

PETERBOROUGH



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

HELD AT THE TOWN HALL, PETERBOROUGH ON 18 JUNE 2012

Members Present: 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
 David Whiles, Peterborough LINK – Pathfinder Local HealthWatch
 Dr Mike Caskey, GP Commissioning Group

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
 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
 Dr Richard Withers, Borderline GPs

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from Councillor Cereste, Helen Edwards and Dr Sushil Jathanna.	
2. Declarations of Interest	David Whiles declared an interest in item 4 on the agenda, Peterborough Healthwatch, as a member of LINK.	
3. Minutes of the Setup Meeting held on 26 March 2012	The minutes of the setup meeting held on 26 March 2012 were approved as a true and accurate record subject to the following amendments: <ul style="list-style-type: none"> • Point 2 of Item 5 on page 3 should include “of the previous 2007 JSNA”; The Board was advised that no response had yet been received from the invitation to the meetings from Lincolnshire.	
5. Clinical Commissioning Group	The Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) presented information to members of the Board on recent developments in clinical commissioning in Peterborough. Comments and responses to questions included: <ul style="list-style-type: none"> • It was considered that the benefits of having one CCG for the whole county including Peterborough was more beneficial than 	

	<p>two as all decision making would be in one organisation, greater financial security and flexibility and greater economies of scale would be realised;</p> <ul style="list-style-type: none"> • Peterborough has different needs than rest of county, could review South Lincolnshire inclusion too, increasing population needs to be accounted for; • Peterborough already a unitary health provider, could be more beneficial to have its own CCG; • One CCG provides greater financial capacity and economies of scale; • High population growth and its risks would be better managed through a larger CCG; • Each Local Commissioning Group (LCG - 8 in total) would have an equal vote in the CCG to begin with; • Cannot see direct benefit to Peterborough of only one CCG, boundary issues (overlap) already being managed; • Greater capability of providing services (currently £60 per person to reduce to £25 per person) will be seen in one larger CCG, shared managerial expertise and risk management, CCG would not take all decisions from LCGs and LCGs would not support this; • Cllr Fitzgerald – further comments to be submitted to Andy Vowles outside the meeting and an update to come to the next meeting including views of other GPs. 	AV
<p>7. Peterborough Health and Wellbeing Strategy: Developing Themes and Priorities</p>	<p>The Independent Consultant, Health and Wellbeing, with the Director of Public Health presented information to the Board on the process for developing its first Health and Wellbeing Strategy in line with the requirements of the Health and Social Care Act 2012 including headline health issues across Cambridgeshire and Peterborough.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Need to show plans for population increase and decrease; • Need greater awareness of health conditions being introduced through immigration; • This Board must inform commissioning priorities of other organisations; • Local groups must contribute to the strategy; <p>Cllr Fitzgerald leaves the meeting, Cllr Holdich assumes the chair.</p> <ul style="list-style-type: none"> • GPs were already familiar with the priorities and issues raised; <p>The Board AGREED the criteria in the report to be used to determine the issues and needs to be included in the strategy as below:</p> <ol style="list-style-type: none"> a) agreed to be the most important; b) require an innovative multi agency response; c) address the wider determinants of health; d) will deliver the most benefit to the health and wellbeing of the population; e) most likely to impact upon health inequalities, deprivation and disadvantage; and f) will most likely prevent future spend on expensive specialist services. <p>Further comments and responses included:</p> <ul style="list-style-type: none"> • Strategy must now turn into action; 	

	<ul style="list-style-type: none"> • Financial strategy still required before moving forward; • Acute and Elderly Care plans should be included in Peterborough strategy; • Final version to come to September's meeting with launch in October. <p>The Board AGREED the consultation strategy in the report as below:</p> <ol style="list-style-type: none"> a) June HWBB agrees the broad criteria to underpin the selection of its priorities and associated actions; b) June/July, officer sub-group of the HWBB to develop a draft HWBS, based upon the JSNA findings and with reference to the HWBB criteria; c) July/August/September, consultation with the stakeholder bodies; d) September HWBB agrees final version of the HWBS; and e) October, Stakeholder engagement event to be held to launch the strategy and enable key commissioning bodies to incorporate into commissioning intentions for 2013/14 and beyond and to feed into the CCG authorisation process. <p>Dr Mike Caskey leaves the meeting. Kim Sawyer leaves the meeting. Gillian Beasley leaves the meeting. Malcolm Newsam leaves the meeting.</p>	
8. The Development of the Health and Wellbeing Board	<p>The Assistant Director Public Health introduced a report and presented information providing details of development opportunities available to the Health and Wellbeing Board including a Leadership Academy and a simulation event in September.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Need to develop a programme for board members to attend. 	SM
6. Public Health Transition Progress Report	<p>The Director of Public Health introduced a report updating Members on progress towards the transition of Public Health from the NHS to the City Council.</p> <p>Members were satisfied with progress.</p>	
4. Peterborough Healthwatch	<p>The Adult Social Care Transformation Manager and the Assistant Director Strategic Commissioning introduced a report providing a detailed project plan to the board. The Board was advised that a new head of the project will be provided by Serco in July and would need to consider whether regional commissioning was most effective.</p>	
9. Learning Disability sub-group	<p>The Assistant Director Strategic Commissioning introduced a report for the Board to note the development of the sub-group, proposing that it be a sub-group of this Board.</p> <p>Comments and responses to questions included:</p> <ul style="list-style-type: none"> • Would cover adults only along with transitions; • A Children's Services representative would be included in the group. 	

10. Health and Wellbeing Board Agenda Plan 2012-13	The Board considered the agenda plan for the coming year and agreed to include a couple of main items only for each agenda.	
	The Board was further advised that the Cambridgeshire and Peterborough Pharmaceutical Group had shown an interest in the Board and it was agreed its input to be welcome.	

3.15 pm

Chairman

Relating to:	<u>ACTIONS</u>	By whom	By when
Clinical Commissioning Group	An update to come to the next meeting including views of other GPs.	Andy Vowles	24 September
Development of the Health and Wellbeing Board	Develop a programme for board members to attend	Sue Mitchell	Ongoing