

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 24 MARCH 2016**

<b>Members Present:</b>	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 Councillor Ferris Wendi Ogle-Welbourn, Corporate Director People and Communities Dr Liz Robin, Director for Public Health Cathy Mitchell, Local Chief Officer Dr Harshad Mistry (Vice-Chairman) Dr Moshin Laliwala David Whiles, Peterborough Healthwatch
<b>Co-opted Members Present:</b>	Russell Wate, Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board
<b>Also Present:</b>	Fiona Head, Clinical Strategy Director Paulina Ford, Senior Democratic Services Officer

The Chairman had received a request from David Whiles to move item 9, Healthwatch Peterborough Update to earlier on the agenda as he would need to leave the meeting earlier and wished to present to this item. The Chairman asked the Board members if they were in agreement with this and all unanimously agreed, therefore item 9 was taken as the first item on the agenda.

**1. Healthwatch Update**

The report was introduced by David Whiles and provided the Board with an update on the progress being made by Healthwatch Peterborough. The report covered its statutory duties and specifically supporting the patient voice including Peterborough residents and those using health and social care services in the Peterborough and those working in Peterborough and those volunteering in Peterborough.

Key points highlighted and raised during discussion included:

- Board Members acknowledged and recognised the good work being done through the Prisoner Engagement Project and felt that this should be promoted more as the health of the prison population was of concern. The Board were advised that the programme was being rolled through Healthwatch to other prisons across the country.
- Findings on the state of the health of the prison population was fed back to NHS England and Healthwatch England. The prison population was an ageing population and therefore the health concerns were not only related to drugs and alcohol.
- Healthwatch did not currently have a rolling programme to target different chronic diseases like bowel cancer, prostate cancer, chronic bronchitis etc. but would look into putting a planned programme in place.
- Viewing access to GP surgeries was a new area of work and would be a light touch and would include talking to the GP's patient group. The visit would take approximately one to

two hours. There was however no formal plan of visits in place yet as this was still in the planning stage.

- The Adult and Childrens Safeguarding Board had recently seen a very powerful Healthwatch video called 'Scribes' which had also been seen in schools, members of the Board felt that it should be shared more widely.
- Findings from views of local Care Homes were shared with the Council, Adult Social Care, Clinical Commissioning Group and the Care Quality Commission.
- In conjunction with Healthwatch Cambridge, Rutland and Lincolnshire, Healthwatch Peterborough had commissioned a local Peterborough based company to provide them with a data tool that allowed people to feedback via the Healthwatch website.
- Healthwatch were confident that all the areas covered within the Health and Wellbeing Strategy were the right ones.

The Health and Wellbeing Board **RESOLVED** to note the progress of Healthwatch Peterborough over the previous year up to and including March 2016.

## **2. Apologies for Absence**

Apologies for absence were received from Adrian Chapman, Service Director, Adult Services and Communities, Dr Gary Howsam, Chairman of the Borderline Local Commissioning Group and Co-opted Member, Claire Higgins, Chairman of the Safer Peterborough Partnership.

## **3. Declarations of Interest**

### **Item 5. Update on Health and Care System Transformation Programme and Fit for the Future, Sustainability and Transformation Plan**

The Director of Public Health declared an interest in that she sat on the Shadow Health and Care Executive.

## **4. Minutes of the Meeting Held on 10 December 2015**

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

## **5. Update on Health and Care System Transformation Programme and Fit for the Future, Sustainability and Transformation Plan**

The Clinical Strategy Director introduced the report which provided the Board with an update on the progress of the System Transformation Programme and to introduce Fit for the Future, Sustainability and Transformation Programme for the Cambridgeshire and Peterborough area.

