PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 17 JULY 2014

Members Present:	Councillor Marco Cereste, Leader of the Council (Chairman) Councillor Diane Lamb, Cabinet Advisor for Health (Vice Chairman) Councillor Fitzgerald, Cabinet Member for Adult Social Care Councillor Scott, Cabinet Member for Children's Services Gillian Beasley, Chief Executive, PCC Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC Sue Westcott, Executive Director of Children's Services, PCC Andy Vowles, Cambridgeshire & Peterborough Clinical Commissioning Group Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group Dr Richard Withers, Cambridgeshire & Peterborough Clinical Commissioning Group, Borderline LGC Dr Ken Rigg, South Lincolnshire CCG Andrew Reed, National Commissioning Board Local Area Team David Whiles, Peterborough Healthwatch
Co-opted Members Present:	Claire Higgins, Chairman of the Safer Peterborough Partnership
Also Present:	Wendi Ogle-Welbourn, Director for Communities Dr Henrietta Ewart, Interim Director of Public Health Tracey Cogan, Head of Public Health, NHS England, East Anglia Dr Shylaja Thomas, Screening and Immunisation Lead, NHS England, East Anglia and Public Health England Gemma George, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Holdich, Russell Waite, Dr Van den Bent and Dr Caskey.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 27 March 2014

The minutes of the meeting held on 27 March 2014 were approved as an accurate record.

4. Health and Wellbeing Board Membership

The Board received a report following the Health and Wellbeing Peer Review which had been undertaken in March 2014. The Review had suggested that the membership of the Board was heavily weighted towards the local authority and that consideration should be given to a better balance, particularly in respect of Health.

Wendi Ogle-Welbourn, the Director of Communities, introduced the report and requested that Members consider the number of people they thought appropriate to sit on the Board, as

well as the makeup of the Board. It was suggested that consideration be given to the following:

- That the Board be made up of one third local authority, one third health and one third other, to be commissioners only (as the Health and Wellbeing Programme Board's membership included providers) if they could evidence their added value to the makeup of the Board;
- That it may be appropriate for the Vice Chairman of the Board to be someone from the Clinical Commissioning Group (CCG); and
- A request received from the Police to have a place on the Board and for all future requests to be in writing, detailing how the agency/organisation could add value to the Board.

Members debated the report and comments and responses to questions included:

- It was suggested that a formal written request be submitted to the CCG via the Chief Operating Officer and the Chairman, requesting a Council place on its Board. This could be undertaken jointly with Cambridge. Local authority membership would be advantageous and this process was becoming standard across the country;
- Closer working between the Local Authority and the CCG would be beneficial in the long term;
- Further clarification was sought as to what added value the Police would bring to the Board;
- There was a consensus between providers that they felt 'out of the loop', and therefore the right balance needed to be struck with regards to their involvement;
- It was suggested that the Chairmanship could be alternated between the local authority and Health to ensure greater health professional representation. In response to this point it was stated that it was important to have a consistent Chairman as well as a consistent Vice Chairman;
- It was further suggested that membership could extend to a representative from the hospital;
- A Chairman and Vice Chairman could be elected from nominations within the Board Members;
- Providers sat on the Health and Wellbeing Programme Board (HWPB) and they could also attend any meeting of the HWB in order to make a case, as long as it was of a strategic nature;
- The rationale behind the Police representation was due to their focus being very much around victims, including resourcing work around the drug and alcohol agenda and treatment of victims of domestic abuse. It was felt that they could bring to added value to the Board, forming part of a wider prevention and intervention strategy;
- Parties who wished to sit on the Board should be evaluated on their own merits;
- The focus of the Board was around Health and Wellbeing and commissioners. Therefore it was felt that providers would not be best placed to sit on the Board;
- The Vice Chairman should be a CCG Board Member;
- There needed to be a discussion around the local authorities involvement with the Local Commissioning Group (LCG), which would be discussing the local strategy and delivery of services around Peterborough;
- Providers needed to be on board in order to ensure progression and delivery;
- The HWB must not lose sight of its purpose and how it was influencing the delivery and provision of Health and Wellbeing for the population;
- Concern was expressed about expanding the membership to a degree that it could impact upon the decision making of the Board and make the Board less focussed;
- The Police argument was more operational in nature. They had many platforms and were represented on the Safer Peterborough Partnership (SPP), the Chairman of this Board being a co-opted Member on the HWB. It was therefore felt that any issues

could be channelled through the Chair of the SPP back to the HWB for consideration. This proposal would be relayed back to the Police and it was proposed that they be permitted to present in future, should they feel that they had a case to pursue for a seat on the HWB; and

- It was proposed that the thirds be made up of statutory members plus five others from each third and that nominated deputies be included within the membership list. The Chairman further requested that an initial membership list be drafted for circulation.

