

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 18 JUNE 2015**

Members

Present: Councillor Holdich, Leader of the Council and Cabinet Member for Education, Skills and University (Chairman)
Councillor Wayne Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health
Councillor Diane Lamb, Cabinet Member for Public Health
Wendi Ogle-Welbourn, Corporate Director People and Communities
Dr Liz Robin, Director for Public Health
Cathy Mitchell, Local Chief Officer
Dr Gary Howsam, Chair of the Borderline Local Commissioning Group
David Whiles, Peterborough Healthwatch

**Co-opted
Members**

Present: Hannah Campling, Independent Chair of the Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board Representative
Claire Higgins, Chairman of the Safer Peterborough Partnership

Also Present:

Gillian Beasley, Chief Executive, PCC
Will Patten, Assistant Director for Adult Commissioning
Ryan O'Neill, Public Health Analyst – Advanced
Anne McConville, Interim Consultant, Public Health
Dr Fiona Head, System Transformation Programme Director
Jennifer Hodges, Signposting and Information Officer, Healthwatch
Pippa Turvey, Senior Democratic Services Officer

1. Apologies for Absence

Apologies for absence were received from Adrian Chapman, Dr Michael Caskey, Dr Paul van den Bent, Dr Kenneth Rigg and Councillor Sheila Scott.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 26 March 2015

The minutes of the meeting held on 26 March 2015 were approved as a true and accurate record.

4. Health and Wellbeing Board Membership

The Board received a report which followed the Peer Review in March 2014. The review suggested that the Board should consider reviewing the membership of the Board and subsequent national guidance. The report sought agreement of the revised membership and makeup of the Health and Wellbeing Board.

The Corporate Director People and Communities introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- It was considered by the Peer Review that the Board had a large representation of Local Authority Councillors.
- It was not recommended that the Cabinet Member for Children's Services become a Board Member, however if relevant issues were to arise, the Cabinet Member could attend particular meetings.
- It was proposed that a Peterborough General Practitioner be appointed as Vice-Chair of the Board. As there was none present at the meeting, for the area covered by the Board, it was suggested that this be discussed further with a wider group of GPs and brought back to the next Board meeting.

RESOLVED that the Health and Wellbeing Board:

1. Reduce number of Local Authority Councillors on the Board;
2. Appoint a GP for Peterborough as the Vice Chair at the next Board meeting;
3. Agree Health and Wellbeing Programme Board becomes a Board that brings chairs of all the boards that report into the Health and Wellbeing board together to deliver on the Health and Wellbeing Strategy; and
4. Where agencies or organisations request membership on the Health and Wellbeing Board they are to submit request in writing to the Chair and they will be asked to present their case at the Health and Wellbeing Board for consideration.

5. Clinical / Local Commissioning Groups

The Board agreed to consider agenda item 5(b) 'System Transformation Programme' ahead of agenda item 5(a) 'Primary Care Programme Update'.

a) System Transformation Programme

The Board received a report which followed on from a request for an update on the work of the Cambridgeshire and Peterborough System Transformation Programme.

The Local Chief Officer introduced the report and provided an overview update. The System Transformation Programme Director was in attendance to respond to questions. Key points highlighted and raised during discussion included:

- The local health service across Cambridgeshire and Peterborough were facing a significant financial gap, which would not be closed without change.
- Analytical work had been undertaken to identify future trends that would need to be taken into consideration.
- The programme was currently entering phase two, 'the engagement process'. This would come in two stages, with discussions on potential solutions taking place in the autumn. A formal public consultation planned for January 2016.
- It was to be considered by the Programme whether to apply again to be a "Vanguard" site, focusing on closer collaboration between hospitals.
- It was noted that the current estimates on savings were around £30 million, whereas the financial gap was £300 million.
- It was advised that possible additional ideas to cover the financial gap centred on prevention, waste between organisations and allocation uplifts. The System Transformation Programme Director was confident that a substantial portion of the gap could be covered.

- A multi-agency approach was advocated and it was confirmed that the Corporate Director People and Communities attends an officer board for System Transformation, and would continue to do so.

