PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 25 SEPTEMBER 2014

Members Present:	Councillor Marco Cereste, Leader of the Council (Chairman) Councillor Diane Lamb, Cabinet Advisor for Health (Vice Chairman) Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care Gillian Beasley, Chief Executive, PCC Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC Kyle Cliff, Assistant Director for Commissioning and Contracts for Peterborough and Borderline Jill Houghton, Cambridgeshire & Peterborough Clinical Commissioning Group Andrew Reed, National Commissioning Board Local Area Team
Co-opted Members Present:	Claire Higgins, Chairman of the Safer Peterborough Partnership
Also Present:	Wendi Ogle-Welbourn, Director for Communities Helen Gregg, Commissioner Jo Melvin, Commissioner Julian Base, Head of Health Strategy Alan Sadler, Business Manager, Borderline and Peterborough LCGs Gemma George, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Holdich, Sue Westcott, Cathy Mitchell, Dr Rigg, David Whiles, Andy Vowles and Dr Ewart.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 17 July 2014

The minutes of the meeting held on 17 July 2014 were approved as a true and accurate record.

4. Health and Wellbeing Board Membership

The Board received a verbal update from the Director for Communities on the position of membership of the Health and Wellbeing Board (HWB). Key points raised included:

- The mandated members for the Health and Wellbeing Board were: an individual from Healthwatch, an elected Member, a member of the Clinical Commissioning Group, the Director for Children's Services, the Director of Adult Services and the Director of Public Health. The legislation also made provision for the co-opting of any person onto the Board;

- It was recommended that the current membership with relation to health representatives was continued;
- Regarding Council membership, discussions were ongoing and it was recommended that discussions be deferred to the next meeting;
- The Board had previously agreed that the Police and Vivacity could sit on the Programme Board to drive delivery of the action plan, however if they felt strongly that they wished to join the Board, they could submit representations to be presented to the Board, providing an overview of the added value they could bring; and
- A paper outlining all of the proposals would be presented to the next meeting of the Board.

RESOLVED

The Board agreed with the proposals.

5. Programme Board Performance Report

The Board received a verbal update from Helen Gregg, Commissioner - Communities Directorate and the Director for Communities on the Health and Wellbeing Action and Delivery Plan. Key points highlighted included:

- The format of the Plan had been amended, issues were now placed under six categories, with each category being assigned a lead and each lead being a member of the Programme Board. The lead would report on progress at future Programme Board meetings, with an exemption report to the HWB on progress;
- It had been agreed that the key priorities should be Cardiovascular Disease (CVD) and Children/Young People;
- Performance measures had been taken out, but actions would be updated within the "on-track" column of the report. Completed actions would be kept in the Plan until presented to the Board, whereupon they would be placed into a final section of the action plan;
- Delivering the Healthy Child Programme and Healthy Schools Programme was priority in terms of services for Children and Young People.
- A multi-partner communications workshop was to be organised to discuss CVD and Children and Young People;
- The main health priority was the Challenged Health Economy;
- The Scrutiny report was due to be presented on the 14 October 2014; and
- In future, the Plan would be presented along with an exception report, designed to draw the Board's attention towards any areas requiring unblocking.

Members debated the Plan and comments and responses to questions included:

- The threshold for the RAG rating moving from amber to red and vice-versa was somewhat subjective. Red indicated a lack of progress and amber indicated that there was a slight lag.

RESOLVED

The Board noted the Health and Wellbeing Action and Delivery Plan.

6. NHS England / Local Board

(a) Challenged Health Economy Work

The Board received a verbal update from Andrew Reed, National Commissioning Board Local Area Team, on the work of the Challenged Health Economy. Key points highlighted included:

