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HEALTH AND WELLBEING BOARD

MONDAY 18 JUNE 2012
1.00 PM

Bourges/Viersen Rooms

AGENDA

Committee Members:

Councillor Cereste (Chairman), Councillor Fitzgerald (Vice Chairman), Councillor Scott, Councillor Holdich, Gillian Beasley, David Whiles, Dr Mike Caskey, Dr Neil Sanders, Terry Rich, Malcolm Newsam and Dr Andy Liggins

Substitutes: Dr Paul van den Bent and Dr Harshad Mistry

Further information about this meeting can be obtained from Gemma George on telephone (01733) 452268 or by email gemma.george@peterborough.gov.uk

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PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD HELD AT THE TOWN HALL, PETERBOROUGH ON 26 MARCH 2012

Members Present: Councillor Marco Cereste (Chairman) – Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business
Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care (Vice Chairman)
Councillor Sheila Scott – Cabinet Member for Children's Services
Councillor John Holdich – Cabinet Member for Education, Skills and University
Gillian Beasley, Chief Executive, PCC
Malcolm Newsam, Executive Director Children's Services, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC
Dr Sushil Jathanna, PCT/NCB Chief Executive
Dr Paul van den Bent, LCG/CCG Representative
Louise Ravenscroft, Peterborough LINk – Pathfinder Local HealthWatch

Also in Attendance: Helen Edwards, Solicitor to the Council, PCC
Nick Blake, Adult Social Care Transformation Manager, PCC
Gemma George, Senior Governance Officer, PCC

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from David Whiles, Dr Mike Caskey and Dr Neil Sanders.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minutes of the Setup Meeting held on 16 January 2012	The minutes of the setup meeting held on 16 January 2012 were approved as a true and accurate record. It was commented that it was not clear within the Board's Terms of Reference whether the appropriate Clinical Commissioning Group representatives had been included. It was advised that in order to clarify this point the category listed at paragraph 4.1 would be amended to state 'Cambridgeshire and Peterborough Clinical Commissioning Group' rather than 'Cambridgeshire Clinical Commissioning Group'. The Chairman addressed the meeting and advised that item 9 on the agenda, Local HealthWatch development, was to be taken as the first item of business.	AL/GG
4. Local HealthWatch Development	The Adult Social Care Transformation Manager provided Members with a verbal update on the progress of local HealthWatch in Peterborough. Key points and responses to questions included: • In Peterborough, development was currently in the early consultation phase; • HealthWatch was due to take over the functions currently undertaken by LINk, as well as NHS Patient Advice and Liaison Service (PALS) and NHS Complaints Advocacy; • Each local authority would have a local HealthWatch, responsible	

	for reporting its findings into HealthWatch England; • The Health and Wellbeing Board would have one HealthWatch representative in its core membership and this would remain as Mr David Whiles; • HealthWatch would provide a voice for local people and would play an integral part in the development of the Joint Strategic Needs Assessment (JSNA); • The transition of the current LINk to the new HealthWatch would be done via a single tender; • There were a number of key issues to be addressed and support was needed to ensure a smooth transition; • Discussions would be undertaken with regards to how the Patient Advice and Liaison Service (PALS) would be managed going forward; • The population of Cambridgeshire as a whole was around 670,000, with 170,000/180,000 of those people utilising the services in Peterborough; • Given economies of scale and the limited indicative funding, joint commissioning of the HealthWatch NHS PALS and Complaints Advocacy functions would be explored alongside Cambridgeshire County Council, NHS Cambridgeshire and Peterborough; • There had been discussions held around commissioning NHS Complaints Advocacy functions regionally; • HealthWatch was statutorily required to be up and operating by 1st April 2013, and it was planned to have it running in shadow form by October 2012. Following discussion, it was queried whether a HealthWatch project plan could be drafted and circulated for information. The Adult Social Care Transformation Manager advised that a plan would be produced and circulated in due course.	NB
5. Health and Social Care Bill – Update	The Director of Public Health gave a brief verbal overview of the progress of the Health and Social Care Bill. It was advised that the Bill had been passed and was now awaiting Royal Assent.	
6. Terms of Reference	5.1 Received Comments The Director of Adult Social Care addressed the Board and advised that the draft terms of reference had previously been circulated via email for comment. Those comments had subsequently been incorporated into the document. The Cabinet Member Decision notice for the implementation of the Health and Wellbeing Board had also been published and all subsequent meetings were to be held in public and no longer in shadow form. During discussion, key points and responses to questions included: • The Health and Wellbeing Board would have the ability to establish sub-groups and joint commissioning groups as appropriate; • At the current time, the Children's Trust Board was not performing effectively. Tighter focus was required around commissioning and it was expected that this would sit under the Health and Wellbeing Board; • Performance on health outcomes would be monitored and this was encapsulated within the terms of reference as both an aim and a function of the Board;	

	• The partnership organisations referred to within the terms of reference would be far reaching and would include providers; • When the local Clinical Commissioning Group had taken over from the PCT, the PCT representatives would be replaced by NHS representatives; • Lincolnshire, although borderline, had opted not to become part of the Clinical Commissioning Group, however due to them representing a large number of patients, they would need to be involved. An invitation was therefore to be extended to the Lincolnshire Clinical Commissioning Group to nominate a co-opted member onto the Peterborough Health and Wellbeing Board with the caveat that they would not hold a voting position; • Further to inviting a co-opted member onto the Board from Lincolnshire, a reciprocal arrangement would be explored. 5.2 Learning Disability Sub-Group The Director of Adult Social Care advised that a Section 75 Agreement had been put in place with the PCT to deliver Learning Disability Services. The terms of reference for the Learning Disability Sub-Group had been drafted and the Group would sit directly under the Health and Wellbeing Board. The Group would be small and would oversee commissioning and strategies. The first meeting was due to be convened within the next couple of months and the terms of reference would be circulated to the Board for information purposes. 5.3 Reciprocal Arrangements with Cambs HWB The Board was advised that ongoing discussions were being held with Cambs as to the nature of the arrangements.	AL AL TR/AL
5. The Joint Strategic Needs Assessment (JSNA)	6.1 Emerging Themes / 6.2 Publication The Director of Public Health gave an overview of the progress being made with the Joint Strategic Needs Assessment (JSNA) and presented the executive summary and recommendations. Key points were highlighted and discussed including: • A refresh of the first JSNA had started at the beginning of 2011; • One of the biggest criticisms had been the level of engagement undertaken with other agencies in order to identify emerging themes; • The JSNA had been taken to 30-40 commissioning groups in order to obtain feedback and to populate the themes; • The current document was in summary format and was due to be launched on the Peterborough City Council website. This would follow some further work which needed to be undertaken on it; • It was the Board's responsibility to derive its aims from the JSNA and therefore, it was for the Board to decide how much involvement it wanted to have in the refresh; • Some of the data contained within the document had been estimated, for example, the number of people living in the city. The Census data would provide more reliable figures once released; • It was commented by Board Members that the document was an important one for the city and it needed to be right. Long term strategic decisions would be based upon its findings and accuracy would be vital; • Members commented that the document did not appear to reflect	

