

**MINUTES OF A MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD (SETUP MEETING)**

*HELD AT THE TOWN HALL, PETERBOROUGH ON 16 JANUARY 2012*

Present: Councillor Marco Cereste (Chairman) – Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business  
 Councillor John Holdich – Cabinet Member for Education, Skills and University  
 Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care  
 Councillor Sheila Scott – Cabinet Member for Children’s Services  
 Gillian Beasley, Chief Executive, PCC  
 Terry Rich, Director of Adult Social Care, PCC  
 Dr Andy Liggins, Director of Public Health, PCC  
 Helen Edwards, Solicitor to the Council, PCC  
 David Whiles, HealthWatch Representative  
 Dr Sushil Jathanna, PCT/NCB Chief Executive  
 Dr Michael Caskey, LCG/CCG Representative  
 Dr Paul van den Bent, LCG/CCG Representative  
 Dr Neil Sanders, LCG/CCG Representative  
 Gemma George, Senior Governance Officer

Item	Discussion and Decision	Action
1. Apologies for Absence	There were no apologies for absence received.	
2. Declarations of Interest	There were no declarations of interest.  Members were advised that further direction with regards to declaring interests would be provided in due course.	
3. Overview of the Shadow Health and Wellbeing Board	<p>The Director of Public Health gave a presentation to the Shadow Board which detailed the timelines for the implementation of Health and Wellbeing Boards, the role of the Boards and some identified issues.</p> <p>The role of the Board would be:</p> <ol style="list-style-type: none"> <li>1. To provide strategic leadership;</li> <li>2. To strengthen the influence of Local Authorities and elected representatives in shaping healthcare commissioning;</li> <li>3. To support partnership working and integrated commissioning across the NHS, public health and social care; and</li> <li>4. To develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).</li> </ol> <p>Comments made by Members and responses to questions included:</p> <ul style="list-style-type: none"> <li>• The term ‘Early Adopter’ had the potential to be misleading and would therefore not be used widely;</li> <li>• Supporting partnership working and integrated commissioning across the NHS, Public Health and Social Care was key and needed to be robust;</li> <li>• The inclusion of borderline GPs was required to ensure a</li> </ul>	

