

PETERBOROUGH



**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD AT 1PM, ON
10 DECEMBER 2018
COUNCIL CHAMBER, PETERBOROUGH**

Committee Members Present: Cllr John Holdich (Chairman)
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Susan Mahmoud, Director Cambridgeshire and Peterborough Healthwatch
Hilary Daniels, NHS South Lincolnshire
Russell Wate, Director RJW Associates

Officers Present: Daniel Kalley, Senior Democratic Services Officer

Also Present: Caroline Townsend, Better Care Fund Lead
Tina Hornsby, Head of Integration Peterborough City Council and Cambridgeshire County Council
Keith Reynolds, Assistant Director Planning & Strategy (North West Anglia NHS Foundation Trust (NWAFT))
Jo Porter, Cardiologist NWAFT
David Pratt, Director of Finance NWAFT
Adrian Cannard, Strategy and Planning Assistant Director Cambridgeshire and Peterborough Combined Authority

9. APOLOGIES FOR ABSENCE

Apologies for absence were received from Val Moore and Adrian Chapman. Susan Mahmoud attended as substitute for Val Moore.

10. DECLARATIONS OF INTEREST

There were none.

11. MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 SEPTEMBER 2018

The minutes of the meeting held on 20 September 2018 were agreed as a true and accurate record.

12. CARDIOLOGY PCI & COMPLEX PACING

The Health and Wellbeing Board received a report in relation to Cardiology PCI and Complex Pacing.

The purpose of the report was to provide an overview of PCI and Complex Pacing at Papworth Hospital and improving the services for Peterborough residents.

The lead Cardiologist addressed the Committee and informed members that progress had been made with regards to treating patients from Peterborough. Patients were now being assessed at Peterborough Hospital before being redirected to Papworth for serious complications, there were some delays using this pathway and Papworth had missed the target over the past two years. If the procedure was carried out in the hospital to which the patient was admitted this could save a whole day of patients waiting.

A number of consultants currently carrying out this procedure had already been doing so at Papworth Hospital and there was no reason why this couldn't be carried out in Peterborough. The Trust Board approved a business case in 2016 to take this service forward. In addition this service would help recruit nurses and staff to the Hospital. This would also help free up capacity at Papworth Hospital to focus on other specialist services. As part of the STP it was clear that there would be two centres across Cambridgeshire and Peterborough.

Alan Bradshaw spoke to the Board with regards to patient pathways. Members were informed that from start to finish the skill and dexterity by which the doctors performed the procedure was amazing. The nurses backed up the Doctors and were always friendly and reassuring.

The Mayor of Peterborough addressed the Board and spoke of his experiences of care at Peterborough Hospital. This service was far easier to access than having to travel to Papworth in Cambridge. Having as many procedures done at Peterborough was an advantage to the citizens of the City. This would be less stressful for patients and help with recovery time.

Mr Grout explained that he had the procedure at Papworth Hospital, however it was a surprise that it could have been done at Peterborough, which would have been more convenient for the family. The procedure needed to be looked at and made a part of the procedures at Peterborough. The aftercare team in Peterborough were already in place and would only enhance the reputation of the hospital with the introduction of the procedure.

The Director of Finance NWAFT emphasised that the NWAFT Board was fully supportive of the introduction of the service locally ensuring that it benefited the residents of Peterborough.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- This was a strategic medical decision, Peterborough Hospital had the capabilities to carry out the procedures. The CCG and clinicians were capable of working through the strategy needed to get this service in place. The business case had been in place for a while and now needed to be implemented.
- It was important that an update was presented to the Board at the next meeting. People's lives were at risk under the current system as demand for this service was growing.

- The CCG were responsible for commissioning services that best met the needs of the whole population, taking into regards health inequalities and ensuring improvement of quality and outcomes but within the financial allocation granted. The case for PCI for Peterborough Hospital was currently being reviewed from a whole systems perspective working closely with colleagues from NWAFT.
- For clarification the CCG did not recognise all the information within the report, but work was underway to agree all the information going forward. NHS England were the majority commissioner for the service and not the CCG. The CCG did not recognise the savings to the commission of £600k, there had been some changes to the business case since this was put together. Work had also been done around the Getting it Right Review (GIRFT), which was an independent external review panel who were assessing the clinical, safety and the outcomes and this would feed back into the whole system and the final review of the business case which was to be presented to the STP Board. The GIRFT review was due to be completed and reported back on in March. It was unlikely that this would be completed before the next Health and Wellbeing Board meeting.
- The report was being presented to the Board due to the length of time it had taken to get this service resolved. This needed to be spearheaded and it was hoped the CCG would take this forward. It was essential that the needs of local residents were taken into account and not just the financial implications.
- It was recognised that if the case was serious and complicated that Papworth was the best place to go for treatment. It was important that the CCG took into account the travelling time for Peterborough residents to the get to Addenbrooke's site.
- South Lincolnshire NHS had sent a letter of support for the service to be made available at Peterborough Hospital.

