

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 27 MARCH 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 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
Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group
Dr Richard Withers,
Dr Harshad Mistry, Peterborough City Local Commissioning Group
Katie Norton, National Commissioning Board Local Area Team
David Whiles, Peterborough Healthwatch

Co-opted Members

Present: Russell Wate, Chairman of the Safeguarding Children's Board
Claire Higgins, Chairman of the Safer Peterborough Partnership

Also Present: Wendi Ogle-Welbourn, Director for Communities
Gemma George, Senior Governance Officer
Dr Peter Reading, Interim Chief Executive – Peterborough and Stamford Hospitals NHS Foundation Trust
Al Marshall, Transaction Director – Peterborough and Stamford Hospitals NHS Foundation Trust
Anne McHugh, Communications Specialist – Peterborough and Stamford Hospitals NHS Foundation Trust

1. Apologies for Absence

Apologies for absence were received from Councillor Sheila Scott, Sue Westcott, Dr Michael Caskey, Dr Paul Van Den Bent, Dr Ken Rigg, Andrew Reed and Andy Vowles.

Katie Norton was in attendance as a substitute for Andrew Reed and Dr Harshad Mistry was in attendance as substitute for Dr Van Den Bent.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 16 January 2014

The minutes of the meeting held on 16 January 2014 were approved as an accurate record.

4. Submission of Petition in Relation to the Hydrotherapy Pool

Karen Oldale, a service user of St George's Hydrotherapy Pool, presented a petition to the Health and Wellbeing Board on behalf of 3611 people who had signed to save the pool and on behalf of over 1800 registered users.

Ms Oldale commented that there was a proven local need for the service and it was strongly believed that community hydrotherapy, which had been shown to improve public health and wellbeing and reduce health inequalities, fell within the remit and responsibility of the Board. It was therefore called upon the Board, through joint commissioning, to ensure the continued provision of the service until a suitable long term option became available.

Councillor Cereste advised that negotiations were underway in order to identify a way forward, and thanked Ms Oldale for presenting the petition.

COMMISSIONING ISSUES

5. Commissioning Intentions – Priorities for 2014/15

The Board received a report following development of the commissioning intentions document which set out the commissioning intentions for children, community and adult services from across the City Council.

Wendi Ogle-Welbourn presented the report and advised that the document had been shared with the Joint Commissioning Forum, the Peterborough and Borderline Local Commissioning Groups / Local Authority Commissioning Group, and would also be shared with the Health and Wellbeing Programme Board in order to explore the opportunities for further joined up working. The document had also been sent to the Clinical Commissioning Group (CCG) lead who was in the process of developing the five year strategic plan.

RESOLVED:

The Board noted the Commissioning Intentions of the City Council.

6. NHS 5 Year Strategic Planning 2014 – 2019

The Board received a report which provided an update on the process underway to develop a five year strategic plan.

The requirement for the Plan had been issued within national guidance in November 2013 and required local health authorities to produce a five year strategic plan for their local health economies.

Cambridgeshire and Peterborough Clinical Commissioning Group had been tasked with leading the development of the Plan, setting out a vision for the next five years and detailing changes that needed to take place within the system in order to deliver the vision by the end of 2018/19.

Cathy Mitchell introduced the report and advised that there were a number of challenges for the document to address including aging population; increase in long-term conditions; rising costs; rising public expectations and challenging financial environments. The Plan would also reflect the Clinical Commissioning Group's vision and values.

It was further advised that additional support was to be received from external advisors as the Cambridgeshire and Peterborough System had been identified by NHS England, Monitor and the NHS Trust Development Authority as being one of 11 challenged health economies. These external advisors would be available from April to June, and they would be utilised to create the strategy and the implementation plan required by partners to progress the strategy forward.