	the story of the needs of the people in Peterborough and it did not present a consistent approach to issues; • Significant changes to the health of the city needed to be made therefore further work needed to be undertaken, taking a 'forward thinking' approach to issues faced by the citizens of Peterborough; • Further ground work needed to be undertaken in order to identify why certain issues were prevalent within the city e.g. diabetes; • Did the JSNA contain sufficient data to inform the city's Health and Wellbeing Strategy?; • There were detailed needs assessments which sat behind the overview of the JSNA; • Members commented that an overview of the services being delivered, and whether the outcomes of those services were positive, needed to be provided. These identified priorities would then feed into the JHWS; • The detailed work needed to be undertaken by the Public Health Team and resources needed to be made available for this to be undertaken; • The work needed to reflect the priorities of the people of Peterborough, not just in relation to commissioning but also in relation to their overall wellbeing, this would involve looking at the housing agenda for example. Following discussion and questions, a way forward was identified. The information already gathered would be retained and released to those who needed it and Terry Rich, Malcolm Newsam and Dr Andy Liggins would revisit the document in order to provide an overview of the services being provided in Peterborough and the outcomes of those services. The next stage would be to identify the priorities in order to inform the HWBS. Members were advised that the focus of the next meeting would be to discuss these main themes.	TR/MN/ AL AL
7. The Joint Health and Wellbeing Strategy (JHWS)	Discussion incorporated into item 6.	
8. Public Health Transition	The Director of Public Health advised that Public Health Transition was on schedule and the second version of the Transition Plan had been submitted on 9th March 2012, this formed part of the PCT Integrated Plan. The next stage of transfer had now been reached and some practical and other minor issues, around financial aspects, had arisen. Members were advised that the Transition Plan was available for circulation if any one wished to see it.	
9. Schedule of Future Meetings and Draft Work Programme	The schedule of future meetings and the draft work programme were circulated for comment. The work programme was agreed in its current format and it was noted that it would be populated on a gradual basis.	

1.00pm - 2.30 pm
Chairman

Relating to:	ACTIONS	By whom	By when
3. Minutes of the Meeting held 16 January 2012 and Action Points	• To amend the Terms of Reference at 4.1 to state 'Cambridgeshire and Peterborough Clinical Commissioning Group'.	AL/GG	ASAP
4. Peterborough HealthWatch	• To produce a plan detailing the HealthWatch transition timescales.	Nick Blake	ASAP
5. Terms of Reference	• To extend an invitation to the Lincolnshire Clinical Commissioning Group to nominate a co-optee to the Board and to explore reciprocal arrangements. • To circulate the terms of reference for the Learning Disabilities Commissioning Executive Group.	AL TR/AL	ASAP ASAP
6. JSNA	• To revisit the JSNA in order to include an overview of the services being provided in Peterborough and the outcomes of those services. The information currently held to be made available to those who need it. • To identify the major themes / priorities in order to feed into the HWS. Discussion on these themes / priorities to be held at the next meeting	AL/TR/ MN AL	ASAP ASAP

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 4
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Nick Blake – Adult Social Care Transformation Commissioner	Tel. (01733) 758480

PETERBOROUGH HEALTHWATCH

RECOMMENDATIONS	
FROM : Healthwatch Pathfinder Project	**Deadline date: N/A**
For the Board to note and comment on the Healthwatch Peterborough project plan.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:
(a) Provide a more detailed project plan to the Board.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.7 'to oversee the development of local Healthwatch for Peterborough and to ensure that they can operate effectively to support health and well being on behalf of users of health and social care services'.

3. BACKGROUND

3.1 A paper outlining the background and general approach to implementing Healthwatch Peterborough was presented to the Shadow Board on 26 March 2012.

3.2 Following discussion the Board requested a plan detailing the Healthwatch transition timescales.

3.3 A recent announcement from the Department of Health (DH) has confirmed that it is now the intention that local Healthwatch will be granted powers of enter-and-view for children and young people's social care services. Discussions between DH, the Department of Education and Ofsted are underway. Confirmation is being sought on whether Public Health services will also fall under local Healthwatch.

3.4 DH has stated that the intention is for regulations on Healthwatch to be published in October 2012. No further information is available at this time; potential risks to the project in relation to the publication of regulations at this late stage will be reviewed and added to the project risk register.

4. PROJECT PLAN

4.1 The following section gives an overview of the project plan and identifies key points for discussion at the Health and Wellbeing Board.

4.2 Project timescales:

The table below gives an overview of project timescales and identifies key decision points for Health and Wellbeing Board review and approval of the proposed direction of travel.

Project stage or phase	Milestones	Anticipated completion / delivery date
Initial engagement	Carry out stakeholder engagement and awareness raising event.	23 May 2012
	Agree preferred procurement approach, in consultation with PCC legal services and Serco	31 May 2012
	Finalise PCC Healthwatch Peterborough Specification.	15 Jun 2012
	HWB: Review of the commissioning approach	**18 Jun 2012**
Commissioning and procurement	Finalise the commissioning plan with NHSP, clinical commissioners and other stakeholders.	30 Jun 2012
	Agree Healthwatch Peterborough governance arrangements, including board functions and person specifications. Any consortium approaches agreed in principle.	30 Jun 2012
	Engagement with stakeholders on the final agreed approach to implementing Peterborough Healthwatch	17 Aug 2012
	Start procurement exercise	03 Sep 2012
	Complete procurement exercise	30 Nov 2012
	HWB: Review of the project against intended outcomes	**10 Dec 2012**
	Formal decision on procurement exercise outcome (PCC)	21 Dec 2012
	Pending formal decision, contract with Healthwatch Peterborc agreed	31 Jan 2013
Implementation	Promotion of Healthwatch Peterborough locally	31 Mar 2013
	Healthwatch Peterborough implemented	01 Apr 2013

5. CONSULTATION

5.1 Regular consultation with Peterborough LINk has been undertaken and is ongoing through the Peterborough Healthwatch Pathfinder project.

5.2 Initial consultation with NHS Cambridgeshire and Cambridgeshire County Council around joint commissioning NHS PALS and Complains Advocacy has been undertaken. The benefit of taking a joint commissioning approach was agreed in principle; further consultation with Cambridgeshire and Peterborough CCG will be required.

