

PETERBOROUGH



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 12 JUNE 2017

Members Present: Councillor Holdich, Leader and Cabinet Member for Education, Skills, University, and Communication (Chairman)
Wendi Ogle-Welbourn, Corporate Director, People and Communities
Councillor Ferris
Councillor Lamb, Cabinet Member for Public Health
Adrian Chapman, Service Director Adult Services and Communities
Dr Liz Robin, Director for Public Health
Catherine Mitchell, Director of Community Services and Integration
Joanne Proctor, Head of Service, Adult and Childrens Safeguarding Boards
Safeguarding Adults Board Co-opted Member
Gordon Smith, Healthwatch
Hilary Daniels, South Lincolnshire CCG
Dr Gary Howsam, Clinical Commissioning Group

Also Present: Dr Angelique Mavrodaris, Consultant in Public Health, Older People Service Lead
Mustafa Malik, Chief Executive Officer, Greater Peterborough Network Ltd
Gemma McGeachie, System Strategy, Planning & Development Director, Cambridgeshire and Peterborough STP
Aidan Fallon, Head of Communication & Engagement Cambridgeshire & Peterborough STP
Caroline Townsend, Better Care Fund Lead

Officers Present: Paulina Ford, Senior Democratic Services Officer

1. Apologies for Absence

Apologies were received from Councillor Fitzgerald, Russell Wate, Claire Higgins, Dr Mistry, Dr Laliwala and Andrew Pike. Joanne Proctor was in attendance as substitute for Russell Wate.

The Chairman welcomed two new members of the Board: Hilary Daniels representing South Lincolnshire CCG and Gordon Smith representing Healthwatch.

2. Declarations of Interest

Item.5. Increased 7 Day GP Access

Declarations of interest were received from Dr Gary Howsam who advised that he was a partner in a practice that was part of the Greater Peterborough Network Limited (GPN).

3. Minutes of the meeting held on 23 March 2017

The minutes of the meeting held on 23 March 2017 were approved as a true and accurate record.

4. Older Peoples Primary Prevention – Joint Strategic Needs Assessment (JSNA)

The report was introduced by the Consultant in Public Health, Older Peoples Service Lead and the purpose of the report was to introduce the Peterborough JSNA on Primary Prevention for Older People to the Board for consideration of the findings of the JSNA. The Consultant provided some background context to the JSNA.

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

- There was no mention in the report as to how older people were being engaged with regard to their housing needs. Concern was raised with regard to elderly people who wished to stay in their own home but had found that the surroundings around them had changed leaving them feeling socially isolated and in fear of going out and unlikely to embark on physical activity.
- Members of the Board commented that the document was comprehensive, an easy read and brought the issues to life.
- The report identified areas with regard to system working and that it needed to be utilised within the Sustainable Transformation Programme (STP).
- Transport links and how people access services particularly in rural areas was missing from the report. It was also important to find a way to identify people at the right time before they deteriorated. The JSNA contained a lot of robust information and it was important to ensure the information was taken and used by the right teams.
- The role for the voluntary sector could play a key part in delivering some of the actions within the JSNA and the City College could assist with this.
- A large piece of work would need to be done to assign the various activities to the right people to deliver the actions identified in the JSNA, this would need to be done carefully so that people did not feel overwhelmed.
- The Greater Peterborough Network could identify people that were in need of assistance and signpost them to where they could get help.

The Consultant in Public Health responded to comments as follows:

- Housing. At the stakeholder event it was noted that housing was an issue and the same sort of housing had been built and delivered for many years and did not take into consideration options for older people. It was now important to work together with partners to identify what worked well for older people and translate it into practice and start making changes. The Corporate Director of People and Communities commented that this issue could be taken forward with the Mayor of the Combined Authority to discuss as part of the Devolution Deal.
- Physical Activity. What worked really well was when people did activities together as they were more motivated. Work will therefore need to be done with partners to bring together the right people in the right forums to engage and enable these sorts of activities to happen. The Service Director Adult Services and Communities offered to take the lead on this area and contact the City College who would be able to offer assist with taking this forward.
- Linking up with wider networks. The STP had been mentioned as a way of promoting the JSNA system wide. The Consultant sought assistance from the Board in identifying who the partners/organisation would be. The Director of Community Services and Integration offered to contact the STP Lead Officer to identify partners and organisations that could assist with using the JSNA document across the STP and also link into Primary Care.
- Social Isolation and Rural Transport links. Rural transport links had been identified as a major issue and ideas would be welcomed on how this could be taken forward. Social isolation was less where communities were stronger and ideas on how this could be strengthened would be welcome. The Board made the following suggestions such as

taking the JSNA to the Councils Corporate Management team which represented all service areas and therefore would be cross cutting in considering possible solutions, also presenting it to the Housing Vulnerable Group and to the Older Peoples Board which included the Pharmacy Lead to ensure pharmacies took a greater lead.