Fiona Head, Public Health Consultant, addressed the Board and commented that it was important that the GIRFT review was received and taken into consideration once completed. This would look at the wider PCI map for the East of England. Those who were at the most serious risk of heart attack would be sent directly to Papworth Hospital. Papworth over the past few months had recognised the need of getting patients through the pathway quicker and had opened up more lab capacity in order to do this.

RESOLVED:

That the Health and Wellbeing Board:

1. Expressed support to the CCG and NHS England for the local provision of PCI and complex pacing at PCH CCG
2. Requested an update from the CCG on the progress of the business as soon as practicable once the GIRFT review had been completed.

13. PERSONAL SOCIAL SERVICES: ADULT SOCIAL CARE USER SURVEY IN ENGLAND 2017/18

The Health and Wellbeing Board received a report in relation to the Adult Social Care User Survey in England 2017/18.

The purpose of the report was to provide provide an overview of the Adult Social Care User Survey in England for the year 2017/18. The Head of Integration Peterborough City Council and Cambridgeshire County Council informed the Board that the report was produced on an annual basis from February to March each year. This was only presented to the Board at this time due to comparative data with other local authorities only being available in October. A 45% response rate was received from 1448 surveys sent out. A high level summary was provided in the report outlining key indicators were Peterborough had performed better or worse than national average.

The Board were informed that the majority of people who felt unsafe had a fear of falling either at home or outside instead of crime.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- Work was being undertaken to tackle people not feeling safe and issues around falls prevention. Under the falls prevention scheme a handy person service was introduced to help elderly people with small jobs around the home. In addition a service making minor adaptations to homes to prevent falls had, up to September of this year, completed 622 jobs.
- Work had been undertaken with energy advice firm LEAP to help residents with fuel poverty, ensuring people kept their houses warm. 447 referrals had been made and 320 visits carried out.
- Strength and balance training had been provided through the Public Health contract with solutions4health.
- The access to information advice was below the national average. Work had been carried out on the information and advice offer. A new web based directory (Peterborough Information Network) was easy to use and access information that was contained in one place.
- The Council had been working with the Dementia Resource Centre and two guides had been produced, namely a guide to services in Peterborough and helping those manage mental capacity and manage their money.
- Positive challenge programme looked at changing experience overall and determined what people wanted from the services.
- Help was requested from partners on the Board to promote and share the work being carried out especially around the falls prevention campaign.
- It was common across most local authorities that one of the biggest concerns was related to falls.
- Emphasis on fall prevention had been well documented. This was also brought out at the STP Board meeting.

RESOLVED:

That the Peterborough Health and Wellbeing Board note the report.

14. HEALTH AND WELLBEING STRATEGY

The Health and Wellbeing Board received a report in relation to a number of Health and Wellbeing Strategy reports.

a) HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT

The purpose of the report was to provide Board members with a summary of progress against the Future Plans identified for each of the focus areas outlined in the Health & Wellbeing Strategy 2016-2019.

The Executive Director People and Communities introduced the report. This was presented at all board meetings to show progress made in relation to the HWB Strategy. It was noted that there was still an issue around obesity in ten year olds, however new information showed that improvements had been made and that this was now in line with the national average. However it was stressed that work in this area was still ongoing. There had been issues around recruitment of health visitors, however there had been positive results around the best start in life scheme, which looked at ways of using the workforce more effectively.

Emotional wellbeing was still an issue across all people. A jointly commissioned service with CHUMS were working closely with CPFT's to cover some of the gaps that younger people fell into where there was little or no support. The selective licensing initiative had been improving standards in homes. One of the challenges was around the screening and immunisation programme especially in terms of meeting uptake targets around bowel and breast cancer screenings. The Council had been successful in getting money for the integrated communities strategy and this would support issues around alcohol abuse.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- The CHUMS counselling services were well received and had helped both children and their families deal with mental health issues.
- There had been a couple of factors in the obesity levels moving in line with the national average. Recorded results were now better in 2017/18 than in previous years. There was however concern around high deprivation and certain ethnic groups being affected by obesity.
- The road injuries recording system was not confined to just Peterborough. Around air quality there had been a number of research projects carried out showing the benefits to getting out walking and on bicycles compared to any impact from air quality.
- Peterborough was better than some authorities around air quality, however there were still issues of concern across Peterborough.

