

**MINUTES OF A MEETING OF THE HEALTH AND WELL-BEING BOARD HELD IN THE  
BOURGES / VIERSEN ROOMS, TOWN HALL ON 16 JANUARY 2014**

**Members Present:** Councillor Marco Cereste, Leader of the Council (Chairman)  
Councillor Fitzgerald, Cabinet Member for Adult Social Care  
Councillor John Holdich, Cabinet Member for Education, Skills and University  
Councillor Scott, Cabinet Member for Children's Services  
Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health  
Gillian Beasley, Chief Executive, PCC  
Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC  
Sue Westcott, Executive Director of Children's Services, PCC  
Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group  
Dr Mike Caskey, Peterborough City Local Commissioning Group  
Dr Harshad Mistry, Peterborough City Local Commissioning Group  
Dr Ken Rigg, South Lincolnshire CCG  
Andrew Reed, National Commissioning Board Local Area Team  
David Whiles, Peterborough Healthwatch

**Co-opted  
Members**

**Present:** Claire Higgins, Chairman of the Safer Peterborough Partnership

**Also Present:** Wendi Ogle-Welbourn, Director for Communities  
Tina Hornsby, Assistant Director, Quality Information and Performance  
Philip Hammond, Performance Manager  
Mubarak Darbar, Head of Commissioning, Learning Disabilities  
Helen Gregg, Junior Project Manager  
Gemma George, Senior Governance Officer

**1. Apologies for Absence**

Apologies for absence were received from Andy Vowles, Russell Wate and Dr Richard Withers.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of the Meeting Held on 12 September 2013**

The minutes of the meeting held on 12 September 2013 were approved as an accurate record.

**COMMISSIONING ISSUES**

**4. NHS England / Local Board**

**(a) Primary Care Strategy – Update on Progress**

The Board received a report which provided an update on the work being progressed by the NHS England East Anglia Area Team to develop a strategic framework to support the development of Primary Care in East Anglia.

Andrew Reed, Director NHS England East Anglia Area Team, presented the report and advised that the work being undertaken with the CCG and other colleagues was at that point in time very developmental.

The report detailed the emerging themes and how these could be addressed, such as identifying the way Primary Care could potentially operate at a greater scale and in collaboration with other providers. It was advised that this work would ultimately link in with the Better Care Fund.

Members debated the report and comments and responses to questions included:

- The Better Care Action Plan, which was to be endorsed by the Board at a later date, had identified that closer links were needed with Primary Care;
- Intelligence with the CCGs was at the time very high level. Discussions aimed specifically around Peterborough were due to take place to ensure that the needs and aims of Primary Care in Peterborough could be distinguished from the needs and aims of Primary Care in Cambridgeshire;
- The area team been progressing work to bring together health and social care intelligence which could be used for planning purposes. A contact for access to the information would be identified; and
- Clearer priorities in relation to premises needed to be explored.

## **RESOLVED**

The Board noted the report.

### **(b) Surgical Metastatic Liver Resection Services**

The Board received a report following a request from Andrew Reed, Director NHS England East Area Team. It provided a summary of the review of surgical services for metastatic liver resection, which had been undertaken with the aim of ensuring high quality, safe and sustainable services for patients. The review had concluded that there should be a single surgical centre for East Anglia, working as part of a network with local services to achieve improved outcomes for patients. It had been further concluded that this single service should be located at Addenbrookes, Cambridge.

Further key points were highlighted including an overview of the current arrangements and locations for liver cancer surgery; confirmation that the proposals would not affect the status of the Leicester Centre or the ability for GPs and Clinicians in Peterborough to refer patients there; the best way of improving access and outcomes to liver cancer surgery which was to have a single pathway covering the East of England and a single surgical centre providing the necessary expertise; in depth discussions which had taken place between a Joint Norfolk, Suffolk and Cambridgeshire Health Scrutiny Committee (JHSC) the recommendations of which had included strong support for a single pathway but with two surgical centres, further debate was due to be undertaken around this, however it was the view of NHS England that this would not comply with national improving outcomes guidance.