- The Director of Public Health advised that in Peterborough and Cambridgeshire JSNA's had the greatest effect when enough detailed work has been done to make a difference and the information was then fed through into policies and strategies of different organisations.
 1. The Health and Wellbeing Board **RESOLVED** to approve the Older Peoples Primary Prevention Joint Strategic Needs Assessment and noted the findings and the areas which were highlighted for further work.
 2. The Health and Wellbeing Board **RESOLVED** to advise and advocate on how this work can be developed so that the JSNA is not only widely disseminated but also implemented and utilised most effectively and the following actions were agreed:

ACTIONS

1. The Corporate Director of People and Communities to speak to the Combined Authority Mayor regarding options for housing for older people and how this might be taken forward through the Devolution Deal. The Consultant in Public Health to provide the Corporate Director with details of findings with regard to this issue from the JSNA to assist discussion.
2. The Service Director Adult Services and Communities to contact City College to discuss ways of engaging older people in joint activities to increase their physical activity.
3. The Director of Community Services and Integration to contact the STP Lead to identify partners and organisations that could assist with using the JSNA document across the STP and link into Primary Care.
4. Officers to present the JSNA to the Councils Corporate Management Team, Older Peoples Board and Housing Vulnerable Group to look at ways of dealing with older people and social isolation.

5. Increased 7 Day GP Access

The report was introduced by the Chief Executive Officer, Greater Peterborough Network Limited and provided the Board with information on the seven day extended primary care service as well as further background information regarding the Greater Peterborough Network.

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

- The Greater Peterborough Network provided a good service however there were major workforce issues within primary care in Peterborough not just for GP's but also nursing staff and therefore the services provided were from an ever decreasing pool of people and sustainability would need to be considered.
- Residents who were registered at GP practices across the city within Greater Peterborough could access the service. Those wishing to access the service at the weekends would call 111 and an appointment would be booked.
- The service could be promoted through the Community Connectors.
- Out of hours immunisation services may assist with increasing the number of people that take up the service. The Board were informed that this was not being offered at the moment but potentially could be offered in the future.

- A more holistic service working with partners such as the Citizens Advice Bureau going forward was being considered.
- Clarification was sought as to whether the service had meant that demand was being managed differently and if footfall to the emergency department had decreased or had it created more demand. The Board were informed that the service had not been running long enough to provide the evidence to support if this had changed. It was difficult to stop people attending the emergency department when it was open 24hours. Arrangements were being put in place for primary care services to be at the hospital so that non-emergency cases were dealt with by primary care staff on site at the hospital using a different workforce.
- It was known that patients did not always get to see their doctor when they would like to and also patients who were most needy and vulnerable and need to see their GP for longer were not always given the time they needed due to the pressures on primary care. Solutions were being sought to address this and offer more facetime with patients.
- Concern was raised regarding the impact on GP services and whether the service allowed GP practices to work more efficiently and that the service might be adding pressures to an already overstretched workforce. The Board were informed that the majority of clinicians were from the local workforce and the majority of the hours were delivered from local clinicians which did mean added pressure. The Network was working with primary care to look at how services could be delivered differently and how the wider workforce could be used to deliver services and integrate with other services such as district nurses and local authority social care.

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

1. Note the Greater Peterborough Network's service in offering Primary Care extended access, seven days a week, to all residents of Greater Peterborough.
2. Note that patients can access seven day Primary Care services both in the weekday evenings and all day at weekends and bank holidays.
3. Note that Greater Peterborough Network's Hub now hosts Solutions for Health Peterborough offering advice and coaching on diet, smoking cessation, alcohol reduction and weight management, providing patients with holistic care.
4. Note that the Greater Peterborough Network is in discussions with a range of partners about hosting evening and weekend appointments at the Hub for matters such as debt and legal advice

5. Cambridgeshire & Peterborough Sustainability and Transformation Plan (STP) Update Report

The report was introduced by the System Strategy, Planning & Development Director and the Head of Communication and Engagement. The report provided the Board with an update on progress relating to the Cambridgeshire and Peterborough STP.

