



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 5 DECEMBER 2016

Members Present: Councillor Holdich, Leader and Cabinet Member for Education, Skills, University, and Communication (Chairman)
Dr Harshad Mistry (Vice Chairman)
Councillor Lamb, Cabinet Member for Public Health
Councillor Ferris
Adrian Chapman, Service Director Adult Services and Communities
Dr Liz Robin, Director for Public Health
Cathy Mitchell, Acting Director of Primary Care and Integration
Russell Wate, Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board Co-opted Member
Wendi Ogle-Welbourn, Corporate Director People and Communities
David Whiles, Peterborough Healthwatch
Claire Higgins, Chief Executive of Cross Keys Homes,
Dr Moshin Laliwala

Also Present: Helen Gregg, Partnership Board Co-ordinator
Ryan Hyman, Senior Account Manager Athene Communications Ltd
Marie Alexander, General Manager, Adult & Specialist Mental Health Directorate
David Astley, Chair, Cambridgeshire and Peterborough STP
Alison Stewart, Assistant Director Legal Services
Paulina Ford, Senior Democratic Services Officer

1. Apologies for Absence

Apologies were received from Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health, Dr Gary Howsam and Andrew Pike.

The Board were informed that Dr Kenneth Rigg had resigned from South Lincolnshire CCG and was therefore no longer a member of the Board. South Lincolnshire CCG were looking to appoint a replacement.

2. Declarations of Interest

No declarations of interest were received.

3. Minutes of the meeting held on 22 September 2016

The minutes of the meeting held on 22 September 2016 were approved as a true and accurate record.

4. Hydrotherapy

The report was introduced by the Acting Director of Primary Care Integration. The report was presented in response to a request from the Health and Wellbeing Board for the CCG to develop a Hydrotherapy Clinical Policy. It had been noted that there was an inequity in the service in that in Cambridgeshire there was a Hydrotherapy service at Addenbrookes Hospital and in Peterborough

there was no service at Peterborough Hospital. The CCG had been asked to review all available evidence in order to develop a clinical policy. The Clinical Policies Forum (CPF) would be asked to review the evidence for a Hydrotherapy Policy on 10 January 2017.

The Board considered the report, and key points highlighted and raised during discussion included:

- Members expressed disappointment at the time taken for the policy to be put in place.
- A Social Return on Investment (SROI) calculation had been carried out on St George's Hydrotherapy pool proving that it was financially robust with a ratio of 16:1. This to be shared with the CCG.

The Health and Wellbeing Board **RESOLVED** to note the report.

5. Health & Wellbeing and SPP Partnership Delivery Programme Board Update

The report was introduced by the Partnership Board Co-ordinator and provided the Board with a summary of the progress made against the key priorities outlined in the Health & Wellbeing Strategy 2016-2019.

The Board considered the report, and key points highlighted and raised during discussion included:

- There were 12 key focus areas within the strategy which were listed on page 10 of the report. The Health & Wellbeing and SPP Partnership Delivery Programme Board received regular updates on the progress of each key focus areas. It was therefore proposed that the Health and Wellbeing Board should also be updated at each meeting on the progress of the key focus areas.
- The timescale for the Strategy was 2016-2019 although each area of focus had a specific timescale for each objective within the area of focus.
- Each area of focus had been passed to the relevant Board who would develop a specific action plan and matrix for that element.
- The Board were advised that it was unique in the way the Safer Peterborough Partnership and Health and Wellbeing Delivery Programme Boards had been brought together to work on the priorities as set out in the Health and Wellbeing Strategy. It had highlighted that there were many cross cutting issues.
- Members of the Board commented that they would like to see a clear set of outcomes for each section with a risk register against outcomes. The Board were advised that some of the outcomes were only collected on an annual basis therefore it would seem appropriate that progress was reported to the Board annually.
- Clarification was sought as to whether the Mental Health Strategy has been cross referenced with the objectives in the key focus areas. The Board were informed that it had been and a key piece of work had been completed around this.
- Members of the Board referred to the Geographical and Health Inequalities area of focus and the Selective Licencing Scheme and asked how this would impact on changes to the living environment within the areas that the scheme was operating. Board members were informed that one of the conditions of obtaining a licence referred to the environment around the property. Over 5000 applications had already been received which demonstrated a willingness on the part of the landlords to comply. How this could be measured and what effect it actually had on people was discussed.
- Members of the Board proposed that a piece of work be done around poor housing conditions and associated health issues. The Deputy Chief Executive of Cross Keys Homes advised that property related health issues had decreased considerably over the years. It was noted that without exception poor health relating to poor housing conditions related to Private Sector housing as opposed to social housing. There was a range of ways that evidence was already gathered to measure health related issues and