5.3 Consultation with local partners including third sector organisations is planned over April and May 2012.

6. ANTICIPATED OUTCOMES

6.1 That an effective and independent Peterborough Healthwatch is commissioned and implemented by 1 April 2013.

7. REASONS FOR RECOMMENDATIONS

7.1 There will be a statutory requirement to commission and implement a local Healthwatch for 1 April 2013.

7.2 The timescale outlined in section 4.2 above will allow for consultation, procurement and implementation of the service within the required timescales.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Commissioning Healthwatch through an open procurement process has been rejected as the preferred option. Peterborough LINk is highly effective, transitioning the LINk into the Healthwatch arrangements through a single tender or grant-in-aid process would mean that current membership and relationships built up over recent years would be retained leading to a more effective local Healthwatch.

9. IMPLICATIONS

9.1 The final procurement approach will be agreed in consultation with Peterborough City Council Legal Services and Serco.

9.2 Any joint commissioning arrangements will require agreement and formalisation with regional partners.

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 5
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Aidan Fallon – GP Commissioning Development Lead Andy Vowles – Chief Operating Officer (NHS Cambridgeshire)	Tel. (01733) 758640 Tel. (01223) 725575

CLINICAL COMMISSIONING GROUP PRESENTATION

RECOMMENDATIONS	
FROM : Peterborough City Local Commissioning Group	**Deadline date : N/A**
For the Board to receive and note a presentation outlining current and future clinical commissioning developments.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board by the Peterborough City Local Commissioning Group (LCG) and the Borderline LCG, as part of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to advise Members that the Local Commissioning Groups of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group will be presenting an update on recent developments in clinical commissioning in Peterborough, as well as on planned developments over the coming months.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.4 'to consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults'.

3. BACKGROUND

3.1 Presentation to the Health and Wellbeing Board

A presentation will be given to the Health & wellbeing Board and which will cover the following areas:

- Brief background to clinically led commissioning;
- How clinically led commissioning has been developed, locally, over recent months;
- Next steps in the development of clinically led commissioning;
- Emerging local commissioning plans and priorities;
- Coherency and partnership in local commissioning; and
- The Clinical Commissioning Group authorisation process

4. CONSULTATION

4.1 Information provided during the meeting will be drawn from a range of sources.

5. ANTICIPATED OUTCOMES

5.1 It is anticipated that members of the Health and Wellbeing Board will be fully briefed on current and future clinically led commissioning developments.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure that the Board is kept up to date with current developments.

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

7.1 Various sources have been used to prepare the presentation.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Dr Andy Liggins – Director of Public Health Paul Phillipson – Executive Director of Operations	Tel. (01733) 758520 Tel. (01733) 453455

PUBLIC HEALTH TRANSITION PROGRESS REPORT

R E C O M M E N D A T I O N S	
FROM : Andy Liggins/Paul Phillipson	**Deadline date : 7th June 2012**
For the Board to review and understand the current progress of the Public Health Transition Programme.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board in order to update Members on progress towards the transition of Public Health from the NHS to the City Council.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is for the Board to consider under its Terms of Reference No. 3.3 'to oversee the transition and delivery of the designated public health functions in Peterborough'.

3. MAIN BODY OF REPORT

Background

3.1 Transformational changes in Health and Social Care following the Health and Social Care Act (March 2012) require the transfer of specific Public Health commissioning and delivery responsibilities, and associated resources from the NHS to upper tier local authorities. For Peterborough these responsibilities and functions need to be integrated within the City Council, through the identification of current and future synergies. Nationally there is enthusiasm to not just take a 'lift, shift and drop' approach, but to take this opportunity to truly transform the services and how they are delivered by the City Council.

3.2 The transition will be overseen by the Board of NHS Cambridgeshire and Peterborough Cluster PCT, Peterborough City Council internal governance processes and the shadow Health and Wellbeing Board. Progress will be reviewed at formal meetings between the PCT Cluster Board and City Council Corporate Management Team. A joint PCT/City Council Public Health Transition Board has been set up to cover all aspects of the transfer including infrastructure, and has input from all relevant teams in both organisations.

3.3 An internal officer group, led by the Director of Operations at the City Council is focussing on the development of the role of the Council as a Public Health organisation and development of the preferred model. This group reports into the Transition Board and through this Board to the Corporate Management Team and shadow Health and Wellbeing Board. There are various options being considered and a risk benefit analysis will be

carried out across all possible options to determine the most appropriate and beneficial. All of this will be documented in the Public Health Transition Options paper and will be presented to this forum once complete.

Governance

3.4 The governance for the transition programme will be carried out separately across the service and across the transition programme. Public Health Service governance will continue as per the existing arrangements during this transition year. The transition programme governance has developed its own structure based on 3 levels:

- Level 1: Cluster PCT Board/CMT
- Level 2: Public Health Transition Board
- Level 3: Transition Programme Board

Transition Programme

3.5 Initial arrangements have been made to develop a programme of work that will need to be carried out to ensure the smooth transition of services from the NHS into the City Council. This programme of work will cover all aspects of the Public Health service in conjunction with their relevant counterparts in the Council.

3.6 Each area identified has an associated Council Lead, Public Health Lead, and a Project Manager. There will then, in some instances, be a project team to help with the transition of that function.

3.7 A programme manager has been deployed who will be responsible for pulling all of the project areas together and regularly reporting back to the Public Health Transition Board with updates and any issues/risks that may have been encountered.

Project Areas/Plans

3.8 The transition programme has been broken into individual project areas that will cover all aspects of the Public Health service transition. These areas are:

- Governance/Legal/Procurement
- Finance
- Human Resources
- ICT
- Live Projects
- Information Management/Data Security
- Communications
- Performance Management
- Business Continuity & Risk Management

3.9 The programme manager has met with all of the areas and the associated project manager. Each area now has a project plan indicating the activities required for a successful transition within that particular area. The view is to monitor each area against the activities stated in their project plans.

Delivery Timeline

3.10 The transition has to be completed by April 2013, when it will become the responsibility of the Council to deliver Public Health Services. Within this time period, the view is to arrange for the Public Health team to have some kind of shadow working within the Neighbourhoods service within the Council, and to explore opportunities for joint commissioning across other key areas of the City Council's business, particularly where there is a focus on prevention and early intervention.

3.11 There are various milestones to deliver before the April 2013 deadline, which can be found in the Public Health Transition Programme Plan.

Finance & Resources

3.12 A full analysis of performance, interventions, contracts, budget and expenditure has been completed by officers from PCC and NHSP. This provides necessary detailed due diligence required as part of the transfer of Public Health and is available as a separate document.

3.13 In 2013/2014 the Public Health budget will be formally transferred to Peterborough City Council as a ring-fenced budget to be spent on the provision of public health services.

4. CONSULTATION

4.1 Consultations have yet to commence, with the first one taking place on the 16 June together with Councillor Cereste and Councillor Fitzgerald.

5. ANTICIPATED OUTCOMES

5.1 The anticipated outcome for the transition of Public Health into the Local Authority will be to have a fully transformed and integrated public health function within the Council by 1 April 2013.