Members debated the report and comments and responses to questions included:

- A single centre implementation would not result in any specific budgetary savings;
- If Addenbrookes was the only provider locally, they needed to be contracted to deliver;

- Confirmation would be sought as to the situation with the Leicester centre and whether there was any possibility that it may be relocated in the future; and
- A further recommendation arising from the JHSC had been that travel arrangements for patients and carers be more explicitly addressed. A public engagement exercise was due to be undertaken and as part of that exercise, specific transport needs would be identified along with how the provider could best ensure that they were taken up as part of implementation of the plan.

## **RESOLVED**

The Board considered and agreed the key recommendation to establish a single surgical centre for metastatic liver resection in the Anglia cancer network area and the Board further confirmed:

- The importance of ensuring all patients had access to an IOG compliant service; and
- The principle of retaining as much care locally as possible.

## **5. Clinical / Local Commissioning Groups**

### **(a) Development of Proposals for use of the Better Care Fund (formerly Integration and Transformation Fund) in Peterborough**

The Board received a report from the Integration and Transformation Group, which provided an update on the developing proposals for the use of the Better Care Fund, previously known as the Integration and Transformation Fund, in Peterborough.

Cathy Mitchell, Cambridgeshire and Peterborough Clinical Commissioning Group, introduced the report and stated that at the previous Board meeting, it had been advised that preparation needed to be undertaken in relation to an action plan for the Better Care Fund. It had subsequently been agreed by the Board that a working group be established which could start developing the content of the Plan.

Further key points were highlighted including the lack of national guidance available at the time of establishment of the group and the guidance which was now available; the timeframe in which the draft and final Better Care Actions Plans were to be submitted; the sign off timeframes not fitting in with scheduled Health and Wellbeing Board meetings and therefore it being recommended that the Board delegate the authority for the final sign off of proposals to the Joint Commissioning Forum, for ratification at a future meeting; for the Board to offer its support to using the Borderline and Peterborough Transformation Board as a key means of engagement with local stakeholders; the Plan to be circulated virtually to the Board so Members would be able to comment prior to final submission; and the proposals for two workshops, in order to bring in wider stakeholders to input in the development of the Plan, presentations would also take place at a wide number of meetings.

Members debated the report and comments and responses to questions included:

- The list of proposed schemes as detailed in the report would be worked on further prior to final submission;
- Possible areas of future investment would need to deliver national outcomes within the Better Care Fund;
- There was a general negative perception in relation to government cuts to older people's services. Messages about the consultation and the work being done should therefore be more widely publicised in the local press in order to reach the older people in Peterborough. Work could be undertaken with Healthwatch to ascertain ways in which awareness could be raised;
- A marketing strategy was needed for the implementation of the Better Care Fund to ensure it had a clear identity; and

- Additional stakeholder engagement was welcomed and Board Members offered their support into the process.

## **RESOLVED**

The Board:

1. Noted the background information and planning timescales for the Better Care Fund;
2. Considered the 'long-list' of proposals for use of the Better Care Fund;
3. Delegated the authority for the formal sign-off of proposals, and full plans for the Better Care Fund, to the Joint Commissioning Forum, for ratification at a future meeting; and
4. Offered its support to using the Borderline and Peterborough Transformation Board as a key means of engagement with local stakeholders.

## **6. Public Health**

### **(a) Joint Strategic Needs Assessment**

The Board received a report following a senior management restructure and realignment of responsibilities, as presented to Full Council on 9 October 2013.

The report updated the Board on the work being undertaken to refresh the Children's JSNA and was intended to obtain its views on the proposed future work plan for targeted thematic JSNA refresh areas. Tina Hornsby, Assistant Director, Quality Information and Performance, introduced the report and provided an overview of the main points including publication of the last JSNA, which had been in 2011; the obligation to keep the JSNA up to date; how the work had commenced, including working on the Children's Needs Assessments; the range of updated national tools which were now available; and the work undertaken in partnership with Green Ventures to pilot a thematic refresh of the children and families JSNA, this refresh having taken 80 data sets containing the wider determinants of health and created an analytical database using Google Earth to allow comparison and contrast of data against geographical areas of the city, either at ward or lower super output area (LSOA) level.

