



**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 23 MARCH 2017**

Members Present: Councillor Holdich, Leader and Cabinet Member for Education, Skills, University, and Communication (Chairman)
Dr Harshad Mistry (Vice Chairman)
Councillor Ferris
Adrian Chapman, Service Director Adult Services and Communities
Dr Liz Robin, Director for Public Health
Cathy Mitchell, Director of Community Services and Integration
Joanne Proctor, Head of Service, Adult and Childrens Safeguarding Boards
Safeguarding Adults Board Co-opted Member
David Whiles, Peterborough Healthwatch
Claire Higgins, Chief Executive of Cross Keys Homes,

Also Present: Dr Penny Hazell, Clinical Psychologist & Clinical Lead, CAMHS Eating Disorder Pathway
Daniel Emery, Campaign Coordinator for the Motor Neuron Disease Association
Val Thomas, Consultant in Public Health
Dr Linda Sheridan, Consultant in Public Health Medicine
Will Patten, Director of Transformation
Emma Wakelin, Strategic Development Manager, Health Education England
Fiona Davies, Interim Head of Mental Health

Officers Present: Paulina Ford, Senior Democratic Services Officer

1. Apologies for Absence

Apologies were received from Councillor Lamb, Russell Waite, Wendi Ogle Welbourn, and Andrew Pike. Joanne Proctor was in attendance as substitute for Russell Wate.

The Board were informed that South Lincolnshire CCG were still looking to appoint a replacement for Dr Kenneth Rigg and were hopeful that someone could be found for the start of the next municipal year.

2. Declarations of Interest

No declarations of interest were received.

3. Minutes of the meeting held on 5 December 2016

The minutes of the meeting held on 5 December 2016 were approved as a true and accurate record.

Chairman's Announcement

The Chairman received a request from Dr Liz Robin at the meeting to ask if it would be possible to make an announcement regarding a bid to the Sport England Local Pilots Fund and to seek an expression of support from the Board.

The Chairman agreed to the announcement being made which was as follows:

- A bid to the Sport England Local Pilots Fund would be put in by Inspire Peterborough with support from Peterborough City Council. The bid would have a strong focus on enabling people with disabilities and people who were aging to access sport and physical activity.
- The local Pilots Fund was a large fund of approximately £130M for 10 pilots around the country to get people involved in sport and physical activity.
- The bid would need to be in by the end of March and would be focussed on collaboration and cooperation around a place.

The Health and Wellbeing Board **RESOLVED** to express their support for the bid.

4. Update on the Development of the Cambridgeshire and Peterborough Children and Young Persons Community Eating Disorders Service

The report was introduced by the Clinical Psychologist & Clinical Lead, CAMHS Eating Disorder Pathway and provided the Board with an update regarding the development of the Children and Young Persons Community Eating Disorders Service (CYP-CEDS).

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

- Concern was raised regarding capacity and what numbers were envisaged coming through and the current backlog. The Board were informed that the service was partly commissioned using new money and there had been an increase in the number of clinicians dealing with young people with eating disorders.
- Over the last 12 months clinicians had been seeing most young people with eating disorders within one to four weeks for assessment. The commissioning standard for seeing young people with eating disorders was one week if urgent and four weeks if it was a routine eating disorder case and to see up to 100 new referrals in a year.
- Most staff were already in place with one vacancy for a permanent consultant psychiatrist.
- A standardised procedure for a formal pathway into adult services for children who had reached 18 was currently being developed however there was already very close links with the Adult pathway psychology lead.

The Health and Wellbeing Board **RESOLVED** to note the contents of the report and requested a further update report in six months' time.

4. Motor Neuron Disease Charter

Daniel Emery who was in attendance representing the Motor Neuron Disease (MND) Association as their volunteer Campaign Coordinator for Cambridgeshire introduced the report and provided further context and information regarding MND. The Motor Neuron Disease Charter had recently been adopted by Peterborough City Council at its meeting on 8 March 2017. The report requested that the Board consider ways in which support services would be able to work better together to improve the lives of those living with MND and thereby breathe life into the Charter to ensure it made a difference to improving the health and wellbeing of those living with MND. Two documents were tabled for the Board to take away. The first document was a real life case study of someone with MND and their journey from diagnosis to present day and the daily difficulties they faced living with MND. The second document listed what the next steps might be to take the report forward.

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

- Education and training for support services was required.

- A representative from the Cambridgeshire and Peterborough Clinical Commissioning Group suggested that a focus group be formed bringing together the relevant services with Mr Emery's input and suggestions to identify the gaps and areas for improvement to the service provided to MND patients. The outcome of this could be reported back to the Board.
- Another suggestion was the appointment of a single point of contact for MND patients to assist them in accessing the right services at the right time.
- It was noted that there were other conditions such as Parkinson's disease which were also very debilitating and had similar needs to MND. It was therefore suggested that the single point of contact could also be for other similar neurological conditions.

