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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

HELD AT THE TOWN HALL, PETERBOROUGH ON 6 JUNE 2013

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)
 Councillor John Holdich – Cabinet Member for Education, Skills and University
 Jana Burton, Executive Director of Adult Social Care, PCC
 Sue Mitchell, Director of 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
 Dr Harshad Mistry, Peterborough City Local Commissioning Group
 Gordon Lacey, Peterborough LINK – Local HealthWatch
 Cathy Mitchell, Cambridgeshire & Peterborough 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
 Kim Sawyer, Head of Legal Services
 Wendi Ogle-Welbourn, Assistant Director, PCC
 Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from David Whiles, Councillor Fitzgerald, Councillor Scott, Dr Ken Rigg, Dr Paul van den Bent and Russell Wate.	
2. Declarations of Interest	None were received.	
3. Minutes of the Previous Meeting	The minutes of the meeting held on 25 March 2013 were approved as a true and accurate record.	
4. Register of Interests and Code of Conduct	<p>The Board received a report following guidance from the Local Government Association concerning governance and constitutional issues for Health and Wellbeing Boards. Members were advised of the requirement to complete a register of interest form that would apply when conducting the business of the Board.</p> <p>Members NOTED the regulations and requirements concerning Registering Interests and abiding by the City Council’s Code of Conduct.</p> <p>Register of Interest forms would be provided for completion.</p>	

<p>5. Board Membership</p>	<p>The Chairman advised the Board of changes to the City Council's Cabinet Member portfolios and the relocation of responsibility for Public Health. It was requested that the Board's terms of reference be amended to allow Councillor Walsh, as Cabinet Member for Community Cohesion, Safety and Public Health, to be a full member of the Board.</p> <p>The Board AGREED that the Terms of Reference should be amended to allow the Cabinet Member for Community Cohesion, Safety and Public Health to become a full member.</p> <p>This would be recommended to the full council of Peterborough City Council to approve.</p>	<p>KS</p>
<p>6. NHS England / Local Team</p>	<p>The Board received an oral update on the work of the local area team. Five key issues had emerged:</p> <ol style="list-style-type: none"> 1. Hospital Trust finances - report from auditors expected by the end of the week; 2. MMR – campaign launched with GPs, data available some time in July; 3. Primary Care Strategy – original deadline of the end of June had been extended, further work with all partners required; 4. Urgent Emergency Care – Accident and Emergency performance not meeting standards; and 5. Liver cancer services – specialised service to be commissioned for the whole region – two bids received (Norwich and Cambridge). <p>Further information provided in response to questions included:</p> <ul style="list-style-type: none"> • Several area teams may need to coordinate work to ensure a relevant Primary Care Strategy; • The Local Team was aware of issues with ICT provision; • It was expected that there would be constraints around resources, the strategy must address this; • Must address need to move patients out of hospital and into Primary Care; • Local design of Primary Care Strategies was desired. <p>ACTION: NHS England to work closely with LCGs and partner agencies to develop Primary care Strategy. The HWB Board to be kept apprised of progress in this area.</p>	
<p>7. Clinical / Local Commissioning Groups</p>	<p>(a) Draft CCG Prospectus</p> <p>The Board received a report from the Clinical Commissioning Group (CCG) on its draft prospectus. Input from the Board was requested in order to develop and finalise the prospectus.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Representatives from the Patient Participation Group were included in the Patient Reference Group; • Inclusion of Healthwatch in the prospectus to be discussed further; • The Primary Care Strategy review could be included in the document; 	<p>CM</p>

	<p>Further comments from Board members included:</p> <ul style="list-style-type: none"> • Must ensure NHS England local team and the CCG works together on their various strategies. 	
	<p>(b) Older People's Programme</p> <p>The Board received a report updating it on the progress being made by the CCG towards the procurement of Older People's services, to deliver the outcomes developed by the CCG/Local Clinical Commissioning Groups (LCG) in conjunction with the local system Partners.</p> <p>Further comments from Board members included:</p> <ul style="list-style-type: none"> • Hospital Trust input needed for this work; [Dr Caskey arrives] • Older people's care is a whole community issue – volunteers and public - not just service providers, this should be addressed. 	
	<p>(c) Children's Services – Cambridgeshire Community Services Transition / Cambridge and Peterborough Foundation Trust</p> <p>The Board received a report following a workshop on the 20th of May 2013 attended by Health, Local Authority, Area Team and Public Health Commissioners to explore options for the future commissioning of Children's Services within the CCG geographical boundaries.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Many options post-April 2014 were being considered; • Joined up commissioning was preferred. 	
8. Public Health	<p>(a) Pharmaceutical Needs Assessment</p> <p>The Board received a report to update it on its statutory responsibility to maintain and publish a Pharmaceutical Needs Assessment (PNA).</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Minimum requirements for pharmacies will be assessed; • The current provision will be reviewed; • Contracts and work conducted at pharmacies would also be reviewed. <p>Further comments from Board members included:</p> <ul style="list-style-type: none"> • Urgent care should be involved in the review; • Should look to expand ordering on and use of the internet for repeat prescriptions; • Improved ICT options provision should be reviewed too. 	
9. Healthy Child Programme 0-5 Years – Regional Project	<p>The members of the Board received an overview of the project. Final report to be presented to the Board in January 2024.</p>	

10. Outcomes from Board Development Sessions	<p>The Board received a report summarising the process and outcomes of recent Board development sessions and sought the Board's views on options for further Board development.</p> <p>The Board requested that more information was provided about the sessions and future priorities in order to better plan its work.</p>	SM
11. 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 should be amended so the meetings would be held on Thursdays from 1-3pm to better enable GP attendance.	AD

**1.20 pm
Chairman**

Relating to:	<u>ACTIONS</u>	By whom	By when
Board Membership	Submit recommendation to full Council to amend the membership of the Board.	Kim Sawyer	10 July
Draft CCG Prospectus	Consider options to include Healthwatch in the prospectus.	Cathy Mitchell	Ongoing
Outcomes from Board Development Sessions	Provide greater level of information about the sessions and future priorities to enable the Board to better plan its work.	Sue Mitchell	Next Meeting
Schedule of Future Meetings and Draft Agenda Programme	Amend Schedule of meetings to Thursdays 1-3pm.	Alex Daynes	ASAP