

**PETERBOROUGH**



**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD AT THE TOWN HALL, PETERBOROUGH ON 25 MARCH 2013**

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)  
 Councillor Sheila Scott – Cabinet Member for Children’s Services  
 Councillor John Holdich – Cabinet Member for Education, Skills and University  
 Wendi Ogle-Welbourn, Assistant Director, PCC  
 Terry Rich, Director of Adult Social Care, PCC  
 Dr Andy Liggins, Director of Public Health, PCC  
 Dr Gary Howsam, Borderline Local Commissioning Group  
 David Whiles, Peterborough LINK – Local HealthWatch  
 Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group  
 Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group

Also in Attendance: Alex Daynes, Senior Governance Officer, PCC  
 Helen Edwards, Solicitor to the Council, PCC  
 Peter Wightman, NHS Board (Item 5)  
 Sue Mitchell, Public Health (item 6b)  
 Tim Bishop, Adult Social Care, PCC (item 6d)  
 Nick Blake, Adult Social Care, PCC (item 6d)  
 David Morris, PricewaterhouseCoopers (item 7)  
 Angela Mohtashemi, PricewaterhouseCoopers (item 7)  
 Ed Bramley-Harker, PricewaterhouseCoopers (item 7)

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from Councillor Fitzgerald, Dr Withers, Dr Caskey, Sue Westcott and Dr Rigg.	
2. Declarations of Interest	None.	
3. Minutes of the Previous Meeting	The minutes of the meeting held on 21 January 2013 were approved as a true and accurate record.	
4. Review of Terms of Reference and Membership	<p>The Board received a report detailing a review of its terms of reference and membership in accordance with new regulations and ahead of 1 April when it would take on its statutory responsibilities.</p> <p>During debate of the changes, comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Healthwatch was intended to represent as many third sector partners as possible;</li> <li>• Must ensure a voice on the Board for the voluntary sector;</li> <li>• Remove ‘Peterborough’ from the titles of organisations in the revised membership;</li> <li>• Need only 1 GP representative for Borderline Local</li> </ul>	

	<p>Commissioning Group;</p> <ul style="list-style-type: none"> <li>• Only 3GPs on the board in total;</li> <li>• Do not need the CCG accountable officer as well as the Chief Operating Officer.</li> </ul> <p>Members <b>AGREED</b> the revised terms of reference and membership subject to:</p> <ol style="list-style-type: none"> <li>1. Only one GP from Borderline required</li> <li>2. Remove CCG Accountable Officer</li> </ol>	<p>TR TR</p>
<p>5. Role of Local Area Team</p>	<p>The Board received a presentation on the role of the NHS England Board that included details of the organisational structure, responsibilities, where it was based, guiding principles and how it would work with the Health and Wellbeing Boards.</p> <p>The National Commissioning Board representative's comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Local strategies and needs would direct work for the national board;</li> <li>• The Health and Wellbeing Board would be included in consultations;</li> <li>• Health visiting commissioning would be inherited from the outgoing Primary Care Trust;</li> <li>• The first 6-12 months would be a test of the commissioning procedures and practices;</li> <li>• National Commissioning Board plans would come to this Board for assessing before implementation;</li> <li>• Plans need to be acceptable and compatible with local plans;</li> </ul> <p>Further comments from the Board included:</p> <ul style="list-style-type: none"> <li>• Need to make the National Commissioning Board structure and operating procedures easier for all members of the public to understand;</li> <li>• Need to identify a GP lead for Safeguarding issues;</li> <li>• Need to clarify processes and procedures for the National Commissioning Board and Local Area Team Boards before the next meeting;</li> <li>• Must have Local Authority involvement in the Delivery of Health and Wellbeing services for residents.</li> </ul>	
<p>6. Commissioning Issues</p>	<p>(a) Local Commissioning Group (LCG) / Clinical Commissioning Group (CCG) – Older People's Programme update</p> <p>The Board received a report on the multi agency Older Peoples Programme of work lead by the Clinical Commissioning Group. The Board was advised that the overall plan for the CCG would be submitted to the next meeting of the Board.</p> <p>The Board was advised that best practice across the country was being looked at to inform the work of the Older People's Programme, timetables for work were being established and how the Board would integrate and work with other organisations was also being developed.</p>	<p>AV</p>

	<p>(b) Public Health – Commissioning Intentions</p> <p>The Board received a report noting that the city council would become responsible for certain public health functions from 1 April 2013 and included the Public Health Outcomes Framework and Commissioning Intentions. The grant for provision of services was ring fenced and would rise from £8.4million in 2013-14 to £9.2million in 2014-15.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Work was underway jointly with Children’s Services to develop a sexual health and wellbeing strategy</li> <li>• Child sexual exploitation was addressed within the strategy;</li> <li>• Public Health would report to this Board concerning commissioning and spending;</li> </ul> <p>Further comments from Board members included:</p> <ul style="list-style-type: none"> <li>• Need to link partner decisions on Public Health needs;</li> <li>• Must tackle life expectancy figures in partnership with other organisations;</li> <li>• Focus on coronary heart disease from the CCG should be able to give specialist advice on and support the work needed.</li> </ul>	
	<p>(c) Children’s Services – Commissioning Intentions 2013-14</p> <p>The Board received a report advising it of the commissioning strategy for Children’s Services and the priorities identified for it. The Board was advised that the work was linked to the Health and Wellbeing Strategy and the pressures on budgets and service provision was also included. The performance framework could be submitted to the Board in future.</p>	
	<p>(d) Adult Social Care – Dementia Strategy</p> <p>The Board received a report following a review of the first draft Dementia Strategy and the proposals to commission a Dementia Resource Centre by the Adult Social Care Departmental Management Team and updating it on the progress of the work.</p> <p>The first draft of the Dementia Strategy was included with the report and the Board was further advised that the strategy incorporated mental health elements and new data on dementia practice in GP surgeries was to be released next year.</p>	
<p>7. Peterborough and Stamford Hospitals Foundation Trust- contingency update</p>	<p>Representatives from PricewaterhouseCoopers (PWC) presented information to the Board on the establishment of a contingency plan to address the hospital trust’s financial situation that would include an assessment of the financial, clinical and operational sustainability of the Trust.</p> <p>Responses to questions from the Board included:</p> <ul style="list-style-type: none"> <li>• The contingency plan would look at the whole local area and what was needed relating to hospital provision;</li> <li>• Local commissioning intentions such as directing patients away from hospital care would need to be understood;</li> </ul>	

	<ul style="list-style-type: none"> <li>• Timescales for the work were set by Monitor;</li> <li>• Further representation from local organisations can be included in the stakeholder list including the national commissioning board.</li> </ul>	
8. Schedule of Future Meetings and Draft Agenda Programme	The Board received and considered the agenda plan for future meetings and was advised that the schedules of meeting for the year ahead would be amended so the meetings would be held on Thursdays from 12-2pm to enable greater GP attendance.	AD

**4.30 pm  
Chairman**

<b>Relating to:</b>	<b><u>ACTIONS</u></b>	<b>By whom</b>	<b>By when</b>
Review of Terms of Reference and Membership	Amend membership so that: <ol style="list-style-type: none"> <li>1. Only one GP from Borderline required</li> <li>2. Remove CCG Accountable Officer</li> </ol>	Terry Rich Terry Rich	ASAP ASAP
Local Commissioning Group (LCG) / Clinical Commissioning Group (CCG)	Submit commissioning plan to next meeting	Andy Vowles	Next Meeting
Schedule of Future Meetings and Draft Agenda Programme	Amend Schedule of meetings to Thursday 12-2pm.	Alex Daynes	ASAP