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

- The issues faced were wide reaching and there were competing regulatory bodies, with different levels of accountability and governance that did not always operate in a consistent fashion;
- Many foundation trusts were in severe financial distress or heading in that direction;
- The document was a work in progress and further work was required in order to capture a collective vision;
- The Plan was not solely about health issues and it provided the opportunity for all organisations to come together in order to identify what could be done better in order to make a difference going forward;
- If a shared planned vision did not come to fruition, unplanned change would occur;
- Representations should be made to national government in order address the shortfall in funding;
- 40% of trusts were facing a deficit over the forthcoming year, the government needed to address this;
- There would need to be tough decisions made going forward, some of which would be extremely challenging;
- The Plan needed to recognise the vital role of the primary and community based services as being part of the ongoing solution and how these could be transformed accordingly;
- The sustainability and pressures on the primary care system could not be underestimated;
- The underfund had been recognised nationally in the coming financial year, with a small step change towards addressing this by moving towards the allocated budget, however continued support and lobbying was required going forward to ensure the allocation that the CCG should have was realised;
- This was an opportunity for change and action needed to be taken and a plan formulated in order to address the issues faced; and
- The health landscape in Peterborough had changed drastically over the past decade.

Following discussion and comments, it was agreed that a small group would be formulated to meet, following the elections, in order to discuss and plan how to address the issues faced. This would include approaching and making representations to health ministers and senior politicians.

RESOLVED:

The Board noted the update on the development of the five Year Strategic Plan and agreed the formation of a group, to meet and discuss issues, as a way forward.

7. NHS England / Local Board

(a) Update on the Healthy Child Programme

The Board received a report which provided members with an overview of the resource tool to support the integrated commissioning and delivery of the Healthy Child Programme (HCP) from pregnancy and the first five years of life. The Board was also requested to sign up to the piloting of one aspect of the Toolkit in Peterborough between April and September 2014.

Katie Norton introduced the report and advised that the Healthy Child Programme had been started in recognition of the very complex arrangements that were in place to support the work to ensure that every child had a good start in life. It was further highlighted that the commissioning responsibilities were shared between the Local Authority, Clinical Commissioning Groups and NHS England amongst others; a number of sites had been identified to pilot certain aspects of the Toolkit in order to ensure it was fit for purpose and able to be easily implemented; Peterborough had been actively engaged in development

and Cambridge and Peterborough would pilot 'Outcomes and KPIs'; each pilot site would be fully supported; and the pilot of the Toolkit would feed into the work being undertaken as part of the Cambridge and Peterborough Children and Young People's Programme Board to redesign child health services in the area. It would also support the commissioning and delivery of an integrated Healthy Child Programme 0-5 when commissioning responsibility for health visiting and Family Nurse Partnership services moved to Peterborough City Council in 2015.

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

- Peterborough was on target in relation to the increase in the number of Health Visitors by 2015;
- A number of the new Health Visitors were newly trained. This was a steep learning curve in terms of the new specification for Health Visitors and there was development work to do; and
- Health Visitor input around Safeguarding was required and it was advised that Safeguarding responsibilities were embedded within the new specification for Health Visitors.

RESOLVED:

The Board noted the report and signed up to the piloting of one aspect of the Toolkit in Peterborough between April and September 2014.

(b) Primary Care Strategy Update

Katie Norton provided a verbal 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.

Members discussed the update and comments and responses to questions included:

- The Area Team had signed off the business case which would enable the re-provision of North Road and Lincoln Road into a purpose built facility on Craig Street, that would support the delivery of integrated services;
- Support had been confirmed for the changes required to support the regeneration project in Orton;
- Significant investment in infrastructure was essential to deliver the integrated vision that the Local Commissioning Group was working towards;
- Work had been undertaken around the configuration of services in Peterborough and the plans around that to support sustainability of practices. Options were still being considered and a paper would be brought back to a future meeting setting out detailed proposals;
- The Craig Street development was welcomed, however it was felt that the problems in Central Ward remained and these issues needed to be addressed. In response to these concerns, it was advised that there were discussions taking place with the practices concerned;
- There was the potential for investment to be withdrawn from various general practices and redistributed to others;
- There were issues with attracting new young doctors to the city and very few wanted to become partners. This could lead to a recruitment crisis;
- There needed to be more investment in primary care, offering treatment in the community rather than in hospitals;
- The Craig Street site could have been utilised to better effect and joined up working needed to be undertaken in future, to provide housing etc.; and

- There needed to be better engagement with GPs going forward and involvement from the Council and Partners was sought to assist with the recruitment of GPs/Clinicians/Nurses by 'selling the merits of Peterborough' e.g. by talking to housing providers/schools etc.

