

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING  
HELD AT 1.00PM, ON  
24 JUNE 2019  
BOURGES/VIERSEN ROOM, PETERBOROUGH**

**Committee Members Present:** Councillor Fitzgerald, (Chairman) Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health  
Councillor Walsh, Cabinet Member for Communities  
Councillor Shabina Qayyum  
Dr Liz Robin, Director for Public Health  
Wendi Ogle-Welbourn, Executive Director People and Communities  
Val Moore, Chair Cambridgeshire and Peterborough Healthwatch  
Hilary Daniels, NHS South Lincolnshire CCG  
Jessica Bawden, Director of External Affairs & Policy, Cambridgeshire & Peterborough Clinical Commissioning Group  
Dr Anan Tariq

**Officers Present:** Caroline Townsend, Head of Commissioning Partnerships and Programmes  
Alison Mayen, Social Worker  
Iain Green, Senior Public Health manager, Environment and Planning  
Ian Phillips, Head of Community and Safety Integration  
Nikitta Vanterpool, Senior Transformation Adviser  
Stuart Keeble, Consultant in Public Health  
Pratigya Balaji, Senior Public Health Manager  
Paulina Ford Senior Democratic Services Officer

**1. ELECTION OF CHAIRPERSON**

In the absence of the Chairman and Vice Chairman who had both submitted apologies for the meeting the Senior Democratic Services Officer sought nominations for a Chairman for the meeting. Councillor Walsh seconded by Dr Robin nominated Councillor Fitzgerald. There being no further nominations Councillor Fitzgerald was appointed as Chairman.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Holdich, Dr Howsam, Russell Wate and Zephan Trent. Dr Adnan Tariq was in attendance as substitute for Dr Howsam.

**3. DECLARATIONS OF INTEREST BY MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD**

Item 8. Annual Health Protection Report, Cambridgeshire and Peterborough 2018

Jessica Bawden declared an interest in that she was a member of the Cambridgeshire and Peterborough Combined Authority Board.

#### **4. MINUTES OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD MEETING HELD ON 28 MARCH 2019**

The minutes of the meeting held on 28 March 2019 were agreed as a true and accurate record subject to the following correction. Hillary Daniels title had been listed incorrectly and wished it noted that her title should be listed as the NHS Representative South Lincolnshire CCG.

#### **5. SEND PEER REVIEW FINDINGS**

The report was introduced by the Executive Director, People and Communities. The purpose of the report was to provide the Board with an update on the delivery of the Local Government Association (LGA) Peterborough Special Educational Needs and Disabilities (SEND) Peer Review held in October 2018.

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

- Board Members were informed that Peterborough City Council had invited the Local Government Association (LGA) into the area to look at where the council was in terms of its progress with SEND since the 2014 reforms and to assist the area in preparing for an imminent Ofsted/Care Quality Commission inspection.
- This had not been a review of the local authority but of the way in which the local area: health, social care, education (including schools and settings) and other partners like voluntary groups, were working together to support children and young people with SEND and achieve independent, happy and fulfilled lives from the earliest years.
- One of the key themes explored was how children and young people who had special educational needs and/or disabilities were identified. It was acknowledged that a good amount of progress had been made and in particular with regard to pre-birth to 5 years and this was continuing to improve. The Best Start in Life Strategy which was in its early days had contributed to this.
- The report acknowledged that by working together processes had been refined and there was now a robust governance structure in place which included a SEND Partnership Board and a Joint Commissioning Unit SEND Group which provided oversight. SEND priorities and outcomes were now featured in local authority service plans.

The Peterborough Health and Wellbeing Board **RESOLVED** to note the report and consider the content and raise any questions.

#### **6. SCHEME OF AUTHORISATIONS FOR NHS ENGLAND PHARMACY APPLICATIONS**

The Senior Public Health Manager introduced the report. The purpose of the report was to request that the Board delegate responsibility to the Director of Public Health, in consultation with the Chairman/Vice Chairman for responding to notifications of pharmacy consolidations on behalf of the Health and Wellbeing Board, in order for the Board to fulfil its statutory duties.

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

1. Note the statutory duty of the Health and Wellbeing Board to respond to “Excepted Applications” termed a “Consolidated Application”, and
2. Agreed to delegate authority to the Director of Public Health in consultation with the Chairman/Vice Chairman to respond to notifications from NHS England of “Excepted Applications” termed a “Consolidated Application” on behalf of the Board.