Mr Emery advised that he had the time and commitment to assist the Board in identifying the gap in services and areas for improvement.

The Director of Community Services and Integration at the Cambridgeshire and Peterborough Clinical Commissioning Group volunteered to take the lead on the formation of the focus group.

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

1. Note the Motor Neuron Disease (MND) Charter attached at Appendix 1 of the report which was adopted by Peterborough City Council at its meeting on 8 March 2017.
2. Discuss ways in which support services were able to work better together to improve the lives of those living with MND: to breathe life into the Charter so it makes a real difference in improving the health and wellbeing of people with MND and to find a way to co-ordinate the numerous health and social care functions to provide an appropriate level of respect, care and support for those living with the disease, and in doing this;
3. **AGREED** that an MND Focus Group be set up to identify the gaps and areas for improvement to the service provided to MND patients. The outcome of the Focus Group to be reported back to the Board.

6. Dual Diagnosis

The report was introduced by the Consultant for Public Health. The report provided the Board with information regarding issues, concerns and recommendations relating to dual diagnosis of substance misuse and mental health conditions. Substance misuse in the report referred to drugs and alcohol. This was a cross cutting issue and a similar paper was being taken to the Cambridgeshire Health and Wellbeing Board.

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

- A dual diagnosis strategy was already in place but issues had recently been raised and escalated to initiate a review of the commissioning services for dual diagnosis in particular for drugs and alcohol misuse.
- Data sharing had been a problem and information governance regulations often prohibited this. A data sharing agreement was currently being developed through a work group under the System Transformation Programme for older people and the same principles could be applied to this group, this could therefore be looked into to see if a similar data sharing agreement could be put in place.
- The lead for Mental Health at the Cambridgeshire and Peterborough Clinical Commissioning Group advised that she was responsible for commissioning mental health services and would therefore look into how the commissioning strategies could be better aligned to support this particular group of patients.

The Health and Wellbeing Board **RESOLVED** to

1. Comment on the risks and issues raised in the report with regard to the current treatment and care pathways for those who have both mental health and substance misuse problems.
2. Endorse the alignment of commissioning strategies and intentions to strengthen and develop services for those who have mental health problems and misuse substances.

7. Annual Health Protection Report for Peterborough 2016/17

The Consultant in Public Health Medicine introduced the report which provided the Board with an annual summary on activities in Peterborough to ensure health protection for the local population and included areas that were covered by the Peterborough Health and Wellbeing Strategy. Services that fell within Health Protection were:

- i. communicable diseases – their prevention and management
- ii. infection control
- iii. routine antenatal, new born, young person and adult screening
- iv. routine immunisation and vaccination
- v. sexual health
- vi. environmental hazards

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

- Reference was made to table 2 on page 48 of the report: Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B. Clarification was sought as to the meaning of the percentage figure. It was explained that this figure represented the uptake of the vaccinations which had been good.
- There were various reasons as to why people did not take part in the vaccination programme such as parental health beliefs and access to clinics. A task and finish group had been set up to investigate the reasons further and make recommendations to improve the take up further in these groups of people.
- It was noted that there were already some open access clinics in place which had proved to be successful in providing a more flexible vaccination appointment system.
- The Board were informed that it would be National TB Day on 24 March and there would be an event held in Queensgate to raise the profile of TB and in particular latent TB. A blood screening service would be available.
- Latent TB was a term used for dormant or sleeping TB.
- Air quality. It was felt that a lot more work needed to be done between Transport Services and Health Services to understand and address the air quality issues. The Board was advised that Public Health were actively looking at this and working with council services on air quality.

The Health and Wellbeing Board **RESOLVED** to comment on the Annual Health Protection Report and on future priorities for health protection in Peterborough.

8. Peterborough City Council Commissioning Intentions 2017/2018

The report was introduced by the Director of Transformation which updated the Board on the current position relating to the commissioning plans for the financial year 2017/18. The Director highlighted the following commissioning principles that had been put in place to guide decision making:-

- **Demand management** - we will prioritise the commissioning of services and solutions that will prevent or delay escalating support and service needs;

- **Efficient and effective** - we will take an evidence based approach to commissioning services and solutions that demonstrate efficient and effective use of resources. Services and solutions will be commissioned on the basis of best value;
- **Return on investment** - We will commission on the basis of a clear, whole-life costed benefits realisation for service users, PCC and other stakeholders. This will include analysis of the value of social and environmental outcomes of commissioning activities as well as financial outcomes;
- **Market Development** - We will work with providers and partners to ensure that commissioning activity across health and social care is coordinated and best value and outcomes are delivered;
- **Statutory duties** - We will ensure PCC complies with its legal duties within the statutory legislative and policy framework;
- **Policy** - Commissioning activity will take account of and be sensitive to national and local policy drivers; and
- **Collaborative commissioning** - We will work to commission services and co-produce solutions with service users and strategic partners where this best delivers PCC outcomes and objectives.

