

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 11 DECEMBER 2014**

Members

Present:

Councillor Marco Cereste, Leader of the Council (Chairman)
Councillor Diane Lamb, Cabinet Advisor for Health (Vice Chairman)
Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care
Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC
Gill Kelly, Cambridgeshire and Peterborough Clinical Commissioning Group (representing Andy Vowles)
Dr Gary Howsam, Chair of the Borderline Local Commissioning Group
Dr Kenneth Rigg, South Lincolnshire Clinical Commissioning Group
David Whiles, Healthwatch
Jill Houghton, Cambridgeshire and Peterborough Clinical Commissioning Group

**Co-opted
Members**

Present:

Russell Wate, Independent Chair of the Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board
Claire Higgins, Chairman of the Safer Peterborough Partnership

Also Present:

Will Patten, Assistant Director for Adult Commissioning
David White, Better Care Adviser
Katherine Hartley, Consultant in Public Health
Rachel Matheson, SARC Manager, Cambridgeshire Community Services
Sue Arrowsmith, Public Health Commissioning Manager NHS England.
Assistant Chief Constable Mark Hopkins, Cambridgeshire Constabulary
Kyle Cliff, Assistant Director for Commissioning and Contracts for Peterborough and Borderline
Helen Gregg, Commissioner
Jo Melvin, Commissioner
Gemma George, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Gillian Beasley, Councillor Holdich, Councillor Scott, Dr Henrietta Ewart, Sue Westcott, Wendi Ogle-Welbourn and Cathy Mitchell.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 25 September 2014

The minutes of the meeting held on 25 September 2014 were approved as a true and accurate record.

The Chairman sought agreement from the Board for a change in the order of the agenda, this was to allow item 6(a), Better Care Fund Progress Report, to be taken as the first item of business. This was agreed by the Board.

4. Better Care Fund Progress Report

The Board received a report which advised of the progress in relation to Peterborough's Better Care Fund (BCF) submission and the requirements from the Board.

Will Patten, the Assistant Director for Adult Commissioning, introduced the report and provided an overview update. Jill Houghton, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) provided an overview from the CCGs perspective and David White, Better Care Advisor, was also present and provided an overview of Peterborough in a national context. Key points raised included:

- The first submission consisted of 16 initiatives and had been classified as approved with conditions;
- There were a maximum of six conditions associated with the submission and a resubmission was therefore required;
- The resubmission was to be submitted by 9 January 2015;
- External resource had been allocated in order to assist with the resubmission;
- The approach for the resubmission had been to reduce the 16 initiatives down to five or six initiatives;
- There had been a series of three workshops which had full contribution from all areas. An overview of each workshop was given;
- A new draft plan would be produced by 18 December 2014 for discussion at an extraordinary meeting of the Health and Wellbeing Board on 7 January 2015, prior to resubmission on 9 January 2015;
- The approach to the resubmission was outlined and included strong engagement from the CCG and the Health community provider (UCP) and the voluntary sector. There had been collaborative working with Cambridge County Council and there was to be a joint delivery plan going forward;
- From the CCGs perspective, the integrated working across Cambridgeshire and Peterborough on the BCF had been a positive process;
- In a national context, Peterborough sat in the middle, as an authority approved with a number of conditions;
- Peterborough had received six conditions, which was the maximum that could be received before the submission was not approved;
- Peterborough was doing well overall and had good engagement from all agencies;
- There would be opportunity to build upon joint working arrangements going forward; and
- The plans would need to be operationalised for a 1 April 2015 start.

RESOLVED

The Board noted the progress in relation to Peterborough's Better Care Fund submission and noted the expectations of the extraordinary Health and Wellbeing Board meeting on 7 January 2015.

5. Health and Wellbeing Board Membership

The Board received a report which sought agreement of the proposed revised membership and makeup of the Health and Wellbeing Board.

Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, introduced the report and highlighted key points including:

- The proposals had arisen from the LGA Peer Review which had been undertaken in February 2014;
- There were clear recommendations for the way forward and health partners needed to be more engaged. Thought needed to be given as to how this could be progressed;
- Consideration was being given nationally as to the function of Health and Wellbeing Boards and whether they should be given additional powers; and
- Comments were sought around the membership and further thought was to be given as to how health partners could be engaged with going forward.

The Chairman requested that a decision on the recommendations contained within the report be delayed until it was clear how all health partners would be worked with and engaged with going forward.

RESOLVED

The Board agreed to defer making a decision on the recommendations.

6. NHS England / Local Board

(a) Challenged Health Economy Work

The Board received a report which provided an update on the ongoing development of the System Transformation Programme.

The Executive Director of Adult Social Care and Health and Wellbeing introduced the report, and Dr Gary Howsam, Chair of the Borderline Local Commissioning Group and David Whiles from Healthwatch made comment as to their views on progress. Key points highlighted included:

- There was a significant piece of work going on across the Challenged Health Economy to look at how the scale of the deficit could be reduced and to transform the way of working. Regular meetings were taking place with all chief executives of the hospital trusts and the community trusts across the system, along with others, in order to address these issues and to identify how to transform the way of working;
- Greater involvement was required from Members, it was therefore proposed that Members attend a half-day workshop in January 2015 to look at the detail of the Programme and to consider its potential implications for Peterborough. This would allow Members to become more familiar with the challenges and issues faced and to see how health might look in the next five years;
- The financial and man power pressures on Primary Care were rising to the top of the agenda and were leading to questions around the provision of primary care and the business model used;
- Political representation was required in order to widen the non-medical sphere;
- There was a willingness to listen to proposals and the solution could be wrapped up within the devolution agenda;
- By May 2015, there needed to be direction as to the future of the health care system in order for proposals to be achievable within a relatively short timescale. The Programme Board needed to give thought as to what the options may be for this;
- Operationalising such radical change would be difficult and there may be risks;
- Some technologies were perhaps not as good as mooted and individuals preferred interaction with their doctors. Giving individuals more control over their own care by utilising assisted technology was a difficult area that would need to be addressed appropriately going forward;
- Politicians needed to be engaged from an earlier point with regards to planning at the highest level, not just at Programme Board level;

- There needed to be an integrated health partnership in order to achieve best value for the money being spent;
- The signing of the concordat for mental health at ministerial level had manifested itself in local declaration;
- Budgets did need to be pooled going forward;
- The role of the Health and Wellbeing Board would be to help assist and progress change, however change could not happen unless the treasury could be convinced that it was affordable; and
- There had been mention at a recent conference that Health and Wellbeing Boards may well become budget holders.

RESOLVED

The Board:

1. Noted the update and information on the Five Year Planning process; and
2. Discussed the progress of the programme to date.

(b) Operational Resilience

The Board received a report which provided an update on the Peterborough Resilience Group's delivery of winter pressures across health and social care.

Kyle Cliff, Assistant Director for Commissioning and Contracts for Peterborough and Borderline, introduced the report. Key points highlighted and raised during discussion included:

- The System Resilience Group's (SRG's) primary remit was to oversee the sustainable delivery of the A&E four hour 95% standard and the 18 week referral to treatment target;
- The Peterborough Plan had been signed off in October 2014;
- The Peterborough Plan was the short term fix, the opposite to the Better Care fund, this being long term;
- There had been no drop off of the pressures over the summer period;
- Acute colleagues facing unprecedented levels of pressure for a variety of reasons;
- The key aspects of change within the Plan were highlighted and included front of door having more primary care representation and patients being seen quicker by consultants; community services; work around internal processes within the hospital; an agreed discharge process for all of the authorities; and escalation. All themes had relevant action plans underneath;
- The Plan was starting to deliver and some things were starting to happen. There were a number of risks and these were outlined;
- There was a role for politicians with regards to lobbying for workforce planning at the top level and also ensuring the targets were outcomes based and not process and timescale based; and
- The Peterborough Emergency Department did triage as soon as members of the public walked through the door.

RESOLVED

The Board noted the update and progress made on the System Resilience Plan.