RESOLVED

The Board noted the report and agreed that:

1. The make-up of the Board should be in thirds, from the Local Authority, Health and Others, with statutory members and five others from each third and nominated deputies as appropriate;
2. That a CCG member should be the Vice Chairman of the Board;
3. That the Police would not be invited as a Member at the current time, instead for them to utilise the SPP as a platform for relaying issues to the Board. Future presentations to be accepted from the Police should they wish to put a written case forward for a seat on the Board.

It was further agreed that:

1. A formal written request would be submitted to the CCG, jointly with Cambridge, via the Chief Operating Officer and the Chairman, requesting a Council place on its Board; and
2. That an initial membership list, taking on board the agreed makeup, would be drafted for comment.

5. NHS England / Local Board

(a) East Anglia Screening and Immunisation Performance Report

Tracey Cogan, Head of Public Health, NHS England, East Anglia and Dr Shylaja Thomas, Screening and Immunisation Lead, NHS England, East Anglia and Public Health England introduced a report and gave a presentation to the Board which provided an update on screening and immunisation. Key points highlighted included:

- The presentation followed a recommendation from the Peer Review that the Board should be assured and informed of the performance around screening and immunisation in Peterborough;
- It was agreed that exception reporting would be undertaken going forward to each meeting of the Health and Wellbeing Board;
- The report was vital and it needed to outline the progress made in each area. Improvements needed to be made in screening rates;
- The presentation highlighted the commissioning arrangements, the delivery arrangements and the current picture for Peterborough;
- There were a number of programmes currently commissioned by NHS England East Anglia for the population of Peterborough;
- There were a number of delivery arrangements including GPs, the Cambridgeshire and Peterborough Foundation Trust and Cambridgeshire Community Services, amongst others;
- An overview of the Abdominal Aortic Aneurysm Screening Programme was provided. This screening programme was based on lowering mortality rates in men;
- Community Pharmacies had been commissioned for the first time in 2013 to support GPs for the delivery of flu immunisation programmes within at risk groups;

- Performance processes were outlined, including quarterly Screening Programme Boards and the inspection of the screening service on a three yearly basis amongst others;
- The Childhood Flu Programme had been rolled out in a pilot programme 2013, this being a nasal spray vaccine licensed for use of children between the ages of 2 and 16. The main benefit of giving the vaccine to children was to ensure the illness was not passed on to adults within the family. It was to be piloted in secondary schools in 2014;
- The Performance and Quality Monitoring Group met monthly, with a number of Boards feeding into it. Performance could be monitored and actions identified in order to bring performance back on track if required;
- The majority of immunisation and screening programs were doing well in Peterborough including breast screening uptake rates and diabetic eye screening uptake rates;
- Across the programme, 25% of those booked in for abdominal aortic aneurysm screening appointments failed to attend. Further work needed to be undertaken in order to highlight the importance of this screening;
- Improvements needed to be made in relation to uptake for some other screening programmes, such as bowel cancer and cervical screening in younger women, and improvements also needed to be made in relation to the uptake for some immunisation programmes, particularly flu immunisation programs; and
- A number of recommendations were highlighted within the presentation in order to progress the issues forward, these being:

    i. For the Board and individual member organisations to work collaboratively with NHS England and Public Health England to promote screening and immunisation in Peterborough;
    ii. For the Board and individual member organisations to work in partnership with NHS England and Public Health England to address the lower uptake by particular groups, including those from deprived and ethnic communities;
        - Cervical screening in younger women
        - Bowel screening
        - Childhood immunisations to achieve 95%
        - Flu vaccinations for 'at risk' groups and pregnant women to achieve 75%

    iii. To agree the setting up of a task and finish group with multi agency membership to implement recommendations 1 and 2 above

Members were invited to comment on the presentation and points raised and responses to questions included:

- Further work needed to be undertaken as to the reasons behind people not attending their screening sessions;
- Younger women were becoming increasingly less likely to undergo cervical screening, and this was a trend seen across the country, not just in Peterborough;
- Extended hours or evening clinics may be a solution to the problem of low uptake of cervical screening;
- The Cambridge and Peterborough bowel cancer screening programme had low uptake in comparison to other authorities;
- It needed to be identified where the health promotion budget sat;
- There appeared to be little in the way of clear strategy outlined within the presentation;
- A further presentation was needed with more locality-specific analysis to be able to analyse problems and present data in a way more suitable to the Health and Wellbeing Board's remit;

