

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

Members Present: Councillor Holdich, Leader of the Council and Cabinet Member for Education, Skills and University (Chairman)
Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Wendi Ogle-Welbourn, Corporate Director People and Communities
Adrian Chapman, Service Director, Adult Services and Communities
Dr Liz Robin, Director for Public Health
Cathy Mitchell, Local Chief Officer
Dr Harshad Mistry (Vice-Chairman)
Dr Moshin Laliwala
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
Jo Proctor, Representative of Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board

Also Present: Mark Avery, Director for Transformation at Peterborough and Stamford Hospitals NHS Foundation Trust
Will Patten, Assistant Director for Adult Commissioning
Alice Benton, The Head of Primary Care for the Clinical Commissioning Group
Pippa Turvey, Senior Democratic Services Officer

1. Apologies for Absence

Apologies for absence were received from Dr Kenneth Rigg and Russell Wate. Joanne Proctor was in attendance as substitute.

2. Declarations of Interest

Dr Mistry declared that he was a General Practitioner for his local practice and clinical lead for out of hours services.

Dr Laliwala, Dr Howsam and Dr Mistry declared that they were Directors of Companies within the health field.

3. Minutes of the Meeting Held on 10 September 2015

The minutes of the meeting held on 10 September 2015 were approved as a true and accurate record.

4. Amended Health and Wellbeing Board Membership and Terms of Reference

A report was submitted to the Board following agreement at the meeting held on 10 September 2015 that an 'Opposition member' position would be added to the Board's Membership. The

Leader of the Council, following consultation with Group Leaders, had nominated Councillor Ferris to fill the position.

A Member of the Board advised that Peterborough and Borderline Local Commissioning Groups were consulting their Member Practices regarding a proposal to create a single Greater Peterborough Local Commissioning Group.

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

- 1) Note the revised Terms of Reference; and
- 2) Appoint Councillor Ferris as a Member of the Health and Wellbeing Board as 'an opposition Councillor'.

The Chairman advised that apologies for absence had been received from Councillor Ferris.

5. Health and Care System Transformation Programme

The Assistant Director of System Transformation at Peterborough and Stamford Hospitals NHS Foundation Trust introduced the report which provided the Board with an update on Cambridgeshire and Peterborough Health and Care System Transformation Programme planning process.

Key points highlighted and raised during discussion included:

- On 16 November 2015, the System Transformation Programme Board and Chief Executives from across the area met to make a recommendation to the Clinical Commissioning Group (CCG) governing body to proceed with engagement with the various work streams within the programme;
- The public engagement decision sat with the CCG governing body and would take place in January;
- It was commented that the engagement campaign would be a gradual process. This would ensure that front line clinicians, from the various hospitals, and GPs would be on board to check that the ideas coming out of the process were a fair indicator of the feedback and encompass all of the differing views. It was suggested that this would be likely to begin in early 2016;
- At the point where the wider publication of work would occur, a number of information packs could be updated to include the most recently available data. The new figures could be inputted alongside older figures to show improvements.

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

6. Prevention Work for the Health System Transformation Programme

The Director of Public Health introduced the report, which covered the Health System Prevention Plan, which formed part of the wider Health System Transformation work. The report outlined the first draft of the prevention plan that the Health System Transformation Programme had asked the Public Health team to develop.

Key points highlighted and raised during discussion included:

- The report assessed research regarding what preventive initiatives and services could be put in place to save the NHS money and looked at evidence on intervention schemes that could be implemented to improve outcomes by reducing disease;
- The report was part of a prevention strategy and was quite narrow, as wider interventions were out of the scope of the report. Social preventive interventions would be included in the wider prevention strategy;

- The document had been developed since publication and the estimated savings of £1 million-£3 million per year, as stated in the published report, would rise with the further economic modelling work undertaken;
- The reduction in the public health grant potentially made new investment in the programme from the local authority more difficult, and some aspects were most appropriate for NHS investment. Once further discussions had taken place, this would be reported back to the Health and Wellbeing Board;
- It was agreed that it was very important to use the language regarding lifestyle choices and health issues correctly. Collaborative working post-health check would be imperative to offer additional support to help people make the relevant changes;
- The Director of Public Health responded that these improvements would not necessarily result in greater future expenditure as a result of individuals living longer, because the period of end of life illness would likely be greatly reduced;
- The strategy provided an evidence base and would initially be looked at in terms of the NHS, and what could be incorporated into the NHS Quality, Innovation, Productivity and Prevention Programme (QIPP) would be considered. Following this, it would broaden out into the Better Care Fund and the wider Health and Wellbeing Strategy;
- It was commented that bringing the strategy into the Joint Commissioning Forum would be welcomed and that it would be beneficial to present the strategy to a wide audience as early as possible;
- The widespread availability of health checks was questioned, and a need for lifestyle mentors and coaches which should be available at GP level and a cohesive health care package was highlighted.
- It was noted that health checks needed to be targeted to the most at risk section of the public but this section of the public were those who were statistically most unlikely to proactively attend;
- The Director of Public Health suggested that health trainers could work alongside doctors and nurses to create targeted, cost effective and successful early intervention. There was a mandated service from Central Government that health checks have to be offered to everybody between the ages of 40 to 74 over a five year period;
- It was considered that health aspirations should be engendered in the population as a whole and that this initiative should begin whilst in education;

The Health and Wellbeing Board **RESOLVED** to note the first draft of the health system prevention plan.

