



**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 21 JULY 2015**

Members Present: Councillor Holdich, Leader and Cabinet Member for Education, Skills and University (Chairman)
Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Wendi Ogle-Welbourn, Corporate Director People and Communities
Adrian Chapman, Service Director Adult Services and Communities
Julian Base, Head of Health Strategy
Dr Gary Howsam, Clinical Commissioning Group
David Whiles, Peterborough Healthwatch

Co-opted Members Present: Jo Proctor, Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board

Also Present: Philippa Turvey, Senior Democratic Services Officer
Sarah Shuttlewood, Director of Contracting Performance and Delivery, CCG
Jessica Stokes, Public Health Registrar
Bill Pickbourn, Programme Manager
Rod Grant, Communities Directorate
Tom Lydiate, Substance Misuse Service Manager

1. Apologies for Absence

Apologies for absence were received from Dr Mistry, Dr Laliwala, Councillor Ferris, Cath Mitchell, Claire Higgins, Russell Wate and Dr Liz Robin.

Julian Base and Jo Proctor were in attendance as substitutes for Dr Liz Robin and Russell Wate respectively.

2. Declarations of Interest

No declarations of interest were received.

3. Minutes of the Meeting Held on 24 March 2016

The minutes of the meeting held on 24 March 2016 were approved as a true and accurate record.

4. St George's Hydrotherapy Pool

The Director of Contracting Performance and Delivery, Clinical Commissioning Group (CCG), introduced the report regarding the use of St George's Hydrotherapy Pool. The Board was advised that the CCG would not commission further services from the Pool due mainly to financial restraints and the lack of definitive evidence on the clinical benefits of the service.

With the permission of the Chairman, Karen Oldale, spokesman for St George's Hydrotherapy Pool, addressed the Board and asked the CCG to reconsider the decision not to fund St George's. The key points raised by her included:

- Hydrotherapy was specifically for those who could not benefit from dry land physiotherapy and was invaluable to aid recovery.
- Hydrotherapy would now only be available for self-referral and self-funding, giving access only to those who could afford to pay for their treatment.
- Over 3,000 people with disabilities and long term health issues had used and benefited from the pool, illustrating the benefits from self-management.
- 234 users, 97% of the disabled service users, participated in discussions surrounding the benefits and future access to the pool.
- The use of hydrotherapy was efficient and cost effective, and an independent professional report had shown that every £1 invested at St George's resulted in a social value of £19 over the year.
- The funding concerned was £6,000 from CCG, whereas in Cambridgeshire the funding was £53,000 which is considered unfair.
- Patients were taking control of their disability and trying to improve themselves as per the remit from the CCG, and were saving money on their long term care.
- Costs to the CCG to send patients to NHS funded services rather than continue to use the St George's Pool would be greater. At the same time a less efficient service would be provided with an increase in disruption and therefore distress to patients.
- It was requested that the CCG discuss and reconsider its decision not to provide funding for St George's Pool in future.

The Board discussed the following:

- Evidence was requested on the claim that there was no benefit from hydrotherapy treatment.
- Members had personal experience of the benefits of the pool and had observed the benefit to others, particularly to those with mental health issues.
- It was considered that a contribution towards funding could be made if the full amount could not be met.
- The consultation had taken place in private. It was noted that if a policy was in place it would be necessary to hold a public consultation and have an open discussion.
- Using the lack of policy as a reason to withdraw funding was considered to be perverse.
- A request was made for a policy to be drafted and brought to a future meeting.
- Concern was raised in relation to the withdrawal of funding and the lean towards private funding.
- The number of sessions undertaken at Addenbrookes last year was 1,400 at a cost of £53,000.
- Patients self-funding was not considered to be a good reason to withdraw financial support for the service.
- It was accepted that this was an emotive topic and the purpose of the meeting was to provide comments back to CCG.

The Health and Wellbeing Board **RECOMMENDED** that the Clinical Commissioning Group draft a Hydrotherapy Policy to be brought back to the Board at its meeting in December 2016 for consideration.

5. Health and Care Executive Governance Framework

The Director of Contracting Performance and Delivery, CCG, introduced the report which outlined the health and care system in place within Peterborough and Cambridgeshire. It was advised that the Sustainable Transformation Programme as stipulated by NHS England and the NHS was particularly relevant, as the money spent exceeded that available. The report

requested the Board to review the implementation of the plan and to make members aware of the governance arrangements agreed.

