

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD AT 1.00PM, ON
25 FEBRUARY 2020
COUNCIL CHAMBER, PETERBOROUGH**

Committee Members Present: Councillor Holdich (Chairman) Leader of the Council
Dr Gary Howsam (Vice-Chairman), Chair of the
Cambridgeshire and Peterborough CCG
Councillor Fitzgerald, 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
Jonathan Wells, Director Cambridgeshire and
Peterborough Healthwatch
Hilary Daniels, NHS South Lincolnshire CCG
Charlotte Black, Service Director Adults and Safeguarding

Officers Present: Helen Gregg, Partnership Manager
Sarah Ferguson, Assistant Director Housing, Community
and Youth Services
Jane Coulson, Senior Engagement Manager

15. APOLOGIES FOR ABSENCE

Apologies for absence were received from Val Moore, Wendi-Ogle Welbourn, Zephen Trent and Jess Bawden. Jonathan Wells was in attendance as substitute for Val Moore.

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

There were no declarations of interest received.

17. MINUTES OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD MEETING HELD ON 24 JUNE 2019

The minutes of the meeting held on 24 June 2019 were agreed as a true and accurate record.

18. UPDATED TERMS OF REFERENCE

The report was introduced by the Senior Democratic Services Officer. Members were informed that the terms of reference had been updated to now include the position of Director of Adult Social Services as a member of the Board going forward.

The Peterborough Health and Wellbeing Board **RESOLVED** to note the report

19. THINK COMMUNITIES PROGRESS REPORT

The Assistant Director, Housing Communities and Youth Services introduced the report and the Cabinet Member for Communities gave an overview to members. The purpose of the report was to provide the Board with progress made on the Think Communities approach. The Cabinet Member for Communities started that this was an important programme of work. There had been a number of achievements so far but more work was to be done. There are certain prototype areas that had been carried out so far.

The Board were informed that this was a large and ambitious transformation of work that was taking place. An update on the work across Peterborough and Cambridgeshire was laid out in the report. The ambition was to think of rewiring the public sector and organisations so that they were fit for the 21st century. In Peterborough there was a shift to a more think communities approach. Across the wider County there were groups looking at the issue of homelessness and how Think Communities could work around this.

One of the key highlights was the communication and engagement with the community and to try and seek ways to re-instate the relationship between community groups and its citizens. Data highlighted understanding the needs of the community in different ways and would assist with putting better governance procedures in place. There was a view to move away from reliance on statutory processes. It was critical to look at workforce reform to achieve transformation and make sure that it was at front line in changing the ways of working and engaging with people. One strand that was being worked on was bringing to life a place based approach to better understand the needs of citizens. Developing the health deal was an integral part of the strategy to protect and enable citizens.

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

- Work being carried out was essential to reduce demand on adult social care. Think Communities was crucial in this aspect and how it could benefit local neighbourhoods. There were good examples of maintaining independence in the community already.
- Public Health was supporting and encouraging this, empowering communities was key to making progress. The Marmot report is being published shortly. This was not about health service but rather about what services were available in the local community.
- Joint working was welcome and it was positive that this had been taking place. It was therefore more straightforward for the public to understand.
- There were questions on how this approach made sure outside commission teams were part of the process. The intention was the possibility to start in some pockets. This was part of workforce plans, the intention was to include the outside commissioned workforce teams.
- Staff were thinking differently about how they responded to the needs of people in the community, it was about making people feel more positive.
- There were encouraging signs people wanted to be more radical and people being more able to self-help.
- It might be useful to chart how this was going from a visual perspective, there had been neighbourhood team's setup in Lincolnshire already. People were not necessarily carrying a health problem when going into A&E. It was important to

look at outcomes and whether they were making a difference to the individual, these could be range of things outside of NHS services.

- The Questionnaire from Healthwatch was excellent and showed a number of areas to work on.
- A Local Parish Council chair had been proactive with a neighbourhood scheme, volunteers in the local area were helping people in their communities. It was crucial to investigate how we invest and enable these communities.
- One of the challenges around this was having a co-ordinator to take an overview of neighbourhood schemes.

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

1. Note and comment upon the progress being made towards delivery of the Think Communities approach.
2. Suggest further ideas for embedding the approach, particularly in relation to Health and Wellbeing Board priorities.

