

ANNEX B4: Health and Wellbeing Strategy Consultation – Comments received from Meetings, Groups and Members of the Public

1) Feedback received from Healthwatch Peterborough:

Healthwatch Peterborough is a stakeholder and statutory member of the Peterborough City Council Health and Wellbeing Board. The following comments submitted and gathered by Healthwatch Peterborough over the consultation period cover a range of comments from partners, stakeholders and members of the public.

Comments relating to format -

- I think the document is clear and uses appropriate language. It is well set out and engaging, with good use of graphics. The proposals appear to be evidence based, with proposed measures of success. I am not sure that CVD and Long Term Conditions should be a single unit. And I would suggest that 'Creating a healthy environment' is linked to Greater Cambs Local Nature Partnership and their work on 'Naturally Healthy'.
- I think that the document is well written and straightforward.

Comments relating to delivery/implementation of the strategy -

- Unless there is increased funding to meet the additional needs identified in this document, I fear that not a lot will change in the health inequalities and lower than average outcomes for the local population.
- Few would disagree with the thrust of this document, but there remains some scepticism about the implementation. Having said that I feel that if what is included in the strategy document is implemented this will be a step forward. I would like to see the councils plan for implementation after the consultation is complete.

Comments relating to specific sections covered –

- I felt that there was more content about 65+ age than any other group, and was concerned that there was limited content to do with children: in particular there was no reference to facilitate better care for children with life threatening conditions eg. Cystic Fibrosis, Leukaemia etc. (there are quite a number of life threatening conditions that require extra care and could be mentioned), and no mention of the ways families who face these situations can be helped.
- The section on 'long term conditions' only mentions in detail, conditions which produce acute symptoms, there are a lot of others, such as Musculoskeletal conditions, which have long term implications for the provision of services such as primary and secondary care, disability, mobility, specialist housing, home care etc.
- The teenage pregnancy and young mother figure is stated as being well above the national average. After reading the document I am not sure what is planned to reduce the figures and educate on this subject.
- In terms of areas of deprivation I would like to see information on the incidence of Autism, Mental Health, as these can all stem from poor health i.e. malnutrition which in my experience are seldom screened for or appropriately screened for. The references to medical training are not up to date with current trends. Children in these areas are at a high risk of impaired learning and behavioural concerns, which are not often identified as a priority.

- Given the prevalence of dementia in the community and in care home settings it was unclear as to the priority being given to dealing with early diagnosis and treatment, especially at community level and in the home. I could not quite work out where this condition fitted into the key work streams (was it older people generally or mental health?). I do feel that this could be clarified. I felt that there was limited effort to identify the role and importance of GP surgeries in working with carers and supporting early stage diagnoses. This is an issue that also needs clarification.

Comments relating to future concerns –

- The report covers a lot of ground and many of the issues contained in the report are well made. However I am concerned about the existing and future strains being placed on the NHS and its services. The population expansion of Peterborough will obviously impact on this as we move forward.
- I am concerned about the long term economic implications of rapid growth and increasing levels of diversity in Peterborough and the implications for future funding and future implementation of the Health and Wellbeing Strategy in Peterborough.
- The document makes some references to East European communities, but there is limited mention of researching in greater detail the incidence of, and poor health of the migrant communities generally.

Issues relating to the promotion of the strategy –

- I would like to see appropriate promotion and education of health services for the people of Peterborough to ensure they are aware of where to go, for what treatment, thus easing strains on existing and well know services i.e. ED/A&E.

Comments relating to ‘ideas’ in the Strategy document –

- When talking about specific issues - accessing help for arrivals, CVD, mental health, communicable diseases it is well written, but could do with more clarity on items such as lifestyle, housing and transport.
- I think the strategy document is satisfactory but contains limited real innovation, the exception to this relates to joined up care for over 65s.
- There is an assumption that people do not know what constitutes a healthy lifestyle, they usually do, just don't act on it, it would be useful to have a better understanding of 'an integrated healthy lifestyle service'.

2) Feedback received from a local resident of Peterborough:

This (*reference to the Environment Capital Action Plan*) means the Health and Wellbeing Board’s Draft Strategy is based on a document in need of urgent revision. Until this has been achieved the Draft Strategy must be “put on hold”. It is clear the Environment Capital Action Plan is a poorly thought-out document with too many questions left unanswered.

Feedback received from the January 2016 Borderline & Peterborough Executive Partnership Board:

Comments/Suggestions:

- Front page to be more diverse, to reflect the diversity of Peterborough.
- Where Borderline & Peterborough mentioned, now to be known as Greater Peterborough.
- More information required regarding vertical integration
- Looking at delivery, in terms of health checks and quality agenda may need to be replicated, if we do not have the right proportion, into the plan.
- Page 4 – quote regarding “37% our rate of under 18 pregnancy is higher than England” – to be reworded.
- Page 5 – all areas to be labelled on the map.
- Page 27 – BP highlighted observation; noted section to be re-written or taken out completely. Take into consideration element regarding “How We Got There” which actually signals that we are working together; understanding where we are coming together.
- Pages 26/27 – logos of recognised brands to be illustrated; to simplify for people.
- “So What” questions – useful to have some answers here; links back to going “live”.
- Key Points – have these to identify on an annual basis, rather than too much detail.
- “What Can You Do” – interesting point; giving ownership back; strategy for public as well as us; strong message regarding integration work.

