

PETERBOROUGH



CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD
HELD AT THE TOWN HALL, PETERBOROUGH ON 12 SEPTEMBER 2013

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)
Councillor Fitzgerald – Cabinet member for Adult Social Care
Councillor John Holdich – Cabinet Member for Education, Skills and University
Councillor Irene Walsh – Cabinet Member for Community Cohesion, Safety and Public Health
Jana Burton, Executive Director of Adult Social Care, PCC
Rechel Boika, Consultant in Public Health Medicine, Public Health, PCC
Sue Westcott, Executive Director of Children’s Services, PCC
Dr Richard Withers, Borderline Local Commissioning Group
Dr Mike Caskey, Peterborough City Local Commissioning Group
David Whiles, Peterborough LINK – Local Healthwatch
Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group
Andy Vowles, Cambridgeshire Clinical Commissioning Group
Andrew Reed, NHS England East Anglia Local Team
Claire Higgins, Chairman Safer Peterborough Partnership

Also in Attendance: Alex Daynes, Senior Governance Officer, PCC
Mubarak Darbar, Head of Commissioning Learning Disabilities, PCC
Dr Caroline Lea-Cox,
Wendi Ogle-Welbourn, Assistant Director, PCC
Chas Ryan, Stroke/CHD/Alcohol Programme Manager, PCC
Kim Sawyer, Head of Legal Services, PCC

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from Gillian Beasley, Sue Mitchell, Dr Ken Rigg and Russell Wate.	
2. Declarations of Interest	None were received.	
3. Minutes of the Previous Meeting	The minutes of the meeting held on 6 June 2013 were approved as a true and accurate record.	

<p>4. Health Watch – (a) Hydrotherapy in delivering outcomes from the Health and Wellbeing Board's Strategy 2012-15</p>	<p>The Board received a report from Healthwatch Peterborough that provided a summary version of a comprehensive report compiled for clinicians for members to review the outcomes and impact of the aquatic therapy service for local residents and reviewed how aquatic therapies provided measurable outcomes and translated into a service that reflected the Health and Wellbeing Strategy 2012-15. The report also provided the Board with detailed information and reviewed recommendations in light of the recent decisions to review the hydrotherapy services.</p> <p>Members discussed the report and the attached user evaluation. Comments included:</p> <ul style="list-style-type: none"> • Only slight evidence existed for health improvements for users; • Could link with muscular skeletal services; • Investment was needed in improving the facility at St. George's; • The service had developed a client list of around 1600 in two years; • Some clients could be accommodated at other sites; • The St George's site may not be sustainable in the long term; • The hydrotherapy pool could be relocated and provided within other sites and projects currently under development. <p>Following consideration of the report, the Board AGREED to endorse the recommendation put forward by Councillor Fitzgerald as below:</p> <p>The Board endorses the important role hydrotherapy can play in the physical and mental wellbeing of people in Peterborough. As recommended by the report the board asks the Clinical Commissioning Group, Public Health and Adult Social Care Commissioners to work together to ensure that access to hydro therapy is part of the council's preventative offer and supports people to live independently.</p>	<p>CM, SM, JB</p>
<p>5. NHS England / Local Board</p>	<p>(a) Metastatic Liver Resection Service Reconfiguration</p> <p>The Board received a report providing background information concerning the service changes required for metastatic liver resection (liver cancer surgery) and to obtain the Committee's views on the process followed to identify a single surgical centre for metastatic liver resection.</p> <p>It was proposed that the single surgical site for the East Anglia region be based at Addenbrookes Hospital in Cambridge.</p> <p>Members discussed the report and comments made included:</p> <ul style="list-style-type: none"> • Most Peterborough residents currently attend Leicester for this treatment and may choose to continue to do so; • Need to consider and manage transport arrangements for patients going to Cambridge; • Outpatient appointments including chemotherapy can be carried out in Peterborough. <p>Following consideration of the report the Board AGREED that it was content with the single centre being located in Cambridge.</p>	