Philip Hammond, Performance Manager, addressed the Board and in the first instance advised that JSNAs were statutory documents to be owned by the Health and Wellbeing Board, they were to be evidence led and include the wider determinants of health. The information must be accessible for stakeholders and the public and support the decision making of the Board. They should be easy-to-read documents supported by 'live' tools which reflected the current make-up of the local population and are regularly updated to take account of changes.

An interactive overview of the analytical database was presented to the Board along with examples of how the tool could be utilised and how it was proposed to use this information in the future in relation to the development of the JSNA and the identification of key priorities.

Members debated the report and presentation and comments and responses to questions included:

- The same information needed to be provided in relation to elderly residents;
- Going forward, information sharing needed to be improved. Once this information was obtained a true reflective picture would be shown;
- Data could be used in the future in order to target services with regards to possible increases in population figures;
- In terms of data sharing, the CCG would be in a better position to supply data as of April 2014, there had historical issues around information governance;

- There would be additional cost implications relating to acquisition of data, however these costs would be offset by the time savings made. However, there would still need to be analytical work undertaken;
- None of the core data sets had been updated since the previous JSNA had been published two years ago;
- The data needed to be used in order to prioritise and to understand how to allocate resources and to deal with emerging challenges in the city;
- It was proposed that the Health and Wellbeing Executive Board be utilised as a Steering Group; and
- Exploration should be undertaken in order to identify the resources required to keep the database as up to date as possible.

## **RESOLVED**

The Board:

1. Supported the proposal to refresh the Joint Strategic Needs Assessment via thematic areas;
2. Considered the governance arrangements for agreeing and overseeing the work plan for the thematic refresh, using the Health and Wellbeing Executive as a Steering Group;
3. Received the update on the Children's thematic refresh and provided feedback on the model developed in partnership with Green Ventures, and
4. Considered thematic areas it would wish to see within the work plan, and agreed the proposed initial work plan.

### **(b) Interim Arrangements for the Director of Public Health**

Jana Burton, the Executive Director of Adult Social Care and Health and Wellbeing, stated that as of the day after the meeting there would be an Interim Director of Public Health in place, Dr Henrietta Ewart. An overview of Dr Ewart's background was provided and it was advised that she would provide a clear steer and focus. The job descriptions for the permanent positions for Part Time Director of Public Health and Consultants, were due to be presented to the Employment Committee on 3 February 2014, after going to Public Health England for ratification. These job descriptions would be shared with the LCGs and CCGs.

## **7. Children's Services**

### **(a) Joint Child Health and Wellbeing Commissioning Unit**

The Board received a report following previous submission of a proposal for support in the development of a Joint Child Health and Wellbeing Commissioning Unit. Wendi Ogle-Welbourn, the Director for Communities, introduced the report and advised that it had been agreed that the local authority was to be the lead for the commissioning of child health services and that this would be encapsulated within a formal agreement, that being the Section 75. The Board was requested to support the next steps, those being to include the CCG financial envelope to align with PCC financial envelope and to take through the formal governance processes of the city council and the CCG, with an aim for all works to be complete, ready for the unit to be implemented from 1 April 2014.

Cathy Mitchell, Cambridgeshire and Peterborough Clinical Commissioning Group, advised that the Section 75 had been taken to the governing body of the CCG, and subject to some minor amendments within Schedule 7, the Section 75 was to be signed off.

## **RESOLVED**

The Board:

1. Had no particular comments on the draft Section 75 Agreement and Operational Policy; and
2. Agreed to support the next steps in the development of the Section 75 Agreement and operational policy.

