PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY 6 JUNE 2013
12.00 PM

Bourges/Viersen Room - Town Hall
Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

AGENDA

Page No

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of the Previous Meeting** **3 - 6**

   To approve the minutes of the meeting held on 25 March 2013.

GOVERNANCE ISSUES

4. **Register of Interests and Code of Conduct - Kim Sawyer** **7 - 18**

   To receive an update on guidance and legislation regarding members of the Board.

5. **Board Membership - Councillor Cereste**

   To discuss membership of the Health and Wellbeing Board.

COMMISSIONING ISSUES

6. **NHS England / Local Team - Dr Susan Stewart**

7. **Clinical / Local Commissioning Groups**

   (a) **Draft CCG Prospectus and CPFT/CCS update - Cathy Mitchell / Andy Vowles** **19 - 24**

   To receive and comment on the draft prospectus.

   (b) **Older People's Programme - Cathy Mitchell / Andy Vowles** **25 - 32**

   To receive and comment on the programme.

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact on 01733 452447 as soon as possible.

(c) Children's Services - Cambridgeshire Community Services Transition / Cambridge and Peterborough Foundation Trust **33 - 42**

Update on Cambridgeshire and Peterborough Foundation Trust and Cambridgeshire Community Services.

8. Public Health

(a) Pharmaceutical Needs Assessment - Health and Wellbeing Board Responsibilities - Sue Mitchell **43 - 44**

To be advised of the responsibilities of the Board.

INFORMATION AND OTHER ITEMS

9. Healthy Child Programme 0-5 Years - Wendi Ogle-Welbourn **45 - 60**

For information only.

10. Outcomes from Board Development Sessions - Sue Mitchell **61 - 62**

To consider how the outcomes from this session will inform future work of the Board.

11. Schedule of Future Meetings and Draft Agenda Programme **63 - 64**

To note the dates and agree future agenda items for the Board. To include frequency of reporting from other Boards, where appropriate, including Local Safeguarding Boards, Children's and Adults Commissioning Boards, LCG Commissioning Board. Also to consider how we will monitor progress against the HWBB strategy.

Board Members:

Cllr M Cereste (chairman), Cllr W Fitzgerald (vice chairman), Cllr S Scott, Cllr J Holdich, Gillian Beasley, David Whiles (LINk), Dr M Caskey, Dr R Withers, Dr P Van den Bent, Jana Burton; Cathy Mitchell; Sue Mitchell; Dr S Stewart; Andy Vowles; Sue Westcott.

Substitutes: Dr Neil Sanders and Dr Harshad Mistry

Further information about this meeting can be obtained from Alex Daynes on telephone (01733) 452447 or by email alexander.daynes@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD AT THE TOWN HALL, PETERBOROUGH ON 25 MARCH 2013

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)
Councillor Sheila Scott – Cabinet Member for Children's Services
Councillor John Holdich – Cabinet Member for Education, Skills and University
Wendi Ogle-Welbourn, Assistant Director, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC
Dr Gary Howsam, Borderline Local Commissioning Group
David Whiles, Peterborough LINk – Local HealthWatch
Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group

Also in Attendance: Alex Daynes, Senior Governance Officer, PCC
Helen Edwards, Solicitor to the Council, PCC
Peter Wightman, NHS Board (Item 5)
Sue Mitchell, Public Health (item 6b)
Tim Bishop, Adult Social Care, PCC (item 6d)
Nick Blake, Adult Social Care, PCC (item 6d)
David Morris, PricewaterhouseCoopers (item 7)
Angela Mohtashemi, PricewaterhouseCoopers (item 7)
Ed Bramley-Harker, PricewaterhouseCoopers (item 7)

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from Councillor Fitzgerald, Dr Withers, Dr Caskey, Sue Westcott and Dr Rigg.	
2. Declarations of Interest	None.	
3. Minutes of the Previous Meeting	The minutes of the meeting held on 21 January 2013 were approved as a true and accurate record.	
4. Review of Terms of Reference and Membership	The Board received a report detailing a review of its terms of reference and membership in accordance with new regulations and ahead of 1 April when it would take on its statutory responsibilities. During debate of the changes, comments and responses to questions included: • Healthwatch was intended to represent as many third sector partners as possible; • Must ensure a voice on the Board for the voluntary sector; • Remove 'Peterborough' from the titles of organisations in the revised membership; • Need only 1 GP representative for Borderline Local	

	Commissioning Group; • Only 3GPs on the board in total; • Do not need the CCG accountable officer as well as the Chief Operating Officer. Members **AGREED** the revised terms of reference and membership subject to: 1. Only one GP from Borderline required 2. Remove CCG Accountable Officer	 TR TR
5. Role of Local Area Team	The Board received a presentation on the role of the NHS England Board that included details of the organisational structure, responsibilities, where it was based, guiding principles and how it would work with the Health and Wellbeing Boards. The National Commissioning Board representative's comments and responses to questions included: • Local strategies and needs would direct work for the national board; • The Health and Wellbeing Board would be included in consultations; • Health visiting commissioning would be inherited from the outgoing Primary Care Trust; • The first 6-12 months would be a test of the commissioning procedures and practices; • National Commissioning Board plans would come to this Board for assessing before implementation; • Plans need to be acceptable and compatible with local plans; Further comments from the Board included: • Need to make the National Commissioning Board structure and operating procedures easier for all members of the public to understand; • Need to identify a GP lead for Safeguarding issues; • Need to clarify processes and procedures for the National Commissioning Board and Local Area Team Boards before the next meeting; • Must have Local Authority involvement in the Delivery of Health and Wellbeing services for residents.	
6. Commissioning Issues	(a) Local Commissioning Group (LCG) / Clinical Commissioning Group (CCG) – Older People's Programme update The Board received a report on the multi agency Older Peoples Programme of work lead by the Clinical Commissioning Group. The Board was advised that the overall plan for the CCG would be submitted to the next meeting of the Board. The Board was advised that best practice across the country was being looked at to inform the work of the Older People's Programme, timetables for work were being established and how the Board would integrate and work with other organisations was also being developed.	AV

	(b) Public Health – Commissioning Intentions The Board received a report noting that the city council would become responsible for certain public health functions from 1 April 2013 and included the Public Health Outcomes Framework and Commissioning Intentions. The grant for provision of services was ring fenced and would rise from £8.4million in 2013-14 to £9.2million in 2014-15. Comments and responses to questions included: • Work was underway jointly with Children's Services to develop a sexual health and wellbeing strategy • Child sexual exploitation was addressed within the strategy; • Public Health would report to this Board concerning commissioning and spending; Further comments from Board members included: • Need to link partner decisions on Public Health needs; • Must tackle life expectancy figures in partnership with other organisations; • Focus on coronary heart disease from the CCG should be able to give specialist advice on and support the work needed.	
	(c) Children's Services – Commissioning Intentions 2013-14 The Board received a report advising it of the commissioning strategy for Children's Services and the priorities identified for it. The Board was advised that the work was linked to the Health and Wellbeing Strategy and the pressures on budgets and service provision was also included. The performance framework could be submitted to the Board in future.	
	(d) Adult Social Care – Dementia Strategy The Board received a report following a review of the first draft Dementia Strategy and the proposals to commission a Dementia Resource Centre by the Adult Social Care Departmental Management Team and updating it on the progress of the work. The first draft of the Dementia Strategy was included with the report and the Board was further advised that the strategy incorporated mental health elements and new data on dementia practice in GP surgeries was to be released next year.	
7. Peterborough and Stamford Hospitals Foundation Trust-contingency update	Representatives from PricewaterhouseCoopers (PWC) presented information to the Board on the establishment of a contingency plan to address the hospital trust's financial situation that would include an assessment of the financial, clinical and operational sustainability of the Trust. Responses to questions from the Board included: • The contingency plan would look at the whole local area and what was needed relating to hospital provision; • Local commissioning intentions such as directing patients away from hospital care would need to be understood;	

	• Timescales for the work were set by Monitor; • Further representation from local organisations can be included in the stakeholder list including the national commissioning board.	
8. 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 would be amended so the meetings would be held on Thursdays from 12-2pm to enable greater GP attendance.	AD

4.30 pm
Chairman

Relating to:	**ACTIONS**	**By whom**	**By when**
Review of Terms of Reference and Membership	Amend membership so that: 1. Only one GP from Borderline required 2. Remove CCG Accountable Officer	 Terry Rich Terry Rich	 ASAP ASAP
Local Commissioning Group (LCG) / Clinical Commissioning Group (CCG)	Submit commissioning plan to next meeting	Andy Vowles	Next Meeting
Schedule of Future Meetings and Draft Agenda Programme	Amend Schedule of meetings to Thursday 12-2pm.	Alex Daynes	ASAP

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 4
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Kim Sawyer, Head of Legal Services	Tel. 01733 452533

REGISTER OF INTERESTS AND CODE OF CONDUCT

RECOMMENDATIONS	
FROM: Kim Sawyer, Head of Legal Services	**Deadline date :** N/A
Board Members are recommended to: 1. Note the regulations and requirements concerning Registering Interests and abiding by the City Council's Code of Conduct; and 2. Complete and submit a Register of Interests form for publication on the City Council's website.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following guidance from the Local Government Association concerning governance and constitutional issues for Health and Wellbeing Boards.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to advise non-Councillor Board Members of their obligations to abide by the City Council's Code of Conduct when carrying out duties as a Member of the Health and Wellbeing Board and to request submission of a register of interests form accordingly.

2.2 This report is for Board Members to consider under its Terms of Reference No. 5.1, The meetings of the Board and its decision-making will be subject to the provisions of the City Council's Constitution including the Council Procedure Rules and the Access to Information Rules, insofar as these are applicable to the Board in its shadow form.

3. CODE OF CONDUCT AND CONFLICTS OF INTEREST

3.1 All councillors and co-opted members of council committees are required to comply with a code of conduct. Under the Localism Act 2011(section 27 (4)), all non-councillor members of health and wellbeing boards who are entitled to vote on any question that falls to be decided at any meeting of the board would be 'co-opted members' for these purposes. This means that all voting members of health and wellbeing boards will be governed by the local authority's code of conduct (attached at Appendix A). The code of conduct for each council sets out the conduct expected of members and co-opted members when they are acting in that capacity.

3.2 It is for individual councils to decide what their codes of conduct say. The legislation requires councils (other than parish councils) to have in place arrangements to investigate, and take decisions on, allegations of a failure to comply with the authority's code of conduct.

3.3 Section 31 of the Act requires a member or co-opted member of a relevant council to disclose a disclosable pecuniary interest that they are aware of (apart from a sensitive interest — see section 32 of the Act), at a meeting or if acting alone, where any matter to

be considered relates to their interest. It prohibits a member from participating in discussion or voting on any matter relating to their interest or, if acting alone, from taking any steps in relation to the matter (subject to any dispensations — see section 33 of the Act).

3.4 This will apply to members of health and wellbeing boards and might, for example be relevant in relation to members' financial interests in matters on which the boards will be deliberating, such as contracts with providers of services.