	<p>(b) Primary Care Strategy</p> <p>The Board received a report describing the process NHS England was following to develop primary care strategy at a national level and at an East Anglia level.</p> <p>Members discussed the report and comments included:</p> <ul style="list-style-type: none"> • Should not have a single approach for the whole country so partners must work together to ensure local needs were addressed; • NHS commissioned health and justice and primary care for prisons; • The challenge of increasing GP numbers when GP Practices operated under contracts, rather than individual GPs, would need to be addressed. <p>The Board AGREED to receive a further update at its next meeting.</p>	AR
6. Clinical / Local Commissioning Groups	<p>(a) Local Area Team (LAT) agreement S256 transfer</p> <p>The Board received a report advising it of a Section 256 funding agreement that had been drawn up between the CCG and Peterborough City Council (PCC) to align with the local needs of the population across the health and social care system. The Joint Commissioning Forum had been asked to comment on the draft plan prior to it being submitted to the Area Team for their input and agreement as the budget holders who would transfer the funding to PCC. Details of the Section 256 including the metrics were also attached for the Board's consideration as it was required that the Final Version of the Section 256 be presented to the Health and Wellbeing Board in September 2013 as part of the national governance and approvals process.</p> <p>Members discussed the report and comments included:</p> <ul style="list-style-type: none"> • NHS Local Area Team input was required for the final version; • A pooled Integrated Transformation fund would be established from 2015 and a plan for this was required by April 2014 – this would be presented to the Board; • The Integrated Transformation funding agreement would be to provide statutory services and new services; • Other grants could be included in the agreement; eg DFG 's • As the level of funding is due to increase from 2015/16 it was important to have a proper framework in place between all parties based on National Guidance; • NHSE Local Area team to input financial metrics into the Section 256 2013/14 would be addressed. 	<p>CM</p> <p>AR</p>

	<p>(b) Commissioning Intentions</p> <p>The Board received a presentation on the commissioning intentions of the Cambridgeshire and Peterborough CCG for 2014-15 that included the priorities, process and emerging issues.</p> <p>It was further confirmed that Specialist Inpatient Mental Health Service was included in the CCG commissioning intentions for 2014/15.</p> <p>The Board NOTED the information in the report.</p>	
7. Public Health	<p>(a) Pharmaceutical Needs Assessment</p> <p>The Board received a report updating it on its statutory responsibility to maintain and publish a Pharmaceutical Needs Assessment (PNA). The full background to this was presented in a previous report to the HWB in June 2013.</p> <p>The Board was advised that there was not presently a need for a full assessment but a revised PNA would be required by April 2015.</p> <p>The Board NOTED the information in the report.</p>	
8. Adult Social Care	<p>(a) Winterbourn View Report</p> <p>The Board received a report in order to provide an overview of developments to date and to satisfy it that appropriate action was being taken in light of the Winterbourn Review concerning the resettling of all the people placed in secure hospitals being settled back into the community.</p> <p>Comments from the Board included:</p> <ul style="list-style-type: none"> • The Intensive-behavioural Support Team (IST) should widen its age range for those under 18 years of age. <p>The Board was further advised that the age range for the IST could be looked into and that some vacancies existed in the short term but the long term ambition was that people were prevented from falling into the situation where they were in need of intensive support.</p> <p>The Board was content with the report.</p>	
	<p>(b) Learning Disabilities</p> <p>The Board received a report reflecting on how well, as a region, delivering services for adults with learning disabilities had improved, in order to further the commissioning processes to improve these services, and for consideration of the proposed recommendations.</p> <p>Comments from the Board included:</p> <ul style="list-style-type: none"> • No information was presented on transitional arrangements. 	