- Eleven challenged health economies in England had been identified which would benefit from additional support to prepare their five-year plans, Cambridgeshire and Peterborough being one. PriceWaterhouse Cooper had been appointed to support the economy. This work had now been completed an overview of which was provided;
- A programme board had been formed to take the identified work forward;
- The leadership of the programme had been taken on by Andy Vowles, the Chief Strategy Officer for the Clinical Commissioning Group with a supporting team, who would report to a programme board that constituted the Chief Executives of all the provider NHS organisations in Cambridgeshire and Peterborough, including Hinchingbrooke and officer representatives of children and adults services. The Board had met around 3 times;
- There was also a National Partners Group in place to ensure regulators supported progress;
- The NHS Partners had provided a pooled budget of £1m to support the programme and this resource was being utilised to populate a project structure and to examine key pathways across the health economy;
- The Peterborough Trust had been considered for seeking market interest in the running of services provided at Peterborough and Stamford Hospitals, but this procurement process had been paused until the end of March 2015;
- It was anticipated that the majority of the work would have been completed by March 2015;
- One of the issues for Peterborough's Health and Wellbeing Board was the health inequalities locally and how these would be addressed in the planning to take services forward; and
- The Health Scrutiny Commission had looked into the detailed work so far and a recommendation arising had been that Members wished to be more engaged in order to represent residents. The organisation of a Health Inequalities Workshop had been requested to which members of the HWB would be invited to attend if there was interest. Members advised that they would be interested in attending and the invite should be extended to the wider Programme Board members.

RESOLVED

The Board noted the verbal update.

7. Clinical / Local Commissioning Groups

(a) Better Care Fund Development Plan

The Board received a report which provided an update on the Better Care Fund (BCF) submission in the light of the new guidance recently issued from Central Government, requesting that plans be resubmitted by 19 September 2014.

Jana Burton, the Executive Director of Health and Wellbeing and Adult Social Care introduced the report providing an overview update and advising that new guidance had been released by the Department of Health following the last meeting of the Board around how the funds could be used. There had also been further work undertaken around these new requirements. Further key points highlighted included:

- The main change included within the guidance was around the intention of the BCF to focus the priorities on a reduction in accident and emergency admissions and also to ensure that out of hospital services had performance related funding;
- Within the local health economy, there was an expectation that there would be an increase in staffing and expected admissions;

- There had been strong views expressed by the Local Commissioning Forum (LCF) and the Clinical Commissioning Group (CCG) that locally 1% would be more achievable;
- An agreement had been reached and a submission had gone off on time on 19 September 2014;
- The National Consisted Assurance Review was due to take place and it was expected that feedback would be received to the Local Area Team within 24 hours, and the ratings to be issued in early October to allow for national announcements to be made; and
- Peterborough was unlikely to get a high rating, being a challenged health economy.

RESOLVED

The Board confirmed the decision of the Borderline and Peterborough Joint Commissioning Forum to sign off the BCF submission for Peterborough.

8. Public Health

(a) Exception Report on Health Protection, Emergency Planning and Response to Emergencies that represent risk to the Public Health arrangement

The Board received a report which provided an update on current issues of interest in health protection. The report provide an update on:

A. The tuberculosis (TB) screening in Chatteris;
B. The apparently rise in notifications of gonorrhoea (gc) in Peterborough;
C. Ebola in West Africa;
D. Planning for seasonal influenza and business continuity for the winter; and invited the Board to consider the implications and actions recommended in relation to items A and D summarised in points 2 and 3 above.

Julian Base, the Head of Health Strategy introduced the report and key points highlighted included:

- The majority of those positively tested for TB were from Eastern European communities, there was a degree of challenge around developing appropriate links with these communities;
- The reason for the rise in gonorrhoea was an issue of partner notification rather than prevalence;
- Public Health England had advised that the risk from Ebola was very low and they were issuing updates and briefings to local authorities. NHS England had also been issuing advice;
- The Winter Flu Plan issued in April 2014 had identified those most at risk from seasonal influenza. Peterborough had been identified as a pilot site for immunisation for school children in years 7 and 8;
- There would be a national media campaign related to flu immunisation and there would need to be consideration given locally as to how to get additional information out to local communities;
- Front-line staff could potentially be reimbursed for immunisation through the expenses programme; and
- A letter had been received from the Department of Health and Public Health England reiterating the point about the duty of NHS organisations and local authorities in relation to local frontline health and social care workers, to both encourage and to offer the vaccination. In relation to LA's it would be worth looking at frontline staff, working with vulnerable populations such as those working in special schools.

