

Annex C – Minutes of Peterborough City Council’s Cabinet Meeting 13th June 2016

PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY 2016-19

Cabinet received a report which followed consultation on the Peterborough Joint Health and Wellbeing Strategy 2016-19 between 1 February 2016 and 30 April 2016.

The purpose of the report was to seek Cabinet’s approval of those elements of the Joint Health and Wellbeing Strategy, which were the executive responsibility of Peterborough City Council, before it was submitted to the Peterborough Health and Wellbeing Board in July for final approval.

The Chairman introduced the report and advised that while there was no statutory requirement for Cabinet to approve the Strategy, as public health was a strategic priority for the Council, it was considered Cabinet oversight was important.

The Director of Public Health introduced the report and advised that the purpose of the Strategy was to address the health issues presented in the area. The Strategy was a collaborative work, with contributors from across the health and City Council services. The next stage of the process was to develop detailed implementation plans.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- Cabinet were pleased to see that the Strategy covered other portfolios and directorates, with particular regard to planning and the Local Plan.
- There was no timed implementation plan currently. The priorities within the Strategy would cut across a number of areas and may run concurrently to each other. These priorities would be established through this discussion, consultation with the Health and Wellbeing Board, and other stakeholders.
- The plans for future delivery of mental health services for children and young people. The Cabinet were advised of the ‘i-thrive’ model, which would provide a flexible engagement opportunity for those young people with most need. A website had been launched that was targeted at providing relevant information to children.
- The correlation between rural and urban living, and an individual’s quality of life was discussed. The Director of Public advised that this was a complex issue, which was a result, not only of health, but also the area’s economy.
- It was discussed that the demand for acute mental health care in Peterborough was linked to the city’s demographics. Mental health issues were often associated with socio-economic status, deprivation, unemployment, and income

security. It was further noted that people with severe mental health problems were generally attracted to cities. Issues of young female isolation were recognised.

- It was considered key that work be done within diverse communities to ensure that resources were directed to what communities felt would be the best approach.
- A question was raised in regard to what age was considered 'adulthood' in relation to smoking. The Director of Public Health advised that, for the Strategy, it was considered 18 years or older. Public Health England were considering examining smoking between the ages of 15 and 18, and this would be further investigated.
- The joint initiatives between the Council and the NHS were discussed, such as the Lifestyle Service and the Healthy Peterborough campaign; these would continue. It was proposed to review the NHS and Council offer to schools, with the potential to provide a joint offer that is clearer and more attractive to schools.
- In terms of addressing heart disease within the Strategy, a spectrum of health behaviours were addressed that contributed to heart disease, including smoking, diet, and physical exercise. Also addressed was advice given to patients after they experience related problems. It was noted that work could be done to benchmark these actions against other areas of the country.
- The Cabinet were pleased to note the inclusion of Vivacity and Travelchoice within the Strategy.
- Discussion was had surrounding what responsibilities the Council had in relation to Tuberculosis. The Director of Public Health advised that this was a joint responsibility between the Council and the health services. For example, individuals may require help with social issues during their treatment, the Council would need to take account of this.
- Questions were raised regarding the provision for individuals with long term conditions and the level of engagement with carers for such. It was advised that a further joint strategic needs assessment would be carried out for people with long term conditions.
- Data was benchmarked against comparable cities for Peterborough. The Director of Public Health was happy to circulate this information to members.
- The recorded population increase was discussed. It was advised that while this accounted for a portion of the hospital attendance increase, the remainder of the increase may be attributed to the aging population and the presence of obesity in the area.
- With the permission of the Chairman, Councillor Rush requested clarification on how the strategy would tackle teenage pregnancy. The Director of Public Health responded that there was currently a commitment in place to refresh the strategy in relation to this, and to focus on prevention. This would be picked up through the Children and Young People Commissioning Board.

- It was noted that nothing was included within the Strategy around Post Traumatic Stress Disorder within the ex-forces community. The Director of Public Health would investigate how this could be addressed.
- Comment was made that reference to individuals being overweight or obese was often met with resistance. It was advised that references were often made to 'healthy weight' within promotional public health work and emphasis made on creating healthy environments.

Cabinet considered the report and **RESOLVED:**

1. To note the feedback from the public and stakeholder consultation on the draft Peterborough Joint Health and Wellbeing Strategy;
2. To approve the final version of the Peterborough Joint Health and Wellbeing Strategy which had been amended to reflect the key themes of the consultation feedback; and
3. To recommend the Strategy to the Health and Wellbeing Board for approval.

REASONS FOR THE DECISION

The Peterborough Joint Health and Wellbeing Strategy was a key document for driving forward the City Councils' strategic priority of 'Achieve the best health and wellbeing for the City'. The content and aims of the Strategy covered a range of Cabinet Portfolios, beyond those of Health and Wellbeing Board members, so discussion and approval by the full Cabinet was important.

ALTERNATIVE OPTIONS CONSIDERED

The Joint Health and Wellbeing Strategy could have been taken to the Health and Wellbeing Board without consideration by Cabinet. However this would mean that some Cabinet members with portfolios relevant to the Strategy would not have been given the opportunity to consider and approve it.

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