Feedback and comments were invited from the Board, and key points highlighted and raised during discussion included:

- Expectations were high given the number of senior managers taking part.
- The timescale to reduce the £450 million deficit was discussed as well as the arising conflicts between this, providing an efficient service, and the clinical perspective. It was advised that the plan focused on care quality, which would drive efficiency. Therefore, an immediate deficit reduction would not be seen.
- Given the current footfall in GP surgeries and Accident and Emergency further education was needed to channel users toward the correct resources or self-care.
- The five year plan was to be implemented over the next five years, rather than being a plan for 2021.
- A review to assess progress would be required to measure the success of the plan. Some results would only be evident towards the end of the five year period. Urgent care pathway changes and changes to the 111 service would be in place in Autumn 2016. Improvements therefore in this area should be visible sooner resulting in a reduction in numbers in Accident and Emergency.
- Improvements were visible already within the area of mental health and it was suggested that successful strategies were reported.
- Politicians must make themselves aware of what was happening at ground level for them to pass this on to the public.
- The project was to ensure alignment and visibility across the system with different projects to ensure collaboration.
- There were no specific goals or an action plan contained within the report as this will follow in due course.
- Politicians needed to ensure the funding was received to drive this forward.
- Members of the public themselves must buy in to the plan, co-operate with changes introduced and use health services correctly both locally and nationally to ensure success.

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

6. Annual Director of Public Health Report

The Head of Health Strategy introduced the report, which was produced as a statutory duty of the Director of Public Health.

The key points raised by the Head of Health Strategy included:

- The report increased awareness of the condition of existing services, health challenges, and public health issues. The report would be available in both printed and electronic form to reach the widest audience across the city.
- The report addressed local health challenges such as the high proportion of premature death within the city, health inequalities, and the high mortality rates in central Peterborough, where there were overriding economic issues.
- Several important matters discussed within the report included:
 - Prevention of Cardio Vascular Disease and associated factors and conditions;
 - Smoking;
 - Physical activity;
 - Excess weight;
 - Education through schools; and
 - Engaging with more people within the community.

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

- That the report didn't appear to contain any specific improvements and it was considered that any future successes should be published.
- The data could be presented in a manner to make it easier to understand, for example, reporting positive results and illustrating geographical and national comparisons.
- There had been a huge increase in population and an influx from overseas, which would have provided additional challenges and may have masked improvements. It was not obvious this has been accounted for.
- It was considered that the statistics needed to be measured within types of communities as well as geographically, as the Asian community was beginning to disperse from its traditional stronghold to be replaced by east European communities.
- It was not yet clear whether the health of the immigrating population would improve through the generations, or if the health issues experienced were an inherent part of their community.
- It was recommended that the report included trends in comparison to previous years.

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

7. Draft Peterborough Health and Wellbeing Strategy

The Public Health Registrar introduced the report on behalf of Dr Liz Robin. The Health and Wellbeing Strategy was a statutory function of the Health and Wellbeing Board and had been undertaken jointly with the NHS, the local authority and Healthwatch. The three month consultation resulted in over 100 replies across different groups and some changes were made in response.

Key points highlighted and raised during discussion included:

- Members commended the quality of the report.
- The objective was to work within existing strategies and to build on existing strategies rather than develop something new.
- Assurance had been given by the Health and Wellbeing Delivery Board that this was a deliverable strategy.
- Many areas covered by this board overlap with other committees, and it would be advantageous to have wider, cross committee involvement. This could be discussed in six months by a cross committee group.
- Vivacity were part of the working group looking at the programme, but were not part of the delivery process.
- Further integration with GP practices could involve Vivacity as part of a treatment plan, as well as delivering preventative measures, which would be desirable. These would not incur additional costs as the facilities were already open. It was considered that costs could be reduced by referrals directly to Vivacity services from a variety of sources as the health referral could come from anywhere, not necessarily a GP, although those on GP referrals do not have to pay to use the facilities.
- Access to those in deprived areas and social prescribing could be extended, funded by the community serve budget.
- Involvement with external bodies could be extended, such as the YMCA, who were currently in discussions with GP's regarding free gym membership.