Key points highlighted and raised during discussion included:

- The work of the Sustainability and Transformation Plan was overseen by a Health and Care Executive whose membership included the accountable officers from the NHS organisations across the system and the Cambridgeshire and Peterborough local authority Chief Executive, Gillian Beasley. The group met every other week to drive the change programme. This was supported by a Clinical Advisory Board.
- The Director of Public Health highlighted that there was very active debate between the Health Service Chief Executives, Corporate Director for People and Communities, Director of Public Health and Chief Executive of Peterborough City Council on how best the plan could engage with local authorities, also the governance of the programme and how it related to the councillors role to scrutinise NHS Service plans.
- When the Sustainability and Transformation Plan was complete it needed to be transparent and therefore would need to be presented to the Board. It would also be important to understand what the plan meant in delivery of the plan to everyday people.

- Next steps. There would be a checkpoint submission which would check that the plan was on track to be produced by 30 June. A large amount of work needed to be done between the clinical working groups and the modelling groups to work out what changes would need to be delivered within the system. This would be an ongoing process.

The Health and Wellbeing Board **RESOLVED** to note the direction of Fit for the Future as well as the Clinical Commissioning Groups Sustainability and Transformation programme for 2016/17 and beyond.

## 6. Clinical Commissioning Group (CCG) Operational Planning 2016/17

The Local Chief Officer introduced the report which provided a briefing on the changing context for planning and an update on progress being made with drafting an Operational Plan for 2016/17.

Key points highlighted and raised during discussion included:

- There was a requirement for the CCG to provide a one year operational plan and a five year system plan. The plans from the Local Commissioning areas had been built into the one year Operational Plan.
- There would be some overlap between the previous presentation on the Sustainability and Transformation Plan which was the five year system plan and the one year Operational Plan.
- The Operational Plan had been submitted to NHS England and the CCG were waiting feedback.
- Peterborough City Council were working in parallel to the Operational Plan with healthcare providers to integrate the system.
- There was a need to articulate in a clearer way what the various transformation plans were to ensure people understood them. There needed to be a more joint way of describing them. *The Local Chief Officer informed the Board that the Local Commissioning Groups were currently writing a report on what their achievements had been in the past few months. This could be used as a vehicle to inform people about ongoing work and future work that was being done in conjunction with the Local Authority and Public Health and could be written as a joint article.*
- The Peterborough health system was very bad at promoting what was being delivered to its own local population, if this was improved it would promote pride in the city.
- There was an area at the end of the Health and Wellbeing Strategy where the work of the CCG, PCC System Transformation and Front Door Transformation could be brought together.

The Health and Wellbeing Board **RESOLVED** to note the CCG's Operational Plans and comment as appropriate.

## 7. Health Protection Annual Report

The Director of Public Health introduced the report which provided the Board with information on all aspects of health protection in Peterborough since February 2015 including:

- a) An update on screening and immunisations
- b) Implementation of the recommendations of task & finish group aimed at improving uptake of screening and immunisation
- c) An update on communicable diseases in Peterborough
- d) An update on sexual health issues and the planned sexual health strategy
- e) An update on health emergency planning.

Key points highlighted and raised during discussion included:

- It was the responsibility of the Director of Public Health to protect the health of local residents from communicable diseases and chemical hazards. The report provides assurance to the Health and Wellbeing Board that this work was being done.
- The Director of Public Health wished to acknowledge and thank the various organisations who provided information for the Annual Health Protection Report and thank Dr Linda Sheridan who was the author of the report but was unable to attend the meeting.
- Tuberculosis (TB) was a priority last year and there was now a national TB strategy in place and an East of England TB Board. The Local Chief Officer was the CCG representative on the Board. A local Latent TB screening pilot was now in place in Peterborough. Work was being done with the housing service to assist in identifying people who needed follow up treatment.
- TB was curable with a combination of treatment and antibiotics. People with a more chaotic lifestyle can now be referred to a pharmacist for treatment.
- It was noted that in some areas of Peterborough the immunisation and screening rates amongst pregnant woman were lower and Board members wanted to know if this might be due to linguistic issues. *The Director of Public Health responded that it was often more about people from other countries not understanding the system and preferring to return to their own country to receive the service. Additionally migrant workers from Eastern European countries often worked long hours and were unable to access appointments outside of working hours.*
- Requests for Meningitis B vaccinations were increasing but there was a national shortage of the vaccination. Locally there was enough vaccine for the groups that had been identified but no spare vaccine for others. GP's were finding it increasingly more difficult to explain to anxious patients why they could not have the vaccine. *The Director of Public Health requested that GP's feed any comments received back to her to pass on to the Health Protection Committee.*
- The vaccination for shingles was only given at the age of 70. This was the most cost effective group to provide the vaccine to as people entering their 80's were more at risk of getting shingles.