RESOLVED that the Health and Wellbeing Board noted the report.

b) Primary Care Programme Update

The Board received a report which followed on from a request for additional background information regarding the Cambridgeshire and Peterborough Clinical Commissioning Group's Primary Care Programme.

The Local Chief Officer introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- The vision of the programme included the transformation of primary care in Cambridgeshire and Peterborough and the development of the workforce.
- Development sessions have been arranged with the Joint Committee as to whether the Clinical Commissioning Group can take on full delegated commissioning for due diligence.
- It was advised that there were no saving targets attached to the programme, however efficiencies in the services would be examined.
- As part of the Prime Minister's Challenge Fund, the programme would look at the return received on its investments.

RESOLVED that the Health and Wellbeing Board noted the report.

c) Borderline and Peterborough Primary Care Transformation Programme, Including Prime Minister's Challenge Fund Delivery

The Board received a report following the successful outcome of Borderline and Peterborough Local Commissioning Group's primary care bid to the Prime Minister's Challenge Fund in March 2015. The report updated the Board on the successful bid and the development of the Primary Care Transformation Programme being established to implement this work.

The Chair of the Borderline Local Commissioning Group introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- The reduction in core funding and the work force problems faced by the GP service would have a significant impact in future performance.
- The workload of funds were now based in secondary care, through the necessary resources had not followed the work.
- Alternative methods of meeting demand were being investigated within a locally designed vision.
- The Programme had been provided with £2.6 million for the financial year, which was required to be used.
- Increased access to a primary care presence in Accident & Emergency was proposed, rather than attempting to change the existing footfall.
- The setting up of 'Federation' Hubs was currently in progress. Five hubs were intended across the Peterborough area, which were at different stages in the process.
- The use of 'Web GP' and other health care professionals was being considered to advise on health care issues.
- It was advised that if the shift in practice was successful, fewer buildings may be required.

RESOLVED that the Health and Wellbeing Board noted the contents of the report.

d) Operational Plan and Quality Premium 2015 - 2016

The Board received a report following discussion at the meeting on 26 March 2015 on the draft Clinical Commissioning Group Operational Plan. The Operational Plan had been further refined and the report sought for the Board to note the current Plan and the range of indicators identified. It was further sought for the Board to signal agreement to two out of the three proposed local indicators which would form part of the Quality Premium for 2015/16.

The Local Chief Officer introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- The final version of the Operational Plan and Quality Premium 2015/16 had been submitted and work had commenced on the local plans.
- The local quality premium work was undertaken through the election period this year and identified three local indicators. The Board were required to choose two out of the three to support as the Clinical Commissioning Group local indicators.
- Following discussion regarding which area had the most scope for improvement it was agreed that the indicators of 'prevalence of breast feeding at 6-8 weeks from birth' and 'stroke patients admitted to stroke unit within 4 hours' would be supported by the Board.

RESOLVED that the Health and Wellbeing Board:

1. Noted the current status of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group Operational Plan 2015/16;
2. Noted the content of the Clinical Commissioning Group Quality Premium 2015/16; and
3. Signalled agreement to the local indicators of 'prevalence of breast feeding at 6-8 weeks from birth' and 'stroke patients admitted to stroke unit within 4 hours'.

6. Public Health

a) Annual Director of Public Health Report

The Board received a report from the Director of Public Health as part of her statutory duty to prepare an annual report on the health of the population and of the local authority to publish the report. The Board was requested to receive and discuss the information provided within the report.

The Director of Public Health introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- There had been a positive move to place Public Health within the leadership context of the authority.
- The report was considered to be easy to read and identified ways in which issues could be addressed.
- It was a good blue print for communities and organisations to follow.
- Matters such as life expectancy, heart disease, smoking alcohol and obesity were highlighted.
- It was emphasised that housing and road design had an impact on public health. It would be looked into whether the work carried out by Cross Keys on their properties related to any correlation in public health improvements.
- It was noted that work needed to be done to change the expectation that the final 20 years of a person's life would be spent in ill-health.

RESOLVED that the Health and Wellbeing Board noted the key health issues raised within the Annual Report and would feed into the priorities of the boards that sit below the HWBB and SPP where appropriate.

b) Report on the Findings of the Task and Finish Groups on Bowel and Cervical Cancer Screening and Immunisations Update in Peterborough

The Board received a report which presented the findings of the task and finish groups established to investigate the poor uptake rates for the bowel and cervical cancer screening programmes, and of childhood immunisations and prenatal pertussis in Peterborough.