7. Public Health

(a) Suicide Prevention Strategy

The Board received a report which detailed the joint Cambridgeshire and Peterborough Suicide Prevention Strategy and accompanying three year action plan, detailing public health recommendations to reduce suicide in the local area and specific actions to be taken in partnership and by individual agencies.

Katherine Hartley, Consultant in Public Health, introduced the report to the Board. Key points highlighted and raised during discussion included:

- The Strategy was the local response to the national suicide prevention strategy, 'Preventing Suicide in England', published in 2012, which requested that each local authority area had a strategy in place;
- The Strategy involved multiple partners, the CCG, Public Health, the Police and Voluntary Sector amongst many others;
- There were six priority areas as detailed within the Strategy;
- Many partners worked across Cambridgeshire and Peterborough;
- There had been a local Peterborough implementation group running which had been involved in looking at the local implications for suicide prevention;
- If local action was required, there would be sub-groups that would work on those issues;
- Some work had already been undertaken around training and prevention;
- Peterborough had signed the crisis concordat declaration;
- There was funding available to undertake further training on suicide prevention;
- A report would be brought back to the Board on an annual basis, with support from a suicide audit;
- Assist training was already being rolled out, but as this training was limited, prioritisation needed to be given to people coming into contact with those groups most at risk;
- It had been suggested that GPs be trained on suicide prevention; and
- A large amount of work had gone into the Strategy and Plan; and
- It was suggested that the paper be taken back to Programme Board to allow for exploration to be undertaken around who needed to be taking responsibility for implementation.

RESOLVED

The Board reviewed and approved the Strategy and associated Action Plan.

8. Children's Services

(a) Child Sexual Exploitation Work

Russell Wate, Independent Chair of the Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board, gave a verbal update on the Child Sexual Exploitation Work which had taken place in Peterborough. Key points highlighted and raised during discussion included:

- In November 2012 there had been a conference looking at child sexual exploitation across the city and it was agreed that work needed to be undertaken to review cases;
- 1000 cases had been reviewed and over a period of time a number of investigations had taken place with a number of prosecutions and convictions;

- There had been a lot of work done between Peterborough City Council Children's Services and the Police;
- Further promotion needed to be undertaken as to the types of children that could be affected i.e. not just children in care; and
- There was a conference due to be held in January 2015, for which there were places still available, and there had been training undertaken.

The Chairman commended the work undertaken and requested that the team be thanked on behalf of the Board.

RESOLVED

The Board noted the update.

OTHER ITEMS

9. Update on the Sexual Advice Referral Centre (SARC) Review

The Board received a presentation which provided an overview update on the work of the Sexual Advice Referral Centre (SARC).

Assistant Chief Constable Mark Hopkins presented to the Board and was supported by Rachel Matheson, SARC Manager Cambridgeshire Community Services and Sue Arrowsmith, Public Health Commissioning Manager NHS England. Key points highlighted during the presentation and raised during discussion included:

- The SARC facility had been running since 2010 and was a key component in supporting victims of serious sexual assault;
- A SARC was a location where victims of sexual assault could receive medical care and counselling whilst at the same time having the opportunity to assist the Police investigation into alleged offences, including the facilities for a high standard of forensic examination;
- A SARC was required for a number of reasons including bringing more offenders to justice; to provide a high level of victim care and to improve the standard of forensic evidence;
- The key elements of a SARC service included 24 hour access to crisis support; a dedicated forensic facility; access to mental health services and long term practical and psychological support amongst many other things;
- A number of partners worked with the SARC including the Police; Health; Social Care and members of the third sector including Rape Crisis, Women's Aid and Counselling provision;
- The total number of referrals to the SARC since it opened in January 2010 was 1738, split between self-referrals, professional referrals and Police referrals;
- Rape reporting continued to increase across Cambridgeshire. In 2013-14 there had been an increase of 32.3% of victims reporting to the Police compared to 2012-13;
- The majority of victims were aged between 13 and 25 with the majority being female. One in forty rapes was likely to be a stranger rape;
- The majority of perpetrators were male, 74% being White British;
- Acute paediatric provision was provided along with a myriad of support staff including crisis workers and SARC Counsellors;
- New developments included the SARC National Standards and Key Performance Indicators and the responsibility passing to NHS England from April 2015;
- The SARC Forensic Medical Examiners procurement process;
- Work was being undertaken to review the current location of the SARC facility, which needed to be a forensically secure location; and

- The process had not been an easy journey and many other areas were not doing as well as Peterborough.

