PETERBOROUGH
CITY COUNCIL

Agenda Item No.6

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD AT 1.00pm ON
MONDAY, 7 DECEMBER 2020
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE

Committee Members Present: Cllr J Holdich (Chair), Dr G Howsam (Vice-Chair), Alison Clarke, Cllr W Fitzgerald, Val Moore, Wendi Ogle-Welbourn, Cllr S Qayyum, Dr Robin, and Co-opted Member, Joanne Procter

Officers Present: Adrian Chapman, Service Director, Communities and Partnerships
Paulina Ford, Senior Democratic Services Officer

Also Present: Dr Tony Jewell, Consultant in Public Health
Dr Fiona Head, Acting Medical Director NHS Cambridgeshire and Peterborough CCG
Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Dr Jessica Randall-Carrick, CCG Clinical Lead for Diabetes and Obesity

The Chair welcomed Alison Clarke, Director of Intensive Support and System Lead Director for Cambridge & Peterborough, NHS England and NHS Improvement (East of England) who had replaced Zephan Trent as the NHS England representative on the Board.

The Chair also advised the Board that Louise Mitchell who had represented the Cambridgeshire and Peterborough CCG (C&P CCG) on the Board was no longer on the Board as she had moved to another role within the C&P CCG. A replacement had not yet been identified but Jan Thomas who was in attendance at the meeting would represent the C&P CCG for this meeting.

The Chair advised the Board that he had received a request to move item 5 NHS Cambridgeshire And Peterborough NHS Health Inequalities Strategy to the first substantive item on the agenda. The Board agreed unanimously to this change.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Walsh, Charlotte Black and Co-opted Member Claire Higgins.

2. DECLARATIONS OF INTEREST

No declarations of interest were received.

3. MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 25 FEBRUARY 2020

The minutes of the Health and Wellbeing Board meeting held on 25 February 2020 were agreed as a true and accurate record.

4. NHS CAMBRIDGESHIRE AND PETERBOROUGH NHS HEALTH INEQUALITIES STRATEGY

The report was introduced by the Acting Medical Director NHS Cambridgeshire and Peterborough CCG. The purpose of this report was to present the Cambridgeshire and Peterborough NHS Health Inequalities Strategy to the Board for adoption.

Board Members were informed that the NHS System Health Inequalities Group, based on national and international recommendations, had developed seven "Guiding Principles" to be included in the strategy which were:

1. Explore the impact of decisions on health inequalities early in the decision-making process.
2. Value staff through parity of recruitment, promotion and employment.
3. Offer simple, hassle-free services.
4. Partner with other organisations to take a place-based approach to address social determinants of health.
5. Allocate health care resources proportionate to need.
6. Consider actions at different stages of life.
7. Harness the community benefits of the Social Value Act.

Action was required at all levels of the system to shift inequalities.

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

- One area mentioned within the report was the Early Years' experience and community impact. Much of the intervention within the Early Years Strategy was about partners working together. Healthwatch had identified three key areas of challenge where partners could work together more effectively:
    1. NHS dental health access and oral health concerns
    2. Attendance of the appropriate people at safeguarding case conferences. How will the strategy ensure this happens?
    3. Vaccine. How will the system ensure that the groups mentioned in the strategy have access to the vaccine to reduce the inequalities identified?
- In response to the key areas of challenge identified by Healthwatch the Acting Medical Director responded as follows:
    - It was acknowledged that NHS Dental access was an issue and in light of the pandemic may become worse. Poor dental health was a marker for deprivation. Not enough had been done to engage with NHS England Dentistry at a regional level and more would need to be done. The representative for NHS England and NHS Improvement advised that going forward NHS Dentistry would be passed to the new Integrated Care Partnerships.
    - Everything was being done to ensure the appropriate people were in attendance at safeguarding case conferences. The use of virtual technology had assisted with this.
    - The advantage of the flexible COVID vaccine programme was that changes could be made along the way to adapt the programme to reduce inequalities.
    - Now more than ever there was a need to make sure that any NHS Strategy was tightly bound and sitting underneath the Health Inequalities Strategy to improve the wider determinants.