3.5 The principles of these requirements are consistent with the requirement on Clinical Commissioning Groups (CCGs) in relation to conflicts of interest. CCGs are under duties in relation to registers of interests and conflicts of interest. The NHS Commissioning Board is under a duty to issue guidance to CCGs on the exercise of their functions in relation to conflicts of interests and CCGs must have regard to such guidance.

3.6 It should also be noted that the public law notions of predetermination and bias will also apply.

Which Members Does this Apply to?

3.7 This report applies to all Members of the Board as listed in the Terms of Reference.

3.8 Elected Members of Peterborough City Council have already completed the relevant documentation as part of their role as a city councillor and should be familiar with the procedures for declaring pecuniary interests.

3.9 All other members of the Board need to become familiar with the Code of Conduct and the process for registering and declaring interests.

4. ANTICIPATED OUTCOMES

It is anticipated that Members will be aware of their responsibilities in relation to Interests and declarations arising from the local Government Act 2011 and submit the relevant Register of Interests form for publication.

5. REASONS FOR RECOMMENDATIONS

Section 34 of the Localism Act makes it a criminal offence if a member or co-opted member fails, without reasonable excuse, to comply with requirements under section 30 or 31 to register or declare disclosable pecuniary interests, or take part in the local authority's business at meetings or when acting alone when prevented from doing so.

6. ALTERNATIVE OPTIONS CONSIDERED

If Members do not complete a relevant register of interests form and do not declare those interests when required, they may be liable to criminal investigations and may not be a member of the Health and Wellbeing Board.

7. IMPLICATIONS

Legal – it is a requirement for all Members to be covered by the City Council's Code of Conduct and register any pecuniary interests accordingly.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Localism Act 2011.
Local Government Association, Health and Wellbeing Boards: a practical guide to governance and constitutional issues.

PETERBOROUGH CITY COUNCIL

Members' Code of Conduct

Peterborough City Council

The Members' Code of Conduct is intended to promote high standards of behaviour amongst the elected and co-opted members of the council.

The Code is underpinned by the following principles of public life, which should be borne in mind, when interpreting the meaning of the Code:

i. **Selflessness**
Holders of public office should act solely in terms of the public interest.

ii. **Integrity**
Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

iii. **Objectivity**
Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

iv. **Accountability**
Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

v. **Openness**
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

vi. **Honesty**
Holders of public office should be truthful.

vii. **Leadership**
Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

PART 1
GENERAL PROVISIONS

1. Introduction and Interpretation

1.1. This Code applies to **you** as a member of Peterborough City Council ("PCC"). It is **your** responsibility to comply with the provisions of this Code.

1.2. In this code –

"***Member***"
means any person being an elected or co-opted member of the PCC and any independent person appointed by PCC to assist with the discharge of the ethical standards functions.

"***Meeting***"
means any meeting of

a) PCC;

b) The executive of PCC (including the making of decisions by cabinet members);

c) Any of PCC's committees, executive committees, sub-committees, joint committees, joint sub-committees, or area committees;

d) Any of PCC's advisory groups and executive boards

*"**Pending Notification***"
means the interest has been notified to the Council's Borough Solicitor, but has not been entered in the Register;

"***Register***"
means the register of Member's and co-opted Member's interests, maintained by the Monitoring Officer

*"**Relevant Authority**"*
includes any county council in England, a district council, a London borough council, a parish council and the Greater London Authority.

2. Scope

2.1. **You must** comply with this Code whenever you act, claim to act or give the impression you are acting as a Member of PCC.

2.2. Where you act as a representative of PCC:

(a) on another Relevant Authority, **you must**, when acting for that other authority, comply with that other authority's code of conduct or;

(b) on any other body, **you must**, when acting for that other body, comply with this code of conduct, except and insofar as it conflicts with any other lawful obligations to which that other body may be subject.

3. General Obligations

3.1. **You must** treat others with respect.

3.2. **You must not:**

(a) do anything which may cause PCC to breach the Equality Act 2010

(b) bully any person

(c) intimidate or attempt to intimidate any person who is or is likely to be:

(i) a complainant;
(ii) a witness; or
(iii) involved in the administration of any investigation or proceedings,
in relation to an allegation that a Member (including yourself) has failed to comply with this code of conduct

(d) do anything which compromises or is likely to compromise the impartiality of those who work for, or on behalf of, PCC

4. You must not:

4.1. disclose information given to you in confidence by anyone, or information acquired by you which you believe, or ought reasonably to be aware, is of a confidential nature, except where:

(a) you have the consent of a person authorised to give it;

(b) you are required by law to do so;

(c) the disclosure is made to a third party for the purpose of obtaining professional advice provided that the third party agrees not to disclose the information to any other person; or

(d) the disclosure is:

(i) reasonable and in the public interest; and
(ii) made in good faith and in compliance with the reasonable requirements of PCC; or

4.2. prevent another person from gaining access to information to which that person is entitled by law.

5. **You must** not conduct yourself in a manner which could reasonably be regarded as bringing your office or PCC into disrepute.

6. **You must:**

6.1. not use or attempt to use your position as a member improperly to confer on, or secure for yourself or any other person, an advantage or disadvantage; and

6.2. when using or authorising the use by others of the resources of PCC:

(a) act in accordance with PCC's reasonable requirements;

(b) ensure that such resources are not used improperly for political purposes (including party political purposes); and

6.3. have regard to any Local Authority Code of Publicity made under the Local Government Act 1986.

7. **You must:**

7.1 when reaching decisions on any matter, have regard to any relevant advice provided by:

(a) PCC's chief finance officer; or

(b) PCC's monitoring officer,

where that officer is acting pursuant to their statutory duties.

7.2 give reasons for all decisions in accordance with any statutory requirements and any reasonable additional requirements imposed by PCC.

PART 2
INTERESTS

8. Disclosable Pecuniary Interests

8.1. Disclosable pecuniary interests are specified in the table below:

Subject	***Prescribed description***
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from PCC) for any expenses incurred by you in carrying out your duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract with PCC: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged. This includes a contract between PCC and any body in which you, or a person specified in paragraph 8.2(b) below, has a beneficial interest
Land	Any beneficial interest in land which is within PCC's area
Licences	Any licence (alone or jointly with others) to occupy land in the PCC's area for a month or longer.
Corporate Tenancies	Any tenancy where (to your knowledge): (a) the landlord is PCC; and (b) the tenant is a body in which you, or a person listed in paragraph 8.2(b) below, has a beneficial interest

Securities	Any beneficial interest in securities of a body where: (a) that body (to your knowledge) has a place of business or land in PCC's area; and (b) either: (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the person in paragraph 8.2 (below) has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

8.2 You must declare an interest if:

(a) it is your interest, or

(b) it is an interest of:

(i) your spouse or civil partner;
(ii) a person with whom you are living as husband and wife, or
(iii) a person with whom you are living as if you were civil partners

and you are aware that that other person has the interest.

9. Other Disclosable Interests

You must declare the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £100.

10. Registration of Disclosable Pecuniary Interests and Other Interests

10.1. Subject to paragraph 12 below (sensitive interests), you must, within 28 days of:

(a) this Code being adopted or applied by PCC; or

(b) your election or appointment (where that is later)

notify the Monitoring Officer in writing of any disclosable pecuniary interests and other interests you have at that time.

10.2. Subject to paragraph 12 below (sensitive interests) you must, within 28 days of becoming aware of any new disclosable pecuniary or other interest or any change to

any such interest, notify the Monitoring Officer in writing of that new pecuniary interest or change.

11. Disclosable Pecuniary Interests in Matters Considered at Meetings or by a Single Member

11.1. If you attend a meeting and are aware that you have a disclosable pecuniary interest in any matter to be considered at that meeting:

(a) if the interest is not entered in the register of members' interests you must disclose to the meeting the fact that you have a disclosable pecuniary or other interest in that matter

(b) if you have not already done so, you must notify the Monitoring Officer of the interest before the end of 28 days beginning with the date of the disclosure, and

(c) whether the interest is registered or not you must not unless you have obtained a dispensation from the Monitoring Officer to participate, or participate further, in any discussion of the matter at the meeting

(d) whether the interest is registered or not you must not, unless you have obtained a dispensation from the Audit Committee participate in any vote, or further vote, taken on the matter at the meeting.

11.2 **Single Member Action**

If you are empowered to discharge functions acting alone, and are aware that you have a disclosable pecuniary interest or other interest in any matter being dealt with, you must not take any steps, or any further steps, in relation to the matter (except for the purposes of enabling the matter to be dealt with otherwise than by you).

If the Disclosable Pecuniary Interest is not entered in the Register and is not subject to a Pending Notification, you must notify the Monitoring Officer of the Disclosable Pecuniary Interest before the end of 28 days, beginning with the date of when you became aware of the matter

12. Sensitive Interests

12.1. Where you consider (and the Monitoring Officer agrees) that the nature of a disclosable pecuniary or other interest is such that disclosure of the details of the interest could lead to you, or a person connected with you, being subject to intimidation or violence, it is a "sensitive interest" for the purposes of the Code and the details of the sensitive interest do not need to be disclosed to a meeting, although the fact that you have a sensitive interest must be disclosed.

PART 3
RELATED DOCUMENTS

The following documents also provide guidance on the Standards of Conduct expected of members and can assist in the interpretation of this Code of Conduct. These documents can be found in the Council's Constitution.

13. The Audit Committee Rules of Procedure set out the arrangements for dealing with an alleged breach of this Code

14. PCC's Planning Code of Conduct deals specifically with the Code of Conduct within the remit of the Planning and Environmental Protection Committee

15. PCC's Social Media Code for members and officers sets out appropriate behaviour when undertaking Council business through social media

16. PCC's Member/Officer Protocol sets out how members and officers should work together

17. The procedures under which registration and declaration of interests, gifts and hospitality are to be made are set out in the Gifts and Hospitality Policy.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7a
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Andy Vowles	Tel.

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP DRAFT PROSPECTUS

RECOMMENDATIONS	
FROM : Cambridgeshire and Peterborough Clinical Commissioning Group	**Deadline date :** 6 June 2013
The Peterborough Health and Wellbeing Board is recommended to note and agree the wording for Cambridgeshire and Peterborough Clinical Commissioning Group Prospectus as per national guidance.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Committee's views on a proposed development or review of a strategy, plan or policy.

2.2 This report is for Board to consider under its Terms of Reference No. 2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

3. THE PROSPECTUS

3.1 NHS England expect that all Clinical Commissioning Groups will want to publish a CCG prospectus. Dame Barbara Hakin sent a letter to all CCG clinical leaders on 29 April clarifying the arrangements for publishing a CCG prospectus.

3.2 The letter from Dame Barbara Hakin states that:

"The intention of the prospectus is to be a very short guide which explains to your local community what the CCG is, and the ambitions you have for your local population's health services.