RESOLVED

The Board noted the update presentation.

10. Drug and Alcohol Retender

The Board received a report which requested its views on a proposed development and retender of Peterborough's drug and alcohol services.

Jo Melvin, the Commissioner for Public Health, introduced the report and key points highlighted and raised during discussion included:

- The Council had 10 main suppliers and over 48 contracts for the entirety of its drug and alcohol treatment services and although they performed well, the opportunity had arisen for a retender to enable development of the service;
- There was a separate drug treatment service for adults and separate alcohol treatment service for adults and a joint drug and alcohol treatment service for young people;
- Some areas had been identified for improvement, alcohol treatment services were under-resourced in comparison to drugs and the links between alcohol abuse and domestic violence and mental health in the city was an issue;
- There was an inequality in mental health provision and access to mental health services between adult drug and adult alcohol treatment services;
- More of a focus on family and intergenerational work was sought;
- The separation of the two services was not ideal or financially efficient, the vision was therefore to integrate the two services;
- The service was to be recovery focussed, assisting people to get back into normal life and working with individuals to identify why they misused substances;
- There was to be more mental health provision embedded and development of shared care with GPs;
- The services were to be tendered in a single lot, an entire treatment system. This would ensure a smooth pathway for service users. A single entity to deliver the system could be made up of multiple providers coming together in a mutual interest company;
- Liaison had been undertaken with Cambridgeshire; and
- A flexible specification would be put out to the market and within that would be reflected the specific issues to Peterborough e.g. older people and street drinkers.

RESOLVED

The Board reviewed and commented on the proposals for the retender of the drug and alcohol services in Peterborough.

11. Health and Wellbeing Board Draft Communication Strategy

The Board received a report which detailed the draft Health and Wellbeing Board Communications Strategy 2014-16 for discussion. The Strategy included a stakeholder communication map, a multi-partner calendar of communications for 2015 and examples of partner newsletters to demonstrate opportunities to deliver key HWB messages.

Helen Gregg, Commissioner, introduced the report and key points highlighted included:

- It was highlighted within the LGA Peer Review in February 2014 that the Board did require a Strategy and it was mentioned within the action plan for progression;

- There were two parts to the Strategy these being how the Board communicated with Members and the public and the second being a multi-agency approach to the key priorities and how these could be delivered through a range of sources;
- It was the first draft and had been through the Programme Board who had requested a few changes; and
- A multi-agency communication group would be convened to deliver on the Strategy if approved.

RESOLVED

The Board considered the draft HWB Communications Strategy 2014-16 and commented accordingly.

INFORMATION ITEMS

The remainder of the items on the agenda were for information only and were noted without comment.

12. Health and Wellbeing Board Action Plan Progress Update

The Board received a report which updated members with regard to progress, outlining any issues and challenges since the last update report provided at the HWB meeting held on 25 September 2014.

RESOLVED

The Board noted the report.

13. Adult Safeguarding Board / Children Safeguarding Board Annual Reports

The Board received a report which provided an update on progress with respect to the Peterborough Safeguarding Children Board and Safeguarding Adult Board.

RESOLVED

The Board noted the report and the Annual reports.

14. Performance Report on Domestic Abuse Services

The Board received a report which updated it on the performance of the domestic abuse services.

RESOLVED

The Board noted the report.

15. Performance Report on the Substance Misuse Services

The Board received a report which updated it on the performance of substance misuse services.

RESOLVED

The Board noted the report.

16. Schedule of Future Meetings and Draft Agenda Programme

The Board noted the schedule of future meetings and draft agenda programme.

3.00pm – 5.00pm
Chairman

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