6. REASONS FOR RECOMMENDATIONS

6.1 The transition of the Public Health service into the Local Authority is a statutory requirement which will need to be complete for April 2013.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Various options have been considered as to how the transition will take place and what specific elements of the Public Health service will be integrated within the Council. Once fully developed, these options will be presented in this forum.

8. IMPLICATIONS

8.1 There are implications across the whole Council as a result of this transition. The transition programme has developed plans across each of the following areas to ensure the transition is completed as smoothly as possible:

- Governance/Legal/Procurement
- Finance
- Human Resources
- ICT
- Live Projects
- Information Management/Data Security
- Communications
- Performance Management
- Business Continuity & Risk Management

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

- Public Health Transition Plan 2012/13 draft v6

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care	
Contact Officer(s):	Bob Dawson – Independent Consultant, Health and Wellbeing Terry Rich - Executive Director Adult Social Care Wendi Ogle-Welbourn - Assistant Director for Strategy, Commissioning, Prevention (Children's Services) Andy Liggins - Director of Public Health	Tel. (01733) 758444 Tel. (01733) 863749 Tel: (01733) 758520

PETERBOROUGH HEALTH AND WELLBEING STRATEGY: DEVELOPING THEMES AND PRIORITIES

RECOMMENDATIONS	
FROM : Directors Group	**Deadline date : N/A**

The Health and Wellbeing Board is recommended to:

1. Consider and comment on the suggested criteria for the selection of Health and Wellbeing Strategy priorities (para 3.3,3.4);

2. Request that a draft Health and Wellbeing Strategy is presented to the next Health and Wellbeing Board;

3. Agree a consultation process for the strategy (para 5.1);

4. Agree the finalised Health and Wellbeing Strategy at the September Health and Wellbeing Board (para 5.1); and

5. Commission the arrangement of a strategy launch event (para 5.1).

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Directors Group.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Board's views on the process for developing its first Health and Wellbeing Strategy in line with the requirements of the Health and Social Care Act 2012.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.1 'to develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies'.

3. BACKGROUND

3.1 Introduction and context: "It is only the combination of the Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (HWBS) and aligned commissioning plans that have that potential to be transformational in improving health, care and wider services for people in our communities"

This quote by Paul Burstow, Minister for Care Services at the Department of Health in December 2011, succinctly describes the challenge faced by health and wellbeing boards (HWBB), Clinical Commissioning Groups (CCG's) and Health and Social Care Commissioners. The new architecture for health and social care commissioning presumes ever greater degrees of integration in planning, commissioning and delivery. The membership and functions of the HWBB are designed to ensure that there is close alignment in the development of commissioning plans of the key commissioning agencies; CCG's, NHS Commissioning Board and Local Authorities. CCG authorisation anticipates good evidence of engagement in the HWBB and more importantly, evidence that CCG commissioning plans take into account the strategic priorities articulated in the HWBS. In summary the HWBB's will:

i) Set priorities and provide shared system leadership;
ii) Set a context, a common purpose and shared priorities;
iii) Promote collaboration and service integration;
iv) Bring together key elements of public services in one executive body;
v) Focus on outcomes, not just services; and
vi) Make things happen across the public sector

3.2 The refreshed Joint Strategic Needs Assessment for Peterborough: emerging themes and issues (The full findings and recommendations of the refreshed JSNA can be found at **Appendix 1**.)

3.3 The JSNA underpins the strategies and commissioning plans of the key partners in concert with the current and emerging outcomes frameworks. The comprehensive review and refresh of the Peterborough JSNA will help inform the identification and selection of the key strategic themes that will form the core of the HWBS. Furthermore it will provide a basis for the strategic priorities that are set within the HWBS and that will in turn influence the decisions and commissioning plans of key partners. In developing its strategy, the HWBB will take into account relevant, local strategies and plans. To be effective the HWBBS will need to focus on the factors that impact upon health and wellbeing across service boundaries. It will drive the collective actions of the NHS and Local Authorities and engage communities in the improvement of their own health and wellbeing. The health and wellbeing of Peterborough's residents is affected by; where they live, their environment, economic circumstances, interaction with the local community, lifestyle choices that are made, community safety, access to basic services. Making a difference to the health and wellbeing of the population is by implication, the responsibility and business of all. Action is required at the individual, family, community and service level to improve health outcomes and life chances.

3.4 Agreeing Priorities for the Health and Wellbeing Strategy: The Heath and Wellbeing Board may choose to concentrate its focus on those issues and needs that are by common consent and evidence:

a) agreed to be the most important
b) require an innovative multi agency response
c) address the wider determinants of health
d) will deliver the most benefit to the health and wellbeing of the population
e) most likely to impact upon health inequalities, deprivation and disadvantage
f) will most likely prevent future spend on expensive specialist services

In addition the Board may wish to apply a systematic process of prioritisation that assesses the findings of the JSNA against a criteria that considers, for example:

i) Peterborough spend in comparison with statistical neighbours on the need in question
ii) What impact could be achieved by more coordinated and collaborative commissioning and delivery
iii) If this need affects a large and rising proportion of the population
iv) Whether the problems associated with this need will get worse if there is no concerted partnership action
v) If this need is reflected in current national and local strategies and outcome frameworks
vi) Whether this need links closely with other key priorities

4. CONSULTATION

4.1 The JSNA represents a suite of documents that collectively provide an insight into the needs and issues affecting Peterborough's population. The NHS and City Council authors of the JSNA have produced a set of initial findings from the information and data that has been drawn together and they have produced a summary of key issues and associated recommendations for action. These summary findings have been consulted on through a process of engagement with a range of partnerships and interest groups through summer and autumn of 2011. The recommendations have been amended as a result of that consultation.

4.2 The JSNA findings provide a detailed profile of the Peterborough population, pinpointing those features of the profile that need to be taken into account when deciding commissioning priorities. A key task for the Health and Wellbeing Board is to agree the themes and priorities that should be included in the HWBS and as importantly, define the criteria for their inclusion. Whilst the HWBS is not intended to be an all embracing strategy, covering all the needs and issues in the JSNA, it is an important reference point for the NHS and Local Government as those organisations build their single and joint agency commissioning plans.

5. ANTICIPATED OUTCOMES

5.1 Developing the HWBS: Possible Timeline and Milestones: In order to develop a robust HWBS, the following steps are suggested:

a) June HWBB agrees the broad criteria to underpin the selection of its priorities and associated actions
b) June/July, officer sub-group of the HWBB to develop a draft HWBS, based upon the JSNA findings and with reference to the HWBB criteria
c) July/August/September, consultation with the stakeholder bodies
d) September HWBB agrees final version of the HWBS
d) October, Stakeholder engagement event to be held to launch the strategy and enable key commissioning bodies to incorporate into commissioning intentions for 2013/14 and beyond and to feed into the CCG authorisation process.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure that the Board progresses one of its primary functions 'to develop a Health and Wellbeing Strategy for the city'.

