Board continues to monitor the delivery of Cambridgeshire and Peterborough's **Sustainability and Transformation Plan (STP)**, which sets out how a successful local NHS health and social care economy can be delivered as a part of the NHS "Fit for the Future" programme. This includes new locality and system-wide governance. The four areas of focus for the STP are:
- Supporting primary care and addressing workload challenges
 - Integrated (urgent) care, enabled by community care for the elderly

- Elective demand management, and
 - Digital, including information governance, data lakes and collaboration
- 4.13 A Sustainability and Transformation Partnership led by a Strategy and Transformation Board is overseeing the delivery of the STP, which is designed around the needs of the whole area, not just individual organisations. As a part of this partnership a System Delivery Board was put in place in November 2017 to focus on tracking delivery of the STP on behalf of the Health & Care Executive.
- 4.14 The Sustainability and Transformation Partnership has expressed an interest in evolving in the future to form an **Accountable Care System (ACS)**, which is a new type of even closer collaboration promoted by NHS England and the Government to provide joined up care for patients. To become an ACS a local health and care system must show its partnership is advanced enough to make shared decisions, improve services for the public and manage resources collectively. In return ACS leaders will gain greater freedoms to manage the operational and financial performance of services in their area.
- 4.15 At present the health and social care system in Cambridgeshire and Peterborough needs to solve some big and complex problems, including returning to a financial balance, and so it is unlikely an application to form an ACS will be made in the near future. The scale of the change required in the present health and social care system is significant and it is recognised that delivery will be challenging. The **Care Quality Commission** is currently conducting a national programme of reviews across all aspects of the health and care system and it seems likely that Cambridgeshire will be part of a second series of reviews during this year.
- 4.16 The Health and Wellbeing Board has been the place where the involvement of district councils in collaborative working is promoted. Local Health Partnerships (LHPs), based on districts, were seen to be a key part of a Cambridgeshire Health and Wellbeing network, advising the Board about local needs and priorities and taking local action to fill any gaps in services.
- 4.17 Local Health Partnerships tended to have strong representation from the local authorities and community and voluntary sector but had a weaker level of involvement from NHS organisations, who said they had

limited capacity to attend a large number of local meetings. The drive towards more collaborative working has opened up the opportunity for new “Living Well Partnerships” to come forward, with the support of the Public Services Board and the Health and Care Executive, which will involve merging Local Health Partnerships with STP Area Executive Partnerships (involving NHS organisations), to form a new body that is focused on a range of operational projects.

- 4.18 The Health and Wellbeing Board gave its approval to the setting up of Living Well Partnerships when it met on 1 February 2018. This arrangement was first discussed by the Board in March 2017 and discussed at Local Health Partnerships during the year. The draft terms of reference for the new Living Well Partnerships presented to the HWB is shown in Appendix 1.
- 4.19 It is likely that the **Public Health Reference Group** will continue to report to the Health and Wellbeing Board. It involves district public health leads in developing approaches to public health that support public health priorities. The group has developed an action plan that includes taking into account Health Impact Assessments in planning decisions, linking up with the Every Contact Counts initiative, delivering a work-place health package, better use of JSNAs and helping to tackle the social isolation of older people.
- 4.20 Recently the council’s sports development team were involved in a successful project, supported by funding from public health, to promote physical activity.

Governance

- 4.21 The HWB Board includes a balance of representatives from NHS based organisations (NHS England, Clinical Commissioning Group, NHS providers and Healthwatch) and local authorities, including officers (Public Health, People and Community Services) and members (County Council and District Council). The Board is chaired by a County Council member and the officer lead is the Director of Public Health. It usually meets six times a year. The Council’s representative on the Board in the past year has been Councillor Abbott.
- 4.22 During the year the **Cambridge Local Health Partnership** (CLHP) met three times and was chaired by the City Council’s Executive member for Communities. The main role of the CLHP was to inform the Executive member and the member representing the Council in the

Board about local health and social care issues, so that the interests of Cambridge's residents can be taken into account by the HWB Board and other NHS organisations.

- 4.23 The CLHP considered and responded to consultations in the year about: the Pharmaceutical Needs Assessment for Cambridgeshire; the CCG's withdrawal of funding for IVF treatment; the Chesterton Out of Hours GP Service, and; the Review of Children's Centres, particularly the implications for Romsey Mill Trust.
- 4.24 The Living Well Partnerships have now replaced Local Health Partnerships. It is felt that the new Living Well Partnership covering the city and South Cambridgeshire will allow the council to better engage with local NHS and social care organisations, who will be attending, and consequently have more influence over the design of local health and care services and be able take advantage of opportunities for joint working.

