PETERBOROUGH CITY COUNCIL

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
Malcolm Newsam, Executive Director Children's Services, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC/NHSP
Helen Edwards, Solicitor to the Council, PCC
David Whiles, LINk Representative
Dr Sushil Jathanna, NHSC & NHSP PCT Cluster 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.	HE
3. Overview of the Shadow Health and Wellbeing Board	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. The role of the Board would be: 1. To provide strategic leadership; 2. To strengthen the influence of Local Authorities and elected representatives in shaping healthcare commissioning; 3. To support partnership working and integrated commissioning across the NHS, public health and social care; and 4. To develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). Comments made by Members and responses to questions included: • The term 'Early Adopter' had the potential to be misleading and would therefore not be used widely; • Supporting partnership working and integrated commissioning across the NHS, Public Health and Social Care was key and needed to be robust; • The inclusion of borderline GPs was required to ensure a consistent approach across the wider Peterborough area. In order to achieve this, work would need to be undertaken alongside Cambridgeshire and Lincolnshire.	

	• 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; • Examples of GPs, who were part of the Borderline Local Commissioning Group and delivering services to Peterborough residents, included Yaxley, Bretton and Fletton; • 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; • 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; • More focus needed to be given to the remit of the Shadow Board and it's priorities for the forthcoming shadow year; • Communication with neighbouring Shadow Boards would be vital going forward; • Providers needed to establish how the changes would affect them and how they would manage issues; • The method of engagement with the acute trusts and other providers needed to be identified, without necessarily giving them formal roles; • 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. Health and Wellbeing Boards from across the area would need to work together when responding to acute providers; • The functions of the Health and Wellbeing Board would be broader than commissioning issues, in order to identify these issues, the wider needs of the people of Peterborough would need to be identified; • 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 provided services to a significant proportion Peterborough residents 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; • 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; • Representatives of the LCGs should be invited; • An overview of all of the current partnership sub-groups and their workings was requested, this was to include the voluntary sector; • The Chairman advised that he would correspond with the neighbouring authorities to ascertain how links could be made between them and Peterborough; • 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.	AL/TR AL/TR MC TR/AL
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)	The Board was advised that one of its roles would be to develop a Joint Health and Wellbeing Strategy (JHWS). 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. 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.	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 could initially be held in private, with a transition to public during the 'setup year'. The Board will be supported by the Local Authority.	
8. Revised Public Health Transition Plan	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. The Plan was required to be submitted by 18 January 2012. **RESOLVED:** The Board noted the revised Public Health Transition Plan	
9. Draft Agenda for February	The Director of Public Health presented the draft agenda for the meeting due to be held in February 2012. It was commented that the draft CMDN and draft Terms of Reference would be circulated to the Board for electronic sign off.	TR/AL
10. Dates of Next Meetings	6 February 2012 – 1pm Viersen Room 26 March 2012 – 1pm Viersen Room 23 April 2012 – 1pm Viersen Room 28 May 2012 – 1pm Viersen Room 18 June 2012 – 1pm Viersen Room	

2.25 pm

Relating to:	ACTIONS	By whom	By when
2. Declarations of Interest	• To provide further direction with regards to declaring interests.	HE	ASAP
3. Overview of the Shadow Health and Wellbeing Board	• To amend point three of the Health and Wellbeing Board's role, to reflect community focus; • To provide an overview of the current partnership sub-groups and their workings, including the voluntary sector; • To correspond with neighbouring authorities to ascertain how best to work together; • To revise and circulate draft TOR and CMDN.	TR/AL TR/AL MC TR/AL	ASAP ASAP ASAP ASAP
6. Greater Peterborough Partnership (GPP) Fit (Including Single Delivery Plan)	• To undertake an audit of the current strategies and plans in place; • To identify who needed to be involved during the production of JHWS	TBC TBC	TBC TBC

Peterborough Health and Wellbeing Board
Purpose and Terms of Reference

1. Background and context:

1.1 The Peterborough Health & Well Being Board has been established to provide a strategic leadership forum focussed on securing and improving the health and well being of Peterborough residents.

2. The aims are:

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

2.2 To actively promote partnership working across health and social care in order to further improved health and well being of residents.

2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

3. Its functions are:

3.1 To develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.

3.2 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Well Being Strategy.

3.3 To oversee the transition and delivery of the designated public health functions in Peterborough

3.3.1 In the first instance to consider and recommend to the Council and PCT the plans for the transfer of the designated public health functions to the Council in line with the requirements of the Health and Social Care Bill (Act)

3.3.2 To keep under review the delivery of the designated public health functions and their contribution to improving health and well being and tackling health inequalities

3.3.3 To consider the recommendations of the Director of Public Health in their Annual Public Health report.

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.

3.5 To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

3.6 By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.

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.

3.8 To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

3.9 To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.

4. Membership

4.1 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:
The Leader of the Council – Chairman of the Board
The Cabinet Member for Health & Adult Social Services
The Cabinet Member for Children's Social Care
The Cabinet Member for Education, Skills and University

The Chief Executive
The Executive Director of Adult Social Services
The Executive Director of Children's Services

Peterborough PCT:
The Chief Executive
The Director of Public Health

Cambridgeshire Clinical Commissioning Group
2 members representing Peterborough Local Commissioning Group
1 member representing Borderline Clinical Commissioning Group

Peterborough LinK
1 member

4.2 The membership will be kept under review and in particular will be amended consequential to the passage and implementation of the Health & Social Care Bill (Act) to take account of the abolition of PCTs and the replacement of local LinK with Local HealthWatch

4.3 The Board shall co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.

5. Meetings

5.1 The Board will meet in public.

5.2 The minimum quorum for the Board shall be 5 members which should include at least one elected member, one statutory director (DCS/DASS/DPH) and a PCT/CCG member.