	<p>consistent approach across the wider Peterborough area. In order to achieve this, work would need to be undertaken alongside Cambridgeshire and Lincolnshire. Service providers would also need to be engaged with in some way;</p> <ul style="list-style-type: none"> <li>• Attendees of the Shadow Health and Wellbeing Board should be kept to a minimum, however, further connections would be required in order to be able to set the right priorities for the people of Peterborough;</li> <li>• Examples of GPs, who were part of the Borderline Local Commissioning Group and delivering services to Peterborough residents, included Yaxley, Bretton and Fletton;</li> <li>• The Shadow Health and Wellbeing Board's focus should be based around commissioning issues, therefore further discussions were required as to how providers were to be engaged with;</li> <li>• The Public Health Transition Plan (PHTP) identified that Shadow Health and Wellbeing Boards were to be implemented by April 2012, with the 'Board proper' to be implemented by April 2013;</li> <li>• More focus needed to be given to the remit of the Shadow Board and it's priorities for the forthcoming shadow year;</li> <li>• Communication with neighbouring Shadow Boards would be vital going forward;</li> <li>• Providers needed to establish how the changes would affect them and how they would manage issues;</li> <li>• The method of engagement with the acute trusts and other providers needed to be identified, without necessarily giving them formal roles;</li> <li>• In order to identify the objectives for Peterborough, the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) would need to be produced. This would assist in identifying additional required attendees to the Shadow Health and Wellbeing Board;</li> <li>• Health and Wellbeing Boards from across the area would need to work together when responding to acute providers;</li> <li>• The functions of the Health and Wellbeing Board would be broader than commissioning issues, in order to identify these issues, the needs of the people of Peterborough would need to be identified;</li> <li>• The third highlighted role of the Shadow Health and Wellbeing Board 'to support partnership working and integrated commissioning across the NHS, public health and social care' needed to encompass the 'community' aspect further. Borderline GPs serviced 40-45% of the people of Peterborough therefore "the development of a cross boundary approach to ensure a single service was delivered to be people of Peterborough" needed to be factored in. It was therefore agreed that this point would be amended to reflect community focus;</li> <li>• The statutory guidance laid out the membership of the Boards, however, co-opted members and advisors could be invited at any point to address issues as they arose;</li> <li>• Representatives of the LCGs should be invited;</li> <li>• An overview of all of the current partnership sub-groups and their workings was requested, this was to include the voluntary sector;</li> <li>• The Chairman advised that he would correspond with the neighbouring authorities to ascertain how links could be made between them and Peterborough;</li> </ul>	<p>AL/TR</p> <p>AL/TR</p> <p>MC</p>
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	<ul style="list-style-type: none"> <li>The draft Cabinet Member Decision Notice (CMDN) and the draft Terms of Reference would be looked at and revised to reflect the points raised in earlier discussion with regards to engagement and membership. These would be circulated electronically to the Board in due course.</li> </ul>	AL/TR
4. Draft Terms of Reference	Discussion incorporated into item 3.	
5. Membership Discussion	Discussion incorporated into item 3. It had been identified that further work was required prior to agreeing the membership and how other key stakeholders were to be engaged with.	
6. Greater Peterborough Partnership (GPP) Fit (Including Single Delivery Plan)	<p>The Board was advised that one of its roles would be to develop a Joint Health and Wellbeing Strategy (JHWS).</p> <p>In order to aid in the development of this Strategy, an audit would need to be undertaken to identify the current strategies and plans already in place. The Board was advised that this action would be progressed.</p> <p>How the Health and Wellbeing Board would fit in with the current GPP structure would also need to be addressed further and in order to aid in the creation of a JHWS, the three main health care providers would need to be involved. This point would also be further explored.</p>	TBC  TBC
7. Practicalities	The Director of Public Health advised that the Shadow Board was to meet regularly for the first six months with the frequency of meetings to be reviewed after this time. The meetings would initially be held in private and supported by the Local Authority.	
8. Revised Public Health Transition Plan	<p>The Director of Public Health advised that the revised Plan had been updated to include a summary of the latest guidance from the Department of Health (DoH) and also reflected further steps that had been taken since the draft Plan had been shared with the Corporate Management Team (CMT) in November 2011.</p> <p>The Plan was required to be submitted by 18 January 2012.</p> <p><b>RESOLVED:</b></p> <p>The Board noted the revised Public Health Transition Plan</p>	
9. Draft Agenda for February	<p>The Director of Public Health presented the draft agenda for the meeting due to be held in February 2012.</p> <p>It was commented that the draft CMDN and draft Terms of Reference would be circulated to the Board for electronic sign off.</p>	
10. Dates of Next Meetings	<p>6 February 2012 – 1pm Viersen Room</p> <p>26 March 2012 – 1pm Viersen Room</p> <p>23 April 2012 – 1pm Viersen Room</p> <p>28 May 2012 – 1pm Viersen Room</p> <p>18 June 2012 – 1pm Viersen Room</p>	

Relating to:	<u>ACTIONS</u>	By whom	By when
3. Overview of the Shadow Health and Wellbeing Board	<ul style="list-style-type: none"> <li>• To amend point three of the Health and Wellbeing Board's role, to reflect community focus;</li> <li>• To provide an overview of the current partnership sub-groups and their workings, including the voluntary sector;</li> <li>• To correspond with neighbouring authorities to ascertain how best to work together;</li> <li>• To revise and circulate draft TOR and CMDN.</li> </ul>	AL/TR  AL/TR  MC  AL/TR	ASAP  ASAP  ASAP  ASAP
6. Greater Peterborough Partnership (GPP) Fit (Including Single Delivery Plan)	<ul style="list-style-type: none"> <li>• To undertake an audit of the current strategies and plans in place;</li> <li>• To identify who needed to be involved during the production of JHWS</li> </ul>	TBC  TBC	ASAP  ASAP