## **8. Adult Social Care**

### **(a) Autism Self Evaluation**

The Board received a report which informed it of the outcomes of the NHS England Autism Self Evaluation. This followed NHS England making it a requirement that the outcomes of the Self Evaluation be reported to Health and Wellbeing Boards in order to take note and monitor progress. Mubarak Darbar, Head of Commissioning Learning Disabilities, introduced the report and provided background to the Evaluation. Further key points were highlighted including the National Autism Strategy having been published in 2010 and the publication of a Local Autism Commissioning Strategy by NHS Peterborough in 2011; the four key sections included within the self-evaluation, these being 'Planning', 'Training', 'Diagnosis and Care' and 'Support'; the self-evaluation being multi-agency and including all partner agencies and service users; the improvement plan which had been put in place following the evaluation with ten areas of focus, this being led upon by a sub-group; a health and social care assessment framework which had been published in 2013, a requirement of which being that the Health and Wellbeing Board take note of both the autism self-assessment and the health and social care self-assessment.

Members debated the report and comments and responses to questions included:

- There was a joint Autism Strategy published in 2011 with partner agencies, and this was due for a refresh in 2014;
- Autism was a growing field and the numbers of individuals within the education system with autism could be substantially more than those that were currently identified. Ways of identifying these individuals needed to be addressed as part of the refresh. A robust system was also required in terms of pathway planning between children and adults;
- The report highlighted no major concerns and therefore the Board was content that the issue was being addressed satisfactorily; and
- The report should perhaps be revisited again with the Chief Executive of the Mental Health Trust.

### **RESOLVED**

The Board considered and commented upon the contents of the report.

## **INFORMATION AND OTHER ITEMS**

### **9. Officer Lead for the Health and Wellbeing Board**

The Executive Director of Adult Social Care and Health and Wellbeing, stated that in relation to the change in responsibilities for the directorate for Adult Health and Wellbeing it would be pertinent for the Executive Director of Adult Social Care and Health and Wellbeing to become the lead Director for the Health and Wellbeing Board area of responsibility.

### **RESOLVED**

The Committee approved the Executive Director of Adult Social Care and Health and Wellbeing's recommendation.

## **10. Executive Group Terms of Reference**

The Board received a report following a previous resolution that an Executive Group be developed in order to support the work of the Health and Wellbeing Board going forward. The report further sought comments on the draft terms of reference for the Group.

The Director for Communities, stated that it had been identified at a recent meeting that the ability to co-opt the Area Team onto specific pieces of work should be incorporated into the terms of reference; that the Board should be referred to as the 'Programme Board' rather than the 'Executive Board'; and to add to the activities about looking at joint commissioning and delivery and the ability to co-ordinate ad-hoc pieces of work such as the peer review. The updated terms of reference would be re-circulated for information.

### **RESOLVED**

The Board commented on and agreed the terms of reference for the recently formed Executive Group (now to be Programme Board) that would support the work of the Health and Wellbeing Board. This was agreed subject to the amendments specified by the Director of Communities and the inclusion of the current membership within the document.

## **11. Peer Review Update**

The Director for Communities introduced Helen Gregg, the Project Officer within Children's Services, who provided a brief verbal overview of the situation relating to the status of the peer review. A two page briefing summary was circulated to the Board and it was further advised that a program was being put together which would involve Board Members. This program was due to be finalised by the beginning of the following week and Members would be contacted in order to identify appointment slots.

## **12. Health and Wellbeing Board Delivery Plan Update**

The Board noted the updated Health and Wellbeing Strategy Delivery Plan.

## **13. November Newsletter**

The Board noted the November Newsletter.

## **14. Schedule of Future Meetings and Draft Agenda Programme**

The Board noted the dates and agreed future agenda items for the Board.

### **(a) SARC**

The Director for Communities sought agreement from the Board that an item be brought to the next meeting around the Sexual Assault Referral Centre (SARC). This was approved by the Board.

1.00pm – 3.00pm  
Chairman