3) Feedback received from the Cambs & Peterborough Patient Reference Group meeting held on 3 March 2016 at 2.00 pm

- It was questioned if the Strategy accounted for Wisbech patients that used Peterborough services and if the statistics were based on Peterborough GPs only. Also if the draft Strategy had been to the Fenland HWB partnership? It was also asked why there was a need for two separate HWB Boards and Strategies for Peterborough and Cambridgeshire, given the financial pressures on the NHS.
- There was comment on the low uptake of vaccinations and that patients did not receive a reminder for the seasonal flu vaccination, for example by email or text. It was proposed that electronic media should be encouraged to get the information out there.
- It was commented that the document was common sense and he said that there was a big task ahead to educate the population.
- There was a comment on health inequalities and the 10 year difference between central ward and Newborough for example in Peterborough. It was asked if the HWB strategy and consultation would be produced in other languages

4) Feedback from the Borderline Patients Forum – 12th April 2016:

- Younger generations should be targeted through primary and secondary schools to ensure they understand the importance of health and wellbeing from a young age.
- There needs to be a statutory requirement for large housing developments to have infrastructure for health care.
- There is a new school being built at Hampton which is close to a major road but it was thought there was a ban on building schools near pollution blackspots.

- If the strategy only covers the Peterborough City Council area should Borderline patients be responding as some are outside of this area?
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- Patients use the internet to search for health related issues but the information they find is not always correct. They should be made aware of the appropriate sites to use.

5) April Peterborough Patients Forum:

- How is the document going to be accessed by people with impaired vision. A large print version available?
- What consideration to translate into other Languages?
- Suggested we consider an Audio Book (from Libraries).
- Front page.
 - Lack of Ethnicity. Not representative of Peterborough.
 - Not engaging. Doesn't tell people what it is.
- More engaging headers for person on street

6) Feedback received by email from a local resident:

This requested that the St Georges Community Hydrotherapy Report be considered. 234 local people using the pool over the course of a week contributed to this report. They were all very anxious that their voices, experiences and outcomes should be heard and known by those undertaking health commissioning and service planning residents.

7) Feedback received from Learners at City College, Peterborough:

| Learner | Feedback |
|---|--|
| Mild learning disability | I like the front cover The people look funny It looks like Peterborough Lots of writing – it's too much for me The map isn't clear – I couldn't see where I lived |
| Mild learning disability | All the people are white on the front My teacher had to help me understand it People are not teenagers they are old or little children The numbers on the first page were interesting |
| Mild learning and social and emotional barriers | The colours are good and I think that the pictures show all different people |

| | |
|---------------------------------|--|
| | There are lots of words could there be a simple version |
| Main stream vocational learners | Looks boring and I wouldn't read it The front looks like it's for young children It's boring why do I need to see it |

8) Feedback received from the Health Scrutiny meeting on held on 13th January 2016:

Observations and questions were raised and discussed including:

- The Committee was pleased to see that a number of issues had been collated in one place.
- Concerns were raised regarding how success would be measured and what specific aims had been identified.
- The Committee expressed their hope that the Strategy would feed into the work of every service of the Council. It was further question whether an extended engagement period would be worthwhile, in order to reach greater numbers.
- The Committee congratulated the Communications Team on a well-designed product. It was noted, however, that the smaller scale maps were of little practical use, particularly without a key.
- Councillor Sandford, Group Leader of the Liberal Democrats, noted that the Strategy had the capability to feed into the Environment Capital agenda, particularly in terms of the Local Transport Plan. It was further commented that the Council may need to shift its focus from growth towards health and wellbeing.
- The Committee commented that there was opportunity for the Health and Wellbeing Board Strategy to be undermined in certain areas and suggested that Health and Wellbeing in the city needed to be prioritised.

Health and Wellbeing Strategy, All Party Policy to Members of Peterborough City Council.

25th February 2016.

Point raised included:

How the strategy would be monitored – there was a need for improvement trajectories for key health outcomes which could be monitored to make sure that the strategy delivered . Also a need to address key health inequalities.

Would the strategy cover TB vaccination?

Why was Eye and Thorney picked out particularly on the map of life expectancy on page 3?

What evidence is there of practical join up between the HWB Strategy and the Local Transport Plan?

The Health and Wellbeing Strategy should be embedded in all work that the Council does. It needs to be backed up by hard evidence.

Health Inequalities. There are a number of issues where investment is needed. Areas such as Millfield have been starved of investment for some time.

The Cambridgeshire and Peterborough Transformation Programme needs clarity, including links with the CCG. Concern that rural GPs sit on some of the relevant committees and groups and would therefore be unfamiliar with urban practices and their problems. .

Concerns about partnerships moving to Cambridgeshire and being based in Cambridge again over the next five years. For example that the PCT was previously based in Peterborough but now the Cambridgeshire and Peterborough NHS Foundation Trust is based in Fulbourn, near Cambridge.

Green space and park funding can contribute to health. The specific issue is social prescribing - following this some green gyms have been implemented. For funding, one of the challenges is someone could say you had a public health grant and that you should look at that first before coming to us.

Vivacity do good things and that there are lots of opportunities in Nene Park to provide health and wellbeing – is this recognised in the strategy?

Fitness and sport should be taken more seriously in schools and that fitness tests should be implemented.

What is happening with health trends over time?