3.3 Each CCG's prospectus should be locally determined to reflect the needs of the people you serve. NHS England will not be providing any central requirements around content or the means of communication since we consider that it is essential it reflects what you, in discussion with key stakeholders, believe will meet your population's needs and wishes.

3.4 There are a few principles which we consider are important and assume that you will take into account since they will clearly be of interest to your patients and the wider public such as:

- reflecting the local health and wellbeing strategy and as such ensuring your prospectus has been agreed with your Health and Wellbeing Board;
- setting out what the key health priorities are for your population;

- describing the standards that local people can expect from the services you have commissioned on their behalf;
- a high level description of how the budget for these services will be spent;
- demonstrating how you and your key partners will address health inequalities; and
- clarity on how your population's views have been, and will continue to be, heard.

3.5 We also expect that the form and distribution of the prospectus will mean it is as accessible as possible to all your population.

3.6 Cambridgeshire and Peterborough CCG are bringing the draft prospectus to Peterborough Health and Well Being Board as part of the requirement to agree the Prospectus with local health and well being Boards.

4. CONSULTATION

4.1 The CCG Prospectus will be reviewed by all four Health and Wellbeing Boards for the Cambridgeshire and Peterborough CCG area:

Peterborough Health and Wellbeing Board – 6 June
Northants Health and Wellbeing Board – 13 June
Herts Health and Wellbeing Board – 26 June
Cambs Health and Wellbeing Board – 11 July

5. ANTICIPATED OUTCOMES

Once the CCG Prospectus has been reviewed by all Health and Wellbeing Boards, comments will be incorporated and the CCG Governing Body will agree a final version. The Prospectus will then be produced in a designed format, translated versions, large print and easy read. It will then be distributed widely via libraries, GP surgeries, health centres and through a series of road shows being attended by the CCG over the summer.

6. REASONS FOR RECOMMENDATIONS

It is a national requirement that each CCG has a Prospectus and that these are agreed with relevant Health and Wellbeing Boards.

7. BACKGROUND DOCUMENTS

NHS England Publications Gateway reference No: 00048.
Letter from Dame Barbara Hakin, Chief Operating Officer/Deputy Chief Executive NHS England: CCG Prospectus.

Cambridgeshire and Peterborough Clinical Commissioning Group

Our Prospectus

Cambridgeshire and Peterborough CCG is one of the largest Clinical Commissioning Groups (CCG) in the country, responsible for designing and buying health services for around 878,000 people across Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire.

We are responsible for the £854 million budget for the area and are made up of 108 practices and 824 GPs. As a Clinical Commissioning Group doctors and nurses are involved at every level.

As a large CCG we have a federated structure with eight Local Commissioning Groups (LCGs) that sit underneath ensuring that we can deliver quality healthcare services on a local level.

Your Local Commissioning Groups:

- Borderline
- Peterborough
- Cam Health
- CATCH
- Hunts Health
- Hunts Care Partners
- Isle of Ely
- Wisbech

Which local commissioning group do you belong to?

INSERT DIAGRAM WITH LCG NAMES AND PRACTICES UNDERNEATH

Our Priorities:

We work closely with Public Health to ensure that our plans are based on a sound knowledge of the health needs of our local population. We also developed local health information for our Local Commissioning Groups to help develop their local plans.

Some of the key things we found are:

- The population of Cambridgeshire and Peterborough is increasing and growing older
- Lifestyle – for example exercise, whether a person smokes, how much alcohol a person drinks etc. - has an important bearing on the prevention of ill-health and premature death
- People are living longer but the findings showed variations in life expectancy across the CCG

Using this information we have identified three key priorities that we want to concentrate on. These were chosen using information from Public Health and our Health and Well Being Boards:

- Improving care for older people
- Improving End of Life Care
- Tackling inequalities in chronic heart disease

Our Mission

"Empowering our communities to keep healthy and to ensure fair access to good quality healthcare for all those who need it."

Challenges:

- We have a growing and ageing population with health inequalities
- A financial gap of 26.9 million.

Finance

Cambridgeshire and Peterborough Clinical Commissioning Group has a budget of £854 million to buy health care services across its area.

This includes:
- Hospital services
- Mental health services
- Community services

However, an ever increasing population and the significant financial challenges means that we need to make savings of £26.9m over the next year. Our Local Commissioning Groups have been working with their local partners, such as social care and community services, to identify potential areas to make savings.

NHS Constitution

The NHS Constitution has been developed to protect the enduring principles and values of the NHS. The Constitution also sets out clear expectations about the way both staff and patients should behave.

It is intended to give power to the public, patients and staff by setting out existing legal rights and pledges in one place and in clear and simple language. By knowing and exercising their rights, the public, patients (their carers and families) and staff can help the NHS improve the care it provides.

What you can expect from the NHS:

If your GP refers you for treatment, you can expect to start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. If cancer is suspected you can expect to be seen by a cancer specialist within a maximum of two weeks from GP referral where that referral

is urgent. If this is not possible, the NHS has to take all reasonable steps to offer you a range of alternatives.

If your GP refers you to see a consultant you may have a choice of a number of hospitals. You might want to choose a hospital that has better results for your treatment than others, or one near your place of work. Ask your GP for more information.

You can view your personal health records and ask to have any factual inaccuracies corrected. You don't have to give a reason to see them, just ask at your GP surgery and make an appointment to go in.

If you are unhappy with a NHS service and decide to make a complaint, you have the right to have that complaint acknowledged by the organisation receiving it within three working days (this does not include weekends and bank holidays). You also have the right for that complaint to be investigated properly.

The NHS also commits:

- to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution;
- to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered; and
- to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them.

Involving You

As a new Clinical Commissioning Group we are committed to involving people and listening to their views on the way we design and buy their health care services. We recognise too that people can expect better health outcomes if they are involved in decisions about their own health care.

We are also developing a structure that ensures that people can be involved in local health services.

Patient Participation Groups
Most GP surgeries now have a patient participation group (PPG) which is a group of patients from the their practice, interested in health and healthcare issues, who want to get involved with and support the running of their local GP practice. To get involved in your PPG ask at your local health centre.

Local Commissioning Group Forums
Each Local Commissioning Group has an overarching patient forum or congress which brings together interested patients from within the Local Commissioning Group to have their say on the future of local healthcare

services. Usually a representative from this forum will attend the LCG Board ensuring that the patient voice is heard.

Patient Reference Group (PRG)
The Patient Reference Group is a group of patients who are a formal sub group of the Cambridgeshire and Peterborough CCG Board. The PRG has a say in any proposals and work that the CCG does before the Board is able to make a decision.

Its focus is on providing an independent view, making sure that the voice of the local population is heard and that opportunities are created and protected for patient and public involvement in the work of the CCG.

Getting Involved
If you want to have more of a say on your local health services you can either respond to our consultations individually (these will be advertised locally and will be available on our website), or you can become more directly involved by contacting our Engagement Team on 01223 725304, or e-mail c&pccgengagement@cambridgehire.nhs.uk

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7b
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Catherine Mitchell Local Chief Officer	Tel.

OLDER PEOPLE'S PROGRAMME UPDATE

RECOMMENDATIONS	
FROM : Cambridgeshire and Peterborough Clinical Commissioning Group [CCG]	**Deadline date : N/A**.
To update the Health and Well being Board on the progress of the CCG's Older Peoples Programme Board.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board to keep the members informed of the progress being made by the CCG towards the procurement of Older Peoples services, to deliver the outcomes developed by the CCG/Local Clinical Commissioning Groups [LCG] in conjunction with the local system Partners .

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to inform the Health and Wellbeing Board of progress to date and seek members' views.

2.2 This report is for the Board to consider under its Terms of Reference No. 2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

3. BACKGROUND

3.1 The CCG is progressing with the Older Peoples Programme, an update report is attached in Appendix A for the Board.

3.2 The CCG is currently undertaking a pre-procurement dialogue with interested Providers prior to entering the Formal procurement phase in mid June 13.

3.3 Borderline and Peterborough LCGs have been working with Peterborough City Council, Patients, Carers, Third Sector and Providers to gather information to produce a service specification for the needs of the local population. The Summary Outcomes Service Specification [Appendix B] was shared with Providers at the recent Pre-Procurement event on the 21 May 2013 with the Market in order to seek feedback on the content to establish if further development is needed prior to the procurement phase.

4. CONSULTATION

The timescales for the consultation phase are currently being developed. The engagement phase continues as set out in Appendix A.

5. ANTICIPATED OUTCOMES

The CCG intends to procure Older Peoples Services through the use of a Lead Integrator and the application of capitated budgets this approach is being developed to improve service delivery for Older People and to enable the CCG to meet the needs of growing

Older population; through stream lining processes and reducing hand offs in the care pathways.

6. REASONS FOR RECOMMENDATIONS

To inform the members of the Board or progress to date on the proposed timetable to achieve the outcomes for Older People through improved service delivery.

7. BACKGROUND DOCUMENTS

None.

OLDER PEOPLE PROGRAMME UPDATE 3 (MAY 13)

Engagement

During May and following through into June, we have undertaken a large programme of engagement to ensure a wider understanding of the programme, the decisions have been made so far and the next steps.

Engagement has mainly been at four levels:

- Patients: engagement with various patient representative groups
- Local: continued engagement with local patient representative groups plus other local stakeholders
- Internal: engagement through a "roadshow" with the 8 local commissioning group boards, ensuring that all LCGs are updated on the direction of the programme
- External: engagement through conversations with potential providers and other interested parties. We have held:
    - An Initial Provider market testing day on the16th April, attended by approximately 100 attendees from 50 organisations
    - A Provider engagement day on the 21st May, attended by 22 organisations
    - A second Provider engagement day on the 3rd June, attended by up to 30 organisations (not attending provider engagement day 1)

Recent Decisions

At the CCG's Governing Body meeting 7 May 2013 the governing body agreed:

- for dialogue with providers and wider stakeholder engagement to continue during May/June
- draft Critical Success Criteria including financial principles (see next section). These are still in draft but will be signed off by the Older People Board in June
- that the options for service organisation, contracts and funding remain open at this stage, and are developed further through the process of dialogue
- to an open procurement process involving several stages of dialogue. This involves:
    - pre-procurement – currently till the pre-qualification questionnaire (PQQ) is issued mid June to potential providers
    - Invitation to submit Outline Solutions (ISOS) – issued August to shortlisted providers from the PQQ stage
    - Invitation to submit Final Solutions (ISFS) – issued November to shortlisted providers from the ISOS stage
- A further paper is brought back to the Governing Body in June which:
    - summarises the engagement and dialogue feedback
    - makes further recommendations on the outcome specifications, and options for service organisation, contracts and funding to be used as a basis for procuring services for older people

Critical Success Factors

It is very important that there is clarity regarding how success of the Programme will be measured, as this drives the assessment of options for service delivery and funding, the assessment of bids which may be received as part of a procurement process, and also informs the longer term evaluation of the programme.