	<p>The Board was further advised that the Mencap Charter and performance details were for adults only rather than for children.</p> <p>The Board AGREED:</p> <ol style="list-style-type: none"> 1. to sign up to the Mencap ‘Getting it Right Charter’; and 2. Jana Burton would lead on learning disabilities for the Health and Wellbeing Board. 	
<p>9. Board Development</p>	<p>(a) Peer Challenge</p> <p>The Board received a report highlighting what a Peer Challenge would focus on. The Board was advised that further work was required before submitting to a Peer Challenge.</p> <p>The Board AGREED to wait for further work to be done before conducting a peer review.</p> <hr/> <p>(b) Health and Wellbeing Strategy – Delivery Plan</p> <p>The Board received a report following the development of the Health and Wellbeing Strategy. The Board was asked to consider the wider determinants of health that it may want to focus on to support delivery of the priorities in the Health and Wellbeing Strategy.</p> <p>Comments from the Board included:</p> <ul style="list-style-type: none"> • Need to determine the value that the Board can bring; • Need to determine what the Board is looking to deliver; • Wider partner input and involvement was needed in the document; • Focus could be placed on the council’s Operation Can Do area in order to improve the health and wellbeing of the residents in this area – this could include a collaboration of partners to apply for EU funding; • Need to determine who would be responsible for commissioning once any funding was received. <p>The Board AGREED:</p> <ol style="list-style-type: none"> 1. To focus on the Operation Can Do Area; 2. To determine the best way to commission services with partners; 3. The Health and Wellbeing Board would be the responsible body for coordinating the work; 4. Relevant aspects of the EU Funding journal to be shared with partners; 5. A project officer should be established for the Health and Wellbeing Board. Wendi Ogle-Welbourn to develop a business case to determine funding required from each partner. 	<p>WO-W, PP, CM</p> <p>PP</p> <p>WO-W</p>
<p>10. Public Health England’s Longer Life Toolkit</p>	<p>The Board received a report following the publication of the Longer Lives Tool-kit by Public Health England (PHE).</p> <p>The Board noted the information in the report.</p>	

11. Joint Commissioning – Child Health Update	<p>The Board received a report to keep it apprised of the progress in moving towards gaining agreement for a Peterborough Joint Health and Local Authority Child Health Commissioning Unit.</p> <p>The Board noted the information in the report.</p>	
12. Child Health Outcomes	<p>The Board received documents outlining details of a pledge to improve health outcomes for children and young people.</p> <p>The Board noted the information.</p>	
13. Health and Wellbeing Board Event	<p>The Board received information outlining details of a full day event for the East of England to help local government and NHS colleagues think through what arrangements – locally and regionally – were needed to support an integrated approach to health and social care and address the collective challenges and opportunities arising from the NHS reforms.</p> <p>The Board noted the information.</p>	
14. Schedule of Future Meetings and Draft Agenda Programme	<p>The Board received and considered the agenda plan for future meetings and was advised of the schedule of meetings for the year ahead.</p> <p>The Board noted the information.</p>	

**3.00 pm
Chairman**

Relating to:	<u>ACTIONS</u>	By whom	By when
Health Watch (a) Hydrotherapy in delivering outcomes from the Health and Wellbeing Board's Strategy 2012-15	<ul style="list-style-type: none"> • Clinical Commissioning Group, Public Health and Adult Social Care Commissioners to work together to ensure that access to hydro therapy is part of the council's preventative offer and supports people to live independently. 	Cathy Mitchell, Sue Mitchel, Jana Burton	Ongoing
NHS England / Local Board (b) Primary Care Strategy	<ul style="list-style-type: none"> • Provide a further update at the next meeting of the Board 	Andrew Reed	16 Jan 2014
Clinical / Local Commissioning Groups (a) Local Area Team (LAT) agreement S256 transfer	<ul style="list-style-type: none"> • Provide pooled funding plan for 2015 to the Board. • Address and resolve delays in NHS local team processes 	Cathy Mitchell Andrew Reed	27 March 2014 ASAP
Board Development (b) Health and Wellbeing Strategy – Delivery Plan	<ul style="list-style-type: none"> • Determine best way to commission services with partners for OP Can Do area; • Share relevant section of EU funding journal with partners; • Develop a business case for a support officer. 	Wendi O-W, Paul Phillipson, Cathy Mithcell Paul Phillipson Wendi O-W	January 2014 ASAP ASAP