RESOLVED

The Board noted the update and agreed the actions going forward.

(c) Procurement to Optimise use of Peterborough and Stamford Hospitals NHS Foundation Trust's Estate and to Minimise its Long Term Deficit

The Board received a report which presented emerging thinking and sought to obtain the Board's views on the tender plan, this being the work undertaken so far by the Trust to identify the preferred approach to and scope of the transaction (tender).

Dr Peter Reading presented the report and gave a presentation to the Board, key points highlighted included:

- The Contingency Planning Team (CPT), appointed by Monitor, had concluded that the Trust was clinically and operationally sustainable, but that it was not financially sustainable in its current form;
- The CPT had recommended four courses of action, which together could deliver a sustainable solution for local patients;
- One of the courses of action was to launch a competitive tender 'designed to test whether the Trust's assets could be used in ways which would further reduce its deficit';
- All options of how the value of the Trust's assets could be maximised would be considered in an open, fair and transparent competitive tender exercise. A Tender Plan was being preparing in order to explain how this would be achieved;
- There were a number of possible responses to the tender, including 'one or more providers delivering services from the estate', 'an integrated joint venture for example secondary and primary care', 'a merger between acute hospitals (including acquisition)' or 'a new operator running the Trust's services';
- Questions to be asked would include 'whether the response maximised the value?' and 'did it meet the evaluation criteria?';
- The deficit needed to be reduced by £40m per year;
- The services would continue to be run from Peterborough City Hospital and Stamford Hospital sites whatever the outcome;
- The outcome had to be in the context of the Trust maintaining and improving the quality of both clinical outcomes and patient experience; and
- The tender outline timetable was presented and it was advised that stakeholders were being actively engaged about the evaluation of the tender at the current stage and it was planned to report back to the Board at key stages wherever possible.

Members were invited to comment on the report and presentation. Comments and responses to questions included:

- The fundamental issue faced by the Trust was one of debt, this needed to be addressed going forward. A plan to deal with debt should be implemented;
- It was requested that thought be given as to how the Council would be engaged with throughout the tender process. There was expertise available for utilisation;
- Comments had been made following the last Peterborough Regional Steering Group (PRSG) that thoughts would be given as to the role that the Council could play going forward;

- It was queried whether extrication from the PFI through government had been explored? It was advised that this option had been explored and a report commissioned. The conclusion had been that the cost of buying out the contract would be so high and risky that there was no opportunity to do so
- Any of the four possible response options would not get to the bottom of the £40m quickly; and
- The premise of more revenue was a good one, and specialising in a particular area may be a key to success.

Following discussion, Dr Reading advised that he had noted the point about involving the Council and the additional comments made would be incorporated within the project plan.

RESOLVED

The Board noted the report and presentation and commented on the tender plan.

8. Clinical / Local Commissioning Groups

(a) Better Care Action Plan

The Board received a report which sought its views on the draft Better Care Fund Action Plan in order to inform the content of the final Action Plan, which was being produced.

The Board was also requested to consider delegating its authority into the Joint Commissioning Forum and the Borderline and Peterborough Transformation Board (B&PTB) in order to implement the Better Care Action Plan from April 2014.

Cathy Mitchell introduced the report and draft plan and further requested that due to the meeting cycle of the Board, the Final version of the Action Plan be circulated to the Board electronically for virtual sign off prior to submission on 4 April 2014 to NHS England.

A number of engagement events had been undertaken and a number of comments had been collated to inform the Plan. The Plan would be high level and areas of further exploration had been agreed for 2015/16 as the Plan needed to cover two years.