The Interim Consultant in Public Health introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- It was found that uptake for cervical cancer screening was lower among younger woman and in more deprived areas.
- Possible influences for this were cultural awareness, ‘acceptability’ of the test and the migrant population.
- The city had a lower than average take up of immunisations. It was thought this may be partly due to a lack of clarity regarding the timetable for immunisations and documentation that was incompatible with the systems used.
- There was little awareness among pregnant woman in Peterborough of pertussis immunisations and midwives did not offer the service. The service needed to be considered more important.
- The Council had a responsibility to promote the services and NHS had provided £9,000 to assist with communications.
- It was suggested that access be made via school in order to ensure the migrant population was not missed.
- With regards to Whooping Cough, the Local Chief Officer would consider whether this could be combined with the six week baby check.
- The issue was raised that many workplaces may not take up a wellbeing programmes, as they were unaware of the free availability of services. The Director of Public Health would explore this.

RESOLVED that the Health and Wellbeing Board supported the recommendations of the Task and Finish Groups to:

1. Develop and deliver targeted community engagement, health education and information programmes to raise awareness, promote uptake and to better understand health beliefs and barriers to uptake of cancer screening and immunisations, based on the findings in the reports and the best evidence of effectiveness. Consider use of community leaders, social media and ‘community connectors’ to achieve greater reach with the target populations;
2. Explore undertaking a Did Not Attend Analysis (DNA) pilot of those who have not taken up cancer screening to:
 - Validate data quality and continuing residence
 - Explore reasons for DNA
 - And scope resource implications to inform the development of an action plan;
3. Develop a targeted and more responsive immunisation offer through better explanation of immunisation schedules; targeted reminders to parents; regularly updating contact details and capturing documented immunisations in the home country at new patient registration; and
4. Review progress and uptakes in a year.

7. Adult Social Care

a) Adult Social Care Better Care Fund Update

The Board received a report which provided an update on the delivery and monitoring following Peterborough's successful re-submission to the Better Care Fund and the start of funding on 1 April 2015.

The Assistant Director for Adult Commissioning introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- Work was now being undertaken with health partners to carry out the implementation phase of the Better Care Fund.
- Discussion with partners had taken place to avoid any duplication of work.
- Peterborough City Council was the lead body on implementation.
- A seven day working lead had not yet been agreed, however work on this was progressing, due to be completed in the next few days.
- Some work was more advanced than others and all progress on delivery was being tracked.

RESOLVED that the Health and Wellbeing Board noted the Better Care Fund monitoring and non-elective admissions targets.

8. Children's Services

a) Peterborough 2014 / 15 Children and Young People's Joint Strategic Needs Assessment

The Board received a report which summarised the findings from the Public Health Department's Children and Young People's Joint Strategic Needs Assessment (JSNA), and requested that the Board consider the stated conclusions and recommendations for further work to address the needs identified by the JSNA.

The Director of Public Health and the Public Health Analyst introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- There was a duty on the Council to create a JSNA, which was more detailed than the Annual Report and informed strategies going forward.
- The key needs and recommendations set out in the Assessment were engaging wider groups for more broad consultations, the impact of drugs and alcohol on young people as a deep dive topic and the analysis of data regarding children in poverty.
- The key messages identified in 'Policy Context and Recommendations' were the level of disadvantaged children in Peterborough compared to the national average, issues of poverty, smoking while pregnant and education, population group, and the wide socio-economic gap within the city.
- The collection of data from doctor's surgeries with regard to registered population and resident population was queried. It was advised that it was aimed to collect data on registered population, however this issue was a common experience and there was a disparity.
- Issues surrounding neglect would be addressed within the strategic proposals.
- The content of the JSNA would need to be fed into the relevant work streams and future planning would be required in order to avoid any disconnect.