- Ideally the Health and Wellbeing Board Strategy would have been presented at the same time as the Health Inequalities Strategy which addressed the key challenges that the system had agreed on, however due to COVID pressures this had not been possible. The two strategies together would ensure that there was joined up working across the system.
- The Health Inequalities Strategy had been widely disseminated across the health and care system. The pandemic had exacerbated the extent of the inequalities but there had also been an acknowledgement that the health inequalities were not new. It would take time to disperse the disparities, but it was up to the Board to maintain momentum and keep pace to eradicate the inequalities identified.
- The cross-partnership work which was being done through the Best Start in Life Strategy focussed on pre-birth to five and the Adolescent Strategy which focussed on five years to 19 years (25years, if there were special educational needs) which ran alongside the Child and Mental Health Strategy provided a good focus on child inequalities.
- Board Members noted that the Strategy did not appear to address the health of rough sleepers which had become highlighted during the pandemic. Would the Impact Assessment cover this vulnerable group of people? Board Members were informed that rough sleepers came under the term Inclusion Groups and the standard Impact Assessment covered rough sleepers.
- The Executive Director of People and Communities advised that at a recent Health and Wellbeing Executive Board meeting the issue of dental health and the impact of mothers who had had babies during the pandemic and the sense of loneliness that they had felt had been discussed. It had been agreed that both issues would be taken to the Children and Maternity Board to be addressed. The issue of safeguarding and the times when people needed face to face contact with health professionals which included the case conferences would also be on the agenda for discussion.

AGREED ACTIONS

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

1. Adopt the Health Inequalities Strategy and promote the awareness of the guiding principles within the strategy.
2. Continue to work in partnership across the system to address health inequalities in the delivering of services, with a focus on addressing health inequalities in the workforce and adopting a health inequalities impact assessment (HIIA) approach for all service changes.

5. PETERBOROUGH EPIDEMIOLOGY DATA UPDATE

The Director for Public Health gave a presentation which provided the Board with the latest epidemiology review. The presentation is attached at Appendix 1 of the minutes.

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

- Board Members wanted to know the age range for the death data and if those people had underlying health conditions associated with the death. The Director of Public Health advised that this information could be provided and would report back to the Board. It was known that the risk factors continued to link to age, gender and long-term conditions and some social risk factors.
- It was noted that people in care settings either at home or in care homes had been contracting COVID from carers and questioned whether carers would be placed as priority groups for the vaccine. The Director of Public Health confirmed that care home

staff were being tested more regularly than in the past and therefore more cases were being identified at an earlier point. The chief priority for vaccinations would be the over 80's. What was not yet know was the risk of carrying or transmission of the disease after vaccination, it was therefore still important that people who had been vaccinated still followed the rules of social distancing, hand washing and wearing of masks and the wearing of PPE for care home staff.

- The Hands, Face and Space message was still very important to follow even with the vaccine to help to stop the spread of the virus. The vaccination programme would take some time to vaccinate the whole population. It was essential to follow the government guidelines and not to mix two households indoors. The evidence showed that the bulk of transmissions happened indoors.

AGREED ACTIONS

The Health and Wellbeing Board considered the report and **RESOLVED** to note the latest epidemiology data for Peterborough as presented by the Director for Public Health.

6. PETERBOROUGH COMMUNITY RESILIENCE GROUP (CRG) HUB AND OUTBREAK MANAGEMENT UPDATE

The Executive Director, People and Communities accompanied by the Service Director, Communities and Partnerships presented the report which provided an update to the Health and Wellbeing Board on key activity of the Peterborough Hub and Outbreak Management response.