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

- Board members were pleased to note the statement regarding return on investment and whole life costing as part of the commissioning principles. The Board were informed that investment would not be for a return during one year but for a whole life cost return with a move away from short term decisions.
- The Director of Community Services and Integration supported collaborative working and joint commissioning where opportunities presented. Such opportunities might present themselves through the Better Care Fund arrangement or previous joint commissioning arrangements.
- All opportunities to improve outcomes and / or reduce costs was being looked at.
- The Director of Public health advised that public health were working towards a joint public health commissioning unit across Cambridgeshire and Peterborough. Strategically this would make it easier for the CCG to joint commission on some of the public health commissioning services.

The Health and Wellbeing Board **RESOLVED** to note the commissioning intentions for Peterborough City Council for 2017/18 and to comment on the issues raised.

9. Peterborough Inter Board Protocol

The Head of Service for Adult and Children Safeguarding Boards introduced the report. The purpose of the report was to seek endorsement from the Board on the protocol which had been developed so that the relationship between the four statutory boards (Peterborough Safeguarding Children Board, Peterborough Safeguarding Adults Board, Safer Peterborough Partnership and the Health and Wellbeing Board) is formalised. The protocol stipulates a clear governance arrangement, how the four Boards will agree their joint priorities, sets out a process for the Boards to report on progress and allows for formal challenge.

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

- Members of the Board strongly endorsed the protocol.
- It was noted that the protocol made mention to an annual review of the Health and Wellbeing Strategy, this however was incorrect and needed to be changed to state that the Health and Wellbeing Strategy Plans were renewed annually. The error was noted and would be amended.
- Clarification was sought as to what arrangements had been put in place for interrelationship working and cross communication with Cambridgeshire. The Board were advised that with regard to the Safeguarding Boards there would be one combined

unit county wide. There were five community safety partnership boards in place across the county and therefore these were a little more difficult to combine.

- Cross border working with Lincolnshire was also raised and a cross border protocol would be looked into.
- Adults and Safeguarding training were now being delivered together and would in the future be delivered as one unit of training county wide with one point of contact to access the training. This to be in place by late summer 2017.

The Health and Wellbeing Board **RESOLVED** to endorse the Inter Board Protocol and requested that enquiries be made into developing a cross border protocol with Lincolnshire.

10. Cambridge and Peterborough Integrated Workforce Strategy

The Strategic Development Manager introduced the report. The purpose of the report was to ask the Board to review the Cambridge and Peterborough Integrated Workforce Strategy and provide feedback on its core Ambitions: improving supply, improving retention, new role development, setting up new ways of working and up-skilling, and leadership development, as well as consider how the Board could further support the implementation of this system strategy.

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

- One of the key identifiers in terms of workforce requirements was to upskill the support workforce across health and social care settings. Work was underway to identify the core competencies and requirements for an integrated care worker which was someone that could be employed on a flexible career path and could work across traditional boundaries. The integrated care worker would have a flexible pathway as part of their employment so they would be able to work in a range of settings and therefore assist with the current retention issue across the system.
- Workforce development was not a quick fix and measuring success would come through conducting satisfaction surveys.
- Investment in the workforce was important to address long term retention issues.
- A joint set of skills was being looked at for reablement and intermediate care workers to provide better career opportunities.

The Health and Wellbeing Board **RESOLVED** to endorse the Cambridge and Peterborough Integrated Workforce Strategy.

11. Safer Peterborough Partnership Plan 2017-2010

The report was introduced by the Service Director, Adults and Communities. The purpose of the report was for the Board to consider the Safer Peterborough Plan for 2017-2020. The plan set out the community safety priorities for the partnership over the next three years.

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

- The Chair of the Safer Peterborough Partnership was in attendance and commented that the priorities and themes within the plan had been agreed following an assessment of community safety in Peterborough. There were three priorities and two cross cutting themes:
 - Priority 1: Offender Management
 - Priority 2: Domestic Abuse and Sexual Violence
 - Priority 3: Building Community Resilience
 - Cross Cutting Theme 1: Substance Misuse
 - Cross Cutting Theme 2: Mental Health
- Some members of the Board felt that the consultation under played antisocial behaviour and was therefore pleased to note that work was continuing to be done around antisocial

behaviour. In building community resilience there was a need to get the message out to people that it was safe to report crime.

- It was important to ensure that there was a focus on the design of public spaces as this might help with issues around community cohesion.

The Health and Wellbeing Board **RESOLVED** to consider the Safer Peterborough Plan 2017-2020 and the priorities contained therein.

2.24pm Councillor Fitzgerald left the meeting.