RESOLVED that the Health and Wellbeing Board:

1. Noted the information and analysis incorporated within the Joint Strategic Needs Assessment (JSNA) and approved the report for publication on the Council's public website;

2. Confirmed the Children & Families Joint Commissioning Board as an appropriate forum to review effectiveness of existing strategies, interventions and provision in meeting the needs in the Children and Young People's JSNA and improving outcomes for the children and young people in the city;
3. Agreed there should be a wider engagement strategy to share initial JSNA findings and partnership representation as appropriate on the further phases and deep dive work;
4. Confirmed the Children & Families Joint Commissioning Board as an appropriate forum to commission selected further analysis based on these JSNA findings; and
5. Approved the recommendation that the JSNA be linked to the Safer Peterborough Plan and used to underpin the delivery of priorities within the delivery plan where appropriate.

b) Healthy Child Programme

The Board received a report which provided an update on the Healthy Child Programme, Emotional Wellbeing and Mental Health, and the Joint Child and Health Commissioning Unit.

The Corporate Director People and Communities introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- It was advised the Peterborough City Council was leading the commissioning of the Child Health Commissioning, which included the Clinical Commissioning Group and Cambridgeshire County Council.
- Discussions had been ongoing with the lead service provider for child and adolescent mental health services in relation to additional spending and productivity. As yet plan has not been agreed and discussions continue.
- It was noted that concerns had been raised specifically regarding the waiting lists and trajectory for addressing these.

RESOLVED that the Health and Wellbeing Board noted the current activity and performance in child health commissioning and delivery and it was agreed that an update on of Child and Adolescent Mental Health Services waiting lists be tabled at the next meeting

9. Health Watch

a) Children / Young People Engagement

The Board received a presentation which sought to raise awareness of the strategy and activity of the engagement of children and young people in the Peterborough area.

The Signposting and Information Officer provided the Board with the presentation. Key points highlighted and raised during discussion included:

- Work had been undertaken to increase representation of key groups in areas such as mental health.
- Awareness of issues had been raised in schools through a number of Videoscribes and information packs, which had been considered a success.
- Surveys had been carried out on pupils and teachers, showing that many felt well supported and well prepared regarding health issues.
- The Signposting and Information Officer would provide information to Board Members on what had been included in the Videoscribes.
- It was considered to be a very proactive programme.

RESOLVED that the Health and Wellbeing Board noted the contents of the presentation.

10. Health and Wellbeing Strategy

The Board received a report which was submitted due to the need to update the Joint Health and Wellbeing Strategy (JHWS) 2012-15, which expired at the end of the year. The report sought the Board's agreement to update the Joint Strategic Needs Assessment (JSNA) and the JHWS, and to approve the process for doing so.

The Director of Public Health introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- The Health and Wellbeing Board Strategy was due to expire at the end of the year, and was a statutory requirement.
- The Clinical Commissioning Group and the Council must have regard to the Strategy in their actions.
- The Strategy was based on the outcomes of the JSNA.
- It was suggested that a draft document be brought to the next meeting ahead of a three month consultation period.
- It was noted that this could be linked in to the Council's Local Development Plan, and that a collaboration between directorates was underway.

RESOLVED that the Health and Wellbeing Board:

1. Update the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) to ensure they reflect current needs and strategic priorities in Peterborough;
2. Agree new JSNA core dataset and comment on further core content required (to be updated annually);
3. Agree 2015/16 JSNA forward programme; and
4. Carry out a comprehensive review of the JHWS 2012-15 including consultation with stakeholders and the public, and deliver a new JHWS 2016-20 by the end of this year.

INFORMATION ITEMS

The remainder of the items on the agenda were for information only and were noted without comment.

11. Section 256 Agreement for Hospital Alcohol Liaison Project

The Board received a report which provided additional information regarding the joint commissioning of the Hospital Alcohol Liaison Project.

RESOLVED that the Health and Wellbeing Board noted the report.

12. Performance Report

The Board received a report which provided an update with regard to performance progress and outlined the issues and challenges following the last report presentation on the 26 March 2015.

RESOLVED that the Health and Wellbeing Board noted the next steps and key considerations under each section of the Performance Report.

13. Schedule of Future Meetings and Draft Agenda Programme

RESOLVED that the Health and Wellbeing Board noted the dates of future meetings and agreed future agenda items for the Board.

1.00pm – 3.15pm
Chairman

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