

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 10 SEPTEMBER 2015**

Members Present:	Councillor Holdich, Leader of the Council and Cabinet Member for Education, Skills and University (Chairman) Councillor Wayne Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health Councillor Diane Lamb, Cabinet Member for Public Health Wendi Ogle-Welbourn, Corporate Director People and Communities Adrian Chapman, Service Director, Adult Services & Communities Dr Liz Robin, Director for Public Health Cathy Mitchell, Local Chief Officer Dr Moshin Laliwala Dr Harshad Mistry Dr Gary Howsam, Chair of the Borderline Local Commissioning Group David Whiles, Peterborough Healthwatch
Co-opted Members Present:	Claire Higgins, Chairman of the Safer Peterborough Partnership Russell Wate, Peterborough Safeguarding Children Board, Independent Chair
Also Present:	Will Patten, Assistant Director for Adult Commissioning Lee Miller, Head of Transformation and Commissioning (Children and Maternity) Paulina Ford, Senior Democratic Services Officer

1. Apologies for Absence

Apologies for absence were received from Dr Michael Caskey, Dr Kenneth Rigg and Andy Vowles.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 18 June 2015

The minutes of the meeting held on 18 June 2015 were approved as a true and accurate record.

The Chairman referred to item 4 of the minutes, Health and Wellbeing Board Membership and made the following statement:

“I would respectfully ask the Board to reconsider the agreement made around Councillor Representation. This is because at that time of the agreement the Conservatives had an overall majority however, following the elections they now do not. It would therefore seem right to offer the opposition a place on the Board to ensure appropriate representation”

All members of the Board present unanimously agreed to this proposal.

The Health and Wellbeing Board **RESOLVED** to amend the Health and Wellbeing Board Membership to include an opposition Councillor.

4. Appointment of Vice Chairman

Dr Harshad Mistry was nominated for the position of Vice Chairman. The Chairman asked the Board if they were in agreement with this nomination. All members of the Board present unanimously agreed to the nomination of Dr Mistry as Vice Chairman.

The Health and Wellbeing Board **RESOLVED** to agree to the appointment of Dr Harshad Mistry to the position of Vice Chairman of the Board.

5. Commissioning Intentions

a) CCG Commissioning Intentions 2016/17

The Local Chief Officer introduced the report which provided the Board with an update on the current position relating to operational planning for the financial year 2016/17.

The Local Chief Officer gave a presentation outlining initial planning intentions for 2016/17 which is attached at Appendix 1 of the minutes. Key points highlighted and raised during discussion included:

- Clarification was provided regarding the Prime Ministers Challenge Fund in that it was a General Practitioners initiative and not a Local Commissioning Group initiative.
- There was an active coronary heart disease programme in place and key priorities regarding cardio vascular disease were being looked at and when identified would be reflected within the commissioning intentions.
- An explanation was provided regarding the '*One System, One Plan, One Budget*'. There was one health budget to cover all health issues and therefore there was a collective conversation between all partners on how the budget could meet all health needs.
- The final commissioning intentions will form part of the Operational Plan which will be approved by NHS England in May 2016 and would be brought back to the Health and Wellbeing Board prior to submission.

The Health and Wellbeing Board **RESOLVED** to note the current status of operational planning for financial year 2016/17 for the System and Borderline and Peterborough LCG's and that the final Operational Plan / Commissioning Intentions submission be presented to the Board prior to submission to NHS England.

b) LA Commissioning Intentions 2016/17

The Corporate Director of People and Communities introduced the report which provided the Board with an update on the Local Authority's (LA) commissioning intentions for the next financial year, 2016/17. Key points highlighted and raised during discussion included:

- The LA was still developing its commissioning intentions and there was a big transformation programme in place which would produce savings during 2016/17. Much of the work being done by the LA overlapped with the CCG and the hope was that next year a joint document could be produced.
- Health was now one of the council's strategic priorities.
- A commitment had been made to only commission services that had an effective evidence base and also to work better with providers to develop services.
- There were seven themes within the commissioning intentions. The following four were mentioned within the report:

- Managing Demand – Front Door
 - Managing Demand – Investment in the Community
 - Operating Models
 - New Ways of Working
- The Front Door and Investment in the Community were both about managing demand and ensuring that residents needing services could reach the services quickly and efficiently. It was currently very difficult for residents to navigate their way through to the correct service.
 - The first part of the project was to completely change the way the LA operated the Front Door which was currently a physical space in Bayard Place. The intention was to enhance the service by providing a virtual Front Door to enable people to access the services from anywhere e.g. home, library, GP surgeries or other council buildings. There would be investment in digital technology and a transfer of specialist staff to the Front Door.
 - There would also be investment in alternative provision. The intention would be to enhance the role of voluntary and community groups to help reduce isolation, increase community support in the home and provide local activities.
 - The Operating Model (Specialist Services for children and adults). The intention was to provide specialist expertise earlier with the intention of preventing the need for further support.
 - There had been difficulty in retaining and recruiting qualified social workers. It was therefore the intention to recruit alternatively qualified workers such as nursery nurses, family workers, school nurses and youth workers. It was hoped that this would reduce the demand on social workers time and provide a better service to children and families and specifically to children in need. Increasing the range of skills would improve the service. There would be an investment in training the alternatively qualified workers and they would be overseen by a qualified social worker. A pilot was currently being undertaken.
 - A review of Adult Social Care operations was being undertaken with a view to integrating services with NHS multi-disciplinary teams.
 - Members of the Board were encouraged to hear of the increased level of joint working.
 - Members were assured that people who were not digital savvy or needed to speak to someone could bypass the system. There were multiple options and ways to access the system which would be well published.
 - Budget had been set aside to support the transformation agenda plus capital investment to support the digital technology.

The Health and Wellbeing Board **RESOLVED** to note the commissioning intentions of the Local Authority for 2016/17 financial year.

6. Peterborough Cardiovascular Disease – Joint Strategic Needs Assessment

The Director of Public Health introduced the report which provided the Board with a summary of the cardiovascular disease (CVS) Joint Strategic Needs Assessment (JSNA). Key points highlighted and raised during discussion included:

- The purpose of the JSNA was to provide data and evidence to inform the development of the CVS work plan and the Health and Wellbeing Strategy, 2016-21.
- The Director of Public Health thanked Dr Anne McConville, Public Health Consultant, Ryan O'Neill, Public Health Analyst and the Steering Group for developing the JSNA.
- CVD was a long process and was not just related to heart attacks. CVD was influenced by many things e.g. alcohol, smoking, lack of exercise, obesity.
- A CVD workshop had been held and three key outcomes/issues had been identified:
 1. Under 75 death rates in Peterborough were high compared to the national average. Therefore a priority would be a reduction in under 75 mortalities.

2. There was an inequality in CVD outcomes across Peterborough. Therefore the second priority would be to look at the inequalities of CVD outcomes across Peterborough.
 3. To look at reducing demand on services and in particular prevention and community management with regard to stroke and heart failure.
- Some of the wards in Peterborough with a high rate of under 75 deaths had a high Asian community, was there a link. The Board were advised that people who came to this country from South Asia were known to suffer from heart disease and that this was a national problem. The different diet and different levels of activity and exercise in this country also contributed to CVD. However this was not irreversible and could be specifically addressed within those communities.
 - Clarification was sought on what was being done regarding follow up for people who have had heart attacks. The Board were advised that there was a lot of evidence regarding secondary prevention and all GP's had concentrated on this but it was ultimately the patients choice as to the lifestyle they lived.
 - The Director for Public Health asked the Board to consider the recommendations within the report but not recommendation 3d), *That the CVD JSNA informs the development of the 'Healthy Peterborough' 2016 health and wellbeing campaign plan* as this was part of another work stream.

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

1. Note the information and analysis in the CVD JSNA and support the publication of the JSNA dataset and summary on its public website.
2. Consider the verbal report from the workshop held on 9th September to inform further engagement with stakeholders and the public.
3. Support the recommendations that:
 - a. The Health and Wellbeing Programme Board establishes a CVD programme steering group, drawing on the membership of the CVD JSNA steering group and the Inequalities in Coronary Heart Disease Programme Board, to lead the development of further work on services for prevention, treatment and care and support;
 - b. The CVD programme should seek to improve the cardiovascular health of all in Peterborough whilst addressing the issues of inequality in risk, access and outcomes.
 - c. The Public Health Board promotes a 'health in all programmes' approach across the local authority to address the wider determinants and risk factors for CVD.

Dr Mistry left the meeting at this point.

7. Health and Wellbeing Draft Strategy Framework

This report was submitted to the Health and Wellbeing Board following agreement at the June Health and Wellbeing Board meeting that the Joint Health and Wellbeing Strategy (JHWS) 2012-15 should be updated. The report provided the Board with a draft framework for an updated JHWS 2016-19, and proposals for a new timescale to allow for full engagement of key partner agencies and public consultation with local communities. The Director of Public Health introduced the report

Key points highlighted and raised during discussion included:

- The Board had a statutory responsibility to jointly assess the health and wellbeing needs of the population and then a statutory responsibility to prepare a joint Health and Wellbeing Strategy to meet the needs identified.