RESOLVED:

That the Health and Wellbeing Board:

- 1) considered the content of the report
- 2) challenged performance against action plans and agree future actions to address

b) PETERBOROUGH HEALTH & WELLBEING STRATEGY ANNUAL REVIEW NOVEMBER 2018

The purpose of the report was to summarise healthcare data collated as part of the 2016-19 Peterborough Health & Wellbeing Strategy in one concise document, with particular reference to stated Strategy goals where observed outcomes across the 2017-18 period have shown notable improving or worsening trends.

The Director Public Health introduced the report and informed members that the report looked at the metrics which tracked and monitored the outcomes from the HWB Strategy. The Board were informed that hospital admissions for alcohol had improved, this had been assisted by the new HALP service for admissions relating to alcohol. Some improvement had been made in the number heart and cardiovascular deaths, which were similar to national average in 2013-15 after many years worse than average, but slightly worse than average again in 2014/16. An initiative run by the CCG in 2013 to improve cardiovascular disease in primary care had probably contributed to the improvement. Other areas that had performed well included more cardiovascular health checks and HIV screenings in comparison to other areas. Peterborough's healthy life expectancy had improved to be similar to national average, when previously it had been worse. Some negatives had come from the report including overall life expectancy which was still below national average. In addition there was still higher than average late HIV diagnosis and teen pregnancies.

Admissions for self harm were still above national average but had come down.

- There was evidence that mass media campaigns worked well for some issues. Both smoking and drink driving campaigns had worked in the past.

RESOLVED:

That the Health and Wellbeing Board Note the findings of this report as a summary of key healthcare indicators of relevance to the health and wellbeing of residents of Peterborough.

ACTION:

- 1) Director of Public Health to look into previous data on learning disabilities and job opportunities to assess whether current strategies were working to reduce the number of those out of work.

c) HEALTH AND WELLBEING STRATEGY - RENEWING THE HEALTH AND WELLBEING STRATEGY

The purpose of the report was to obtain the Health and Wellbeing Board's views on development on the next Joint Health and Wellbeing Strategy for Peterborough, given that the current three year Health and Wellbeing Strategy, which was approved in July 2016, is due to end in July 2019.

The Director of Public Health stated that the HWB Strategy needed to be renewed. It was suggested that a joint HWB Strategy was developed between Peterborough and Cambridgeshire. This would enable partner organisations to be more actively involved across both local authorities.

- It was sensible to share strategies, especially where there were clearly compatible areas. However it was important to highlight areas that were specific to Peterborough or Cambridgeshire and that sight of this was not lost.
- Important that there was an identification of local needs and that this should be incorporated into any joint strategy. Look at what works across both areas as a whole and then identify where there were issues and then it would allow focus on those areas.

RESOLVED:

That the Health and Wellbeing Board:

- 1) Reviewed and considered the proposed options in paras 4.6 and 4.7 for developing a new Peterborough Joint Health and Wellbeing Strategy (JHWS), when the current JHWS expires in July 2019: and
- 2) Agreed to option B developing a new JHWS in 2019 which covers both Peterborough and Cambridgeshire, highlighting the needs of Peterborough and other areas in Cambridgeshire.

d) DELEGATED AUTHORITY - LONG TERM CONDITIONS JOINT STRATEGIC NEEDS ASSESSMENT AND DIVERSE ETHNIC COMMUNITIES JOINT STRATEGIC NEEDS ASSESSMENT SOUTH ASIAN COMMUNITIES SUPPLEMENT

The purpose of this report was to ask the Health and Wellbeing Board to approve a delegation to the Peterborough Living Well Partnership to approve the two Joint Strategic Needs Assessment (JSNA) reports named above. This will allow the findings of the JSNA reports to be used without delay.

The Director of Public Health introduced the report. The report asked the Board to agree delegation to the Peterborough Living Well Partnership to approve the Peterborough Long Term Conditions Joint Strategic Needs Assessment and the Peterborough Diverse Ethnic Communities Joint Strategic Needs Assessment Supplement on behalf of the Health and Wellbeing Board. Issue was simply due to timing and were both close to completion. Once approved they could be fed into bidding processes and planning.

RESOLVED:

That the Peterborough Health and Wellbeing Board delegates authority to the Peterborough Living Well Partnership to approve:

- a. The Peterborough Long Term Conditions Joint Strategic Needs Assessment
- b. The Peterborough Diverse Ethnic Communities Joint Strategic Needs Assessment Supplement on behalf of the Health and Wellbeing Board.