The extent to which any option or proposal will deliver the vision and specifically:

a. Improve patient experience and service quality for older people and their carers through care organised around the patient

b. Deliver services which are sensitive to local health and service need, as defined in local outcome specifications

c. Move beyond traditional organisational and professional boundaries, so front-line staff can work effectively and flexibly together to deliver seamless care

d. Supporting older people to maintain their independence, and reducing avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including delayed transfers of care)

e. Deliver an organisational solution for the older people's care which can demonstrate strong leadership, sound governance, resilience, and the confidence of commissioners and provider partners

f. Demonstrate credible approach to engaging patients and representative groups in design and delivery of services

g. Provide a sustainable financial model (see financial principles below)

Financial Principles

The CCG has agreed the following principles, and these will be used to develop the financial framework for dialogue and assessment of options / proposals

1. Aligning improved patient outcomes with financial **incentives**
2. Sharing financial **gain and risk** across the commissioner – provider system
3. Delivering recurrent financial balance in a **sustainable** way
4. Creating the conditions for investment and delivering a return on **investment**

BORDERLINE & PETERBOROUGH SYSTEM OUTCOME SPECIFICATION OVERVIEW

Draft V1A

The purpose of this High Level Outcome Specification is to give Providers an early indication of Commissioner intentions, and to seek Provider feedback in general

CONTENTS

1. Demographic background

Peterborough has a relatively young population compared to the national average. Based on 2010 figures the population aged 65+ is set to rise by 34% by 2024 (an increase of 8,300) and by 57% for people aged 85+ by 2024 (an increase of 1,700).

Peterborough's older population has relatively high levels of deprivation which is a significant risk factor for poor health and demands on health and social care services. In 2013, the overall percentage of people aged 65+ affected by deprivation in Peterborough is 25.8% compared to a CCG rate of 15.7%.

By contrast Borderline LCG areas older population sits within the national average and the population is relatively wealthy. The challenges for meeting the needs of frail elderly in Borderline are rurality and managing the interface with three local authorities; Peterborough, Cambridgeshire and Northamptonshire.

2. Vision

The vision for Borderline & Peterborough LCGs integrated care is a whole system model of care. It reaches from upstream information and advice/support services through to sub-acute care in the community and the front door of the acute hospital. It is acknowledged that patients may not progress in a linear way through the Model and can access services based on the presenting need at that time. The vision will be achieved through:

- enabling strategies
- tackling the various stages of the pathways with targeted initiatives

3. Principles/Outcomes

The older people programme has identified the following programme outcomes:

- Improvement in patient experience measures as care provided with services organised around the patient
- A reduction in avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including delayed transfers of care)
- An increase in the % of frail older people cared for "out of hospital" and improvement in quality of these services
- Better partnership working between different parts of the health and social care system and other partners
- The above delivered within the identified budget

The main principle for the Borderline and Peterborough LCGs integrated model is 'get it right first time' to ensure timely access to the right service at the right time.

Further principles include:

- Holistic care that meets the general and mental health needs of older people
- Coordinated assessment and care planning to meet the holistic needs of older people

- The system of care and support for this cohort of patients sits within a wider context of up-stream prevention and early intervention

The integrated care model focuses on working across organisations for the benefit of patients/people who use the services. We believe that true integration is a about a way of working rather than about organisational structures. The Borderline and Peterborough LCGs believe that integrated community services, for this group of patients, include:

- Alignment of strategic planning across the NHS and the local authority that spans upstream information and advice to the general population through to downstream sub-acute services
- Whole system commissioning requiring the alignment of resources and commissioning intentions
- Seamless delivery of services across health and care domains provided by public, third or private providers

4. Target population

The target population for the integrated community service model in this specification are persons who have one or more of the following needs:

- health and care needs associated with ageing
- co-morbidities, including organic and functional mental health needs
- high level dependencies for activities of daily living
- at risk of admission to long term care or acute hospital.

The age of 75+ is a guide but not a restricting factor. More important are the presenting needs of the individual.

5. Scope of services

The scope of services is not yet firmly decided. Services likely to be included are:

- Acute unplanned
- Mental health
- Most adult community services
- Other services eg EOL

6. Key areas of focus

Key areas of focus include:

- Extend MDTs including:
    - Manage the assessment and coordinate the care of frail elderly registered within one or more GP practice/s
    - Support people to manage their health and care needs in their own homes by exercising self-management, choice and control where possible

  - Use of telecare and telehealth to support self-care
- Ensure intermediate care:
  - Focus on therapeutic interventions
  - Admission avoidance to long term care
  - Reablement to reduce dependence on high intensity, long term home support
  - Therapeutic interventions to facilitate early discharge from acute hospital
  - Assess for aids and adaptations in the home
  - Manage interim beds
  - 7 day working
- Focus on sub-acute services:
  - Focus on clinical care eg IV anti-biotics, catheterisation
  - Manage patients in the community (including care homes) at risk of hospital admission
  - Assertive in-reach to ED and MAU to avert admission
  - Manage interim beds
  - 7 day working
- Create voluntary sector alliance to coordinate vol orgs
- Create Single point of access:
  - Enable timely and easy access to the right service
  - SPA to be developed for:
    - Third sector information, advice, prevention and early intervention services
    - Multi-disciplinary teams
    - Intermediate care
    - Sub-acute care
- Institute Single Assessment Process:
  - integrated assessment of individual need
  - care coordination
  - individual service planning
  - Third sector prevention and early intervention services can initiate the SAP

7. Key dependencies

Due to the financial circumstances at PSHFT, Monitor has sent in a Contingency Planning Team to assess the viability of the Trust and potential future options. Monitor will decide what course of action to take which will take several months to determine. There is a potential significant impact on the Older People programme which will need to be risk assessed at each stage as greater clarity emerges.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7(c)
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Catherine Mitchell Local Chief Officer	Tel.

CHILDREN'S SERVICES - CAMBRIDGESHIRE COMMUNITY SERVICES TRANSITION / CAMBRIDGE AND PETERBOROUGH FOUNDATION TRUST

RECOMMENDATIONS	
FROM : Cambridgeshire and Peterborough Clinical Commissioning Group	**Deadline date : N/A**.
To inform the Health and Wellbeing board on the future of Children's Services currently provided by CCS and CPFT.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board 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.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to gain the views of the Board on the options outlined in Appendix 1 which are being considered for services currently commissioned from Cambridgeshire Community Services and Cambridgeshire and Peterborough Foundation Trust.

2.2 This report is for Board to consider under its Terms of Reference No. 3.3 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.

3. BACKGROUND

3.1 The slides in appendix 1, outline the range of services currently commissioned for Children and their families and outlines the range of Commissioners who are now responsible for commissioning the services post April 2013.

3.2 The Commissioners are considering the optimal option to procure children's health services from April 2014, in order to facilitate the inclusion of the Children's Services provided by CPFT the CCG has served notice on CPFT.

3.3 The two Local Authorities, Cambridgeshire and Peterborough, have indicated they may wish to develop separate Joint Commissioning Units which work collaboratively across the CCG area for children and families.

4. ANTICIPATED OUTCOMES

4.1 To improve service delivery and value for money for Children and their families and streamline current processes in conjunction with all Commissioners through the development of a Service Specification and enter in to a procurement process.

5. REASONS FOR RECOMMENDATIONS

5.1 Health and Local Authority Commissioners are exploring options to procure and deliver service and quality improvements in services for children and their families.

6. BACKGROUND DOCUMENTS

None.

APPENDIX 1

Overview

- Decision taken that CCS could not be supported to become a Foundation Trust
- As a consequence the commissioners of CCS services need to decide where in future we wish to commission these services from
- After CCS services for adults and older people the largest remaining group of services are for children and young people
- The commissioners concerned have been working together to identify the scope of this work
- It has been decided to consider services provided by CPFT in Peterborough as well as those provided by CCS in Cambridgeshire
- At this stage CAMH services, provided by CPFT across Cambridgeshire and Peterborough have been excluded

Overview cont/d

•There are a number of different commissioners for these services:

•SCBU / NICU at Hinchingbrooke – NHS England (specialised commissioning)

•Acute Paediatrics at Hinchingbrooke and Community Child Health – CCG / LCGs

•Health Visiting – NHS England (LAT)

•School Nursing – Local Authorities (Public Health)

Overall Programme Vision

- Integrated care pathways between different initiatives and organisations so that resources are focused in where there is greatest need, opportunities for early intervention are maximised and duplication minimised.

- The starting point is how the service is experienced by the child, young person or family – not based around the system, professionals or institutions or the location of services. The aim is improved integration of care as experienced by the child, young person and family.‘

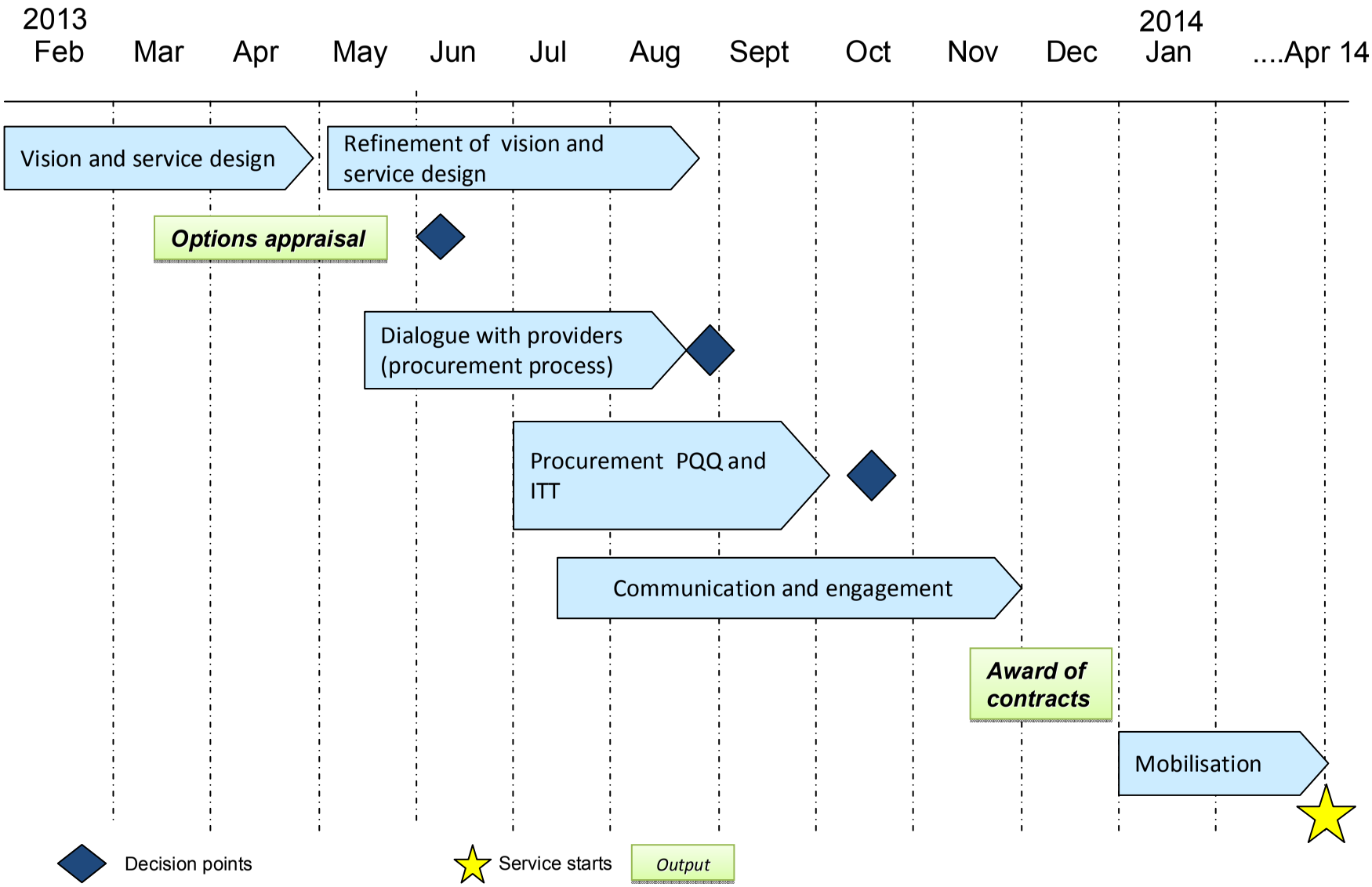
Overall Programme Vision cont/d

These initiatives if applied consistently and effectively have potential to make real inroads into supporting all vulnerable children and young people and so address inequalities:

