

**MINUTES OF A MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD
HELD AT THE TOWN HALL, PETERBOROUGH ON 26 MARCH 2012**

Members Present: Councillor Marco Cereste (Chairman) – Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business
Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care (Vice Chairman)
Councillor Sheila Scott – Cabinet Member for Children’s Services
Councillor John Holdich – Cabinet Member for Education, Skills and University
Gillian Beasley, Chief Executive, PCC
Malcolm Newsam, Executive Director Children’s Services, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC
Dr Sushil Jathanna, PCT/NCB Chief Executive
Dr Paul van den Bent, LCG/CCG Representative
Louise Ravenscroft, Peterborough LINK – Pathfinder Local HealthWatch

Also in Attendance: Helen Edwards, Solicitor to the Council, PCC
Nick Blake, Adult Social Care Transformation Manager, PCC
Gemma George, Senior Governance Officer, PCC

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from David Whiles, Dr Mike Caskey and Dr Neil Sanders.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minutes of the Setup Meeting held on 16 January 2012	<p>The minutes of the setup meeting held on 16 January 2012 were approved as a true and accurate record.</p> <p>It was commented that it was not clear within the Board’s Terms of Reference whether the appropriate Clinical Commissioning Group representatives had been included. It was advised that in order to clarify this point the category listed at paragraph 4.1 would be amended to state ‘Cambridgeshire and Peterborough Clinical Commissioning Group’ rather than ‘Cambridgeshire Clinical Commissioning Group’.</p> <p>The Chairman addressed the meeting and advised that item 9 on the agenda, Local HealthWatch development, was to be taken as the first item of business.</p>	AL/GG
4. Local HealthWatch Development	<p>The Adult Social Care Transformation Manager provided Members with a verbal update on the progress of local HealthWatch in Peterborough.</p> <p>Key points and responses to questions included:</p> <ul style="list-style-type: none"> • In Peterborough, development was currently in the early consultation phase; • HealthWatch was due to take over the functions currently undertaken by LINK, as well as NHS Patient Advice and Liaison Service (PALS) and NHS Complaints Advocacy; • Each local authority would have a local HealthWatch, responsible 	

	<p>for reporting its findings into HealthWatch England;</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board would have one HealthWatch representative in its core membership and this would remain as Mr David Whiles; • HealthWatch would provide a voice for local people and would play an integral part in the development of the Joint Strategic Needs Assessment (JSNA); • The transition of the current LINK to the new HealthWatch would be done via a single tender; • There were a number of key issues to be addressed and support was needed to ensure a smooth transition; • Discussions would be undertaken with regards to how the Patient Advice and Liaison Service (PALS) would be managed going forward; • The population of Cambridgeshire as a whole was around 670,000, with 170,000/180,000 of those people utilising the services in Peterborough; • Given economies of scale and the limited indicative funding, joint commissioning of the HealthWatch NHS PALS and Complaints Advocacy functions would be explored alongside Cambridgeshire County Council, NHS Cambridgeshire and Peterborough; • There had been discussions held around commissioning NHS Complaints Advocacy functions regionally; • HealthWatch was statutorily required to be up and operating by 1st April 2013, and it was planned to have it running in shadow form by October 2012. <p>Following discussion, it was queried whether a HealthWatch project plan could be drafted and circulated for information. The Adult Social Care Transformation Manager advised that a plan would be produced and circulated in due course.</p>	NB
5. Health and Social Care Bill – Update	<p>The Director of Public Health gave a brief verbal overview of the progress of the Health and Social Care Bill.</p> <p>It was advised that the Bill had been passed and was now awaiting Royal Assent.</p>	
6. Terms of Reference	<p>5.1 Received Comments</p> <p>The Director of Adult Social Care addressed the Board and advised that the draft terms of reference had previously been circulated via email for comment. Those comments had subsequently been incorporated into the document.</p> <p>The Cabinet Member Decision notice for the implementation of the Health and Wellbeing Board had also been published and all subsequent meetings were to be held in public and no longer in shadow form.</p> <p>During discussion, key points and responses to questions included:</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board would have the ability to establish sub-groups and joint commissioning groups as appropriate; • At the current time, the Children’s Trust Board was not performing effectively. Tighter focus was required around commissioning and it was expected that this would sit under the Health and Wellbeing Board; • Performance on health outcomes would be monitored and this was encapsulated within the terms of reference as both an aim and a function of the Board; 	