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

- Peterborough Joint Strategic Needs Assessment 2012
- Health and Social Care Act 2012
- Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies
- Explained Department of Health December 2011 Gateway Reference 16731

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Peterborough JSNA 2012

Executive Summary & Recommendations

PETERBOROUGH CITY COUNCIL

NHS Peterborough

How we are presenting the recommendations

Topic

Conclusion

Conclusion

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- Recommendation
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Peterborough JSNA 2011 – initial findings

Peterborough's population

Rising birth rate

- Peterborough's birth rate is much higher than its statistical neighbours
- The number of births to people in Peterborough is growing. There are around 3,000 births per year, which would rise to 3,500 by 2021 if the trend continued
- Peterborough has a statistically significantly high fertility rate
- Peterborough has a slightly higher than average infant mortality rate (0-1 years), although the trend is decreasing

Living longer

- Average life expectancy for males in Peterborough is 77.2 years and for females 81.5 years – both lower than the national average and, when compared to similar cities, Peterborough has the lowest life expectancy for both males and females
- Whilst the life expectancy for the population of Peterborough is increasing, it has not been keeping pace with that experienced nationally
- The gap in female life expectancy at birth, when compared with England, has reduced from 1.0 years (2006-2008) to 0.8 years (2007-2009)
- For male life expectancy there has been an increase in the gap compared to England from 0.9 in 2006-2008, to 1.1 years in 2007-2009

Migration is changing

- There is no single system for measuring migration flows in and out of Peterborough
- The migrant worker population coming to Peterborough are more recently from Lithuania and Latvia rather than from Poland as in the previous JSNA
- 80% of migrant workers are from Europe
- Births to women from the A8 countries have increased greatly between 2000 and 2009, now accounting for 14% of all live births – almost 90% of these births are to mothers from Poland

Population is growing

- Peterborough's population is 172,800 (2010 estimate) and will increase to an estimated 192,400 by 2021
- This represents a growth of 11% between 2010 and 2021
- A larger estimated percentage growth can be seen in the following age groups:
  - 65 – 74 (26%)
  - 75 – 84 (21%)
  - 85+ (52%)

Peterborough JSNA 2012 – initial recommendations

Peterborough's population

Rising birth rate

Living longer

Migration is changing

Population is growing

Service planning needs to take account of significant population growth (at all stages of the life course)

We need to maintain & improve population-based information systems during system transition and beyond (to assess needs, set targeted outcomes & monitor progress)

Peterborough City Council and partner organisations need to:

- maximise funding streams into the Peterborough health & wellbeing systems
- maximise the efficiency of commissioning & service delivery

Peterborough JSNA 2011 – initial findings

We are not all the same

Different ages and backgrounds

- Peterborough has more people under 10 years old than average
- There is also a statistically large 25 – 44 year old population, suggesting proportionally more young families in Peterborough than in England
- There are slightly fewer people than average aged over 65
- Peterborough has one of the highest proportions of non white residents in the ONS cluster at 13.2%
- Asian or Asian British (Pakistani) is the second largest population (4.5%), Other White (including recent EU migration) is third (3.7%) and Asian or Asian British: Indian next (2.7%)

- 30.5% of primary school pupils do not have English as their first language
- The ten most common languages spoken in schools are English, Punjabi, Urdu, Polish, Portuguese, Slovakian, Lithuanian, Guajarati, Czech and Chinese
- More recent information will be available from the 2011 Census (due late 2012)

Different opportunities / life chances

- There are still significant health inequalities in life expectancy within Peterborough
- The difference in average life expectancy for males between the highest and lowest wards is 11.3 years and for females 10.7 years. The 2007 JSNA showed the difference was 10.4 years (males) and 8.9 years (females)
- In Peterborough, certain communities experience lower life expectancy, more infant mortality and general poorer health outcomes. One such community is travellers, where only 55% reported no immediate health problems - significantly lower than the other communities

- Peterborough has a military base and a prison. Both have their own unique communities, opportunities and challenges
- The prison has a 12-bed, 13-cot mother and baby unit for babies up to 18 months
- Peterborough is behind the national average for the percentage of young people achieving five GCSEs grade A*-C (inc: English and maths). The gap between the national average narrowed between 2008/09 and 2009/10 for all subjects. Initial data for 2010/11 shows a further improvement
- In some schools the rate of students achieving five A*-C grades at GCSE was 23%. This was more than 85% in the highest performing schools

Peterborough JSNA 2012 – initial recommendations

We are not all the same

Different ages and backgrounds

Different opportunities / life chances

Meeting basic needs of housing, education, employment, income & food are essential first steps

We all have health & wellbeing needs but we should strive for equity of outcomes across all segments of the population

This will require differential targeting of some public sector services, whilst maintaining universal services for all

Peterborough JSNA 2011 – initial findings

How we live affects our health & well-being

What we eat

- Around 1 in 4 adults in Peterborough are estimated to be obese (almost identical to the estimated England prevalence)
- Peterborough's estimated prevalence of obesity has fallen by around 3% since the last JSNA report
- In children, obesity levels at school entry have reduced from the highest among statistical neighbours to below average for the group and nationally
- Different areas of Peterborough have different estimated obesity rates
- 30% of adults consume five or more portions of fruit or vegetables every day (comparable to the national average)

What we drink

- Peterborough has significantly fewer alcohol-specific admissions for under-18s
- Alcohol-specific admissions are at their highest for ages 40 to 49 years. This is true for both males and females, although the male admission rate is higher
- Three conditions account for 94% of these admissions: mental / behavioural disorder (60%), ethanol poisoning, alcoholic liver disease (following the national trend)
- These admissions are a large number of people having one or two admissions (rather than fewer more frequent attendees)

What we do

- The proportion of adults (aged 16 and over) who are physically active for at least 30 minutes on three or more days a week is 18.1% and decreases to 9.4% for age 65+. Worryingly, 51% of all adults aged 16+ and 73.7% of those aged 65+ are not active at all
- 56% of pupils spend at least three hours each week on school sport – in line with national average
- The number of patients living with HIV in Peterborough and accessing care has risen from 97 to 172 (2005 to 2009). Transmission by sex between men and women is the most common route
- Teenage pregnancy rates are higher than average and the highest in the region

What we smoke or use

- Young people's reporting of smoking and substance misuse are below average
- The calculated prevalence of current cigarette smoking in Peterborough is 27% - significantly higher than England (22.2%)
- This is significantly higher in the most deprived areas where nearly two in five adults smoke
- NHS Peterborough has the region's second highest rate of smoking attributable deaths
- Use of opiates and crack cocaine has risen, but there has been a reduction in the treatment population
- There was a 41% rise (45 people) in the use of cannabis misuse services (2009 to 2010)

