

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD AT 1PM, ON
4 DECEMBER 2017
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: Councillor Holdich, Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Adrian Chapman, Service Director Communities and Safety
Councillor Ferris
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils
Catherine Mitchell, Director of Community Services and Integration
Joanne Proctor, Head of Service, Adult and Children's Safeguarding Boards
Gordon Smith, Healthwatch
Hilary Daniels, South Lincolnshire CCG

Officers Present: Stuart Keeble, Consultant in Public Health
Katherine Hartley, Consultant in Public Health
Sean Evans, Housing Needs Manager
Helen Gregg, Partnership Manager, Peterborough and Cambridgeshire Councils
Paulina Ford, Senior Democratic Services Officer

Also Present: Victoria Banks Price, Planning Adviser, Government Affairs, Woodland Trust

25. APOLOGIES FOR ABSENCE

Apologies for absence were received from Simon Evans-Evans, Claire Higgins, and Russell Wate. Jo Proctor was in attendance as substitute for Russell Wate.

26. DECLARATIONS OF INTEREST

There were no declarations of interest.

27. MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 SEPTEMBER 2017

The minutes of the meeting held on 11 September 2017 were agreed as a true and accurate record with the exception of the following amendments:

Hillary Daniels was not in attendance at the meeting and had submitted her apologies.

Reference Page 5. Item: Update on the Hinchingsbrooke Healthcare NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust Merger.

It was noted that there was an inaccuracy in the wording of the following sentence:
“NHS England and Improve had been a great source of support and had enhanced relationships between parties”

The sentence to be corrected to read as follows:

NHS England and NHS Improvement had been a great source of support and had enhanced relationships between parties.

28. AMENDED HEALTH AND WELLBEING BOARD MEMBERSHIP AND TERMS OF REFERENCE

The Health and Wellbeing Board received a report in relation to proposed amendments to the Health and Wellbeing Board Terms of Reference following the resignation of Dr Harshad Mistry from his role on the Peterborough Health and Wellbeing Board.

The Executive Director People and Communities introduced the report and explained that several amendments had come to light following a review of the Terms of Reference which included:

- The Local Clinical Commissioning Group was now referred to as Cambridgeshire and Peterborough Clinical Commissioning Group and therefore would need to be changed throughout the document.
- As agreed at the meeting held on 11 September 2018 Dr Gary Howsam would replace Dr Mistry as Vice Chairman of the Health and Wellbeing Board as Dr Mistry had stepped down.
- The Terms of Reference had shown a requirement for two GP member representatives to represent the Peterborough City Local Commissioning Group (now referred to as the Cambridgeshire and Peterborough Clinical Commissioning Group) one of which was Dr Howsam. It had not been possible to find an additional representative to replace Dr Mistry and it was therefore proposed to reduce the number to a requirement of only one representative. The Board unanimously agreed to this change. Dr Howsam advised that if he was unable to attend a meeting he had appointed a substitute who was Dr Adrian Tariq.
- Any reference to the Greater Peterborough Partnership should be removed and changed to the Greater Peterborough Livingwell Partnership.
- The job title for the Local Chief Officer for Peterborough City and Borderline LCG no longer existed and would need to be changed to Director of Community Services and Integration.
- There was no longer a Peterborough Adults Safeguarding Board and this would need to be changed to Cambridgeshire and Peterborough Safeguarding Adults Board.

Due to the amount of changes it was agreed that an updated version of the Terms of Reference would be brought back to the Board for noting at the next meeting.

The Health and Wellbeing Board considered the report and **RESOLVED** to agree to the proposed changes to the Terms of Reference and receive an updated version for noting at the next meeting.

29. THE HEALTH BENEFITS OF TREES AND WOODLAND

The Health and Wellbeing Board received a report in relation to the Health Benefits of Trees and Woodlands which was introduced by The Planning Advisor, Government Affairs Team of the Woodland Trust.

