Peterborough and Borderline Healthcare Public Health Advice Service: Work Plan 2014-15

Notes of the meeting held on 9 May 2014 at Peterborough Town Hall

Present: Henrietta Ewart, Cath Mitchell, Boika Rechel, Remi Omotoye, Tina Hornsby, Julian Base, Cheryl McGuire, Shakeela Abid, Charles Ryan, Fiona Head (via dial-in, for first part of meeting).

Apologies: Wendi Ogle-Welbourn, Adrian Chapman, Richard Withers, Andrew Jepps, Val Thomas, Jana Burton, Charlotte Black

1. **Healthcare Public Health Advice Service**. Henrietta Ewart (HE) outlined the Memorandum of Understanding between PCC and the LCGs/CCG for provision of healthcare public health advice (the Healthcare Public Health Advice Service – HCPHAS). The MoU covered provision of 0.8wte CPH (split 0.2 and 0.6 wte between CCG and LCG work) and 0.8 wte analyst support. HE noted that the HCPH input was currently delivered by a locum part-time CPH who had insufficient sessions to deliver the full 0.8 wte under the MoU. Recruitment to substantive consultant posts would be underway shortly and the appointee(s) would deliver the full 0.8 wte commitment within their job plans. The recruitment was not sufficiently advanced to gauge a likely start date for the substantive post. In the meantime there would be a slight shortfall in PH capacity for this work.
   ACTION: If the shortfall in capacity begins to have significant impact on high priority work within the HCPHAS, it will need to be elevated/escalated within PCC with a view to securing necessary resources (HE and CM to take forward should the need arise).
2. **Work Plan Proposals**
   Discussion and decisions/actions as per table below:

Topic	Discussion	Actions
Regular PH support to CCG priority 'tackling inequalities in CHD'	Will be covered under the 0.2 wte CPH input for 'CCG' priorities. This resource will also provide Peterborough's contribution to the IFR process	BR and FH to liaise and agree workplan
Adult Autism and Asperger's Syndrome	The proposal requires further scoping into a better defined 'project' before final decision. There was discussion about whether the focus should be adult only or whether it should include children (work on the 0-24 group is already planned by the LD and Autism Partnership Board).	HE to pick up with Dr Sohrab Panday re further discussion/scoping with LD and Autism Partnership Board
Forensic and Offender Health	NHSE is responsible for commissioning these services. This topic had previously been identified as a local priority but it may now be more appropriate for NHSE to progress – linking with Pboro for interface issues.	HE to discuss with Gina Radford and NHSE in first instance.
Suicide Prevention	The short term funded project (1 year) will need robust evaluation built in from the start for reporting back to JCF at end of	BR to meet with Dr Sohrab Panday to discuss and ensure arrangements in place (with PH

	project. Funding for this may be available through the PH Institute but, if not, evaluation needs to be built in locally. Ongoing PH input (leadership and support) was also requested – would replace input from a senior PH registrar who will soon be leaving.	input as necessary). PH unable to provide an ongoing designated PH lead to support this strategy. Agreed not a priority for HCPHAS.
Integrated Comprehensive Mental Health Needs Assessment	The proposal focussed on uptake of IAPT services by different groups within Pboro population and gaining an understanding of why some groups do not access IAPT at levels that would seem indicated by need (from epidemiology). HCPHAS could do a focussed piece of work analysing/auditing referral and uptake but this should be supported by a bigger, qualitative piece of work to understand why members of certain communities do not access service in line with predicted need. Discussion indicated that this could be part of a much bigger piece of work looking at the preventive agenda more widely and also spanning community cohesion, asset based community development etc. HCPHAS would not have either capacity of expertise to do all of this. The CLARHC may be able to support this. Other partner organisations (Greater Peterborough Partnership, Safer Peterborough Partnership) should also be involved.	HE and CM to arrange an initial scoping/planning meeting. HE and CM to identify who should be invited.
Psycho-sexual Counselling needs assessment	It was not clear how broad this work needed to be (eg focussed on victims of sexual abuse or all forms of psycho-sexual dysfunction). It was understood that a key problem was lack of understanding of current services, pathways and levels of demand.	BR and RO to do some further workup with Sohrab Panday and Malcolm Bishop
Link to Cambridgeshire work on JSNA for primary prevention for older people	Cambridgeshire are already undertaking JSNA work on their own population and would be willing for us to access relevant components of this (in particular, evidence reviews around 8 sub-topics). We would need to do the Pboro specific work including population data, service mapping and stakeholder engagement.	TH will do some further work on this through the Information Working Group and will check how Cambs have approached/funded the engagement work. TH will lead on progressing this with a view to taking forward within the Better Care Fund Group
Evaluation of Health Checks Programme for	CR is already leading on this and template for consistent evaluation has been agreed across Cambs and Pboro. The completed	CR will take through CHD Programme Board. The evaluation (with a response

Peterborough	evaluation will go to the CHD Programme Board (will be done annually). As this is already in hand, there is no need for a new piece of work through the HCPHAS.	from CHD PB, including forward plan) should then be brought to HWB PB as part of the CVD strategy monitoring arrangements.
Community bed based capacity review	This needs to be developed through the Better Care Fund Group rather than through HCPHAS.	CM to pick up with Paul Grubic
Evaluation of LCG MDTs	The published evidence base for MDT working with older people (to reduce non-elective admissions) is not currently conclusive. Therefore, robust evaluation of local projects is essential in order to understand their effectiveness. Some work has already been done but more is needed. Feasibility of this will depend on clarifying the outcomes of interest and what data has been collected to measure these.	TH to liaise with CM to see what is available/what could be done. TH/CM to feedback to MDT Steering Board.
Diabetes JSNA/equity audit	A lot of data is already available indicating areas where Pboro performance/outcomes could be improved. Diabetes is already identified as an LCG priority with an action plan. This includes work around practice diabetes nurses and whether they are currently covering practices with highest need. Work on diabetes needs to be linked in with the HWB CVD priority.	BR to link with CCG project manager and lead GP (CM to provide details) to scope whether HCPHAS input needed.
Mobilisation of Older People's Pathway and Adult Community Services Contract	The provider will be implementing this contract in Oct/Nov. HCPHAS input would be useful in checking the provider's plans. The LCG is looking for innovative services but these need to be checked for likely effectiveness.	No work at present. CM will notify when required.
Chronic Fatigue Syndrome/ME	A service is commissioned from CSS (service specification and service model available) but the JCF are concerned that demand outstrips supply. There may be an issue about IFRs for interventions not commissioned within CSS pathway.	CM and BR to liaise re further scoping.
Alcohol	A request for work may come in from Safer Peterborough Partnership. They are currently at an early stage on this.	No action yet. Await contact from SPP.

3. Next steps

We will take forward the actions as per table above. PH team actions will be reported to DMT and then to CM for feedback to JCF. Completion of actions should give clarity re work plan for HCPHAS. Once actions are completed and we have feedback from CM/JCF we can take a view on whether a further meeting of today's group is needed or whether initial work

plan can be agreed/progressed without. We will then need to agree project management arrangements for the work to ensure deadlines are met etc.

Dr Henrietta Ewart
Interim Director of Public Health
Peterborough City Council