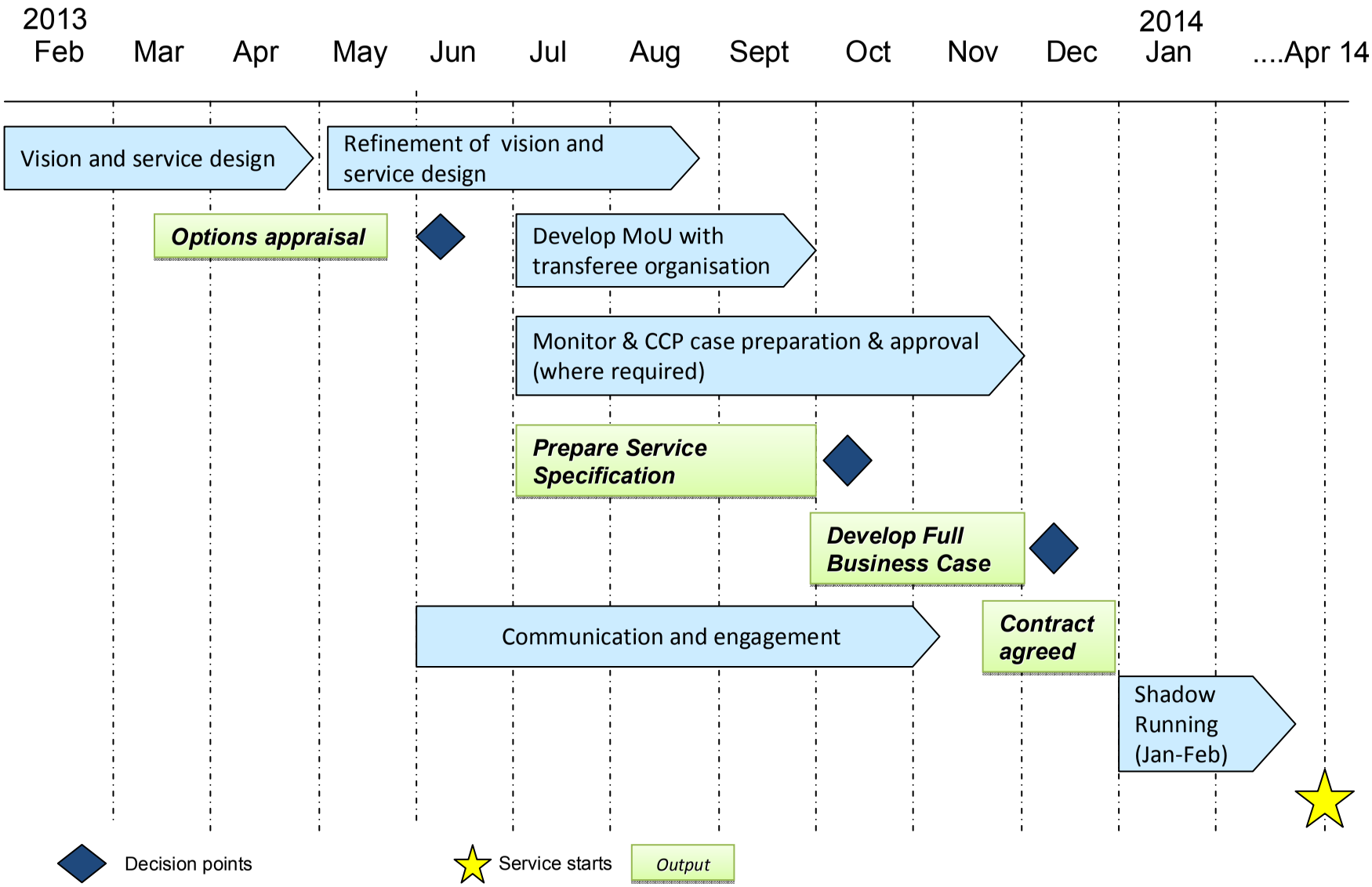
- Well planned, evaluated PSHE, Healthy Schools and Healthy Further Education
- The School nursing development programme
- Parenting programmes
- The troubled families initiative
- The Family Nurse Partnership
- Children's centres

•In addition, health inequalities are also observed in SEND and LAC children and programmes aiming to further improve pathways and integrated working have the potential to support these children and young people and address long term health inequalities.

Workplan For Procurement Option (through competitive tender)



Workplan
For Transfer of Services



QUESTIONS

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(a)
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Sue Mitchell, Interim Director of Public Health	Tel. 01733 207175

Pharmaceutical Needs Assessment (PNA)

RECOMMENDATIONS	
FROM : Sue Mitchell	**Deadline date :**

In order to meet its statutory requirements the Health and Wellbeing Board is required to

1. Review the current PNA and identify any changes to the need for pharmaceutical services in its area and assess whether any changes are significant.

2. Decide whether producing a new PNA is a disproportionate response, or not.

3. Publish a fully revised PNA by 1st April 2015.

1. ORIGIN OF REPORT

This report is to update the Board on its statutory responsibility to maintain and publish a Pharmaceutical Needs Assessment (PNA).

2. PURPOSE AND REASON FOR REPORT

2.1 From April 1st 2013 the Health and Wellbeing Board has statutory responsibility for the PNA for its area.

2.2 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 effective from 1st April 2013 requires each Health and Wellbeing Board (HWB) to:

1. Make a revised assessment as soon as is reasonably practical after identifying changes to the need for pharmaceutical services which are of a significant extent and

2. Publish its first PNA by April 2015.

2.3 NHS Peterborough published the current PNA in early 2011.

3. HEALTH AND WELLBEING BOARD

3.1 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.

3.2 PNAs are also the basis for deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies (market entry). Applications are keenly contested by applicants and existing NHS contractors and can be subject to legal challenge if not handled properly. The responsibility for managing “market entry” applications rests with NHS England

3.3 HWBs have a legal duty to check the suitability of existing PNAs, compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes. For example, changes might be needed if the boundaries of the PCT and HWB are not the same.

3.4 HWBs need to ensure that NHS England Area Teams have access to their PNAs.

3.5 Each HWB needs to publish its own revised PNA for its area by 1st April 2015. This requires board-level sign-off and a minimum of 60 days public consultation beforehand.

3.6 Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings. The risk of challenge is significant and the HWB should add the PNA to their risk register.

3.7 The HWB is required by regulations to publish a revised assessment where it identifies changes to the need for pharmaceutical services "which are of a significant extent". The only exception is where the HWB is satisfied that making a revised assessment would be a disproportionate response. The HWB will therefore need to put in place systems that allow them to:

1. Identify changes to the need for pharmaceutical services within their area;
2. Assess whether these changes are significant; and
3. Decide whether producing a new PNA is a disproportionate response.

4. CONSULTATION

During the process of developing a PNA the HWB must consult organisations identified in regulations at least once. There is a minimum period of 60 days for consultation responses.

5. ANTICIPATED OUTCOMES

Assessment of whether current PNA is up to date and meets requirements.
Development and publication of fully revised PNA by 1st April 2015

6. REASONS FOR RECOMMENDATIONS

Statutory requirement

7. ALTERNATIVE OPTIONS CONSIDERED

There are no alternative options.

8. IMPLICATIONS

Resource to assess current PNA and to and publish new PNA by 1st April 2015. Based on previous experience, and national guidance, it can take up to 12 months to develop a PNA that meets the regulatory requirements.

9. BACKGROUND DOCUMENTS

Pharmaceutical Needs Assessments – Information pack for local authority health & wellbeing boards (DH)
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

NHS Peterborough PNA (2011)
http://www.lpc-online.org.uk/bkpage/files/46/nhs_peterborough_pna__final__board_approved.pdf

Strategic Network for Child Health and Wellbeing in the East of England

Healthy Child Programme 0-5 years

Integrated Commissioning and Delivery Framework

Delivered by

sustain
Plan • Deliver • Improve

Project Briefing & Information

April 2013

Contents

Introduction

Background

Early intervention and prevention in the early years is a key priority in the East of England, particularly due to the poor outcomes achieved in the region in relation to child development at age 5. In 2010/11, just over half (55%) of children in the East of England were reported to have reached a good level of development in Foundation Stage.

The East of England recorded the lowest proportion of children reaching a good level of development at this stage of all regions in England.

Educational achievement at Key Stage 2 for the region is also below the England average in many local authority areas.

Reasons for Change

Ensuring commissioning and provision of high quality services; maternity services, parenting programmes, childcare and early years education to meet the need across the social gradient was a key recommendation in the Marmot Review; Fair Society Healthy Lives.

Effective robust integrated commissioning is vital in driving up the quality of service provision that meets the needs of the regional population and reduces inequalities.

The case for change is clearly demonstrated in a recent ERPHO briefing on the health of children in the early years in the East of England, June 2012.

The Project

The aim of the project is to develop an integrated commissioning and delivery toolkit for the Healthy Child Programme 0 – 5, both universal and specialist elements. The production of this toolkit will be used to provide a methodology to address integrated commissioning and would also encourage joint working across local government and the NHS to improve child and maternal health outcomes, particularly development at Foundation Stage level.

The toolkit will identify interdependencies, contributions and commitments to the improvement of health outcomes for children and families, facilitating the joint commissioning and delivery of the programme.

The project will produce a model for workforce development across the NHS, local government and third sector to deliver the integrated Healthy Child Programme.

