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## MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD AT THE TOWN HALL, PETERBOROUGH ON 24 SEPTEMBER 2012

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)  
 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 Paul van den Bent, LCG/CCG Representative  
 Dr Mike Caskey, GP Commissioning Group  
 Dr Richard Withers, Borderline GPs  
 Louise Ravenscroft, Peterborough LINK – Pathfinder Local HealthWatch

Also in Attendance: Tim Bishop, Assistant Director Strategic Commissioning, PCC  
 Nick Blake, Adult Social Care Transformation Manager, PCC  
 Bob Dawson, Independent Consultant, Health and Wellbeing  
 Alex Daynes, Senior Governance Officer, PCC  
 Dorothy Gregson, Chief Executive Cambridgeshire Police Authority  
 Sue Mitchell, Assistant Director Public Health  
 Wendi Ogle-Welbourn, Assistant Director, PCC  
 Kim Sawyer, Head of Legal Service, PCC  
 Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from David Whiles (Peterborough LINK – Pathfinder Local HealthWatch).	
2. Declarations of Interest	None.	
3. Minutes of the Setup Meeting held on 18 June 2012	The minutes of the meeting held on 18 June 2012 were approved as a true and accurate record.	
4. Transition Updates	<p>c) Public Health</p> <p>The Director of Public Health presented information updating the Board on the progress of the transition of public health services to the council including:</p> <ul style="list-style-type: none"> <li>• The Director of Public Health will report to the Chief Executive who will be responsible for overall Public Health policy;</li> <li>• A plan is being developed which locates the delivery of public health functions within the Council’s Operations Directorate; and</li> <li>• The Health &amp; Well Being Board would be responsible for setting overall Public Health priorities in line with the Health &amp; Well Being</li> </ul>	

	<p>strategy and Public Health outcomes framework.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Performance indicators would show health status in the city in order to target work;</li> <li>• One clinical commissioning group (CCG) would be created with a Cambridgeshire Public Health team and Peterborough Public health team;</li> <li>• The health strategy would detail how to tackle the main health issues; and</li> <li>• All partners must be involved in tackling health issues but significant health improvements may take 10 years to see results.</li> </ul> <p>a) Regional and National Developments</p> <p>The Chief Operating Officer of the Clinical Commissioning Group (CCG) addressed the Board updating it on developments including:</p> <ul style="list-style-type: none"> <li>• Establishment of a national Commissioning Board with four regions – here will be Midlands and East; and</li> <li>• The National Commissioning Board would be responsible for overseeing and ensuring the development of the CCGs.</li> </ul> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Services for under-5 year olds would be the responsibility of the National Commissioning Board until 2014 or 2015.</li> </ul> <p>b) Clinical Commissioning Group</p> <p>The Chief Operating Officer of the Clinical Commissioning Group (CCG) reaffirmed to the Board that the plan remains for there to be a single CCG for Cambridgeshire and Peterborough, divided into eight local commissioning groups (LCGs), with two (Peterborough City and Borderline) relating to Peterborough and to this Health &amp; Well Being Board.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• There would be a need to ensure that the CCG retained a clear focus on the particular issues facing Peterborough; and</li> <li>• There was still some uncertainty around which services would be commissioning or directed by the National Commissioning Board.</li> </ul>	
<p>5. Joint Strategic Victim and Offender Needs Assessment</p>	<p>The Chief Executive of Cambridgeshire Police Authority introduced a report on the Police Authority's strategic plans to enable completion of the county's first Police and Crime Plan by March 2013 using a Victim and Offender Needs Assessment as an evidence base. The need to ensure partnership working was highlighted along with the need for the Board to consider how to engage with the Police and Crime Commissioner</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• There will be one Commissioner for the whole Cambridgeshire and Peterborough area;</li> <li>• Local priorities were needed but also area wide priorities;</li> <li>• Local and regional work should be coordinated together with partners; and</li> </ul>	