	<ul style="list-style-type: none"> • The partnership organisations referred to within the terms of reference would be far reaching and would include providers; • When the local Clinical Commissioning Group had taken over from the PCT, the PCT representatives would be replaced by NHS representatives; • Lincolnshire, although borderline, had opted not to become part of the Clinical Commissioning Group, however due to them representing a large number of patients, they would need to be involved. An invitation was therefore to be extended to the Lincolnshire Clinical Commissioning Group to nominate a co-opted member onto the Peterborough Health and Wellbeing Board with the caveat that they would not hold a voting position; • Further to inviting a co-opted member onto the Board from Lincolnshire, a reciprocal arrangement would be explored. <p>5.2 Learning Disability Sub-Group</p> <p>The Director of Adult Social Care advised that a Section 75 Agreement had been put in place with the PCT to deliver Learning Disability Services. The terms of reference for the Learning Disability Sub-Group had been drafted and the Group would sit directly under the Health and Wellbeing Board. The Group would be small and would oversee commissioning and strategies.</p> <p>The first meeting was due to be convened within the next couple of months and the terms of reference would be circulated to the Board for information purposes.</p> <p>5.3 Reciprocal Arrangements with Cambs HWB</p> <p>The Board was advised that ongoing discussions were being held with Cambs as to the nature of the arrangements.</p>	<p>AL</p> <p>AL</p> <p>TR/AL</p>
<p>5. The Joint Strategic Needs Assessment (JSNA)</p>	<p>6.1 Emerging Themes / 6.2 Publication</p> <p>The Director of Public Health gave an overview of the progress being made with the Joint Strategic Needs Assessment (JSNA) and presented the executive summary and recommendations.</p> <p>Key points were highlighted and discussed including:</p> <ul style="list-style-type: none"> • A refresh of the first JSNA had started at the beginning of 2011; • One of the biggest criticisms had been the level of engagement undertaken with other agencies in order to identify emerging themes; • The JSNA had been taken to 30-40 commissioning groups in order to obtain feedback and to populate the themes; • The current document was in summary format and was due to be launched on the Peterborough City Council website. This would follow some further work which needed to be undertaken on it; • It was the Board's responsibility to derive its aims from the JSNA and therefore, it was for the Board to decide how much involvement it wanted to have in the refresh; • Some of the data contained within the document had been estimated, for example, the number of people living in the city. The Census data would provide more reliable figures once released; • It was commented by Board Members that the document was an important one for the city and it needed to be right. Long term strategic decisions would be based upon its findings and accuracy would be vital; • Members commented that the document did not appear to reflect 	

	<p>the story of the needs of the people in Peterborough and it did not present a consistent approach to issues;</p> <ul style="list-style-type: none"> • Significant changes to the health of the city needed to be made therefore further work needed to be undertaken, taking a ‘forward thinking’ approach to issues faced by the citizens of Peterborough; • Further ground work needed to be undertaken in order to identify why certain issues were prevalent within the city e.g. diabetes; • Did the JSNA contain sufficient data to inform the city’s Health and Wellbeing Strategy?; • There were detailed needs assessments which sat behind the overview of the JSNA; • Members commented that an overview of the services being delivered, and whether the outcomes of those services were positive, needed to be provided. These identified priorities would then feed into the JHWS; • The detailed work needed to be undertaken by the Public Health Team and resources needed to be made available for this to be undertaken; • The work needed to reflect the priorities of the people of Peterborough, not just in relation to commissioning but also in relation to their overall wellbeing, this would involve looking at the housing agenda for example. <p>Following discussion and questions, a way forward was identified. The information already gathered would be retained and released to those who needed it and Terry Rich, Malcolm Newsam and Dr Andy Liggins would revisit the document in order to provide an overview of the services being provided in Peterborough and the outcomes of those services.</p> <p>The next stage would be to identify the priorities in order to inform the HWBS. Members were advised that the focus of the next meeting would be to discuss these main themes.</p>	<p>TR/MN/ AL</p> <p>AL</p>
7. The Joint Health and Wellbeing Strategy (JHWS)	Discussion incorporated into item 6.	
8. Public Health Transition	<p>The Director of Public Health advised that Public Health Transition was on schedule and the second version of the Transition Plan had been submitted on 9th March 2012, this formed part of the PCT Integrated Plan.</p> <p>The next stage of transfer had now been reached and some practical and other minor issues, around financial aspects, had arisen.</p> <p>Members were advised that the Transition Plan was available for circulation if any one wished to see it.</p>	
9. Schedule of Future Meetings and Draft Work Programme	<p>The schedule of future meetings and the draft work programme were circulated for comment.</p> <p>The work programme was agreed in its current format and it was noted that it would be populated on a gradual basis.</p>	

1.00pm - 2.30 pm
Chairman

Relating to:	<u>ACTIONS</u>	By whom	By when
3. Minutes of the Meeting held 16 January 2012 and Action Points	<ul style="list-style-type: none"> To amend the Terms of Reference at 4.1 to state 'Cambridgeshire and Peterborough Clinical Commissioning Group'. 	AL/GG	ASAP
4. Peterborough HealthWatch	<ul style="list-style-type: none"> To produce a plan detailing the HealthWatch transition timescales. 	Nick Blake	ASAP
5. Terms of Reference	<ul style="list-style-type: none"> To extend an invitation to the Lincolnshire Clinical Commissioning Group to nominate a co-optee to the Board and to explore reciprocal arrangements. To circulate the terms of reference for the Learning Disabilities Commissioning Executive Group. 	AL TR/AL	ASAP ASAP
6. JSNA	<ul style="list-style-type: none"> To revisit the JSNA in order to include an overview of the services being provided in Peterborough and the outcomes of those services. The information currently held to be made available to those who need it. To identify the major themes / priorities in order to feed into the HWS. Discussion on these themes / priorities to be held at the next meeting 	AL/TR/ MN AL	ASAP ASAP

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