With reference to recommendations arising following the Pear Review, it was recognised that the Joint Commissioning Forum and the Transformation Board were good forums that may benefit from being formalised as sub-groups of the Health and Wellbeing Board and it was requested that they be formally recognised as the delivery vehicles for the Better Care Fund going forward.

RESOLVED

The Board:

1. Discussed and commented on the proposals contained within the draft Better Care Fund Action Plan, submitted on 14/02/14;
2. Confirmed its agreement to virtually sign off the final Better Care Action Plan for submission on 04/04/14 to NHS England; and
3. Delegated to the Joint Commissioning Forum (JCF) and the Borderline and Peterborough Transformation Board (B&PTB) to implement the Better Care Action Plan from April 2014, further agreeing that they be recognised as the delivery vehicles for the Better Care Fund going forward.

9. Children's Services

(a) Joint Child Health and Wellbeing Commissioning Unit

The item was deferred to a future meeting.

10. Adult Social Care

(a) Section 256 Agreement Relating to Social Care Funding 2013-14

The Board received a report which provided an overview of the Section 256 agreement which had been agreed between the Council and NHS England Local Area Team for 2013-14 and which would also provide a basis for the agreement in 2014-15.

The CCG and Peterborough City Council were required to draw up a Section 256 agreement and to agree the outcomes that would be delivered from the funding held by the Local Area Team. The Local Area Team would release funding to Peterborough City Council Adult Social Care Health & Wellbeing based on the evidence that the outcomes had been delivered in 2013-14.

RESOLVED

The Board noted the report.

INFORMATION AND OTHER ITEMS

11. Health and Wellbeing Board Safeguarding Protocol

The Board received a report which sought its approval for the proposed framework and protocol which would secure effective joint working between the Peterborough Health and Wellbeing Board, the Peterborough Local Safeguarding Children Board and the Peterborough Safeguarding Adult Board.

RESOLVED

The Board approved the Health and Wellbeing Board Protocol.

12. Health and Wellbeing Board Peer Review

The Board received a report which provided an overview of the initial feedback from the Peer Review, which had been undertaken between 11 March 2014 and 15 March 2014.

Wendi Ogle-Welbourn presented the report and the associated presentation provided by the Peer Review Team. It was advised that over the four day period, the Peer Review Team had seen approximately 76 people, 46 forums and had looked at a vast number of documents. The review had been very thorough and although the official report had yet to be received, it was felt pertinent to consider any immediate action required.

There were a number of areas which could be progressed and agreement was sought for these issues to be taken forward by the Programme Board, they included 'a review of the terms of reference of the HWB and Programme Board and a review of membership', 'a review and refresh of the HWB Strategy, so it was more focussed' and 'to consider the health inequalities in the city, focussing on one or two areas in order to make a real difference, possibly even focussing on a particular area in the city, with recommendations

from the Programme Board to be brought back to a future HWB' and 'a review of the Board's forward plan'.

Gillian Beasley advised that another recommendation had been the reinstatement of a group which had been convened under the old PCT system. It was therefore agreed that various colleagues in CCG, Hospital and Mental Health Trust etc. would be written to with the proposal to reinstate a group of key leaders in providers and commissioning in order assist the Board to function better at a strategic level.

Councillor Cereste requested that, in time for the next Board meeting, thought should be given to a quick win project on which partners could all work together and achieve delivery.

RESOLVED

The Board noted the initial feedback presentation from the Peer Review and considered the recommended actions from this and agreed the proposed areas of progression.

13. Programme Board Membership and Terms of Reference

This item was deferred to a future meeting.

14. Relationship of Health and Wellbeing Board to Health Scrutiny

This item was deferred to a future meeting.

INFORMATION ITEMS

15. Health and Wellbeing Board Delivery Plan Update

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

16. Schedule of Future Meetings and Draft Agenda Programme

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

1.00pm – 3.10pm
Chairman