The Health and Wellbeing Board **RESOLVED** to agree to discuss and note the contents of the Annual Health Protection Report for Peterborough 2016.

## 8. Update on Progress within Joint Commissioning Unit

The Corporate Director for People and Communities introduced the report which provided the Board with an update on performance within the Joint Child Health Commissioning Unit. The report also provided the Board with information on the joint working initiatives, developments and priorities within the Joint Commissioning Unit.

Key points highlighted and raised during discussion included:

- Health Visitor targets. Number of first antenatal contacts. The target of 765 was a quarterly target and was arrived at by dividing the number of live births per year (3060) by four. The number of attendees for first antenatal contacts had increased each quarter, this had not been made clear in the report and additional text providing explanation would be provided in future reports.
- Family Nurse Partnership (FNP). This was a specific programme working with teenage parents and the first child. As a result of a reduction in the public health grant allocation the programme would concentrate on targeting the most vulnerable teenage mothers and those known to children's social care.
- School Nursing. There had been an increasing number of referrals around emotional health and wellbeing from schools and this was a national issue.
- A review of speech and language therapy was being undertaken due to the increase in referrals and a large waiting list accumulating. Some additional funding had been put into this area in the interim to alleviate the situation.

- Emotional health and wellbeing services. Workshops had been held to look at how these services could be delivered differently and a range of services would be in place by September. A briefing note would be sent out to all GP's informing them of the new pathways that would be put in place.
- A member of the Board wished to highlight and acknowledge the excellent progress that had been made with initial health assessments for looked after children which had been averaging between 80% and 100% each month.
- The ITHRIVE programme focused on ensuring that children and young people were thriving in their community and that their emotional and mental wellbeing was being supported through schools, locality teams, community groups and school nurses. This programme would hopefully help capture those children who self-harmed and assist with suicide prevention.
- Additional funds had also been provided for specialist crisis response for young people going to A & E.
- A Board member raised the issue of school medical cupboards being stocked with ventilators, inhalers and MediPens which were never used. Children were given two, one for home and one for school. For those children who used the MediPens on an ad hoc basis money could be saved if there was a central pool for these. This would need to be discussed further and the Clinical Governance team would need to be involved to provide clear guidance and a process put in place for using them. *The Corporate Director for People and Communities responded by inviting Dr Mistry to attend the Primary and Secondary Heads Forum to talk to them about this issue.*

The Health and Wellbeing Board **RESOLVED** to note current activity and performance in child health commissioning and delivery and agreed to the actions highlighted in the paper.

## 9. Health and Wellbeing Strategy 2016-19 Consultation Progress

The Director for Public Health introduced the report which provided the Board with an update on progress with public and stakeholder consultation on the draft Joint Health and Wellbeing Strategy (2016/19) and to request the Boards approval for a further extension of the JHWS (2012/15) to allow for a full three month period of engagement and consultation.

There being no discussion the Health and Wellbeing Board **RESOLVED** to agree to:

1. Note progress with public and stakeholder engagement and the consultation process for the draft Joint Health and Wellbeing Strategy (2016/19) and
2. Approve extension of the current Peterborough Healthy and Wellbeing Strategy (2012/15) until the next Health and Wellbeing Board meeting, when the outcome of the consultation and the final draft JHSW (2016/19) will be brought to the Board for approval.