## **7. CREATION OF JOINT HWB BOARD SUB-COMMITTEE WITH CAMBRIDGESHIRE COUNTY COUNCIL**

### **7a. FEEDBACK FROM THE JOINT DEVELOPMENT SESSION WITH PETERBOROUGH AND CAMBRIDGESHIRE HEALTH AND WELLBEING BOARDS**

The report was introduced by the Director of Public Health and provided the Board with an update from the joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards held on 28 March 2019.

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

- The development session had been facilitated by representatives from the Local Government Association (LGA) with the purpose of assisting members of the Boards to:
  - Understand the statutory role of the HWB Board.
  - Understand what the Joint Strategic Needs Assessment says about the health and wellbeing of Peterborough and Cambridgeshire residents.
  - Develop a joint vision for health and wellbeing
  - Understand how the organisational relationships operate in a complex system
- The Board supported the approach taken and noted the contents of the report.

The Peterborough Health and Wellbeing Board **RESOLVED** to note and comment on the content of the HWBB Joint Development session update report.

### **7b. PROPOSAL TO UPDATE THE TERMS OF REFERENCE FOR THE PETERBOROUGH HEALTH AND WELLBEING BOARD AND TO CREATE TWO JOINT SUB-COMMITTEE WITH THE CAMBRIDGESHIRE BOARD**

The Director of Public Health introduced the report the purpose of which was to present the Board with a proposal to create two joint sub-committees of the Peterborough Health and Wellbeing Board and the Cambridgeshire Health and Wellbeing Board, a ‘Whole System’ Joint Sub-Committee and a ‘Core’ Joint Sub-Committee. It also proposed to amend the terms of reference of both the Peterborough and the Cambridgeshire Health and Wellbeing Boards so that they were aligned, which would then allow clear delegation of functions to the two Sub-Committees. The Health and Wellbeing Board was asked to endorse the proposals and the updated terms of reference which would then need to be referred to full Council for approval.

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

- It was anticipated that the Whole System Joint Sub Committee would meet twice a year, the Core System Joint Sub Committee would meet four times a year and the individual HWBB's would meet two or more times a year depending on their work programme.
- It was recognised that sometimes the same report topics affected both the Cambridgeshire HWBB and the Peterborough HWBB and therefore the Whole System Joint Sub Committee was a practical solution in these instances.
- Creation of a 'Core' Joint Sub-Committee of the Health and Wellbeing Boards would enable joint commissioning. It would also assist Better Care Fund planning across Peterborough City Council, Cambridgeshire County Council and the Cambridgeshire and Peterborough Clinical Commissioning Group to be driven forward more effectively and efficiently, by providing a high level forum to provide strategic direction and un-block issues which are preventing progress.
- Members of the Board sought clarification as to where the outcomes and debate regarding the Better Care Fund sat. The Board were informed that the Better Care Fund would be monitored by the Integrated Commissioning Board which was chaired by the Chair of Cambridgeshire and Peterborough Healthwatch who would report back to the Whole System Joint Sub Committee.
- Members of the Board were concerned that reports that were being presented to the HWBB had not shown the impact on patients. The Executive Director, People and Communities suggested that reports being presented to the HWBB should also go to the Integrated Commissioning Board.

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

1. Endorse the updated terms of reference for the Peterborough Health and Wellbeing Board and for the two new Joint Sub-Committees with the Cambridgeshire Health and Wellbeing Board and referred them to full Council for agreement subject to the following amendment:

- Paragraph 2.8.3.12 of the Peterborough Health and Wellbeing Board Terms of Reference to be added to the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee Terms of Reference and to replace the following paragraph:

*“To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services across Cambridgeshire and Peterborough, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.”*

2. Review the functioning and effectiveness of the Joint Sub-Committees after one year

## **8. ANNUAL HEALTH PROTECTION REPORT, CAMBRIDESHIRE AND PETERBOROUGH**

The report was introduced by a Consultant in Public Health. The purpose of the report was to provide an update on all key areas of health protection for Peterborough which included the following services:

- Communicable diseases – their prevention and management;
- Infection control;

- Routine antenatal, newborn, young person and adult screening programmes;
- Routine immunisation programmes;
- Sexual health;
- Environmental hazards; and
- Planning for public health emergencies.