The purpose of the report was to set out how woods and trees could help contribute to the delivery of the 5 markers set out in the Peterborough Health and Wellbeing Strategy. A short power point presentation was provided on How woods and trees can support healthier communities which covered the following key points:

- Information on the Woodland Trust
- Narrowing the gap between those neighbourhoods and communities with the best and worst health outcomes
- Ensuring that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances
- Tree planting
- Enabling good child and adult mental health through effective, accessible health promotion and early intervention services
- Maximising the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs
- Enabling older people to stay independent and safe and to enjoy the best possible quality of life

The Health and Wellbeing Board debated the report and in summary, key points raised and responses to questions included:

- It was noted that the Forest of Peterborough had recently planted their one hundred thousand tree in Central Park, Peterborough. Peterborough did have a relatively high amount of tree cover but it was unevenly distributed and not all were the right kind of tree.
- There was a serious issue of grass verge parking in Peterborough and the planting of trees may help to resolve this problem and help to change the street scene in an area.
- Board members were informed that there had been a £7.5M investment in the 'Can do' area of Peterborough which included investment in open space areas and this may include some tree planting. The Council had partnered with the Peterborough Environment City Trust to look at how open space could be used more effectively. The Council had already recognised the benefits of green open space.
- Public Health England were undertaking a review regarding the use of green space and the benefits. Green space was associated with good health but not necessarily the cause of good health. A Public Health Consultant who leads on environment and transport was working with the Growth and Regeneration team to ensure the issues around green space were factored into the Local Plan. The

Health and Wellbeing Strategy had provided an evidence base for the work being undertaken in the 'Can do' area regarding green space. There was a lot of Public Health activity advising the wider council on this matter.

- There had been reductions in the Public Health grant and to invest in the initiatives proposed in the report would mean that funding would have to be redirected from other services. Currently there was not enough good cost effective evidence for the links with green space and public health outcomes.
- Developers had to take into account existing trees.
- It was critical that when considering new developments that the right kind of trees were considered and in the right place.
- Clarification was sought as to whether any studies had been looked at regarding Green Prescriptions and the amount of time spent in green space and the impact on a person's mental health. The Board were informed that the BBC had run a programme 'Trust me I'm a Doctor' which had highlighted research that had been carried out by the Green Gym and University of Westminster.
- It was generally accepted by GP's that spending time in the outdoors was best for good health.

The Health and Wellbeing Board considered the report and **RESOLVED** to:

1. Recognise the importance of trees and woods in helping with delivery of health outcomes and that the Director of Public Health continue to work with departments across the City Council and with external partners to promote these benefits.
2. Continue to look for opportunities to work with the City Council and partners to make better use of woodland and natural greenspace in the Peterborough City Council area for activities aimed at improving the health and wellbeing of local people.
3. Work with the Woodland Trust and continue to work with the City Council and other partners such as Peterborough Environment City Trust to identify areas of land within the district for creation of new woodland and opportunities for planting of street trees and trees in other locations such as parks or housing areas. This will help to address air quality issues and can also have benefits for the hospital, by reducing the average length of stay.
4. That the Board request the Director of Public Health examine whether it is possible for some of the City Council's public health funding to be used to support the initiatives proposed under items 2 and 3 above.
5. That the Growth and Regeneration Team take into account the report and associated background documents when considering the Local Plan.

30. CAMBRIDGESHIRE AND PETERBOROUGH SENIOR OFFICERS COMMUNITIES NETWORK

The Service Director Communities and Safety introduced the report. The purpose of this report was to inform the Board of the Cambridgeshire and Peterborough Senior Officers Communities Network, outlining the reasons for the network, its membership and work it is engaged in, in order that the Board can influence its priorities and gain maximum benefit from the Network's outcomes. The objectives of the Network were highlighted as follows:

- Share plans and proposals for community resilience or capacity-building activity, including the development of local community hubs, employment and skills strategies, and pilots and test beds such as Neighbourhood Cares and social prescribing
- Share, learn from and extend successful new approaches adopted elsewhere or at very local levels
- Decide on joint investment/delivery in prevention within communities to manage demand for high cost services
- Determine how to work together to equip local people with the information, tools and capacity they need to help themselves and each other

The Health and Wellbeing Board debated the report and in summary, key points raised and responses to questions included:

- If the Combined Authority moved into more people type projects and programmes the Network would be ready and poised to respond.
- The Network will define and jointly commission or deliver against an agreed set of priorities, in agreed locations with agreed target groups therefore working in a more collaborative way. There was also a need to ensure that work identified by the Network was not being undertaken elsewhere and therefore being duplicated.

The Health and Wellbeing Board considered the report and **RESOLVED** to consider and note the purpose and remit of the Cambridgeshire and Peterborough Senior Officers Communities Network, and considered how the Health and Wellbeing Board can support and benefit from current and future work programmes.

31. **HEALTH AND TRANSPORT JSNA DATA SET**

The Consultant for Public Health introduced the report the purpose of which was to:

- Provide the Health and Wellbeing Board with a local resource outlining evidence on the link between transport and health including active travel, air quality and access to transport.
- Provide evidence to inform the Cambridge and Peterborough Local Transport Plan and the Peterborough Sports strategy.
- Support broader partnership working through the provision of a single evidence base.

The Health and Wellbeing Board debated the report and in summary, key points raised and responses to questions included:

- Getting people to increase their activity by as little as ten minutes per day would reduce the mortality rate by about fifty deaths per year.
- It was noted that there was far too many children being taken to school by car and far more needed to be done to encourage more walking to school.
- Air quality with regard to particulates was an issue as there was no obligation to measure these. More could also be done with regard to taxi idling and more 20mph speed restrictions in residential areas to reduce particulates and other emissions.
- The Board were informed that there was an Officer Working Group in place who were looking at the issue of taxi idling. With regard to the implementation of a 20mph speed limit in residential zones, officers were still waiting for national evidence to support the claims that this would improve air quality.
- The JSNA had been prepared as an evidence base to be used by the Combined Authority for their transport plan.
- The Board recognised that the benefits of active travel were important.

The Health and Wellbeing Board considered the report and **RESOLVED** to note the content of the Health and Transport JSNA Dataset document.

32. HOMELESSNESS PREVENTION

The Housing Needs Manager introduced the report which provided an overview of the current levels of homelessness in Peterborough, including previous and forecast trends, to enable additional interventions that might mitigate the health and wellbeing implications of homelessness to be introduced. The Officer also provided an update on the new Homeless Reduction Act and changes that would need to be made to the delivery of the service to accommodate the new Act and the Universal Credit Full Service.

The Health and Wellbeing Board debated the report and in summary, key points raised and responses to questions included:

- The Board sought clarification as to whether there was any evidence of health implications for people having to stay in temporary accommodation. The Board were informed that the only evidence was anecdotal. Families that had been in long term temporary accommodation sometimes with no cooking facilities had found it difficult and felt frustrated. All available resources were being used to ensure families were in temporary accommodation for the shortest time possible.
- There was no mechanism in place to ensure households were registered with a GP. Most families were accommodated within the Peterborough area and therefore should be able to remain with their GP if transferred to alternative accommodation within the Peterborough area.
- One known impact of people being placed in temporary accommodation was that children may miss their immunisation due to not receiving notification of when it was due. The Director for Public Health advised that information on immunisation could be added to the GP provision leaflet being provided.
- The information pack handed out to households at risk of homelessness did not include information on GP's but this could be included.
- There was no evidence that the Selective Licensing Scheme had had an impact on the amount of households at risk of homelessness. Members of the Board felt that this message should be communicated as the perception was that the scheme had had an impact.
- It was noted that homelessness could have an impact on education.
- The Local Authority had to provide transport for children in temporary accommodation to take them to school which was an unforeseen additional cost to the authority.
- Public Health England had produced a set of infographics on the links between housing and health including homelessness which could be provided to the Board.
- GP's had noticed an increase in mental health issues as a result of households at risk of homelessness.
- A short discussion took place regarding the difference between rough sleepers and those people finding themselves at the risk of becoming homeless. There were currently around 30 rough sleepers in the city. An action plan had been put in place following a scrutiny review of rough sleepers earlier in the year and the direction of travel for this was good.
- The package of support being provided by the Council, including investing in accommodation to support the homelessness challenge and the work being done with partners will greatly assist in reducing the number of homeless.