	<ul style="list-style-type: none"> <li>Some issues such as drugs and alcohol cross the responsibilities of Health and Wellbeing Boards and Community Safety Partnerships.</li> </ul>	
6. Children's Safeguarding Annual Report	<p>The Executive Director Childrens' Services introduced a report on the Safeguarding Children Board's annual report and business plan for the Board to consider and comment on.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>The Board is multi-agency, recognising that Safeguarding Children is a shared responsibility – not just the Council's;</li> <li>All partners on the Board were responsible for safeguarding work;</li> <li>To address current safeguarding issues work was needed to strengthen the effectiveness of the Board; and</li> <li>Must ensure all partners can participate and play a role.</li> </ul>	
7. Health Watch Ambassador	<p>The Executive Director Childrens' Services introduced a report to obtain the Board's views on the employment of a Health Watch Ambassador for children, highlighting that there were currently 11 ambassadors across the region, they were trained by the Prince's Trust and the funding for them would be shared.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>It was unclear whether the Ambassador would be employed by the Prince's Trust;</li> <li>The recommendations of the report state that the host would be Local Health Watch, the CCG or the Local Authority, not the Prince's Trust; and</li> <li>No discussions yet with the Local Health Watch.</li> </ul> <p><b>ACTION:</b> More information needed on hosting and funding before agreeing a way forward.</p>	MN
8. Health and Wellbeing Strategies	<p>The Independent Consultant, Health and Wellbeing and the Assistant Director Public Health introduced a report on the Health and Wellbeing Strategy for Peterborough and compared it to progress made in Cambridgeshire including:</p> <ul style="list-style-type: none"> <li>Both documents were being consulted on;</li> <li>Five priorities identified for Peterborough;</li> <li>Strong and clear outcomes needed for the strategy; and</li> <li>Equality Impact Assessments needed once strategy finalised.</li> </ul> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>A clear set of outcomes needed for this Board to monitor;</li> <li>Public could be reminded again that the document was out for consultation;</li> <li>Some priorities have remained the same for many years;</li> <li>Commissioners of services must show how they will address priorities once identified; and</li> <li>Focus needed on a few priorities to achieve results and focus resources to best effect.</li> </ul> <p><b>ACTIONS:</b></p>	

	<ol style="list-style-type: none"> <li>1. Remind wider public about the opportunity to contribute to the strategy consultation;</li> <li>2. Present the proposed final Health and Wellbeing Strategy to the next meeting for approval.</li> </ol>	SM/BD SM/BD
9. Board Development	<p>The Assistant Director Public Health introduced a report on ways to develop the work of the Board and to update the Board on the simulation event held in Cambridge.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> <li>• Arrange a Leadership Academy session with Local Government Association;</li> <li>• Review Membership of the Board in January;</li> <li>• New ways of working, not just full Board meetings needed;</li> <li>• Establish links to other partners and groups; and</li> <li>• This Board must achieve results.</li> </ul> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Arrange a Leadership Academy session with Local Government Association; and</li> <li>2. Review Membership of the Board in January.</li> </ol>	SM SM
10. Schedule of Future Meetings and Draft Agenda Programme	The Board considered the agenda plan for the coming year and no further items were added.	

2.55 pm  
Chairman

Relating to:	<u>ACTIONS</u>	By whom	By when
Health Watch Ambassador	Provide more information on hosting and funding before agreeing a way forward.	Malcolm Newsam	Next meeting
Health and Wellbeing Strategies	<ol style="list-style-type: none"> <li>1. Remind wider public about the opportunity to contribute to the strategy consultation;</li> <li>2. Present the revised Health and Wellbeing Strategy to the next meeting.</li> </ol>	Sue Mitchell and Bob Dawson	Next Meeting
Board Development	<ol style="list-style-type: none"> <li>1. Arrange a Leadership Academy session with Local Government Association; and</li> <li>2. Review Membership of the Board.</li> </ol>	Sue Mitchell	January