5.3 The Board shall meet periodically and at least quarterly. Additional meetings shall be called at the discretion of the Chairman where business needs require.

5.4 Administrative arrangement to support meetings of the Board shall be provided through the City Council's Governance team

6. Governance and Approach

6.1 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the work of the partnership organisations.

6.2 Decisions taken and work progressed will be subject to scrutiny of the City Council's Scrutiny Commission for Health Issues.

7. Wider Engagement

7.1 The Health and Wellbeing Board will develop and implement a communications engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public.

7.2 The Board will ensure that its decisions and the priorities it sets take account of the needs of all of Peterborough's communities and groups are communicated widely.

8. Review

8.1 These Terms of Reference will be reviewed after 1 year to take account of the enactment and implementation of the Health & Social Care Bill (Act) and the experience that the Board will have developed over its initial period of operation.

SHADOW HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 9
26 MARCH 2012	

Cabinet Member(s) responsible:	Councillor Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Nick Blake, ASC Transformation Commissioner	Tel. 758444

PETERBOROUGH HEALTHWATCH

RECOMMENDATIONS	
FROM : *Healthwatch Pathfinder Project*	**Deadline date:** *to be agreed at the HWB 26 March 2012*
1. *To note and comment on the approach for commissioning and implementing Peterborough Healthwatch set out in this report*	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Shadow Health and Wellbeing Board following a request from the Health and Wellbeing Board and discussion within the Healthwatch Pathfinder Project team.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:
(a) provide additional or background information requested by the Health and Wellbeing Board;
(b) to obtain the Board's view on the proposals' set out within this report.

3. BACKGROUND

3.1 The Health and Social Care Bill currently making its way through Parliament includes a requirement for Local Authorities to commission a local Healthwatch organisation. The local Healthwatch will deliver functions currently provided by the LINk, NHS PALS and NHS Complaints Advocacy.

3.2 A recent Department of Health (DH) circular has confirmed that local Healthwatch arrangements are expected to be in place for 01 April 2013; in the meantime Peterborough City Council (PCC) is required to maintain LINk arrangements.

3.3 Peterborough has been working with NHS Peterborough and Peterborough City Council on a pathfinder project to prepare for and inform the development of local Healthwatch arrangements.

3.4 In line with initial DH guidance and to preserve the relationships and expertise the current LINk possesses the intended approach is to transition the LINk into the new Healthwatch arrangement. The Health and Social Care Bill aims to give flexibility in commissioning a local Healthwatch but requires that it is a body corporate and as such can employ staff and enter into contracts without the need for a host organisation. Recent amendments to the Bill have confirmed that a local Healthwatch will not be a statutory body but will carry out statutory functions.

3.5 Given economies of scale and the limited indicative funding it seems sensible to explore joint commissioning of the Healthwatch NHS PALS and Complaints Advocacy functions

with Cambridgeshire County Council, NHS Cambridgeshire and Peterborough. There has been some discussion regionally about commissioning NHS Complaints Advocacy functions regionally, this would also be a sensible option in terms of economies of scale and delivering a service that requires particular staff skills.

3.6 Work with Peterborough LINk has identified the preferred option of setting up a local Healthwatch Community Interest Company and exploring options to create a consortium with local third sector organisations. This approach will mean that the Healthwatch is able to:
(a) build on existing engagement networks;
(b) have the capability and capacity to discharge it's responsibilities to the Council and the local community.

3.7 To summarise; it is proposed that the following approach is taken to commissioning Peterborough Healthwatch:
(a) to work Peterborough LINk and the third sector to form Peterborough Healthwatch via a grant-in-aid or single tender process;
(b) to explore with NHS Peterborough, NHS Cambridgeshire, Cambridgeshire County Council and the Clinical Commissioning Group jointly commissioning NHS PALS and Complaints Advocacy functions;
(c) to explore a regional approach to commissioning NHS Complaints Advocacy.

5. CONSULTATION

5.1 Regular consultation with Peterborough LINk has been undertaken and is on going 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 01 April 2013.

7. REASONS FOR RECOMMENDATIONS

7.1 There will be a statutory requirement to commission and implement a local Healthwatch for 01 April 2013.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Commissioning Healthwatch through an open procurement process has been rejected. 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.

UPDATED: 21 March 2012

SHADOW HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2012/13

Meeting Date	Item	Progress
18 June 2012	**1) The Joint Health and Wellbeing Strategy** Focus on JHWS (strategic objectives). **Contact Officer: Dr Andy Liggins / Terry Rich**	
TBA September 2012	**1) The Joint Health and Wellbeing Strategy** To adopt the Strategy **Contact Officer: Dr Andy Liggins / Terry Rich**	
TBA December 2012	**1) Commissioning Plans** **Contact Officer: Dr Andy Liggins / Terry Rich**	
TBA March 2013		
TBA June 2013		

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