Members debated the report and comments and responses to questions included:

- There was work underway to recruit a community connector, particularly to work with the Eastern European community, and health champion objectives could be incorporated into this work;
- There needed to be further work around needs assessment for migrant communities, particularly in relation to qualitative information and this could be progressed through community connectors;
- There could be work undertaken in the local mosques and with other faith groups in order to improve outreach;
- Support was offered to the vaccination of frontline staff and a report would be taken to CMT for consideration by Public Health; and
- Commissioning responsibilities would be looked at in order to ensure those individuals not directly employed by the local authority, but who dealt with vulnerable people, could be considered for vaccination.

RESOLVED

The Board:

1. Noted the updates on Tuberculosis, gonorrhoea and Ebola;

2. Considered how to engage and communicate with members of the new migrant populations about health issues in the context of wider PCC engagement e.g. housing, benefits advice; and

3. Considered asking CMT to make arrangements to encourage and enable frontline social care staff and other essential staff (directly employed or commissioned) to access seasonal flu immunisation to support business continuity and winter planning.

(b) Update on the Cardiovascular Disease Priority Work Programme

The Board received a report which provided information on early thinking in mapping the relationship between the existing programme to reduce inequalities in coronary heart disease (CHD) and a wider strategy to reduce cardiovascular disease (CVD). It identified synergies and opportunities for further development of a clinically focused programme to address the Healthcare and Rehabilitation/Reablement work stream previously agreed as one on the three thematic work streams by the Health and Wellbeing Programme Board.

It further proposed scoping the establishment of a healthcare and rehabilitation/reablement work stream group with the membership of relevant stakeholders to achieve clinical engagement and ownership of this theme of the cardiovascular programme.

The Head of Health Strategy introduced the report and key points highlighted included:

- A partnership workshop had been held in July 2014 which mapped out the 'House of Care Model' and to use the Model as a way forward for prioritising cardiovascular work locally. This had been followed up by a submission to the British Heart Foundation for funding over the forthcoming two years to the value of £200k to establish the 'House of Care' Model in priority areas;
- A decision was expected on the bid towards November 2014, there being 11 other applicants. If shortlisted, local visits would be in October 2014;
- Work was also being undertaken with the central funding unit for submitting an application within the forthcoming week for European funding for home technologies, the value being approximately £80,000-100,000;

- Following on from the workshop, and also following consideration at the Programme Board, three work streams had been identified. Leads had been considered and work would be taken forward; and
- Communications would be prioritised around cardiovascular work in order to target diverse communities.

Members debated the report and comments and responses to questions included:

- The approach to communications was to 'piggy back' on top of other events e.g. 'Stoptober', which could be used to promote health priorities. Focussed campaign work would also be undertaken around schools and work places etc.;
- The agreement to focus on two key areas CVD and Children's Health showed that the Board was moving forward. The relevance of the issues were confirmed by the Board;

- A factor identified through the workshop was the percentage of preventable CVD, this being just over 60%;
- A focus on preventative work would be on tobacco control, physical inactivity and blood pressure. It was hoped that focusing on these measures could prevent and address diseases in the early stages;
- A key aspect was to recognise that the population and audiences were different, and general campaigns had no relevance to certain individuals. Messages needed to be adapted to the relevant targets;
- There were a range of activities taking place in schools and the Programme Board had been supportive of the development of a Peterborough Healthy Schools Programme, largely based on the Healthy Schools London Programme;
- Work was being undertaken to expand the number of hyper clinics, which were young people's school based health and advice clinics;
- Work was also being undertaken with the school nursing service to grow the hyper clinics to make sure they covered the public health priorities identified across the Health and Wellbeing Board; and
- In addition, smoking cessation services were provided within schools and also in pupil referral centres and there was a young person's lead in the Public Health Team. There were a vast array of routes into the pathway.

RESOLVED

The Board:

1. Noted the progress report and recommendations made to the Health and Wellbeing Programme Board on 19th September;

2. Commented on the proposed elements the cardiovascular disease strategy identified in the mapping of the coronary heart disease and cardiovascular disease programmes;

3. Supported the proposal that Public Health lead the establishment of a clinically focused group to develop the Healthcare and Rehabilitation/Reablement work stream; and

4. Noted the proposal to use PHOF, NHSOF and ASCOF indicators to monitor the outcomes of the three thematic work streams.

9. Performance Report on Sexual Health Services

The Board received a report which provided a performance update to the Board on Sexual Health Services.