5. Cambridgeshire's Children's Trust

- 5.1 As a part of Cambridgeshire's Children's Change Programme the Children's Trust Executive Partnership is no longer supported. The former Children's Trust Plan ran until the end of 2017 and has not been refreshed.
- 5.2 Also as a part of the programme, which sought to delivery children and young people's services in a different way, is an Early Help Partnership Governance Board. It was formed to deliver an Early Help Strategy for Cambridgeshire, which is presently being prepared.
- 5.3 Early help is defined as a means of providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help may be provided by universal services that give advice and information or support to a family or through targeted services delivered through a more structured and planned approach, in response to the family's needs.
- 5.4 The strategy will mostly focus on the County Council's contribution but recognises there are many other agencies in Cambridgeshire that provide Early Help support both through universal and targeted services. The main purpose of targeted Early Help is to address problems that families may be experiencing, to prevent them escalating and the possibility of Children's Social Care needing to be involved.

- 5.5 An Early Help Partnership Governance Board is presently developing an extended partnership that will bring in other agencies. It is expected that an Early Help Partnership Strategy will provide a framework for county District Early Help Teams, consisting of Family Workers, Young People's Workers and Special Education Support Services and staff of other agencies.
- 5.6 Area Children's Partnerships will be continuing and will be supported by the county's People and Communities Directorate but chaired by a local authority officer. There are currently three partnerships in Cambridgeshire. These are: East Cambridgeshire and Fenland; South Cambridgeshire and Cambridge City, and; Huntingdonshire. So far they have built a track record of developing projects on small or zero budgets, testing new ideas and approaches.
- 5.7 The role of Area Children's Partnerships is to:
- Develop partnership work that enhances opportunities for children, young people and their families living within that area
 - Develop and support key projects to be delivered locally
 - Monitor progress and provide an annual report on progress and gaps to the Executive Partnership
 - Escalate issues and barriers for resolution
 - Highlight local trends and gaps within existing service provisions
 - Facilitate networking and collaborative working within a local context
- 5.8 Each Local Area Partnership has developed its own action plan. This plan identifies local activities that are delivered collectively with local partners to meet the needs of families. This is an officer group and the Council's Children's and Young People's Services Manager is involved in it. The Council has a duty under Children's Act 2004 to work in partnership with other statutory organisations to achieve positive outcomes for children.
- 5.9 The South Cambridgeshire and Cambridge City Local Area Partnership met twice during 2017. The partnership's key work strands include:
- Working with Arts and Minds to offer "Arts on Prescription" project to some schools in Cambridge

- Developing a directory of local help following on from the “Tough Love” drama project delivered in secondary schools and community settings
- Delivering a “Broadening Horizons” project to help raise the aspirations of young people
- Supporting the local delivery of the “Thrive” service model that aims to create a clearer distinction between treatment and support, focusing on user preferences as well as needs
- Looking at how value can be added to the Mental Health and Emotional Wellbeing of Children and Young People Transformation Plan
- Conducting a Strategic Needs Assessment to help identify the joint work that can be carried out locally over the next year

5.10 During the next year it is expected that the Local Area partnerships will continue to deliver their local action plans. It is likely that they will be more formally “incorporated” within the emerging strategies and plans arising from the implementation of the Children’s Change programme.

Governance

5.11 The Children’s Trust has now been disbanded but joint work involving the district local authorities to improve the lives of children and young people is being taken forward by Area Partnerships, which consists of representatives of public agencies and the community and voluntary sector. An officer from the Council attends the City and South Cambridgeshire Area Partnership.

6. Implications

(a) Financial Implications

The partnerships will be responsible for putting place new ways of working as part wider transformation plans. By working together with other public agencies the Council may be able to achieve more than working on its own.

(b) Staffing Implications

This will depend on how the development of joint working opportunities is taken forward within each partnership.

(c) Equality and Poverty Implications

The partnerships will be looking to target services at those who are most vulnerable and to reduce inequalities, especially health inequalities as much as possible.

(d) Environmental Implications

Systems that promote low carbon use and improve the sustainability of developments will be supported.

(e) Procurement Implications

The partnerships are likely to procure or commission some services to achieve their aims.

(f) Community Safety Implications

Vulnerable groups of people will form a large part of the target users of services and it will be important that their wellbeing is taken into account.

7. Consultation and communication considerations

Where service delivery is modified, local communities and users will be consulted about changes.

8. Background papers

Background papers used in the preparation of this report:

Principles of Partnership Working

<https://www.cambridge.gov.uk/content/guide-partnership-working>

Cambridgeshire Health and Wellbeing Board Committee details

https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx

Joint Strategic Needs Assessments

<http://cambridgeshireinsight.org.uk/jsna>

Annual Public Health Report

<http://cambridgeshireinsight.org.uk/health/aphr>

Public Health Profiles

<http://cambridgeshireinsight.org.uk/health/areaprofiles/la>

Cambridge Local Health Partnership Committee details

<https://democracy.cambridge.gov.uk/ieListMeetings.aspx?CId=347&Year=0>

Children's Trust and Area Partnerships

9. Appendices

Appendix 1: Draft Terms of Reference for Living Well Partnerships presented to the HWB on 1st February 2018.