poor housing conditions and this included national research. The Service Director for Adults and Communities advised that a more extensive piece of work could be done around this and a report could be brought back to the Board at a future meeting.

- The strategy had not been taken into the schools but a lot of work had been done with regard to the Healthy Schools Programme. It was agreed that it was important to have representatives from schools involved and to deliver the strategy both to children and Governors using language appropriate to all age groups.
- It was noted that obesity and excess weight in children had increased but that progress on smoking cessation was generally good. Were there any lessons that could be learnt in the way the smoking cessation programme had been delivered that could be applied to the weight and healthy eating issue. The Board was advised that there had been a lot of academic evidence and research around smoking and surveys have shown that the general public wanted smoking restrictions in place. However the same could not be said of child obesity and mechanisms of behavioural change in children would not be the same as for smoking and adults.
- The more control there was over children's diets the better the results. Better results could be achieved if there was more control over school lunch time meals.

The Health and Wellbeing Board **RESOLVED** to note the report and **AGREED** that:

1. A progress report on the key outcomes of the Health & Wellbeing Strategy would be reported annually to the Health and Wellbeing Board and that progress on the focus areas would be reported to the Health and Wellbeing Board at each meeting.
2. The Board also agreed that the Service Director for Adults and Communities provide a report at a future meeting which looked further into the association between health related issues and poor housing conditions.

6. Healthwatch Update

The Chairman of Peterborough Healthwatch presented the report. The report provided the Board with an update on the progress being made by Healthwatch Peterborough in regards to its statutory duties in supporting the patient voice including Peterborough residents and/or those using health and social care services in Peterborough and/or those working in Peterborough and/or those volunteering in Peterborough.

Due to the uncertainty of the operational function of Healthwatch Peterborough due to the expiry of the current contract from 31 March 2017 it had not been possible to create a substantive long term priorities plan. Short term priorities had been agreed and long term priorities were in draft form only. Discussions were ongoing with Healthwatch Cambridgeshire with a view to amalgamating Healthwatch Peterborough but it had been recognised that a local perspective would need to be maintained.

David Whiles advised the Board that he would be retiring from his position as Chairman of Healthwatch Peterborough when the contract came to an end. The Chairman thanked David Whiles for the tremendous amount of work that he had put into Healthwatch Peterborough and the contribution he had made to the Health and Wellbeing Board.

The Board considered the report, and key points highlighted and raised during discussion included:

- The Prisoner Engagement Project was discussed and in particular smoking in prisons and the strategy to reduce smoking among prisoners which fell under the remit of NHS England.
- Latent TB Screening was listed as a long term priority for Healthwatch and the Acting Director of Primary Care and Integration advised that the CCG would welcome working with Healthwatch on this.

- It was acknowledged that Healthwatch in Peterborough had done some very good work under the Chairmanship of David Whiles.

The Health and Wellbeing Board **RESOLVED** to note the activity and priorities of Healthwatch Peterborough.

7. Work in Peterborough - Recruitment and Retention Campaign

The Senior Account Manager of Athene Communications Ltd presented the report and provided a presentation which is attached at Appendix 1 of the minutes. The report provided the Board with an update on the progress made with regards to the work on the Peterborough recruitment and retention campaign to date. The report also sought the Boards views on the proposed content plan for the Health recruitment website and sections and the best way to proceed with the 12 month marketing campaign. The Corporate Director, People and Communities explained that the project had started one year ago with the aim to get people to come and work in Peterborough and thanked Ryan Hyman for the tremendous amount of work that he had done to get the project to this point.