Peterborough JSNA 2012 - initial recommendations

How we live affects our health & well-being

What we eat

Continue & develop the Live Healthy, Live Green health, wellbeing & environment agenda:

- Increase healthy eating
- Increase activity
- Increase sustainable lifestyles & communities

What we drink

Continue local action on alcohol related issues, as well as lobbying on national issues, such as minimum alcohol pricing

What we do

Reduce smoking prevalence

What we smoke or use

Continue local action to improve sexual health & reduce sexual violence

Peterborough JSNA 2011 – initial findings

The way we care for each other

We need to understand wants and needs better

- We need to engage more with people with mental health needs to make sure that they have the right range of support in the community so that they have real choice and control over their lives
- Much of the available data about adult social care says little about people who pay for their own social care services
- The available data from annual user surveys of people receiving council-funded services indicates that we do not always achieve the excellence of satisfaction levels that we aspire to in all areas

We do well at keeping people at home

- We do well in preventing unnecessary admissions to residential care for all groups excepting learning disability
- The numbers of people supported in permanent residential care has fallen by 26% between 2007-08 and 2009-10 (significantly lower rates than our comparator local authorities or the national average)
- We also have significantly higher availability of extra care housing per 10,000 of the population aged 65+
- We could do more to reduce the need for older people t be in hospital

Adults frequently pay for and arrange their own care

- There are a growing number of vulnerable people independently funding their own care
- National and local data suggests an increasing number of people are turning to social services to fund their care when their own resources run low
- National research suggests that there are many more people arranging their own care services without any contact with social services

Peterborough JSNA 2012 - initial recommendations

The way we care for each other

We need to understand wants and needs better

We do well at keeping people at home

Adults frequently pay for and arrange their own care

Xyz:

- x
- y
- z

Xyz

Xyz

Xyz

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Peterborough JSNA 2011 – initial findings

We can do more to prevent people from dying prematurely

Lung disease is still common

- Respiratory disease is the third leading cause of death with COPD (Chronic Obstructive Pulmonary Disorder) being the largest contributor. There is a modelled estimate of 1,328 undiagnosed COPD patients
- With COPD, the variability in prevalence and admission rates by practice cannot be attributed to deprivation alone and suggests that some practices may be more successful at screening, diagnosis and exacerbation avoidance

Heart disease is still a big problem

- Mortality from CHD (Coronary Heart Disease) in men aged under 75 years has declined but at a lower rate than in the cluster group
- In 2009/10 the emergency admission rate for CHD, all persons, in Peterborough was higher than England and significantly higher than East of England.
- In 2009/10 the revascularisation rates (angioplasty and CABG) for all persons, in Peterborough was significantly higher than England

Average cancer rates but still affect many people

- The rate of decline in cancer mortality in people all ages in Peterborough has been greater than that seen for the New and Growing Towns ONS Cluster
- Lung, breast, colorectal and prostate cancer are the most common cancers. Together, these account for more than 50% of all cancer cases diagnosed and are usually more common with increasing age
- The death rate for male and female lung cancer does not differ significantly from the England or New and Growing Towns cluster rate. There has however been an increase in the mortality trend for lung cancer in women aged under 75 years in Peterborough

Other causes

- Peterborough has one of the highest rates of death attributable to diabetes in its cluster
- An estimated 150 stroke patients are likely to require rehabilitation in 2010/11
- It is predicted that by 2013 inpatient activity for stroke will increase by 50% (from 2008)
- Suicide rates in all ages are higher in Peterborough than regionally and nationally

Smoking is a significant cause across all of these areas

Peterborough JSNA 2012 - initial recommendations

We can do more to prevent people from dying prematurely

Lung disease is still common

Heart disease is still a big problem

Average cancer rates but still affect many people

Other causes

We need to further reduce the number of people who smoke, to prevent deaths from:

- Heart disease & stroke
- Cancers
- Chest diseases

For long term conditions, we need:

- a greater focus on prevention across health & social care
- evidence-based interventions in the most appropriate settings
- consistent treatment, care & support for self-care

Peterborough JSNA 2011 – initial findings

Mental health & well-being

Mental health problems affect ALL age groups

- Peterborough has more young people than England under 10 years and again in the people aged between 25 and 44. However, Peterborough has slightly less people in the age groups 65 and over
- The Young Lives report showed that emotional and mental health is rated as a high priority issue by local decision makers
- Access rates to adult services for older people are relatively high, which probably reflects increased awareness of problems like depression and anxiety in older people
- The rate of community patients is highest in the 35-44 age group. and gradually declines throughout the working age period

Severe / enduring mental health conditions (ie: schizophrenia & bipolar disorder) are significant

- Slightly more people using NHS mental health services are admitted to inpatient facilities than average
- Suicide rates in Peterborough are higher than average
- The number of people with no Care Programme Approach (CPA) in Peterborough has decreased, which is a positive sign
- NHS Peterborough covers the population of HMP Peterborough. The rates of both common and severe mental illness are at least four to five times more frequent in prisoners

Common mental health disorders (such as anxiety & depression) are significant

- Mental health disorders are more common within 'deprived' communities and amongst some ethnic minority communities
- Rates of access to specialist mental health services both in 18-64 and 65+ age groups are lower in Peterborough than the commissioning average and the PCT peers' average. However the comparison details are approximate.
- Incidence of dementia is set to rise due to a rising population of older people and improved awareness

Programmes help people with mental health issues

- NHS Peterborough was a pilot for the Increased Access to Psychological Therapies (IAPT) programme from 2009. the total number of referrals since 2009 has been 1,823. Outcomes are being monitored
- NHS Peterborough provides an employment service for adults with mental health problems. In 2010, 108 people were supported, 59 new clients started and 52 closed. Of these 70 positive outcomes were achieved
- The Greeniversity project will deliver 25 green skills projects aimed at adults with learning difficulties, physical disabilities and mental health problems

Peterborough JSNA 2012 – initial recommendations

Mental health & well-being

Mental health problems affect ALL age groups

Severe / enduring mental health conditions (ie: schizophrenia & bipolar disorder) are significant

Common mental health disorders (such as anxiety & depression) are significant

Programmes help people with mental health issues

- Investment in mental health promotion
- Strengthened primary care support
- Strengthened outreach support
- Suicide prevention
- Improved forensic services (community & within prison)

? others tbc

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Peterborough JSNA 2011 – initial findings

Protecting our health and wellbeing

Some infectious diseases are increasing, whilst others are decreasing

- Peterborough has experienced a rising trend in the rates of TB over the last decade and has higher rates than the England average
- In 2009, 38 TB cases were notified for Peterborough
- There is an increasing incidence of Hepatitis C – largely due to increased detection rates
- Healthcare associated infections MRSA and Cdiff are reducing