The Executive Director provided a brief overview of the report advising that as part of the response to the COVID-19 emergency, the Government had instructed every Local Resilience Forum (LRF) area to establish local hubs. Hubs were required to provide targeted support for those people who required support in dealing with COVID-19. The Peterborough local hub received support from over 90 bodies including voluntary and community organisations, City Council Services, Parish Councils, Faith Communities, the Light Project, the City Leadership Forum and City College. The Primary Care services in Peterborough had also provided a lot of support to rough sleepers. In practical terms the Peterborough hub offered advice and information and facilitated access to foods supplies, shopping and medication delivery, financial and debt advice, support to domestic abuse victims, family support, economic hardship advice and transport to appointments. Since the hub was launched on 22 April over 2000 requests for support have been received directly to the hub, but this did not include requests made directly to the 90 individual organisations. Preparations were being made for the anticipated increase in demand over the winter months.

A comprehensive communications plan had been established and included regular newsletters, radio interviews, press releases/publication articles and a leaflet was sent to all Peterborough households. The aim of these communication channels was to promote the hub and Peterborough Information Network, so residents were aware of how and where they could get support, when they needed it. The contact number for the hub was 01733 747474.

The Service Director for Communities and Partnerships gave a brief overview of the Outbreak Management Plan for COVID-19, and explained that as part of the Government's national strategy to manage and control the pandemic, every area in England was required to develop its own Local Outbreak Control Plan for COVID-19. Peterborough's plan, published in August and revised since, built on tried and tested existing plans for controlling other infectious diseases like tuberculosis. It relied on working closely with local

communities to reduce the risk of people contracting the disease in the first place by following clear public health messages.

The current situation was that there was a consistent cycle of about 200 cases per 100,000 population rate in Peterborough which needed to be broken. The community response and lockdown had eased the situation slightly but more needed to be done to get the rate down. On Street Marshalls had proved to be beneficial with levels of compliance in social distancing increasing significantly and wearing of face masks. The number of Marshals had therefore tripled in number with seven days a week cover, between the hours of 9.00am to 9.00pm.

A range of community led interventions had been commissioned particularly targeted at people for whom English was not their first language, and work with older people, agencies and agency workers. Community work was also being done with faith leaders and communities where lack of compliance was a problem. Work was also being done with Rural Communities through working with Parish Councils to ensure support was being provided to vulnerable people in those communities.

There had been a heightened level of activity in hot spot areas such as central Peterborough where COVID rates had risen again, and a business forum was being set up for small businesses and shop owners. There had also been increased engagement with schools and colleges to provide advice and support and a new dedicated Department for Education Helpline had been introduced. An enhanced communications campaign was being introduced to raise the awareness of Hands, Face, Space including billboards on the side of vans in different languages to try and get the message across.

The local hub was now offering support to people who had COVID and needed to self-isolate but who were not eligible for support through the national scheme.

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

The Clinical Chair for the C&P CCG commented on how well the hub services have been adopted and the valuable support it provided especially with elderly patients who often felt isolated and especially around Christmas time. He congratulated the work done through the hub and wanted to pass on thanks to those working in the hub from those in the Primary Care sector for all the valuable work being done to support the communities of Peterborough.

AGREED ACTIONS

The Health and Wellbeing Board considered the report and **RESOLVED** to note and comment on the progress of the Peterborough Hub and Outbreak Management activity.

7. REPORT OF THE COVID-19 HEALTH INEQUALITIES RECOVERY WORKING GROUP

The report was presented by the Consultant in Public Health who chaired the Local Resilience Forum subgroup on behalf of the Director of Public Health. The purpose of this report was to enable the Health and Wellbeing Board to review a focussed piece of work undertaken as part of the COVID-19 recovery framework, examining the impact of the pandemic on health inequalities.

The Board was informed that a series of recovery groups had been established as part of the approach to managing the impact and consequences of the COVID-19 pandemic. One of these groups had provided a focus on recovery from a Public Health and Prevention perspective.

The Public Health and Prevention Recovery Group focussed on five core themes, namely: health inequalities, screening, vaccinations and immunisations, health behaviours, mental health, housing. The work under each theme was driven forward by small working groups.

Councillor Fitzgerald left the meeting at this point.