15. CAMBRIDGESHIRE & PETERBOROUGH HEALTH & SOCIAL CARE PEER REVIEW UPDATE REPORT

The Health and Wellbeing Board received a report in relation to the Health and Social Care System Peer Review.

The purpose of the report was to update HWB members on the delivery of the Local Government Association (LGA) Peterborough & Cambridgeshire Health & Social Care System Peer Review

The Executive Director People and Communities introduced the report and outlined the report gave a brief update on the social care peer review which had been undertaken by the Local Government Association (LGA). The review concluded that the right ingredients were in place, but that there were areas of improvement that would help the review move forward at a faster rate. An action plan had been developed and a final version would be circulated separately. These actions would be monitored at the STP Board and at the Health and Wellbeing Board.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- One of the proposals was for the Health and Wellbeing Board to function as a system leaders. There was a proposal to hold a workshop in February/March across both Peterborough and Cambridgeshire Health and Wellbeing Boards.
- There was the possibility of linking with other elements and strategies for example the Better Care Fund. It was a possibility that this could be added to the action plan.

RESOLVED:

That the Peterborough Health and Wellbeing Board:

- 1) Noted the contents of the report
- 2) Challenged performance against action plans and agree future actions to address

16. PUBLIC SERVICE REFORM - HEALTH AND SOCIAL CARE PROPOSAL

The Health and Wellbeing Board received a report in relation to the Public service Reform - Health and Social Care System Proposal

The purpose of the report was to link members of the Health and Wellbeing Board to the Health and Social Care Proposal being developed by key partners in Cambridgeshire and Peterborough; to seek views on the topic and prompt discussion on future involvement.

The Strategy and Planning Assistant Director, Cambridgeshire and Peterborough Combined Authority introduced the report. Members were informed that the Combined Authority were looking at how they could engage with local partners and the Health and Wellbeing Board. A report by Respublica was due shortly outlining potential engagement.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- The report was due anytime soon. There was a programme board scheduled for the early new year, following which a wider consultation would take place.
- There was a meeting for all system officers to get together and see the report. Following this meeting there may be recommendations that could be build upon. A special meeting or workshop can be called if needed.
- There were still some significant government papers to be released on social care funding and how models might be funded in the future. Once papers had been released they would need to be scrutinised as they may change the funding landscape.

RESOLVED:

That the Peterborough Health and Wellbeing Board:

- 1) Noted the reasoning behind and remit for the work led by the Combined Authority.
- 2) Noted the progress made to date by the partners working together on a draft proposition.

3) Commented on future involvement with the project.

ACTION:

A workshop or meeting to be arranged if any recommendations come out of the Republica report and government papers.

17. ANNUAL PUBLIC HEALTH REPORT

The Health and Wellbeing Board received a report in relation to the Annual Public Health Report.

The Public Health Director updated the Board on the current Annual Public Health Report. The report had a number of weblinks to regularly updated local and national statistics which were user friendly.

The report focused on particular issues including providing the best start in life. A number of issues were outlined in the report around inequalities - most notably around teen pregnancy, higher rates of smoking in pregnancy, and school readiness around age 4-5 which was quite low for a number of complex reasons. However work was ongoing to address this issue. There were positives around breast feeding rates which had been supported by local children's centres.

The second part of the report focused on the global burden of disease study. This had been running for approximately 20 years and had been used for national policy making. This compared a picture of health across a number of countries. For the first time there were results on this for Peterborough. It highlighted the causes of premature death and years lost to disability. Both of these areas had an impact on the economy. In Peterborough heart disease was the main cause for loss in life expectancy and death. Musculoskeletal and back pain were the most common causes of disability. The study looked at the main causes and risks around premature death, smoking was still an important factor, dietary factors as well as high blood pressure also affected years of life lost.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- The report was well written, the data used was underpinned by the same data used for other studies. It was important to keep the recommendations that are suggested and keep these as a focus.
- It was important to stress the importance of children's oral health as this was worse than the national average. It impacted children later in life with confidence and employment opportunities.
- Years of life lived with disabilities mean many residents get to retirement with no further years of good health. It was important to get this message out there to make more people aware.

RESOLVED:

That the Peterborough Health and Wellbeing Board noted the information contained in the Annual Public Health Report.

18. BETTER CARE FUND UPDATE

The Better Care Fund Lead updated the Board on the how this was performing, some details still needed to be worked on with the CCG before coming back to the next joint board in March with final recommendations.

RESOLVED:

That the Peterborough Health and Wellbeing Board note the report.

19. HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN:

It was confirmed that the next joint meeting was due to be held on 28 March 2019.

RESOLVED:

That the Health and Wellbeing Board agreed the Forward Agenda Plan.

Chairman
10am – 11.40am