The Board considered the report, and key points highlighted and raised during discussion included:

- Application forms for teaching posts could be downloaded from the website however further work was required to tie in with existing NHS websites. The length of time taken to complete the on-line application form was quite lengthy but the advantage of doing it on line was that it only had to be completed once and could be reused to apply for other jobs.
- The focus of the website was limited to Peterborough.
- Successful applications were not currently being monitored as applications were paper based at the moment however when all applications were online this information could be captured.
- The need to promote good schools, local services, secondary and primary health care and living expenses on the website and feed this information into other national websites was recognised.
- The teacher recruitment video developed by the Council would also be included on the website.
- Only advertising Peterborough may be an issue as the CPFT and Hinchingsbrooke may need to recruit across a wider area.

The Health and Wellbeing Board **RESOLVED** to recommend:

1. To proceed with making the Work in Peterborough website live as soon as possible
2. To agree and proceed with creating the Health recruitment micro-website
3. To agree and proceed with a 12 month PR and marketing campaign to drive visitors to the Work in Peterborough campaign website and its associated sector websites – Teaching, Social Work, and Health.

The Health and Wellbeing Board also requested that the Senior Account Manager:

- 1) Provide members of the Board with a link to the development site.
- 2) Continue to investigate the financial element and consider who would contribute to the project

8. LGA Peer Review Of Adult Social Care

The report was introduced by the Service Director for Adults and Communities who informed the Board that Peterborough City Council had requested a Peer Review via the Local Government Association. The was requested as a means of reviewing and assessing the current safeguarding arrangements, to learn from an independent assessment of our current position, to build on those areas the council were doing well and improve on those areas which were not so strong. The Service Director Adult Services and Communities confirmed that no evidence had been found of people at risk in Peterborough although there were some areas of recommendation which were included in the report and a delivery plan had been put in place with identified lead officers.

The Board considered the report, and key points highlighted and raised during discussion included:

- There was no intention to invite the Peer Reviewers to return for monitoring purposes as this was not normal practice, however an action plan had been put in place and this would be reviewed by the new Adults and Communities Scrutiny Committee and some areas may be reviewed by the Health Scrutiny Committee.
- The Adults Safeguarding Board as an independent Board would also monitor the progress of the action plan and outcome of the recommendations made by the Peer Review.
- The review was not only about adult social care but included the delivery of Safeguarding Adults across the system.
- The review did not highlight any surprises and none of the recommendations made had been challenged.
- It was highlighted that further work was needed to improve awareness of Mental Capacity with key partners and this would be reviewed by the CCG under Carol Davies.

The Health and Wellbeing Board **RESOLVED** to consider and comment on the Adult Social Care Safeguarding Peer Review outcomes and recommendations.

9. Annual Report of Peterborough Safeguarding Boards

The Chairman of Peterborough Safeguarding Children Board and Peterborough Safeguarding Adults Board introduced the reports. The purpose of the two annual reports was to ensure that the Board were made aware of the work and progress of the Peterborough Safeguarding Children Board and Peterborough Safeguarding Adult Board for the period from April 2015 – March 2016. The annual reports were published in September 2016.

The Board considered the report and congratulated the Chairman on the significant work that had been achieved. The Chairman for the Adults and Childrens Safeguarding Boards thanked the Board and advised that there was still further work to be done to move towards focusing on adult safeguarding in primary care as well as for children.

The Health and Wellbeing Board **RESOLVED** to note the contents of the Annual Reports.

10. PRISM (Enhanced Primary Care Mental Health Service)

The purpose of this report was to obtain the Board's views on a proposed model of mental health service delivery in primary care and was presented by the General Manager, Adult & Specialist Mental Health Directorate. The report centred around the collaboration between mental health services and GPs over a five year plan.

The Board considered the report, and key points highlighted and raised during discussion included:

- Feedback had highlighted that Primary Care would value additional links and support with mental health services.