Deliverables & Timescales

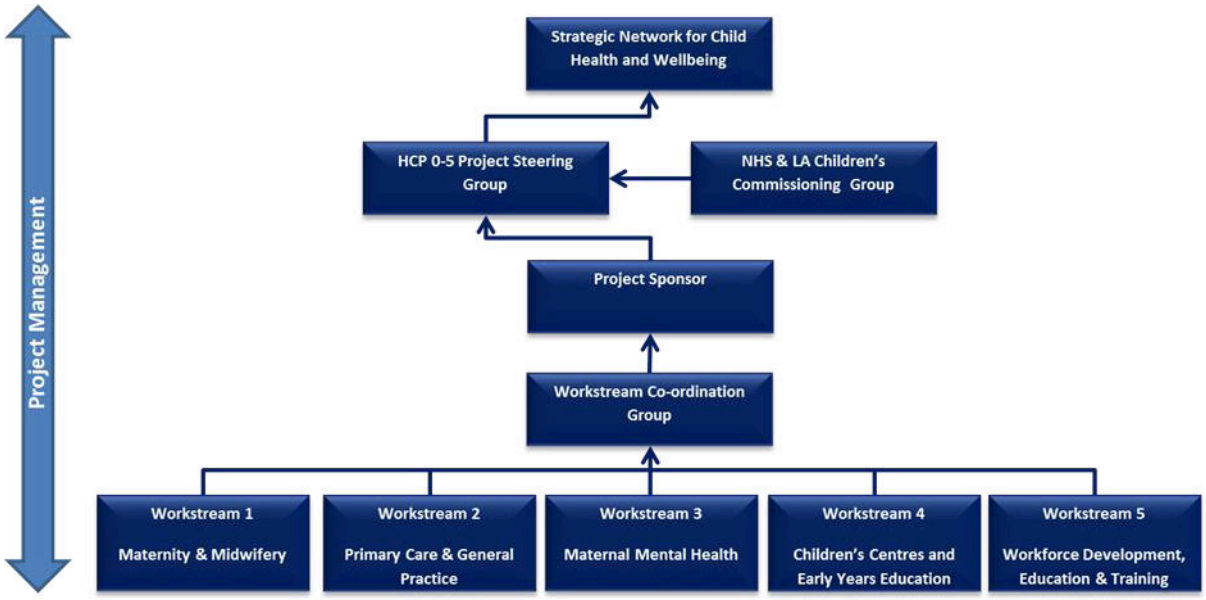
The project will commence with a launch event on the 20th May 2013 and conclude with publication of the full an integrated commissioning and delivery toolkit for the Healthy Child Programme 0 – 5 on 2nd January 2014.

The key deliverables within this timeframe are:

1. Identification of the key commissioning standards and interdependencies for each commissioning organisation identified in the Healthy Child Programme. The standards will be individual specifications based on those already developed in practice including Health Visitor standards developed by Project4 and other related work streams.
2. Development of a toolkit, based on best practice to support commissioners in the emerging structures to develop and maintain integrated service commissioning and provision for early years.
3. Identification of a set of measureable outcomes and associated key performance indicators for commissioners and providers.
4. Production of a model for workforce development across the NHS, local government and third sector to deliver the integrated Healthy Child Programme, that includes; best practice models for an integrated workforce and the benefits for families and a plan of the education and training required to support an integrated workforce.
5. Definition of the responsibility for monitoring the outcomes for children and young people and how local areas work in partnership to achieve the desired outcomes. Often elements of improving these particular outcomes are provided by multiple organisations but without any of them being accountable for the final outcome measure
6. Production of an Integrated Commissioning and Delivery toolkit, for the Healthy Child Programme 0 – 5, including the guidance, standards and key performance indicators in 1 – 5 above.

Project Structure & Assurance

In order to effectively manage a project of this nature it is essential that a clear project structure exists which can monitor and manage the delivery of the required outcomes. The diagram below identifies the project structure which has been agreed for the project.



Project Management

The overall day to day management and co-ordination of the project will be provided by the Sustain Project manager:

- Tony Hadley, Sustain.

Workstreams

Within the project there will be a total of 5 workstreams:

- Maternity & Midwifery
- Primary Care & General Practice
- Maternal Mental Health
- Children's Centres & Early Years Education
- Workforce Development, Education & Training

Whilst these groups will undertake work specifically relating to the identified area of service delivery they will come together at key points within the project to form the 'Workstream Co-ordination Group'.

Steering Group

A dedicated steering group will be established into which all of the workstreams and the project manager will report. This group will meet at strategic points within the overall plan delivery and will provide a point of escalation to resolve any issues relating to the delivery of the project.

The steering group will report directly into the Strategic Network for Child Health & Wellbeing and will be responsible for ensuring that effective links exist with the NHS & LA Children's Commissioning Group.

Key Expectations

The following section outlines the key expectations of the various groups and the project management team (Sustain)

Steering Group

The Key Expectations will be:

- Take full ownership and responsibility for the total project plan and its delivery.
- To act as the guardians of the project principles, setting the overarching expectations and behaviours for the whole project.
- Challenge and drive the prioritisation and pace of delivery and hold individual leads to account.
- Monitor and manage the delivery of the overall plan.
- That all involved will ensure they are adequately prepared in advance of any meetings.
- To provide a formal approval for all outputs associated with the plan.
- To ensure all communication processes are in place and are effective.
- Provide a forum for resolution/removal of obstacles to successful delivery raised by project leads.
- Ensure the modelling of behaviours that enhance and protect the reputation of all involved.
- Maintain a log of all actions agreed and key decisions.

Workstreams

Key expectations will be:

- Ensure appropriate engagement of a wide range of clinicians, commissioners and other stakeholders in the project.
- Ensure that all involved are aware of the priority of the project.
- Ensure that anyone new to the project is provided with the required information about the project and its deliverables to enable them to play an effective role.
- That all involved will ensure they are adequately prepared in advance of any meetings/workshops.
- That all involved are held to account for delivery of actions within the required timeframe.
- That all obstacles to the delivery of the project are addressed or escalated to the appropriate individual/group.
- That the project progress is monitored on a weekly basis and the relevant trackers and dashboards are updated according to the agreed programme.
- That any changes to the agreed plan are escalated and considered using the agreed process.

Project Sponsor

Key expectations will be:

- Take responsibility for the overall effectiveness of any meetings and processes within the project.
- Work with the project manager to ensure a full understanding of the status of all tasks within the scope of the project.
- Manage/Influence the project members and their performance to ensure delivery
- Hold to account participants that are affecting the delivery of an individual project task by non-delivery
- Ensure all participants are focussed on achieving the stated objectives of the project.
- Ensure that all key messages agreed by the steering group are cascaded to all members and participants.
- Identify any areas of deficit in skills or knowledge that are likely to affect deliver within the timeframe.

Project Management

Key expectations will be:

- All participants will have a clear understanding of the anticipated outcomes of the project and individual tasks.
- Ensure that information/materials are provided to steering group or workstream members in advance of meetings/workshops to enable adequate preparation.
- Clear reporting systems will be in place that allows monitoring of planned and actual performance on a regular basis.
- Processes & systems are in place that identifies problems early so that recovery action can be taken.
- A reporting process is in place, on a basis that is as close to real time as possible.
- All involved will be focussed on the priorities and delivery within the timeframes identified.
- All involved will be held to account for delivery of outcomes within the timeframe.
- Individuals will challenge each other when delivery has not been achieved

Workstream Membership

The following tables provide details of all the individuals who have volunteered to play a part in the project with the exception of the Workforce Development, Education & Training workstream which is still to be established as it will not be required until later in the project and Is likely to require representation from each of the other workstreams.

Maternity & Midwifery Workstream

Name	Organisation	Position	Contact Details
Paula Doherty	Acute, Community and CAMHS Services, Integrated Commissioning Team Children and Families Luton	Children's Joint Commissioning Manager	Paula.Doherty@luton.gov.uk
Lesley Talbot	Central Bedfordshire Council	Children's Centre Team Manager - Child Poverty and Early Intervention	Lesley.Talbot@centralbedfordshire.gov.uk
Margaret Holtz	ECCH	Breastfeeding Team Lead	Margaret.holtz@nhs.net
Ashling Bannon	Cambridgeshire LA		Ashling.Bannon@cambridgeshire.gov.uk
Emma Morley	CCS	HV Business Manager	emma.morley@ccs.nhs.uk
Susan Jalali	Greater Eastern CSU	Children's Commissioning Lead	Susan.jalali@hertfordshire.nhs.uk
Debbi Keeley	Berrygrove Children's Centre	Manager	manager.berrygrove@hertschildrenscentres.org.uk
Angela Rees	CPFT	Service Manager Universal Childrens North	Angela.rees@cpft.nhs.uk
Rowena Harvey	CPFT	Professional Lead HV and School Nursing	Rowena.Harvey@cpft.nhs.uk
Sylvia Jeffers	CCS (Luton)		sjeffers@nhs.net
Jane Hayley	Strategic Clinical Network	maternity and children and young people Network manager	j.haley@nhs.net
Sue Arrowsmith	NHS England - East Anglia	Public Health Commissioning Manager East Anglia	suearrowsmith@nhs.net

Primary Care & General Practice Workstream

Name	Organisation	Position	Contact Details
Kenneth Spooner	Chair - Red House Clinical Commissioning Group	Practice Manager	Kenneth.Spooner@gp-E82085.nhs.uk
Dr Sooraj Natarajan	Basildon and Brentwood CCG	Paediatric Lead & Board Member	sooraj.natarajan@nhs.net
Sarah Lawlor	Hatters Children's Centre, Luton	Hub Manager	slawlor@dallowprimary.net
Denise Poore	Luton borough Council	Centre manager for Redgrave Children and YP centre.	Denise.Poore@luton.gcsx.gov.uk
Dr NV Tiwari		GP	vt32doctorsnet@gmail.com
Julie Bunn	CCS	HV Team Manager	Jbunn@nhs.net
Cath Slater	Hertfordshire Community NHS Trust – provider services	Assistant General Manager- Children's Universal Services	Cath.slater@hchs.nhs.uk
Angela Rees	CPFT	Service Manager Universal Childrens North	Angela.rees@cpft.nhs.uk
Rowena Harvey	CPFT	Professional Lead HV and School Nursing	Rowena.Harvey@cpft.nhs.uk
Sarah watts	CCS (Luton)		sarah.watts2@nhs.net

Maternal Mental Health Workstream

Name	Organisation	Position	Contact Details
Cllr Barbara Rice	Thurrock Council	Chair H&WBB	BRice@thurrock.gov.uk
Stephanie Cash	Luton Borough Council	Children's Trust Business & Commissioning Manager	stephanie.cash@luton.gov.uk
Lesley Boyce	Great Yarmouth Community Trust	PIMHS Manager	Lesley-boyce@gyctrust.co.uk
Paula Carr	NELFT	Specialist Health Visitor Perinatal Mental Health	Paula.Carr@nelft.nhs.uk
Fleur Seekins	CCS	HV Professional Lead	fleur.seekins@nhs.net
Deirdre Ginnity	JCT, Greater Eastern CSU	CAMHS Commissioning Manager	Deidre.ginnity@hertfordshire.gov.uk
Gemma Crisp	ECCH	Specialist Health Visitor	gemma.crisp@nhs.net
Sam Patterson	Suffolk CC	Health Visitor	Samantha.Paterson@suffolk.gov.uk
Carrie MacGregor	CECS	Service Lead for Children's Locality Services	carrie.macgregor@nhs.net
Gina Whitehead	CPFT	Team Manager Central and East Peterborough	ginawhitehead@nhs.net
Terrie Maddison	CPFT	Health Visitor Central and East Team	terrie.maddison@nhs.net
Jaqueline Banks	CCS (Luton)		jacquelinebanks@nhs.net