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

- The Sustainable Transformation Plan was a five year plan.
- STP reports were mainly process driven and there needed to be more detail on outcomes and achievements.
- One of the main achievements so far had been that partners were now working together and making collective decisions.
- Clarification was provided around Area Executive Partnerships (AEP). The AEP for Peterborough would remain the same but there would be a re configuration of partners within the Cambridgeshire AEP and this may mean some changes to the Terms of Reference which may affect the Terms of Reference of the Peterborough Health and Wellbeing Board. Notification of any changes would be brought to the Board.

- The main problems that needed to be overcome to ensure the STP was successful was around a change in the systems, behaviours and cultures and ensuring that thinking was around what was good for patients rather than the organisations. Other key areas for success were around operational delivery of urgent emergency care and hospital out of care systems. The ability to attract, train and return the right workforce was also a critical issue.
- Board members wanted clarification on what had changed for patients and wanted to see in future reports outcomes and actions that had been delivered.
- Public expectations of the health service was one of the biggest challenges, there was also a huge challenge around health aspirations.

The Health and Wellbeing Board **RESOLVED** to comment upon and note the report and recommended that future reports include more detail on outcomes and achievements.

6. Motor Neurone Disease (MND) Charter – Focus Group Update

The report was introduced by the Director of Community Services and Integration. The report provided the Board with an overview of the work that had been undertaken by the MND Focus Group since Daniel Emery presented the MND Charter to the Board at its meeting on 23 March 2017.

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

- There were currently 28 people in the Peterborough system who had been diagnosed with Motor Neurone Disease some of which were younger adults. There was therefore a multitude of needs for a cross section of ages. Housing services were now involved and were assessing the needs of people to understand how they can be best supported.

The Health and Wellbeing Board **RESOLVED** to note that there had been an initial meeting of the Focus Group, held with Daniel Emery and all relevant stakeholders to address areas of improvement locally.

2.38pm. Gordon Smith left the meeting.

8. Annual Health and Wellbeing Strategy Performance Report

The report was introduced by the Director of Public Health and provided the Board with an opportunity to review the key outcome metrics for the Health and Wellbeing Strategy 2016/19 to date. Key outcomes regarding positive and negative trends were highlighted to the Board.

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

- It was noted that there was still a high hospital admission rate as a result of falls. Research has shown different reasons for this which was a combination of factors including medication, trip hazards and lack of muscle strength. There had recently been funding put forward which would be used to put into a 'falls programme' which would look at all of the reasons and try and take a more holistic approach to reducing falls.
- Gym membership was still quite expensive for some people and particularly some young people. The Healthy Peterborough Campaign was looking at working with Vivacity to try and put programmes of sport on in the summer for young people.
- The demographics of the city were constantly being monitored but it was not always easy to tease out the changes and therefore put interventions in place.

- Clarification was sought as to whether the data on self-harm in 10 to 24 year olds could be broken down to identify which schools they attended. The Board were advised that this would be difficult as the data was provided by the hospital. A Health Related Behaviour Survey would be sent out to schools in the next school year and this could be included. The survey may also identify such things as bullying. The Kooth Programme which had been introduced for children to chat on line if they feel they needed to talk to someone had been very successful.
- The Service Director Adult Services and Communities agreed to commission some analytical research around 10 to 24 year olds who self-harm. The information would be anonymised. The Board were informed that the whole youth offer from the Council was currently being restructured to bring together all services under one service area to provide better support for adolescent young people.
- A survey had recently been completed across the city for children in years 4 to 11. Some of the questions had focused on cyber bullying and asked if they had been cyber bullied. The outcome of which was very positive in that children did not feel it was much of a problem.

The Health and Wellbeing Board **RESOLVED** to note and comment on the Health and Wellbeing Strategy Annual Performance report.

ACTION

The Service Director Adult Services and Communities to commission some analytical research around 10 to 24 year olds who self-harm. The information to be anonymised and include which school they attended and where they lived.

2.58pm. Councillor Lamb left the meeting.

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

The report was introduced by the Better Care Fund Lead which provided the Board with an update on the BCF Programme and planning approach for the BCF 2017/18 submission.

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

- The BCF underpinned many programmes and it was therefore important to put in place a local matrix identifying where the money was being spent. The Board were advised that there were four key nationally mandated metric areas which had to be reported on. Discussions had taken place with regard to putting in place key metric that would support the Sustainable Transformation Programme and looking at how the BCF would feed into this.

The Health and Wellbeing Board **RESOLVED** to note the update on the BCF Programme and planning approach for the BCF 2017/18 submission.

INFORMATION AND OTHER ITEMS

9. Schedule of Future Meetings and Draft Agenda Programme

It was noted that the next meeting of the Health and Wellbeing Board would take place on Monday 11 September 2017.

CHAIRMAN - 1.00 - 3.04pm