We can better protect ourselves against infectious diseases

- Flu vaccination uptake for over 65s is below average and remains static, which is concerning given the potential complications of infection in this age group
- There is lower MMR coverage at 2 years old and there has been a decline
- Hospital figures consistently show prevalence for HIV in pregnant women was 0.09%, and for syphilis 0.17%, which is higher than the rest of the region

We can better protect ourselves against cancers and other preventable diseases

- Cervical screening coverage in Peterborough has declined from 82% in 2002-2003 to 77% in 2009-2010
- This decline is greater than in the rest of England, although there has also been a national decline
- Other significant conditions include chronic obstructive airways disease and lung cancer
- Take up of screening for bowel cancer has been lower than the regional average
- Smoking is a significant cause

Peterborough JSNA 2012 – initial recommendations

Protecting our health and wellbeing

Some infectious diseases are increasing, whilst others are decreasing

We can better protect ourselves against infectious diseases

We can better protect ourselves against cancers and other preventable diseases

We need to maintain robust systems for:

- childhood immunisation
- disease surveillance
- screening
- resilience & emergency response

We need to reduce variability in the uptake of screening programmes - both:

- cancer (e.g. breast, bowel & cervical)
- non-cancer (e.g. antenatal, neonatal)

Peterborough JSNA 2011 – initial findings

Keeping people safe

Safeguarding children

- Peterborough has a high rate of children 'in need' per 10,000 head of population of 0-17 year olds. In 2010 this was 547 and was in the highest 10% of local authorities in England
- In August 2011, 161 children were subject to child protection plans and 321 were being looked after
- Peterborough has statistically significantly high rates of childhood mortality (all causes 0-15 years)
- In 2009 there were 23 people (0-19 years) killed or seriously injured on the roads. There were significantly more in the 16-19 age group
- In Peterborough in 2010/11 the number of sexual offences against children was 135

Safeguarding adults

- In Peterborough we completed 449 investigations into potential cases of abuse of vulnerable adults during 2010/11. National research suggests a larger number are likely to remain unreported
- Over half of these cases were relating to older people:
  - Age 65-74 = 6 per 1,000 of population
  - Age 75-84 = 23 per 1,000
  - Age 85+ = 76 per 1,000
- The most common concerns for all age groups were:
  - Physical 31%
  - Financial 26%
  - Emotional / psychological 21%
  - Neglect 16%
- In Cambridgeshire there are 10-20 rapes per month. The majority are females between 13 and 24 years

Protecting from avoidable harm

- The number of people killed or seriously injured from road traffic accidents continues to decline
- Peterborough has the highest rate of hip fractures in people of all ages, differing significantly from the ONS cluster group and the England average
- Serious sexual offences in Peterborough have reduced from 252 to 237. Serious violent crime has reduced by 3.7%
- Dental health varies depending on social circumstances: 35% from routine and manual occupation households had visible coronal caries (24% for those in managerial occupations and 28% in intermediate occupations)

Peterborough JSNA 2012 – initial recommendations

Keeping people safe

Safeguarding children

Safeguarding adults

Protecting from avoidable harm

Priorities for children & young people include:

- reduction in child poverty
- increasing educational attainment
- safeguarding children
- early intervention & promoting physical and mental wellbeing

Priorities for adults include:

- safeguarding vulnerable adults
- accident & injury prevention

We need to improve dental health & reduce inequalities in access to dental services

Peterborough JSNA 2011 – initial findings

Local voices

General health & satisfaction is high

- The 2010 Quality of Life (QoL) survey shows satisfaction with health services was high
- Opinion of health levels in general was: 75% 'good', 20% 'fair' and 5% 'bad'
- Perceived health levels are good although the Place Survey 2008 indicated that Peterborough has the third lowest percentage saying their health is good or very good
- There has been a 4% increase in those agreeing that the police and other local public services seek people's views about problems in the local area
- There has been a 9% increase in those saying police and other local public services successfully deal with issues in the local area
- Satisfaction level has remained consistent for 3 years

Specific issues

- 36% of respondents (Quality of Life survey) felt that older people in their area are able to get services and support they need to continue to live at home for as long as they want. A decrease of 3% from 2009
- High numbers of young people say their mental health is poor and that they are unsure where to access help and advice
- The TellUs and Taking Peterborough Pulse surveys show that young people found advice on healthy food and lifestyles, alcohol, smoking, sex and relationships was helpful and relevant, and they knew how to access information
- A teenage pregnancy consultation shows a lack of awareness of sex and contraception advice services for 13 – 19 year olds

Reported patient & service user experience is good

- The Attitude to Healthcare Survey results show 81% of respondents felt that their local NHS helps improve the health and wellbeing of themselves and their family. This ranks Peterborough in the top five PCTs regionally
- The national GP survey shows a smaller number of people felt it was easy to get through to the GP surgery by phone compared to England overall
- 80% who tried to get an appointment with a doctor fairly quickly were able to
- When asked how often they felt they were 'treated with respect and consideration' (Quality of Life survey) 32% said all the time, 45% most of the time, and 4% rarely or never

What you think

- Local people have a relatively high level of satisfaction with health services –
  - pharmacists (90.9%)
  - GP/doctor's services (82.8%)
  - local hospitals (76.9%) and
  - dental services (67.6%)
- The health service people are least satisfied with is dental services

Peterborough JSNA 2012 – initial recommendations

Local voices

General health & satisfaction is high

Specific issues

Reported patient & service user experience is good

What you think

We need to keep listening:

- public & user feedback
- monitoring of experience, health & wellbeing of local people
- act on identified concerns

Peterborough JSNA 2011 – initial findings

Where do we spend the money?

NHS

- NHS Peterborough's total budget in 2010/11 was £355 million
- 24% of this was spent on doctors, dentists, opticians and pharmacists
- 49% was spent on hospital and other patient services
- 19% was spent on community and adult social care services
- 8% was spent on other services

Adult social care

- The rate that people (adults) are supported to live independently through social services was below the average of similar councils
- Compared to unitary councils in England in 2009/10, Peterborough was second highest in the proportion of spend on residential care for people with physical disabilities
- In 2009/10 the overall percentage spend on physical disabilities was low (6% of total social services spend) compared to the average in unitary councils (10%)
- In 2009/10 there was a reduction in the percentage of physical disabilities day and domiciliary care expenditure that was spent by way of direct payments

Children & young people

- Education is the biggest single service area accounting for 49% of the council's net current expenditure for 2009-2010
- Combined social care (adults and children) is the second biggest area of spend
- Planned expenditure for 2010-2011, the per-capita gross cost on services for children and young people is £6,531 (England average £6,520)
- Planned per-capita spend on the schools budget is £5,207
- Planned per capita spend on children's social care is £568

Peterborough JSNA 2012 – initial recommendations

Where do we spend the money?