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

- This was the first joint Cambridgeshire and Peterborough Annual Health Protection Report.
- TB continued to be a priority for the Health Protection Steering Group.
- Cervical screening continued to have lower than acceptable uptake in Peterborough at 72% which could be improved. There was a better uptake in older women than in younger women. Public Health England had launched a 'Cervical Screening Saves Lives' campaign in March 2019 which was hoped would help to increase uptake. It was however a national issue and not just Peterborough. There had also been some targeted work with ethnic minority communities.
- Immunisation uptake was lower than needed in some programmes, including the pre-school vaccinations which was a national issue. A focus group was currently being run to try and understand the reasons for the lower uptake. The outcome would provide a better understanding of what the issues were so that they could be addressed. The World Health Organisation had also run a 'World Immunization Week' Campaign during the last week of April which aimed to promote the use of vaccines to protect people of all ages against disease. This was being promoted via social media.
- Board members referred to TABLE 26: Shingles vaccination, aged 70 & 78, Cambridgeshire & Peterborough, uptake July 2018 and wanted to know if the percentage of 46.3% of 70 year olds and 49.0% of 78 year olds who had received the vaccine since 2013 was correct. It was unclear if people knew that the shingles vaccination was available and the low uptake since 2013 was worrying. The Director of Public Health advised that further enquiries would be made to establish if the figures were correct. The low uptake had been acknowledged and 70<sup>th</sup> birthday cards were being sent out with a reminder for the shingles vaccination.
- Board members noted that sexual health services access rates were lower in Peterborough than in Cambridgeshire and sought clarification as to whether there had been a change in service provision in Peterborough. The Director of Public Health advised when the clinic moved from the hospital to the city centre the demand went up for testing and contraceptive services. The activity increase in Peterborough has contributed to a decrease in the percentage of patients being offered and accessing the sexual health services within 48 hours to around 70% on average for both measures. Measures have been taken to address the increase in activity. From October 2018 there were six clinic closures but also additional ongoing funding was secured from Peterborough City Council to address the increase in demand that had created substantial funding issues for the provider. In addition the contractual key performance indicators for the access targets were changed from being a contractual mandatory requirement to a reporting requirement. This would be reviewed regularly.
- The top three priorities for Public Health were: TB Screening and assessment, childhood immunisation and cervical screening.

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

1. Note the contents of the Annual Health Protection Report and comment on future priorities for health protection in Peterborough, and
2. Requested that the Director of Public Health confirm if the 46.3% of 70 year olds and 49.0% of 78 year olds who had received the shingles vaccine since 2013 as stated in TABLE 26: Shingles vaccination, aged 70 & 78, Cambridgeshire & Peterborough, uptake July 2018 was correct.

**9a. PETERBOROUGH HEALTH & WELLBEING STRATEGY 2016-19 FINAL ANNUAL REVIEW, JUNE 2019**

The report was introduced by the Director for Public Health and provided the Board with an annual summary of progress against statistical targets and goals agreed by the Board on commencement of its 2016-19 Health & Wellbeing Strategy. The Board mandated that indicators and associated performance narratives be compiled at regular intervals for 11 key areas as noted below and the report summarised how health & wellbeing outcomes had developed in Peterborough over the course of the 2016-19 period.

Peterborough Health & Wellbeing Strategy 2016-19 themes:

- a) children & young people's health
- b) health behaviours & lifestyles
- c) long term conditions & premature mortality
- d) mental health for adults of working age
- e) health & wellbeing of people with disability and/or sensory impairment
- f) ageing well
- g) protecting health
- h) growth, health & the local plan
- i) health & transport planning
- j) tackling health inequalities
- k) health & wellbeing of diverse communities

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

- It was noted that the decline in cervical screening coverage appeared to have levelled off but was still below acceptable level.
- A number of childhood vaccination programmes were below optimal uptake rates and NHS England and NHS Improvement and the Council were working in partnership to address this, which included working with GP practices.
- NHS England and NHS Improvement had extended their project working with participating GP practices to improve uptake of the shingles vaccination.
- Members of the Board raised concern about inequalities and life expectancy. The disparity in life expectancy between the 80% of people living in the least deprived areas and the 20% living in the most deprived areas of Peterborough had increased from 1.6 years in 2011-15 to 2.1 years in 2013-17. Residents in the most deprived 20% of Peterborough electoral wards had a life expectancy of 78.9 years, compared to 81.0 years in the least deprived 80% of Peterborough electoral wards.
- The suicide rate was now similar to the national average having previously been statistically significantly higher (worse) as recently as 2010-12. The trend was positive.

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

1. Note the findings within the final 2016-19 Health & Wellbeing Strategy annual review, including data showing improvements in health and wellbeing outcomes for Peterborough residents over the course of the strategy as well as areas that may require further continued intervention.
2. Use the information contained within the document to inform preparations for the next Peterborough Health & Wellbeing Strategy with a view towards improving general health and wellbeing in Peterborough and reducing observed inequalities/inequities. This may apply to both healthcare outcomes and associated wider determinants of health and wellbeing.