- It was noted that cases of mental health were lower than expected across the city and there were concerns that patients were not coming forward to their GPs.
- Board members sought clarification with regard to services for young people aged 18 plus and how the transition to adult mental health care would be handled. The Board were advised that this would be a significant part of the discussions as this continued to be a problem with patients experiencing a time lag in transfer of care however some work on transitions was currently being undertaken with Mencap.

The Health and Wellbeing Board **RESOLVED** to comment on and note the Cambridge and Peterborough NHS Foundation Trust proposal outlined for developing a model of mental health service delivery in Primary Care, known as 'PRISM'.

11. **Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS Organisations in Cambridgeshire and Peterborough**

The report was introduced by Director for Public Health who provided the Board with a brief overview of the report. The purpose of the report was to present to the Board the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding and to seek the Boards approval of Annex A, Appendix 1: Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan'.

The Health and Wellbeing Board **RESOLVED**:

1. To note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough;
2. To approve Appendix A, Appendix 1 of the Memorandum of Understanding: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan'

2.58pm. Dr Mistry left the meeting at this point.

12. **Sustainability and Transformation Plan Update**

The report was introduced by the Chairman, Cambridgeshire and Peterborough Sustainably Transformation Plan whose role was to ensure that the plan was delivered. The report provided the Board with information on Cambridgeshire and Peterborough's latest five-year Sustainability and Transformation Plan (STP) to improve local health and wellbeing which was published on 21 November 2016.

A short discussion took place regarding the terminology used in the STP and concern was expressed that the STP sited many of the functions that the Council carried out such as housing and public health and by referring to the STP in terms of health and social care it did not convey the full objectives of the partnership.

It was acknowledged that the Sustainability Transformation Programme was a massive challenge for all authorities. The Chairman, Cambridgeshire and Peterborough Sustainably Transformation Plan advised that there was a big financial challenge ahead and he would work hard to ensure that any future changes would be explained clearly and would be honest with the public as to why the changes were being delivered.

The Health and Wellbeing Board **RESOLVED** to comment on and note the latest Sustainability and Transformation Plan, published by Cambridgeshire and Peterborough CCG on 21 November 2016.

INFORMATION AND OTHER ITEMS

13. Adult Social Care, Better Care Fund (BCF) Update

The Health and Wellbeing Board **RESOLVED** to note the update of the BCF delivery and planning for the BCF 2017/18 submission.

14. Devolution (Verbal Update)

The Assistant Director of Legal Services gave a brief update on the key elements of devolution and the implications of the new Combined Authority including:

- There would be a new £100m fund for affordable new homes to be built in the Cambridge and Peterborough.
- Budgets and new powers devolved for skills.
- Investment in a Peterborough University.
- Plans to increase the health and wellbeing of the communities.
- There would be opportunities for future devolution deals which would extend the transfer of power and resources including the redesign of public services which would be incorporated in the Devolution 2 deal currently being worked on. This would focus on deprived areas, health and social care, new homes, infrastructure and community safety. There would be an opportunity for everyone to feed into this.
- Progress on new affordable homes. There would be 2000 affordable homes over the next 5 years and increasing this to approximately 4500 affordable homes in the following 5 years.
- Governance and Overview and Scrutiny would oversee the Devolution 2 deal and the Committee would be a cross party balance across Cambridgeshire and Peterborough.
- There would be provision for Call-in of any decisions made by the Elected Mayor or the Combined Authority.
- Regarding Peterborough City Council there will be a protocol for the Leader of the Council and the Council's Representative on the Overview and Scrutiny Committee to present a full report to Full Council on the activities of the Combined Authority and the Overview and Scrutiny Committee to ensure transparency.

Members also commented that careful consideration would need to be given to the provision of Primary Health Care services and support services with the increase in new homes being built and the siting of any new GP surgeries.

15. Schedule of Future Meetings and Draft Agenda Programme

A short discussion was held on the proposal to move the Board meetings from a Thursday at 1.00pm to a Monday at 1.00pm and it was agreed that future meetings would be held on Mondays commencing in the new municipal year.

The next meeting will held on Thursday 23 March 2017.

CHAIRMAN
1.00 - 3.10 pm