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

- It was noted that ageing was a big risk factor with COVID, and death was predominantly in older people especially in those with underlying conditions. Males were also at greater risk than females.
- The COVID pandemic had shone a harsh light on inequalities and shown that deprivation was a major risk factor for getting severe illness and dying from the complications of the viral infection.
- The BAME populations were also at greater risk and this was often complicated by the co-existence of relative poverty, poor housing and occupational/environmental exposure.
- High risk occupations like those people in front line services was also a risk factor.
- As the pandemic continued the impact on mental wellbeing would continue to grow with adverse impacts already seen such as domestic violence, child abuse and deterioration in children's educational and life-skill milestones. Young people's future could also be jeopardised by COVID.
- There was a Sustainability and Transformation Plan piece of work being undertaken now which was looking at this piece of work and that of the Health Inequalities Strategy and looking at the connection between the two to ensure that there was a single system view on how to tackle inequalities.
- The Peterborough Local Community Resilience Group (CRG) which had been in place since March coordinated the local hub and comprised of representatives from the public, private, voluntary, independent and faith sectors involved in the response to the COVID-19 public health emergency. The CRG had met fortnightly since March with 30 people attending every time. The group had agreed to continue indefinitely and take the theme of Health Inequalities forward.
- Think Communities offered three basic principles: a place based hyper level approach, being people centred and thinking about what was right for the resident and trying to demystify the Public Sector for residents. This approach alongside the work being done through the other groups would hopefully drive generational change.

AGREED ACTIONS

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

1. Note and comment on the report attached at appendix 2
2. Suggest interventions or examples of good practice to be explored that may help to address the inequalities identified
3. Endorse the approach for driving this work forwards via the Community Resilience Group

8. BMI CAN DO IT: PROGRAMME TO SUPPORT OBESITY AND DIABETES INEQUALITIES – DECEMBER UPDATE

Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group had to leave the meeting, Dr Howsam therefore introduced the report in her absence accompanied by Dr Jessica Randall-Carrick, CCG Clinical Lead for Diabetes and Obesity. The purpose of the report was to update the Board on the work of

the NHS-driven BMI Can Do It Programme, in accordance with proposals made to the CCG's Governing Body in July 2020. The basis of the programme was to encourage people to move more, eat better and sleep better and by doing these three things also improve their mental health. The programme had been promoted through extensive communications and marketing. A brief overview of the report was provided by Dr Howsam and Dr Randall-Carrick.

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

- The Executive Director for People and Communities requested that officers connect with the Service Director, Communities and Partnerships to ensure joined up working with place-based co-ordinators via the local Community Resilience Hub. One of the key priorities that the hub was working on was behavioural change and the hub had links with 90 different organisations, agencies and communities. It was important that the work of the BMI Can Do It Programme was joined up with the work of the hub.
- The Director of Public Health advised that the Public Health team had enjoyed working with the programme which included work around childhood obesity and talking to schools. The work being done around COVID offered huge potential to impact on people's knowledge and behaviours around weight management and a healthier lifestyle.
- Board members noted the prevalence of health inequalities across the BAME communities and that it was sometimes difficult to get the messages across to them, especially with regard to weight loss and particularly to females. Members suggested reaching out to community radio stations and BAME food bloggers to try and get the messages across.
- It was noted that the best results came when engaging with communities and empowering everyone within those communities. Group activities, group sports, group walks motivated people and once the vaccination programme was underway more group activities would be able to take place. This was an ideal opportunity to get communities and people working together to support the health system and a healthier lifestyle.

The Chair thanked the Clinical Lead for Diabetes and Obesity for her enthusiasm and good work on the BMI Can Do It Programme.

AGREED ACTIONS

The Health and Wellbeing Board considered the report and **RESOLVED** to acknowledge updates for the BMI Can Do It programme, including the rollover of some budget allocations due to current COVID-19 pressures within Primary Care.

Chair

1.00pm to 2.30pm

Appendix 1 – Presentation Epidemiology Review, Peterborough – 7 December 2020