- The decisions around age limits for screenings were made by the National Screening Committee, a body of Public Health England, all decisions being backed by evidence before being implemented as policy;
- If at risk people were identified early, such as those at risk of flu, this would improve outcomes in the long term;
- There needed to be a more proactive approach to screening and immunisation in order to provide greater value for money and greater uptake. If evidence could be gathered as to the savings that proactive improvements would make, this could make obtaining future finances easier;
- It was suggested that in the first instance, further work be undertaken via the Health Enquiry Group, which was led by Cathy Mitchell, CCG, and Dr Henrietta Ewart, Interim Director of Public Health. This work would identify whether there were opportunities to work differently and how to achieve better engagement. It was further suggested that Healthwatch be involved in this initial work as they had recently won an award in engaging hard to reach groups;
- The implementation of a task and finish group could not be supported at the current time. The situation was extremely complex and the research needed to be clearer, as did the methodology, membership and terms of reference of any proposed group;
- The rationale behind the report being presented to the Board in the first instance had been to address the levels of screening, as there had been concerns aired. However, it was to be noted that screening levels were performing better than expected and no worse than the rest of England;
- The level of interest from the Board around the subject matter was to be commended and support for Peterborough being better than average going forward was important. An initial piece of work did need to be undertaken to scope issues;
- A small focus group consisting of experts, lay people and Healthwatch etc. should be convened and tasked with providing an overview of the issues and where the priorities lay. This would assist the commissioners of these services;
- The issues needed to be identified prior to the implementation of a task and finish group;
- There was an issue around the lack of analytical support, hence the lack of clear data for Peterborough. A solution to this issue would be would be explored;
- Providers were held to account for performance, however they could not be made to work outside of their remit; and
- It was positive that the Board was so engaged with the issue and suggestions of how to progress the task and finish group forward were welcomed.

RESOLVED

The Board noted the report and presentation and agreed for further work to be undertaken around the establishment of a fit for purpose task and finish group.

(b) Primary Care Strategy Update Report

The Board received a report, and accompanying strategy document, which provided an update on the work being progressed by NHS England to provide a strategic framework for primary care development in East Anglia.

Andrew Reed introduced the report and highlighted key points including update reports being more focussed going forward and addressing the more bespoke elements of Peterborough; the work being about addressing the challenges facing primary care nationally, but with an area focus over the forthcoming five years and beyond; a lot of the work being focused on general medical services and the associated services; the strategy covering the whole of the East Anglia area, which encompassed many different areas with different needs and profiles; the drivers for change as outlined in the report which included demographic issues, patient expectations, workforce and financial issues; workforce being a

major issue due to the inability to recruit GPs; more financial investment being required as the burden and expectation upon primary care was likely to increase going forward; the ambitions for the strategy including the 'opportunities, challenges and issues specific to the Cambridgeshire and Peterborough system' and a program of co-commissioning primary care being initiated, which was the responsibility of NHS England.

Members debated the report and comments and responses to questions included:

- A review of Personal Medical Services (PMS) was due to be undertaken. A consequence of this would be felt across Peterborough, it being a predominantly PMS city. It was advised that any money extracted would be reinvested in primary care;
- Peterborough was a rapidly growing authority and there had been issues faced around infrastructure etc.
- The local issues were not reflected within the report and needed to be further explored. Bespoke plans were required for specific areas. Work would be undertaken in this regard;
- Conversations had been held at the Joint Local Commissioning Boards in order to identify what work could be undertaken at a local level in order to address recruitment issues;
- The CCG sought support from the Area Team for the ability for practices to begin to 'cluster' and to trial alternative models. This request would be taken on board and the next step would be to sit down with the CCG in order to tailor particular aspects; and
- The amount of 'language line' use was not reflected within the strategy. The time spent on translation caused a number of issues.

RESOLVED

The Board noted the report.

(c) Update on PricewaterhouseCooper (PWC) 'Challenged Health Economy Work'

The Board received a report which provided an update on the Challenged Economy Programme and its planned further progress. The report was submitted to the Board following a meeting of local health and care chairs, elected members and chief officers on 30 April 2014.

Andrew Reed introduced the report and highlighted key points including the work being focussed on Cambridgeshire and Peterborough and that the report set out the work undertaken by PwC; the work being fundamentally about addressing major financial problems within the Cambridgeshire and Peterborough health economy in the context of improving services and outcomes; the CCG being the lead on the work and in the process of developing a 12 month programme; formal buy in being required from all key stakeholders within the health economy as the work progressed; work would have to be undertaken to identify exactly which providers could provide services; and that the PWC work had been at no cost to the Local CCG health economy or the Area Team;

Members debated the report and strategy and comments and responses to questions included:

- Progress on the agreed concordat could be expected and it would be revisited regularly in order to strengthen it.