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

1. Note the feedback from the public and stakeholder consultation on the joint Health and Wellbeing Strategy and ways in which this feedback had been incorporated into the final draft of the Strategy;

2. Note the feedback from Peterborough City Council Cabinet and the Cambridgeshire and Peterborough Clinical Commissioning Group Governing Body, which had both discussed and endorsed the final draft Strategy at public meetings;
3. Note comments relayed verbally from the meeting of the Health Scrutiny Commission which considered the draft Strategy as part of a wider item on public health priorities for Peterborough; and
4. Approve the Peterborough Health and Wellbeing Strategy (2016/19) subject to inclusion of the amendment suggested by Peterborough City Council Cabinet i.e:
 - Inclusion of plans to address the needs of ex-military personnel including post traumatic stress disorder.

8. Adult Social Care, Integration of Health System Programmes Governance Structure

The Programme Manager introduced the report, which was a sub section of the Peterborough Health and Wellbeing Strategy, with a focus on local delivery. There were six or seven major programmes which all overlapped, and needed to be structured in an effective manner.

It was advised that separating the reporting of progress from the approval of progress would be more efficient, and would ensure interested parties were updated whilst the actual approval could be carried out in a more contained manner.

Key points highlighted and raised during discussion included:

- The Governance Arrangements proposals had been through a number of different boards for agreement and was included in the Health Executive Away Day as part of the System Transformation Plan.
- Efficiency and decision making had been simplified through the building of trust and good relationships and Members selected at the right level. This method was viewed as being successful and is under consideration by other authorities.

The Health and Wellbeing Board **RESOLVED** to approve the update to the Integration of Health Systems Programmes Governance Arrangements.

9. Update on the Implementation of the New Integrated Substance Misuse Service

Rod Grant, Communities Directorate, introduced the report, which provided an overview of the Council's re-tendering of the substance misuse services process last year. The new service commenced in April 2016. The new providers were CGL (previously CRI) who previously held the contract for adult drug services in Peterborough and now held the contract to supply all services. This provided greater flexibility between the various sectors and it was considered to be a preferable approach.

Key points highlighted and raised during discussion included:

- It was anticipated that a reduction in performance would be seen during the changeover.
- A recent informal first quarter review with CGL showed good results in areas that were new to their contract, including working with young people with alcohol problems and the Hospital Liaison Programme.
- The Safer Peterborough Partnership would be responsible for the deliverance of the programme and overseeing the performance of the contract.
- Tom Lydiate, Substance Misuse Service Manager, was recently appointed and was introduced to the board. Mr Lydiate was committed to delivering and working in partnership. He addressed the board and indicated he was impressed with the attitude and work being conducted here and intended to target all types of drug and alcohol misuse, and integrate users back into the community.

- The training given by staff at CGL to the Safeguarding Adults Board and Safeguarding Children's Board was appreciated and would now form part of the Multi Agency Training Suite.

The Health and Wellbeing Board **RESOLVED** to note the report on the implementation of the integrated substance misuse service.

10. Domestic Abuse and Sexual Violence Service Update

The Corporate Director People and Communities introduced the report which provided background information on domestic abuse and sexual violence services offered to Peterborough victims.

Key points highlighted and raised during discussion included:

- Services were provided by Peterborough Women's Aid and delivered across adults' and childrens' services.
- Waiting lists for children and young people were very long, however had been reduced upon receipt of additional funding from the CCG to employ an additional support worker.
- Further funding had been secured for the same support for 2016 / 2017.
- Additional funding had been received for the Ormiston Families to deliver an early intervention service for mothers and children who have experienced domestic violence.
- Peterborough City Council had joined forces with Cambridgeshire County Council in order to maximise the potential of working with partners who already work across both areas.
- It was considered that cross committee membership encouraged more efficient working.
- An audit into the repeat referrals to Women's Aid would be carried out with a view to improving the service.
- Training would now be the responsibility of the Joint Domestic Abuse and Sexual Violence Strategic Board. The number of staff attending the local children safeguarding board training was 185, not 2 as indicated in the report.
- Further training was being planned which would include working with offenders.
- Joint targeted investigations were due to be carried out and a mock review would be conducted in August / September ahead of the anticipated official review.

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

INFORMATION ITEMS AND OTHER ITEMS

The remainder of the items on the agenda were for information only and the Health and Wellbeing Board **RESOLVED** to note them without comment.

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

12. Schedule of Future Meetings and Draft Agenda Programme

The next meeting of The Health and Wellbeing Board will take place on 22 September 2016.

1.00pm – 3.25pm
Chairman