Name	Organisation	Position	Contact Details
Heather Knox	Central Bedfordshire Council	Childcare and Early Years Sufficiency and Quality Officer	Heather.Knox@centralbedfordshire.gov.uk
Elaine Hammans	Southend-on-Sea Borough Council	Commissioning & Quality Manager	ElaineHammans@southend.gov.uk
Ellie Henderson	Programme Dev Manager - Social Inclusion	Ormiston Children's & Families Trust	ellie.henderson@ormiston.org
Michael Howe	ABC Children's Centre	Children's Centre Hub Manager	michael.howe@abcchildrenscentre.co.uk
Carol Wylde	Luton Borough Council	Early Years and Children's Centre Improvement Adviser	carol.wylde@luton.gov.uk
Victoria Parkes		Children's Centre Teacher	victoriajmparkes@gmail.com
Karen Harvey	Great Yarmouth Community Trust	Director of Children and Families	karen-harvey@gyctrust.co.uk
Sian Larrington	NCHC		sian.larrington@nchc.nhs.uk
Jo Sollars	Cambridgeshire LA	strategic lead and commissioner for children's centres	jo.sollars@cambridgeshire.gov.uk
Gill Harrison	Cambridgeshire LA	Head of Early Years, CYPS	gill.harrison@cambridgeshire.gov.uk
John Peberdy	CCS	Senior Manager CYPS	John.Peberdy@ccs.nhs.uk
Caroline Swindells	Children's Services, Herts County Council	Strategy Manager: Children's Centres and Child Poverty, Childhood Support Services	Caroline.swindells@hertfordshire.gov.uk
Jo Sharman	Cambrigeshire county council	Early Support Development Officer	jo.sharman@cambridgeshire.gov.uk
Wendy Turner	CCS	Specialist Health Visitor Disabled Children	wendyturner@nhs.net
Helen Mendis	Cambridgeshire County Council	Change Support Manager Children, Families and Adults Services	Helen.Mendis@cambridgeshire.gov.uk
Lorraine Lofting	Cambridgeshire County Council		lorraine.lofting@cambrigeshire.gov.uk
Val Carradice	CPFT	Team Manager North West and Rural Peterborough	val.carradice@cpft.nhs.uk
Jayne Fox	CPFT	Team Manager South Peterborough	Jayne.fox@nhs.net
Hilary Hemming	CCS (Luton)		hilary.hemming@nhs.net

Steering Group

Name	Role	Contact details
Kath Evans	Involvement lead	Kath.evans@institute.nhs.uk
Sian Evans	PH Consultant	Sian.evans@erpho.org.uk
Maria Karretti	GP	m.karretti@nhs.net
Bronwen Whittaker	Lead nurse	Bronwen.Whittaker@suffolk.gov.uk
Carrie MacGregor	Nurse	carrie.macgregor@nhs.net
Jo Sollars	Early Years	Jo.Sollars@cambridgeshire.gov.uk
Elaine Hammonds	Early Years	elainehammonds@southend.gov.uk
Vimal Tiwari	GP	vt32doctorsnet@gmail.com
Melanie Clements	Consultant Paediatrician and Strategic Clinical Network Chair	Melanie.Clements@wsh.nhs.uk
Pamela Agapiou	Director Universal Services	Pamela.agapiou@nhs.net
David Bruce	Commissioner	David.Bruce@luton.gov.uk
Julia Whiting	HV workforce lead	Julia.Whiting@eoe.nhs.uk
Sue Tyler	Assistant Director Children's Services	sue.tyler@centralbedfordshire.gov.uk
Eva Alexandratou	Commissioner	Eva.Alexandratou@cambridgeshire.gov.uk
Ellie Henderson	VCS	ellie.henderson@ormiston.org
Janet Dullaghan	Child health lead	Janet.Dullaghan@peterborough.gov.uk
Sue Haynes	PiMH	sue.haynes@hertspartsft.nhs.uk
Tracey Cogan	Head of Public Health	Tracey.cogan@nhs.net
Emma DeZoete	PH Consultants	Emma.dezoete@nhs.net
Emily Steggall	PH Consultant	Emily.steggall@nhs.net
Jane Hayley	Maternity, Newborn, Children and Young People Network manager	j.haley@nhs.net
Sharon Singleton	Public Health Programme Manager	sharonsingleton@nhs.net

Project Manager:
Tony Hadley, Sustain. Email: tony.hadley@sustain-improvement.com Mobile - 07584050931

Project Management Process and Tools

Project Dashboard

The progress and status of the delivery plan will be monitored using the Sustain CCPM tracker (see Figure 1) which will be maintained by the Sustain project manager.

Figure 1 – Project Dashboard

SUSTAIN IMPROVEMENT - CRITICAL CHAIN PROJECT MANAGEMENT					Effective Date	25/04/2013
PROJECT NAME	HCP Integrated Commissioning & Delivery					
End Date with Buffer	#N/A	Planned End Date	25/05/2013	Buffer Use	#N/A	G

Code	Milestone	Lead	Planned Start Date	Started	Planned Finished Date	Expected Finish Date	Actual Completion Date	Planned Duration	% of Critical Chain	Completion "Y"	Days Behind	Task RAG
CC0010	0	0	26/05/2013	N	25/05/2013	25/05/2013		0	#DIV/0!	N	0	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
					Cumulative To Date				0%			

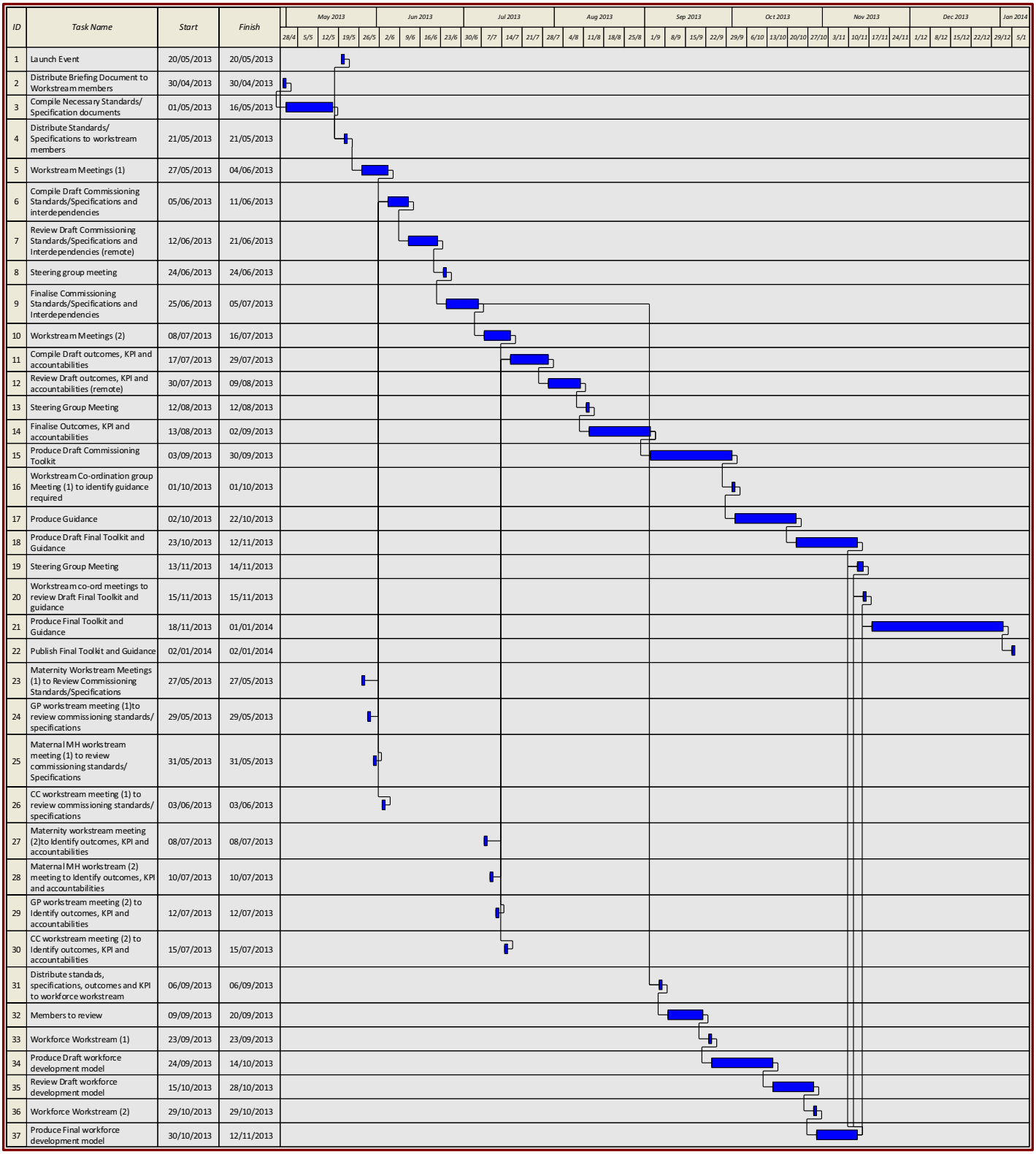
Chain Code	Milestone Code	Milestone	Lead	Start Date	Started	Expected Finished Date	Expected Finish Date	Actual Completion Date	Planned Duration	Link with CC	Completion "Y"	Days Behind	Task RAG
n/a	n/a	n/a	n/a	n/a	n/a	n/a	#N/A	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

On a weekly basis (each Friday) the Sustain project manager will provide a brief progress report to all members of the steering group and workstreams. This will include:

- Current project dashboard: provide current status of the project.
- Comments on dashboard: highlights areas of particular significance to the project.
- Key issues/concerns for resolution: used to identify areas that require immediate action/resolution.
- Key actions Last 7 days: key meetings and actions completed in last 7 days.
- Key actions Next 7 days: key actions and meetings that are planned/require completion in next 7 days.