The Health and Wellbeing Board considered the report and **RESOLVED** to note the report on housing pressures within the city and the work that was being undertaken on prevention of homelessness.

ACTIONS AGREED:

1. The Director of Community Services and Integration to instruct the Primary Care Team to provide the Housing Needs Manager with an information leaflet on GP provision within the Peterborough area. This information to be included in the pack given to households at risk of homelessness.
2. The Director of Public Health to provide information on the children's immunisation programme to be included in the pack given to households at risk of homelessness.
3. The Director of Public Health to provide the Board with a copy of the Public Health England set of infographics on the links between housing and health including homelessness.

33. DRAFT SUICIDE PREVENTION STRATEGY 2017- 2020

The Public Health Consultant introduced the report which provided the Board with a review of the progress to date on the Suicide Prevention Strategy, 2014 – 2017 and an opportunity for the Health and Wellbeing Board to review and comment on the Draft Suicide Prevention Strategy refresh for 2017 – 2020. It was highlighted that the Development and roll-out of 'STOP Suicide' across Peterborough and Cambridgeshire, including a local suicide prevention website, pledge, training in suicide prevention and campaigns to increase awareness of mental health issues and how to access support had been a great success. There had been a fall in the suicide rate in Peterborough over the last few years and was now in line with the England average.

The Health and Wellbeing Board debated the report and in summary, key points raised and responses to questions included:

- A project lead had been employed to support the suicide prevention work and would be working with the Cambridgeshire and Peterborough Clinical Commissioning Group to deliver GP training on suicide prevention.
- The Board noted that there had been a rise in suicides amongst young people and wanted to know what was being done to heighten awareness amongst parents around suicide prevention. The Board were informed that a lot of work was being done with schools however it was acknowledged that there was a gap with regard to working with parents and this was currently being looked into. The Zero Suicide Alliance offered free suicide prevention training for all.
- Organisations like the Department for Works and Pensions and Citizens Advice Bureau may have the opportunity to identify people who were vulnerable and may be showing signs of concern and could feed the information into a database. The Public Health Consultant advised that there was no database but it was a good idea to work more closely with such organisations to identify vulnerable people so that support can be offered at an earlier stage.

The Health and Wellbeing Board considered the report and **RESOLVED** to note the progress to date on the Suicide Prevention Strategy, 2014 – 2017 and considered and noted the Draft Suicide Prevention Strategy refresh for 2017 – 2020.

2.27 Councillor Ferris left the meeting.

INFORMATION 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. The Board did however congratulate Helen Gregg, Partnership Manager, Peterborough and Cambridgeshire Councils for providing the Board with a comprehensive quarterly health and wellbeing strategy performance report.

- 34. CQC AREA REVIEW BRIEFING**
- 35. ANNUAL REPORT OF THE PETERBOROUGH SAFEGUARDING CHILDREN BOARD 2016-17 AND ANNUAL REPORT OF THE PETERBOROUGH SAFEGUARDING ADULTS BOARD 2016-17**
- 36. QUARTERLY HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT**
- 37. ADULT SOCIAL CARE, BETTER CARE FUND (BCF) 2017-19 UPDATE**
- 38. SCHEDULE OF FUTURE MEETINGS AND DRAFT AGENDA PROGRAMME`**

Chairman
1pm – 2.29pm