#### **9b. PETERBOROUGH HEALTH & WELLBEING STRATEGY UPDATE**

The report was introduced by the Executive Director, People and Communities and provided the Board with a summary of progress against the future plans identified for each of the focus areas outlined in the Health & Wellbeing Strategy 2016-2019.

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

- Following the Peterborough CC and Cambridgeshire CC Early Years Social Mobility Peer Review (July 2018), a Joint Best Start in Life (BSiL) strategy had been developed and would be presented to the Health & Wellbeing Board in September for consultation.
- Emotional wellbeing in young children was of particular interest and Members asked if work was being done with schools. The Director of Public Health responded that the Healthy Schools Support Service worked with schools using the National Institute for Health and Care Excellence (NICE) Guidance for social and emotional wellbeing in primary and secondary education.
- The Board were pleased to see positive improvements in areas such as housing standards which had been improved through the Selective Licencing scheme.
- The system was committed to the development of Place Based delivery and the Council had been working closely with NHS Partners to develop local Integrated Neighbourhoods which sat alongside the development of the Primary Care Networks. This in turn was being aligned to the Council led Think Communities programme.

The Peterborough Health and Wellbeing Board **RESOLVED** to note the report, consider the content and raise any questions, and to challenge performance and agree future actions which needed to be addressed. In doing so the Board wished to ensure that:

1. The Health and Wellbeing Strategy is aligned with Place Based Working and the Primary Care Networks, and
2. That the NICE Guidance was implemented throughout the strategy.

#### **10. PLACED BASED WORKING - THINK COMMUNITIES, INTEGRATED NEIGHBOURHOODS AND PRIMARY CARE NETWORKS**

The report was introduced by the Head of Community and Safety Integration accompanied by the Senior Transformation Adviser. The report provided the Board with an update on how placed based working between the council and the North Alliance

would be delivered through the Think Communities, Integrated Neighbourhoods and Primary Care Network (PCN) approaches.

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

- The Cabinet Member for Communities commented that the Place Based model had so far been very positive and already seen dramatic results.
- There was a requirement of all GP practices to join a Primary Care Network covering a population of 30-50k. The proposal was that there would be five PCN's covering Peterborough. The PCN's were currently in the process of getting set up.
- There was currently one prototype area in Peterborough for the Think Communities approach and two in Cambridgeshire. It was hoped that there would be ten initially within the next few months.
- The Think Communities model was new in that it demanded a response from the residents. It was about reducing the demand for services and the population becoming self-serving.
- GP practices would gain resilience through being part of a PCN as they would have access to additional resources.
- To oversee the work of the service delivery areas, new Place Based Delivery Boards would be established and they would fulfil the responsibilities of the Safer Peterborough Partnership and the Living Well Partnership both of which would then cease.
- Public Health services would need to be commissioned in the Place Based way.
- Concern was raised with regard to the delivery of GP services and staffing levels at GP practices and the sharing of personal information.

The Peterborough Health and Wellbeing Board **RESOLVED** to note the contents of the report and endorsed the joint approach being taken by the North Alliance and Peterborough City Council for Place Based working through the Think Communities, Integrated Neighbourhoods and Primary Care Networks.

## 11. UPDATE ON HEALTH AND SOCIAL CARE INTEGRATION

The report was introduced by the Head of Commissioning Partnerships and Programmes and provided the Board with an update on the progress of local health and social care integration.

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

- It was noted that in Peterborough A&E attendances of over 65s remained higher than the national average. Clarification was sought as to what was being done regarding admission avoidance. The Board were informed that various initiatives were being looked at including Joint Commissioning to support prevention and early intervention, supporting care homes to reduce avoidable hospital admissions and Neighbourhood Place Based Care. The CCG were looking at a whole range of initiatives including looking at how people were accessing care and the many ways to access care which could sometimes be confusing for people. The CCG were looking at how this could be made easier.



The Peterborough Health and Wellbeing Board **RESOLVED** to note the contents of the report which provided an update on the priorities and progress of health and social care integration.

**12. BETTER CARE FUND UPDATE**

The report was introduced by the Head of Commissioning Partnerships and Programmes and provided the Board with an update on the progress and performance of the local Better Care Fund plans.

There being no discussion the Peterborough Health and Wellbeing Board **RESOLVED** to note the contents of the report.

**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.

**13. DIVERSE ETHNIC COMMUNITIES JSNA – SOUTH ASIAN COMMUNITIES**

**14. SCHEDULE OF FUTURE MEETINGS AND DRAFT AGENDA PROGRAMME**

The Board requested that the Think Communities Programme be added as an agenda item at the next meeting.

Chairman

1:00pm – 3.00pm

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