Project Plan

The full delivery plan for the project is identified below:



ID	Task Name	Start	Finish
1	Launch Event	20/05/2013	20/05/2013
2	Distribute Briefing Document to Workstream members	30/04/2013	30/04/2013
3	Compile Necessary Standards/ Specification documents	01/05/2013	16/05/2013
4	Distribute Standards/ Specifications to workstream members	21/05/2013	21/05/2013
5	Workstream Meetings (1)	27/05/2013	04/06/2013
6	Compile Draft Commissioning Standards/Specifications and interdependencies	05/06/2013	11/06/2013
7	Review Draft Commissioning Standards/Specifications and Interdependencies (remote)	12/06/2013	21/06/2013
8	Steering group meeting	24/06/2013	24/06/2013
9	Finalise Commissioning Standards/Specifications and Interdependencies	25/06/2013	05/07/2013
10	Workstream Meetings (2)	08/07/2013	16/07/2013
11	Compile Draft outcomes, KPI and accountabilities	17/07/2013	29/07/2013
12	Review Draft outcomes, KPI and accountabilities (remote)	30/07/2013	09/08/2013
13	Steering Group Meeting	12/08/2013	12/08/2013
14	Finalise Outcomes, KPI and accountabilities	13/08/2013	02/09/2013
15	Produce Draft Commissioning Toolkit	03/09/2013	30/09/2013
16	Workstream Co-ordination group Meeting (1) to identify guidance required	01/10/2013	01/10/2013
17	Produce Guidance	02/10/2013	22/10/2013
18	Produce Draft Final Toolkit and Guidance	23/10/2013	12/11/2013
19	Steering Group Meeting	13/11/2013	14/11/2013
20	Workstream co-ord meetings to review Draft Final Toolkit and guidance	15/11/2013	15/11/2013
21	Produce Final Toolkit and Guidance	18/11/2013	01/01/2014
22	Publish Final Toolkit and Guidance	02/01/2014	02/01/2014
23	Maternity Workstream Meetings (1) to Review Commissioning Standards/Specifications	27/05/2013	27/05/2013
24	GP workstream meeting (1)to review commissioning standards/ specifications	29/05/2013	29/05/2013
25	Maternal MH workstream meeting (1) to review commissioning standards/ Specifications	31/05/2013	31/05/2013
26	CC workstream meeting (1) to review commissioning standards/ specifications	03/06/2013	03/06/2013
27	Maternity workstream meeting (2)to Identify outcomes, KPI and accountabilities	08/07/2013	08/07/2013
28	Maternal MH workstream (2) meeting to Identify outcomes, KPI and accountabilities	10/07/2013	10/07/2013
29	GP workstream meeting (2) to Identify outcomes, KPI and accountabilities	12/07/2013	12/07/2013
30	CC workstream meeting (2) to Identify outcomes, KPI and accountabilities	15/07/2013	15/07/2013
31	Distribute standads, specifications, outcomes and KPI to workforce workstream	06/09/2013	06/09/2013
32	Members to review	09/09/2013	20/09/2013
33	Workforce Workstream (1)	23/09/2013	23/09/2013
34	Produce Draft workforce development model	24/09/2013	14/10/2013
35	Review Draft workforce development model	15/10/2013	28/10/2013
36	Workforce Workstream (2)	29/10/2013	29/10/2013
37	Produce Final workforce development model	30/10/2013	12/11/2013

The Approach

To maximise the effectiveness of the wide range of stakeholder involvement required within this project and the time they have available to commit, we will be undertaking the work to deliver the required objectives through a combination of:

- Focussed workshop events/meetings
- Identification and completion of detailed, specific tasks by identified individuals on a remote basis.

This approach whilst effective will require comprehensive planning, preparation and communication to ensure all involved are:

- Fully briefed with the necessary materials prior to any focussed workshop/meeting.
- Clear about the objectives.
- Clear about what is required of them and the timeframe.

It will also be necessary for those involved to provide a clear commitment to deliver tasks/actions within the timeframes identified. As with any project, there will be occasions when external events will impact on a group/individuals ability to deliver within the agreed timeframe. In these circumstances it is essential that this is identified to the Sustain project manager as early as possible so that we are able to take corrective action/amend the approach without affecting the delivery of the required objectives.

Key Dates

Project Launch Event

The project launch event will take place on: Monday 20th May 9.30 – 12.30, at Holiday Inn, Cambridge.

Steering Group Meetings

Meeting	Date & Time	Venue
Steering Group meeting 1	Monday 24th June, 9.30 – 12.30	To Be Agreed
Steering Group meeting 2	Monday 12th August, 9.30 -12.30	To Be Agreed
Steering Group meeting 3	Wednesday 13th Nov, 9.30 – 12.30	To Be Agreed

Maternity & Midwifery Workstream Workshops

Workshop	Date & Time	Venue	Purpose
Workshop 1	Monday 27th May, 9.30 – 13.00	Holiday Inn Cambridge	To review the current/available commissioning standards/specifications.
Workshop 2	Monday 8th July, 9.30 – 13.00	Holiday Inn Cambridge	To identify outcomes, KPI's and accountabilities.

Primary Care & General Practice Workstream Workshops

Workshop	Date & Time	Venue	Purpose
Workshop 1	Wed 29th May, 9.30 – 13.00	Holiday Inn Cambridge	To review the current/available commissioning standards/specifications.
Workshop 2	Friday 12th July, 9.30 – 13.00	Holiday Inn Cambridge	To identify outcomes, KPI's and accountabilities.

Maternal Mental Health Workstream Workshops

Workshop	Date & Time	Venue	Purpose
Workshop 1	Friday 31st May, 9.30 – 13.00	Holiday Inn Cambridge	To review the current/available commissioning standards/specifications.
Workshop 2	Wed 10th July, 9.30 – 13.00	Holiday Inn Cambridge	To identify outcomes, KPI's and accountabilities.

Children's Centres & Early Years Education Workstream Workshops

Workshop	Date & Time	Venue	Purpose
Workshop 1	Monday 3rd June, 9.30 – 13.00	Holiday Inn Cambridge	To review the current/available commissioning standards/specifications.
Workshop 2	Monday 15th July, 9.30 – 13.00	Holiday Inn Cambridge	To identify outcomes, KPI's and accountabilities.

Joint Workstream Workshops

Workshop	Date & Time	Venue	Purpose
Workshop 1	Tuesday 1st Oct, 9.30 – 13.00	Holiday Inn Cambridge	Review draft toolkit and identify required guidance.
Workshop 2	Friday 15th Nov, 9.30 – 13.00	Holiday Inn Cambridge	Review final draft toolkit and guidance

Directions to the venue can be obtained via the link below:

Venue Details: http://www.ihg.com/holidayinn/hotels/gb/en/cambridge/cbgim/hoteldetail

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10
6 JUNE 2013		PUBLIC REPORT
Contact Officer(s):	Sue Mitchell, Interim Director of Public Health	Tel. 01733 207175

HEALTH AND WELLBEING BOARD DEVELOPMENT REPORT

RECOMMENDATIONS	
DIRECTOR OF PUBLIC HEALTH	**Deadline date :** *N/A.*
The Board is asked to note this report and discuss/decide what further areas for development it wishes to pursue and by what means. Some options are listed in section 4 of this report.	

1. ORIGIN OF REPORT

This report is submitted to Board following two Board development sessions held in January and March 2013.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to summarise the process and outcomes of recent Board development sessions; and seek the Board's views on options for further Board development.

2.2 This report is for the H&WB to consider under its Terms of Reference – 2.1 *To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community*

3. BACKGROUND AND SUMMARY

3.1 The Board is still in its early days in terms of working together to develop and implement the new systems required as part of the Health and Social Care Act (2012). In September 2012 the Board agreed that development as a Board was important and agreed to explore options for its development. The Department of Health and the LGA have recognised that support is necessary to enable Health & Wellbeing Boards to work effectively. During the previous year national and regional learning sets have been organised as well as resources made available locally, including Board assessment tool-kits.

3.2 Two development sessions have been held, in January and in March 2013, with support from a national facilitator nominated by the LGA/NHS Leadership Academy. There follows a summary of the sessions and outcomes.

3.3 Peterborough's Shadow Health and Wellbeing Board has seen a shift from a Local Authority bias towards a whole system focus as new members, including Clinical Commissioning Group and Patient representatives, became more established in their roles and more engaged in the Health and Wellbeing Board (H&WB) process. As part of this transition the H&WB has undertaken development with the objectives of building relationships within a common purpose for the good of Peterborough's population. At their first development session H&WB members were keen to discuss roles and ambitions for the Board as well as relationships and how members could collaborate more effectively. Leading on from this, members were encouraged to explore how collaborative working might benefit health outcomes for Peterborough.

3.4 Further facilitated sessions enabled Board members to have more free and open discussions about perceived difficulties they might encounter, constraints across the system, and how they might work together for the benefit of local population outcomes. Members also explored how they could practically achieve some early 'Small Wins' in partnership working. The value of these development sessions included the opportunity for members to have open and frank debate in a private space. This also required them to find ways to hold each other to account for their views and opinions expressed and gave each member time and space to become part of the conversation, which would not otherwise occur through their normal practice.

3.5 This learning process has enabled members to better appreciate the complexity of issues faced by the Board, recognising that a joined-up, collectively shared approach is required. Any 'Small Wins' that have been achieved are through agreement to: be consultative across partners, strategically challenge and support initiatives, review membership and amend meeting time and process to allow greater engagement, multi-perspective dialogue and open conversations. In turn this has enabled H&WB members to establish an approach based on genuine partnership working across the constituent parts of Peterborough's Health and Social Care Economy.

4. ANTICIPATED OUTCOMES

4.1 The Board may wish to have further informal/private development sessions, focussing on the following areas:

4.1.2 Accessing continued opportunities for networking/Board development at regional and national level through the Local Government Association (LGA)/NHS

4.1.3 The forward plan for the Board's business during the forthcoming year

4.1.4 Deep dive exercise into agreed areas across the Board's joint areas of responsibility to enable a shared knowledge and understanding of key issues and priorities

4.1.5 Patient and public involvement, stakeholder and community engagement activity

4.1.6 Review of the Board's progress at certain points during the year.

5. REASONS FOR RECOMMENDATIONS

5.1 Given the pressure on the Board's agenda and time during the public quarterly meetings, informal opportunities between quarterly meetings would enable the Board to look at some of the development areas necessary to enable the Board to work efficiently and effectively.

6. ALTERNATIVE OPTIONS CONSIDERED

6.1 The Board may choose not to undertake further development and may choose to discuss the areas proposed in section 4 during its quarterly public meetings

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

7.1 *Health and Social Care Act 2012*

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
http://healthandcare.dh.gov.uk/hwbs-health-scrutiny-regulations-2013/

UPDATED: 29 MAY 2013

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2013/14

MEETING DATE	ITEM	CONTACT OFFICER
12 September 2013	Commissioning Issues: CCG/LCG Public Health - Charter for Children with Learning Disabilities; Children's Services Adult Social Care – Learning Disabilities Day Activities	Board Members
	Health & Well Being Strategy Review (six monthly)	
16 January 2014	Commissioning Issues: CCG/LCG Public Health Children's Services Adult Social Care Health Watch (annual report)	Board Members
27 March 2014	Commissioning Intentions: Priorities for 2014/15 CCG/LCG Public Health Children's Services Adult Social Care	Board Members

This page is intentionally left blank