7. Substance Misuse Whole Treatment Service Retender

The Corporate Director of People and Communities introduced the report, following the retender and contract award of substance misuse treatment services for young people and adults in Peterborough. The report outlined the result of the re-tender of substance misuse services and the timetable to mobilise the new contract to commence April 2016, and outlined the strategic intent for tackling substance misuse in the city using the opportunity provided by the retender of treatment services.

Key points highlighted and raised during discussion included:

- It had been determined that greater flexibility was required within the substance misuse service.
- A re-tender had been completed and CRI had been awarded the contract. The TUPE transfer of staff had commenced.
- CRI were keen to work and engage with the Council and had expressed an interest in attending a meeting of the Health and Wellbeing Board in the summer.

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

1. Note the contents of the report, understanding that it will receive regular reports and presentation if requested during the mobilisation period; and
2. Ensure members support to relevant elements of mobilisation as required.

8. Adult Social Care, Better Care Fund Update

The Director for Transformation introduced the report, which was submitted at the request of the Corporate Director of People and Communities. The report set out an update on the delivery of the Better Care Fund Programme and future key activities.

Key points highlighted and raised during discussion included:

- NHS England had confirmed that the Better Care Fund would continue next year.
- The Council was required to make a submission for continued funding by February 2016.
- It was intended to keep the bid as close as possible to the original submission.
- In terms of the progress of workstreams, it would be necessary to understand the implications of the contractual arrangement between Cambridgeshire and Peterborough CCG and UnitingCare Partnership ending.
- It was noted that the requirement to submit a new bid each year created uncertainty and a three or five year programme would be more suitable.

The Local Chief Officer advised that discussions were ongoing with clinical / management leads to progress a number of workstreams.

The Health and Wellbeing Board **RESOLVED** to note the update of Better Care Fund delivery and the second quarterly monitoring return for NHS England.

9. Draft Peterborough Joint Health and Wellbeing Strategy

The Director of Public Health introduced the report following the agreement of the outline framework and chapter headings for the Strategy at the Health and Wellbeing Board meeting in September 2015. The report sought the Board's comment and approval of the text to the draft Peterborough Joint Health and Wellbeing Strategy 2016-19 as a basis for further stakeholder engagement and consultation.

Key points highlighted and raised during discussion included:

- Contributions from Board Members had allowed for a bringing together of knowledge regarding need, current action and future plans.
- The Draft Strategy was due to go through an informal stakeholder and public consultation process, to present a final proposal to the Board in March 2016.
- It was expected that response from the public would be relatively low, with more engagement expected from stakeholders.
- The Board was assured that Patient Participation Groups were involved in the informal consultation.
- It was suggested that a more visual approach be taken, in order to better communicate matters to the general public.
- Children's disabilities and mental health were identified as two areas in which additional focus could be made.

The Health and Wellbeing Board **RESOLVED** to approve the text of the draft Peterborough Joint Health and wellbeing Strategy 2016-19, subject to the comments set out above.

10. Peterborough System Winter Plan

The Local Chief Officer introduced the report from the Peterborough System Resilience Group (SRG). The report sought to inform the Board of the Planning undertaken by the Peterborough SRG Partners which enabled combined understanding of the demand and capacity

requirements to ensure the system was able to operate and manage patient flow through the services over the winter period.

Key points highlighted and raised during discussion included:

- Following a question raised with regard to the previous year's 'bed blocking' scenario, the Board were reassured that the systems in place were now more robust with greater communication between the various bodies involved;
- A number of issues regarding capacity had been encountered during recent Lincolnshire procurement process. Following this, the future timing of procurements would be closely monitored in the future;
- Following the commencement of primary care services in front of the accident and emergency department, the partnership was working effectively to manage patients who present with a Primary Care need;
- In terms of demand for nursing homes, it was commented that further discussion around this area would be welcomed.
- Primary care commented that they were 'desperate' to be involved with the earlier stages of planning for nursing or care homes due to the impact which is felt by local health facilities.
- It was commented that Ian Green, Health Improvement Specialist, had been placed into the Growth and Regeneration Directorate to make public health input into the Local Plan, the Local Transport Plan and the Housing Strategy. His role would ensure links with NHS England and NHS Properties were maintained.

The Health and Wellbeing Board **RESOLVED** to note the update set out in the report.

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. Peterborough Safeguarding Children Board Annual Report and Peterborough Safeguarding Adult Annual Report

12. Primary Care Programme Update

The Head of Primary Care for the CCG introduced the report. The report provided an update of the primary care programme and sought to inform the Board of the CCG's intention to apply for delegated commissioning for primary medical services from NHS England.

13. Health and Wellbeing Partnership Delivery Board Terms of Reference

14. 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 – 2.35pm
Chairman

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