## 10. Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment 2015/2016

The Director of Public Health introduced the report the purpose of which was to bring the Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment (JSNA) 2015/16 to the Board for approval and to consider how the Board could work jointly to address the adult mental health needs outlined in the JSNA. The Director of Public Health wished to acknowledge and thank Dr Kathy Hartley, Public Health Consultant who had done much of the work on the JSNA but had been unable to attend the meeting. The Board were provided with an overview of the key findings of the JSNA.

Key points highlighted and raised during discussion included:

- The JSNA was not an action plan but would inform an action plan.

- Mental health problems in working age adults were very common. There was a need to understand the distinction between common mental disorders like anxiety and depression and severe and enduring mental illness like bipolar and schizophrenia.
- Key findings:
  - Common mental disorders were more associated with life conditions and factors and challenges that were associated with areas of deprivation.
  - The JSNA showed that when looking at recorded depression on GP practice registers it did not show the expected findings which were that higher rates of recorded depression might be found in GP practices the central area of the city. Rates were higher in the Borderline GP practices. *Board members commented that all the practices north of the river were of a similar size and footprint. It was important to bear in mind their registered addresses rather than their registered GP's, as this may show a different result.*
  - Needs around adult mental health crisis was identified e.g. those admitted to hospital compared with those over the rest of the Cambridgeshire Clinical Commissioning Group area.
  - Adult suicide rate had fallen to within the national average.
  - The JSNA was data rich but some of the quality of the data was recorded differently which made the assessment of the data difficult. Good data recording was important to ensure good planning.
  - Interaction between physical and mental health was important and the long term effect of long physical illness on mental health.
  - The Local Chief Officer commented that when the document was being developed the CCG were pulling together a Commissioning Strategy. When discussed at the Executive Partnership Board with mental health colleagues at a previous meeting one of the areas focussed on was that there should be a single Local Authority Mental Health Strategy and action plan across the partnership. The Health and Wellbeing Board needed to consider how this might be achieved. The Local Chief Officer suggested that a letter be written from the Board to the Health Care Executive to suggest this and try and drive this forward and suggest how this might be achieved collectively. The Director of Public Health agreed with this suggestion.

After a short discussion the Board agreed that it would be beneficial to have one Cambridge and Peterborough Adult Mental Health Strategy and action plan.

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

1. Approve the Mental Health and Mental Illness of Adults of Working Age Joint Strategic Needs Assessment 2015/16 and to
2. Consider how to take forward addressing the needs identified in the JSNA, through the Joint Health and Wellbeing Strategy (2016/19) and associated joint strategies and action plans.
3. The Health and Wellbeing Board also **RESOLVED** to write to the Health and Care Executive to refer to the needs outlined within the Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment 2015/16 and to express the view that a single joined up Adult Mental Health Strategy would be of benefit.

## 11. Prime Minister's General Practitioners Access Fund Delivery in the Greater Peterborough Locality

Dr Moshin Laliwala introduced the report which provided the Board with an update on progress in the locality on implementing the Prime Minister's General Practitioners Access Fund Programme which was formerly known as the Prime Ministers Challenge Fund.

Key points highlighted and raised during discussion included:

- The funding would cease in September. The Greater Peterborough Network have been in discussions with NHS England on future funding and are also looking at other funding opportunities. NHS England would confirm in writing exactly what future funding will be available.
- Additional work being done by the Greater Peterborough Network included skype access in nursing homes and 24 hour access via email to primary care. Various other options were being looked at to try and provide alternatives to booking appointments to visit a GP.
- It was noted that there was now an 8.00am to 8.00pm GP service being offered across Peterborough and all GP's on duty would be able to access a patient's medical records regardless of which surgery they were registered at therefore providing a continuation of service to the patient.
- There needed to be better communication to the public as to what changes were being put in place and new services offered.

The Health and Wellbeing Board **RESOLVED** to note the contents of the update 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.

### **12. Better Care Fund Plan 2016/17**

### **13. Joint Procurement – Integrated Lifestyle and Weight Management Services**

### **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 – 2.55pm  
Chairman

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