8. Inspection of papers

To inspect the background papers or if you have a query on the report please contact Graham Saint, Corporate Strategy Officer, tel: 01223 - 457044, email: graham.saint@cambridge.gov.uk.

Appendix 1: Draft Terms of Reference for Living Well Partnerships presented to the HWB on 1st February 2018.

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Living Well Partnership

Terms of Reference

Purpose

To provide operational leadership of a “whole system” partnership approach to the local delivery and implementation of “living well” health and wellbeing improvements, care model designs, service improvements and savings opportunities identified at a system level in Health & Wellbeing Strategy, Public Health Priorities, Sustainability & Transformation Plan, and Better Care Fund.

Principles

Living Well Partnerships (LWP) will add value by working together and joining-up areas of common interest by:

1. Understanding the health and wellbeing needs and outcomes of its local populations of all ages, related to e.g. access to services, wider determinants of health, health and wellbeing in its widest sense.
2. Demonstrating successful delivery through effective programme and performance management of Health and Wellbeing Board, System Transformation Partnership and Better Care Fund system-wide priorities, plus local initiatives, ideas and priorities.
3. Ensure agreed outcomes are delivered, taking into account local relationships, local residents' needs, and differing local strengths, assets and priorities.
4. Focusing on aligning and better using partners' “mainstream” resources.
5. Support the General Practice Forward View and Mental Health Forward View strategies at a local level through co-ordination and connection with local initiatives

Accountabilities

1. Improve patient experience and outcomes on the ground for local people by overseeing the adoption, design and integrated local implementation of system-wide health improvement and wellbeing priorities.
2. Provide operational leadership, and stakeholder, clinical, and professional expertise to local partner organisations to enable them to join-up and improve integration of partnership contributions to improving the health and wellbeing of our “shared people” in our “shared place”.
3. Develop and own local delivery plans, adopting a programme management approach to the monitoring and reporting of local delivery progress, risks, and resident and patient benefits realisation.
4. To support delivery of strategies and projects delegated from the following Boards; Integrated Commissioning Board, Health & Wellbeing Board, Public

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Health Reference Group, Public Services Board/Health Care Executive, Accident & Emergency Delivery Boards, System Transformation Partnership Delivery Boards, Joint Commissioning Unit for Children and Young People, and Crime and Disorder Partnership to ensure joined-up delivery.

5. Report quarterly to the Health and Wellbeing Board and the Joint Meeting of the Health Care Executive and Public Service Board.
6. Develop and oversee delivery of a local engagement and communication plan, and ensure partners get information to the right people at the right time through an effective information sharing system.
7. Provide a forum that can facilitate learning and sharing good practice about what each partner does and can do.
8. Encourage a partnership response to address gaps in service and identified need and where necessary, to minimise any associated impact.

Meeting arrangements

Notice of Meetings

Meetings of the LWP will be convened by local Districts to arrange the venue, clerking and recording of meetings. Agenda-setting teleconference to take place each month with key partners.

Chairmanship

Health representative preferred by Partners

Meeting Frequency

Every 1/2 months, based on business need, including receiving a full Programme Board report every quarter.

Membership

As a minimum, the Living Well Partnerships will comprise Senior Officers or substitutes from:

Core Group:

Patient Representatives
Healthwatch
Relevant CCG Director of Transformation
Local GP representatives or Primary Care Management Lead
NHS Foundation Trusts (relevant to local area)
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire County Council / Peterborough City Council
District Council representatives
Public Health representative
Cambridgeshire Community Services
Pharmacists representative
Community & Voluntary Sector rep

As required:

Police, Fire & Rescue, East of England Ambulance Trust
Other partners as relevant.

Conflicts of Interest

Members of the LWP will be required to declare any conflicts of interest.

Reporting / Governance

Living Well Partnerships will report to the joint Health Care Executive/Public Services Board on a quarterly basis. The Health Care Executive/Public Services Board will agree reports to be sent to individual Partner's governance processes and to Health & Wellbeing Boards.

Status of Reports/Meeting

LWP meetings will not be public meetings. Agendas and minutes will be published.

Impact on Other Boards

Living Well Partnerships will replace separate Local Health Partnership and Area Executive Partnership meetings, both of which will end.

Equality statement

Members of the Living Well Partnership will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

Review of Terms of Reference

The Terms of Reference will be reviewed on a bi-annual basis, or sooner if required.

Approval

Author: (name and role):	
Approved by	
Date approved:	