NHS

Adult social care

Children & young people

We need to increase the data validity & accuracy of financial data for health & social care commissioning

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Sue Mitchell – Assistant Director, Public Health	Tel. (01733) 758530

THE DEVELOPMENT OF THE HEALTH AND WELLBEING BOARD

RECOMMENDATIONS	
FROM : Assistant Director, Public Health	**Deadline date : N/A**
For the Board to note the development of the Health and Wellbeing Board.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board to provide an update on development opportunities available to the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide details of development opportunities available to the Health and Wellbeing Board.

2.2 This report is for the Board to consider under its Terms of Reference No. 2.1 'to bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community'.

3. BACKGROUND

3.1 This report has been brought as an update item at the request of the Board. A short presentation and verbal update will be given at the meeting to inform the board of development opportunities, and enable them to make choices concerning which options the board wishes to pursue further.

4. KEY ISSUES

4.1 The presentation and verbal update that will be given at the Board meeting will cover the following:

- Development options offered by the Local Government Association, NHS Leadership Academy and through regional simulation workshops
- A recommendation of which options may offer the best fit for the Board's development needs

5. CONSULTATION

5.1 Information provided during the meeting will be drawn from a range of sources, including from across the Council and the PCT.

6. ANTICIPATED OUTCOMES

6.1 For the Board to choose which options it wishes to pursue, and to task officers to follow-up and organise the required next steps.

7. REASONS FOR RECOMMENDATIONS

7.1 So that the Board is kept up to date with current development opportunities available and is able to access the support it requires.

8. IMPLICATIONS

8.1 The Board will be provided with sufficient information to enable them to feel confident about the future development of the Board.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

9.1 Various sources have been used to prepare the presentation.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 9
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member Adult Social Care	
Contact Officer(s):	Tim Bishop – Assistant Director, Strategic Commissioning	Tel. (01733) 758407
	Terry Rich – Executive Director, Adult Social Care	Tel. (01733) 758444

LEARNING DISABILITY SUB-GROUP

R E C O M M E N D A T I O N S	
FROM : Assistant Director, Strategic Commissioning	**Deadline date : N/A**
For the Board to note the arrangements of the Learning Disability Sub-Group.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request by the Executive Director, Adult Social Care.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is for the Board to note the development of the sub-group along the lines outlined.

2.2 This report is for the Board to consider under its Terms of Reference 3.6 'by establishing sub-groups as appropriate given consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities'.

3. LEARNING DISABILITY SUB GROUP

3.1 On the 1 March 2012 the Learning Disabilities Services returned to Adult Social Care Department within Peterborough City Council. In order to have a joint arrangement between the PCC and the NHSP a Section 75 agreement was agreed by the two organisations and the host will be the PCC.

3.2 A Learning Disability Executive Board will operate as a sub-group of the Health and Well Being Board and will be responsible for implementing the agreed strategy and commissioning plans and for recommending any changes in approach or direction to both the Health and Well Being Board and to the partner Commissioning boards (i.e. Council Cabinet, PCT Board and local commissioning groups/clinical commissioning groups ("LCG/CCG") once fully established).

3.3 The purpose of the sub-group is to provide strategic oversight and direction for the commissioning and delivery of services to support the health and well being of residents of Peterborough with learning disabilities and/or autism, in consultation with the Learning Disabilities Partnership Board (a multiagency communication and engagement group for learning disabilities and including the voluntary sector and service users), service users, their carers and families.

3.3 The Sub-Group will be responsible for:

3.3.1 Providing the overarching organisational leadership in the planning and delivery of effective learning disability services for Peterborough.

3.3.2 Receiving periodic reports from the Section 75 Review Board, regarding the performance of services provided under the lead commissioning arrangements covered within this Agreement and to make recommendations as appropriate for any changes or extensions of terms of that agreement.

3.3.3 Considering any issues arising from the Section 75 Review Board requiring particular attention.

3.3.4 Developing and maintain an up to date Joint Commissioning Strategy for adults with learning disabilities and/or autism.

3.3.5 Reviewing the outcome of commissioning plans arising from the strategy.

3.3.6 Ensuring that the views or people with learning disabilities, their carers and families, and of the Learning Disabilities Partnership Board are fully taken account of in the development and implementation of all service and commissioning plans.

3.3.7 Considering and review performance and quality measures in relation to the learning disability services and to recommend actions arising as a consequence of that review.

3.3.8 Maintaining an overview of the financial investment made by commissioning partners into the services, ensuring that they achieve value for money and to make recommendations to the Health & Well Being Board and to partner Commissioning Boards where the need for change to investment are indicated.

3.3.9 Giving consideration to the future investments in learning disabilities services annually including recommending to the PCT/CCG where any resources released through attrition might be re-invested.

3.4 The membership will include: The Cabinet Member for Adult Social Care & Health; The Executive Director of Adult Social Services; the Assistance Director Strategic Commissioning; a PCT Director; a Director from the PCT; a lead clinician or GP from the CCG/LCG; the Director of Public Health; and a nomination from users/carers nominated via the LD Partnership Board.

3.5 The Sub-Group will meet at least six monthly, but more frequently if required. It is envisaged that quarterly meetings may be required during the first year of operation of the group.

3.6 The Parties have agreed that decisions will be made jointly wherever possible but based on a simple majority vote. A quorum for the purposes of any meeting where a decision is to be taken shall be one member from the Council and either one member from the PCT or the lead clinician/GP member from the LCG/CCG.

3.7 The first Sub-Group meeting is due to take place on the 19 July 2012.

4. REASONS FOR RECOMMENDATIONS

4.1 To ensure that the Board is kept up to date with the establishment of sub-groups as appropriate.

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 10
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Terry Rich – Executive Director, Adult Social Care	Tel. (01733) 758444

HEALTH AND WELLBEING BOARD AGENDA PLAN

RECOMMENDATIONS	
FROM : Executive Director, Adult Social Care	**Deadline date : N/A**
For the Board to agree and feed into the agenda plan for 2012/13.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board at the request of the Executive Director, Adult Social Care.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Board with a draft agenda plan for development for 2012/13.

3. BACKGROUND

3.1 The Board is responsible for feeding into its own agenda plan and therefore the plan is presented to the Board for discussion and to enable future items to be included.

3.2 The draft agenda plan, which shows items currently scheduled, is attached at **Appendix 1**.

4. ANTICIPATED OUTCOMES

4.1 For the Board to identify future items for the agenda plan.

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UPDATED: 21 MAY 2012

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2012/13
VERSION 2

Meeting Date	Item	Progress
24 September 2012	1) The Joint Health and Wellbeing Strategy Contact Officer: Dr Andy Liggins / Terry Rich	
10 December 2012	1) Commissioning Plans Contact Officer: Dr Andy Liggins / Terry Rich	
25 March 2013	TBC	

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