Jo Melvin, the Commissioner for Public Health introduced the report and key points highlighted included:

- A re-tender exercise had been undertaken by Peterborough City Council during 2013/14, the local contraceptive and sexual health service based at Rivergate and the genitourinary medicine department based at Peterborough City Hospital had been merged to create a fully integrated contraceptive and sexual health service in the community;
- Cambridgeshire Community Services had been awarded the contract and the first quarter performance data was expected within a couple of weeks;
- Prevalence of STIs was increasing, with young people being a significant contributing group to this;
- Teenage pregnancy rates were still an issue and the rates of late-diagnosis HIV in Peterborough were above average;
- Priorities for the city were around reducing unintended conceptions around under-18s, increasing chlamydia screenings for under-25s and preventative health education to all groups at risk of sexual ill-health;
- There was work being undertaken to improve sex and relationship education; and
- Everyone, but particularly young people, should have easy access to quality sexual health services.

Members debated the report and comments and responses to questions included:

- The main issue flagged by Public Health England, which was around men who have sex with men, was linked to sexual ill health, substance misuse and mental health problems. There was also the issue of those individuals already infected with HIV engaging in unprotected sexual activity. There was a lot of work being undertaken around how this particular group of people could be supported;
- Parents needed to be targeted as well as young people for all issues and the school nursing unit could be involved with regards to passing literature back to parents. This issue would be revisited at the Programme Board;
- Although the spike in Gonorrhoea had been attributed to partner notification, there was due to be a meeting of Public Health England, the Director of Public Health and the provider to make sure that Public Health England were satisfied with this explanation;
- Those most at risk of HIV infection were men who had sex with men and individuals from sub-Saharan African communities, but the majority diagnosed in Peterborough were white British. Work was being undertaken with the current provider to review and develop their approach to HIV prevention; and
- HIV prevention activity was included within the sexual health services and had been included as a specific element within the tender process.

RESOLVED

The Board noted:

1. The update on successful retender to provide a fully integrated community based contraceptive and sexual health service
2. The overview of performance against key sexual health indicators; and
3. The priorities for action.

OTHER ITEMS

10. Recruitment of GPs and Other Health Professionals

The Board received a report which highlighted the need to identify actions to improve recruitment and retention of GPs. These actions also being applicable to other health sector skill shortages.

Alan Sadler, the Business Manager, Borderline and Peterborough LCGs, introduced the report and key points highlighted included:

- Recruitment for GPs was largely their own affair, however it was felt that the Board may wish to offer some assistance in this arena and was there anything that could be done to assist with the recruitment of GPs; and
- Some of the issues that GPs exposed during a recent survey had been concerned with the environment of the city of Peterborough.

Members debated the report and comments and responses to questions included:

- Peterborough was strong at recruiting roles such as social workers and this could be looked at jointly in terms of more creative ways of attracting individuals into the city;
- GP practises could aid in recruitment by ensuring they were good employers and attractive places to work;
- NHS England was due to host a workforce summit on 17 October 2014 which would be a good place to consider ways to promote recruitment to general practice;
- The partnership model and practise-based model of general practise was outdated;
- The majority of medical school entrants and graduates were female and this was not represented in the recruitment;
- There needed to be a strong primary care element to the Challenged Health Economy;

- There would be greater localisation of the commissioning of primary care and working together with CCGs to commission primary care;
- There needed to be action taken around encouraging salaried GPs, as this would enable greater flexibility within the practises;
- There were three types of medical services contracts: a standard general medical services contract, a primary medical services contract and an additional primary medical services contract, this contract allowing for contracting with private companies; and
- The Business Manager, Borderline and Peterborough LCGs, would undertake further work with NHS England and GPs as to how to attract GPs, in particular female GPs. The issue could be resolved by partners working more closely together.

RESOLVED

The Board:

1. Noted the contents of report and suggested any additional activities that should be considered to improve the recruitment and retention of GPs and other healthcare professionals; and
2. Agreed for suggestions to be forwarded by 10 October 14 and a follow up report to be presented in the New Year.

INFORMATION ITEMS

11. Schedule of Future Meetings and Draft Agenda Programme

The Board noted the schedule of future meetings and draft agenda programme.

1.00pm – 2.30pm
Chairman

This page is intentionally left blank