12. Health and Wellbeing Strategy 6 Month Progress Report

The report was introduced by the Director of Public Health accompanied by the Interim Head of Mental Health and provided the Board with a 6 month summary of progress against the Future Plans identified for each of the focus areas outlined in the Health and Wellbeing Strategy 2016-2019.

The Interim Head of Mental Health introduced herself and provided some background information of her role and provided further context to the Mental Health for Adults of Working Age performance report.

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

- The Suicide Prevention Strategy was currently being reviewed with completion in the Autumn of 2017.
- Clarification was sought as to how the Mental Health for Adults of Working Age performance report would be monitored going forward and the Board were advised that it would be part of a quarterly report on the Health and Wellbeing Strategy to the Board.
- It was noted that there were only quantitative targets and no qualitative targets. The Board were informed that qualitative targets were measured through commissioning through the Cambridgeshire and Peterborough NHS Foundation Trust. There were Qualitative measures within each provider's contract. However more work could be done to provide specific qualitative measures across the mental health economy.

2.30pm Dr Mistry left the meeting.

The Health and Wellbeing Board **RESOLVED** to consider the content of the Peterborough Health and Wellbeing Strategy 6 month progress report.

INFORMATION AND OTHER ITEMS

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

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

- It was noted that there was some overlap between the Better Care Fund and Sustainability and Transformation Plan and work was being done with health to reduce the duplication of activity where possible.
- Consideration was being given to combining the Cambridgeshire County Council BCF Board and Peterborough City Council BCF Board to support a more joined up approach between Peterborough and Cambridge. The budgets and reporting to the Health and Wellbeing Board would still remain separate but the oversight of the effective delivery of the BCF Plans would be under the one Board.
- £3M of additional funding would be coming through next year from the Adult Social Care fund but guidance had not yet been issued from government as to how this could be used.

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

14. Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP)

The Health and Wellbeing Board **RESOLVED** to note the update of the Cambridgeshire and Peterborough Sustainability and Transformation Plan without comment.

15. Hydrotherapy Policy (Verbal Update)

A verbal update was provided by the Director of Community Services and Integration who advised that no formal report had been provided due to a report needing to go to the CCG Governing body first and the deadline for that meeting had been after the deadline for publication of the Health and Wellbeing Board agenda.

The CCG Governing body had now received a policy document relating to whether someone received land based physiotherapy or water based therapy. The CCG have considered the evidence which was not conclusive to show if one type of therapy was better than the other. The CCG had therefore concluded that those people who were able to do land based therapy should receive land based physiotherapy but it had been acknowledged that not everyone would be able to do this and therefore the water based therapy would be offered and this would be based on an individual assessment of each patient's needs.

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

- The physiotherapy service commissioned within the community was through the Cambridgeshire and Peterborough Foundation Trust (CPFT).
- Clarification was sought as to whether the hospital could commission physiotherapy on behalf of the CCG. The Director of Community Services and Integration would look into whether this was possible.
- The way the pathway worked in Peterborough was that the patient would be referred through a single point of access which was the community service. The community service would then either work with the individual or refer them to secondary care.
- It was noted that in the southern part of Cambridgeshire the hospital decided the direction of travel for the patient but in Peterborough people would have to go to the hospital first and then be referred to community services who would then refer them to CPFT who would then commission a service provider. Members of the Board felt that there should be the same service across Cambridgeshire. The Director of Community Services and Integration advised that she would look further into if a patient was assessed in a hospital setting what would be the pathway to access the therapy services.
- The Hydrotherapy Policy was now a public document and could be circulated after the meeting.

Karen Oldale, was in attendance and addressed the Board. The following comments and responses were made:

- There was concern that there were still some inequalities in the policy for the residents of Peterborough.
- Confirmation was provided that patients would not be required to attend the exceptional cases panel to be referred for either land based or water based therapy.

The Health and Wellbeing Board **RESOLVED** to note the verbal update on the Hydrotherapy Policy.

16. Devolution 2

The Director of Public Health provided the Board with an update on progress regarding the Devolution 2 deal stating that feedback on discussions regarding the Devolution 2 deal would need to be put forward by the Mayor once he had been elected.

The Health and Wellbeing Board **RESOLVED** to note the verbal update on Devolution 2.

The Chairman noted that David Whiles a long standing member and Chairman of Healthwatch would be retiring from the Health and Wellbeing Board and Healthwatch and wished to note on record the Boards appreciation and thanks for the enormous amount of work that he had done on behalf of Healthwatch for the people of Peterborough and the valuable contribution he had provided to the Health and Wellbeing Board.

17. Schedule of Future Meetings and Draft Agenda Programme

It was noted that all meetings for the next municipal year would now be held on a Monday commencing at 1.00pm and the next meeting would be on 12 June 2017.

CHAIRMAN
1.00 - 2.50 pm