20. BIG CONVERSATION REPORT ON FEEDBACK

The report was introduced by the Senior Engagement Manager CCG. One of issues was to ask what was wrong and find solutions. Treating people was more than just to guidelines. GP's were under transformation at the moment and it was important to look at this in terms of the lives of people in their communities. When carrying out engagement the CCG normally relied on surveys, however there was less emphasis on having conversations with people about what was wrong. The Big Conversation was an important engagement activity, talking to the wider public and stakeholders to get views on how NHS resources were used. This activity was sent out via social media and made more easily accessible by read-text versions for example. There had been a high level of engagement.

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

- Healthwatch had compiled a report on big conversation, It was important not to miss the chance of going back to people and it shouldn't be a formal exercise.
- This had been a valuable steer from the public on decision making, using more social media platforms was beneficial and had been a great consultation exercise. The big conversation meant that there was opportunities to open up conversations going forward and keep these going it was also any opportunity to get feedback from a number of different groups
- It was a good piece of work and a refreshing way to do conversations with community group and was useful in identifying changes where there was a need to make them. There needed to be a balance on how digital media was used.
- This was a brilliant exercise with lots of feedback, there might be areas that some issues where larger proportions of population where split on what they wanted.
- GP communities wanted the Big Conversation and levels of engagement had been high on this.
- In terms of duplication of services, no decision on services were made as this wasn't a formal consultation.
- Consultation on the health and wellbeing strategy was going to be coming back and might have some similarities with the big conversation.

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

21. LOCAL AREA SEND (LASEND) INSPECTION UPDATE REPORT

The Director of Public Health introduced the report the purpose of which was to present feedback on findings of the SEND local area inspection. The inspection had taken place Between 10 and 14 June 2019. The purpose was to inspect the effectiveness of SEND reforms carried out. The review outlined strengths and weaknesses and a written statement of action for improvements. The action plan was progressing well following this inspection.

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

- There had been lots of positive feedback on the work carried out in this area so far.

The Peterborough Health and Wellbeing Board **RESOLVED** to review the latest position regarding the findings of the SEND Local Area Inspection and the associated Written Statement of Action as attached in Appendix 1

22. PETERBOROUGH PUBLIC ANNUAL HEALTH REPORT

The report was introduced by the Director of Public Health. The report this year was more technical than in previous years. The Health and Wellbeing Strategy was ongoing and the focus needed to be on that piece of work. Members were informed that the report this year was more technical. The feedback from the voluntary sector was that organisations could get better funding from technical reports. In terms progress there had been a mixed success on the recommendations made from the previous year. There was good news in terms of teenage pregnancy rates which had now dropped in line with the national average, in addition rates had been falling in terms of smoking while pregnant. Finally the rates of children for school at five had nearly reached national levels.

The rates of smoking had not fallen as would have liked and one out of two deaths resulted from long term smoking. There were also concerns around high BMI which needed to be addressed. This was something people could control with support.

This year the report also focused on maps of Peterborough and areas of deprivation. This looked at access to housing and how this affected areas of Peterborough. The report also focused on lifestyle choices and localised challenges such as education, skills and crime. There had been a sharp fall in immunisations which might have been as a result of increased pressures on GP surgeries.

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

- There was good data that showed that even if over 60 and gave up smoking this could add three years to someone. People who changed their diets would also see health improvements.
- Clinicians found the statistics useful and could see in depth areas for patients to focus on. GP's were also keen to look at psychological data to keep an eye on people's wellbeing. It was important to note that it was never too late to make lifestyle changes.
- There had been a decrease in the uptake of cancer screenings, especially within ethnic minorities. There had been particularly low rates of uptake for bowel screenings. It was hoped that more funding would be made available from NHS England to do some work on screening.
- Some ethnic communities were not recognising mental health issues. Further work was needed around how information was disseminated in local communities.

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

1. The need to push for more public diversity figures from each community and continue to follow up from Public Health England and commissioners
2. Data around think communities and maps of data.
3. HWB strategy and improvements not being seen in smoking and dietary to take forward in the strategy.

23. SCHEDULE OF FUTURE MEETINGS AND DRAFT AGENDA PROGRAMME

Members were informed that the Lincolnshire CCG had come together from its different regions from 1 April 2020. They had therefore decided not to go forward on this Board. Members thanked Hilary Daniels for her contribution to the Board.

The Peterborough Health and Wellbeing Board **RESOLVED** to note the schedule of future meetings and draft work programme.

Chairman

10:00am – 11.11am

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