RESOLVED:

The Board noted the report.

6. Clinical / Local Commissioning Groups

(a) Better Care Fund Highlight Report

The Board received a report which provided an update on the progress of the Better Care Fund since 27 March 2014.

There was no discussion on this item due to time constraints.

RESOLVED

The Board noted the report.

7. Public Health

(a) Report on Health Protection, Emergency Planning and Response to Emergencies

The Board received a report which informed of the arrangements that ensured the responsibilities of Peterborough City Council regarding Health Protection were discharged and reported, and that there was an appropriate process to address any incidents or concerns relating to health protection.

The Interim Director of Public Health introduced the report and provided a summary overview of the structures and governance arrangements in place for managing the entirety of the Health Protection, Emergency Planning and Emergency Response agenda. It was advised that it was a complicated scenario which was split in terms of commissioning, delivery and scrutiny across multiple partners. An overview of structures was provided and it was advised that it was a work in progress, however the Board was to be assured that the basic structures and governance arrangements were in place.

RESOLVED

The Board noted and agreed the proposed arrangements

(b) Memorandum of Understanding between Public Health and LCGs – Public Health Work Plan

The Board received a report which informed of the arrangements under which the healthcare public health advice service would be supplied to the LCGs/CCG, as per the Memorandum of Understanding (MoU), which had been signed off by Peterborough City Council and the LCGs/CCG, and to inform and invite comment on the draft work plan, particularly with respect to the extent to which it reflected the agreed priorities of the Board.

The Interim Director of Public Health introduced the report and advised that the Peterborough Public Health team had a statutory responsibility to provide the healthcare public health advice service to the CCG. The original arrangement had commenced in April 2013 however it was subsequently identified that this arrangement was not adequate as it did not pick up the particular needs of Peterborough, as the focus of the work was CCG centric. Therefore the MoU had been terminated and a new one had been drafted and was attached to the covering report submitted to the Board. It was further advised that further work was underway to create the first annual work plan which reflected the priorities of the HWB.

RESOLVED

The Board noted the Memorandum of Understanding (MoU) and the draft work plan.

(c) Update on Cardiovascular Disease Priority Work Programme

The Board received a report which followed the decision taken by the Health and Wellbeing Programme Board (HWPB) at its May meeting that Cardiovascular Disease (CVD) should be at the top priority focus area. The HWPB had tasked the Public Health Team with leading an exercise to scope CVD and to propose a work plan with key performance indicators and outcomes, to be considered and signed off by the HWPB and the HWB.

The Interim Director for Public Health introduced the report and advised that at its June meeting, the HWPB agreed that it would act as the steering group/programme board for CVD, given its priority on the health and wellbeing agenda. It would be important to identify work streams already established for CVD to ensure that these were included in the governance arrangements and to avoid duplication.

It was further advised that the best approach to embedding the CVD priority was to pull together all work currently taking place within the city across organisations which related to CVD and its treatment or causes, to ensure that CVD was given a higher profile in these work streams and that there were reporting streams with metrics and data collection aligned.

The HWPB had agreed that the CVD Programme should be split into three thematic work streams, these being:

- Prevention and Early Intervention;
- Healthcare and Rehabilitation/Reablement; and
- Continuing Support

The arrangements for progression of work were outlined, as proposed by the HWPB which included a half day stakeholder and work stream mapping event being led by the Public Health Team, to build upon the proposed work streams.

Members debated the report and comments and responses to questions included:

- The CCG had CVD as a priority and the work should remain connected with the new duties and responsibilities arising from the Care Act;
- The Area Team hosted a strategic clinical network for Cardio Vascular services and support would be readily available from them; and
- This was an extremely important issue for the city, and the way the situation was approached needed to be clarified going forward.

RESOLVED

The Board noted the proposals for progressing Cardiovascular Disease (CVD) as the Board's top priority.

8. Children's Services

(a) Development of the Joint Child Health Commissioning Unit

This was to be a verbal update to the Board and due to time constraints, the Board agreed to receive further an update in writing.

OTHER ITEMS

9. Peer Review of the Health and Wellbeing Board

The Board received a report which followed the feedback letter being received from the Peer Review and development of a draft action plan.

RESOLVED

The Board noted the report.

INFORMATION ITEMS

10. Concordat for Joint Working Between Peterborough City Council, Cambridgeshire County Council and Health Organisations Across Peterborough & Cambridge

The Board received the noted the report as presented to Cabinet on 30 June 2014.

11. Schedule of Future Meetings and Draft Agenda Programme

The Board noted the dates and agreed future agenda items for the Board.

3.30pm – 5.30pm
Chairman

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