- The current Health and Wellbeing Strategy was due to expire at the end of 2015. Some of the data and needs on which the current Strategy was based were now out of date. There was therefore a requirement to renew the Strategy.
- The Board were informed of the potential priorities for the new Strategy. The Director of Public Health sought comments on the draft Framework which was attached at Annex A of the report.
- The Local Chief Officer commented that there were a significant number of Tuberculosis (TB) cases now in the population of Peterborough and this was increasing. Consideration should be given to including TB as one of the priorities within the Strategy.
- Clarification was sought as to how the final Strategy would be presented as it could potentially be a very large document. Consideration should be given to providing a summary of the Strategy as well as some information on a postcard size document that could be left in doctors surgeries and key public places. A pictorial presentation would also be helpful as this would be more user friendly.
- The Director of Public Health advised that an additional chapter on Health Protection and TB could be added to the Strategy. Consideration would also be given to the comments made about presentation of the Strategy and making it more user friendly.

The Health and Wellbeing Board **RESOLVED** to

1. Approve the draft framework for the Peterborough Health and Wellbeing Strategy 2016-19 as laid out in Annex A of the report but with the addition of a section being added on Health Protection and TB. The Board also requests that consideration should also be given to the comments made by the Board regarding the final presentation of the document to make it more user friendly.
2. Approve the timetable for drafting and consulting on the Health and Wellbeing Strategy 2016-19 as laid out in sections 4 and 5 of this paper.
3. Approve the extension of the existing Peterborough Health and Wellbeing Strategy 2012-2015 until March 2016.

8. Update On Joint Commissioning Memorandum of Understanding (MOU)

The Corporate Director of People and Communities introduced the report which provided the Board with an update on the Joint Commissioning Memorandum of Understanding (MOU). The Board were informed that the MOU had now been agreed and signed by all partners.

The Health and Wellbeing Board **RESOLVED** to note the MOU agreement and priorities.

9. Child Adolescent and Mental Health Challenge (CAMHS) Update

The Head of Transformation and Commissioning (Children and Maternity) Joint Commissioning Unit introduced the report. The report provided the Board with an update on current issues in Child and Adolescent Mental Health Services (CAMHS) provision, current actions and future plans.

Key points highlighted and raised during discussion included:

- Waiting times in specialist CAMHS were up to 1 year.
- Waiting lists had been temporarily closed for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there were no associated urgent Mental Health needs.
- CAMHS Emergency assessments in Emergency Department settings had increased significantly in recent years.
- A Transformation Plan was being developed which would detail local priorities and proposed investments for 2015/2016. The Transformation Plan would need to be

approved by the Health and Wellbeing Board before funding was released by NHS England. The Plan would be drafted by mid-September with a final deadline for submission by mid-October to NHS England. The approval by the Health and Wellbeing Board would need to be done electronically to meet the deadline for submission to NHS England.

- The needs of carers and their support mechanisms should be taken into consideration within the Plan.
- An Emotional Health and Wellbeing Strategic Board which covered Cambridgeshire and Peterborough was in place. A member of Family Voice was on the Board representing carers. The Strategic Board had approached Healthwatch to see how children and young people might get involved to gain their views.
- A single gateway was being developed for the Local Authority and Health Services so that all referrers could go through one point of access to a range of services. This would be piloted before March 2016.
- Funding had been provided for three psychiatric nurses from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to go into schools to provide support to teachers to help them identify at an early stage children with emotional difficulties.

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

1. Agree to approve the Transformation Plan electronically.
2. Note the current challenges in CAMHS Services and actions in place to address these.

10. Adult Social Care – Better Care Fund (BCF) Update

The Assistant Director for Adult Commissioning introduced the report. The report provided the Board with an update on the delivery of the BCF Programme which included the second quarterly monitoring return for NHS England approved by the Borderline and Peterborough Executive Partnership Board, Commissioning. The Corporate Director for People and Communities commented that the Better Care Fund had made a difference to services in the area.

The Health and Wellbeing Board **RESOLVED** to note the report.

The Chairman requested that a glossary of terms be provided for the members of the Health and Wellbeing Board to assist with referencing acronyms within reports. The Director of Public Health and Corporate Director agreed to action this request.

INFORMATION ITEMS AND OTHER ITEMS

The remainder of the items on the agenda were for information only and the Health and Wellbeing Board **RESOLVED** to note them without comment.

11. Healthy Child Programme

12. Winter Resilience Funding

13. Schedule of Future Meetings and Draft Agenda Programme

The Health and Wellbeing Board **RESOLVED** to note the dates of future meetings and agreed future agenda items for the Board.

1.00pm – 2.50pm
Chairman